Integrated Carer Support Service (ICSS)

Industry Briefing: Carer Gateway regional delivery partners grant opportunity

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# Introduction

The following questions were submitted by individuals participating in the Industry Briefing: Carer Gateway regional delivery partner grant opportunity.

A recording of the session is available to view [here](http://livestream.education.gov.au/dss/29november2018/).

## Updates to reference documentation

As a result of some of the questions, the Department has revised some of the documentation provided as part of the grant opportunity. A summary of the revisions is provided in the table below. The reference documentation is available on the [Community Grants Hub](https://www.communitygrants.gov.au/grants/carer-gateway-regional-delivery-partners) or [GrantConnect](https://www.grants.gov.au/) website.

| Document name | Location | Amendment |
| --- | --- | --- |
| Business model template | Tab 2, Cell I6 | Changed to read “The total number of units estimated across the 6 major service types…”  *Previously referenced “…9 major service types…”* |
| Business model template | Tab 3, Cells B20 to B26 | Changed to include an additional cell that provides the estimated timing for the *coordination* activity |
| Business model template | Tab 4, Cells B7 to B10 | Changed to 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;) and * Are a qualified counsellor, psychotherapist or social worker for relevant service modes (qualifications recognised in Australia); and * Have minimum three years’ work experience in Australia   *Provides further clarity on the requirements counsellors need to meet.* |
| Business model template | Tab 5, Rows 13 and 14 | Changed so that respondents do not provide estimates for the coaching service in the 2019/20 financial year due to the service not going live through RDPs until the 2020/21 financial year.  *The coaching service will be delivered as a pilot in 2019/20 and commence delivery by RDPs in 2020/21.* |
| ICSS Blueprint | Page 22 | The ‘tools’ listed under the ‘Manage Carer Support Planning’ activity have been changed with a box defined as “Carer Support Framework”.  *The diagram previously included two boxes under the ‘tools’ category for the ‘Carer Support Planning’ activity – ‘Carer Pathway Navigator’ and ‘Carer strain measurement tool’.* |

# Grant opportunity application

## How can applicants physically answer Criteria 2? Cannot include an organisation chart, how do you see applicants submitting details of business processes and IT systems if cannot embed diagrams/pictures/charts?

The online application form is not configured for the inclusion of non-written content such as diagrams. Applicants can provide an establishment plan attachment (a template is provided as part of the grant opportunity documentation) which allows bidders to include relevant diagrams, pictures and charts. The information provided in the establishment plan attachment contributes towards the bidders response to selection criteria 2.

## Word limit on application form.

### The documentation states there are no word limits on responses to the criteria questions however the application form has a limit of 900 words per question. Which is correct? Will the application form allow for more than 900 words?

### Page 14 of the grant application states “the amount of detail and supporting evidence you provide in your application should be relative to the service area size, complexity and grant amount requested”. How can this be met under a 900 word count limit?

### The grant opportunity guidelines state: “the amount of detail and supporting evidence you provide in your application should be relative to the service area size, complexity and grant amount requested” however you are now saying that responses are limited to 900 words regardless. Why is there this inconsistency? Can the word count be revised, particularly for complex areas?

It is recognised that there will be a level of complexity across all service areas. The 900 word limit is correct, unfortunately the Department is unable to alter the word limit in the application form. Respondents do have the opportunity to provide additional information that supports the criteria within the establishment plan and business model templates provided.

## Where do you capture subcontracting arrangement information (in addition to the name and ABN in the Activity Details section of the grant application), there doesn’t appear to be much opportunity in the grant application to do this? Through the usage of another attachment?

The Activity Details section of the application allows bidders to attach information regarding their subcontracting arrangements.

The online form only allows you to enter the details of ten organisations. If there are more than ten, there is an option to upload a document that includes the details of all consortia members and/or subcontractors.

## Section eligibility requirements has a number of statements which are framed as “I am”. How does that apply for an organisation as the applicant, especially in relation to confirming Australian permanent residency?

Where the terminology “I am” is used in relation to eligibility and particularly Australian permanent residency it is a reference to the authorised contact provided in the application.

## You are asking bidders to demonstrate their business model, but restricting the ability by limiting attachments. Is this something you can look at again?

The Department is unable to alter the number of attachments bidders can upload as part of the application.

