

Market Briefing - Questions and Answers

Provision of care finder services in Victoria

An industry market briefing was held via Zoom Webinar on Monday 12 September 2022 from 1pm to 2pm, to provide information about the tenders being undertaken by the Victorian Primary Health Networks (PHNs) for the provision of care finder services. Thank you to all who attended.

The market posted questions in the allocated Q&A section of the webinar. Questions were taken on notice on the day. This document is a record of the response to those questions, prepared by the following 5 PHNs:

- Eastern Melbourne Primary Health Network (EMPHN)
- South Eastern Melbourne Primary Health Network (SEMPHN)
- North Western Melbourne Primary Health Network (NWMPHN)
- Western Victoria Primary Health Network (West Vic PHN)
- Gippsland Primary Health Network (GPHN)

Whilst the market briefing was presented as a Victorian and Tasmanian Primary Health Network Alliance (VTPHNA) process, the responses may not apply to Murray PHN or Primary Health Tasmania (PHT). Therefore, please seek clarification directly from these PHNs regarding their specific requirements for this program, if needed. For further information regarding each PHN region, please click [here](#).

The questions were copied exactly as posted. Questions were grouped by 7 key themes. Where questions were considered similar and/or duplicates of each other, only one was retained and the others excluded to avoid unnecessary repetition. All questions have been deidentified, if required, for confidentiality. VTPHNA are not responsible for any errors, omissions and/or interpretation of these questions. The 5 Victorian PHNs have made best efforts to review and prepare comprehensive responses to these questions.

This response includes:

1. The market briefing questions and answers
2. A link to the webinar recording
3. A copy of the market briefing slide pack

If you have further clarification questions in relation to this tender, please post them in the relevant PHN's tender website. Applicants are encouraged to check each PHN's tender document on how to post clarification questions and the respective closing dates for clarification questions.

Theme #1: Market briefing presentation (slides, recording)		
No.	Question	Response
1	Will we get sent a copy of these slides?	Yes, you can find the recording here which includes the slides: https://us02web.zoom.us/rec/share/kU6vEXBDipJI7E7T-Hp7COrqVgvrHe2GfP7PdWKOgrmJGOBUvTDMMbGygGwEqQg.7MKl1BXZyXOWtlaz Passcode: 1js+?4pj
2	Is there a list of all tenders available on one website?	No. However, you can find each of the Victorian PHN's prescribed tender websites listed on the last page of the Market Briefing slides included in this document.
3	Will the presentation be available?	Yes. Please refer response to Question 2.

Theme #2: Tender applications / portals		
No.	Question	Response
4	We are a large organisation in aged care operating across Australia looking at the Care Finder program. Is there a way we could tender for multiple regions rather than submitting multiple tenders?	No. Organisations must submit a tender application separately to each PHN via their prescribed tender websites.
5	Do we submit registration of interest for the Care Finder(s) via the feedback/comments section in Tenderlink?	Tenders are now open for the following 5 VIC PHNs: <ul style="list-style-type: none"> - EMPHN - SEMPHN - NWMPHN - Western Vic PHN - Gippsland PHN You must register as a provider at each PHN's website to be able to download and submit your applications for each PHN region.
6	What is the likely timeframe for notification of tender outcome?	Please check the tender(s) you are applying for the respective PHN's tender timetable. Most intend to notify the applicants of each PHN's tender outcomes between November-December 2022, however, this will depend on each PHN's tender progress at the time. Unforeseen delays to this indicative timeline may be communicated to the relevant applicants of each PHN's tender, as required.

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7	Could you please confirm that Tas PHN is running a separate process (despite being part of the VTPHN group)?	<p>Yes, each Victorian PHN and Primary Health Tasmania are conducting separate tendering activities for the provision of care finder services. Please note this Q&A document relates to tenders and responses prepared by the following 5 PHNs:</p> <ul style="list-style-type: none"> - EMPHN - SEMPHN - NWMPHN - Western Vic PHN - Gippsland PHN
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Theme #3: Region / location specific information and Supplementary Needs Assessment

