



Psychological **Access Plus** Program (**Access +**)

Guide for Contractors 2023

(This document is only accurate at date of printing)





Table of Contents

Contents

Table of Contents	2
Glossary	3
Psychological Access Plus Program (Access+)	5
Patient eligibility.....	5
Areas covered	6
Referral process	8
Service Delivery	8
Service Contact	8
Service Modalities.....	10
Cancellation	10
Current Service Fees	10
Documentation.....	12
Assessments	13
Reporting	14
Appendix 1: Psychological Access Plus Report – Initial	15
Appendix 2: Psychological Access Plus Report – Final.....	16
Appendix 3: Psychological Access Plus Report – Initial Provisional Pathway	18

Glossary

Approved outcome measure	Standardised, validated tools that can be used to screen and assess for mental health symptoms and conditions and measure treatment outcomes (i.e., K10+, SDQ)
Assessment	Determination of a person’s mental health status and need for mental health services, based on the collection and evaluation of data obtained through interview and observation, of a person’s history and presenting problem(s). Assessment may include consultation with the person’s family and concludes with formation of problems/issues, documentation of a preliminary diagnosis, and a treatment plan.
Client service record	Less sensitive section of Client record and includes: dates and nature of service, basic Client demographics and contact details, formal correspondence with third parties, accounts and administrative forms as well as a brief summary for the team or referrer and reports.
Clinical coordination/liaison	Activities focused on working in partnership and liaison with other health care and service providers and other individuals to coordinate and integrate service delivery to the client with the aim of improving their clinical outcomes. Consultation and liaison may occur with primary health care providers, acute health, emergency services, rehabilitation and support services, family, friends, other support people and carers and other agencies that have some level of responsibility for the client’s treatment and/or well-being.
Contractor	Mental Health Provider that has entered into a current Service Agreement with PCCS to provide services within the Access Plus Program
rediCASE	An electronic system which stores information from internal and external sources to facilitate better service provision.
Individual psychological intervention	Structured interaction delivered individually to a single client by a Contractor without third party participants, using a recognised psychological method, for example, cognitive behavioural techniques or psycho education counselling

Psychological intervention with Significant Others present	Structured interaction between a client, significant person in their life and a Contractor using a recognised psychological method, for example cognitive behavioural techniques, family therapy or psycho education counselling
Minimum Data Set (MDS)	The Minimum Data Set (MDS) is a set of nationally agreed data items that are collected in relation to clients and the services they receive
No show	Failure to attend an appointment that was made for an intended participant(s).
Service Allocation	The identified maximum amount of treatment and treatment support time which is allocated to a client.
Service Contact	The provision of a Service by a Contractor for a Client where the nature of the service would normally warrant a dated entry in the clinical record of the Client. A service contact must involve at least two persons, one of whom must be the Contractor, and the other can be with the Client or with a third party, such as a carer or family member, and/or other professional or mental health worker, or other service provider. Service provision is only regarded as a Service Contact if it is relevant to the clinical condition of the Client. This means that it does not include services of an administrative nature (e.g., telephone contact to schedule an appointment)
Service Contact Type	Assessment, Individual Psychological Intervention, Psychological Intervention with Significant Others present and Clinical Coordination/Liaison.
Service Fees	The fees payable by PCCS to the Contractor for the Services provided under this Agreement
Service Modality	How a Contractor provides a Service Contact to a Client which could be face-to-face communication, telephone, internet, video link or other forms of direct communication.



Psychological Access Plus Program (Access+)

PCCS is offering an innovative **Psychological Access Plus** service for people who have difficulties accessing appropriate mental health support due to financial or other difficulties. The new model provides a more flexible and, at the same time, a more focused approach for Contractors to help their clients.

A range of services are available for people with mental illness, drug and alcohol issues or who are at risk of suicide or self-harm. They can include a mix of assessment time, structured psychological interventions and clinical coordination/liaison time.

Assessment determines a person's mental health status, need for mental health services and may include consultation with the person's family to assist with the formation of the problems/issues, the preliminary diagnosis and a treatment plan.

Structured psychological interventions are designed to alleviate psychological distress or emotional disturbance, change maladaptive behaviour and foster mental health and include but are not limited to:

- Psycho-education (including motivational interviewing)
- Cognitive Behaviour Therapies
- Relaxation strategies
- Skills training
- Interpersonal therapy
- Mindfulness-based therapy
- Narrative therapy
- Gestalt
- Parent/child interactive therapy
- Family therapy

Patient eligibility

The Program is targeting a broad range of consumers who are not easily able to access private mental health services including:

- people living in remote and rural communities
- children and young people
- people experiencing, or at risk of, homelessness
- women experiencing perinatal depression
- people with an intellectual disability
- people from culturally and linguistically diverse (CALD) backgrounds
- Aboriginal and Torres Strait Islander people
- people at risk of suicide
- LGBTI people



The following disorders are examples of those which can be treated under the Access Plus Program (this list is not intended to be exhaustive):

Acute psychotic disorders	Generalised anxiety
Adjustment disorder	Hyperkinetic (attention deficit) disorder
Alcohol use disorders	Mental disorder, not otherwise specified
Bereavement disorders	Mixed anxiety and depression
Bipolar disorder	Neurasthenia
Chronic psychotic disorders	Panic disorder
Conduct disorder	Perinatal Depression
Depression	Phobic disorders
Dissociative (conversion) disorder	Sexual disorders
Drug use disorders	Sleep problems
Eating disorders	Unexplained somatic complaints
Enuresis	