## Eligibility criteria for referees

### Are there any eligibility criteria for referees?

### What criteria, if any, sits around the three referees?

No, the Department has not specified any specific eligibility criteria for referees. It would be advantageous if the referee is able to discuss the experience they have had with your organisation and the relationship to this particular grant.

## Is the online application form print friendly?

You can print page by page and/or print a PDF version of the full application once your application is submitted.

## Can consortia members have a contract rather than a Memorandum of Understanding (MOU)? Is there a different between members of a consortia and subcontractors given the contract between organisations will determine work to be done?

The Department has formally specified the need for a MOU between consortia members. If then those consortia members are also providing services to the lead organisation then a subcontract arrangement needs to be in place to deal with those circumstances. If, at the time of submission, the lead organisation went beyond providing an MOU and had a formal contract in place that dealt with all of the items expected in an MOU this would be deemed acceptable.

## If you have more than ten subcontractors and needed to add a further attachment listing them. What details above their names and ABN details would you include in this attachment?

Include the same details that are requested in the online form.

The attachment should include:

* If the organisation is a consortia member or subcontractor.
* Legal name of the organisation.
* ABN of the organisation.

## Listing subcontractors in the application

### Regarding listing all subcontractors as part of the application, is the expectation that all (say 300+) subcontractors who may be brokered to provide (say a period of respite or tutoring to a young carer) or just those participating as a consortia member to provide part of the RDP role?

### There is confusion between consortia versus subcontractors. If you are lodging an application that is not a consortia but will use local subcontractors for service delivery (e.g. to undertake emergency respite). Does the list of these subcontractors need to be uploaded? (as there could be 100+ organisations and they do not form part of a consortia)

Where known, grant applicants will be required to disclose all subcontracting arrangements (in addition to consortia member details) 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.

The Department is seeking this information as part of the grant opportunity as it contributes toward organisations demonstrating their capability to deliver all the services required and to provide service coverage across service areas.

Additionally, it provides some assurance to the Department that sub-contracted parties are undertaking their work in accordance with the grant opportunity guidelines and terms and conditions of the grant agreement.

*Additional information*

*The Activity Details section of the application allows bidders to attach information regarding their subcontracting arrangements.*

*The online form only allows you to enter the details of ten organisations. If there are more than ten, there is an option to upload a document that includes the details of all consortia members and/or subcontractors.*

## We understand that only the MOU for consortium members need to be uploaded, with the expectation that a subcontract between the lead and the others will exist separately. To clarify, are separate subcontracts outside the consortium to be provided too i.e. those between the lead and a subcontractor?

Yes, grant applicants will be required to disclose all subcontracting arrangements (in addition to consortia member details) to the Department. The Department is not seeking for grant applicants to provide the actual sub contract documents, but rather details of the sub contracting arrangements.

*Refer to question 2.10 above for further information.*

## Having experienced other glitches with the Community Grants Hub, how can we be sure that all documents are uploaded correctly when submitting our application?

Your supporting documentation should be attached to the application form. There will be instructions in the application form to help you. Only attach the documents you have been asked to include. applications that have not submitted a mandatory attachment or have submitted an incomplete attachment may be deemed not compliant and may be excluded from the process.

*Please note: There is a 2MB limit for each attachment.*

*If you experience any problems when submitting your application or attachments please contact 1800 020 283 or email your enquiry to* [*support@communitygrants.com.au*](mailto:support@communitygrants.com.au)

## Do organisations who are NDIS LACs need to declare this as a conflict of interest?

Organisations that provide other government funded services (such as NDIS LACs) are eligible to participate in the grant opportunity.

Whilst this circumstance is unlikely to be deemed a conflict of interest, bidders should identify as part of their application if they are a NDIS LAC or My Aged Care Regional Assessment Service provider.

*Additional information*

* *Further information on Conflict of Interest in relation to this grant opportunity is available in section 13.2 of the grant opportunity guidelines.*
* *The RDP Operating Model (page 11) provides additional guidance on the subcontracting of services from within the RDP’s organisation.*

*These documents can be found on the grant opportunity landing page.*

## 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 subcontracted).

## Are organisations required to deliver services to all carers or can they 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*

*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).*

## Are organisations required to deliver services in an entire designated service area?

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

*Additional information*

*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).*

## Can you please reconfirm what “supporting attachments” are allowed to support the 4 criteria questions and the establishment plan?

