Request for Tender (RFT)

Mental Health Multidisciplinary Services – Host Sites (PAC140)

Contents

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.

CHN has been selected by the Department of Health, Disability and Ageing (the Department) to commission mental health multidisciplinary services for people with complex mental health needs in ACT primary care settings until 30 June 2028. This funding will embed Multidisciplinary Services (MDS) Practitioners within primary health care environments to support people with complex mental health needs within the community. The purpose of this open Request for Tender (RFT) is to receive tenders from general practice and eligible primary care practices to 'Host' the program's multidisciplinary practitioners.

Part A: Reference Schedule

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

Item 1	**RFT Reference**	**PAC140 – Mental Health Multidisciplinary Services – Host Sites**
Item 2	**Key contact during RFT process**	Name: Tahnee Thomson Email: tenders@chnact.org.au
Item 3	**Timetable** *(may be changed by CHN in accordance with the Conditions of the RFT Process set out in Part E of this RFT)*	
	RFT issued	Thursday 6th August 2026
	Briefing Session	Tuesday 18th August 2026 @ 6pm Register your interest in attending the Briefing Session via Eventbrite here
	Deadline for Questions	5pm Tuesday 25th August 2026 *Questions or requests for information **must** be submitted via tenders@chnact.org.au using the subject heading **PAC140 – Questions**.*
	Closing time and date	5pm Friday 28th August 2026
Item 4	**Lodgement**	
	Lodgement instructions	Responses must be submitted on Request for Tender template provided and emailed PDF to tenders@chnact.org.au Email subject line to include: **PAC140 RFT [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 Conditions of the RFT Process (Part E).
Item 6	**Additional Rules**	Where relevant, applicants must adhere to relevant national service safety and quality health standards and guidelines, and the following: • National Aboriginal and Torres Strait Islander Health Plan 2021–2031 | Australian Government Department of Health and Aged Care for Aboriginal and Torres Strait Islander Health. • The National Redress Scheme Grant Connected Policy • Commonwealth Child Safe Framework • National Child Safe Principles • National Safety and Quality Health Service Standards • National Safety and Quality Mental Health Standards for Community Managed Organisations • National Safety and Quality Digital Mental Health Standards

Part B: Statement of Requirements

Overview of Program

The Mental Health Multidisciplinary Services Program (the Program) will support general practices, ACCHOs, allied health, and the primary care system to safely manage and support people with complex mental health needs within the community. The purpose of the program is to complement existing available clinical treatment services under the *Better Access* initiative, and other mental health community and state-based service models.

Through grant funding provided by the Australian Government, this program will embed Mental Health Multidisciplinary Practitioners within primary care environments. GPs will be able to refer their patients to the program and nominate the areas where the patient requires further support. The mental health multidisciplinary practitioners will then provide individualised support to program participants based on their needs, factors impacting their mental health, and the Practitioner's scope of practice. The program will also involve close collaboration between GPs and mental health multidisciplinary practitioners to provide effective, wrap-around care for people with complex mental health needs.

Problem Statement

The primary care sector plays an integral role in supporting people with complex mental health, especially those who are at-risk of poor health outcomes or unable to access other forms of care. However, general practitioners (GPs) are under significant strain in the ACT due to GP workforce shortages, which places limitations on the care they can provide. In addition, people with complex mental health issues are often navigating multiple challenges or priorities in their lives. Reducing barriers to multidisciplinary mental health care and supporting healthcare professional upskilling may improve outcomes for this patient cohort.

Procurement Process

This open Request for Tender follows the Expression of Interest (EOI) which closed on 5 June 2026. Following the EOI process, CHN has defined an appropriate service model, budget and key performance indicators.

Procurement for the program components has been separated into 2 RFT processes. This RFT is for the program 'Host' sites, a separate RFT has been undertaken for a 'Hub' organisation. The Host RFT is an open procurement seeking applications from general practices, Aboriginal Community Controlled Healthcare Organisations (ACCHOs) and other equivalent primary care providers.

