Integrated Carer Support Service: Carer Gateway Regional Delivery Partners (RDP's) Grant Opportunity

Questions and answers

1. **Grant application timing**

   The application period will be open from 16 November 2018 until 14 February 2019.

   The application form must be submitted by 5.00pm Thursday, 14 February 2019 AEDT. It is recommended that you submit your application well before the closing time.

2. **If I am not able to submit my application by the due time and date, can I be granted an extension?**

   No, extensions will not be granted. If an application is late, or the Hub is asked to approve a lodgement after the closing date, the late application policy will apply.

3. **How much funding is available for the Integrated Carer Support Service (ICSS)?**

   The grant opportunity guidelines, Section 2. 'Grant Amount' provides details on the exact funding amount for RDPs over the period of the grant.

4. **When will I know the outcome of my application?**

   You will be notified of your application outcome at the end of the selection process. For probity reasons, and to ensure equitable treatment of all applicants, it is not possible to provide information about the status of individual applications during the assessment process.

5. **How can I submit the Application Form?**

   The application form is an online form that you must submit electronically. The Hub will not provide application forms or accept applications for this grant opportunity received via fax, email or through Australia Post, unless otherwise stated in the grant opportunity documents.

6. **What is the difference between a consortia and sub-contracting?**

   In this instance, a consortium comprises two or more organisations who work together formally to combine their capabilities, allowing them to perform the role of a Carer Gateway Regional Delivery Partner (RDP). Only the lead organisation will enter into a grant agreement with the Commonwealth and will be responsible for the grant. Consortia must be supported by a Memorandum of Understanding. In addition to the Memorandum of Understanding, the lead organisation will need to enter sub-contracting arrangements with their consortium partners.

7. **Is forming consortia an essential requirement?**

No. Applicants may be an individual organisation or they may have a consortia arrangement. Consortia are required to nominate a lead organisation.

8. **Can organisations be part of more than one consortium? Leading in some? Participating in others?**

Yes, organisations can participate in more than one consortium, either as a lead or participant. Noting that each consortia arrangement must have a formalised governance structure (through the use of a Memorandum of Understanding). The Memorandum of Understanding outlines the roles and responsibilities of each party, expertise, dispute resolution mechanisms as well as reporting and other governance controls.

9. **Considering an applicant may participate in multiple consortia bids, will 'in-principle' memorandums of understanding suffice for the purpose of submitting the application, prior to signing a grant and commencing establishment.**

No, each consortia must have a formalised governance structure, through the use of a Memorandum Of Understanding, which outlines the roles and responsibilities of each party, expertise, dispute resolution mechanisms as well as reporting and other governance controls. Grant applicants will be required to submit their Memorandum of Understanding and consortium member details as part of their grant application.

10. **What is the allocated funding per service area?**

The funding for each of the ICSS service areas is included at Section 2: 'Grant Amount' of the grant opportunity guidelines.

11. **What period does the ICSS funding cover and does this include the Carer Gateway as well as the digital services and the RDPs?**

The $493 million represents the allocated funding for Carer Gateway (RDPs) over the five year grant period 2019-20 to 2023-24. This amount is just for the RDPs and does not include digital services or the Carer Gateway website.

12. **What if calculation data (i.e. number of carers) is incorrect, and the number of Australian carers exceeds the amount for which the Carer Gateway (RDPs) were originally funded?**

The Carer Gateway RDPs will need to prioritise the delivery of services, as part of the carer needs assessment and planning process. The Department of Social Services (DSS) will be monitoring and analysing data from the new ICSS model, and will be undertaking a formal evaluation of the program, which will provide an evidence base for any future changes to services.

13. **Is it block funding or cost per service?**

Carer Gateway RDPs will receive block funding. Further details regarding funding of services are included in the grant opportunity guidelines.

14. Is there capped funding for each of the services listed in the ICSS model?

No. Carer Gateway (RDPs) are expected to deliver all service types, however, there is flexibility in how much funding is applied to each service. As part of the grant opportunity, applicants will need to set targets for the number of instances of services they will deliver.

15. Does the ICSS model include funding for carer advocacy activities?

Advocacy is not a specific funded service under the ICSS, however, Carer Gateway RDPs will play a key role in providing carers with information on relevant organisations that provide carer advocacy.

16. What about residential respite bookings for carers?

The residential respite booking service is not an explicit feature of the ICSS model. Carer Gateway RDPs will assist carers to access local supports and services and, if they see a need, they will work with local providers to undertake functions such as managing residential respite bookings.

17. What documents are available for the grant opportunity?

Grant opportunity documentation includes the grant opportunity guidelines, RDP operating model, whole-of-government standard grant conditions and draft standard grant agreement, questions and answers, the application form and business model, establishment plan and referee templates for your use.

18. What about small providers who cannot apply for a whole area?

DSS has provided a platform which allows providers to share their contact details and register their interest in consortia participation. You may access the *Consortia Register of Interest* here. For probity reasons, DSS cannot assist with the formation of consortia.

19. I am NOT a funded provider, can I still apply for the grant opportunity?

Yes. The Carer Gateway RDPs will be selected through an open competitive grant process. DSS encourages all appropriate service providers to apply.

20. I am a 'for profit' organisation, can I apply to the grant opportunity?

Yes. The Carer Gateway RDPs will be selected through an open competitive grant process.

21. Will overseas organisations be eligible to apply?

No, overseas organisations will not be eligible to apply to the grant opportunity.

22. Can I apply as an individual organisation and sub-contract to services?

Yes, however, Carer Gateway RDPs will still be required to provide all of the services listed in the ICSS model. Approach to the delivery of services will be to the responsibility of the Carer Gateway RDPs.

23. What software will the Carer Gateway RDPs need?

Carer Gateway RDPs will be required to provide their own business systems including a suitable customer relationship management tool. Further detail is included in the grant opportunity documentation.

24. Can organisations co-brand their services?

No. Carer Gateway will be the brand for carer services.

25. Is there a specified administration component of the grant funding?

The grant opportunity guidelines specifies both administrative and service costs across each year, for each service area. The administration component will represent the maximum amount DSS is looking to pay for administration costs.

26. How will appropriate funding amounts for each RDP be determined?

Funding for each service area has been calculated on estimates of the number of carers in the region (based on the ABS 2015 Survey of Disability, Ageing and Carers) and weighting for delivery of services in remote areas (using Accessibility/Remoteness Index of Australia scale used by the Australian Bureau of Statistics).

27. Will the grant funding include an allocation for establishment costs including technological infrastructure?

Establishment costs for the RDPs have been included in the first year of funding and will cover those activities required for an organisation to reach a state of operational readiness (i.e. set-up technological infrastructure).

28. How does the funding model account for ancillary activities, given that these are not direct service delivery and will require a workforce with different skill sets than that of direct service delivery?

The funding will be split into administration and service delivery costs. Ancillary activities will be accounted for under the administration costs associated with the grant.

29. Can you talk about whether there will be schedule of benchmark pricing for services?

The grant opportunity guidelines requires applicants to provide an estimated number of service units and pricing based on a number of assumptions. However, it will not specify benchmark pricing.

30. The Western Australian service area is very large. Will funding reflect this?

Funding will take account of estimated carer population in each service area. To support the more remote service areas, different weighting will apply to the funding of remote, very remote, regional and metropolitan areas.

