[insert your (Respondent’s) name and logo]

**Disability Support Services**

# Request for Information (RFI) Response Form

**In response to the Request for Information**

**By:** [Disability Support Services, Ministry of Social Development]

**For:** [Cochlear Implant Services]

**Reference:** 31988574

**Date of this Response:** [insert date of this document]

## About the Respondent

### Our profile

| **Item** | **Detail** |
| --- | --- |
| **Full legal name:** | [insert the name that you do business under] |
| **Trading name (if different):** | [if applicable] |
| **Physical address:** | [put the address of your head office] |
| **Postal address:** | [e.g. P.O Box address] |
| **Registered office:** | [if you have a registered office insert the address here] |
| **Business website:** | [url address] |
| **Type of entity (legal status):** | [sole trader / partnership / limited liability company / registered charity / other please specify] |
| **NZBN number:** | [if your organisation has a NZBN registration number insert it here] |
| **Country of residence:** | [insert country where you (if you are a sole trader) or your organisation is resident for tax purposes] |

### Respondent Point of Contact

| **Item** | **Detail** |
| --- | --- |
| **Contact person:** | [name of the person representing the Respondent and responsible for communicating with the Buyer] |
| **Position:** | [job title or position] |
| **Phone number:** | [landline] |
| **Mobile number:** | [mobile] |
| **Email address:** | [work email] |

## Our requirements

### Responses

Please indicate which services you/your organisation are able to provide by “checking” the box. Leave the box blank if you/your organisation is not responding to that requirement.

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| --- | --- | --- |
| **ervices** | **Scope** | **Check if responding to the services** |
| **Assessment Services** | * Audiological, medical and psychological assessment to determine suitability. * Use of Clinical Priority Access Criteria (CPAC) and nationally-approved Clinical Protocols. |  |
| **Surgery and ENT Services** | * Pre-operative diagnostic (CT/X-ray), ENT assessment, cochlear implant surgery. * Coordination of hospital stay and post-operative care. |  |
| **Audiology Services** | * Audiology assessment, fitting and associated services including: * Speech-processer fitting (switch-on), programming, verification and validation. * Ongoing device management and trouble shooting. |  |
| **Rehabilitation Services (Adults)** | * Person-centred support to restore listening and communication ability. * Linkages to employment, social and community participation. |  |
| **Habilitation Services (Children)** | * Development of receptive and expressive language in collaboration with whānau, educators and early intervention services. * Home, clinic and school based outreach service delivery. |  |
| **Hardware provision and ongoing management** | * Procurement of cochlear implants (devices) using best practice and cost-effective methods. * Management of repairs, spare parts, batteries (for children) and speech processer replacements. |  |
| **All end-to-end services** | * The complete programme including procurement, provision and coordination of all services. |  |

### 2.2 Detailed Information

Where possible please ensure that responses are concise limiting the use of marketing material that can be found online. We are happy to review website links where provided. DSS is flexible to responses in other formats providing the information requested below is provided. Refer to the RFI Section 2.3 Scope for more background information regarding the current services.

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| --- |
| **Organisational Capability and Experience**  Please describe your organisation’s background and experience with cochlear implants or similar devices and services. Include the regions/populations that are served and any relevant trends to your organisation. |
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| **Service Delivery (Assessment, Surgery and ENT services)**   1. Please describe how assessments for cochlear implant eligibility are, or could be, delivered (e.g. clinical protocols and CPAC tools or any other systems) and any support provided to cochlear implant users and their whānau during assessment**.** 2. Briefly outline the tools and systems used (or that could be used) to coordinate:  * pre-operative diagnostics, * ENT assessment, * surgery, * post-operative care, and * long term follow-up (including child to adult transitions)  1. And any other processes used to manage and coordinate the above. |
|  |
| **Equity and Accessibility**  If applicable, link or briefly describe strategies to ensure equitable access across diverse communities and regions and future initiatives you have, or that we should be aware of in planning this contract. |
|  |
| **Audiology Services/Education**  Please provide information on any services to deliver rehabilitation, habilitation, education and related audiology services. This may include what additional services can be offered to cochlear implant users to support achieving the improved outcomes. |
|  |
| **Equipment and device management**  Please provide information on   * the devices you work with and related technology (links or brochures may be included) * [optional] any commercial models or arrangements that are unique (e.g. public sector offerings. * how repairs and replacements may be handled. |
|  |
| **Interagency and Sector Collaboration**  To help DSS understand the sector and partnerships within, please provide an outline of any partnerships or collaborative arrangements your organisation requires to deliver the services (e.g. public may be: Ministry of Education, Health, Disability and Māori and Pacific providers). |
|  |
| **Innovations and continuous improvements**  Describe any recent innovations or improvements implemented and how this has impacted the overall cochlear implant users or sector. If not, include any known information regarding sector innovation, market trends (new, emerging, national and international), suppliers, and technology advancements. |
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| **Additional Information**  Please provide anything else relevant to the programme you would like to inform DSS that may help our planning for this procurement.  Please indicate if you would be willing to meet to discuss further (should DSS request). |
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