Request for Proposal (RFP)

Improved Access to Psychological Services in Residential Aged Care Homes (PAC113)

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Introduction

Capital Health Network (CHN) is the Primary Health Network (PHN) for the ACT. PHNs have been established by the Australian Government with the key objectives of:

- increasing the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes, and
- improving coordination of care to ensure patients receive the right care in the right place at the right time.

Part A: Reference Schedule

Information in this Reference Schedule must be read in conjunction with **Part E** of this RFP.

Item		
Item 1	**RFP Reference**	**PAC113**
Item 2	**Key contact during RFP process**	Name: Hope McMahon (Mamta Porwal 29 Jul – 15 Aug) Email: tenders@chnact.org.au
Item 3	**Timetable** *(may be changed by CHN in accordance with the Conditions of the RFP Process set out in Part E of this RFP)*	
	RFP issued	Thursday, 1st August 2024
	Sector Briefing	3.00 pm – 4.00 pm Thursday, 8th August 2024 *Register your interest in attending the Briefing Session via Eventbrite [LINK]*
	End of period for questions or requests for information	4.00 pm Wednesday 14th August 2024 *Questions or requests for information **must** be submitted via tenders@chnact.org.au using the subject heading **PAC113 – Questions**.*
	Closing time and date	5.00pm, Thursday 22nd August 2024
Item 4	**Lodgement**	
	Lodgement instructions	Responses must be submitted on Request for Proposal template provided and emailed PDF to tenders@chnact.org.au Email subject line to include: **PAC113 RFP [respondent name or organisation].** All responses must respond to the Statement of Requirements (Part B) in consideration of the assessment criteria (Part C), compliance and assurance requirements (Part D) and the standard
Item 5	**Additional materials and information**	The following additional materials have been made available to prospective respondents: 1. Primary Health Networks (PHN) mental health care guidance – psychological treatment services for people with mental illness in residential aged care homes | Australian Government Department of Health and Aged Care 2. Evaluation of the PHNs improved access to psychological services in aged care homes initiative final report

		3. Primary Health Networks (PHN) primary mental health care guidance – stepped care | Australian Government Department of Health and Aged Care 4. Initial Assessment and Referral Decision Support Tool – IAR Decision Support Tool | Australian Government Department of Health and Aged Care 5. Australian Government response to contributing lives, thriving communities – review of mental health programmes and services | Australian Government Department of Health and Aged Care 6. NSW Government - Developing and Using Program Logic: A Guide 7. Working with consumers - NSW Government Agency for Clinical Innovation *Additional materials and information should be considered by the reader alongside this Request for Proposal.*
Item 6	**Additional Rules**	Applicants must adhere to: • Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health • National Safety and Quality Mental Health Standards for Community Managed Organisations • Aged Care Quality Standard: Quality Standards | Aged Care Quality and Safety Commission • The National Redress Scheme Grant Connected Policy that makes non-government institutions named in applications to the Scheme, or in the Royal Commission into Institutional Responses to Child Sexual Abuse, that do not join the Scheme ineligible for future Australian Government grant funding. • Commonwealth Child Safe Framework • Any words exceeding the word limit provided in each section will not be considered. • No weblinks, attachments, screen shots or images will be considered as part of the RFP unless specified as optional.

Part B: Statement of Requirements

Overview of Program

Problem Statement

Mental health services are not routinely available to older people living in Residential Aged Care Homes (RACHs), and are not within scope of the personal care or accommodation services RACHs provide. On the other hand there is evidence that RACH residents have very high rates of common mental illness. It is estimated that approximately 39 per cent of all permanent aged care residents are living with mild to moderate depression. Experience with other initiatives such as Better Access suggests that up to half of this group of older people with mild to moderate depression may wish to receive mental health services if they were available to them. The funding provided to PHNs is intended to address this service gap. PHNs will be able to use their established partnerships with local stakeholders, including GPs, specialist mental health services and RACHs, to target services to the needs and resources in the region. PHNs will also be well-placed to support local workforce capability to meet the distinct mental health needs of older people.

Key Objectives

- Improve the psychological wellbeing of residents with mental health concerns in RACHs including:
  - acknowledging the different stressors that older people living in RACHs may experience that impact on mental wellbeing;
  - providing flexible treatment to meet the needs of residents with mental health concerns or early signs of mental illness across the stepped care approach;
  - reducing barriers to accessing phycological services and ensuring equity of access across the ACT.