31. What is the term of the grant agreement?

The grant agreement will be for a five-year period – commencing from 1 July 2019. Noting this includes a three month establishment period between commencement in July 2019 and the services becoming fully operational in September 2019.

In regards to the terms of the agreement, DSS will be using the whole-of-government standard grant agreement. A draft of this agreement will be published with the grant opportunity documentation. DSS is not looking to enter into negotiations with providers on the grant, but rather leverage and use the standard grant agreement used across government. DSS is also looking to ensure that the agreements in place are the same for each of the service areas.

32. Is DSS looking for a national provider or a range of smaller providers?

DSS does not have a preference for either. The focus will be on ensuring each service area receives appropriate services for the carer cohorts within each area.

33. For Western Australia, can an organisation have one RDP central hub but deliver over the state (economy of scale)?

DSS is interested in any approaches that achieve economies of scale, which means more funds can be directed towards direct service delivery. RDPs are encouraged, where they can, to leverage options such as the co-location of outlets to ensure there is service area coverage whilst minimising the costs associated with multiple, individual premises.

34. Can private/for profit entities apply for the grant opportunity

'For profit' and private organisations can apply to the grant opportunity.

35. Can profit /surplus be built into the costing?

Yes, noting that all aspects of pricing as part of the grant submission will need to be disclosed by the applicant, which will then be reviewed by the assessment panel.

36. Are Primary Health Networks (PHNs) eligible to bid?

Yes, PHNs are able to submit a grant opportunity application.

37. Is the use of brokers for respite considered sub contract relationships for the purpose of the grant application i.e. an organisation may utilise 150 providers over a wide region?

Yes, if there is a separate organisation that is being funded to deliver a service on behalf of the RDP, then this would be considered a sub contract relationship.

38. If I apply for more than one service area, how am I able to demonstrate efficiencies across more than 1 service area?

You need to submit an application form for each individual service area you are applying for. However, if you would like to demonstrate to DSS that you are able to achieve economies of scale through the operation of multiple service areas, then this information must be submitted as part of your response in the Business Model template. The template has an additional tab (excel sheet) for those organisations wanting to show any savings related to the delivery across multiple service areas. For example, there may be efficiencies to be gained in workforce establishment costs, or ongoing efficiencies in infrastructure costs.

39. Where should I go for further information?

Please email your enquiries to support@communitygrants.gov.au

40. Could you please clarify the nine service types referred in the Business Model template?

The reference to "9 service types" in the Business Model template is an error. Cell I6 of the Business Model template should say, "the total number of units estimated across the 6 major service types" being:

- Carer support planning
- In-person counselling
- Carer coaching
- In-person peer support
- Carer directed support
- Emergency respite care.

Stakeholders should be aware all other ancillary activities described in Part 4 of the grant opportunity guidelines should be budgeted for by way of administrative funds (i.e. Service area planning and outreach, establishment, transition, operating expenditure).

A revised version of the business model template will be available on the grant opportunity landing page.

41. 10 per cent innovation has been noted as acceptable. Is this 10 per cent of the service delivery funding?

Clause 4.1 of the grant opportunity guidelines describes what the grant money can be used for. The description of ancillary activities states up to 10 per cent of the grant can be used to invest in continuous improvement activities (such as trialling new services that will contribute to the ICSS outcomes).

The 10 per cent is a reference to 10 per cent of the total grant money.

42. What is the minimum qualifications required of counsellors?

For clarification the business model template should read:

The counselling needs assessment and the counselling sessions must be conducted by counsellors that:

- are accredited within a relevant Australian professional association (ACA, PACFA or AASW)
- are a qualified counsellor, psychotherapist or social worker for relevant service modes (qualifications recognised in Australia)
- have minimum three years' work experience in Australia.

A revised version of the business model template will be available on the grant opportunity landing page.
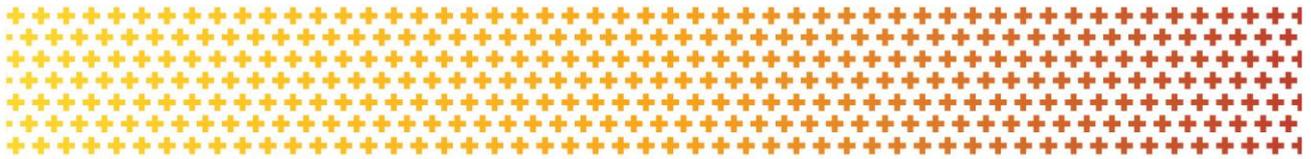
43. Could you please clarify what is intended by "In general, where RDPs need to broker services (through subcontracting arrangements) they should do so from organisations other than those managed by their own funding body"

It is best practice for organisations to broker services from parties that are not financially related to their organisation. In limited circumstances an organisation may seek permission from DSS to broker services from service providers managed by their own funded organisation. RDPs will need to provide an explanation of the circumstances underpinning the request and details:

- why this is the most appropriate service for the carer
- why the brokerage of services is needed if the organisation is already receiving government funding
- if there would be any perception of bias and a result of the brokering of services.

44. Are organisations required to provide all of the services listed in 4.1 of the grant opportunity guidelines.

Yes organisations are required to provide all of the services listed in 4.1 of the grant opportunity guidelines (whether directly, or brokered, or subcontracted).

45. Are organisations required to deliver services to all carers or if they can target a specific carer cohort.

The intent of the RDP operating model is that all carers, as defined in the *Carer Recognition Act 2010,* may be eligible to access services. Services will need to be prioritised and delivered, based on the needs of carers. RDPs will be required to undertake service area mapping to identify the carer cohorts that exist within their designated service area. Vulnerable or high risk cohorts should be prioritised based on carer need.

Additional information on the target cohort for the delivery of RDP services is provided on page 31 of the RDP Operating Model (which is available on the grant opportunity landing page).

46. Are organisations required to deliver services in an entire designated service area.

Yes, organisations are required to deliver services across the entirety of their designated service area.

Additional information on the delivery of services within the carer gateway service areas is provided on page 18 of the RDP operating Model (which is available on the grant opportunity landing page).

Questions added 13 December 2018

47. Translational and interpreter costs - Please can you confirm whether the RDP or DSS are responsible for these costs for budget purposes?

As indicated in the RDP operating model, DSS will cover the costs of phone based translation and interpreter services and relay access for carers contacting the RDP who require assistance. Additional services beyond this need to be factored into grant applications.
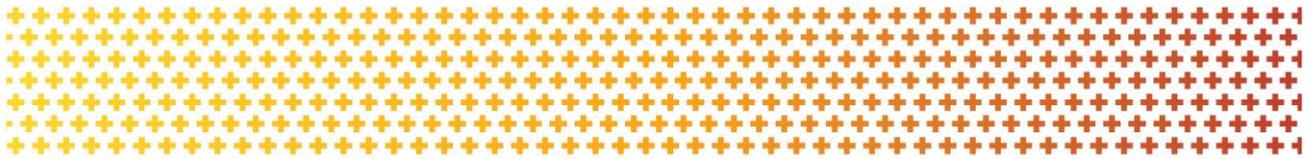
48. Can you confirm if an organisation can submit multiple applications within one service area i.e. as a lead and as a participant within one service area?

Yes, applicants can participate in more than one consortium, either as a lead or participant.

