DHHS Due Diligence Checklist for   
New Non-Government Service Providers

A due diligence assessment must be completed for all new non-government service providers seeking to operate within Tasmania, using this Due Diligence Checklist:

* before they are authorised to deliver services funded by the Tasmanian Department of Health and Human Services (DHHS); and/or
* before they are able to register with the National Disability Insurance Agency (NDIA), prior to 2019.

This includes service providers from both the community sector and the private sector, including sole-traders.

“New” service providers are those who:

* are not currently funded by DHHS; or
* are currently funded by DHHS, but who are seeking to deliver substantially different or expanded services from what they were originally contracted by DHHS to provide. This might relate to the type of service (i.e. currently providing Population Health programs and they now wish to provide Disability Services) or the scale of that service (i.e. currently providing Disability Services but they now wish to significantly increase the volume of Disability Services provided).

During the National Disability Insurance Scheme (NDIS) launch period the NDIA will not accept any new service providers for registration unless a due diligence assessment has been undertaken by DHHS. Providers that are already registered with the NDIA do not have to be re-assessed by DHHS.

This Due Diligence Checklist is to be used in conjunction with:

* the “*Due Diligence Policy for New Non-Government Service Providers*” which sets out the mandatory requirements and responsibilities in relation to the use of the Checklist;
* the “*Due Diligence Operational Guidelines for New Non-Government Service Providers*” which supports the interpretation and implementation of the Policy and this Due Diligence Checklist;
* the *“Quality and Safety Process for the NDIS in Tasmania*” fact sheet which includes information about the bi-lateral agreement with the Commonwealth and the requirements of Disability and Community Services Community Partnership Teams to assess providers on behalf of the NDIA.

The Due Diligence Checklist contains a generic set of questions that will need to be asked for all potential service providers. The questions refer to basic service provider information; organisational governance, management and financials; and the quality and safety standards framework.

Where a grant is under $20 000 per annum the level of scrutiny could be reduced depending on the level of risk to DHHS. It is at the discretion of the program area to determine what other information needs to be collected or omitted based on the scale, nature and level of risk of a particular grant. Non-mandatory questions for smaller, lower risk grants are marked with an asterisk (\*).

The final section of the Due Diligence Checklist will include more service specific information, such as relevant legislation, standards (if being specified by DHHS) and contact information. This section will be populated based on information from the individual program areas.

The information provided in this checklist will be used to make an assessment on the organisations financial capability and its ability to manage and provide the relevant services applied for.

**Part A: Service Provider Information**

|  |  |
| --- | --- |
| Provider Name  *(Please state both the legal and trading name)* |  |
| Proposed Geographical Area *(Statewide, South, North, North-West)* |  |
| ABN |  |
| Address  *(Please include physical and postal addresses)* |  |
| Phone |  |
| Email |  |
| Is your Organisation Not for Profit/For Profit? |  |
| Is your Organisation registered for GST? |  |

1. **What is your Organisation Entity Type? (please select applicable box)**

|  |  |
| --- | --- |
| Incorporated Association |  |
| Incorporated Cooperative |  |
| Organisation established through specific Commonwealth or State/Territory legislation (e.g. Churches, PBI’s) |  |
| Company (Incorporated under Corporations Act 2001) |  |
| Partnership |  |
| Trustee on behalf of a Trust |  |
| Local Government |  |
| Individual/Sole Trader |  |
| Other (please specify) |  |

1. **What is your Organisation’s Governance Structure? (please select applicable box)**

|  |  |
| --- | --- |
| Management Committee |  |
| Board |  |
| Managing Directors |  |
| Other (please specify) |  |

**Provider Contact Person**

|  |  |
| --- | --- |
| Name |  |
| Role/Position |  |
| Email Address |  |
| Phone Number |  |

**Part B: Governance, Management and Financial Information**

The purpose of this section is to assess the organisations financial sustainability both short term and long term and whether the organisation has sound governance structures in place.

For service providers already in receipt of DHHS grant funding, checks will be undertaken with the Community Sector Grants Management Team regarding compliance with financial reporting and any other accountability requirements.

1. **Is your organisation financially sustainable?** (please circle) YES / NO

If Yes, please provide:

* financial statements for the previous year showing the financial position of the organisation including profit and loss, balance sheet, cash flows etc.;
* a statement signed by the Directors that the company is solvent and the state of the directors knowledge about future events that may impact on the solvency of the entity or its capacity to deliver the services;
* provision of audit, banking, business and accounting referees;
* relevant registration documents for incorporated organisations or similar documentation for other entities;
* names, details and qualifications of members of the Board of Directors or Management Team;
* names, details and qualifications of officers who can exert influence over the financial management of the organisation (e.g. CEO, CFO etc.);
* a governance and management chart including names, qualifications and details of senior executives and managers and relationship of other entities to the principal organisation; and
* an outline of other main funding sources (e.g. other grants, fund raising)

1. **Does your organisation have appropriate insurance?** (please circle) YES / NO

If Yes, please provide:

* a copy of your organisation’s public liability insurance (not less than $20 million);
* a copy of organisation’s professional indemnity insurance (not less than $10 million per claim);
* a copy of organisation’s workers compensation Insurance; and
* copies of any other insurances.

1. **Does your organisation have a Strategic Plan and Risk Management strategies in place?** (\*)

YES / NO

If Yes, please provide:

* a copy of your organisation’s strategic plan; and
* a copy or outline of your organisation’s risk management strategies in relation to the delivery of the particular service.

**Part C: Quality and Safety Standards Framework**

The purpose of this section is to determine if the organisation has systems and processes in place that support the delivery of safe, high quality services to Tasmanian consumers.

