



## Program Guidelines

### 1 Introduction

The *Mental Health Nurse Incentive Program* (MHNIP) funds community based general practices, private psychiatric practices and other appropriate organisations to engage mental health nurses to assist in the provision of coordinated clinical care for people with severe mental health disorders.

Mental health nurses will work in collaboration with psychiatrists and general practitioners to provide services such as monitoring a patient's mental state, medication management and improving links to other health professionals and clinical service providers. These services will be provided in a range of settings, such as clinics or patients' homes and are to be provided at little or no cost to the patient.

These guidelines are primarily designed to inform eligible organisations applying for funding under this initiative.

Support provided under this initiative targets patients with severe mental health disorders during periods of significant disability. A patient should exit the MHNIP when he or she does not require the level of support as outlined.

### 2 Entrance criteria

General practitioners and psychiatrists will determine which patients have a severe mental health disorder and would benefit from receiving services provided under this initiative, based on the following criteria:

- the patient has a diagnosis of mental health disorder according to the criteria defined in the *World Health Organisation Diagnostic and Management Guidelines for Mental Health Disorders in Primary Care: ICD 10 Chapter V Primary Care Version*, or the *Diagnostic and Statistical Manual of Mental Health Disorders—Fourth Edition* (DSM-IV)

and

- the disorder causes significant disablement to the patient's social, personal and occupational functioning

and

- the patient has experienced at least one episode of hospitalisation for treatment of their mental health disorder, or is at risk of requiring hospitalisation in the future if appropriate treatment and care is not provided

and

- the patient is expected to require continuing treatment and management of their mental health disorder over the next two years

and

- the general practitioner or psychiatrist is principally responsible for the patient's clinical mental health care

and

- the patient provides consent to treatment from a mental health nurse.

### 3 Exit criteria

The patient will no longer be eligible for services under this initiative when:

- the mental health disorder no longer causes significant disablement to the patient's social, personal and occupational functioning

or

- the patient no longer requires the clinical services of a mental health nurse

or

- the general practitioner or psychiatrist is no longer principally responsible for the patient's clinical mental health care.

#### 4 Eligible organisations

To be eligible to participate in the MHNIP, organisations must be community based and have the services of a general practitioner or a psychiatrist with a Medicare Australia provider number. Eligible organisations may include:

- general practices
- private psychiatry practices
- Aboriginal and Torres Strait Islander Primary Health Care Services funded by the Australian Government through the Office for Aboriginal and Torres Strait Islander Health.

In addition, Divisions of General Practice can contract the services of mental health nurses for use by general practitioners and psychiatrists with a Medicare Australia provider number or other medical officers (as approved by the Department of Health and Ageing) working within their Division.

See also **Section 9—Requirements for eligible organisations.**

#### 5 Formal protocols for managing patients with severe mental health disorders

Eligible organisations must have in place a formal protocol for managing a patient's mental health care under this measure.

##### **Mental health plan**

In collaboration with the mental health nurse, a GP Mental Health Care Plan must be developed by general practitioners or an equivalent plan must be developed by psychiatrists. These plans must include specific reference to the roles and responsibilities of both the nurse and the treating medical practitioner.

Treatment must be provided according to the plan and the relevant clinical guidelines for the treatment of that disorder. A general practitioner or psychiatrist must regularly review the plan in collaboration with the mental health nurse. The review should include, where appropriate, input from a clinical psychologist, registered psychologist or other allied health professional.

The steps in preparing a GP Mental Health Care Plan are the same as those defined in Item 2710 of the Medicare Benefits Schedule (MBS) for GP Mental Health care items – see **Explanatory Notes A.32.9** and **A.32.12** of the **MBS**.

Examples of clinical practice guidelines can be found at the Royal Australian and New Zealand College of Psychiatrists website at: [www.ranzcp.org](http://www.ranzcp.org) then go to **Clinical Practice Guidelines**.

#### Health of the Nation Outcomes Scale

Mental health nurses are required to use the Health of the Nation Outcomes Scale (HoNOS) for each patient on entry to the MHNIP. They must subsequently measure changes to a patient's symptoms and functioning using these tools every 90 days and at the exit from the initiative. These measures include the *Child and Adolescent* (HoNOSCA), *Adult* (HoNOS), and *Older Person* (HoNOS65+) tools.

Eligible organisations must ensure mental health nurses participating in the initiative have undergone training in undertaking HoNOS assessments.

