Australian Government

Department of Health

Mental Health Nurse Incentive Program Guidelines

April 2016

Introduction

The Mental Health Nurse Incentive Program (MHNIP) funds community based general practices, private psychiatric practices and other appropriate organisations so they can employ mental health nurses to help provide coordinated clinical care for people with severe mental disorders.

Mental health nurses must work with psychiatrists and general practitioners to provide services like monitoring a patient's mental state, managing their medication and improving links to other health professionals and clinical service providers.

These services can be provided in a range of settings, like clinics or patients' homes, and must be provided at little or no cost to the patient.

These guidelines provide information to organisations that provide MHNIP services.

Support provided under the MHNIP targets patients with severe mental 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 in this document.

Transition arrangements from 1 July 2016 – 30 June 2017

On 26 November 2015 the Australian Government announced its response to the National Mental Health Commission's review of Mental Health Programmes and Services. The reforms outlined in the response will transform Commonwealth mental health funding and program delivery over the next three years to achieve a more efficient, integrated and sustainable mental health system and to improve mental health services for Australians.

A key component of the reform package is the transition of primary mental health programs, such as the MHNIP, to Primary Health Networks (PHNs) from 1 July 2016. PHNs will be responsible for planning and integrating services at the regional level and better targeting services to meet individual and local need. The role of the mental health nurse in the new primary mental health care model will continue to focus on providing and coordinating clinical care for people with severe mental illness, in collaboration with GPs and psychiatrists.

In 2016-17, MHNIP funding will transition to the PHN primary mental health flexible funding pool. However, it will be quarantined and PHNs will be required to commission mental health nursing services from the current network of MHNIP providers. The emphasis will be on ensuring service continuity to existing/continuing clients, and bedding down the role of mental health nurses within a team based approach to provide clinical care to people with severe and complex mental illness.

From 2017-18, mental health nurse funding will no longer be quarantined and will fully transition to the PHN flexible funding pool.

2015-16 arrangements

Funding is being provided to maintain the MHNIP at existing service levels from 1 July 2015 to 30 June 2016. This is consistent with the government's announcement to extend funding for existing mental health programs for 12 months.

Continuation of the funding will enable mental health nurses to continue to provide coordinated clinical care for people with severe mental illnesses to keep them well in the community and reduce avoidable hospitalisations.

Maintaining services at 2014–15 levels means that organisations and nurses must work together to manage client services and sessions within the organisation’s 2015–16 allocation.

2015-16 service levels

The annual service levels that organisations must maintain in 2015–16 are based on the projected number of sessions conducted in 2014–15 and paid by the Australian Government Department of Human Services (the department). Existing MHNIP organisations were provided with a 2015–16 session allocation in June 2015 that was calculated on available data for sessions conducted and paid for in 2014–15. To help organisations maintain their service levels, the department will monitor levels and provide organisations with a quarterly update. This is to make sure that allocated service levels are not exceeded by 30 June 2016. Any claims submitted for services provided in 2015–16 in excess of an organisation’s 2015–16 session allocation will not be paid.

Review of 2015-16 service levels

Where organisations fully or substantially utilised their 2014-15 session allocation, they were provided with the same allocation for 2015-16. Where organisations utilised less than their 2014-15 allocation, they were provided with a session allocation for 2015-16 based on actual service levels in 2014-15.

Organisations that received a reduced allocation in 2015-16 were eligible to seek a review of their 2015-16 allocation. Requests for reviews of initial allocation closed on 31 July 2015. Organisations were notified of the outcome of their requests for review in September 2015.

Inactive organisations

During 2015–16, if an organisation has not submitted any claims in the previous quarter, they will be asked to confirm that they are still providing services and/or want to remain in the MHNIP. If they no longer want to provide services under the MHNIP, or do not respond within the required timeframe, the department

will remove them from the MHNIP. Once removed from the MHNIP, organisations will need to reapply to join the MHNIP and will be placed on a waiting list.

Patient entrance criteria

General practitioners (GPs) and psychiatrists will determine which patients are eligible for services under the MHNIP. To be eligible, all of the following criteria must be met:

- the patient has been diagnosed with a mental 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 - Fifth Edition (DSM-5)
- the patient's disorder is significantly impacting their social, personal and work life
- the patient has been to hospital at least once for treatment of their mental disorder, or they are at risk of needing hospitalisation in the future if appropriate treatment and care is not provided
- the patient is expected to need ongoing treatment and management of their mental disorder over the next 2 years
- the GP or psychiatrist, employed to treat the patient by the organisation participating in the MHNIP, will be the main person responsible for the patient's clinical mental health care, and
- the patient has given permission to receive treatment from a mental health nurse.

