# Medicare Mental Health Kids Hub grant opportunity FAQ

Last updated 27 January 2026.

Visit the ACT Government Grants website for more information on the Medicare Mental Health Kids Hub grant opportunity.

If you need help or have questions, please email MMHKidsHub@act.gov.au

| Question | Answer | Date |
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| Can you upload an attachment for the implementation plan, noting that SmartyGrants does not allow tables? | We have added an option in Smartygrants to upload a supplementary attachment to question 3c, with a limit of 2 pages. | Thursday 11 December 2025 |
| Does option 3C (specialist assessment) need to be delivered in person? | Not necessarily, although we would need to see careful consideration of how the child and family would be engaged with and how the organisation delivering that part of the service is able to work collaboratively and cooperatively with the other elements of the service design. | Thursday 11 December 2025 |
| Are there any expectations around the split between direct and indirect costs? | No. There are well-documented national recommendations around considerations for appropriate funding percentages for administration costs, but we would like to hear and understand your pricing schedule decisions, which may include in-kind costs or savings. | Thursday 11 December 2025 |

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| Do you envisage outreach services to only undertake assessment, provide brief intervention and referral rather than ongoing care to children and families? | No, we believe there may be some children and families that would most benefit from being able to access services through outreach. Families that otherwise might be hard to reach, or in parts of Canberra that are hard to physically navigate, some of these families may access all their care through an outreach service. | Thursday 11 December 2025 |
| Are there any requirements we should clarify regarding the consortium model...for example, the minimum number of organisations needed? | No. A consortium can be anything from two organisations or above, however, a lead organisation must be identified. | Thursday 11 December 2025 |
| More information around the outreach service and expectations would be appreciated. | As per the grant guidelines – the outreach component is providing supports that may be a combination of outreach into homes and community and outreach into other services across the ACT, such as (but not restricted to) through a vehicle providing brief interventions and treatments, or through drop-in sessions at other services.<br><br>We are open to innovative approaches that detail opportunities for access to Kids Hub services for families that may be harder to engage or unable to easily access the physical Kids Hub location. | Thursday 11 December 2025 |
| We note the allocation of funding for specialist diagnostic assessment. Could you please confirm whether the intent of this funding is to enable the Hub to broker or facilitate access to specialist diagnostic services through referral pathways where required, rather than to deliver specialist diagnostic assessment as an embedded or routine function of the Hub? | The Kids Hub is not intended to solely be a diagnostic service but there will be a cohort of children who would receive a specialist assessment within the hub (particularly from priority populations). Whether an organisation tenders solely for option 3C (specialist assessment) or to deliver the entire service, we do see that direct provision of specialist assessment would be part of their service delivery. For children that cannot be assessed by the service directly due to capacity or other factors, strong referral pathways with other specialist diagnostic services will be invaluable. | Wednesday 17 December 2025 |

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| I am keen to get a sense of what the expectations of ACT Health are regarding capacity of the hub, particularly in the 0-4 years cohort, considering the number of children in the ACT. | The Kids Hub is seen as one element of the service system with a focus on meeting the needs of children with mild to moderate mental health and wellbeing concerns, particularly those that are hard to reach or that are not engaged with other services. We are not dictating what the capacity should or could be and we invite tenderers to outline their proposal in their responses and pricing schedules. | Wednesday 17 December 2025 |
| The eligibility criteria list incorporated organisations, partnerships, joint applications (consortia), registered charities/not-for-profits, and publicly funded research organisations. Could you please confirm whether a Pty Ltd is eligible to apply as a standalone applicant (for example, under an "Other" category), or whether a Pty Ltd would be required to participate as part of a joint application/consortium with an eligible lead organisation? | A proprietary limited (Pty Ltd) company that is registered with ASIC is eligible to apply under the "OTHER" category. | Wednesday 07 January 2026 |
| As part of my application, I would like to send a couple of resources that would form part of the offering for children and families using the service. Would it be possible to post these to you? If so, could you please let me know the best postal address to use and who I should address them to?' | The only information that applicants can provide is what is specified in Smartygrants, including word limits and where attachments are permitted.<br><br>We cannot accept any further information that may support an application, including if it is provided by post, as this may unfairly advantage one applicant over another. | Thursday 15 January 2026 |
| We wanted to seek clarification on whether there is an expectation or preference from the Territory regarding the use of an ACT Health electronic medical record (eMR) for Kids Hub | At this time there is not an electronic-medical record that we would require the NGO provider/s use.<br><br>We would expect providers to be able to utilise their existing organisational EMR | Thursday 15 January 2025 |