No.	Question	Response
8	what is the aprox., % of eligible Care Finder population per LGA?	Each PHN has conducted a Supplementary Needs Assessment which focusses on the target populations outlined as priority populations for the care finder program. The findings of each individual PHN's Needs Assessment are summarised in their tender specification in order to assist tenderers in understanding the local need for each region.
9	Are you expecting to select multiple providers in each PHN area? ie targeted to SNGs/priority cohorts?	PHNs will commission suitably qualified service providers that can demonstrate their capacity and capability to deliver and target services specifically for their PHN's target population/s and priority groups. This will vary dependent on each PHNs tender submissions received, and the needs of each PHN. The target population/s for each PHN identified is outlined in each PHN's respective Supplementary Needs Assessment. Please refer to each respective PHN's RFT documentation for details regarding their Supplementary Needs Assessment.
10	Will the needs assessment identify the population of older people at risk of, and experiencing homelessness? How will the needs assessment encompass other target populations (Forgotten Australians, care leavers, LGBTI etc) given the lack of data?	Each PHN has conducted a Supplementary Needs Assessment which focusses on the target populations outlined as priority populations for the care finder program. The findings of each individual PHN's Needs Assessment are summarised in their tender specification in order to assist tenderers in understanding the local need for each region.

Theme #4: Program-specific		
No.	Question	Response
11	Will Care finders have access to the assessment portal in MAC to assist in linking clients into relevant services and access information about their care and services?	Please refer to the Care Finder policy guidance document, section 5.12 <i>Will care finders have access to the My Aged Care customer relationship management IT system?</i> for further information.
12	The eligibility for people at risk of homelessness is 50+ yet all reference in documentation to date refers to 65+ - how will the needs of prematurely aged people be included and identified?	<p>It is unclear which documentation is being referred to with this question, however the documentation that has been provided as part of the RFT clearly states “The care finder service target population is older people who are eligible for aged care services and have one or more reasons for requiring intensive support to:</p> <ul style="list-style-type: none"> • interact with My Aged Care and access aged care services and/or • access other relevant supports in the community.” <p>The RFT then goes on to detail that “people who are eligible for aged care services are people who meet the following requirements:</p> <ul style="list-style-type: none"> • need help with one or more everyday tasks; and be aged: <ul style="list-style-type: none"> - 65 years or older (50 years or older for Aboriginal or Torres Strait Islander people) OR - 50 years or older (45 years or older for Aboriginal or Torres Strait Islander people) on a low income and homeless, or at risk of being homeless.” <p>Therefore, it will be up to each Applicant to determine and demonstrate how their services will identify and meet the needs of prematurely aged people in their region, keeping in mind that the care finder organisation’s intake point has the discretion to determine if a person is within the care finder target population.</p>
13	Will a communities of practice be established?	Yes, PHNs will be establishing, coordinating and maintaining community of practices to share local experiences, lessons learned, innovations and key evaluation findings across care finder organisations.
14	Is the care finder running in business hours or extended hours?	Successful Applicants must deliver care finder services to meet the needs of clients and region being serviced. This may include business hours, after hours, weekends and public holidays.

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15	What age group do you envisage that Care Finder will cover?	Please refer to each tender's Specifications for this information.
16	Will the referrals come direct to the service?	<p>As per the Care finder policy guidance, people will not need a formal referral to access care finder services. It is expected that most people will access care finder services:</p> <ul style="list-style-type: none"> - via an informal referral or request from an intermediary (such as health professionals, aged care and disability sector professionals, and people from within community and voluntary organisations), or - following assertive outreach and engagement undertaken by care finder organisations. <p>Details regarding how informal referrals will be received by the care finder organisation should be proposed and outlined in the Applicant's responses to:</p> <ul style="list-style-type: none"> - Evaluation Criterion 1.1 Outline your proposed service model, including assertive outreach and engagement, and - Evaluation Criterion 2 Service Integration and Collaboration.
17	Will the Care Finder be aligned with the COATA descriptions, if so at what level?	The care finder description has been developed by DoHAC so please only refer to the official RFT and DoHAC documentation for the tender application.
18	3.6 states client referral pathway, will this initiative/role be highly promoted in the community?	<p>Care finder organisations will undertake activities to support the integration of the care finder network into the local aged care system. This includes:</p> <ul style="list-style-type: none"> - Developing and delivering appropriate activities to promote and raise awareness of care finder services with potential referrers, intermediaries, and the target population. - Establishing and maintaining relationships with local intermediaries. - Assisting in developing and embedding referral pathways so people are referred to the most appropriate service for their needs.
19	<p>3.7 Exit criteria</p> <p>If services are engaged and case manager in place one would assume the client can be exited?</p> <p>Also are staff required to do home visits or face to face consultations ?</p>	<p>A closed case is one which has progressed to high-level check-in or, if the case has not progressed to high-level check-in (e.g., due to services not being available), where the client does not require or want any further support from the care finder. At the discretion of the care finder worker, client exits should occur once connections with services have been established, and the care finder worker has conducted</p>