When an organisation is the primary care provider

Some private organisations and state or territory health organisations participating in the MHNIP may already have agreements where shared care health plans are in place for their mental health patients. In these instances, MHNIP incentive payments are available to these organisations if the organisation is the primary care provider for the patient.

Patient exit criteria

A patient is no longer eligible for services under the MHNIP when:

- their mental disorder no longer causes significant disablement to their social, personal and occupational functioning
- they no longer need the clinical services of a mental health nurse, or
- the GP or psychiatrist, employed to treat the patient by the organisation participating in the MHNIP, is no longer the main person responsible for the patient's clinical mental health care.

Eligible organisations

To be eligible to participate in the MHNIP, organisations must be community based and have a GP or a psychiatrist with a Medicare provider number. Eligible organisations include:

- general practices
- private psychiatry practices
- Primary Health Networks (in the circumstances as outlined in these guidelines under *Medicare Locals/Primary Health Networks Transition*), and
- Aboriginal and Torres Strait Islander Primary Health Care Services funded by the Australian Government through the Indigenous Health Division

In addition, former Medicare Locals that continue to exist as new entities, and Divisions of General Practice, can contract the services of mental health nurses to GPs and psychiatrists who have a Medicare provider number, or other medical officers (as approved by the Australian Government Department of Health) working within their region.

State and territory health organisations are not eligible for MHNIP payments but they can 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 government organisation and these arrangements are referred to as 'shared employment arrangements'. The participating private organisation may claim MHNIP payments for sessions provided by these nurses.

Formal protocols for managing patients

Eligible organisations must have a formal protocol in place 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, and
- observe formal protocols described within the mental health patient shared care health plan in order to be eligible for payments under the MHNIP

Mental Health Treatment Plan

Together with the mental health nurse, a GP Mental Health Treatment Plan must be developed by GPs 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 GP.

Treatment must be provided according to the plan and the relevant clinical guidelines for the treatment of that disorder. A GP or psychiatrist must regularly review the plan together 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 Treatment Plan are the same as those defined in Item 2700, 2701, 2715 and 2717 of the Medicare Benefits Schedule for GP Mental Health Treatment items-
see: Explanatory Notes A.46 of the Medicare Benefits Schedule.

Examples of clinical practice guidelines can be found at the Royal Australian and New Zealand College of Psychiatrists website.

Health of the Nation Outcomes Scale

Mental health nurses must use the Health of the Nation Outcomes Scale for each patient as they enter the MHNIP. They must then measure changes to a patient's symptoms and functioning using these tools every 90 days, and as the patient exits the MHNIP. These measures include the child and adolescent, adult, and older person tools.

Eligible organisations must ensure mental health nurses participating in the MHNIP have successfully completed training in undertaking Health of the Nation Outcomes Scale assessments.

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.

Visit the Australian College of Mental Health Nurses website for more information on the credentialing program, or call **1300 667 079**.

Eligible organisations can engage more than 1 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 can use the services of state employed mental health nurses, on a fee for service basis, and still receive MHNIP payments for sessions provided by those nurses.

Functions of the mental health nurse

Mental health nurses engaged under the MHNIP will work closely with psychiatrists or GPs to provide coordinated clinical care and treatment for people with severe mental 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, the following:

Providing clinical nursing services for patients with severe mental 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; and
- providing information on physical health care to patients.

Coordinating clinical services for patients with severe mental disorders:

- maintaining links and undertaking case conferencing with GPs, psychiatrists and allied health workers such as psychologists (health professionals may be eligible to claim case conferencing items under the MBS)
- coordinating services for the patient in relation to GPs, 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
- liaising with mental health personal helpers and mentors, through establishing links with the Mental Health Personal Helpers and Mentors Program as appropriate and where available, and
- liaising with support facilitators, through establishing links with organisations that provide services under other programs, such as Partners in Recovery and Personal Helpers and Mentors Service, as appropriate and where available.

Mental health nurse caseloads

For the purposes of the MHNIP, a session is 3.5 hours.

Eligible organisations can engage mental health nurses from between 1 and 10 sessions per week, per nurse, with an **average** nurse caseload of at least 2 individual services to patients with a severe mental 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 mental disorder per week, averaged over 3 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 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. Related tasks include interagency liaison, case planning and coordination, clinical briefings to relevant GPs or psychiatrists and travel.

Under the MHNIP, 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 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.