Bidders can provide the following attachments in the ‘Attachments’ section of the online application form:

* Business Model\*
* Establishment Plan\*
* Referees\*
* Memorandum of Understanding (only applicable to bidders leading a consortia).

Templates for these documents is provided as part of the Grant Opportunity documentation.

## In the business model template under ‘Carer Support Planning Process’ in the service description explanation there includes a section on coordination but there is no time listed under service delivery assumptions for this. Should there be?

The Department acknowledges that the coordination of services is a task that RDPs will undertake. This task will be highly dependent on carer need as well as complexity and will not be required for all carers. The Department hasn’t specified a time as it is highly variable however, we believe somewhere between 10 – 50 minutes would be the time spent on coordination depending on the complexity and need of the carer. The business model template has been updated accordingly.

## Could you please clarify the 9 major service types referenced 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 is now available on the grant opportunity landing page.

# Costing considerations

## Where does the proposed operating margin (5%) come off of? The total operating costs or from the direct costs (excluding the in-direct costs)?

The working capital or the proposed operation margin of 5% would be taken off the total operating costs.

## Could you please provide a clear definition and some examples of on-costs for the provision of services included of total direct costs (as shown in the service area operating cost tab of the business model template)?

Examples of on costs would include the costs of superannuation and leave entitlements (staff related on costs) for staff directly involved in the provision of service to carers. It would also include any other overheads required to provide service directly to carers such as rental costs associated with renting a room on a weekly basis at a local community centre for the purpose of holding peer support group meetings.

## Can you explain why administrative costs do not increase year on year – administrative costs will increase over time? Also why is funding for 2022-23 and 2023-24 exactly the same amount?

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.

## Could you please provide a definition and some clear examples of administration costs (as detailed in page 8 of the grant opportunity guidelines) as language is inconsistent between direct and in-direct costs (indirect costs are also not clearly defined). Please detail how to show the cost in a scenario of staff preparation time to run a peer facilitated peer support group or set up of a new group – is this all direct costs or only the 1-hour time of its facilitation?

Administration costs are to be used for expenses that contribute to the operation of the organisation. The administration activities or items must be directly related to the delivery of RDP services. Administration costs may include:

* Staffing costs related to staff supporting the carer-facing staff and ongoing operations, for example administrative or human resources officers.
* Costs associated with ongoing operations, including: finance, facilities, corporate salaries and governance.
* Domestic travel costs for staff that directly relate to the delivery of services.
* Information technology and software.
* Rent and utilities.

In the scenario outlined regarding the staff time related to running a peer support group and setting up a new support group, the Department would consider either of those costs to be direct service costs as the activities describe are directly related to the provision of services to carers.

## Costing related to investment in continuous improvement activities.

### In the grant opportunity guidelines it states “up to 10% of the grant can be used to invest in continuous improvement activities (such as trialling new services that will contribute to the ICSS outcomes). Given that the model is quite prescriptive, how can this be reflected in the business model?

### 10% innovation has been noted as acceptable. Is this 10% of the service delivery funding?

### 10% innovation has been noted as acceptable. Where on the business model template can this be provided for (i.e. which category can it go in to)?

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

# Reference documentation

## Reference documentation inconsistencies

### Where the ICSS Service Blueprint and the business model template do not give the same information could you please advise which one should be used to inform our proposed service delivery model?

### There are inconsistencies in the service delivery model and in the delivery model template for submission. Which should we follow?

If inconsistencies are found across the documentation provided as part of the grant opportunity please notify the Department in writing (via [support@communitygrants.gov.au](mailto:grants@dss.gov.au)). The Department can then amend the documentation or provide further clarification.

## In the case of inconsistencies in the papers can you please identify which papers should be followed? E.g. in the service model it states the initial coaching session is on the phone and in the business template it states the initial session is in person

As mentioned in question 4.1, if inconsistencies are found across the documentation provided as part of the grant opportunity please notify the Department in writing (via [support@communitygrants.gov.au](mailto:grants@dss.gov.au)). The Department can then amend the documentation or provide further clarification.

To clarify the example provided in the question, both the ICSS Service Blueprint and the business template suggest that the initial session occurs in-person.

