Q&A: Care finder Program Services – RFP (PAC092)

1. Question

Current and anticipated caseload - Could CHN please provide an indication of the current active Care Finder caseload expected to transition from Community Options Incorporated to the successful provider, together with any anticipated referral volumes or caseload growth during the remaining contract period?

Answer

CHN will work collaboratively with the successful provider during the transition phase to establish expected caseload that will transition from Community Options Incorporated to the successful provider. The caseload will comprise clients at varying stages of service engagement, including high-level check-ins, undertaking an assessment, or waiting to connect to a service provider. Demand for the program fluctuates throughout the year, with an average caseload of approximately 80 open cases per month.

2. Question

Current workforce/FTE - Could CHN advise the approximate Care Finder FTE currently associated with the component of the program being transitioned from Community Options? If this information cannot be provided, is there an indicative workforce capacity or FTE level that CHN considers appropriate for the anticipated service volume?

Answer

There is no specified FTE requirement and as such CHN requests applicants develop proposals with total FTE based on understanding of local needs balanced with your organisation's ability to deliver a high quality and sustainable service that meets service demand of approximately 80 open cases per month. CHN encourages applicants assess the true cost of delivering the program for their organisation over the entire funding period, and what FTE can be sustainably supported.

3. Question

Workforce transition - Are any existing Care Finder staff from Community Options anticipated to be available for potential employment or transition to the successful provider, subject to the appropriate employment arrangements and agreement of the individuals concerned?

Answer

Community Options has indicated existing care finder staff may be open to potential employment opportunities with the successful provider; however, this is a matter for the outgoing and incoming providers as CHN does not have a role in provider staffing arrangements.

4. Question

Service location and operating model - Does CHN require the successful provider to maintain a dedicated physical Care Finder office/base accessible to clients, or would an ACT-based hybrid/mobile outreach model incorporating face-to-face community engagement and appropriate office facilities satisfy the service requirements?

Answer

The care finder policy guidance 5.11 states: Care finders will provide support at the place of the client's choosing, including the client's home, or other environment familiar to them, or the care finder's office. Care finders will predominantly provide face-to-face support.

Care finders may sometimes provide support via other channels (such as phone, video call, email or mail):

- if this is the client's preference and the client does not have barriers to using these channels
- to provide flexibility in rural and remote areas
- where face-to-face support is not possible due to COVID-19 restrictions or a natural disaster.

The procured provider retains responsibility for determining the most appropriate service delivery model. Ensuring that the proposed approach complies with the care finder guidance requirements and enables support to be delivered in an environment that is safe and appropriate for both the client and care finder staff.

5. Question

Consortium, partnership and subcontracting arrangements - Are respondents permitted to propose consortium, partnership or subcontracting arrangements as part of their service delivery model? If so, does CHN require all proposed partner/subcontractor organisations and their respective responsibilities to be identified at the time of submission?

Answer

Consortium, partnership or subcontracting arrangements are permitted. However, all organisations' financial and operational roles and responsibilities must be clearly defined, and appropriate governance arrangements outlined.

6. Question

Performance and data requirements - Could CHN provide further information regarding the key performance indicators, outcome measures and/or minimum data fields that the successful provider will be expected to capture and report, beyond those outlined in the RFP and Care Finder Policy Guidance?

Answer

Minimum Data Fields: Section 13.2 of the care finder policy guidance outlines the minimum data requirements that must be collected and reported through the CHNs' biannual Performance Reports and the AHA quarterly online reporting portal.
Outcome Measures: Outcome measures, aligned with the care finder policy guidance, will focus on effectively reaching and engaging the target population, integrating the program within the broader community and relevant service networks, and ensuring clients have a positive, supported experience throughout their engagement with the program.
KPI Targets: KPI targets will be communicated to the successful provider during the contract development process.

7. Question

2026–27 funding and service establishment - Could CHN clarify whether the 2026–27 funding allocation of $236,763.29 is intended to cover all establishment and service delivery costs from contract commencement through 30 June 2027, and whether any specific establishment costs or expenditure categories are expected to be accommodated within this allocation?

Answer

Proposed budgets do not necessarily represent commitments to final allocation and will be explored in detail with the successful lead agency. Additional funding may be available to support operations during FY26/27 which will be determined following conclusion of contract with the outgoing provider.

