



# New temporary MBS Items for provision of Mental Health Services to Aged Care Residents

Presented by  
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**Larter.**



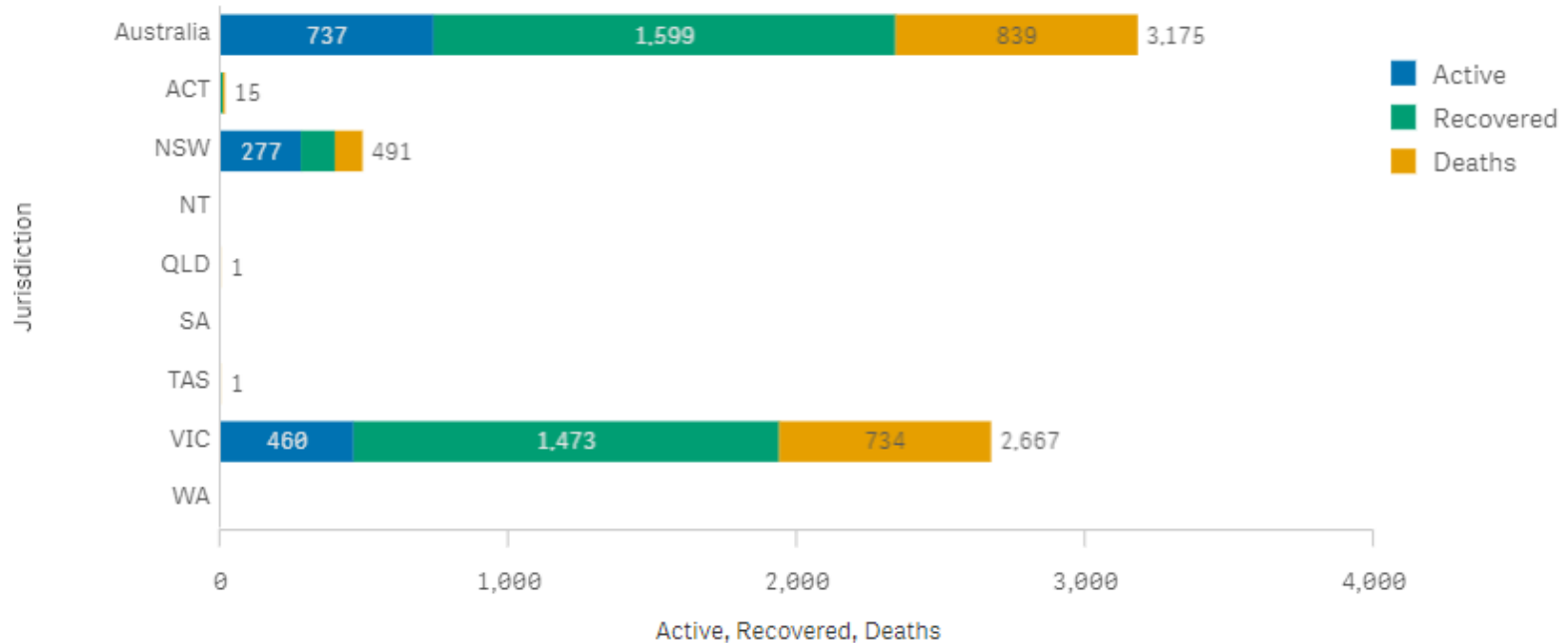
# Learning Objectives

At the completion of this module you should be able to:

- Recall the impact of COVID-19 on the mental health of residents within RACF's.
- Describe the "Better Access" initiative and define eligibility criteria and referral process for residents.
- Outline the new temporary MBS item numbers for GP's, Psychologists, Occupational Therapists and Social Workers and locate relevant fact sheets.

# The current situation

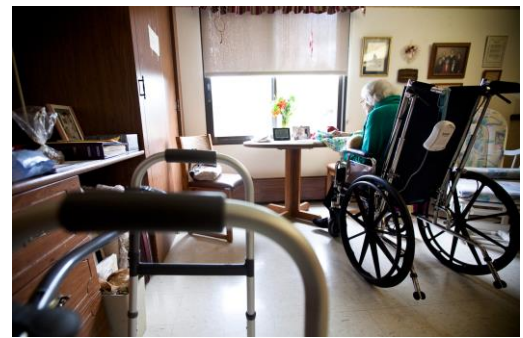
Source: Department of Health 13/11/2021



\* The aged care data comprises data sourced from the Victorian Public Health Events Surveillance System (PHESS) and Commonwealth sources

\*\*These figures are inclusive of transition care.