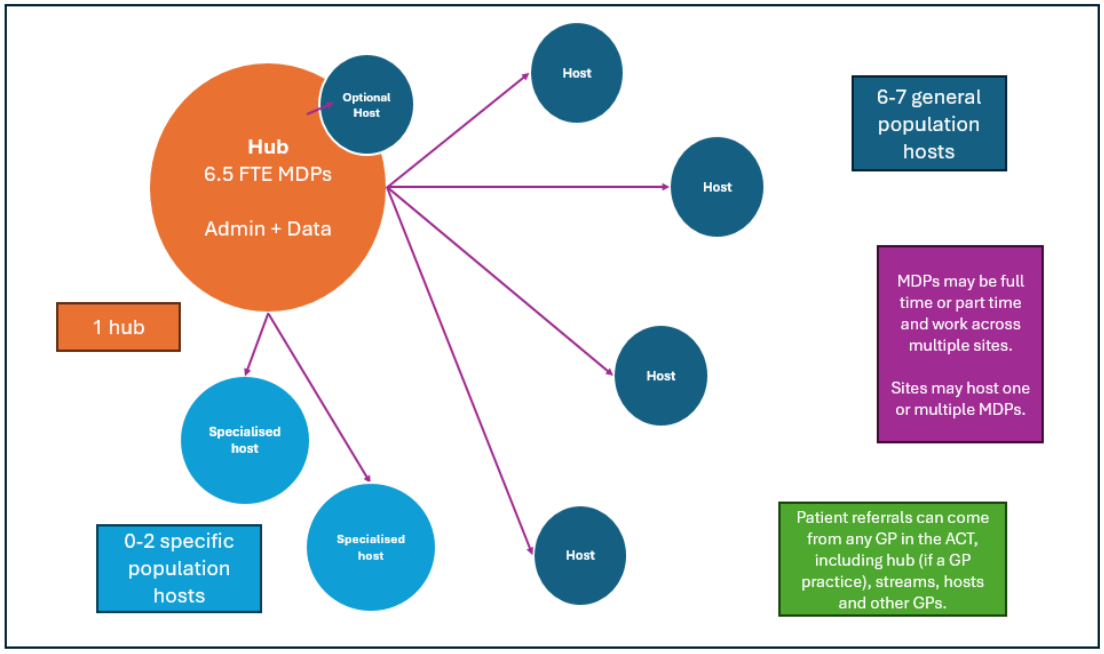
An organisation that has applied for the Hub RFT may also apply for the Host RFT, provided eligibility requirements are met.

Eligibility

This Host RFT is available to General Practices, Aboriginal Community Controlled Health Organisations (ACCHOs) and other organisations providing primary care services in the ACT.

Service Model

The Mental Health Multidisciplinary Services program will operate as a Hub and Host model, with the Hub providing overall program coordination, and Host practices provide a consultation space with the intention to embed multidisciplinary practitioners (MDPs) within the practice to support patients at a primary care level.



One **'Hub'** organisation will be selected from a separate Tender.

The Hub will be responsible for:

- Employment and clinical supervision of 6.5 FTE multidisciplinary mental health practitioners;
- Working with Host practices to embed and manage the operation of practitioners within Host sites;
- Program administration and data management, including employment of staff to support these functions.

Multiple **'Host' general practice / primary care** organisations will be selected from this procurement process. Hosts will be responsible for:

- Hosting a multidisciplinary practitioner/s on-site for 2-5 days a week.

- Providing limited administrative support such as booking patients' appointments.
- Support patients that have been internally and externally referred to the program to attend their appointment with multidisciplinary practitioners
- Nominate a GP Champion who will be responsible for liaising with Hub site to provide feedback and support. The GP Champion will also be involved in the development and promotion of the project throughout the ACT

General practice or primary care 'Hosts' may apply to provide care to a general patient population (for example, a general practice) or may apply as a 'Host' to provide care to a specific patient population. Primary care practices who provide care to specific patient populations could include First Nations, youth, neurodivergence, or specific mental health concerns such as example, eating disorders.

Model of Care

Mental health multidisciplinary practitioners will develop an understanding of the unique needs, circumstances, priorities, and goals of program participants, and will help participants access multidisciplinary services that address identified areas of need. Some examples of care that may be provided within the scope of a tailored individual care plan include service navigation, case management, brief interventions, and social prescribing. Through service navigation and case management, mental health multidisciplinary practitioners can help reduce the GP workload associated with supporting people with complex mental health needs.

Mental health multidisciplinary practitioners and referring primary care providers will be expected to participate in case conferencing activities to support collaborative, continuous, and high-quality care. All collaboration efforts will recognise participants as experts in their own needs, experiences, goals and aim to empower them as equal partners within the care team. Through service navigation and case management, mental health multidisciplinary practitioners can help reduce the GP workload associated with supporting people with complex mental health needs.