The reference to "applicants who submit more than one application per service area" on page 8 of the grant opportunity guidelines is a reference to a scenario where an applicant submits the same application twice (ie. its is the same organisation and consortium submitting an application in error or because the wrong documentation or answers were submitted in the first instance). In the case where the application has been submitted in error or the wrong documentation has been submitted the most recent application will be considered as a part of the grant selection process.

49. Carer coaching resources – Is DSS able to provide tenderers with access to the online coaching modules and/or the coaching syllabus and/or business processes and tools for the carer coaching service element to help inform our response?

The online coaching modules are currently being developed and will not be available until July 2019. For this reason DSS will not be able to provide the applicants with this information prior to the close of the grant application process.

50. Carer coach qualification – Is there an expected qualification level of the carer coach

There are no specific qualifications associated with the provision of the coaching service. RDPs will be required to ensure staff delivering the service are provided with appropriate training. During the RDP establishment period, RDPs will be provided with the coaching service guidelines (currently being developed) and receive train-the-trainer guidance. The guidelines will form a key resource in the training of staff who are to deliver the service.

51. Counselling delivery guidelines - Is DSS able to provide tenderers with the in-person counselling delivery guidelines delivered by DSS referenced in the RDP Operating Model to help inform our response?

The in-person counselling delivery guidelines are currently being developed and will not be available until July 2019. For this reason DSS is unable to provider further detail at this point in time.

52. Counselling – Acknowledging that tenderers will nominate the estimated number of service types to be provided, is DSS able to provide any indication of expected ratios of counselling to other service types, given the higher cost associated with this service?

The service funding amount is a single allocation, in other words, DSS has not specified an amount of funding that must be used per service type (or ratio).

Carer Gateway RDPs will be required to deliver all services specified in the RDP operating model. In determining the mix of services, RDPs will need to consider how their proposed distribution of services is configured to maximise the RDP outcomes including how they distribute service funds across all the service types based on their understanding of the cohorts and carer needs within their service area, and factoring in the cost of these services.
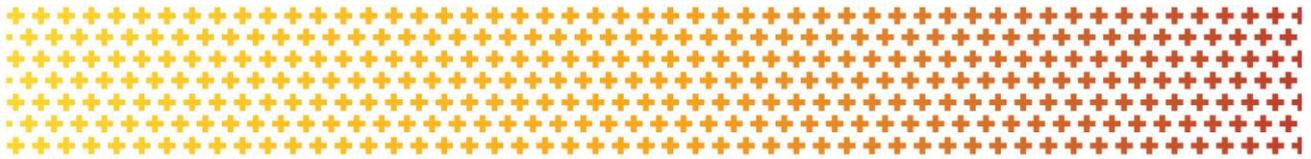
53. Emergency respite – Is DSS able to provide business rules in relation to emergency respite?

The ICSS Blueprint document provides an outline of how the service work from a carer access view point. Emergency respite will work in the same way as it currently does under the Commonwealth Respite Centrelink Centres Program and will allow RDPs to provide this service themselves or through subcontracting or brokering arrangements. In determining the mix of services, RDPs will need to consider how their proposed distribution of services is configured to maximise the RDP outcomes including how they distribute service funds across all the services based on their understanding of the cohorts and carer needs within their service area.

54. Consumer directed packages – What is the anticipated annual number of packages nationally? Acknowledging that tenderers will nominate the estimated number of service types to be provided, is there a there a minimum and maximum number nationally for the purpose of modelling? Is there an intention to target higher number of packages to regional and rural areas?

DSS will not be specifying an amount of funding that must be used per service type, including the annual number of consumer directed package.

Carer Gateway RDPs will be required to deliver all services specified in the RDP operating model. In determining the mix of services, RDPs will need to consider how their proposed distribution of services is configured to maximise the RDP outcomes including how they distribute service funds across all the services based on their understanding of the cohorts and carer needs within their service area.

55. Administrative cost splits – Why are there such significant differences in administrative cost splits between regions and what is the basis of these calculations?

Funding for each service area has been calculated on estimates of the number of carers in the region (based on the ABS 2015 Survey of Disability, Ageing and Carers) and weighting for delivery of services in remote areas (using Accessibility/Remoteness Index of Australia scale used by the Australian Bureau of Statistics). For this reason the variables (number of carers and remoteness factor) in each region have been factored into the administrative funding available in each region.

56. Use of funding – The grant opportunity guidelines Section 4.2 states that grant money cannot be used for the "subsidy of general ongoing administration costs such as electricity, phone and rent"; Does this mean that the funding cannot be used to reduce these costs for non-ICSS staff. I.e. can the funding be used for the allocation of rent etc for ICSS staff?

Grant funding can only be used for operating and administration expenses directly related to the delivery of the ICSS. The reference to "subsidy of general ongoing administrative costs such as electricity, phone and rent" relates to costs that aren't directly related to the delivery of the ICSS.
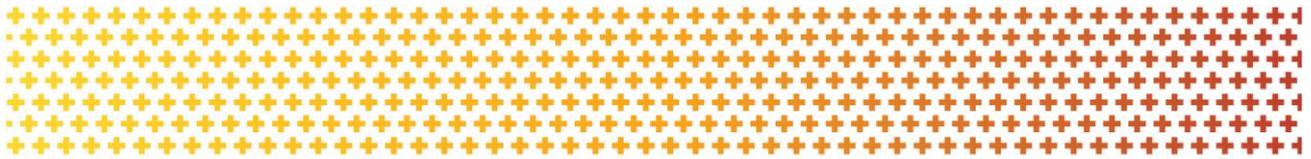
57. Review and Monitoring – The Carer Support Framework requires a 10min review against the STAR, yet the Blueprint p15 details RPD will evaluate performance (collect data to measure carer satisfaction and conduct regular surveys'. The Blueprint in the flow diagrams has a 'yellow' evaluation action – which is defines the evaluation as a sample of carers accessing services e.g. on page 32 of the Blueprint). Then the business model of the grant application, has review defines as 10min as required. This inconsistency, re all carers to have a review (framework), or then a sample of carers (blueprint), and finally 'as required' in the business model is confusing to establish a costing model. Can DSS provide clarity on the when a review is done? (I.e. all services, just as a sample or as required) further, is the STAR part of the review process.

To clarify, there are several review and monitoring activities RDPs will undertake as part of the ICSS:

- **Carers Star™ as part of the Carer Support Planning Process**. The Carer Support Planning Process includes the use of Carers Star™ as both a pre and post service measurement which will be utilised for all carers. If a carer is accessing multiple services, RDPs will determine, based on their experience and understanding of the carer's situation, the most suitable point in time to use the Carers Star™ as a post service measurement.

- **Monitoring as part of the Carer Support Planning Process**. As described in the business model template, there is a monitoring step built into the Carer Support Planning Process. The expectation is that RDPs will proactively follow-up with carers. This activity would involve contacting the carer (a phone call would be a suitable method of contact), confirming the services were delivered as expected, determine whether the services supported the carer, and understanding whether additional services may be required. In regard to the activities undertaken during the follow-up, RDPs may revisit needs assessment and support planning activities with the carer depending on their circumstances.