# The statistics



- As of 13<sup>th</sup> November 2021, there have been:
  - 839 deaths in RACF in Australia
    - 734 Victoria
    - 96 NSW
- There have been 277 cases in RACF in NSW

<https://www.health.gov.au/resources/covid-19-cases-in-aged-care-services-residential-care>

# Some context.



- Result of the Royal Commission inquiry into the Quality and Safety of Aged Care within Australia
- Final report tabled March 2021
- 148 wide ranging recommendations for the fundamental reform of the aged care system
- 3 most relevant to this presentation

<https://agedcare.royalcommission.gov.au>


# Royal Commission Recommendations



## Recommendation 3

The Australian Government should urgently create Medicare Benefits Schedule items to increase the provision of allied health services, including mental health services, to people in aged care during the pandemic.

Any barriers, whether real or perceived, to allied health professionals being able to enter residential aged care facilities should be removed unless justified on genuine public health grounds.



# Recommendation 61



“Create new MBS items by 1<sup>st</sup> November 2021 for allied mental health practitioners providing services to RACF residents:


- psychologists
- occupational therapists
- social workers

This should cease on 30 June 2024, when the aged care allied health funding arrangement is established”



# Recommendation 64

## Aged Care allied health funding arrangement

- Comes into effect 2024
  - Ensures assessment process identifies allied health care to restore physical and mental health to highest level possible
  - Ensures funding includes an amount to meet allied health care needs, whether episodic or ongoing
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# Impact of COVID-19 in RACF



- COVID-19 has been the greatest challenge the aged care sector has ever faced.
- Significant impact on residents both
  - Physically- deconditioning
  - Mentally- depression/anxiety

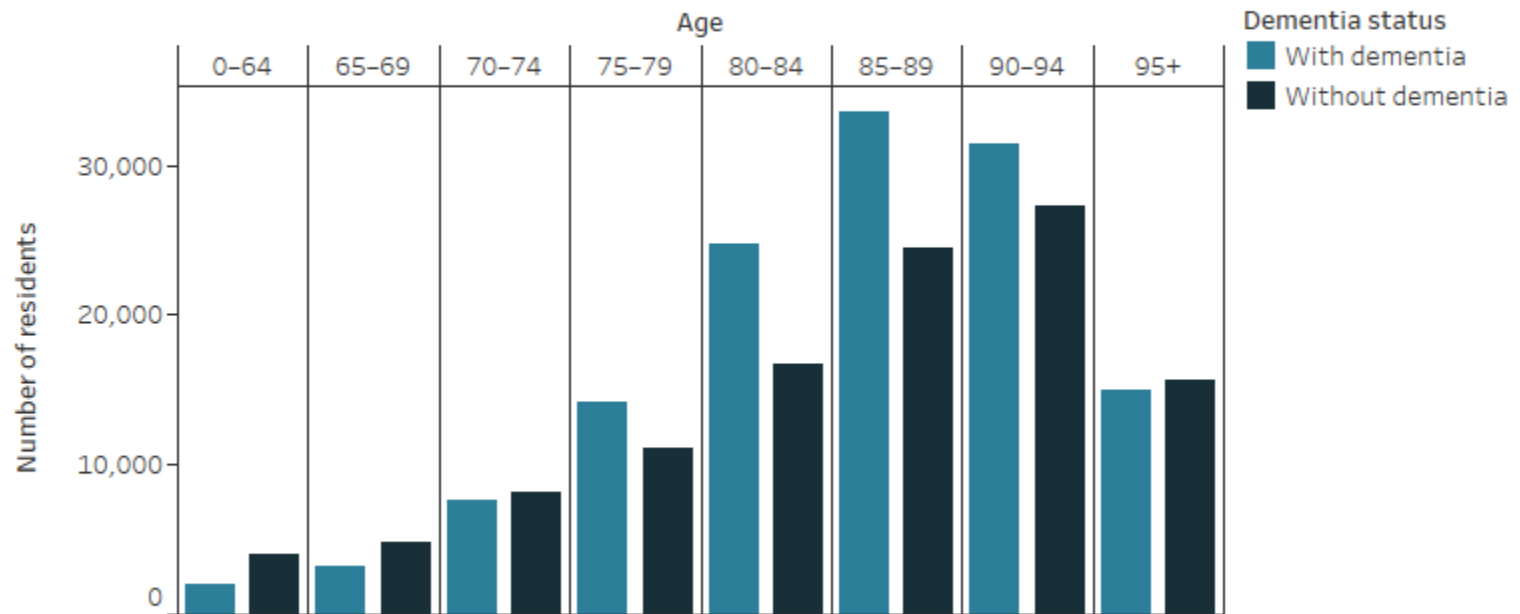
Correlation between Physical and mental health