## The reference documentation mentions a Carer Pathway Navigation tool with no further explanation of what it is and what it is used for. Can you please clarify what this is and how it is used?

This is an error in the documentation. Since the original publication of the ICSS Blueprint, the terminology used to describe this tool\* has changed. The terminology for this tool (previously called Pathway Navigator) is now referred to as the Carer Support Planning Framework and includes the use of Carers Star™.

A revised version of the ICSS Blueprint is now available on the Grant Opportunity landing page.

\* *As the Department has progressed with the design of this tool and shared various concepts with the sector, a number of different terms have been used to describe this tool including Carer Pathway Navigator and intake and needs assessment process.*

# Services

## Timing for commencement of the coaching service

### When is facilitated coaching starting? As documents state only piloted in year 1 and then started in year 2 for RDP delivery but the Business Model Template asks you to quantify the number of sessions you will delivery in 2019/20.

### What services will be provided by the RDP in Year 1? Will coaching launch or be Year 2?

The pilot of the coaching service will occur in the 2019/20 financial year, with delivery on a national scale in 2020/21. All other services will commence operation by the RDPs from   
go-live in September 2019.

The Department has amended the business model template to reflect the pilot of the Coaching service in 2019/20. Applicants are not required to quantify the number of sessions for delivery in 2019/20. A revised version of the business model template is now available on the grant opportunity landing page.

## It is our understanding that the coaching and counselling services will be piloted. When will this be?

The pilot of the coaching service will occur in the 2019/20 financial year, with delivery on a national scale in 2020/21. The counselling and all other services will commence operation by the RDPs from go-live in September 2019.

## In-person counselling service qualifications

### The in-person counselling tab (in the business model template) refers to counsellor qualifications in the service description. They outline that the counselling needs assessment and the counselling sessions be conducted by counsellors that: are accredited with a relevant Australian professional association, are qualified psychotherapist for relevant service modes, are qualified counsellor or social worker for relevant service modes, have minimum three years’ work experience in Australia. Are these requirements to be satisfied in their entirety?

### Please confirm the minimum qualifications required of counsellors - unsure if the 4 bulleted points (in the business model template) are all or either/or?

For clarification the business model template has been updated with the following:

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;) and
* Are a qualified counsellor, psychotherapist or social worker for relevant service modes (qualifications recognised in Australia); and
* Have minimum three years’ work experience in Australia

*A revised version of the business model template is now available on the grant opportunity landing page.*

## What are the qualifications required for those providing coaching? Will those providing coaching have ACC or PCC credentials?

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. RDPs will be required to ensure staff delivering the service are provided with appropriate training and have the appropriate skills to safely deliver these services.

## Will the training for the use of Carers Star™ and coaching module be available by early August so that staff can be equipped to deliver the RDP services from September 1?

The Department will be providing RDPs with formalised training for the use of Carers Star™. This will be using a train-the-trainer approach in order for RDPs to upskill staff within their organisation to utilise the tool. The Department will ensure the training is delivered with as much time as possible for the RDPs to be prepared for service delivery.

In regard to the coaching service, a pilot of the coaching service will occur in the 2019/20 financial year, with delivery on a national scale commencing in July 2020. Formalised training in the coaching service will occur shortly before the national rollout in July 2020.

## What process would be required should a carer require additional sessions beyond six? Is this limited to a yearly amount?

Whilst the relevant grant documentation does propose the delivery of six sessions for both the coaching and counselling services, there is flexibility in regard to the number of sessions delivered to a carer.

In consultation with the coach or counsellor, six sessions will be delivered to the carer with the aim of covering issues most relevant to the carer’s situation. Noting that if an RDP identifies that a carer could benefit from more than six sessions, it is possible for additional sessions to be provided. This would be dependent on availability and carer need. Avoiding the formation of a dependency on the service should also be considered, and where possible, the RDP may refer the carer to more appropriate services.

## We note that qualifications for a carer coach are not articulated. What mechanism should be in place is a carer becomes traumatised during a session?

RDPs are required to develop their operating guidelines, policies and procedures associated with the delivery of services. In this instance, the expectation is the RDP would have in place suitable arrangements should a circumstance such as this arise.

Additionally, 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. RDPs will be required to ensure staff delivering the service are provided with appropriate training and have the appropriate skills to safely deliver these services.