- Build capacity of RACH and their staff to enable:
  - Early identification, response and referral;
  - Support to attend therapy, undertake self-help and follow interventions;
  - Provide environment and lifestyle options to support mental wellbeing.

- GPs are supported to identify and refer residents requiring primary mental health and wellbeing interventions.

- RACH staff awareness is raised in relation to emerging signs and symptoms of mental illness and the benefits of psychological services for mental wellbeing through relationships and psychoeducation.

In implementing new mental health services in RACHs, the applicants will need to be particularly mindful of the following key principles:

- The service should not be implemented in a way that results in additional demands on RACH staff beyond their responsibilities;
- Clear communication with RACHs about the overall role of the service and any issues arising with particular residents will be important;
- Services need to be respectful of any particular procedures or protocols which RACHs may have for accessing the facility or residents.

The best results for both the resident and the RACH may result where collaborative arrangements between mental health service providers, GPs and RACH staff are established to support residents with mental health concerns.

Anticipated timeframes

This procurement activity will be undertaken in accordance with the below timeframes:

Stage 1 - Request for Proposals:

- Procurement to commence by Thursday, 1st August 2024
- Sector briefing 3.00 pm – 4.00 pm Thursday, 8th August 2024
- End of period for questions or requests for information 4.00 pm, Wednesday 14th August 2024
- Proposals closes 5.00pm, Wednesday 22nd August 2024

Stage 2 - Review of Submissions:

- Review of proposals by Friday, 6th September 2024
- Preferred Supplier identified by Friday, 13th September 2024

Stage 3 - Contract Negotiation:

- Contract negotiation finalised by Friday, 20th September 2024

Stage 4 - Establishment:

- Establishment from: Monday, 14th October 2024

Stage 5 - Services Commence:

- Services to commence: Monday, 1st November 2024

Services Required

The services commissioned through this initiative are expected to:

- Offer in-reach services, generally provided on location at RACHs;
- Target residents with a diagnosed mental illness or who are assessed as at risk of mental illness if they do not receive services;
- Provide evidence-based, time-limited psychological therapies which are adjusted to be responsive to the needs of older people;
- Be provided within a stepped care framework with a particular focus on meeting the needs of older people with mild to moderate mental illness; refer to appendix a. Table 1. A stepped care framework for meeting the needs of RACF residents.
- Be implemented collaboratively, in close communication with RACHs and other key stakeholders, including consumers and family members;
- Be subject to locally developed assessment and referral arrangements which ensure services are matched to need for mental health services; and
- Be equitable and efficient, to enable access to services to be offered across the region to RACH residents over time.

Target Group

Residents of a Residential Aged Care Home who:

- Have a diagnosis of a mental illness
- Are experiencing mild to moderate symptoms of common mental illness
- Are experiencing early symptoms and are assessed as at risk of developing a mental illness within 12 months

There are a number of sub-groups of residents who have particular needs which services are likely to encounter. This includes:

- Residents who are having significant transition issues and experiencing adjustment disorders or abnormal symptoms of grief and loss, for whom early treatment may avert descent into a more serious mood disorder. This group does need to be differentiated from residents who are exhibiting normal sadness and/or transition issues;
- Residents with mild to moderate anxiety and/or depression – as above, this is expected to be the largest group requiring services through the measure, given almost half of all residents are likely to experience depression
- Residents with past history of mental illness for which they received services before being admitted which could not be continued – particular issues of continuity of care and understanding patient history apply; and
- Residents who, in addition to their mental illness, have a level of comorbid cognitive decline and/or dementia. The AIHW reported that 40% of residents with dementia were likely to have a mental health or behavioural problem.

- Residents with potentially undiagnosed i.e. Attention-deficit/hyperactivity disorder (ADHD) which is commonly mistaken with normal signs of aging. (Ref ADHD in Seniors: Diagnosis and Treatment for Older Adults (additudemag.com)
- Men over 85 have the highest suicide rates for all ages, at 39.3 deaths for 100,0003. Sensitivity to the risk of suicide among this group will be important.