- **Program-level monitoring and evaluation**. The other review and monitoring activity is 'monitoring and evaluation', as outlined in the ICSS Service Blueprint. The Department is currently finalising the program evaluation strategy. This will involve working with an outcomes measurement provider to develop surveys for use by RDPs in order to measure carer satisfaction with the services provided. It is likely the surveys would be deployed by RDPs at periodic intervals (yet to be determined) across a sample of carers within each Carer Gateway service area.
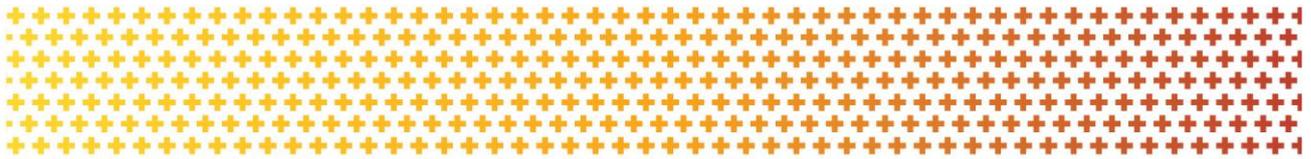
58. Is wellbeing being assessed after each service?

The Department is aiming to minimise the amount of assessment carers are required to undertake, particularly in instances where they are accessing multiple services. It is expected RDPs would undertake review and assessment activities for each carer (as opposed to each service).

For example, a carer who receives only the counselling service, may be assessed shortly after the service occurs. Alternately, in a circumstance where a carer has been prescribed emergency respite, coaching and in-person peer support services, the RDP may determine that an assessment will occur after the carer has received the emergency respite and coaching services but while they are still accessing the in-person peer support service.

59. Is wellbeing as per page 8 of 17 in the contract requires assessment against DEX, therefore is DEX taking the STAR assessment to measure wellbeing. If not how is wellbeing assessed by the Department?

Carers Star™ is the tool used to assess a carer's wellbeing and plan appropriate services. DEX is the Department's online reporting platform which will be used by the RDPs to report their service data. The ratings recorded from Carers Star™ will translate into DEX SCORE. The Department will publish the reporting requirements in the DEX Protocols well in advance of RDPs commencing.

60. Do all Carers get a review after each service?

The Department is aiming to minimise the amount of assessment carers are required to undertake, particularly in instances where they are accessing multiple services. It is expected RDPs would undertake review and assessment activities for each carer (as opposed to each service).

For example, a carer who receives only the counselling service, may be assessed shortly after the service occurs. Alternately, in a circumstance where a carer has been prescribed emergency respite, coaching and in-person peer support services, the RDP may determine that an assessment will occur after the carer has received the emergency respite and coaching services but while they are still accessing the in-person peer support service.

61. Will the DEX 'score' be for each service the carer gets or STAR outcomes?

Carers Star™ is the tool used to assess a carer's wellbeing and plan appropriate services. DEX is the Department's online reporting platform which will be used by the RDPs to report their service data. The ratings recorded from Carers Star™ will translate into DEX SCORE. The Department will publish the reporting requirements in the DEX Protocols well in advance of RDPs commencing.

62. The application online template requires information about a subcontractor to include NAME and ABN, yet, in the initial information and webinars the Department outlined the type of arrangement between lead and subcontractor, ie the services the sub contract would deliver, the resources the subcontract would provide, the financial cost between the lead and subcontract to be detail. There does not appear to be any requirement in the application for this information. Are the Department wanting this detailed information in the application? Or just NAME and ABN?

The references to detailed information on subcontractors relates to members of a consortia arrangement. In the Activity Details section of the online application form, bidders are
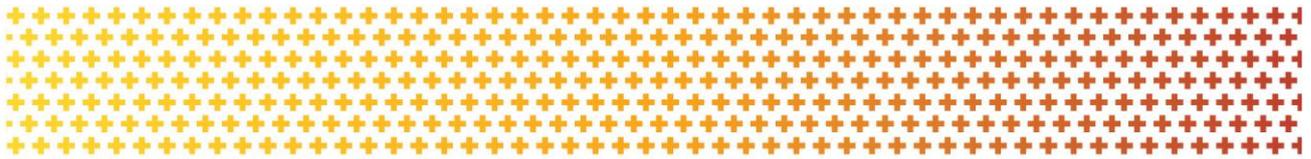
required to indicate if they are submitting an application as a lead of a consortia and/or if they are utilising subcontractors to deliver services. If indicating 'yes', bidders are required to provide details of all consortium members and/or subcontractors in the format specified (i.e. legal name and ABN of each organisation).

Further details regarding consortium members should be provided as part of a Memorandum of Understanding (which should be provided in the Attachments section of the online application form). The MOU should include further details on each of the participating organisations (requirements regarding the details to be provided are specified in section 7.5 of the grant opportunity guidelines which are available as part of the grant opportunity documentation on the Community Grants Hub and GrantConnect webpages).
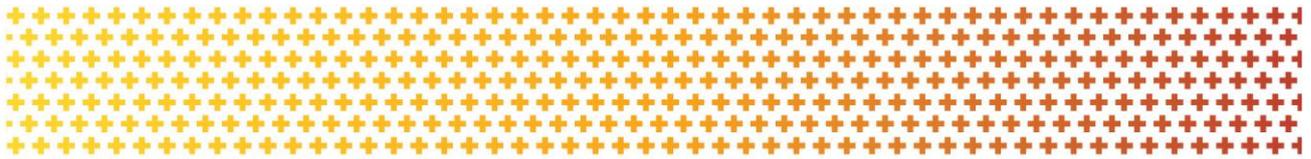
63. How should consumer fees/co-contributions be described in the "additional contributions" response. How should this revenue line be reflected in the business model template?

There is a section in the online application that refers to declaring known additional contributions e.g. commercial borrowings, donations and co-contributions. In regard to this section, it is expected that applicants would not include any anticipated fee contributions from carers accessing the services.

Applicants are not expected to include anticipated fee contributions as a revenue line in the business model template.

Note, the Department does not expect bidders to be able to provide (as part of their application) estimates of any fee contributions made by carers at the time of service delivery. However, RDPs will be required to develop policies in relation to the management of fee contributions (refer to page 22 of the RDP operating model documentation provided as part of this grant opportunity).

64. Access to TIS and Relay services are identified as part of the infrastructure provided by the Department (Operating Model p 13). Could you please confirm that this includes any costs associated with accessing these services?

When required, the Department will cover the costs of translation and interpreter services for carers contacting RDPs via the Carer Gateway 1800 number.

65. During the establishment phase, will the RDP be required to submit an activity work plan and budget for approval or will the first one be completed in 2020/21?'

Yes, in accordance with Section E of the Commonwealth standard grant agreement, RDPs are required to provide an activity work plan (which includes a budget) in August 2019.

Additional information

A copy of the Commonwealth standard grant agreement is available as part of the documentation provided with this grant opportunity. Other relevant documentation includes the RDP operating model which includes a template for the activity work plan.

66. Please advise whether RDP orientation and training costs, required to operationalise ICSS, will be funded by DSS or whether applicants are expected to factor these costs in their establishment plan budgets?

Following up on an answer to our question about the inclusion of costs for compulsory RDP orientation and training should be factored into establishment plan budget or is this cost covered by DSS?

Similarly, are costs associated with travel and accommodation to attend national RDP meetings, funded by DSS or to be included in RDP business plans and budgets?