# Impact on residents in RACF

- Isolation from family, other residents, care workers and other providers
  - Fear of contracting and dying from Covid-19
  - Quarantined in room for extended periods of time during lockdown
  - Higher threat of illness- comorbidities
  - Loss of social support
- 

# Dementia statistics

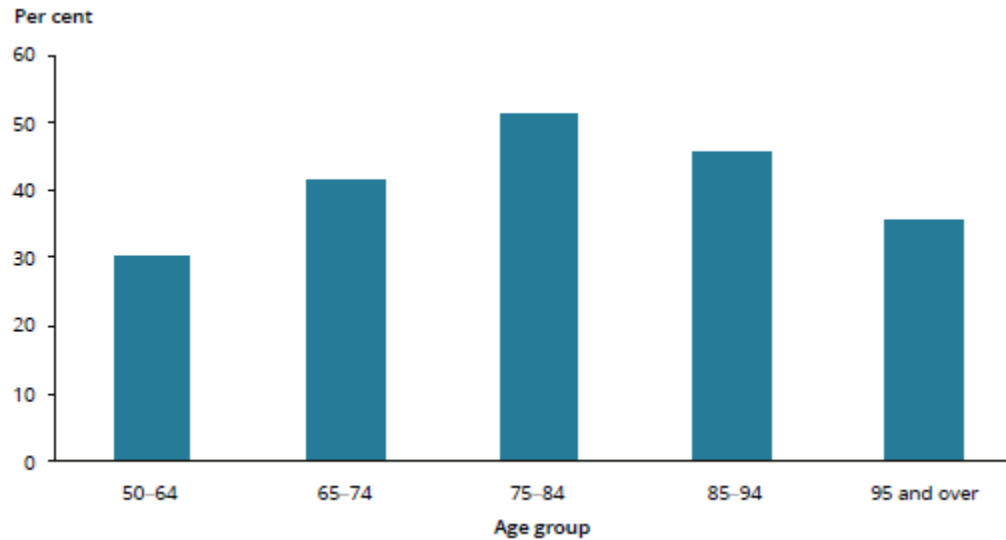
Sex  
Persons



Source: AIHW analysis of the National Aged Care Data Clearinghouse.