In scope

- Services delivered where the client resides, in one of the 27 RACH in the ACT.
- Evidence based, or evidence-informed, short term therapies delivered by mental health professionals or other service providers with training in delivering these therapies;
- Equitably and efficiently provided services in order to ensure optimal access is achieved within the available funding;
- Person-centred; and
- Delivered within a quality framework which ensures clear clinical governance, and compliance with national standards.

Some adjustment and tailoring of therapies will be required to meet the particular needs of RACH residents, including the following:

- It may take longer to engage with clients, because of hearing problems or a degree of cognitive decline;
- Cognitive behaviour therapy may need to be adapted to the particular capabilities and needs of the individual and will not be appropriate for residents with significant cognitive decline;
- Particular types of therapies have proven to be effective with older people, including reminiscence therapies, validation therapy and adjusted cognitive behaviour therapy;
- Language used in talking to older people will need to respect the attitudes of older people towards mental illness. For example, use of the term ‘mental wellbeing’ may be better received than ‘depression’ or ‘mental illness’;
- Group sessions may be appropriate for some residents, particularly those with similar needs e.g. significant adjustment problems.
- Commissioned services to be inclusive, culturally safe and appropriate to the needs of people from diverse backgrounds including Aboriginal and Torres Strait Islander peoples, people who identify as LGBTIQ and people from CALD backgrounds.

Out of scope

- Services that duplicate the role of State Government Older Persons’ Mental Health Services in providing specialist care for residents with severe and complex mental illness;
- Services that duplicate the role of dementia support services or other aged care services such as the Community Visitors program;

- Services which are remunerable through Medicare such as psychiatry services or GP services;
- Services for family members or carers who are not residents (other than referral to other appropriate mental health services);
- Disability support services; or
- Social support or recreational services that would usually be provided by RACH staff or volunteers.

Referral pathways

- Build relationships with intermediaries who are likely to have identified residents within the target group such as Aged Care Volunteer Visitor providers, Pastoral Care representatives and Lifestyle Officers.
- Enable requests for services to come from a variety of sources including self-referral, family and friends, GPs, ACAT teams or RACH staff.
- Build relationships and referral pathways with the Older Persons Mental Health Team and Dementia Services Australia

Stepped Care

Stepped care is central to the Australian Government's mental health reform agenda and is used by PHNs to guide mental health activities. Stepped care is defined as an evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to the individual's needs. While there are multiple levels within a stepped care approach, they do not operate in silos or as one directional steps, but rather offer a spectrum of service interventions. Stepped care is a different concept from 'step up/step down' services. In a stepped care approach, a person presenting to the mental health system is matched to the intervention level that most suits their current need. An individual does not generally have to start at the lowest, least intensive level of intervention in order to progress to the next 'step'. Rather, they enter the system and have their service level aligned to their requirements.

The provision of low intensity services adjusted to this cohort may be an appropriate and sustainable option for delivery of services for people with mild to moderate needs. These services could be characterized by:

- Quick access to services whilst awaiting a formal diagnosis;
- Fewer and shorter sessions which are less resource intensive than standard psychological care required for this group;
- Provision of services through a broader workforce which includes mental health professionals but also other service providers with training in evidence-based therapies suitable for older people;
- Face to face and/or telephone based/digital mental health services;
- Use of group work where this is appropriate. Medium to high intensity services are also in scope and may be the preferred option. These will be characterized by:
  - Provision of services by mental health professionals;
  - Inclusion of psychological services and behavioural therapies; and

- Provision for liaison with other service providers for those with comorbid physical health issues or dementia which impacts on their mental health.

Reporting requirements

Providers will be monitored across a range of Key Performance Indicators (KPIs) and metrics in line with an agreed performance framework.

The successful provider will be required to collect and submit complete and accurate data, in alignment with the Department of Health Primary Mental Health Care Minimum Data Set (PMHC MDS) where applicable.

Service Agreements and Deliverable/Reporting Requirements

Services Orders will commence on execution of the agreement and continue until 30 June 2026. Indicative deliverable requirements are detailed below. These will be finalised during contract negotiation.