		<p>periodic high-level check-ins and follow-up. Please refer to the Care Finder Policy Guidance Appendix B for further details from the care finder worker's perspective.</p> <p>All care finder clients will need intensive assistance to understand and access aged care and connect with other relevant supports in the community.</p> <p>Care finder organisations are expected to deliver services in multi-faceted and tailored ways to meet the individual needs of, and get the best outcomes for, all care finder clients. Whilst the types of approaches will vary depending on location and need, care finder organisations will need to undertake assertive outreach to proactively identify and engage with older people who may be disconnected from the system and support them to navigate and interact with aged care services or other relevant community supports they may need. Please refer to the Care finder Policy Guidance section 5.6 for more details regarding examples of assertive outreach.</p>
20	<p>Support at Home Program has been pushed back to July 2024 this may have an impact on the care finder role as weight times are still high for restorative care and home care packages. We are seeing 9-12 months for packages. Also long weight times for CHSP services. One issue we see is homelessness and getting support for those over 65 who... <i>(incomplete sentence)</i></p>	<p>Thank you for your communication. If you have a specific question regarding the care finder tender, please submit this via the relevant PHN's tender portal.</p>
21	<p>4.1 Data and reporting Client surveyed 85% improved understanding of aged care and access to services, If client population have cognitive issues how can this data be collected? This may need to be accounted for when measuring successfully outcomes of care finders.</p>	<p>The indicators relating to the client survey will be for the purpose of enabling PHNs to effectively monitor and manage care finder organisation performance. As per the Minimum Dataset Guide, care finders should invite all clients who have the capacity to provide informed consent to complete the client feedback survey. At section 5.3 Client Survey, it states that clients who have the capacity to provide informed consent can complete the survey in their own time, on their own or with assistance from a family member or friend.</p>

Theme #5: ACH providers / Access and Support providers		
No.	Question	Response
22	Can we have clarity on ACHA providers who will automatically transition into care finders and whether their focus will be different from the tender documents? e.g focus on people who are at risk of homelessness?	The Department of Health and Aged Care has identified ACH providers for the provisions of quarantined funds. Existing ACH's can choose to transition into the main care finder program. They can choose to focus on their work with housing and homelessness.
23	Providers of Access and Support and Specialised Support - Client advocacy in Victoria are delivering support to people who are facing barriers in accessing services to understand, access and navigate the service system for over 10 years. Does the PHNs take this into consideration this over 10 years good practice to ensure good transition and roll out of the Care Finders?	PHNs acknowledge there is expertise in the broader aged care support service sector. However, PHNs are operating a tender requiring organisations to clearly demonstrate their ability to operate the new care finder program. A tender is conducted with transparency and probity requirements ensuring that all applicants can apply to operate as a care finder with fair and equal consideration based on their demonstrated capacity and capability. Evaluation of the applications assumes no prior knowledge and is based only on tender responses.
24	What happens if your ACH program doesn't operate in one of the identified needs areas?	The care finder program is not static but will adapt to needs as they arise based on current data and gaps identified in regions by care finders. If a need arises for a cohort that is not serviced by the new care finder organisations, the PHN will proactively work with all care finders to address these gaps as required and as feasible.
25	Given ACHA funded organisations are automatically oved across to Care Finder funding (excluding Hoarding & squalor) for a set period of time how will this impact the rollout- i.w. is this part of the allocation outlined in the tender or has it already been quarantined?	The transition of existing ACH providers to the Care Finder program is not a part of this tender or funding amount. Affected providers have been contacted and consulted separately to this tender process.
26	It has been stated that we anticipate 38,000 clients across Australia to be supported. Has the pool of funds for each PHN been reduced proportionally by the amount of funds being reserved for the ACH providers. And if so, does this mean that the anticipated targets for each PHN is also reduced. It would be great to know the number of clients to be supported in each PHN tender (ie excluding the number of clients that are to be supported by ACH providers).	<p>No, the pool of funds for each PHN has not been reduced proportionally by the amount of funds being quarantined for ACH providers.</p> <p>The transition of existing ACH providers to the care finder program is not a part of this tender or funding amount. Affected providers have been contacted and consulted separately to this tender process.</p> <p>The number of clients to be supported in each PHN will vary and be dependent on the identified needs and target</p>