Face-to-face service delivery will be prioritised, but the program may leverage telehealth and other alternative modalities where appropriate to meet a participants' needs. Participants may access the program for up to 2 years, with no minimum or maximum number of appointments.

To be eligible for the program, participants will be assessed as having 'complex mental health needs' defined as people who have a mental illness that has a high impact on their day-to-day lives. Eligible participants must currently be at Levels 3–5 of the Initial Assessment Referral Decision Support Tool (IAR-DST).

Initially, potential program participants must be identified and referred by a GP, Nurse Practitioner or equivalent Practitioner working within a General Practice, Aboriginal Community Controlled Health Organisation, community health centre, or similar primary care setting. Additional referral pathways may be considered in the future in response to program operational needs.

Key Objectives

The intended outcomes of the program are:

- People with complex mental health needs receive person-centred and holistic care, from clinical and non-clinical supports, resulting in a closer alignment between primary care and mental health care teams.
- GPs and primary care providers are supported and spend less unpaid time on activities such as care coordination and follow-up for patients with complex mental health needs.
- Services delivered to people with complex mental health needs result in improved access to mental health multidisciplinary care, improved mental health outcomes and improved experiences of care.
- There are fewer service disengagements, hospital admissions and emergency department presentations through successful engagement with multidisciplinary services.
- There is an uplift in the ability of primary care organisations to ensure ongoing support and continuity of care via multidisciplinary services.

Specific key performance indicators for Host sites will be included in the contract development stage.

Anticipated timeframes

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

Stage 1 - Request for Tender:

- Procurement to commence by: Thursday 6 August 2026
- Stakeholder briefing: Tuesday 18 August 2026 @ 6pm
- Deadline for Questions: 5pm Tuesday 25 August 2026
- Tender closes: 5pm Friday 28 August 2026

Stage 2 - Review of Submissions:

- Review of Tender by: Friday 4 September 2026
- Preferred Host Sites identified by: Monday 7 September 2026

Stage 3 - Contract Negotiation:

- Contract negotiation finalised by: Monday 21 September 2026

Stage 4 - Establishment:

- Hub Establishment from: August 2026
- Host Establishment: Late September to early October 2026

Stage 5 – Services Delivery Commencement:

- Host Service Delivery to commence: October 2026

Services Required

- Provide consultation space for a mental health multidisciplinary practitioner 3–5 days per week, until 30 June 2028.
- Support respectful, trauma-informed, culturally sensitive and person-centred care in calm, safe, welcoming and inclusive environments.
- Provide onsite operational support, including welcoming and checking in program participants.
- Attend training to support vulnerable patient populations.
- Complete a program-related quality improvement project.
- Meet performance and financial reporting requirements.
- Contribute to evaluation activities, including brief surveys and/or interviews.
- Attend quarterly Service Community of Practice meetings.
- Appoint a GP Champion from their practice.
- Enter into a data sharing agreement with the Hub, ensuring compliance with data privacy legislation regarding data collection, storage and use.

The Host GP Champion will:

- Work with the Hub during service establishment, and throughout the program, to provide advice on referral pathways, the service model, intake, triage and program operations.
- Promote the program to GP peers within their practice, and across GP and health networks in the ACT.

Service Agreements and Deliverable/Reporting Requirements

Services Orders will commence on execution of the agreement and continue until 30 June 2028. Indicative deliverable requirements are detailed below. These will be finalised during contract negotiation.

Deliverable	**Timeframe**
Commencement of Service Delivery	October 2026
Performance and Financial Acquittal reporting	Six-monthly
Status meetings and reporting	Monthly for the first 6 months and quarterly thereafter

Anticipated Service Budget

Financial Year	2026-2027 FY	2027-2028 FY
Funding Available Per Site	$41,538	$38,462

This funding assumes a multidisciplinary practitioner is hosted 5 days per week. Accordingly, funding will be pro-rated based on the number of days per week a practitioner is hosted at each site. For example, a practice hosting a multidisciplinary practitioner 3 days a week would receive 60% of the total available amount and a practice hosting a practitioner 4 days a week would receive 80% of the total available amount.

Eligible expenses include:

- Administrative costs associated with running the program, including welcoming and checking in patients for appointments and liaising with the Hub for appointment scheduling.
- Costs related to GP Champion time spent engaging with the program, including program establishment, development and promotion.
- Ongoing training, attendance of Community of Practice meetings and quality improvement project completion.
- Costs associated with use of consulting rooms.

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 access proposals.

