

## **Request for Proposal (RFP)**

### **Tuggeranong Medicare Mental Health Centre (PAC111)**

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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.

<b>Item 1</b>	<b>RFP Reference</b>	<b>PAC111</b>
<b>Item 2</b>	<b>Key contact during RFP process</b>	Name: Emma Hall Email: <a href="mailto:tenders@chnact.org.au">tenders@chnact.org.au</a>
<b>Item 3</b>	<b>Timetable*</b>	
	RFP issued	Monday 01/07/2024
	Briefing	11:00am Thursday 11/07/2024 <i>Register your interest in attending the Briefing Session via Eventbrite <a href="#">[LINK]</a></i>
	End of period for questions or requests for information	5:00pm Thursday 18/07/2024 <i>Questions or requests for information <b>must</b> be submitted via <a href="mailto:tenders@chnact.org.au">tenders@chnact.org.au</a> using the subject heading <b>PAC111 – Questions</b> by the date provided above.</i>
	Closing time and date	5:00pm Friday 26/07/2024
<b>Item 4</b>	<b>Lodgement</b>	
	Lodgement instructions	Responses must be submitted on Request for Proposal template provided.  Responses to be emailed (as <u>Word and PDF</u> ) to <a href="mailto:tenders@chnact.org.au">tenders@chnact.org.au</a>  Email subject line to include: <b>PAC111 RFP [respondent name or organisation]</b> .  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 Conditions of the RFP Process (Part E).
<b>Item 5</b>	<b>Additional materials and information</b>	Additional materials and information should be considered by the reader alongside this Request for Proposal. The following additional materials have been made available to prospective respondents: <ul style="list-style-type: none"> <li>• Service Model for Head to Health Adult Mental Health Centres and Satellites – Revised June 2021</li> <li>• National PHN Guidance – Initial assessment and referral for mental healthcare</li> <li>• Medicare Mental Health Centres – Factsheet</li> </ul>

Item 6	Additional Rules	<p>Where relevant, applicants must adhere to relevant national service safety and quality health standards and guidelines, and the following:</p> <ul style="list-style-type: none"> <li>• <a href="#">Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health</a></li> <li>• <a href="#">The National Redress Scheme Grant Connected Policy</a> (making 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)</li> <li>• <a href="#">Commonwealth Child Safe Framework</a></li> <li>• <a href="#">National Child Safe Principles</a></li> <li>• <a href="#">National Safety and Quality Mental Health Standards for Community Managed Organisations</a></li> </ul>
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\* May be changed by CHN in accordance with the Conditions of the RFP Process set out in Part E of this RFP.

## Part B: Statement of Requirements

### Overview of Program

In 2023, the Commonwealth Department of Health and Aged Care announced funding for the establishment of a 'satellite' Medicare Mental Health Centre (formerly Head to Health) in the ACT, which will be the second Medicare Mental Health Centre for the region. This service is being commissioned by Capital Health Network (CHN), the ACT's Primary Health Network (PHN).

Medicare Mental Health Centres (MMHCs) are designed to address fragmentation in the mental health service system and enhance local service integration to offer a seamless care pathway for consumers to receive the right level of care, at the right time, to meet their mental health needs. The national Service Model outlines four core service elements:

- Respond to people in significant distress, including people at heightened risk of suicide, providing support that may reduce the need for emergency department attendance.
- Provide a central point to connect people to other services in the region, including through offering information and advice about mental health and AOD use, service navigation, and warm referral pathways for individuals and their carers & family.
- Provide in-house assessment, including information and support to access services.
- Provide evidence-based and evidence-informed immediate support and short-to-medium term episodes of care, including utilisation of digital mental health platforms.