<http://www.aihw.gov.au>

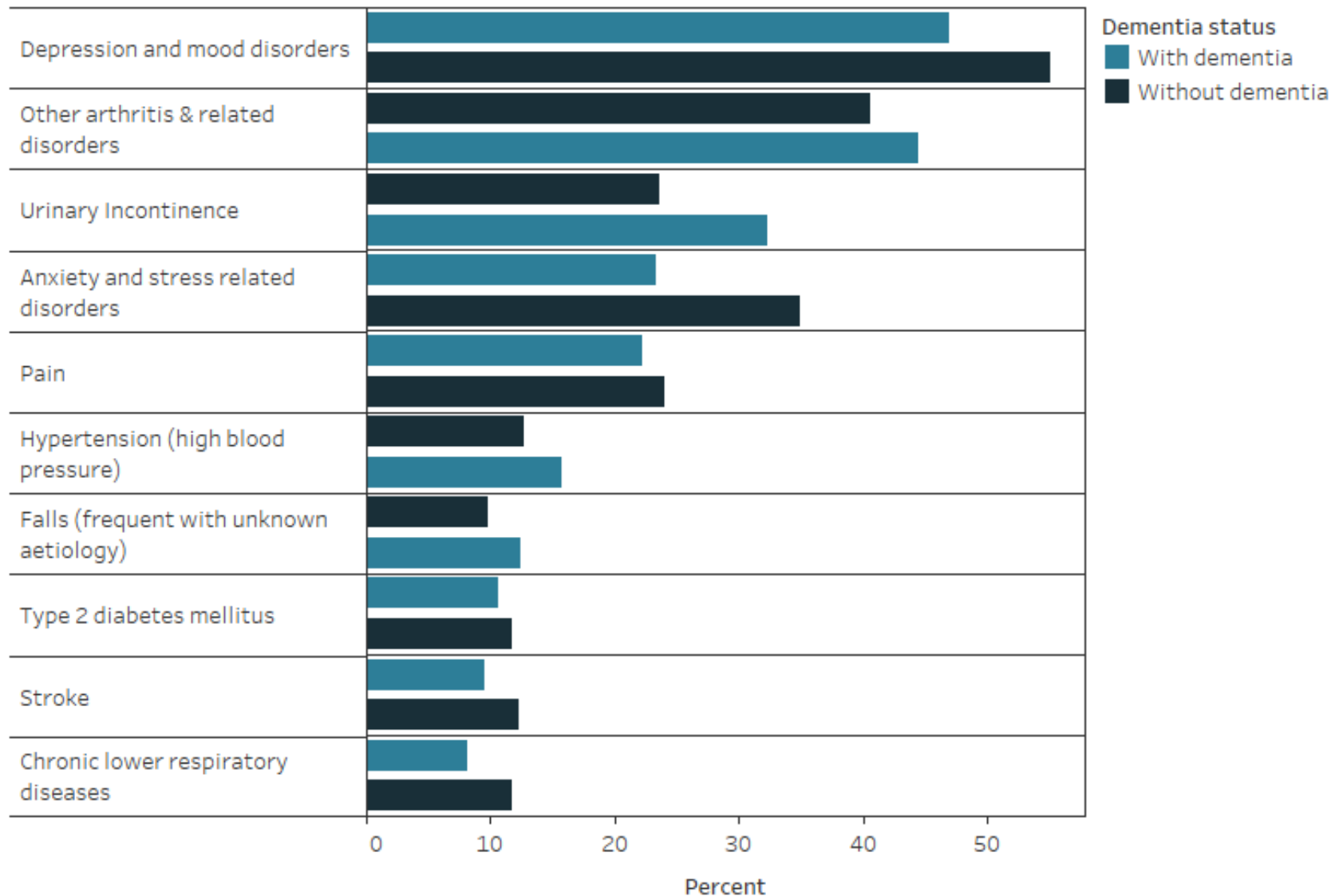
# Dementia in RACF



**Figure 7.2: Proportion of people in the 'new entrant' groups who had dementia at first ACFI assessment after entry, by age, 2014 to 2016 (all years)**

AIHW (Australian Institute of Health and Welfare) 2018

# Leading 10 health conditions of people with dementia living in permanent residential aged care in 2019-20



# What the data tells us


- 49% of RACF residents were diagnosed with depression in 2018-2019, compared with only 7% of males and 12% of females in the community
- 53% of RACF residents were diagnosed with dementia (240,000 in racf)

Australian institute of health and welfare, *Dementia: A snapshot (2019)*


- These numbers are expected to escalate as a direct result of the impact COVID-19 has had on residents within RACF.




# Mental health conditions of the elderly

- Mental health conditions can be:
    - transient (a one-off episode)
    - or chronic (recurring throughout one's life)
  - Mental health conditions, in particular depression and anxiety, are highly prevalent in people over 65 years and are too often dismissed as normal symptoms of ageing
  - Common in transition to RACF care
- 


# Most common Mental Health Disorders in the elderly

- Dementia
  - Delirium
  - Bipolar disorder
  - Depression
  - Panic disorder
  - Anxiety
  - Adjustment disorder
  - Eating disorder
  - Panic disorder
- 

# Exclusions to the initiative

- Dementia, delirium, tobacco use disorder and mental retardation are not regarded as mental disorders for the purposes of this initiative
  - Can co-exist with other disorders- i.e., depression/anxiety
  - In recognition that these disorders require specialist treatment and referrals to appropriate services should be a priority
- 

# A word on exercise


- light to moderate doses and intensities, can have a significant positive effect on cognitive function in the elderly
  - loss of socialization and general mental health problems, along with decreased exercise, has substantial negative effects on the elderly population.
  - Although the lockdowns may be temporary, these effects are likely to be long lasting, and could pose significant risks to the quality of life of the elderly population in the coming years
- 