Assessment Criteria	Weighting
1. Service Delivery *(max. 400 words)* Describe how the practice would implement the services required, including physical space and administrative support provision. Please include the number of days per week that the practice is able to host a multidisciplinary practitioner. Confirm the practice's willingness to accept referrals from other ACT primary care practices.	**40%**
2. GP Champion *(max. 200 words)* Describe the skills and experience your practice's proposed GP Champion would bring to the program. Including the GP's existing membership and network participation in the ACT.	**20%**
3. Local Need *(max. 300 words)* Describe your practice's patient population and how program participation will benefit both your patient population and your practice practitioners. If you are proposing to be a specific population host site, please provide detailed rationale here.	**20%**
4. Governance Structure and Risk Systems *(max. 200 words)* Overarching governance structures and systems which outline clinical accountability, decision making and reporting processes. Systems and processes that ensure compliance with data privacy legislation in relation to data collection, storage and use. Please include adequate identification of risk and appropriate mitigation strategies and contingencies.	**10%**
5. Value for Money *(max 200.words)* Explain how your tender and pricing principles demonstrate value for money. If you are an existing service provider in the ACT, how will you leverage economies of scale to deliver efficiencies and ensure value for money?	**10%**

Part D: Additional Requirements, Assurance and Compliance Considerations

Additional Requirements
a. Operational Budget submission
Assurances and Compliance
The following information should be included in your response to the RFT (space provided in RFT Response Form): b. Conflict of Interest c. Insurances d. Accreditation/Registration certification (as appropriate) e. Referees to support application

Part E: Conditions of the RFT Process

1. Application of these rules

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

All persons (whether or not they submit an RFT) having obtained or received this RFT 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 RFT apply to:

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

(b) the RFT Process, and

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

2. Structure of Request for Proposal

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

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 RFT Process sets out the rules applying to the RFT documents and to the Process. These rules are deemed to be accepted by all Respondents and by all persons having received or obtained the RFT.

3. <u>Request for Proposal</u>

1.4 Status of RFT

1.5 Accuracy of RFT

3.1 Additions and amendments

3.2 Representations

No representation made by or on behalf of CHN in relation to the RFT (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.

1.6 Licence to use and Intellectual Property Rights

1.7 Availability of additional materials

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

2 Communications during the RFT Process

4.1 Key contact

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.

2.3 Improper assistance

Respondents must not seek or obtain the assistance of Directors, employees, agents, contractors or service providers (with respect to this RFT) 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.

2.4 Complaints about the RFT Process

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.

4. Submission of Proposals

2.5 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 RFT 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 tender by CHN; or

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

The determination of CHN as to the actual time that a tender 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 tender was lodged after the closing time of its ineligibility for consideration.

3 RFT documents

6.1 Format and contents

Respondents must ensure that:

(a) their tender is presented on the required template, and

(b) all the information fields in the RFT template are completed and contain the information requested

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

CHN may in its absolute discretion reject a tender 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 RFT are not desired or required.

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

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

3.4 Illegible content, alteration and erasures

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

CHN may permit a Respondent to correct an unintentional error in its tender 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 tender has been submitted, the Respondent becomes aware of an error in the tender(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

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

6.6 Withdrawal of proposal

5. <u>Capacity to comply with Statement of Requirements</u>

6. <u>Assessment of proposals</u>

8.1 Assessment process

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

8.2 Clarification of proposal

If, in the opinion of CHN, a tender 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 tender liable to disqualification.

CHN is under no obligation to seek clarification to a tender 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**.

7. 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 RFT from those Respondents,

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

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

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

(b) decide not to proceed further with the RFT or any other procurement process for the Goods or Services,

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

e. 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.

4 Additional rules

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

8. Respondent warranties

By submitting a proposal, a Respondent warrants that:

(a) in lodging its tender 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 RFT documents,

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

(b) it has examined this RFT, 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,

b. 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,

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

(c) 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 RFT Process,

(d) it otherwise accepts and will comply with the rules set out in this **Part E** of the RFT,

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

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

9. CHN rights

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

(e) vary or extend any time or date specified in this RFT for all or any Respondents or other persons, or

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

10. Governing law

This RFT 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 tender and in taking part in the Process.

11. 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 RFT and the Process.

Capital Health Network (CHN) means the organisation responsible for the RFT 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 RFT containing a tender to provide Goods and/or Services sought through this Process.

RFT Process means the process commenced by the issuing of RFT 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 RFT.

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

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 Tender (RFT) 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 RFT.

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

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

14.2 Instruction

In this RFT, 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.