Deliverable	**Timeframe**
Initial kick off meeting	Within first four weeks
Service Model documents	Within one month of contract execution date
Implementation plan	Within one month of contract execution date
Clinical Governance Framework	Within one month of contract execution date
Marketing and Communications Plan	Within one month of contract execution date
Commencement of Service Delivery	Within one month of Service Model and Outcomes Framework documentation
Status meetings and reporting	Fortnightly until service delivery implementation; bi-monthly for the first 6 months and quarterly thereafter
Performance and Financial Reports	Six monthly
Audited Financial Acquittals	October, Annually

Anticipated Service Budget

Funding will be made available following the execution of a relevant services order (contract) until 30 June 2026. The amount of funding (exclusive of GST) available is:

2024-25	2025-26	**Total**
$324,265.21	$329,677.04	**$653,942.25**

This funding will be budget in accordance with the following splits:

- Service Delivery costs
- Administration costs (not to exceed 14.5% of budget)

Part C: Assessment Criteria

Words in any graphics, images, and/or tables, unless specifically identified by the Assessment Criteria, will be counted as part of the maximum word count for each response. Attaching additional supplementary documents to the application is not permitted unless specifically identified. The following criteria will be used to assess proposals.

Any words exceeding the maximum word count for each criterion will not be considered.

Assessment Criteria	Weighting
1. **Local Service Model** *(max. 1000 words)* Provide a high-level overview/summary of the proposed service model. The service model should be evidence based and appropriate for the target group. This response should also identify how the service model addresses specific local needs and contexts. 1. How the service will prioritise identified vulnerable groups and homes ensuring equitable and prompt access for residents assessed as having the greatest need 2. How the proposed Psychological Services (individual and group therapy) will be implemented, outline the evidence / principles upon which this proposal is based 3. How the service will utilise varied methods of therapy to adapt to individual needs including but not limited to decline in cognition 4. How the model aligns with the stepped care approach 5. How the model will support coordinated and integrated with a multi-disciplinary approach 6. Demonstrate strategies to manage the timely response to referral and demand management to ensure equitable and prompt access for residents with the greatest need *Optionally, respondents may also submit a graphic/image representation of the proposed service model. This is limited to one A4 page and a maximum of 50 words, which will not be counted toward the word limit for this Assessment Criterion. This graphic may be used to visualise service elements or flow more effectively but should only contain information already detailed in the written response. It may be included as an attachment instead of using the RFP response form.*	25%
2. **Responsive Practice** *(max. 350 words)* Describe how the proposed service will ensure that support provided to service users is strengths-based, inclusive, culturally safe, person-centred, and trauma-informed.	15%

3. **Engagement and Participation** *(max. 350 words)* Propose avenues for the service to integrate, collaborate, and develop relationships with key regional stakeholders. This may include other mental health services and initiatives, primary care supports, the wider mental health, health, and community members. Describe the strategies to be implemented to: • Reach and meet the needs of identified priority population groups • Engage residents, their family, friends or carers • Support RACH staff to identify variety of mental health needs that are common among residents, facilitate timely and appropriate referrals and provide day-to-day support to enhance staff skills and knowledge. Explain how residents' outcomes and experience will be measured including quality improvement mechanisms.	15%
4. **Experience and Capacity (***max. 300 words)* Provide details on the nature and extent of previous and current experience in working with older people with mild to moderate mental illness including existing skills and expertise that your organisation will contribute. Include: • Any plans for workforce needs associated with implementing services, including the upskilling of mental health professionals to support the needs of RACF residents. • Experience engaging/working with GPs, Residential Aged Care sector and other primary health care providers • Capability to collect, manage and report person centred outcome data through Primary Mental Health Care Minimum Data Set. • Demonstrated experience and evidence of meeting key performance indicators and building evaluation frameworks that inform continuous improvement. *Respondents may also wish to detail experience providing supports relevant to their specific proposed service model outlined in Criterion 1.*	10%
5. **Governance Structure and Systems** *(max. 350 words)* Describe the applicant organisation's existing governance structure and processes, and detail how these organisational factors will support the service to deliver high-quality care. Consider how these governance structures and systems impact accountability, decision-making, and reporting processes and enable risk identification, mitigation, and management.	15%