## In-person counselling service – linkages with digital counselling service.

### Can you please define 'in-person' for counselling and coaching – does in-person mean physically in the same location or, as suggested in previous webinars, via a range of methods including video and telephone?

### How does the counselling service connect with the online counselling service? If a carer was seeking phone or video based counselling, would the online service be the more appropriate support?

In-person for counselling and coaching sessions can be defined as the following:

* where people are physically in the same location;
* via technologies such as Skype or other video call technologies
* via phone to suit the needs and personal circumstances of a carer.

In the instance where a carer requests the counselling service to be delivered only by telephone, the RDP should refer the carer to the digital counselling service.

# Carer Support Planning Framework

## In the draft Carer Support Framework there is a service matching table. Does this indicate only carers with the identified areas of the Carers Star™ can be connected with the correlated service types?

No, the purpose of the framework is to direct carers to the services which the ICSS provides as well as identify service needs that might go beyond those provided under the ICSS (such as those offered by Aged Care, NDIS or state-based services).

## Under the Carer Support Planning Process you acknowledge not all carers will complete all steps of the process. How do you show numbers doing different stages, as the template only shows through to the needs assessment stage?

The Department has provided a number of assumptions in relation to the delivery of each RDP service. Bidders have the opportunity to, based on their organisation’s capability and experience, alter the assumptions and timings provided or include their own assumptions in relation to each service.

*For example, if you would like to show carer numbers at particular stages of the process (i.e. intake, registration or service planning stage), you able to provide the figures you are likely to achieve within your service area.*

## Integration of Carers Star™ with a Client Relationship Management system (CRM).

### Can you use a Carers Star™ endorsed CRM rather than the paper-based tool?

### If we choose to implement Carers Star™ as part of our CRM, will the paper-based version proposed be able to be adapted?

### Why would the online Carers Star™ tool not be supported?

The Department is in the process of finalising licencing arrangements for the use of the Carers Star™. At present, it is unlikely that the online product will be licenced in the first instance, with the Department providing flexibility for providers to utilise the paper-based tool and build it into the business logic of their existing program solutions. The Department will provide further information on licencing arrangements once finalised.

## The documents state the support plan follow-up is to take place after six weeks or otherwise as required by the individual support plan. Is there a particular method of follow-up that is either required or recommended?

The Draft Carer Support Framework (available on the grant opportunity landing page) does not specifically state a method of follow-up. While there is no specific follow-up method, it would be expected that follow-up 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.

## Can you provide an estimate of the time taken to train each person on the Carers Star™ tool?

The Department expects it will take a full day to train identified staff in the Carer Support Planning Framework (incorporating the Carers Star™ Tool). For planning purposes, it is recommended that a full-day is factored-in for the training of staff in the tool.

*Additional Information*

*As part of the RDP establishment period, the Department will be providing 2-3 days of training to a small number of staff from each RDP. This will involve a train-the-trainer approach in order for RDPs to upskill staff within their organisation. Key components of the training will include: the RDP Operating Guidelines, Carer Support Planning Process, and In-Person Peer Support service delivery.*

*Subsequently, RDPs will be required to train their workforce that will be delivering the various RDP activities. The Department expects RDPs will provide a full-day of training to staff delivering the Carer Support Planning Process and a half-day of training for those delivering the In-Person Peer Support Service\*. RDPs are also expected to deliver relevant training to staff in alignment with the RDP operating model. It will be up to each RDP to determine how and in what format this will be delivered to staff.*

*\*These assumptions will be provided in an updated version of the establishment plan template (available as part of the grant opportunity documentation).*

# RDP operations

## Data reporting

### Could you advise if you will be using Data Exchange (DEX) Standard Community/Client Outcomes Reporting (SCORE)?

### Will DEX SCORE reporting be mandated for RDPs?

Yes, RDPs will be required to undertake reporting using DEX SCORE.

*Additional Information*

*DEX is the Department’s common approach for reporting service data. DEX SCORE is used as part of the “partnership approach” to reporting. As specified in the grant opportunity Guidelines, participation in the “partnership approach” is a requirement of funding.*

## Where a carer is assessed as needing services outside the ICSS, how is this managed, including potential conflict of interest?

