



# **Health Insurance (Allied Health Services) Amendment (Health Care Homes) Determination 2017**

*Health Insurance Act 1973*

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I, David Weiss, delegate of the Minister for Health, make this Determination under subsection 3C (1) of the *Health Insurance Act 1973*.

Dated            23 August 2017

DAVID WEISS  
FIRST ASSISTANT SECRETARY  
MEDICAL BENEFITS DIVISION  
DEPARTMENT OF HEALTH

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## **1 Name**

This Determination is the *Health Insurance (Allied Health Services) Amendment (Health Care Homes) Determination 2017*.

## **2 Commencement**

This Determination commences on 1 October 2017.

## **3 Authority**

This Determination is made under section 3C of the *Health Insurance Act 1973*.

## **4 Schedules**

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

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## Schedule 1 Amendments

### *Health Insurance (Allied Health Services) Determination 2014*

#### 1 Subsection 4(1)

Insert:

***Health Care Homes trial site*** means a medical practice:

- (a) in respect of which a grant was made by the Commonwealth under the Health Care Homes Grant Program; and
- (b) that is participating in the Health Care Homes Program.

***Health Care Homes Program*** means the program of that name administered by the Department of Health.

***mental disorder*** means a significant impairment of any or all of an individual's cognitive, affective and relational abilities that:

- (a) may require medical intervention;
- (b) may be a recognised, medically diagnosable illness or disorder; and
- (c) is not dementia, delirium, tobacco use disorder or mental retardation.

***shared care plan*** has the meaning given by section 9B.

#### 2 At the end of section 7

Add:

- (5) Where the referral is by a medical practitioner as part of a shared care plan, the shared care plan must include, in addition to any matters required by section 9B:
  - (a) a record of the patient's agreement to mental health services;
  - (b) an outline of assessment of the patient's mental disorder, including the mental health formulation and diagnosis or provisional diagnosis; and
  - (c) if appropriate, a plan for one or more of:
    - (i) crisis intervention;
    - (ii) relapse prevention.

### 3 After section 9A

Insert:

#### 9B Shared care plan

- (1) A *shared care plan*, for a patient, means a written plan that:
  - (a) is prepared for a patient enrolled at a Health Care Homes trial site;
  - (b) is prepared by a medical practitioner (including a general practitioner but not including a specialist or consultant physician) who is leading the patient's care at the Health Care Homes trial site; and
  - (c) includes, at least, the matters mentioned in subsection (2).
- (2) For paragraph (1)(c), the matters are:
  - (a) an outline of the patient's agreed current and long-term healthcare needs and goals;
  - (b) an approach or approaches to addressing those needs and goals;
  - (c) the person or people responsible for each activity;
  - (d) arrangements to review the plan by a day mentioned in the plan; and
  - (e) if authorised by the patient - arrangements for the transfer of information between the medical practitioner and other health care providers supporting patient care about the patient's condition or conditions and treatment.

### 4 Schedule 2, Part 1, item 10950, paragraphs (a) and (b)

Repeal the paragraphs, substitute:

- (a) the service is provided to a person who has:
  - (i) a chronic condition; and
  - (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and
- (b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and

### 5 Schedule 2, Part 1, item 10951, paragraphs (a) and (b)

Repeal the paragraphs, substitute:

- (a) the service is provided to a person who has:
  - (i) a chronic condition; and

- (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and
- (b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and

#### **6 Schedule 2, Part 1, item 10952, paragraphs (a) and (b)**

Repeal the paragraphs, substitute:

- (a) the service is provided to a person who has:
  - (i) a chronic condition; and
  - (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and
- (b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and

#### **7 Schedule 2, Part 1, item 10953, paragraphs (a) and (b)**

Repeal the paragraphs, substitute:

- (a) the service is provided to a person who has:
  - (i) a chronic condition; and
  - (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and
- (b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and

**8 Schedule 2, Part 1, item 10954, paragraphs (a) and (b)**

Repeal the paragraphs, substitute:

- (a) the service is provided to a person who has:
  - (i) a chronic condition; and
  - (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and
- (b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and

**9 Schedule 2, Part 1, item 10956, paragraphs (a) and (b)**

Repeal the paragraphs, substitute:

- (a) the service is provided to a person who has:
  - (i) a chronic condition; and
  - (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and
- (b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and

**10 Schedule 2, Part 1, item 10958, paragraphs (a) and (b)**

Repeal the paragraphs, substitute:

- (a) the service is provided to a person who has:
  - (i) a chronic condition; and
  - (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and
- (b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as



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part of the management of the person's chronic condition and complex care needs; and

**11 Schedule 2, Part 1, item 10960, paragraphs (a) and (b)**

Repeal the paragraphs, substitute:

- (a) the service is provided to a person who has:
  - (i) a chronic condition; and
  - (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and
- (b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and

**12 Schedule 2, Part 1, item 10962, paragraphs (a) and (b)**

Repeal the paragraphs, substitute:

- (a) the service is provided to a person who has:
  - (i) a chronic condition; and
  - (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and
- (b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and

**13 Schedule 2, Part 1, item 10964, paragraphs (a) and (b)**

Repeal the paragraphs, substitute:

- (a) the service is provided to a person who has:
  - (i) a chronic condition; and
  - (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's

medical practitioner has contributed to a multidisciplinary care plan; and

- (b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and

**14 Schedule 2, Part 1, item 10966, paragraphs (a) and (b)**

Repeal the paragraphs, substitute:

- (a) the service is provided to a person who has:
  - (i) a chronic condition; and
  - (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and
- (b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and

**15 Schedule 2, Part 1, item 10968, paragraphs (a) and (b)**

Repeal the paragraphs, substitute:

- (a) the service is provided to a person who has:
  - (i) a chronic condition; and
  - (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and
- (b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and

**16 Schedule 2, Part 1, item 10970, paragraphs (a) and (b)**

Repeal the paragraphs, substitute:

- (a) the service is provided to a person who has:
  - (i) a chronic condition; and
  - (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or

consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and

- (b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and

**17 Schedule 2, Part 2, subparagraph (a)(i) of items 80000, 80010, 80020, 80100, 80110, 80120, 80125, 80135, 80145, 80150, 80160 and 80170**

After "Treatment Plan" insert ", or as part of a shared care plan,".

**18 Schedule 2, Part 4, paragraph (b) of items 81100, 81110 and 81120**

After "under a" insert "shared care plan or a".

**19 Schedule 2, Part 6, item 81300, paragraph (a)**

Repeal the paragraph, substitute:

- (a) either:
  - (i) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or
  - (ii) the person's shared care plan identifies the need for follow-up allied health services; and

**20 Schedule 2, Part 6, item 81305, paragraph (a)**

Repeal the paragraph, substitute:

- (a) either:
  - (i) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or
  - (ii) the person's shared care plan identifies the need for follow-up allied health services; and

**21 Schedule 2, Part 6, item 81310, paragraph (a)**

Repeal the paragraph, substitute:

- (a) either:
  - (i) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or

- (ii) the person's shared care plan identifies the need for follow-up allied health services; and

**22 Schedule 2, Part 6, item 81315, paragraph (a)**

Repeal the paragraph, substitute:

- (a) either:
  - (i) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or
  - (ii) the person's shared care plan identifies the need for follow-up allied health services; and

**23 Schedule 2, Part 6, item 81320, paragraph (a)**

Repeal the paragraph, substitute:

- (a) either:
  - (i) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or
  - (ii) the person's shared care plan identifies the need for follow-up allied health services; and

**24 Schedule 2, Part 6, item 81325, paragraph (a)**

Repeal the paragraph, substitute:

- (a) either:
  - (i) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or
  - (ii) the person's shared care plan identifies the need for follow-up allied health services; and

**25 Schedule 2, Part 6, item 81330, paragraph (a)**

Repeal the paragraph, substitute:

- (a) either:
  - (i) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or
  - (ii) the person's shared care plan identifies the need for follow-up allied health services; and

**26 Schedule 2, Part 6, item 81335, paragraph (a)**

Repeal the paragraph, substitute:

- (a) either:

- (i) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or
- (ii) the person's shared care plan identifies the need for follow-up allied health services; and

**27 Schedule 2, Part 6, item 81340, paragraph (a)**

Repeal the paragraph, substitute:

- (a) either:
  - (i) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or
  - (ii) the person's shared care plan identifies the need for follow-up allied health services; and

**28 Schedule 2, Part 6, item 81345, paragraph (a)**

Repeal the paragraph, substitute:

- (a) either:
  - (i) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or
  - (ii) the person's shared care plan identifies the need for follow-up allied health services; and

**29 Schedule 2, Part 6, item 81350, paragraph (a)**

Repeal the paragraph, substitute:

- (a) either:
  - (i) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or
  - (ii) the person's shared care plan identifies the need for follow-up allied health services; and

**30 Schedule 2, Part 6, item 81355, paragraph (a)**

Repeal the paragraph, substitute:

- (a) either:
  - (i) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or
  - (ii) the person's shared care plan identifies the need for follow-up allied health services; and

**31 Schedule 2, Part 6, item 81360, paragraph (a)**

Repeal the paragraph, substitute:

- (a) either:
  - (i) a medical practitioner has undertaken a health assessment and identified a need for follow-up allied health services; or
  - (ii) the person's shared care plan identifies the need for follow-up allied health services; and