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| service delivery, or whether providers are expected to utilise their existing organisational EMR systems with agreed information-sharing protocols. | systems with agreed information-sharing protocols.<br><br>We may work with the successful provider/s in the future to support their use of the e-health records such as the Primary Mental Health Care Information System, The Digital Health Record, and/or the My Health Record. | |
| I was wondering if the Digital Health Record would be available for the new Medicare MH Kids hub. | We would expect providers to be able to utilise their existing organisational EMR systems with agreed information-sharing protocols.<br><br>We may work with the successful provider/s in the future to support their use of the e-health records such as the Primary Mental Health Care Information System, The Digital Health Record, and/or the My Health Record. | Thursday 15 January 2026 |
| It is noted that the site is fitted out to include gym space, training room, group rooms, counselling rooms, art therapy etc. It is also noted that the site will include 'basic' furnishings. For budget development purposes, can we seek further clarity on the level of fit-out? E.g. for GP rooms, does this include curtain rails, curtains etc? | The building is currently a large vacant space that the HCSD will be fitting out to the extent that an Allied Health or medical provider could walk in and deliver a service.<br>This includes desks and chairs in the clinical rooms and in the staff-only office spaces; a range of seating options and built in or wall mounted play features in the waiting room; and other fixtures and fittings (examples given below)<br><br>The technical aids that a Medical or Allied Health Service may require will not be provided by HCSD (for example Infant-weight scales, Ultrasound Machine, Paediatric walkers, standers, and mobility aids, Balance and coordination equipment, Paediatric automatic blood pressure monitors & cuffs; therapy resources and toys etc).<br><br>For example: fitted-out by HCSD in an Allied Health (counselling) room includes:<br>• Carpeted flooring and other noise reduction considerations such as acoustic ceiling tiles. | Monday 19 January 2026 |

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| | • Window treatment for privacy.<br>• Dimmable lighting.<br>• A small desk, office chair and computer access. Main furniture in the room will be lounges/armchairs/ coffee table.<br>• A method of letting people know the room is occupied – this may be via a slide 'in use/available' device on the door.<br>• A Small/med wall-mounted white board, as well as hooks for large 'sticky-note' pads.<br><br>Fitted-out by HCSD In a Medical room:<br>• Vinyl flooring for ease of cleaning.<br>• Noise reduction considerations such as acoustic ceiling tiles.<br>• Window treatment for privacy.<br>• Hand-washing facilities.<br>• A desk and office chair, and computer access.<br>• A large plinth and examination bed, and a retractable curtain on a curtain track around the plinth, for privacy.<br>• Sturdy, sufficiently wide bench space for equipment such as an infant-weight station.<br>• A method of letting people know the room is occupied – this may be via a slide 'in use/available' device on the door.<br>• A Small/med wall-mounted white board. | |
| Are desks and chairs allocated as part of the fit-out? How many staff can the facility accommodate at any given point? | Yes, desks and office chairs are provided in the clinical rooms and in the staff-only space.<br><br>The Maximum Capacity of the ground floor of the building once fully fitted out is 339 people in total.<br>The Estimated Occupancy at full-service capacity (that is both staff and clients) is approximately 100 people.<br>This is based on the MMH Kids Hub service having up to 20 FTE delivering services in the | Monday 19 January 2026 |

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| | building with up to 3 clients per FTE; 3 FTE doing managerial/ administrative duties; 20 group program attendees and 2 FTE delivering the group program; + 15 in the waiting room) = 100 people.<br>We also anticipate that there may be more FTE of the MMH Kids Hub service providing outreach working off-site, and also acknowledge that there will be staff from other services occupying some of the clinical and staff-only spaces in the building. | |
| It is noted that outgoings and utilities are the responsibility of the incumbent provider. Is there a known indicative monthly/annual dollar figure that may be used for budgeting purposes? | As the MMH Kids Hub has not previously been provided in the ACT, and as there is no incumbent tenant in the building, it is not possible to provide indicative utilities and outgoings. | Monday 19 January 2026 |
| Please could you advise what specific accreditation requirements are needed for a Medicare Mental Health Kids Hub? And whether these requirements must be met at the time of application submission? Our clinical governance framework aligns with the National Standards for Quality Health Services and holds QIC Health and Community Service Standards accreditation. Would this accreditation be considered appropriate for a Kids Hub? | A Medicare Mental Health Kids Hub does not require a standalone organisational accreditation; however, individual clinicians must meet mandatory professional registration requirements.<br>These include:<br>• Psychiatrists and Paediatricians: Fellowship with their specialist colleges (RANZCP and RACP).<br>• Medical practitioners: Registration with the Medical Board of Australia through AHPRA.<br>• Nurses: Registration with the Nursing and Midwifery Board of Australia through AHPRA.<br>• Allied health professionals:<br>  ○ Professions regulated by AHPRA (e.g., psychologists) must hold AHPRA registration.<br>  ○ Others should be members of their relevant accredited professional body.<br>  ○ Social workers should be eligible for membership with the AASW.<br>This ensures all therapeutic services are delivered by appropriately credentialed | Tuesday 27 January 202 |

practitioners who meet national professional standards.