The identification of services outside of the ICSS would be managed by RDPs via the needs assessment activity within the carer support planning process in which they would gain a good understanding of the carer’s needs. This may include the identification of supports that sit outside of those provided by under the ICSS and the RDPs would manage this using a referral process to other service systems (such as My Aged Care, NDIS or state-based services), much like providers within the current service system do today.

In regards to the management of conflict of interest, page 11 of the RDP Operating Model, provides guidance on the subcontracting of services from the RDP’s own organisation:

“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. However, in limited circumstances, the Department may provide permission for the RDP to broker services from organisations managed by their own funded organisation. RDPs need to provide an explanation of the circumstances underpinning the request and details of: why this is the most appropriate service for the client; why the brokerage of services is needed if the organisation is already receiving Government funding; and if there would there be any community perception of bias.”

## Is the funding release dates to contractors or non-lead consortia members negotiated by the consortia members or is there a time frame imposed by DSS?

The lead organisation (the organisation that enters into a grant agreement with the Commonwealth and is responsible for the grant) will receive the grant funding provided by the Department. The lead organisation is required to enter into its own contractual arrangements with consortia members regarding payment of funds.

## The operating model says, "in general, where RDPs need to broker services they should do so from organisations other than those managed by their own funding body." As an organisation that offers a range of services is it allowable for these services to be part of a list of providers that provides the carer with choice?

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 the department 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 of:

* 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.

## Will the calls received by the Carer Gateway be redirected to different numbers based on the regional area? i.e. if one provider has more than one region are they able to provide a unique number for each of those regions?

During the establishment period the Department will work with RDPs to set up the routing of calls to the Carer Gateway 1800 number so they are automatically routed to their nearest provider based on the location they are calling from.

Establishment of the new Carer Gateway telephony system is currently underway, with a number of features being explored for implementation (such as call location capabilities). Further information on the operation of the system will be provided in the lead up to the RDP establishment period.

## Rather than subcontractors would the Department consider a panel of approved providers who have been assessed as compliant to provide respite and similar services? Items and services would then be purchased from the panel.

The Department would consider a panel of approved providers however, this would need to be supported by a contractual arrangement which sets out the terms and conditions as well as pricing, under which the items and services would be purchased.

# Establishment and transition

## The transition period is from September 1 - November 30 (3 months). As the funding for current Carer Support Programs will cease on November 30, is it expected that all their existing clients will be a) transferred to the new RDP provider and b) commenced services with the new provider?

The Department is utilising a transition period, where both the existing and new service systems are funded. This is to ensure all existing carers are moved over to the new RDPs, should they consent. The Department will be working closely with carers and providers to support them during the transition.

## As the clients of existing providers are transitioned across to the new RDPs during September to November, how will those new clients have their services funded?

The current carer service system is funded until November 2019 and RDPs commence grant agreements from July 2019, with services to commence in September 2019. During the period of September to November, the two service systems will run in parallel, with new clients being serviced via the RDPs and the existing service system providing support to current clients whilst they transition to the new model.

## Is the period for which the grant establishment applies June (based on when successful RDP tenders will have contractual arrangements in place) through to September 1 (when the RDP is expected to be operationally ready)?

Yes, current plans are for RDPs to establish their operations from when contractual agreements are in place in mid-2019 until services go-live in September 2019.

## What impact will the timing of the federal election next year have on the grant review and assessment process, announcement and transition process?

The Department is conscious there will be an election. It is unknown at present what impact this may have on the implementation of the ICSS. The Department is still working towards services being operational in September and existing services continuing to operate until the end of November.

# Other

## Is this seminar available online following the live feed?

Yes a recording is available for viewing [here](http://livestream.education.gov.au/dss/29november2018/).

## Please clarify the publishing of ongoing questions/answers that can be submitted, they are not easily accessible - unlike questions from the webinar - this question is related to questions sent to the department via email?

If you have any questions during the application period, please contact the Community Grants Hub on 1800 020 283 or email to [support@communitygrants.gov.au](mailto:support@communitygrants.gov.au). The Community Grants Hub will respond to emailed questions within five working days.

Answers to questions are themed, and where suitable, included in regular updates to the question and answer document available on the GrantConnect and Community Grants Hub websites.

## If you have questions between now and the grant being submitted, understand there is an email address you can send to. Will these become publicly available (i.e. you can see questions other organisations have asked), or will you email replies to the sender of the email? If publicly available how?

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