#### 6 Eligibility requirements for mental health nurses

From 31 December 2008, eligible organisations must engage the services of a mental health nurse credentialed with the Australian College of Mental Health Nurses (ACMHN).

Information on the ACMHN credentialing program can be found at: [www.acmhn.org](http://www.acmhn.org) then go to **Credentialing**, or call **1300 667 079\***.

Until 31 December 2008, interim arrangements will apply. Under these interim arrangements, eligible organisations can engage the following individuals:

- mental health nurses currently credentialed with the ACMHN

or

- registered nurses with current registration who have obtained, or are working towards obtaining, specialist qualifications in mental health, such as a Graduate Diploma in Mental Health Nursing or a Masters in Mental Health Nursing, and three years recent experience in mental health nursing.

Eligible organisations are able to engage more than one mental health nurse.

#### 7 Functions of the mental health nurse

Mental health nurses engaged under this initiative will work closely with psychiatrists or general practitioners to facilitate the provision of coordinated clinical care and treatment for people with severe mental health disorders.

Services will be provided in a range of settings, such as in clinics or at a patient's home. Mental health nurse functions will include, but are not limited to:

##### **Provision of clinical nursing services for patients with severe mental health disorders:**

- establishing a therapeutic relationship with the patient

- liaising closely with family and carers as appropriate
- regularly reviewing the patient's mental state
- administering, monitoring and ensuring compliance by patients with their medication
- providing information on physical health care to patients.

### Coordination of clinical services for patients with severe mental health disorders:

- maintaining links and undertaking case conferencing with general practitioners, psychiatrists, allied health workers, such as psychologists (**Note:** medical practitioners may be eligible to claim case conferencing items under the MBS)
- coordinating services for the patient in relation to general practitioners, psychiatrists and allied health workers, including arranging access to interventions from other health professionals as required
- contributing to the planning and care management of the patient
- liaison with mental health personal helpers and mentors, through establishing links with the *Mental Health Personal Helpers and Mentors Program* as appropriate and where available.

The *Mental Health Personal Helpers and Mentors Program* is a complementary initiative managed by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), which commenced with approximately 140 full-time equivalent personal helpers and mentors in May 2007. This program facilitates access for people with severe mental health disorders to social/welfare services such as income support, employment and accommodation services.

This program aims to create opportunities for recovery for people with a severe functional limitation resulting from a mental illness by helping them to overcome social isolation and increase their connections with the community.

For further information on the *Mental Health Personal Helpers and Mentors Program*, visit: [www.fahcsia.gov.au](http://www.fahcsia.gov.au) then go to **Individuals > Mental health**

## 8 Mental health nurse caseloads

For the purposes of this initiative, a session is 3.5 hours.

Eligible organisations can engage mental health nurses from between one and ten sessions per week, per nurse, with an **average** nurse caseload

of at least two individual patients with a severe mental health disorder per session.

As a guide, an eligible organisation engaging the services of a full-time mental health nurse must have a **current** minimum case load of 20 individual patients with a severe mental health disorder per week, averaged over three months.

When taking into account patient turnover, the expected **annual** caseload managed by a full-time mental health nurse is 35 patients with a severe mental health disorder, most of whom will require ongoing care over the course of the year.

It is expected that a full-time mental health nurse engaged for 10 sessions per week would provide an average 25 hours of clinical contact time per week, with the balance of time spent in related tasks including interagency liaison, case planning and coordination, clinical briefings to relevant general practitioners and/or psychiatrists, and travel.

Under this initiative, the typical caseload of a full-time mental health nurse will comprise of patients with different levels of care requirements that fall broadly into three groups:

**Low care**—patients in this group include individuals with severe mental health disorders whose clinical symptoms are well controlled but who would be at risk of relapse without ongoing clinical supervision.

**Medium care**—patients in this group will have active symptoms which can only be well controlled with regular clinical contact (e.g. fortnightly) and need close monitoring to prevent deterioration.

**High care**—patients will have persistent or fluctuating clinical symptoms, despite active treatment. They are at risk of hospitalisation or being lost to care if not actively managed. Patients in this group, on average, require frequent clinical contact.