# **Mental Health - What's available**


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# “Better Access ”Initiative

- Introduced in 2006
  - Goal is to improve the treatment and management of mental health for those with diagnosed mental health disorder
  - Referred under Mental Health Plan
  - Expanded to include telehealth for rural and remote in 2017
- 

# Better Access Initiative Goal


- 10 individual and 10 group sessions in a calendar year
    - Clinical psychologist (psychological therapies)
    - Registered psychologist and appropriately trained, GP, OT and social worker (Focussed Psychological Strategies)
  - Expanded to include RACF residents whose mental health has been impacted by COVID 19
- 

# Mental Health


- From 10<sup>th</sup> December 2020 to 30<sup>th</sup> June 2022
  - Expansion of “better access” program to include aged care residents impacted by COVID-19
  - Residents diagnosed with mental health disorders including:
    - anxiety
    - Depression
- 



# Mental Health

- Access to up to 20 individual psychological services per calendar year (January to December)
  - Flag fall item extended to cover these services
  - Face to face at RACF or consulting rooms
  - Telehealth ( extended until 31<sup>st</sup> December 2021)
- 


# Mental Health

- Requires development of mental health plan by regular GP or Psychiatrist
  - Initial referral must state number of sessions
    - Maximum of 6
  - Referral to
    - Clinical Psychologist
    - Allied mental health worker (O.T. or social worker) or trained GP
- 


# Mental Health

- Review to be conducted before additional sessions are referred
- Feedback must be received


Referral for further 4 sessions

- Additional review of mental health plan( if more than 3 months since last review)
  - refer for additional 10 sessions if appropriate
  - If review not claimable- substitute with mental health consult
- 

# Referral Requirements

- Referral must include:
    - Name
    - DOB
    - Address
    - Diagnosis
    - List of current medications
    - Number of sessions being referred
  - Referrals can be used across multiple years but no more than 20 each year
- 

# Other Requirements

- Service provision can be:
  - Face to face
  - Telehealth
  - Telephone
  - Must satisfy privacy laws
  - No requirement to bulk bill
  - Informed financial consent must be provided
- 
- A yellow decorative shape, resembling a partial circle or a curved wedge, is located in the bottom right corner of the slide.

# Mental health

## The item numbers

The logo for Larter. is located in the bottom right corner of the slide. It consists of a white, rounded shape that resembles a stylized 'L' or a speech bubble. Inside this white shape is a smaller, solid yellow oval. The word "Larter." is written in white, sans-serif font within the yellow oval.

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# Medicare Item Numbers- General Practitioner

Service	RACF face-to-face	RACF video	RACF phone	Rebate
GP without training prepare a mental health treatment plan (MHTP) 20-39 minutes	93400	93404	93408	\$74.60
GP without training prepare a MHTP > 40 minutes	93401	93405	93409	\$109.85
GP with training prepare a MHTP 20-39 minutes	93402	93406	93410	\$94.75
GP with training prepare a MHTP >40 minutes	93403	93407	93411	\$139.55
Review of GP mental health plan	93421	93422	93423	\$74.60

# Focussed Psychological Strategies

Service	RACF face-to-face	RACF video	RACF phone	Rebate
Initial FPS sessions- 30-40 mins	2733	91818	91842	\$96.50
Initial FPS sessions- 40 mins+	2735	91819	91843	\$138.10
Additional FPS-30 to 40 mins	93287	93301	93302	\$96.50
Additional FPS- 40 mins+	93288	93304	93305	\$138.10



# Medicare Item Numbers- Clinical Psychologist

Service	RACF face-to-face	RACF video	RACF phone	Rebate
Initial Psychological Therapy Session	93375 (30-50 mins)	91166 (30-50 mins)	91181 (30-50 mins)	\$88.25
	93376 (50+ mins)	91167 (30-50 mins)	91182 (50 + mins)	\$129.55
Additional Psychological Therapy Session	93312 (30-50 mins)	93331 (30-50 mins)	93332 (30-50 mins)	\$88.25
	93313 (30-50 mins)	93334 (30-50 mins)	93335 (30-50 mins)	\$129.55
Flag Fall 90003				
	YES	NO	NO	\$40.35