RDPs are responsible for ensuring their workforce is suitably trained to deliver ICSS services. It is expected that applicants will factor training costs in their establishment plan
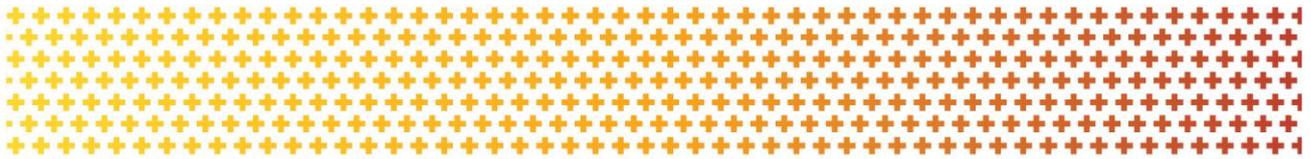
budgets as well as any ongoing workforce training into annual administration costs (i.e. training new staff, refresher training etc.).

Noting that, during the RDP establishment period, the Department will be providing some in-person training to a limited number of staff from each RDP. This will include training RDPs in the use of the Carers Star™ tool and other aspects of RDP operations. Costs related to this one-off training event (including travel-related costs) will be covered by the Department.

New question and answer added 25 January 2019

67. Refer to page 28 of the Carer Gateway Regional Delivery Partner Operating Model. The model references the "in-person counselling delivery guidelines". Is this document publically available?

The In-Person Counselling delivery guidelines are current being developed. These will be provided to the RDPs during the establishment period.

New questions and answers added 30 January 2019

68. I am seeking further information/clarity on the ICSS/RDP grant opportunity in relation to the Outcomes Framework/Outcome Measures - p.33 of RDP operating model. Please clarify:

- o **Outcomes measure g.** *No. of services adopted by carers to aid in their participating in the education and workforce.* **Please clarify what you mean by** services **in this context?**
- o **Outcome measure i.** *Carers attaining qualifications from support services.* **Does this refer to formal qualifications? What do you mean by support services? (those that sit within the RDP Service Activity suite and/or outside?)**
- o **Based on outcome measure g. and i. can the Department provide further information on their expectations/clarity on how RDP activities should (directly/indirectly) correlate with education and employment activities/pathways?**

The 'services' include any of the ICSS services that are put in place for the carer with the aim of aiding their participation in the workforce or education. The RDP may also coordinate access to services beyond the scope of ICSS.

For example, via the delivery of the Carer Directed Support service, an RDP may arrange a practical support (such as respite services while they attend education sessions) that allows a carer to participate in education. Alternatively, the RDP may refer the carer to a service outside of the ICSS (i.e. a local community organisation) that supports the carer participate in education or the workforce.
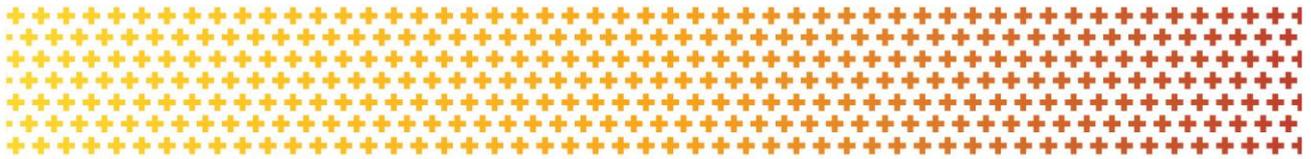
The qualifications may be formal (i.e. undertaking accredited training or tertiary education) or informal (i.e. undertaking a non-accredited training program such as a resume writing workshop).

The delivery or coordination of services for education / employment outcomes is only required when the RDP identifies the carer has a need or goal related to achieving an employment or educational outcome.

69. **Is there any data available that shows the likely volume of carers using the service annually? This information would assist in the preparation of budgets.**

Whilst there is no data provided regarding anticipated volume of carers using the services, the Department has provided data on the carer population within each service area as part of the grant opportunity documentation.

The Department is expecting grant applicants to provide anticipated volumes for service usage based on their experience-in and knowledge of carers within the service area they are applying for.
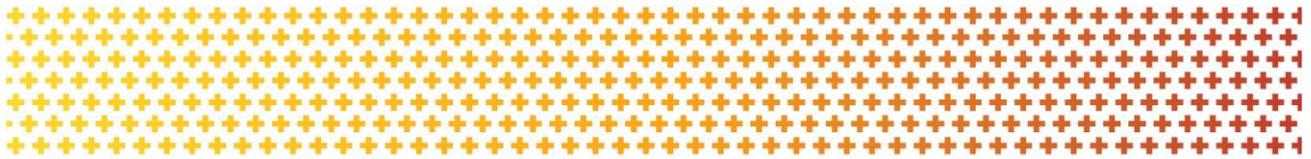
70. **My question relates to the Emergency Respite Care and Carer Directed Support components of the service.**

    Our interpretation of the documents is that the core service is to source and broker respite – not to provide the respite directly. We do not envisage a subcontracting arrangement, but rather brokering respite on a case-by-case basis.

    For the purpose of our application, would DSS see this as a subcontracting arrangement? (And require the legal name and ABN of possible respite services), or will brokering these services on a case-by-case basis be acceptable?

    This type of arrangement would be considered as a subcontracting arrangement.

    Where known, grant applicants will be required to disclose all subcontracting arrangements to the Department. The Department recognises that subcontracting arrangements may change or deepen over time and RDPs will be responsible for updating the Department of changes to their arrangements.

71. **The ICSS grant opportunities guideline, p7 states $169 million was spent on 177,100 carers in 2016-17. Can the Department please provide actual (or estimated) data for the expenditure in 2017-18 and the number of carers who accessed programs?**

    Further to that, can the Department provide an estimate of the number of the 2017-18 carers, who accessed the available carer programs, expected to transition into the ICSS Carer Gateway between September and November 2019?

    Is the department able to provide a split of funds spent on digital versus face-to-face support?

    The Department is unable to provide any data additional to what is currently available in the public domain. For example, the Department provides some information on current programs in the [Annual Report and other publications](#).

72. **Is the Department able to provide a split of funds spent by type of service for which the RDP will be responsible from September 1 2019?**

    The Department is not specifying the amount of funding that must be used per service type as part of the grant opportunity.

    Carer Gateway RDPs will be required to deliver all services specified in the RDP operating model. In determining the mix of services, RDPs will need to consider how their proposed distribution of services is configured to maximise the RDP outcomes including how they distribute service funds across all the services based on their understanding of the cohorts and carer needs within their service area.
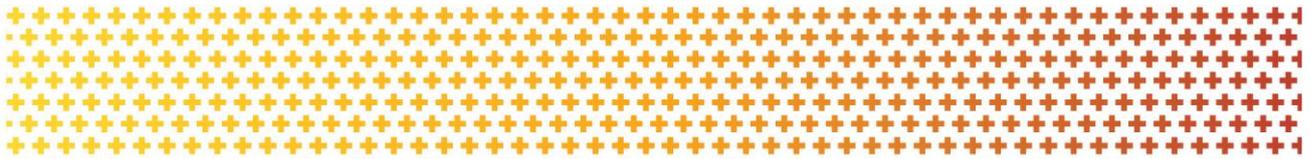
73. **In regards to the estimated timing of payments, could the Department please clarify the schedule provided in icss-grant-opportunity-guidelines-v4.docx? Specifically could you clarify the first 3 payments noted in the schedule as being establishment funds <u>or</u> payment of program funds? Also, what proportion of establishment and/or program funds are paid at each of those 3 payment times.**

First payment upon execution of the grant agreement relates to establishment costs.

