



An Australian Government Initiative

Mental Health Nurse Incentive Program

Program guidelines

1. Introduction

The Mental Health Nurse Incentive Program 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 and persistent 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 and persistent mental health disorders during periods of significant disability. A patient should exit the Mental Health Nurse Incentive Program when he or she does not require the level of support as outlined.

2. Entrance criteria

General practitioners and psychiatrists will determine which patients are eligible to receive services provided under this initiative, based on all of 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)
- the disorder causes significant disablement to the patient's social, personal and occupational functioning
- 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
- the patient is expected to require continuing treatment and management of their mental health disorder over the next two years
- the treating general practitioner or psychiatrist engaged by the participating organisation is principally responsible for the patient's clinical mental health care
- the patient provides consent to treatment from a mental health nurse.

Participating private organisations and state or territory health organisations may have agreements whereby Shared care health plans are in place for individual mental health patients. Under these arrangements, Mental Health Nurse Incentive Program Incentive payments are available to the participating private organisations where they are the primary care providers for the mental health patient.

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 treating general practitioner or psychiatrist engaged by the participating organisation is no longer principally responsible for the patient's clinical mental health care.

4. Eligible organisations

To be eligible to participate in the Mental Health Nurse Incentive Program, organisations must be community based and have the services of a general practitioner or a psychiatrist with a provider number allocated by Medicare. Eligible organisations 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 provider number allocated by Medicare or other medical officers (as approved by the Department of Health and Ageing) working within their Division.

While state and territory health organisations are not eligible for Mental Health Nurse Incentive Program payments; these organisations are able to make the services of their mental health nurses available to participating private organisations, on a fee for service basis. The nurses remain employees of the state or territory governments and these arrangements are referred to as 'shared employment arrangements'. The participating private organisation may claim Mental Health Nurse Incentive Program Incentive payments for sessions provided by these nurses however they cannot claim the Mental Health Nurse Incentive Program establishment payment unless they engage other mental health nurses as employees.

See also **Health of the National Outcomes Scale requirements for eligible organisations**.

5. Formal protocols for managing patients with severe and persistent mental health disorders

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

Where state or territory health organisations and participating private organisations have patient shared care health plans in place, the participating private organisation must:

- be the primary care giver
- observe formal protocols described within the mental health patient shared care health plan in order to be eligible for payments under the Mental Health Nurse Incentive Program.

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 for GP Mental Health care items—see **Explanatory Notes A.45** of the **Medicare Benefits Schedule**.

Examples of clinical practice guidelines can be found at the Royal Australian and New Zealand College of Psychiatrists website at www.ranzcp.org then go to **Publications > Clinical Practice Guidelines**

Health of the Nation Outcomes Scale

Mental health nurses are required to use the Health of the Nation Outcomes Scale for each patient on entry to the Mental Health Nurse Incentive Program. 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, Adult, and Older Person tools.

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

6. Eligibility requirements for mental health nurses

Eligible organisations must engage the services of a mental health nurse credentialed with the Australian College of Mental Health Nurses.

Information on the Australian College of Mental Health Nurses credentialing program can be found at: www.acmhn.org then go to **Credentialing**, or call **1300 667 079**.

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

Eligible organisations are able to enter into shared employment arrangements with state or territory health organisations for mental health nursing services. Under these arrangements, organisations are able to utilise the services of state employed mental health nurses, on a fee for service basis, and still receive Mental Health Nurse Incentive Program payments for sessions provided by those nurses. See also **Eligible organisations**.

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 and persistent 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 and persistent 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 and persistent mental health disorders:

- maintaining links and undertaking case conferencing with general practitioners, psychiatrists, allied health workers, such as psychologists (medical practitioners may be eligible to claim case conferencing items under the Medicare Benefits Schedule)
- 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.

Personal Helpers and Mentors (PHaMs) services are a complementary initiative managed by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), which commenced operations in May 2007. These services facilitate access for people with severe mental health illness to social/welfare services such as income support, employment and accommodation services.

PHaMs services provide increased opportunities for recovery for people whose lives are impacted by severe mental illness by helping them to overcome social isolation and by increasing their connections to the community. The initiative aims to foster each individual's sense of dignity and capacity for resilience through stages of recovery that seek to underpin three key outcomes:

- increased access to appropriate support services at the right time
- increased personal capacity and self-reliance
- increased community participation (both social and economic).

For further information on the Mental Health Personal Helpers and Mentors Program, visit www.fahcsia.gov.au then go to **Subject Areas >Mental Health >Programs & Services**

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 services to patients with a severe and persistent mental health disorder per session.