Optionally, respondents may also attach a graphic representation of their current organisational structure. This is limited to one A4 page, and all words must be names, titles, or team/area/project/service designations. Any additional words or descriptions in this organisational structure graphic will not be considered. Words in this graphic will not be counted towards the word limit for this Assessment Criterion, and it may be included as an attachment instead of using the RFP response form. This graphic or the written response must indicate where under any existing governance structure the service would be directly managed.	
6. **Implementation Plan** *(max. 250 words)* Outline your proposed implementation plan/timeline including stakeholder engagement and partnership development, service delivery, marketing and communications, clinical governance, workforce development, quality assurance mechanisms and scale up.	10%
7. **Value for Money** Provide a budget demonstrating costing and pricing methodology for the Service, including line-item budget, reflecting year on year scale up and reasonable direct to indirect cost ratio. Please ensure that: • Administrative costs are capped at a maximum of 14.5% of the proposed budget. • Administration and service delivery costs are specifically defined and itemized where practical. • All amounts included in the proposed budget must be GST-exclusive. Optionally, respondents may also attach a separate document showing a detailed budget. Demonstrate value for money by estimating the number of residents and occasions of service to be delivered by the psychological service.	10%

Part D: Additional Requirements, Assurance and Compliance Considerations

Additional Requirements

Assurances and Compliance
The following information should be included in your response to the RFP (space provided in RFP Response Form): a. Conflict of Interest b. Risk management and mitigation strategies c. Insurances d. Accreditation/Registration/Certification (as appropriate) e. Referees to support application

Part E: Conditions of the RFP Process

1. Application of these rules

Participation in the RFP Process is subject to compliance with the rules contained in this **Part E**.

All persons (whether or not they submit an RFP) having obtained or received this RFP may only use it, and the information contained in it, in compliance with the rules set out in this **Part E**.

All Respondents are deemed to accept the rules contained in this **Part E**.

The rules contained in this **Part E** of the RFP apply to:

a. the RFP and any other information given, received or made available in connection with the RFP including any additional materials specified in **Reference Schedule (Part A)** and any revisions or addenda,

b. the RFP Process, and

c. any communications (including any Briefings, presentations, meetings or negotiations) relating to the RFP or Process.

2. Structure of Request for Proposal

This RFP consists of the following parts:

Introduction – contains an overview of the opportunity presented in, and the objectives of, this RFP.

Part A – **Reference Schedule**

Part B - Statement of Requirements describes the Goods and/or Services in respect of which CHN invites proposals from invited suppliers.

Part C – Assessment Criteria

Part D – Additional Requirements, Assurance and Compliance Considerations

Part E - Conditions of the RFP Process sets out the rules applying to the RFP documents and to the Process. These rules are deemed to be accepted by all Respondents and by all persons having received or obtained the RFP.

3. Request for Proposal

3.1 Status of RFP

This RFP is not an offer. It is an invitation for potential Suppliers to submit a proposal for the provision of the Goods and/or Services set out in the Statement of Requirements contained in Part B of this RFP.

Nothing in this RFP is to be construed as creating any binding contract for the supply of the Goods and/or Services (express or implied) between CHN and any Respondent until CHN and a Respondent enter into a final, binding contract.

3.2 Accuracy of RFP

While all due care has been taken in connection with the preparation of this RFP, CHN does not warrant the accuracy of the content of the RFP and CHN will not be liable for any omission from the RFP.

3.3 Additions and amendments

CHN reserves the right to change any information in or to issue addenda to this RFP.

3.4 Representations

No representation made by or on behalf of CHN in relation to the RFP (or its subject matter) will be binding on CHN unless that representation is expressly incorporated into any contract(s) ultimately entered into between CHN and a Respondent.

1.3 Licence to use and Intellectual Property Rights

Suppliers obtaining or receiving this RFP and any other documents issued in relation to this RFP may use the RFP and such documents only for the purpose of preparing a proposal.

Such Intellectual Property Rights as may exist in the RFP and any other documents provided to Respondents by or on behalf of CHN in connection with the Process are owned by (and will remain the property of) CHN except to the extent expressly provided otherwise.

1.4 Availability of additional materials

Additional materials (if any) may be accessed in the manner set out in the **Reference Schedule (Part A)**.

4. Communications during the RFP Process

4.1 Key contact

All communications relating to the RFP and the Process must be directed to the Key Contact by email to tenders@chnact.org.au

4.2 Requests for clarification or further information

Any communication by a Respondent to CHN will be effective upon receipt by the Key Contact (provided such communication is in the required format).

