



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. 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 mental disorder. For further information on this program refer to the *Mental Health Nurse Incentive Program Guidelines* (Program Guidelines).

Assistance

If you would like more information about the Mental Health Nurse Incentive Program:

- call Medicare Australia on **1800 222 032** (call charges may apply) between (8.30 am - 5.00 pm Australian Central Standard Time).
- email: mhnip@medicareaustralia.gov.au
- online: www.medicareaustralia.gov.au then go to **For health professionals > Incentives & Allowances**

All forms relating to Mental Health Nurse Incentive Program are available from our website.

Lodgement details

Send the completed and signed form to:

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

or fax to: **08 8464 9886**

Completed application forms cannot be lodged electronically and must be mailed or faxed to Medicare Australia.

Ensure you keep a copy for your records.

Tick where applicable

Establishment payment eligibility

Organisations engaging a mental health nurse under the Mental Health Nurse Incentive Program 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.

Important: one payment is available per organisation, not per nurse engaged.

An organisation is considered to have engaged a mental health nurse under the Mental Health Nurse Incentive Program 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 Mental Health Nurse Incentive Program.

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. For example, 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 Medicare Australia's 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.

Important: if, during the three months following Medicare Australia's receipt of approved evidence of an organisation's eligibility for a Mental Health Nurse Incentive Program establishment payment, the organisation reduces the number of mental health care sessions, Medicare Australia 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 Medicare Australia will undertake recovery of the \$5000 establishment payment
- five to ten sessions per week, reduces those sessions to nil, then Medicare Australia 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, Medicare Australia 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 Mental Health Nurse Incentive Program establishment payment. Medicare Australia must be advised within 28 calendar days of any relevant changes to arrangements, such as banking details or address details. All correspondence will be sent to the authorised contact at the postal address provided in this application. The authorised contact person is responsible for notifying Medicare Australia in writing of any changes to eligible organisation arrangements. Failure to do so could affect payments.

False or misleading information

Medicare Australia has powers under the *Medicare Australia Act 1973* to verify the information provided in this application form.

Penalties exist under the *Medicare Australia Act 1973* and the *Commonwealth Crimes Act 1914* for giving false and misleading information. Medicare Australia will take steps to recover any resulting overpayments if:

- inaccurate information is provided in the application form
- or
- the applicant fails to notify Medicare Australia (at the address shown at the beginning of this application form) of any relevant changes in arrangements.

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

Eligible organisation information

1 Eligible organisation identification number

2 Eligible organisation name

3 Authorised contact

Dr Mr Mrs Miss Ms Other

Family name

First given name

4 Work phone number

Mobile phone number

Fax number

Email

5 Address details for main organisation location

Level

Suite

Floor

Building

Location address

Postcode

6 Postal address of the eligible organisation
(For all correspondence)

Same as address above

Level

Suite

Floor

Building

Address

Postcode

Bank account details

Note: bank account details are required as payments are made through electronic funds transfer only.

7 Name of bank, building society or credit union

Branch where your account is held

Branch number (BSB)

 -

Account number (this may not be your card number)

Account held in the name(s) of

Establishment payment information

8 Total number of sessions per week undertaken by all engaged mental health nurses

9 Engaged mental health nurse information

Important: if the mental health nurse was engaged at the time of registration, then the date of registration is the date of engagement.

From 31 December 2009, eligible organisations can only access the establishment payment through this program, if they engage the services of a mental health nurse currently credentialed with the Australian College of Mental Health Nurses.

Nurse 1

10 Mr Mrs Miss Ms Other

Family name

First given name

11 Date of birth

12 Mental health nurse engagement date

13 Mental health nurse credentials

No

Yes please provide the Credential Number

14 Number of sessions per week this mental health nurse is engaged

Nurse 2

15 Mr Mrs Miss Ms Other

Family name

First given name

16 Date of birth

17 Mental health nurse engagement date

18 Mental health nurse credentials

No

Yes please provide the Credential Number

19 Number of sessions per week this mental health nurse is engaged

Nurse 3

20 Mr Mrs Miss Ms Other

Family name

First given name

21 Date of birth

22 Mental health nurse engagement date

23 Mental health nurse credentials

No

Yes please provide the Credential Number

24 Number of sessions per week this mental health nurse is engaged

Nurse 4

25 Mr Mrs Miss Ms Other

Family name

First given name

26 Date of birth

27 Mental health nurse engagement date


28 Mental health nurse credentials

No

Yes please provide the Credential Number

29 Number of sessions per week this mental health nurse is engaged

Important: if your organisation engages more than four mental health nurses, you will need to complete and attach extra copies of page 3 of this form.

	Please attach for each mental health nurse engaged:	
	a copy of a signed contract of engagement	<input type="checkbox"/>
	or	
	documentary evidence of engagement of the mental health nurse.	<input type="checkbox"/>

Declaration

30 I declare that:

- the information provided in this form is true and correct and that the organisation will be able to provide evidence in support of the statement
- I am aware of the requirements for eligibility set out in Section 9 of the Program Guidelines and acknowledge that Medicare Australia may require evidence that I satisfy these requirements
- I will inform Medicare Australia in writing within 10 working days, at the address shown on this claim form, if there is any change in arrangements that will affect eligibility for this payment
- If I cannot provide evidence of compliance with the requirements of the Program Guidelines, the eligible organisation's payments may be suspended, ceased or recovered and continuing eligibility for the payment may be affected.

Name of authorised contact person

Authorised contact person's signature

Date

Witness name

Witness 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 *Medicare Australia 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. Medicare Australia 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 Medicare Australia records and will only be disclosed to the relevant financial institutions to facilitate electronic payments or as authorised or required by law.

Checklist

Is the eligible organisation information details correct? (refer to questions 1 to 6)

Are the payment details correct? (refer to question 7)

Has the establishment payment eligible organisation information been completed? (refer to question 8)

Is the engaged mental health nurse information correct? (refer to question 9 to 29)

Is all the documentary information attached? (refer to question 29)

Has the declaration been completed (including the date and witness signature) and signed by the authorised person? (refer to question 30)