
Q&A: Mental Health Multidisciplinary Services Program – EOI (PAC140)

1. Question

Will you post the slide deck on the CHN website following this briefing?

Answer

Yes, the slide deck will be posted on the CHN website.

2. Question

Is there a min FTE for Element 1?

Answer

There is no minimum Full Time Equivalent (FTE) for Element 1.

3. Question

Will children/adolescents be eligible as patients/consumers or only adults?

Answer

The program is targeted to participants of all ages.

4. Question

The EOI restricts Element 2 hosting to GPs, ACCHOs and "equivalent primary care practices". Is a registered allied health practice operating from a medical hub considered equivalent?

Answer

Any organisation that provides primary care services is eligible for Element 2, so an allied health practice is eligible. Any applicant without an onsite GP should outline how they will meet the program goal of improving integration of mental health care in primary care and collaborate with GPs.

5. Question

Are primary health nurse practitioner practices are eligible, or does there need to be a GP on site?

Answer

Any organisation that provides primary care services is eligible for Element 2, so a nurse practitioner practice is eligible. Any applicant without an onsite GP should outline how they will meet the program goal of improving integration of mental health care in primary care and collaborate with GPs.

6. Question

Will MDMHP be able to refer to other services where appropriate or is care expected to be delivered within the program?

Answer

Yes, Mental Health Multidisciplinary Practitioners will be able to refer to other services, where additional patient needs are identified by the care team. Referral pathways will be developed and informed by co-design and stakeholder consultation and tailored to suit local conditions over time. Referral processes must align with the Stepped Care Model requirements and be suitably integrated with other health services in the ACT. Noting services outside of the Mental Health Multidisciplinary Services Program are not funded through the program and will be subject to usual funding and payment arrangements.

7. Question

Is there a maximum term of support available for consumers e.g. up to 12 months.

Answer

Current program guidance from the Department of Health, Disability and Ageing states that participants may access the program for up to two years, with no minimum or maximum number of appointments. The program funding ends on 30 June 2028.

8. Question

Regarding data sharing agreement development under Element 4, are there any indicative requirements for multi-organisation delivery of the program? Is there interim guidance on how CHN expects providers to manage the boundary between program-funded activity and Medicare-eligible activity during the transition to full service establishment?

Answer

Successful providers delivering any of the program elements must be willing to enter into data sharing agreements with other successful providers to ensure data privacy and security requirements are met. Further guidance on data sharing will be provided to organisations during the RFP phase of procurement.

9. Question

If there are centralised administrative functions, does this mean that care within the program is provided on a specified practice management software?

Answer

There are no specific requirements for practice management software.

10. Question

Are there any specific outcome measures needed to be used?

Answer

At a minimum, the Department of Health, Disability and Ageing has specified all program participants will be required to use the Kessler Psychological Distress Scales - mK5/K10 assessment scales. Further information will be provided on additional outcome and experience measures once the national and local program evaluation plans are finalised.

11. Question

Will you consider consortium applications to cover the 4 elements?

Answer

Yes, consortium applications will be considered. Applications should clearly outline responsibilities of each organisation and any supporting governance arrangements.