### Problem Statement

Mental health and wellbeing continue to pose major challenges for ACT, affecting individuals, communities, services, and systems. In the 2020-2022 National Study of Mental Health and Wellbeing, 45.7% of ACT residents had been diagnosed with a mental health condition at some point in their lifetime, while 25.5% had experienced a disorder in the last 12 months. In the 2021 Census, 10% of the population of the ACT reported living with a mental health condition, in comparison to 8.8% of the general Australian population. In 2021-22, the ACT had the highest average rate of community mental health care service contacts per patient.

While the ACT consistently reports higher rates of mental illness than nationally, there are important distinctions seen across different regions, including in key socioeconomic determinants of mental health. In the 2021 Census, the highest rates of mental health conditions were seen in North Canberra (11.8%), Belconnen (10.9%), and Tuggeranong (10.8%), with Tuggeranong residents also experiencing the highest rates of any long-term health condition/s. Tuggeranong exhibits the lowest rates of educational attainment in Canberra, with only 28.7% holding a Bachelor's degree or higher (compared to the second lowest, Belconnen, at 40.4%). The lowest median weekly personal income was in Belconnen, followed by Tuggeranong and Gungahlin. While 12% of ACT residents provided unpaid assistance to a person with a disability, health condition, or due to old age, this rate increases to 14.2% in Weston Creek and 14% in Tuggeranong. Finally, Tuggeranong also has the highest percentage of First Nations residents in Canberra.

This data points to the Tuggeranong region of the ACT experiencing a number of distinct factors likely to impact upon mental health and wellbeing. This may be further confounded by a lack of universally accessible mental health services in the region – the 2020 Integrated Atlas of Mental

Health Care of the Australia Capital Territory observed services were largely clustered in the Woden Valley, North Canberra, and Belconnen regions. Between December 2022 and April 2023, Canberra Head to Health observed that Tuggeranong residents presented at the same rate as those from Belconnen, despite greater transport barriers. As such, in an effort to improve access to services and the mental health of residents, Tuggeranong was selected as the location for the new Medicare Mental Health Centre.

### **Key Objectives and Services Required**

The service provider will be responsible for developing, establishing, and delivering the Tuggeranong Medicare Mental Health Centre in the ACT. Tuggeranong MMHC will provide an accessible and highly visible entry point to services for people experiencing psychological distress, including person-centred, high-quality, and culturally safe assessment, navigation support, and mental health interventions.

All activities will be undertaken in line with the Service Model for Head to Health Adult Mental Health Centres and Satellites. Tuggeranong MMHC will be equipped and appropriately skilled to address both general and local population needs, and will remain flexible to regional variation over time. This may include opportunities to develop and implement innovative approaches to complement core services.

Required services include:

- Respond to people in significant distress
  - Provide immediate support or de-escalation for people in distress, including those at heightened risk of suicide.
  - Offer continued contact and support until individuals are either in recovery or connected to services to meet their ongoing needs.
  - Develop and maintain close referral relationships with local emergency, acute, and front-line services.
  - Partner with local services to offer a safe and person-centered friendly alternative to presenting to hospital, and ensure that Tuggeranong MMHC addresses gaps as required and does not duplicate available services.
- Assessment
  - Provide in-house mental health assessment, including, where indicated, initial assessment using the Initial Assessment and Referral (IAR) decision support tool and/or comprehensive clinical assessment to inform multiagency service planning and referral.
  - Engage in regular internal presentation and review of assessments, including IARs, to facilitate clinical review and best practice decision-making.
- Connection and navigation
  - Assist individuals to navigate the mental health sector through the provision of service information, resources, and follow-up, based on their identified needs, goals, and circumstances.
  - Provide warm referrals, when necessary, by directly contacting the identified service/s and ensuring information transfer with consumer consent.

