



## Mental Health Nurse Incentive Program establishment payment application

### Important information

The information provided in this application will be used to assess your organisation's eligibility to receive an establishment payment under the Mental Health Nurse Incentive Program (MHNIP). This program provides funding to allow eligible private psychiatry practices, general practices and other appropriate organisations to engage specialist mental health nurses to provide support services to patients with a severe and persistent mental health disorder. For more information refer to the *Mental Health Nurse Incentive Program Guidelines* (Program Guidelines).

### Establishment payment eligibility

Organisations engaging a mental health nurse under the MHNIP qualify for the one off establishment payment of up to \$10 000 to cover the upfront costs of engaging the nurse.

Those organisations who engage a mental health nurse for between:

- five and ten sessions per week over a six month period can receive a payment of \$10 000
- one to four sessions per week over a six month period can receive a payment of \$5000.

One payment is available per organisation, not per nurse engaged.

An organisation is considered to have engaged a mental health nurse under the MHNIP if there is a written contractual employment arrangement with a mental health nurse. The engaged mental health nurse must provide mental health services on behalf of the organisation in relation to the MHNIP.

The sessions do not have to be performed by one mental health nurse.

The payment will be assessed on the total number of sessions conducted over a week by the total number of nurses engaged (e.g. two nurses conducting four sessions each (total of eight sessions) will qualify for a \$10 000 payment).

To remain eligible for the establishment payment, organisations must engage a mental health nurse for more than three months over the six month period after our receipt of approved evidence. A maximum of 28 days can elapse between the time a mental health nurse leaves an organisation and the time a new mental health nurse is engaged.

If, during the three months following our receipt of approved evidence of an organisation's eligibility for a MHNIP establishment payment, the organisation reduces the number of mental health care sessions, Department of Human Services (Human Services) may undertake recovery of some or all of the establishment payment.

If an eligible organisation that originally engages a mental health nurse for:

- one to four session per week, reduces those sessions to nil, then Human Services will undertake recovery of the \$5000 establishment payment
- five to ten sessions per week, reduces those sessions to nil, then Human Services will undertake recovery of the \$10 000 establishment payment

- five to ten sessions per week, reduces those sessions to one to four sessions per week, Human Services will undertake recovery of \$5000 of the establishment payment.

### Change of details

Changes to eligible organisation arrangements may have an effect on eligibility and the MHNIP establishment payment. Human Services must be advised of any changes to organisation arrangements within 28 calendar days. Relevant changes include banking details or address details. All correspondence will be sent to the authorised contact at the organisations postal address provided in this application. The authorised contact person is responsible for notifying Human Services of any changes to eligible organisation arrangements. All changes must be notified using the MHNIP change of organisation details form or the MHNIP change to authorised contact person(s) form. Failure to do so could affect payments.

### False or misleading information

Penalties exist under law for giving false and/or misleading information. Human Services may suspend payments and/or recover any overpayments that result from:

- the provision of incomplete or inaccurate information, or
- delays in advising Human Services of changes to organisation details.

Human Services may suspend payments and/or recover any overpayments that eventuate as a result of the provision of incomplete or inaccurate information.

### Assistance

For more information about the MHNIP email [mhnip@humanservices.gov.au](mailto:mhnip@humanservices.gov.au) or go to [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) >For health professionals >Incentives and Allowances >Mental Health Nurse Incentive Program. If you need assistance completing this form call the MHNIP on **1800 222 032** (call charges may apply) between 8.30 am and 5.00 pm, Monday to Friday, Australian Central Standard Time.

### Lodgement details

Send the completed form to:

**Mental Health Nurse Incentive Program**  
**GPO Box 2572**  
**Adelaide SA 5001**

or fax to: **1300 581 573**

Print in **BLOCK LETTERS**

Tick where applicable

## Authorised contact details

1 Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

2 Daytime phone number

Mobile phone number

Fax number

Email

## Organisation details

3 Eligible organisation identification number

4 Eligible organisation name

5 Address

Postcode

Postal address (if different to above)

Postcode

## Engaged mental health nurse details

6 If the mental health nurse was engaged at the time of registration, then the date of registration is the date of engagement.

### Mental health nurse one details

Mr  Mrs  Miss  Ms  Other

Family name

First given name

Date of birth

Does the mental health nurse have a Credential number?

No  This mental health nurse is not eligible to participate in MHNIP.

Yes  Please provide the Credential number

Number of sessions per week this mental health nurse is engaged

Engagement date

### Mental health nurse two details

Mr  Mrs  Miss  Ms  Other

Family name

First given name

Date of birth

Does the mental health nurse have a Credential number?

No  This mental health nurse is not eligible to participate in MHNIP.

Yes  Please provide the Credential number

Number of sessions per week this mental health nurse is engaged

Engagement date

### Mental health nurse three details

Mr  Mrs  Miss  Ms  Other

Family name

First given name

Date of birth  
 /  /


Does the mental health nurse have a Credential number?

No  This mental health nurse is not eligible to participate in MHNIP.

Yes  Please provide the Credential number

Number of sessions per week this mental health nurse is engaged

Engagement date  
 /  /

 If your organisation engages more than three mental health nurses, attach a separate sheet with details.

For each mental health nurse engaged, you will need to attach either a copy of contract of engagement signed by both the authorised contact person and the mental health nurse or documentary evidence including details of the eligible organisation's full business name, business address and Australian Business Number (ABN). Documentary evidence (including contracts) must be signed by both the authorised contact person and mental health nurse.

### Declaration

#### 7 I understand that:

- I must advise Human Services in writing of any changes to organisation arrangements within 28 calendar days
- If I do not notify Human Services of changes to organisation arrangements, payments for the MHNIP may be reduced or recovered and the organisation's eligibility for the MHNIP may be affected
- Human Services may conduct compliance audits and the organisation may be required to provide information as evidence of compliance with the MHNIP eligibility requirements and that failure to do so may result in MHNIP payments being recovered and/or future payments being suspended or ceased.

### I declare that:

- I am aware of the requirements for eligibility set out in Section 9 of the Program Guidelines and acknowledge that Human Services may require evidence that I satisfy these requirements.

Authorised contact person's full name

Authorised contact person's signature

Date

 /  / 

### Privacy note

The information provided in this form will be used to assess and calculate the Mental Health Nurse Incentive Program establishment payment. The collection of this information is authorised by the *Human Services (Medicare) Act 1973*. Information provided may be disclosed to the Department of Health and Ageing for the purposes of administering this program or as authorised or required by law. Human Services may contact the Australian College of Mental Health Nurses to verify the credentials provided. The banking details provided on this form will be retained on Human Services records and will only be disclosed to the relevant financial institutions to facilitate electronic payments or as authorised or required by law.

### Checklist

- Are the **Authorised contact details** correct?
- Are the **Organisation details** correct?
- Are the **Engaged mental health nurse details** correct (at **question 6**)?
- Have you attached documents which confirm engagement of each mental health nurse (at **question 6**)?
- Has the declaration been completed and signed by the authorised contact person (at **question 7**)?