Requirements for eligible organisations

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

- sufficient caseload of eligible patients to engage the services of a mental health nurse for at least 1 session per week
- appropriate insurance coverage, including:
    - worker’s compensation in accordance with relevant state or territory legislation
    - public liability insurance of $10 million or more
    - professional indemnity insurance of $10 million or more for clinical and non-clinical work
    - vicarious liability cover of $1 million or more, where the mental health nurse is an employee of the organisation and is 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

- ongoing maintenance of the required insurance coverage
- adherence to relevant professional standards, and to the National Practice Standards for the Mental Health Workforce 2013
- the presence and use of patient reminder and recall systems
- the appropriate qualifications and experience of mental health nurses engaged - see 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 mental 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 the MHNIP, including:
  - a GP Mental Health Treatment 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 professional)
  - mental health nurse assessment of eligible patients at entry, every 90 days and when a patient exits the MHNIP using the Health of the Nation Outcomes Scale, including the child and adolescent, adult, and older person tools, and
  - the appropriate training of mental health nurses engaged in using Health of the Nation Outcomes Scale.
- agreement to notify the department of any changes to eligibility of the organisation within 14 calendar days for incentive payments - see 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 GP and the communication protocols between the 2 health practitioners
- the presence of protocols in relation to the safety of staff in all service provision settings (e.g. clinic, patient's home, traveling)
- 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, and
- agreement to provide the department with reporting data as detailed in Monitoring and Reporting

If requested, the organisation must provide evidence of the above to the Department of Health under the MHNIP audit.

Medicare Locals/Primary Health Networks Transition

MHNIP services that have been provided by Medicare Locals will continue to be provided in the region. There are some circumstances where former Medicare Locals may deliver MHNIP services in 2015-16:

- Where Medicare Locals transitioned to a PHN from 1 July 2015, the PHN was offered a MHNIP session allocation in 2015-16, and
- Former Medicare Locals that continued to operate as viable eligible new entities from 1 July 2015 were offered a continued MHNIP allocation in 2015-16.

For Medicare Locals that ceased to operate as an entity from 1 July 2015, all efforts were made to ensure the provision of MHNIP sessions continued for existing patients in the region, noting the role of the GP or psychiatrist as the main person responsible for the patient's clinical mental health care.

PHNs will commission services from existing MHNIP Organisations in 2016-17, and will commission services more broadly from 2017-18, following a comprehensive needs assessment process in 2016-17.

Monitoring and reporting

Eligible organisations must provide the following data to the Department of Human Services with each session claimed until 30 April 2016.

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 8 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 outlets
- postcode of service outlets
- 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

From 1 May 2016, the Department of Health will process all claims for payment by eligible organisations. Eligible organisations must provide the following data to the Department of Health for each new claim:

- Mental Health Nurse Incentive Program identification number
- name of organisation
- rural and remote category
- number of mental health nurses engaged
- mental health nurse name and date of birth
- session number
- date of session
- session start time
- full 8 digit provider number
- locality/suburb of service outlets
- postcode of service outlets
- number of sessions provided per nurse
- Total amount of sessions
- Cost per session

The eligible organisation must submit a correctly rendered tax invoice with the claim form (guidance is included on the claim form).

Payments to eligible organisations

Claim incentive payment

From 1 May 2016 the following timeframes and arrangements apply:

- Organisations must submit claims for all outstanding sessions to the Department of Human Services by close of business, **30 April 2016**. Normal payment eligibility rules will apply. To ensure claims are received by 30 April 2016, claims should be faxed to 1300 581 573.

- **From 1 May 2016**, organisations must submit all claims for sessions to the Department of Health at MHNIPclaims@health.gov.au or via post to MHNIP Claims, MDP 11, GPO Box 9848, Canberra, ACT, 2601. Claims must be submitted using the new claim form, available on the Department of Health website. New claims and previously rejected claims submitted on the Department of Human Services claim form will not be able to be paid.

- All claims for 2015-16 sessions must be received by the Department of Health by close of business **Friday 15 July 2016**.

Payment for sessions claimed will be made approximately 30 days after the receipt of a correctly rendered tax invoice.

All claims will be paid at the rate of $240 (GST free) per session. This amount 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% 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 Areas.

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).

Services provided at the patient's home are considered to be services provided from the nurse's service outlet for that day.

Establishment payment

The Establishment payment is no longer applicable as no new organisations will be accepted to the program for the remainder of 2015-16.

Further information until 30 June 2016

- For further information, please visit: www.humanservices.gov.au/mhnip
- Phone: **1800 222 032** (call charges may apply) between 8.30 am and 5.00 pm, Monday to Friday, Australian Central Standard Time

From 1 July 2016, all enquiries for the MHNIP are to be directed to the Department of Health. Please call 02 6289 1415 (call charges may apply).