- Provide information, resources, wellbeing services, and advice to family, friends, carers, and/or other key individuals supporting someone with mental illness.
- Provide information and resources to health professionals and service providers about mental health and wellbeing services available in the region.
- Integrate with the Head to Health Phone Service to enable assessments, information-seeking, service navigation, and coordination of the local mental health system.
- Evidence-based intervention and treatment
  - Deliver a range of evidence-based and evidence-informed immediate and short-to-medium term clinical interventions, tailored to the individual depending on their assessed need. This includes individual interventions for people with moderate to high mental health needs who cannot be better supported by other services.
    - Specific types of or approaches to psychological interventions must be evidence based and/or evidence informed, delivered by suitably qualified staff, and address presenting concerns – but may be determined by the provider during service model development based on local needs, population qualities, and staff composition/expertise.
  - Provide care coordination services, supporting individuals with complex needs and barriers to engage with appropriate services to meet their personal goals and improve health outcomes.
- Additional services and requirements
  - Design and deliver a program or stream of care specific to addressing the wellbeing needs of older people living in the community in the ACT, utilising an evidence-informed approach and developed in collaboration with community members.
  - Offer culturally safe, inclusive, and responsive services addressing the needs of Aboriginal and Torres Strait Islander people, adhering with the principles of the Gayaa Dhuwi (Proud Spirit) Declaration in all development and delivery activities.
  - Offer safe and inclusive services to all who present, including members of the LGBTQIA+ community and people from Culturally and Linguistically Diverse (CALD) backgrounds.
  - Establish, maintain, and support a skilled multidisciplinary, collaborative team comprised of both clinical and non-clinical staff.
  - Establish and maintain strong relationships with health services and workforce across the region, including general practitioners.
  - Operate from an optimistic, inclusive, person-centered, recovery-focused, and trauma-informed perspective.

#### Outcomes and key performance indicators (KPIs):

The required outcomes and KPIs for this program are reflected in the below KPI table. Please note these outcomes and KPIs are not finalised and are subject to amendment during contract drafting and negotiations between CHN and the preferred lead agency.

Intended outcomes	Indicators to achieve outcomes
Tuggeranong MMHC is recognised by the health sector and the	Number of self-referrals to Tuggeranong MMHC.

community as an accessible entry point into the mental health system.	Number of referrals to Tuggeranong MMHC made by health professionals.
	Time between first contact with Tuggeranong MMHC and initial assessment.
There are strong linkages between mental health services, and people are able to access services and supports to meet their needs at the right time.	Number of referrals from Tuggeranong MMHC to external services
	Number of referrals to Canberra MMHC, also known as Canberra Head to Health.
	Evidence of provision of service navigation support to consumers
	Evidence of providing services to clients referred out of Tuggeranong MMHC between initiating the referral and the point of either: <ul style="list-style-type: none"> <li>Fully engaged with the referral (first appointment or similar), or,</li> <li>Chosen to discontinue with support</li> </ul>
	Percentage of people who find referrals to be unsuitable at follow-up who receive further review and additional referral options from Tuggeranong MMHC, unless they choose to discontinue with support.
	Percentage of clients who receive assessments through Tuggeranong MMHC that are attempted to be contacted within two business days to receive their referral.
	Percentage of clients who receive warm referral from Tuggeranong MMHC to another service who: <ol style="list-style-type: none"> <li>Do not have to make first contact with services themselves, and</li> <li>Of a), consent to information and/or data sharing to avoid the need to re-tell their stories</li> </ol>
	Identification of integration and partnership activities with existing services, including the Head to Health Intake and Assessment Phone Service, GPs, mental health services, and other health and wellbeing supports.
People with moderate to high needs receive integrated care which addresses mental health, physical health, and broader needs, through in-house and/or referred services.	Percentage of clients receiving intervention services from Tuggeranong MMHC who are also referred to other services as part of shared care planning, at any time during their episode of care.
People receive appropriate assessment and triage using a consistent and evidence-informed approach.	Number of IAR assessments completed by Tuggeranong MMHC, including level outputs.
	Number of comprehensive assessments completed by Tuggeranong MMHC in the reporting period.
People with moderate to high needs receive evidence-based and effective short-to-medium term episodes of care that are tailored to meet their individual needs.	Percentage of clients who have moderate to high needs (IAR level 3 or higher, or comparative measures) and cannot access appropriate services elsewhere who are offered individual intervention through Tuggeranong MMHC.
	Percentage of clients whose first contact with intervention services delivered through Tuggeranong MMHC occurs within 21 days of initial assessment
	Number of unique short-to-medium term clinical and wellbeing occasions of service provided to individuals across individual and group programs.