1. **What recognised State, National or International standards does your organisation use?**

Please identify the title of the standards:

1. **Does your organisation have systems or processes in place to record and monitor continuous improvement activities against recognised standards, be they State, National or International?** (please circle) YES / NO

If No, please briefly explain how you would approach this:

1. **Does your organisation have systems, processes or activities in place to identify, incorporate and comply with all relevant legislation and DHHS policy requirements such as the *Consumer Related Serious Incident Reporting Policy for Tasmania’s DHHS Funded Community Sector*?** (please circle) YES / NO

If No, please explain how you would approach this:

1. **Has your organisation achieved accreditation with an external accreditation agency, or in the process of doing so**? (please circle) YES / NO\*

If Yes, please provide a copy of the current accreditation certificate or advise of the progress to date.

1. **Does your organisation inform participants of their rights in relation to the following?**

* Access to and exit from the service.
* Input into their individual needs, goals and aspirations.
* Connectedness or involvement with family, friends and community.
* Acknowledgement of cultural background, beliefs, values, ethnicity, age, gender and abilities.

Confidentiality of their private information and how information collected about them will be stored and used.

Safety while they are using a service and any specific policy, training and accreditation systems to address this.

(please circle) YES / NO

If No, please explain how you would approach this:

1. **Does, or will, your organisation conduct or require state or national police checks and check personal references as part of the employment practices in respect of persons who will or will be likely to have contact with participants?** (please circle) YES / NO

If Yes, please provide a copy of your organisation’s recruitment policy or other relevant documentation that evidences this:

1. **Does your organisation have systems, processes or activities in place to ensure that volunteers, staff, and/or the board of management know and understand their roles and responsibilities?** (please circle) YES / NO

If Yes, please provide a copy of the relevant documents that evidence this:

1. **Does your organisation have systems, processes or activities in place to obtain consumer/ family/carer feedback (including raising complaints and concerns and providing compliments)?** (please circle) YES / NO

If No, please explain how you would approach this:

1. **Does your organisation have systems, processes or activities in place to report, manage and respond to consumer related incidents or complaints?** (please circle) YES / NO

If No, please explain how you would approach this:

1. **Does your organisation have systems or processes in place to ensure that learnings from incidents, complaints and feedback contribute towards enhancing service delivery?**

(please circle) YES / NO  
**(If you are a new provider explain how you would approach this?)**

If Yes, please provide a copy of your organisation’s relevant documentation, alternatively describe your organisation’s processes:

1. **Does your organisation have systems, processes or activities in place to effectively and securely collect and manage consumer related information in an appropriately confidential manner?** (please circle) YES / NO

**(If you are a new provider explain how you would approach this?)**

If Yes, please provide evidence such as policy, process or outline your organisation’s processes below:

1. **Are any of the buildings from which the organisation will be delivering funded/registered support from owned or leased by the organisation?** (please circle) YES / NO

If Yes, please provide a copy of the in-date Form 56 – Annual Maintenance Statement(s) for each applicable building:

1. **Will the organisation process and provide food as part of its funded service(s)** (please circle)**?**

YES / NO

If Yes, please provide a copy your organisation’s policy or process relating to safe food handling:

1. **As part of the funded service will the organisation handle and/or administer consumer medication?** (please circle)YES / NO

If Yes, please provide a copy of your organisation’s relevant process such as policy or procedural document:

1. **Does the organisation have hazardous substances/chemicals on site and/or will the organisation be using hazardous substances/chemicals in the delivery of funded services?** (please circle)YES / NO

If Yes, please describe the process used to ensure that hazardous substances/chemicals are securely stored and managed or provide a copy of the relevant document such as policy:

1. **Does your organisation have systems or processes in place to follow standard precautions including the process for cleaning up body fluid spills?** (please circle) YES / NO

If Yes, please provide evidence such as your organisation’s policy or process:

1. **Does your organisation have a system or process in place to ensure that assets and/or equipment that contribute to direct service delivery (e.g. vehicles, wheelchairs, hoists etc.) are maintained and fit for use?** (please circle) YES / NO

If Yes, please provide evidence such as a copy of the asset or maintenance register:

**Part D: Service-Specific Information**

The purpose of this section is for each program to add specific questions that relate to the service being provided. For example Disability Services may want to include questions relating to NDIS, or questions relating to program specific policy. Relevant legislation links should also be included in this section.

It is the responsibility of program areas to include more service-specific questions in this section.

1. **Provide a detailed description of your overall proposal for this service.**

The answer should not be limited to a description of your existing service or your existing service delivery model. Your response should include details of the particular changes, improvements or innovations you are making to your existing service or service delivery model, and/or proposing to include in the establishment of a new service, and focus on how these will provide benefits to consumers, and how this benefit will be demonstrated. In your answer please incorporate the type of service you are proposing to deliver:

**Part E: Declaration**

**Please complete the declaration**

**NOTE:** Hard Copy applications **MUST** be signed

**I declare that:**

* the information, including financial information, contained in this form, and attachments is true and accurate.
* I have read, understood and accept the terms and conditions of funding and the organisation will be able to fully comply with those conditions should this application be successful.
* I understand that incomplete applications may not be considered.
* I agree to receive Recipient Created Tax Invoices (RCTI) for this funding should this application be successful. (Only applicable for GST registered organisations)
* If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this application.

|  |  |  |
| --- | --- | --- |
| **Signature** |  | |
|  |  | |
| Date |  |  |
|  |  | |
| Name please print |  | |
|  |  | |
| Position in your Organisation |  | |