8. Question

Existing infrastructure and transition arrangements - As the successful provider will work collaboratively with Community Options during transition, could CHN provide further information regarding what operational information, referral records, client handover information, established stakeholder relationships and other relevant service resources are anticipated to form part of the transition process?

Answer
CHN anticipates all of the above suggested operational information will be included in the transition required from the outgoing to the incoming provider. However, more detailed expectations and requirements will be established by CHN, in conjunction with Community Options and the incoming provider. For the purposes of procurement application evaluation, CHN requires from applicants' evidence of ability, capacity and understanding of how a transition process could take place, including any relevant previous service transition experience.

9. Question
Years 2 and 3 equate to circa ~$50k per operational month, whereas year 1 pro-rata's at circa ~$30k per operational month (2 November 2026 to 30 June 2027 – 8 months).

This indicates a material difference in funding of approximately $150k in year 1 (~$20k per month) on an assumption that year 1 services are to be equivalent with years' 2 and 3, notwithstanding any additional establishment funding.

Are you able to communicate the service expectations for year 1 with regards to the above?

Answer
See answer to Q.7

10. Question
Are there any hard KPIs, as in head count per year or hours delivered?

Answer
See answers to Q.2 and Q.6

11. Question
As no budget template appears to have been provided, can you confirm that we can attach a separate budget document (e.g. an Excel spreadsheet or PDF) as part of our submission? Please provide instruction on word or page limits for budget document if any.

Answer
Applicants may attach a spreadsheet of their budget. While it will be reviewed alongside their application, it is not weighted or scored, and there is no word or page limit.

12. Question
The funding proposal outlines the breakdown of funding for the remainder of the contract period from FY2027 - FY2029 however there appears to be a significant shortfall in funding for the remainder of FY2027. The proposed funding is less than 50% of the FY2028 allocation while it is expected that at least 8 months of service is delivered from commencement at 01/11/2026. Please confirm if the funding distribution across each year is correct or is there flexibility to support the service delivery expected."

Answer
See answer to Q.7

13. Question
Extra funding in the first year - The Q&A mentions that extra funding may be available. Do you have an idea of how much, how it would be worked out and when it would be confirmed? Would it cover taking over and supporting Community Options' clients, setting up the service and accepting new referrals? Can the total funding be agreed before we sign the contract and commit to employing staff?

Answer
As per Q.7, CHN will work with the successful provider to discuss what additional funding may be available during contract negotiation.

14. Question

Staffing in the first year - With the lower first-year funding, is the same level of service expected from 2 November as in later years, or could we start with a smaller team and build up? Can we submit one budget within the $236,763.29 allocation to 30 June 2027 and another showing the extra funding needed, explaining what each option would allow us to deliver?

Answer

See answer to Q.2 and Q.7

15. Question

Start-up costs and payments - The website mentions 1 October and the RFP mentions set-up from 6 October. From which date can we use the funding for start-up costs? When would the first payment be made, are payments made upfront or after costs are incurred, and is there anything we need to complete before funding is released?

Answer

CHN anticipates working with the preferred provider to execute a contract by 6 October. A payment schedule will be proposed during the contract negotiation phase and with an initial payment to be made at contract execution.

16. Question

Funding across the financial years - Can you confirm the funding amounts apply to financial years ending 30 June? Do the later amounts already include annual increases for wages and other costs, or could these be added? Can we move funding between years or carry unspent funds into the next year with CHN's approval, and how would we request this?

Answer

Confirming the funding amounts are per financial year which is from 1st July to 30th June. The funding amount available per funding year is set and will not change. Funding cannot be moved between years, however, it may be possible to carry forward unspent funds dependent on CHN and Department approval.

17. Question

What counts as administration? Could you explain which costs fall under the 14.5% administration limit? We are particularly unsure about staff supervision, required training, coordinating client support, reporting, shared IT and annual audit costs. Is the limit checked each year or over the whole contract, and against the budget or what we actually spend? Can we split a staff member's cost between client work and administration based on the time spent on each?

Answer

Administrative costs include office supplies, indirect costs, licences, utilities, cleaning and maintenance, audit fees and other indirect overheads. Staff member costs are to be included in service delivery.

18. Question

Support needed by existing clients - Without sharing personal details, could you give us a breakdown of the roughly 80 open cases? How many need intensive help, assessment support, help finding a provider or occasional check-ins, and roughly how many staff hours are involved? Are there urgent or high-risk cases or a waiting list? How many new referrals and completed cases are typical each month, and how many clients are likely to transfer when we start?