	Rate of completion of episode of care for clients receiving intervention services from Tuggeranong MMHC
Individuals accessing the service experience reduced psychological distress and have an improved sense of personal agency or control.	Clients report a reduced level of psychological distress after completing an episode of care of in-house intervention services, as measured by standardised patient-reported outcome measures.
	Number of clients experiencing a crisis or high levels of distress who receive immediate support services from Tuggeranong MMHC.
Service users feel satisfied with and supported by the services they receive from Tuggeranong MMHC.	Clients report an overall positive experience with the service.

### Anticipated timeframes

CHN are aiming to undertake this procurement activity in accordance with the below timeframes (which may be revised if necessary):

#### Stage 1 - Request for Proposals:

- Procurement to commence by Monday 01/07/2024
- Stakeholder briefing 11:00am, Thursday 11/07/2024
- End of period for questions or requests for information 5:00 pm, Thursday 18/07/2024
- Proposals close 5.00pm, Friday 26/07/2024

#### Stage 2 - Review of Submissions:

- Review of proposals by 09/08/2024
- Preferred Lead Agency identified by 23/08/2024

#### Stage 3 - Contract Negotiation:

- Contract negotiation finalised by 13/09/2024

#### Stage 4 - Establishment:

- Establishment from 16/09/2024

#### Stage 5 - Services Commence:

- Services to commence 16/12/2024

### 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 are subject to change and will be finalised during contract negotiation.



Deliverable	Timeframe
Establishment Plan	Within one month of contract execution date
Service Model documents and associated Operational Guidelines	Within two months of contract execution date
Staffing and Recruitment Strategy	Within two months of contract execution date
Marketing and Communications Plan	Within two months of contract execution date
Clinical Governance Framework	Within one month of submission of Service Model documentation
Commencement of Service Delivery	16 December 2024
Status meetings and reporting	Fortnightly (at minimum) until service delivery implementation; monthly for the first 6 months and quarterly thereafter
Monthly PMHC-MDS reports uploaded to the PMHC-MDS portal, consistent with the specifications located at: <a href="https://docs.pmhc-mds.com/projects/data-specification/en/v4/">https://docs.pmhc-mds.com/projects/data-specification/en/v4/</a>	Within 31 days of the end of each reporting month
Performance and Financial reporting	Six-monthly

### 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:

Establishment	2024-25	2025-26	Total
\$659,800.00	\$1,013,224.65	\$1,027,419.91	<b>\$2,700,444.56*</b>

**\*Please note:** due to an internal calculation error, this total was previously listed as \$2,900,444.56. It has been amended to the correct figure of \$2,700,444.56 as of 09/07/2024.

This funding will be budgeted 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
<p><b>1. Local Service Model</b> (<i>max. 850 words</i>)</p> <p>Provide a high-level overview/summary of the proposed service model for the Tuggeranong Medicare Mental Health Centre. The service model must address how the organisation intends to deliver the four core elements of the Service Model for Head to Health Adult Mental Health Centres and Satellites. This response should also identify how the service model addresses specific local needs and contexts. Respondents are expected to propose specific solutions for alignment with the existing Canberra Medicare Mental Health Centre, also known as Canberra Head to Health (noting that these solution/s are 'ideal scenario' ideas only, and actual activities will be revisited with the successful lead agency). If applicable, respondents may wish to identify areas of learning that will be pursued to inform the development and eventual improvement of the service model.</p> <p><i>Optionally</i>, 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.</p>	25%
<p><b>2. Responsive Practice</b> (<i>max. 350 words</i>)</p> <p>Describe how the proposed service will ensure that support provided to service users is strengths-based, inclusive, culturally safe, person-centred, and trauma-informed.</p>	15%
<p><b>3. System Integration and Relationships</b> (<i>max. 350 words</i>)</p> <p>Propose avenues for the service to integrate, collaborate, and develop relationships with key regional stakeholders. This may include (but is not limited to) the Canberra MMHC (also known as Canberra Head to Health), the upcoming Head to Health Kids service, other mental health services and initiatives, primary care supports, the wider mental health, health, and human services systems, peak and advocacy bodies, and community members.</p>	15%
<p><b>4. Experience</b> (<i>max. 300 words</i>)</p>	10%