CHN may restrict the period during which it will accept questions or requests for further information or for clarification and reserves the right not to respond to any question or request, irrespective of when such question or request is received.

Except where CHN is of the opinion that issues raised apply only to an individual Respondent, questions submitted and answers provided will be made available to all potential Suppliers via email from tenders@chnact.org.au at the same time without identifying the person or organisation having submitted the question.

A Respondent may, by notifying the Key Contact in writing, withdraw a question submitted in accordance with this **section 4.2**, and only if the question remains unanswered at the time of the request.

1.5 Improper assistance

Respondents must not seek or obtain the assistance of Directors, employees, agents, contractors or service providers (with respect to this RFP) of CHN in the preparation of their proposal. In addition to any other remedies available to it under law or contract, CHN may, in its absolute discretion, immediately disqualify a Respondent that it believes has sought or obtained such assistance.

4.3 Anti-competitive conduct

Respondents and their respective officers, employees, agents and advisers must not engage in any collusion, anti-competitive conduct or any other similar conduct with any other Respondent or any other person in relation to the preparation, content or lodgement of their proposal. In addition to any other remedies available to it under law or contract, CHN may, in its absolute discretion, immediately disqualify a Respondent that it believes has engaged in such collusive or anti-competitive conduct.

4.4 Complaints about the RFP Process

Any complaint about the RFP Process must be submitted to the Key Contact in email to tenders@chnact.org.au immediately upon the cause of the complaint arising or becoming known to the Respondent. The written complaint statement must set out:

a. the basis for the complaint (specifying the issues involved)

b. how the subject of the complaint (and the specific issues) affect the person or organisation making the complaint

c. any relevant background information, and

d. the outcome desired by the person or organisation making the complaint.

5. Submission of Proposals

1.6 Lodgement

Respondent proposals must be lodged only by the means set out in the **Reference Schedule (Part A)**.

5.1 Late proposals

Proposals must be lodged by the Closing Time set out in the **Reference Schedule (Part A)**. The closing time may be extended by CHN in its absolute discretion.

Proposals lodged after the closing time or lodged at a location or in a manner that is contrary to that specified in this RFP will be disqualified from the Process and will be ineligible for consideration, except where the Respondent can clearly demonstrate (to the reasonable satisfaction of CHN) that late lodgement of the proposal:

a. resulted from the mishandling of the Respondent proposal by CHN; or

b. was hindered by a major incident and the integrity of the Process will not be compromised by accepting a proposal after the closing time.

The determination of CHN as to the actual time that a proposal is lodged is final. Subject to **Section (a) and (b)** above, all proposals lodged after the closing time will be recorded by CHN, and will only be processed for the purposes of identifying a business name and address of the Respondent. CHN will inform a Respondent whose proposal was lodged after the closing time of its ineligibility for consideration.

6. RFP documents

6.1 Format and contents

Respondents must ensure that:

a. their proposal is presented on the required template, and

b. all the information fields in the RFP template are completed and contain the information requested

c. links to websites or online documents must not be included in the proposal as they will not be reviewed by CHN.

CHN may in its absolute discretion reject a proposal that does not include the information requested or is not in the format required.

Unnecessarily elaborate proposals beyond what is sufficient to present a complete and effective RFP are not desired or required.

Word limits where specified should be observed and CHN reserves the right to disregard any parts of the proposal exceeding the specified word limit.

Respondents should fully inform themselves in relation to all matters arising from the RFP, including all matters regarding CHN's requirements for the provision of the Goods and/or Services.

1.7 Illegible content, alteration and erasures

Incomplete proposals may be disqualified or evaluated solely on the information contained in its proposal.

CHN may disregard any content in a proposal that is illegible and will be under no obligation whatsoever to seek clarification from the Respondent.

CHN may permit a Respondent to correct an unintentional error in its proposal where that error becomes known or apparent after the Closing Time, but in no event will any correction be permitted if CHN reasonably considers that the correction would materially alter the substance of the proposal.

6.2 Obligation to notify errors

If, after a proposal has been submitted, the Respondent becomes aware of an error in the proposal (excluding clerical errors which would have no bearing on the assessment of the proposal) the Respondent must promptly notify CHN of such error.

6.3 Preparation of proposals

CHN will not be responsible for, nor pay for, any expense or loss that may be incurred by Respondents in the preparation of their proposal.