The second and third payments include both the service and administrative costs and cover the period September to 30 November 2019 and 1 December to 30 June 2020.

74. **How quickly after the provision of the tax invoice will payment be made?**

Payments are made automatically on the dates specified in the grant agreement. Noting there are conditions related to the withholding of payments under certain circumstances – refer to *Section 2* of the *Commonwealth Standard Grant Conditions* document.

75. **What evidence is required to demonstrate the RDP has achieved the associated milestone? This requirement indicates payment to RDP for operating the program are paid in arrears?**

The grant payments are made in advance with the milestones referring to each payment date (as opposed to milestones related to deliverables).

The Department undertakes a number of activities to monitor grant recipient activities in accordance with the Grant Agreement.

Refer to the following sections of the *Commonwealth Standard Grant Conditions* document for information related to the expenditure of grant funds, reporting and monitoring activities:

- *Section 2 – Payment of the grant*
- *Section 10 – Spending the grant*
- *Section 11 – Repayment*
- *Section 13 – Reporting*
- *Section E* of the *Commonwealth Standard Grant Agreement* provides further information on reporting.

76. **Are the outlined 6 monthly payment intervals based on the 1 September commencement? If yes, please explain the payment scheduled for 1 December with respect to the 6 month program delivery period of 1 September to 28 February?**

The payment schedule for the first year of operation varies from the standard payment schedule based on the following:

An establishment payment provided on execution of the grant agreement (intended to fund activities whilst RDPs establish their operations prior to service delivery commencing).
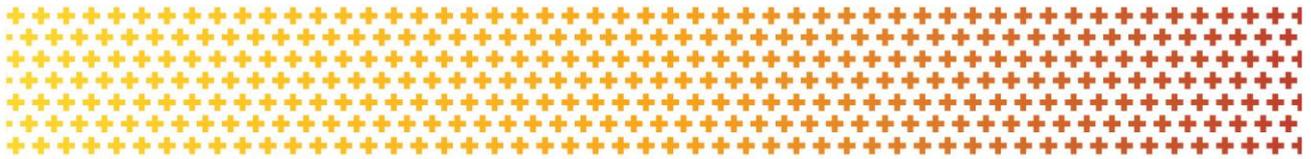
A second payment in September 2019 (linked to the commencement of service delivery) and a third payment in December 2019.

Subsequently (after the third payment), the standard six monthly payments scheduled in July and December each financial year will apply for the remainder of the grant period.

77. Are these payments in advance or in arrears?

The payments are made in advance.

78. Can providers include financing costs if overdraft or financing facilities are needed in their administration costs to manage the cash flow implications?

If an organisation is required to cover costs for overdraft or financing facilities in order to manage cash flow, these costs can be attributed to administration costs. Noting, these costs should be included in the '*indirect costs – other*' section of the Business Model Template (*Service Area Operating Costs* tab).

Program KPIs

79. When will the Department stipulate KPIs for each of the elements for which the RDP is responsible?

There are no KPIs related to the RDP model, however RDPs will be required to plan and deliver their activities in alignment with the outcomes framework (outlined in Section D of the RDP operating model).

RDPs are also required undertake a range of reporting activities and evaluate their performance in achieving the outcomes (as specified in Section E of the RDP operating model).

80. Clarification of question 19 in the online form.
The question asks the applicant to provide a breakdown of the proposed grant funding by chosen _coverage type/s._ A table is provided which is prepopulated with the RDP Region and the years of the program. There is no room provided to further break down the $ spent by coverage type. What is the reference to _coverage type?_

The reference to *coverage type* related to the RDP service area the applicant selects in the *Activity Details* section of the form.

_Additional Information on completing the financial sections of the grant application_:

▪ *There are two main areas of the application you will be required to provide financial information relating to the anticipated costs for delivery of the activities specified in the grant documentation.*
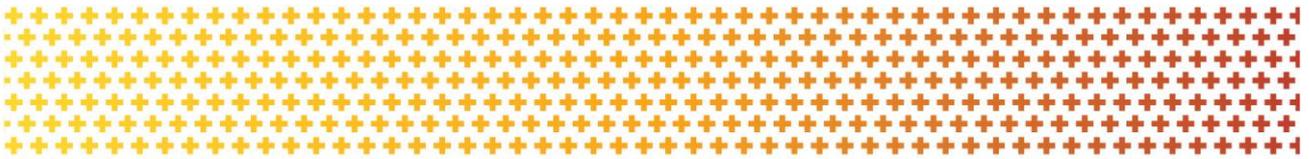
- *Total costs for each financial year related to your application should be provided in the online form in the 'Area Financials' section and a detailed breakdown of proposed costs should be provided in the business model attachment.*
- *The figures entered in the funding breakdown table should reflect a total of the figures provided in your completed business model attachment.*
- *Also, figures entered should not exceed the service area funding amounts specified in the grant opportunity guidelines.*

81. **Regarding the operation of emails for Carer Gateway staff. It is noted that the RDP must provide basic software including for emails, however will workers under this program be able to use existing corporate email addresses & domain? Or is there an expectation that they would use a carer gateway (or similar) email address? If the latter – how is this process to be managed?**

RDPs will be able to use their existing corporate email addresses and domain. Noting, the Department will provide branding guidelines to RDPs that outline the circumstances in which Carer Gateway branding should be used (for example, email signature blocks and protocols for answering phone calls that come via the Carer Gateway 1800 number).
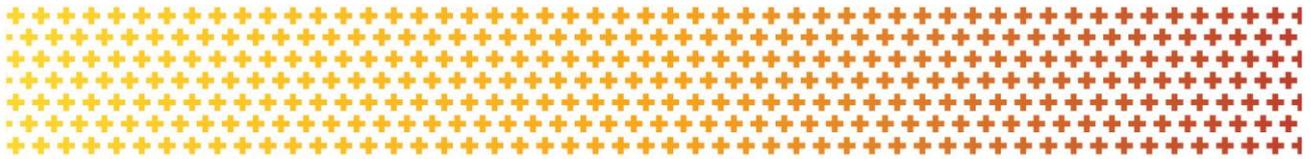
82. Could you please clarify the administration funds budgeted for 2019-20. Are these to cover 10 months or 12 months of service?

Administration funds are intended to cover the period from execution of the grant until end of the 2019-20 financial year (based on anticipated timing for grants being executed in July 2019). Whereas *service funds* are intended to cover the period from when RDP services commence (from September 2019) until the end of the 2019-20 financial year.

83. Why are the administration funds flat over the entire grant period? Will there be indexation applied to Y2, Yr3, Yr4 and Yr5?

Indexation will be applied to the grant funding figures during the grant negotiation phase, this will see both the administrative and service delivery costs change slightly over the 5 year grant period.