## 9 Requirements for eligible organisations

To be eligible for the MHNIP, organisations must be able to substantiate the following when requested:

- sufficient caseload of eligible patients to engage the services of a mental health nurse for at least one session per week

and

- appropriate insurance coverage, including:
  - worker's compensation in accordance with relevant state or territory legislation
  - public liability insurance of not less than \$10 million

- professional indemnity insurance of not less than \$10 million for clinical and non-clinical work
- vicarious liability cover of not less than \$1 million where the mental health nurse is an employee of the organisation and carrying out medical procedures or providing medical advice
- the maintenance of appropriate and sufficient professional indemnity insurance by mental health nurses who are engaged by, but are not employees of eligible organisations – see *Nursing in General Practice* kit at: [www.rcna.org.au](http://www.rcna.org.au) then go to **Publications > Nurses in General Practice Kit**

**and**

- adherence to relevant professional standards, and to the *National Practice Standards for the Mental Health Workforce 2002* at: [www.aasw.asn.au](http://www.aasw.asn.au) then go to **Publications > Practice Standards**

**and**

- the presence and use of patient reminder and recall systems

**and**

- the appropriate qualifications and experience of mental health nurses engaged – see **Section 6—Eligibility requirements for mental health nurses**

**and**

- the consistency of terms and conditions for the engagement of mental health nurses with relevant state or territory legislation

**and**

- the maintenance of minimum levels of contact with patients with a severe mental health disorder that meet their individual clinical requirements (this may include telephone contact)

**and**

- the presence of formal protocols for managing a patient's mental health care under this initiative, including:
  - a GP Mental Health Care Plan for general practitioners or equivalent plan for psychiatrists, developed in collaboration with the mental health nurse (these plans must include specific reference to the roles and responsibilities of both the nurse and the treating medical practitioner)
  - mental health nurse assessment of eligible patients at entry, every 90 days and at exit from the initiative using the Health

of the Nation Outcomes Scale (HoNOS), including the *Child and Adolescent* (HoNOSCA), *Adult* (HoNOS), and *Older Person* (HoNOS 65+) tools

- the appropriate training of mental health nurses engaged in using HoNOS

**and**

- agreement to notify Medicare Australia of any changes to eligibility of the organisation within **14 calendar days** for Incentive Payments or **28 calendar days** for the Establishment Payment – see **Section 11—Payments to Eligible Organisations**

**and**

- the presence of clear and agreed role descriptions for mental health nurses engaged, which are consistent with the role and functions of a mental health nurse and the legislative framework of the eligible organisation's state or territory

**and**

- the presence of clear lines of clinical accountability (specified in writing), including the responsibilities of the mental health nurse and participating medical practitioner

**and**

- the presence of protocols in relation to the safety of staff in all service provision settings (e.g. clinic, patient's home, travelling)

**and**

- the availability of dedicated working spaces within the clinic or as appropriate for engaged mental health nurses during working hours

**and**

- the availability of clinical care oversight, including regular reviews of care provided by mental health nurses

**and**

- the presence of support systems for mental health nurses, such as access to training and peer mentoring opportunities

**and**

- the maintenance of records relating to mental health nurse engagement

**and**

- the maintenance of case records by engaged mental health nurses that record activities undertaken.

**Important:** these activities must be consistent with the roles described under **Section 7—Functions of the mental health nurse**

**and**

- the services provided by mental health nurses will be at little or no cost to the patient

**and**

- agreement to provide Medicare Australia with reporting data as detailed in **Section 10—Monitoring and reporting.**

If requested, the organisation must provide evidence of the above to Medicare Australia under the Medicare Australia MHNIP Audit Program.

### **Divisions of General Practice—requirements for eligibility**

Divisions of General Practice are required to ensure organisations using the services of a mental health nurse engaged by Divisions meet MHNIP eligibility requirements as detailed in **Section 9—Requirements for eligible organisations.**

## **10 Monitoring and reporting**

Eligible organisations will be required to provide the following data to Medicare Australia with each application.

### **Organisational information:**

- MHNIP identification number
- name of organisation
- number of mental health nurses engaged.

### **Sessional information:**

- session number
- date of session
- am or pm
- full eight digit provider number
- provider name
- mental health nurse name and date of birth
- mental health nurse engagement date
- mental health nurse credentials
- locality/suburb of service outlet(s)
- postcode of service outlet(s)
- number of sessions provided per nurse.

### **Patient information:**

- Medicare card number or DVA Veteran file number
- patient name
- sex
- date of birth
- patient's current residential postcode
- number of face-to-face consultations per patient.

