**Guidelines for discussions with organisations seeking to become s396 approved care partners**

**Please save to your files before editing and email a copy of the completed guidelines to** **MPCQuality@ot.govt.nz****.**

**The National Quality Hub will contact you to discuss next steps.**

| **Name of partner** | **Response** | **Track actions and next steps** |
| --- | --- | --- |
| What is the strategic alignment with Oranga Tamariki priorities and future direction plan? |  |  |
| Has the organisation consulted with local iwi, and do local iwi support their kaupapa. |  |  |
| Has Oranga Tamariki advisor canvassed demand for additional care services with key stakeholders in the community. |  |  |
| Has Oranga Tamariki senior management agreed to progress this application on their behalf? |  |  |
| Who is the key relationship holder for this provider, e.g., High Needs Team, Whānau Care Team, Transitions, Care Lead, Quality Lead etc?Why?Who needs to be here who is not? (Collaboration question) |  |  |
| Is this partner engaged with Oranga Tamariki in contracting conversations/FFS arrangements? If yes, how progressed are these? If no, follow up with MPC Advisor/s? |  |  |
| Is the provider listed on the Whānau Care and/or Enabling Communities engagement list, MPC becoming a care partner list? If so, who is the primary engagement lead and business analyst, or Quality Lead allocated to this partner? If not, ensure contact and process discussions occur with QA National Quality Lead MPC allocated to your region. |  |  |
| Has a MPC Advisor and/or Service Manager been allocated to collaborate with this provider for the purpose of providing care? (Remembering they are likely to provide other services?) |  |  |
| What is their current Te Kāhui Kāhu accreditation status if any? (Must have L2 or above for Shared Care, Whānau Care or Full Care Contracts). Obtain a copy of latest report from Te Kāhui Kāhu. |  |  |
| Has this provider provided care in the past and had Level 1 Accreditation with the specialist Care Standards? How long ago was this?  |  |  |

Signed by: Date:

(Insert position title)