84. In the 'Service Area Operating Costs' tab, there is a category called 'Total Service Units.' Could you please clarify as to whether this refers to the total number of carers or the total number of services provided (i.e. a carer can have multiple services).
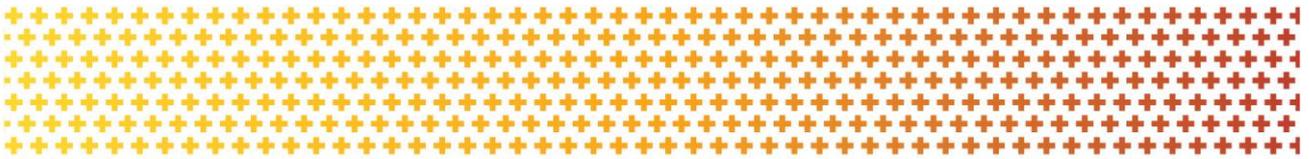
This section of the template refers to the total number of service units provided.

85. Where other avenues of funding are exhausted, and/or when there is no existing package of care around a person the carer supports - can you tell me if RDP are expected to fund service delivery of respite/replacement care (as opposed to the establishment of need/brokerage of respite/details to the carer/follow up call) through Carer Directed Support (CDS) funds?

Whilst some of the services offered by RDPs involve providing a service to a care recipient (i.e. respite), the primary focus of services offered under the ICSS are intended to support the needs of the carer.

As part of the Carer Support Planning process, RDPs are required to determine which service is most appropriate to the carers needs and circumstances. Among the services available to carers are the Emergency Respite Care and Carer Direct Support services:

- The Emergency Respite care is designed to offer support to carers who are experiencing an urgent, unplanned and imminent event that temporarily restricts their ability to continue caring when no other services are available (refer to Page 27 of the RDP Operating Model).
- The Carer Directed Support service includes the provision of Carer Directed Packages that can be directed to practical supports for carers (such as respite). Priority access to this service should be given to those carers experienced the highest strain based on their needs assessment, and not currently accessing alternative sources of funding for services (refer to Page 26 of the RDP Operating Model).

RDPs will be required to deliver all services specified in the RDP operating model. It is expected that grant applicants will specify how they plan to distribute the allocated grant funds across all services based.

<u>New Questions and Answers added on 6 February 2019</u>

86. **We are looking to service Country WA. Given some partners will be servicing remote areas, while others are servicing very remote areas etc., we would like to ensure we allocate the funding fairly and equitably, taking into account the remoteness considerations. Is it possible to provide some guidance on how you weighted the funding between the various service areas?**

Funding for each service area has been calculated on estimates of the number of carers in the region (based on the ABS 2015 Survey of Disability, Ageing and Carers) and weighting for delivery of services in remote areas (using Accessibility/Remoteness Index of Australia scale used by the Australian Bureau of Statistics).

The following sources of information may provide you with some guidance to determine appropriate allocation of funding:

- [ABS 2015 Survey of Disability, Ageing & Carers](#)
- [ABS Accessibility/Remoteness Index of Australia](#)

<u>New Questions and Answers added on 8 February 2019</u>

87. **The Business Model template notes that one unit of peer support is as follows: *'1= a carer* attends *a peer support group run by the RDP (including by the RDP's named consortium partners)'***

Can you confirm whether each session attended by each carer is one service unit (i.e. 10 -15 service units per group session) or if this refers to the number of unique carers attending any group session over the year. (.i.e. if even a Carer attended 5 sessions, this would be one service unit)?

Yes, each one-hour session, attended by each carer constitutes one service unit.

For example, 12 carers attending a 1-hour peer support session equates to 12 units.

88. **Webinar 3 point 3.3 noted that Indexation will be applied and that this is the reason admin funding does not increase each year. Could we confirm this, and thus that the submission should, in effect, be in 2019/20 dollars?**

Indexation will be applied to the grant funding figures during the grant negotiation phase, this will see both the administrative and service delivery costs change slightly over the 5 year grant period.

For the purposes of the grant application, costing should not exceed the amounts specified in Section 2 of the grant opportunity guidelines.
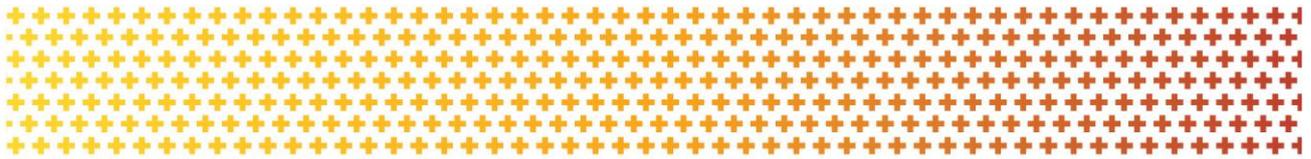
89. Who pays for the Emergency Respite?

RDPs may use grant funds to contribute to the full cost of care or part of the cost where a carer can afford to make a contribution (wherever, possible, carers are expected to contribute a portion of the cost of replacement care subject to the capacity of the carer to contribute). *Page 27 of the RDP Operating model provides further details on the Emergency Respite service.*

RDPs are required to have a policy about fees and assessment of a care's capacity to pay for or contribute to the cost of emergency respite. As part of the Carer Support Planning process, RDPs should obtain information from carers to assess their capacity to pay. *Page 22 of the RDP Operating Model provides further guidelines on how fees and fee contributions should be managed.*

90. What is included in Emergency Respite packages?

The Emergency Respite service is delivered or brokered by the RDP (on behalf of the carer) to secure replacement care for the care recipient in circumstances where a carer is experiencing an urgent, unplanned and imminent event that temporarily restricts their ability to continue caring when no other services are available.

The respite service provided (or brokered) by the RDP needs to reflect the individual needs and circumstances of both the carer and care recipient. It is up to RDPs to determine the most appropriate respite services for each situation i.e. the respite service could be in the form of in-home care at either the carers or care recipient's premises, care within a residential aged or disability care facility or care within a hospice.

Page 27 of the RDP Operating model provides further details on the Emergency Respite service.

91. Does the Emergency Respite cover the cost of respite for the Carers Recipient, the Carer, or both the Carer recipient and the Carer?

The funding available for Emergency Respite Care is intended to provide replacement care for the care recipient.

Emergency Respite Care is to be used in situations where the carer is experiencing an urgent, unplanned and imminent event that temporarily restricts their ability continue caring when no other services are available.

92. Is accommodation included for the Carer?

Accommodation for the carer is not included as part of this service.

Note Emergency Respite and Carer Directed Support Packages are separate services offered by the RDPs.
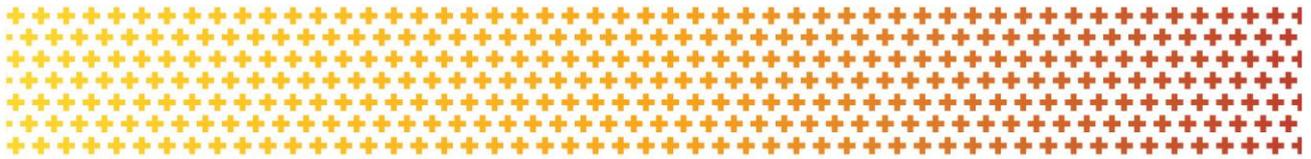
93. Can the Carer choose where they spend the Carer Directed Support funds OR does the RDP choose it for them?

Carers do have the option to select supports not offered directly by the RDP.