# Medicare Item Numbers- Registered Psychologist

Service	RACF face-to-face	RACF video	RACF phone	Rebate
Initial Psychological Therapy Session	93381 (30-50 mins)	91169 (30-50 mins)	91183 (30-50 mins)	\$62.55
	93382 (50+ mins)	91170 (30-50 mins)	911824 (50 + mins)	\$88.25
Additional Psychological Therapy Session	93316 (30-50 mins)	93351 (30-50 mins)	93352 (30-50 mins)	\$62.55
	93319 (30-50 mins)	93354 (30-50 mins)	93355 (30-50 mins)	\$88.25
Flag Fall 90003				
	YES	NO	NO	\$40.35

# Medicare Item Numbers- Occupational Therapist

Service	RACF face-to-face	RACF video	RACF phone	Rebate
Initial Focussed Psychological Strategies	93383 (30-50 mins)	91172 (30-50 mins)	91185 (30-50 mins)	\$55.10
	93384 (50+ mins)	91173 (30-50 mins)	91186 (50 + mins)	\$77.80
Additional Focussed Psychological Strategies	93322 (30-50 mins)	93357 (30-50 mins)	93358 (30-50 mins)	\$55.10
	93323 (30-50 mins)	93360 (30-50 mins)	93361 (30-50 mins)	\$77.80
Flag Fall 90003				
	YES	NO	NO	\$40.35


# Medicare Item Numbers- Social Worker

Service	RACF face-to-face	RACF video	RACF phone	Rebate
Initial Focussed Psychological Strategies	93385 (30-50 mins)	91175 (30-50 mins)	91187 (30-50 mins)	\$55.10
	93386 (50+ mins)	91176 (30-50 mins)	91188 (50 + mins)	\$77.80
Additional Focussed Psychological Strategies	93326 (30-50 mins)	93363 (30-50 mins)	93364 (30-50 mins)	\$55.10
	93327 (30-50 mins)	93366 (30-50 mins)	93367 (30-50 mins)	\$77.80
Flag Fall 90003				
	YES	NO	NO	\$40.35


# Flag Fall

Practitioner	Flag fall Item number	Benefit	Restrictions
GPs	90001	\$57.25	Can only be claimed for first resident
OMP	90002	\$41.60	Can only be claimed for first resident
Allied Health	90003	\$40.35	Can only be claimed for first resident


# MBS requirements

- Providers must be registered with Medicare
  - Must have a mental health plan in place
  - Have used all previous sessions
  - Resident of RACF not admitted to hospital
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# Role of Occupational Therapist


- Occupational therapists assist adults who are experiencing psychological or emotional difficulties.
  - They can help a person to develop better ways to deal with mental illness in the context of day-to-day activities, managing emotional problems.
  - They work with other health professionals such as psychiatrists, psychologists, social workers and doctors.
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# Benefits of allied health to residents with Dementia


- Provide emotional and psychological support
  - Enable engagement in activities and relationships with consideration of the persons:
    - Culture
    - Interests
  - Find suitable sources of mental stimulation
    - Music therapy
    - Environment adaption
- 




# DVA Treatment Cycles

- Introduced in October 2019
  - One treatment cycle equals 12 visits, or 12 months, whichever comes first
  - Can have as many treatment cycles as clinically necessary
  - Can have multiple treatment cycles concurrently
- 

# DVA Treatment Cycles

- Initial consult must create patient care plan
  - Final consult must complete end of cycle report
  - RACF eligible
    - Mental health Occupational Therapist
    - Psychology- general and clinical
    - Social worker
- 

# And finally, Case Conferencing

- 1<sup>st</sup> November 2021- 3 item numbers for allied health to participate in case conferencing
  - Managed under multidisciplinary care plan
  - Instigated by GP
  - No “existing relationship” rule
  - Every 3 months
  - 2 additional providers
  - Can be Telephone/Telehealth
- 


