

Question	Response
<p>With the prequalification on the 4<sup>th</sup> January and the tender submission on the 18<sup>th</sup> January what is the time it will take for us to be notified that we have qualified?</p>	<p>Our commissioning team aim to do prequalification as quickly as possible, usually it is a 24 hour turn around.</p> <p>However, Eastern Melbourne PHN will be closed from Monday 24<sup>th</sup> December 2018 to Tuesday 1<sup>st</sup> January 2019.</p> <p><b>Any pre-qualifications submitted after COB Thursday 20<sup>th</sup> December will be assessed on Wednesday 2<sup>nd</sup> January.</b></p> <p>If you do submit your prequalification and you do not have enough information to pass prequalification we will come back to you to request further information. So it is in your best interest to submit your prequalification documents as quickly and as early as possible so that we have time to come back to you to get the required information, because at the cut-off date if you haven't pre-qualified you are not able to move through to the following process to actually submit your tender. We encourage you to do prequalification early as possible.</p>
<p>You said areas that were out of scope were the D2DL programs. We have agreed funding to 2019 so those clients will be out of the D2DL program. We have pretty much 50/50 - 50% will transition to NDIS and 50% won't transition to NDIS. So come middle of next year those clients will be out of D2DL.</p> <p>So the bottom line is go for the tender or not</p>	<p>As a part of the funding arrangements we are aware of the Continuity of Support funding that will be available to people in D2DL, PIR or PHaMs who are not eligible to transition to the NDIS. We are currently waiting on information from the Department of Health on that continuity of support funding but we have indicated in the tender documents that we understand that they will be closely aligned, and if they are we intend to roll it into this service.</p> <p>We have these separate funding streams but we are essentially looking at a homogenous population cohort. From a Commonwealth perspective they need to segment these funding streams as that's how they've been developed and that's how they need to acquit them through government processes. But on the ground we would see they come together. The funding is being rolled out separately, but our view is that it should be seamless on the ground for people.</p> <p>You've got to assess your capability and put your hat in the ring if you think you can deliver the service</p>

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<p>You mentioned there was a pilot going on about this, can you give us some information about that</p>	<p>We currently fund three PIR services in our catchment that have been in existence for some time. What we've tried to do is look at what a similar service in preparation for the psychosocial support service might look like on the ground. So its reasonably early days for that and part of our motivation for that was what could a package of support look like to support people. So that was one of the things that we wanted to try and test</p>
<p>Just curious about how you see the catchment being serviced? So presumably a range of service providers or are you going to divide it up according to LGAs?</p>	<p>In the tender we have suggested to align with our stepped care model three areas within our catchment, the northeast of our catchment, the inner east of our catchment and the outer east of our catchment and they are clearly specified in the tender.</p>
<p>You've talked to specific cohorts of people in the community that you're interested to see the tender focus on. Are you open to a tender that might just focus on specific cohorts? Or a subpopulation of some kind? Or do you want something that covers all?</p>	<p>If you look at the specs you'll see it's not a lot of money and if you start segmenting off we reduce the impact that we can achieve through the funding. We welcome partnership models so that's a real opportunity.</p>
<p>I'm just interested in the funding and how that will be dispersed? Is it a block funded model or is it activity based?</p>	<p>We've got a quantum of funds. Our specifications have segmented it into low, medium, and high needs for consumers so your responses to the tender should reflect that.</p> <p>The funding to providers will be a mix of establishment, activity and outcome-based funding.</p>
<p>In terms of the funding, in the indicative funding it talks about \$1.1 million per annum but we start off 1 April 2019 so I assume it's a quarter of that from 1 April until the end of June that year?</p> <p>Yes</p>	<p>We've just tried to make it easy in terms of annual funding which is \$1.1 million, there is also mention potentially of some establishment funding as well in the tender.</p> <p>Is your question - will it be pro rata'd?</p> <p>No. We've divvied up the funding over the three years and that's the total amount. We've got a small amount of funding that we can help out with for an establishment period.</p>

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<p>We are located in the City of Port Phillip but we do outreach as well. Is it a requirement that your providers be located in the catchment area?</p>	<p>No, not necessarily, but this tender is for people within the EMPHN catchment. Services need to be delivered within our catchment. Where your head office is doesn't matter. As we will all appreciate it's a fairly fluid environment these days and location of services has shifted. It's always about if you're delivering in our catchment it's got to be accessible for clients, it's got to be responsive for clients in the catchment and well integrated with our other services delivered in the catchment. Its understanding the working relationships through the various services connected to our stepped care model as we said. We, as a PHN, are trying to integrate and coordinate service delivery for the range of consumers within our catchment so that's our endpoint. It's got to be seamless for people.</p>