As specified in the RDP Operating Model (refer to pages 26 to 27), when choosing supports, carers will not be limited to those supports offered directly by the RDP, additional supports can be brokered on behalf of the carer by the RDP.

Note, in determining the practical supports in consultation with the carer, RDPs should consider how the service will contribute to the intended outcomes of the Integrated Carer Support Service (refer to page 33 of the RDP Operating Model).

94. Do the funds for Emergency Respite come from the Carers Directed Support Packages?

Emergency Respite and Carer Directed Support are separate services offered by the RDPs:

The Emergency Respite care is designed to offer support to carers who are experiencing an urgent, unplanned and imminent event that temporarily restricts their ability to continue caring when no other services are available (refer to Page 27 of the RDP Operating Model).

The Carer Directed Support service includes the provision of Carer Directed Packages that can be directed to practical supports for carers (such as respite). Priority access to this service should be given to those carers experienced the highest strain based on their needs assessment, and not currently accessing alternative sources of funding for services (refer to Page 26 of the RDP Operating Model).

RDPs will be required to deliver all services specified in the RDP operating model. It is expected that grant applicants will specify how they plan to distribute the allocated grant funds across all services based on their understanding of the cohorts and carer needs within their service area.

95. What specifically can the Carer use the Carer directed support packages for, for example can a Carer use the funds for respite for themselves to include accommodation and education?

The Carer Directed Packages are intended to be a flexible service and can be directed to a range of practical supports to assist carers in their role (e.g. cleaning, respite, cooking, and assistance with transport). It is intended to provide carers with an opportunity to have a say and give them more control over the design and delivery of the support provided to them and the person they care for.

In determining the practical supports, RDPs should consider how the service will contribute to the intended outcomes of the Integrated Carer Support Service (refer to page 33 of the RDP Operating Model). For example, via the delivery of the Carer Directed Support service, an RDP may arrange a practical support (such as respite services while they attend education sessions) that allows a carer to participate in education.
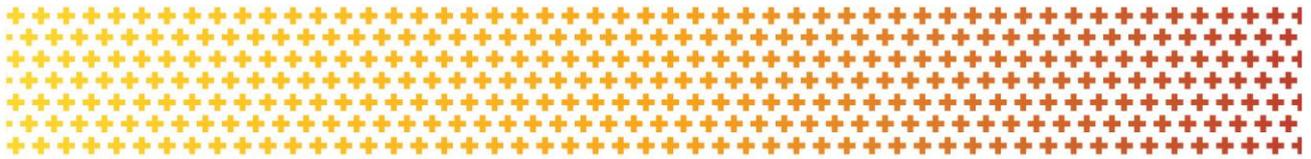
Note, the RDP is not to use funding for Carer Directed Packages to support items such as holidays.

96. Do the Carers have to spend the one-off practical support all at once?

This service is a one-off support (up to an amount of $1,500) that enables carers, without the need for ongoing assistance and/or multiple supports, to access supports. For carers requiring ongoing supports, a Carer Directed Package may be more appropriate for their needs.

Note, the one-off practical support is not provided to carers in the form of a payment. RDPs will provide or broker the supports on behalf of the carer.

Refer to Page 26 to 27 of the RDP Operating Model for further information on one-off practical supports.

97. Can the Carer Directed package be used throughout the year for different activities?

The Carer Directed Package does not have to be spent all at once and the package can be used throughout the year for different activities. `

Carers are entitled to receive a range of supports (up to the cost of $3,000) over a twelve month period. The delivery of this service involves a Carer Support Worker engaging with a carer and actively planning on a quarterly basis what supports might be put in place.

Note, the Carer Directed Package is not provided to carers in the form of a payment. RDPs will provide or broker the supports on behalf of the carer.

Refer to Page 26 to 27 of the RDP Operating Model for further information on Carer Directed Packages.

98. Is the 'Carer Coaching Service' restricted to one-on-one, or can it *also* be delivered as 'group' coaching over a specified time? The 'group' approach would inevitably enhance 'peer support' opportunities – without the cost.

The Carer Coaching Service is currently being designed as a one-on-one service that is individualised to the specific needs of each carer whereas group-based sessions would be delivered in the form of the In-Person Peer Support Service.

99. Can the 'Carer Directed Package' be utilised for respite in the form of carer retreats (aka. carer resilience programs – specifically designed to support the health and wellbeing of carers)? I'm anticipating to continue facilitating carer retreats as a form of respite and peer support, but considering incorporating the 'Carer Coaching Service' – if approved under the guidelines.

Whilst RDPs are not able to use the grant funds to cover the cost of holidays for carers, a resilience program that is designed to provide a positive impact on carer wellbeing and

supports the outcomes of the ICSS would be a suitable service for provision as part of a Carer Directed Package.

Whilst RDPs are not able to use the grant funds to cover the cost of holidays for carers, a resilience program that is designed to provide a positive impact on carer wellbeing and supports the outcomes of the ICSS would be a suitable service for provision as part of a Carer Directed Package.

100.   We are an agency in the North West area of Victoria and are considering the submission of an application for the Integrated Carer Support Service: Carer Gateway Regional Delivery Partners (RDP). We are interested in applying to support carers in the North Western area of Victoria and believed we would be able to apply specifically to support carers in the Murray PHN catchment area of the Victoria 2 Service Area.

We have since received information to suggest this may be inaccurate and that DSS will only consider applications from Agencies to service (including subcontracting arrangements) for the entire Victoria 2 SA. Can I please confirm that Agencies are required to tender for entire service areas and must include subcontracting arrangements in the tender, if their service design involves using other agencies to ensure full coverage?

The Department is providing 16 Grants in total – one for each Carer Gateway Service Area. As stated in the page 8 of the grant opportunity guidelines and page 17 of the RDP Operating Model (page 17), RDPs are required to support the entire Service Area they apply for. Noting, the Department expects that RDPs may achieve coverage across a service area by entering into partnership arrangements (refer to page 9 in the RDP Operating Model).

101.   I am writing to seek clarification in relation to an emergency respite instances. As an instance of respite can vary in timeframes are you looking for units in no. of hours or occurrences of respite?

So for example if there are 3 respite instances as follows: one for 1 day one for 2 days and one for 1.5 days then you are referring to 3 instances?

An 'instance' of respite refers to one occurrence of respite. The assumption made in the example provided in your question is correct.
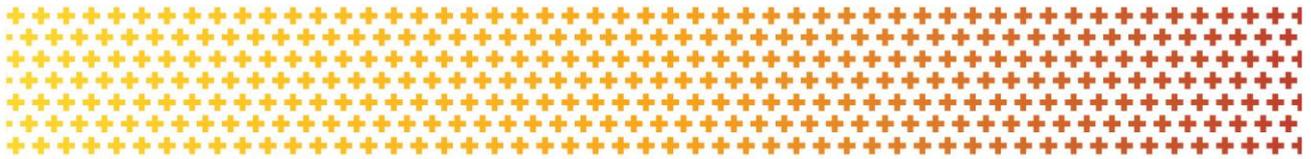
102.   Could you please advise what Category in the Service Area Operating Costs template we should include the costs for Carer Directed Support packages and Emergency Respite Costs?

Costs related to Carer Directed Support packages and Emergency Respite should be included in the 'other' category under Service Area Operating Costs in the Business Model Template. This would reflect the nature of these costs being predominately to third party providers.