6.4 Disclosure of Respondent contents and information

All proposals will be treated as confidential by CHN. CHN will not disclose proposal contents and information, except:

a. as required by Law

b. for the purpose of investigations by the Australian Competition and Consumer Commission (ACCC) or other government authorities having relevant jurisdiction

c. to external consultants and advisers CHN engaged to assist with the Assessment Process

d. to other government departments or agencies in connection with the subject matter of the related Commonwealth programme or Process, or

e. general information from proposals required to be disclosed by government policy.

CHN does however, reserve the rights to benchmark costings against relevant industry standards and across other primary health network organisations.

6.5 Use of proposals

Each Respondent, by submission of their proposal, is deemed to have licensed CHN to reproduce the whole, or any portion, of their proposal for the purposes of enabling CHN to evaluate the proposal.

6.6 Withdrawal of proposal

A Respondent who wishes to withdraw a proposal previously submitted by it must immediately notify CHN of that fact. Upon receipt of such notification, CHN will cease to consider that proposal.

7. Capacity to comply with Statement of Requirements

Part B of this RFP gives a statement of CHN requirements with regard to the Goods and/or Services the subject of this RFP. It will be assumed that each Respondent will be capable of providing all of the Goods and/or Services in full. Where Respondents believe they will not be capable of providing all the Goods and/or Services in full or will only comply with the Statement of Requirements subject to conditions, they should either not apply or set out any potential limitations in their proposal.

8. Assessment of proposals

8.1 Assessment process

Following the Closing Time, CHN intends to evaluate all proposals received.

Proposals will be evaluated against the Assessment Criteria specified in Part B of the RFP.

8.2 Clarification of proposal

If, in the opinion of CHN, a proposal is unclear in any respect, CHN may in its absolute discretion, seek clarification from the Respondent. Failure to supply clarification to the satisfaction of CHN may render the proposal liable to disqualification.

CHN is under no obligation to seek clarification to a proposal and CHN reserves the right to disregard any clarification that CHN considers to be unsolicited or otherwise impermissible in accordance with the rules set out in this **Part E**.

9. Next stage

9.1 Options available to CHN

After assessment of all proposals, CHN may, without limiting other options available to it, do any of the following:

a. prepare a shortlist of Respondents and invite further response to the RFP from those Respondents,

b. prepare a shortlist of Respondents and call for tenders for Goods and/or Services or any similar Goods and/or Services,

c. call for tenders from the market generally for the Goods or Services or any similar or related goods or services,

d. enter into pre-contractual negotiations with one or more Respondents without any further need to go to tender,

e. decide not to proceed further with the RFP or any other procurement process for the Goods or Services,

f. commence a new process for calling for proposals on a similar or different basis to that outlined in this invitation, or

g. terminate the process at any time.

9.2 No legally binding contract

No legal relationship will exist between CHN and a shortlisted Respondent relating to the supply of the Goods or Services unless and until such time as a binding contract is executed by them.

2 Additional rules

Any rules governing this Request for proposal Process in addition to those set out in this **Part E**, are set out in the **Reference Schedule (Part A)**.

10. Respondent warranties

By submitting a proposal, a Respondent warrants that:

a. in lodging its proposal it did not rely on any express or implied statement, warranty or representation, whether oral, written, or otherwise made by or on behalf of CHN, its officers, employees, agents or advisers other than any statement, warranty or representation expressly contained in the RFP documents,

b. it did not use the improper assistance of CHN employees or information unlawfully obtained from CHN in compiling its proposal,

c. it has examined this RFP, and any other documents referenced or referred to herein, and any other information made available in writing by CHN to Respondents for the purposes of submitting a proposal,

d. it has sought and examined all necessary information which is obtainable by making reasonable enquiries relevant to the risks and other circumstances affecting its proposal,

e. it has otherwise obtained all information and advice necessary for the preparation of its proposal,

f. it is responsible for all costs and expenses related to the preparation and lodgement of its proposal, any subsequent negotiation, and any future process connected with or relating to the RFP Process,

g. it otherwise accepts and will comply with the rules set out in this **Part E** of the RFP,

h. it will provide additional information in a timely manner as requested by CHN to clarify any matters contained in the proposal, and

i. it is satisfied as to the correctness and sufficiency of its proposal.

