



headspace Dandenong And Narre Warren Allied Health Provider (AHP) – MBS

Frequently Asked Questions (FAQ)

What is the role of the AHP at headspace Dandenong and Narre Warren?

AHP's deliver counselling services to young people between ages 12 – 25. This can also include parent and family support. AHP's can request clinical preferences or particular issues which are aligned with clinical competence. For example, eating disorders, personality disorders, children under 15, family work issues etc.

How are AHP's remunerated?

The AHP is sub-contracted under EACH (lead agency), within the Youth and Family Program. AHP's are remunerated as per MBS rebates and Psychological interventions remuneration rates.

The Administration Practice Manager or Senior Delegate will be responsible for processing all relevant claims including Medicare billing item numbers. This will occur on a monthly basis. For AHPs who are remunerated under MBS and Medicare, the Administration Practice Manager or Senior Delegate acts as a conduit between Clinicians and Medicare. There are several variables that may impact claims being sent from Medicare which may be out of headspace Dandenong and Narre Warren control. Where payments are delayed or rejected, the Administration Coordinator or Senior Delegate will inform the impacted AHP and will assist in attempting to recover claims.

Are AHP's charged overheads?

Yes. There is 15% fee to AHP's based on monthly earnings. This fee covers all headspace Dandenong and Narre Warren overheads including administration (access to computer, medical record keeping system, printer/fax/copier) and consultation rooms.

What happens if my client does not attend their appointment?

Clients who do not attend their appointments with their AHP **will not be charged a late cancellation fee**. However, headspace Dandenong and Narre Warren will endeavour to provide **operational strategies** to assist in clients returning to the centre.

What are the clinical governance arrangements for AHPs?

- The AHP is clinically responsible **from the first client face to face contact** and is responsible to their registering body through APHRA and covered professionally by their own professional indemnity insurance.
- The clinical governance arrangement for clients on a MHTP referral rests primarily between the GP and AHP and works within the requirements of the MBS systems.
- On days the headspace GP (if under a plan written under the GP) and AHP is not present, and if the client makes contact with headspace Dandenong or Narre Warren, the clinical responsibilities for clients under a MHTP will be managed by the Early Intervention Team Leader or Clinical Lead at headspace Dandenong or Narre Warren. The headspace Dandenong and Narre Warren Early Intervention Team Leader will liaise with the AHP wherever practical, and is clinically responsible for any client contact at this point and will document in the electronic client medical record.
- The Early Intervention Team Leader can request support from the wider headspace Dandenong and Narre Warren clinical services team.
- **AHP's are responsible for clients who they have seen for at least one session.** Clients who have been referred to AHP's yet do not attend for their first session need to be followed up by headspace Dandenong and Narre Warren Intake team.
- Clinical documentation is recorded on the shared electronic medical record (EMR) provided by headspace Dandenong and Narre Warren through EACH. EACH is responsible for the EMR in ensuring that it meets privacy and other legislative requirements. The AHP is responsible for the clinical content on the EMR.
- The clinical oversight rests with the headspace Clinical Lead and Early Intervention Team Leader
- Operational accountability rests with the Centre Manager and Early Intervention Team Leader.
- The clinical documentation recorded by the AHP is entered in the headspace Dandenong and Narre Warren electronic medical record within **3 days (72 Hours) timeframe or within 24 hours** if significant risk was identified. AHP's must ensure that all files are stored in line with legislative requirements and organisational policies and procedures
- AHP's are required to complete the Minimum Data Set (MDS) as part of reporting requirements under headspace national reporting for all face-to-face appointments



What support do AHPs receive from headspace Dandenong and Narre Warren?

Administration:

Billing: Administration Practice Manager or Senior Delegate will be responsible for processing all relevant claims including Medicare billing item numbers

Appointments: Administration staff will contact clients who have not attended their appointments on the day and will reschedule as required. The administration staff will also make contact with clients, in an event of AHP being sick or family urgency.

Reminder text messages: For clients who provide consent, reminder text messages will be sent the day before appointments

Clinical Support – Early Intervention Team Leader

The Early Intervention Team Leader will support AHP's by providing secondary consultation and advice regarding clinical cases as required, provide on the ground support for all AHP clinicians and provide formal caseload supervision to AHP's on a 6 monthly basis. On days AHP's are not working, the Early Intervention Team Leader will provide telephone /face-to face support to existing clients (case by case basis). In the absence of the Early Intervention Team Leader, secondary consultation can be sought with the Clinical Lead or other senior headspace staff as requested. This does not have a clinical governance responsibility.

Other clinical support

Clinical Review: AHP's are invited to attend the weekly clinical reviewing meeting to discuss complex clinical case presentations.

What do AHPs do if they are unable to attend the clinic due to illness or other unplanned leave?

Please contact the Administration team ASAP via phone or email. The Administration team will contact clients booked and reschedule to the next available appointment on your behalf

What are the administration responsibilities for AHPs?

Clients who they have seen for at least one session

- It is the responsibility of the AHP to contact clients who are disengaged and to assess if they would like to return to headspace centres
- It is the responsibility of the AHP to contact clients they would like to have rescheduled to a different day or time, including filling in appointment gaps
- It is the responsibility of the AHP to contact their clients to confirm their appointment on the day if required

Clinical documentation

- It is the responsibility of the AHP to ensure all clinical documentation is scanned uploaded into the clients' record system (consent, safety plans, referral information)
- AHP's are to work within the reporting requirements of MBS systems. This includes providing a letter to the treating GP after completion of initial 6 sessions and request for more sessions if required.
- Correspondence to treating GP at completion of treatment (you can use headspace Dandenong and Narre Warren closure summary).
- AHP's are to work within headspace Dandenong and Narre Warren policies and procedures
- AHP's are to complete clinical notes within 3 business days of session.
- If there are any risk issues evident then the clinical notes need to be completed on the day of presentation. Secondary Consultation can be sought from the Early Intervention Team Leader regarding clients who may require tertiary level support



How do AHPs refer to internal services that headspace Dandenong and Narre Warren offer on behalf of their clients?

The Early Intervention Team Leader or Clinical Lead can be consulted regarding how to refer to internal services as part of the headspace Dandenong and Narre Warren Consortia Partnership framework. The AHP is responsible for completing all relevant forms and procedures to initiate referrals.

How do AHPs refer to external services on behalf of their clients?

AHP's are responsible for providing referral letters to external services and, if required, referrals to tertiary services such as Monash Health – Early In Life Mental Health Service. Secondary Consultation can be sought from the Early Intervention Team Leader regarding clients who may require tertiary level referral or external services.

How do AHPs manage their caseload to ensure they have regular clients booked?

- The AHP can discuss their capacity to receive new referrals with the Early Intervention Team Leader
- AHPs are responsible for contacting their clients who are on a 'waitlist' for appointments to be booked into any appointment gaps
- The AHP is responsible for maintaining their current active caseloads. The Early Intervention Team Leader will provide a minimum of 6 months caseload review, however AHPs can request additional caseload review dates
- The AHP is too ensure that ensuring clients who are no longer engaged to the service are closed via MBS requirements and internal headspace Dandenong and Narre Warren procedures
- New allocations will be prioritized by availability, caseloads capacity, and clinical skills/interests matching.

What if I have some suggestions on how to improve the systems at headspace Dandenong and Narre Warren?

AHP's are key members of the headspace team. Any suggestions would be welcome to improve our work with young people and strengthen the efficiency of the service. Please discuss any suggestions with the Early Intervention Team Leader or Clinical Lead.