Answer

Each client case will be different and will vary at the time of handover. For an overview of the different client characteristics, experiences, and average hours spent with a case captured by AHA in the national second evaluation report, please refer to Section 7 of the report: Second Report on the implementation of the care finder program.

19. Question

Handover from Community Options - How long will Community Options be funded to help with the handover, and what staff support will be available? Will clients move across gradually or all at once? Who looks after clients and new referrals until we have accepted their handover? What records will be passed on, in what format, and how will permission to share them be managed? Who follows up missing information or unfinished work?

Answer

CHN will work with Community Options and the successful provider to agree on the best process for handling and transferring client documentation. Both providers will confirm and implement a secure, encrypted channel to transfer client data ensuring compliance with all relevant privacy regulations and client consent.

20. Question

Speaking with Community Options and Meridian - Before a provider is selected, can we speak with Community Options about staff who might be interested in joining us, and with Meridian about working together? Is there a process to follow, or could CHN arrange introductions or a briefing? These discussions would be about practical arrangements, not help with writing our application.

Answer

To ensure a fair and equitable procurement process and to minimise disruption to the outgoing provider, CHN requests applicants do not contact either of two currently contracted ACT Care Finder organisations. CHN will facilitate introductions to the appropriate contacts once the successful provider has been selected.

21. Question

Reporting and client information - Could you share the reporting forms, a guide to the information we need to collect and the client feedback survey? Are there extra reports or checks needed during handover? Are there specific rules or approvals for cloud storage or overseas administration staff accessing client records? What must we report if a client chooses [Our organisation] or a related business for their services?

Answer

See answer to Q.6.
Regarding reporting of client services internally and externally, please see section 10 of the care finder policy guidance to ensure there is no conflict of interest when referring internally:

Where care finder organisations have referred care finder clients to their own organisation, they will need to report the following via the online reporting portal on a monthly basis:

- the number of occasions where care finder clients were referred to their own organisation during the reporting period
- a statement to confirm the following for the reporting period:
    - optimal choice for care finder clients was respected and facilitated (including by providing clients with appropriate alternatives, where available, to supports and/or services provided by their own organisation)
    - conflict of interest requirements were met.

22. Question

Contract and keeping the service independent - Could you send us the contract terms and any draft program agreement or extra conditions, including the insurance cover required? [Our organisation] also provides health and aged-care services, are there any extra CHN rules beyond the program guidance about keeping Care Finder separate and making sure clients have an independent choice of providers?

Answer

Please see the following Terms and Conditions on our website: CHN Standard TCs PDF ,Section 18 outlines the insurance covers required.
See answer to Q.21.

23. Question

Caseload scope - The Q&A (as of 10 September) advises an average caseload of approximately 80 open cases per month. Could CHN confirm whether this figure refers to the component of the program transitioning from Community Options Incorporated, or to the ACT care finder program in total across both providers?

Answer

This figure represents an average case load from one provider. This number may be different at time of handover, and average monthly case load throughout the remainder of contract will vary depending on FTE and complexity of cases.

24. Question

Assistance with Care and Housing - Part B lists the transition of the Assistance with Care and Housing (ACH) program, excluding hoarding and squalor services, among the Key Objectives of the Activity. Could CHN confirm whether former ACH clients form part of the caseload transitioning from Community Options Incorporated, and if so, approximately what proportion of the caseload they represent?

Answer

Hoarding and squalor may present as barriers to a client's ability to engage with appropriate services. The role of the care finder service is to support the client to connect with other relevant services in relation to hoarding and squalor.

25. Question

Referral and triage between ACT providers - Is there an existing joint referral or triage protocol operating between the two ACT care finder providers that the incoming provider would be expected to adopt? Or is the incoming provider expected to establish this arrangement with Meridian Incorporated during the transition period?

Answer

The incoming provider will be required to establish a Memorandum of Understanding (MoU) with Meridian Incorporated, that suits both organisations.

26. Question

Budget presentation - Noting CHN's response to Question 7 that additional funding may be available to support operations during FY26/27, could CHN indicate whether proposed budgets should be presented against the indicative allocations set out in Part B only, or whether applicants may present their assessed true cost of delivery for 2026–27 where this exceeds $236,763.29, with the variance separately identified?

Answer

The decision of budget submission rests with the applicant. As per the RFP, the budget will be considered during review 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 provider.