# And finally..Case conferencing

Service	Items in person, via video conference or via telephone
<p>Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in:</p> <ul style="list-style-type: none"> <li>(a) a community case conference; or</li> <li>(b) a multidisciplinary case conference in a residential aged care facility;</li> </ul> <p>if the conference lasts for at least <b>15 minutes, but for less than 20 minutes</b> (other than a service associated with a service to which another item in this Group applies)</p>	<p><b>10955</b> <b>\$43.25</b></p>
<p>Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in:</p> <ul style="list-style-type: none"> <li>(a) a community case conference; or</li> <li>(b) a multidisciplinary case conference in a residential aged care facility;</li> </ul> <p>if the conference lasts for at least <b>20 minutes, but for less than 40 minutes</b> (other than a service associated with a service to which another item in this Group applies)</p>	<p><b>10957</b> <b>\$74.10</b></p>
<p>Attendance by an eligible allied health practitioner, as a member of a multidisciplinary case conference team, to participate in:</p> <ul style="list-style-type: none"> <li>(a) a community case conference; or</li> <li>(b) a multidisciplinary case conference in a residential aged care facility;</li> </ul> <p>if the conference lasts for <b>at least 40 minutes</b> (other than a service associated with a service to which another item in this Group applies)</p>	<p><b>10959</b> <b>\$123.35</b></p>


**What role does the  
GP play?**

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# What role does the GP play

- GPs play a critical role in identifying mental health issues and referring for appropriate services
  - A medical diagnosis of mental illness by a GP or psychiatrist is important to ensure that symptoms of cognitive decline, dementia or delirium are not mistaken for mental illness
  - Ensures medication needs are considered
- 

# Incentives to care provision


- Rewarding for both practitioner and resident
    - Often GP has cared for resident over long period of time
  - Initiate appropriate services for residents to optimize quality of life
  - Increased financial incentives through new initiatives
    - Flag fall extended
    - Aged Care Access Incentive increased
- 

# Aged Care Access Incentive

<b>Tier</b>	<b>Qualifying Service Level (QSL)</b>	<b>Service Incentive Payment (SIP)</b>
<b>Tier 1a</b>	60 to 99 services	\$2,000
<b>Tier 1b</b>	100 to 139 services	+ \$2,500
<b>Tier 2a</b>	140 to 179 services	+ \$2,500
<b>Tier 2b</b>	180 or more services	+ \$3,000




# What can we do?

- Recommence/continue regular reviews of residents
  - Add reminders in clinical software for review of mental health plans
  - Engage with other providers to provide optimum care
  - Schedule regular reviews in advance to ensure adequate time for residents.
- 

# What role does the RACF play

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# RACF – How to contribute

- General practice cannot be expected to work alone in the complex care of residents in aged care facilities.
  - Collaborative care is essential
    - Establish relationships with visiting GP and visiting mental health practitioners
  - Resident's file available to GP and Allied health
    - Care plans
    - Pathology and imaging
    - Discharge Summary after hospital admission
- 


# Role of RACF

- Staff available to attend with visiting GP and mental health providers to relay relevant information
  - Behaviour
  - mood

## IT systems

- Telehealth requirement
  - Staff trained in use available
- 

# Role of RACF


- Recruitment of service providers
    - contract
    - Employed
    - Retention of current providers
  - Involve family in planning of care
  - Regular meetings with visiting general practitioners and allied mental health providers to assess and review for quality improvement
- 

# What role does the Mental health practitioner play


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# Allied Health

Allied health professionals are an essential part of the team

- enables older people to function socially and emotionally
  - provide a diverse range of interventions
  - prevent or slow the progression of conditions
  - empower older people to live full and active lives.
- 

# Allied Health

- Access and contribute to RACF care plans
  - Scheduling of routine visits
  - Regular discussion with RACF
  - Create plan that the RACF staff can assist with and document plan
    - exercise
    - Diet
    - therapies
- 



# Links to Fact sheets and further Information

## Allied Health

[http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/D55539AD29D443B0CA25863F0004FEBC/\\$File/Factsheet-RACF-AH.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/D55539AD29D443B0CA25863F0004FEBC/$File/Factsheet-RACF-AH.pdf)

## GP/OMP

[http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/D55539AD29D443B0CA25863F0004FEBC/\\$File/Factsheet-GP-ACF-AH.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/D55539AD29D443B0CA25863F0004FEBC/$File/Factsheet-GP-ACF-AH.pdf)


## Mental Health

[http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/4E039FE40AA58218CA2586370081F4E0/\\$File/menhealth10dec.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/4E039FE40AA58218CA2586370081F4E0/$File/menhealth10dec.pdf)

# In a nutshell....

The effects of COVID-19 on all elderly Australians living in RACF has been devastating.

The provision of a collaborative, person focused model of care, is essential in addressing the impact that COVID-19 has had on the mental health and quality of life for so many living within the Residential Aged Care sector.





# Thank you.

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