At the organisational level, the National Service Model requires that providers have strong governance, safety, and quality systems, including:

- Robust clinical governance
- Systems for risk management, monitoring, evaluation, and continuous improvement

While no single accreditation is mandated, organisations may demonstrate capability through recognised quality frameworks. Examples include:

- National Standards for Quality Health Services
- QIC Health and Community Service Standards
- National Safety and Quality Health Service (NSQHS) Standards
- Rainbow Tick
- NDIS Practice Standards

These accreditations do not necessarily need to be fully achieved at the time of application, but applicants should show:

- current accreditation or
- active progress toward accreditation or
- strong alignment with recognised quality standards.

Applicants may also outline the specific Work Health and Safety, Data Management, and Risk Management Systems they use to meet these quality expectations.

Finally, the National Service Model requires alignment with key national frameworks such as the:

- National Children's Mental Health and Wellbeing Strategy
- Productivity Commission recommendations

These operate as implicit quality benchmarks for Kids Hub providers.

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| Is the Department able to provide floor plans for the proposed facility? If yes, can we also identify on the plans what rooms/areas are available to the incumbent provider? | We are unable to provide a floor plan at this time, as the fit out is still being finalised. The majority of the premises will be for the incumbent provider to use and oversee. | Tuesday 27 January 2026 |
| It is noted in the Grant Requirements that the incumbent provider is responsible for security (CCTV and duress systems). Can you confirm:<br>A) What is the Department's expectation of the level of security required to be put in place in the facility?<br>OR<br>Is the security provisions to be included at the facility at the discretion of the incumbent provider? and<br>B) Does the incumbent's responsibility of adding security systems (CCTV, duress, access restrictions) apply to the entire facility, or only the premises occupied by the incumbent provider? | A) We are not prescribing the level of security but expect it to be appropriate to the services being delivered, including duress systems, etc.<br><br>B) The incumbent provider will oversee the site as a whole, as they will have majority use of the site. This will include provision of security systems. | Tuesday 27 January 2026 |
| It is noted that the waiting room includes low sensory rooms, spiritual room, and a parenting room.<br>A) Will these spaces be furnished/fitted out by the Department? If not, what is the expected level of fit out required for these spaces? and<br>B) Is the expectation of tenancy-related maintenance of these spaces a responsibility of the incumbent provider (or only counselling/medical/staff spaces)? | A) Yes, these rooms will be fitted out by Health and Community Services Directorate.<br><br>B) Yes, these rooms will be part of the spaces the incumbent provider will be expected to maintain, as part of overseeing the broader 'hub' at the site. | Tuesday 27 January 2026 |

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| Is the Department able to provide any additional detail on specifications of the sound attenuation provided? | The fit-out details are still being finalised, but we can confirm that appropriate sound proofing is being considered as part of the design. There may be different degrees of sound proofing across the different spaces – with areas such as the counselling spaces requiring higher levels of sound proofing than, for example, a medication room. | Tuesday 27 January 2026 |
| Please could you confirm if when a GP is contracted to provide services through a Kids Hub, the lead agency is able to claim MBS refunds to put back into the Kids Hub budget? | The Medicare Mental Health Kids Hubs are an initiative under the National Mental Health and Suicide Prevention Agreement and as outlined in Subsection 19(2) of the Health Insurance Act 1973 (the Act) provides that a Medicare benefit is not payable in respect to a professional service where other government funding is provided for the same services. In line with subsection 19(2) of the Act, Medicare benefits will not be payable for professional services that are covered under the arrangement of the National Mental Health and Suicide Prevention Agreement.<br>Therefore, MBS refunds cannot be put back into the Kids Hub budget. | Tuesday 27 January 2026 |
| Section 1a asks that we discuss relevant experience, but this is also requested in later sections of the proposal. Given the tight word count in 1a, is the request to include experience and capability in this section, which otherwise focuses on description of service model, a mistake? | "Relevant experience" in section 1a is intended to be a brief outline of experience delivering this type of service or program. Later sections, such as 2a, are an opportunity for you to elaborate on your organisation's relevant broader experience and expertise in 500 words. | Tuesday 27 January 2026 |