Summarise relevant experience in the provision of mental health support to adults. If applicable, respondents are encouraged to focus on experience providing service navigation support, assessments, short-to-medium term episodes of care (including psychological interventions), peer services, and/or multidisciplinary teams. Respondents may also wish to detail experience providing supports relevant to their specific proposed service model outlined in Criterion 1.	
<p><b>5. Governance Structure and Systems</b> (<i>max. 350 words</i>)</p> <p>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.</p> <p><i>Optionally</i>, 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 Tuggeranong MMHC would be directly managed.</p>	15%
<p><b>6. Recruitment</b> (<i>max. 300 words and 1-page staffing profile</i>)</p> <p>Outline a proposed recruitment strategy, including estimated recruitment timelines and/or milestones and potential opportunities, barriers, and risks.</p> <p>This response must also include a proposed staffing profile that reflects the operational needs of the proposed service model outlined in Criterion 1, including service roles, relevant or preferred skills or qualifications, and FTE levels. Words in this profile will not be counted towards the word limit for this Assessment Criterion. The profile is limited to one A4 page and may be included as an attachment instead of using the RFP response form.</p>	10%
<p><b>7. Value for Money</b> (<i>max. 250 words</i>)</p> <p>Explain how the service proposal demonstrates value for money. Respondents are encouraged to consider what unique elements or qualities detailed in their application are evidence of value for money, and to note that 'value' can be defined in multiple ways (e.g., Economies of scale, cost per service, expertise, high-quality care, operational outputs, consumer outcomes, etc.).</p>	10%

## Part D: Additional Requirements, Assurance and Compliance Considerations

### Additional Requirements

#### Budget

Applicants must also provide an itemised **operational** budget for the **2024-25 and 2025-26 financial years** that is cost-effective and adequately reflects resourcing required for proposed service delivery activities. This budget may be included as an attachment instead of using the RFP response form.

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 itemised where practical.
- All amounts included in the proposed budget must be GST-exclusive.

2024-2025 service delivery underspends are anticipated, and use of these underspends will be discussed with the successful provider. The itemised budget should realistically account for proposed service delivery capacity during this period and **should not include** resulting underspends in budgeting for future financial years.

The itemised budget provided **should not include** establishment funding. An appropriate site for the service of approximately 250-300m<sup>2</sup> in the Tuggeranong region has been identified by CHN and use of establishment funding scoped accordingly. CHN will work with the successful lead agency to further explore establishment requirements during the contract negotiation process.

This budget will be taken into account during reviews of the Assessment Criteria responses, but will not be scored or weighted. Proposed budgets do not necessarily represent commitments to final allocation and will be explored in detail with the successful lead agency.

### 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.

### **3.5 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.

### **3.6 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

### **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](mailto: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.

### **4.3 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.

#### 4.4 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.

#### 4.5 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](mailto: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

#### 5.1 Lodgement

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

#### 5.2 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.

### **6.2 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.

### **6.3 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.

### **6.4 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.

### **6.5 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.

## **6.6 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.

## **6.7 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.

## **10. 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)**.

## **11. 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.

## 12. 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.

## 13. 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.

## 14. 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
- if a word and/or phrase is defined its other grammatical forms have corresponding meaning.