As a guide, an eligible organisation engaging the services of a full-time mental health nurse should have a **current** minimum case load of 20 individual patients with a severe and persistent 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 and persistent 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 and persistent 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 Mental Health Nurse Incentive Program, 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
- 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
- where the mental health nurse is not an employee of the eligible organisation the same minimum levels of insurance coverage must be maintained, although some or all of the policies may be maintained by the mental health nurse.
- it is an obligation of the eligible organisation to be able to demonstrate to Medicare, on request, the ongoing maintenance of the required insurance coverage.
- adherence to relevant professional standards, and to the National Practice Standards for the Mental Health Workforce 2002 at www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-workstds
- the presence and use of patient reminder and recall systems
- the appropriate qualifications and experience of mental health nurses engaged—**Eligibility requirements for mental health nurses**
- the consistency of terms and conditions for the engagement of mental health nurses with relevant state or territory legislation
- the maintenance of minimum levels of contact with patients with a severe and persistent mental health disorder that meet their individual clinical requirements (this may include telephone contact)
- 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, including the Child and Adolescent, Adult, and Older Person tools
- the appropriate training of mental health nurses engaged in using HoNOS
- agreement to notify Medicare of any changes to eligibility of the organisation within **14 calendar days** for Incentive payments or **28 calendar days** for the establishment payment—**Payments to Eligible Organisations**
- 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
- the presence of clear lines of clinical accountability (specified in writing), including the responsibilities of the mental health nurse and participating medical practitioner
- the presence of protocols in relation to the safety of staff in all service provision settings (e.g. clinic, patient’s home, travelling)
- the availability of dedicated working spaces within the clinic or as appropriate for engaged mental health nurses during working hours
- the availability of clinical care oversight, including regular reviews of care provided by mental health nurses
- the presence of support systems for mental health nurses, such as access to training and peer mentoring opportunities
- the maintenance of records relating to mental health nurse engagement
- 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 **Functions of the mental health nurse**

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

- agreement to provide Medicare with reporting data as detailed in **Monitoring and reporting**.

If requested, the organisation must provide evidence of the above to Medicare under the Mental Health Nurse Incentive 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 Mental Health Nurse Incentive Program eligibility requirements as detailed in **Requirements for eligible organisations**.

10. Monitoring and reporting

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

Organisational information:

- Mental Health Nurse Incentive Program identification number
- name of organisation
- number of mental health nurses engaged.

Sessional information:

- session number
- date of session
- session start time
- full eight digit provider number
- provider name
- mental health nurse name and date of birth
- shared employment arrangement
- mental health nurse engagement date
- mental health nurse credential number, as issued by the Australian College of Mental Health Nurses
- locality/suburb of service outlet(s)
- postcode of service outlet(s)
- number of sessions provided per nurse.

Patient information:

- Medicare card number or Department of Veterans' Affairs Veteran file number
- patient name
- sex
- date of birth
- patient's current residential postcode
- shared care health plan
- number of face-to-face consultations per patient.

11. Payments to eligible organisations

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. For example, if a claim form is received by Medicare on 20 July 2011, the payment will be made to the organisation by 31 August 2011. 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.

All claims will be paid at the rate of \$240 (GST free) per session. This figure is intended to be applied to mental health nurse salary and on-costs, including personal and recreational leave entitlements.

For services in rural and remote areas of Australia, a 25 per cent (25%) loading (GST free) 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 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 Mental Health Nurse Incentive Program 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 over a six month period a payment of \$10 000 is available and for organisations engaging a nurse for one to four sessions a week over a six month period, the payment is \$5000.

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?

Organisations meeting the eligibility criteria detailed in **Eligible organisations** and **Requirements for eligible organisations** can apply for the Mental Health Nurse Incentive Program at any time.

The application form is available at www.medicare.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.

Who is an authorised contact person?

The authorised contact person is an individual authorised in writing by the owner of the organisation to advise Medicare 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. 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 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 will advise all eligible organisations of the process for claiming the payment. Upon engagement of a mental health nurse under the Mental Health Nurse Incentive Program, an organisation must complete the establishment payment application form and submit evidence of engagement of a mental health nurse to Medicare. Approval of these documents will trigger payment of the establishment payment.

13. Assistance

If you would like more information on the Mental Health Nurse Incentive Program, call Medicare on **1800 222 032** (call charges may apply) between 8.30 am and 5.00 pm, Monday to Friday, Australian Central Standard Time.

Or visit:

www.medicare.gov.au then go to **For health professionals > Incentives & Allowances**

www.health.gov.au then go to **For Consumers > Education and Prevention > Mental health**