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	population/s for each PHN as identified in each PHN's respective Supplementary Needs Assessment information.
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Theme #6: Eligibility / conflict of interest

No.	Question	Response
27	Do we have to be an aged care provider to apply for the tender?	No. Applicants must submit a completed Tender Application Form by the relevant tender(s) closing time and date, demonstrate ability and experience to meet the evaluation criteria (including other mandatory requirements), meet the health needs and service requirements in each PHN region, to be eligible to apply for these tenders.
28	Are there any types of organisations that are specifically excluded from tendering? For example, existing in-home care providers.	There are no valid organisation types excluded from participating in this public open tender, unless otherwise specified in the tender documentation. Applicants must submit a completed Tender Application Form by the relevant tender(s) closing time and date, demonstrate ability and experience to meet the evaluation criteria (including other mandatory requirements), meet the health needs and service requirements in each PHN region, to be eligible to apply for these tenders.
29	Are providers of aged care services - home care packages /CHSP able to submit tender - is this a conflict?	Providers of aged care services are eligible to submit a tender, as long as any actual or perceived conflict of interest is clearly documented within the prescribed Conflict of Interest section in the tender application form(s) submitted to PHNs. There will also be reporting and monitoring requirements for all care finder organisations, that if clients were referred to aged care or other services that are also provided by the care finder organisation, that the optimal choice for clients was respected and facilitated (including by providing clients with appropriate alternatives, where available, to supports and/or services provided by their own organisation), and that conflict of interest requirements were met.
30	Can sole traders apply?	Yes, sole traders are able to apply to be a care finder provider. All Applicants must meet and provide evidence of legal entity requirements, as stated in the care finder tender specifications.

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31	Is this open to any provider in this space?	Applicants that can demonstrate ability and experience to meet the evaluation criteria (including other mandatory requirements) and meet the health needs and service requirements in each PHN region, are eligible to apply for these tenders.
32	If an organisation provides care services in Aged Care (HCP, CHSP), would this be considered a conflict of interest to apply for this program?	<p>These organisations are still eligible to apply for the tender, and as part of the completed Tender Application Form must provide information relating to any actual or perceived conflict of interest within the prescribed Conflict of Interest section in the tender application form(s) submitted to PHNs.</p> <p>Interested tenderers must submit a completed Tender Application Form by the relevant tender's closing time and date, demonstrate ability and experience to meet the evaluation criteria (including other mandatory requirements), and meet the health needs and service requirements in each PHN region, to be eligible to apply for these tenders.</p>

Theme #7: Questions and responses specific only to SEMPHN

No.	Question	Response
33	Hi I am keen to understand if the PHN are looking for submissions for providers across geographical areas, or areas we provide services in? We work across 2 LGA's.	Providers can submit a tender application to provide care finder support to any of the priority LGAs listed in the SEMPHN request for tender document, you may apply for more than one LGA. SEMPHN is working to establish, deliver and maintain a network of care finders to provide specialist and intensive assistance to help people within the care finder target population. Please ensure you carefully check each individual PHNs Specifications for LGA information as each Victorian PHN will have different LGAs and different preferences according to their own needs assessments.
34	<p>I believe this tender is only available in 4 LGAs in the Southern Metro Area, therefore my question/s are:</p> <p>a) how do residents of other LGAs access the care finders program in the southern region (that do not live in Kingston, Casey, Mornington or Dandenong?);</p> <p>b) will a similar tender become available later for other LGAs to be able to become a provider</p>	No. However, the care finder program is not static but will adapt to needs as they arise based on current data and gaps identified in regions by care finders. Prior to the commissioning of care finder services, SEMPHN conducted a supplementary aged care needs assessment to identify local needs in relation to care finder support. Based on the data and coverage of other health services such as ACH providers who will be offered a contract as care finders, SEMPHN identified the 4 priority LGA's of Kingston, Casey, Greater Dandenong and Mornington Peninsula.

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	of the care finder program to offer this to residents in our local LGA?	
35	Can you please inform us if you will be considering Council's who do not cover the entirety of the PHN catchment?	Yes.
36	Are you happy to appoint a provider across multiple PHN catchments?	Service Providers may be appointed across multiple PHN catchments and in this case, will have individual contracts, each with the PHN covering that catchment.