## **11 Payments to eligible organisations**

Payments under this initiative from 1 July 2008 will be made on a monthly basis, based on when the claim is received. Payments will be made before the end of the month that immediately follows the month in which the claim form has been received by Medicare Australia. For example, if a claim form is received by Medicare Australia on 20 July 2008, the payment will be made to the organisation by 31 August 2008. Payments will reflect the number of sessions detailed in the claim form.

Claim forms will be accepted up to six months following the date the session being claimed was undertaken. Claims lodged over six months following the corresponding session date will not be processed for payment.

The rate of \$240 (GST inclusive) per session will be applied to all claims. This figure is inclusive of all mental health nurse salary and on-costs, including personal and recreation leave.

For services in rural and remote areas of Australia, a 25 per cent (25%) loading (GST inclusive) will be applied to the sessional payment. Rural and remote services are those located in 'very remote', 'remote' and 'outer regional' areas as defined by the Australian Standard Geographic Classification (ASGC) Remoteness Classification.

The loading will apply in respect to the locality of a nurse's 'service outlet' for that day (that is the physical location of the office or clinic where the nurse is based). **Important:** services provided at the patient's home are considered to be services provided from the nurse's service outlet for that day.

Organisations engaging a nurse under the MHNIP will qualify for a one-off Establishment Payment of up to \$10 000 to cover the upfront costs of engaging the nurse. For organisations engaging a nurse for between five and ten sessions per week a payment of \$10 000 is available and for organisations engaging a nurse for one to four sessions a week, the payment is \$5000.

**Note:** one payment is available per organisation, not per nurse engaged. Organisations only qualify for the establishment payment if they have engaged the nurse in an employment arrangement.

The retention of a nurse engaged by another organisation (such as a Division of General Practice) does not constitute an employment arrangement for the purpose of an establishment payment. The payment will be assessed on the total number of sessions conducted over a week by the total number of nurses engaged i.e. two nurses conducting four sessions each (total of eight) will qualify for a \$10 000 payment.

## 12 Questions and answers

### How does an organisation apply for this payment?

MHNIP commenced on 1 July 2007. Organisations meeting the eligibility criteria detailed in **Section 4—Eligible organisations** and **Section 9—Requirements for eligible organisations** can apply for the MHNIP at any time.

The application form is available at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) then go to **For Health Professionals > Incentives & Allowances**. The completed form must be signed by the authorised contact person for the organisation and returned to Medicare Australia.

### Who is an authorised contact person?

The authorised contact person is an individual authorised by the owner of the organisation to advise Medicare Australia of changes to the service and is the person to whom all correspondence is addressed.

### How will the payment be made?

Eligible organisations are required to lodge their completed application form with Medicare Australia. If the application is successful, a letter of acceptance and a claim form will be issued to the eligible organisation. Payments will occur monthly upon receipt of the completed claims form as detailed in **Section 11—Payments to eligible organisations**. Medicare Australia will make the monthly payments via electronic funds transfer to a designated financial institution account.

### How does an organisation apply for the Establishment Payment?

Medicare Australia will advise all eligible organisations of the process for claiming the payment. Upon engagement of a mental health nurse under MHNIP, an organisation must complete the Establishment Payment application form and submit evidence of engagement of a mental health nurse to Medicare Australia. Approval of these documents will trigger payment of the Establishment Payment.

### How does the ASGC differ from RRMA?

The Rural Remote Metropolitan Area (RRMA) classification is based on 1991 Census data and is no longer used in new programs undertaken by the Australian Government Department of Health and Ageing. Some older programs do continue to use RRMA. Some parts of Australia considered rural and remote under RRMA may not be considered rural or remote under the ASGC. Organisations may appeal, through Medicare Australia, to have the ASGC rural and remote loading applied if they can demonstrate that at least 80 per cent (80%) of their patients live in an ASGC rural, remote or very remote area.

## 13 More information

If you would like more information on the Mental Health Nurse Incentive Program, call Medicare Australia on **1800 222 032\*\*** (between 8.30 am–5.00 pm ACST)

Or visit:

[www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) then go to **For health professionals > Incentives & Allowances**

[www.health.gov.au](http://www.health.gov.au) then go to **For Consumers > Education and Prevention > Mental health**

\* Call charges apply

\*\* Call charges apply from mobile and pay phones