11. CHN rights

Notwithstanding anything else in this RFP, and without limiting its rights at law or otherwise, CHN reserves the right, in its absolute discretion at any time, to:

a. vary or extend any time or date specified in this RFP for all or any Respondents or other persons, or

b. terminate the participation of any Respondent or any other person in the Process.

12. Governing law

This RFP and the Process is governed by the laws applying in the Australian Capital Territory.

Each Respondent must comply with all relevant laws in preparing and lodging its proposal and in taking part in the Process.

13. Interpretation

14.1 Definitions

Respondent means an organisation that submits a proposal.

Briefing means a meeting (the details of which are specified in the **Reference Schedule**) that may be held by or on behalf of CHN to provide information about the RFP and the Process.

Capital Health Network (CHN) means the organisation responsible for the RFP and the Process.

Closing Time means the time specified as such in the **Reference Schedule** by which proposals must be received.

Proposal(s) and/or Response(s) means a document lodged by a Respondent in response to this RFP containing a proposal to provide Goods and/or Services sought through this Process.

RFP Process means the process commenced by the issuing of RFP and concluding upon formal announcement by CHN of the selection of shortlisted Respondent(s) or upon the earlier termination of the process.

Assessment Criteria means the criteria set out in **Part C** of the RFP.

Goods means the goods or other products required by CHN, as specified in **Part B** of this RFP.

Intellectual Property Rights includes copyright and neighbouring rights, and all proprietary rights in relation to inventions (including patents) registered and unregistered trademarks (including service marks), registered designs, confidential information (including trade secrets and know how) and circuit layouts, and all other proprietary rights resulting from intellectual activity in the industrial, scientific, literary or artistic fields.

Request for Proposal (RFP) means this document (comprising each of the **Parts A, B, C, D and E**) and any other documents so designated by CHN.

Statement of Requirements means the statement of CHN requirements contained in **Part B** of this RFP.

Reference Schedule means the schedule so designated forming part of **Part A** of the RFP.

Services means the services required by CHN, as specified in **Part B** of this RFP.

14.2 Instruction

In this RFP, unless expressly provided otherwise a reference to:

- "includes" or "including" means includes or including without limitation, and
- "$" or "dollars" is a reference to the lawful currency of the Commonwealth of Australia, and

(i) if a word and/or phrase is defined its other grammatical forms have corresponding meaning.

Appendix A

	Early intervention needs Within scope of PHN services	Mild to moderate needs Key focus of PHN services	Severe and episodic needs Within scope of PHN services	Severe and persistent or complex needs Out of scope for PHN services.
Care need	Low intensity services or routine social support	Primary care – low to medium intensity services	Primary care – high intensity services	Specialist mental health services and dementia services.
Target Groups	Residents who: Present as mildly depressed or anxious but do not have a diagnosis Or, are having trouble adjusting to changes or coping with loss	Residents who: Have a former or new diagnosis of mild to moderate mental illness.	Residents who: Have diagnosis of severe mental illness, which is episodic in nature. May include pre-existing conditions.	Have severe, long term mental illness May also have significant cognitive decline May have attempted suicide
Role of PHNs	Flexibility to provide low intensity services for people who do not yet have a diagnosis but are at risk of mental illness. Advisory role on resident mental health and wellbeing at facility level	Provision of evidence based psychological and behavioural therapy, including low intensity options if appropriate. Liaison with other service providers as appropriate eg GP pharmacist.	Flexibility to provide services where there is a service gap Services must not duplicate role of Older Persons Mental Health Service, but may liaise with them on assessment.	In general this group requires specialist care and won't respond to time limited psychological services.
Other services	RACF services, and welfare support Community visitors, and family and friends also offer social support	GPs, pharmacists, and RACF services form part of broader team. Dementia support services may also be appropriate	GP and/or psychiatrist diagnosis and medication management vital Private and public psychiatrists, Liaison with former mental health service providers may be appropriate.	Specialist services have lead role in care, supported by GPs and pharmacological management. Dementia Behaviour Management Advisory Service will support specific dementia related needs.

(ii) Source: primary-health-networks-phn-mental-health-care-guidance-psychological-treatment-services-for-people-with-mental-illness-in-residential-aged-care-facilities.pdf (adobe.com)