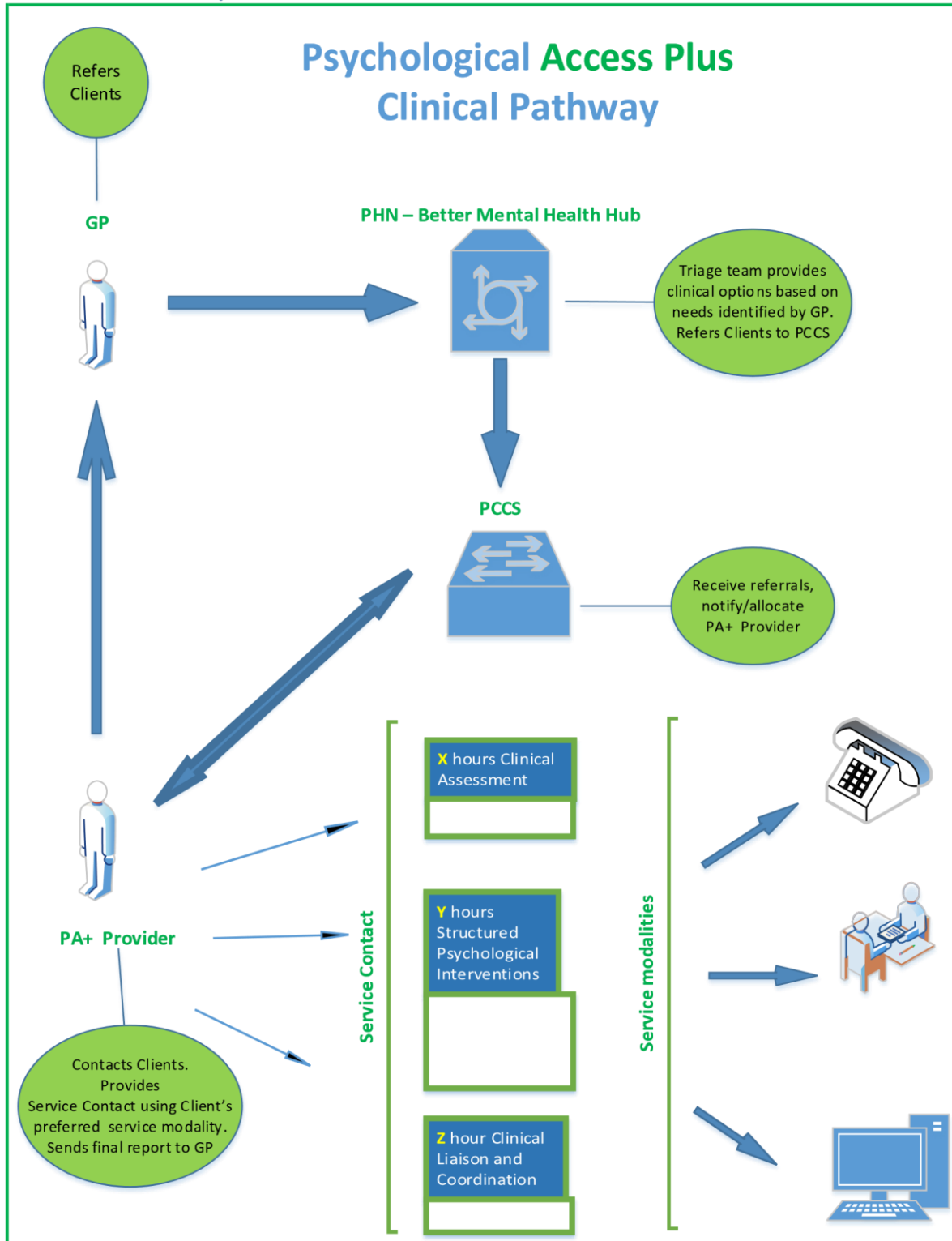
Dementia, delirium, tobacco use disorder and intellectual disability are not regarded as mental disorders for this Program. However, the needs of people with intellectual disability who have comorbid mental illness for psychological therapy could be considered.

Areas covered

SNPHN region which includes the following Local Government Areas (LGAs):

- Hornsby
- Ryde
- Ku-ring-gai
- Hunters Hill
- Lane Cove
- Willoughby
- Mosman
- North Sydney
- Northern Beaches

Clinical Pathway





Referral process

Referral process will be managed via rediCASE. Email alerts are sent to Contractors notifying them about new clients and Service Allocation based on the information provided by the SNPHN Mental Health Triage Team.

For Clients identified as at risk of Suicide

Contractors need to notify PCCS about their accepting/declining a referral within **24 hours** via rediCASE. Service Contact must be provided **within 24 hours** of referral even if the first Contact is via telephone.

For all other Clients

Contractors need to notify PCCS about their accepting/declining a referral **within 48 hours** (except for clients at risk of suicide) via rediCASE. It allows PCCS to refer clients who have been declined to another Contractor. On accepting the referral, Contractors need to contact clients within 24 hours and arrange their first Service Contact **within 14 days** of referral.

When contact has been established with a client and the first appointment scheduled, contractors are to enter a 15-minute service contact in rediCASE.

Service Delivery

Service Contact

The Mental Health Triage Team allocates Pathways for clients that have maximum amount of time within each Service Contact Type (e.g., Assessment, Structured Psychological Interventions, etc.).

Contractors can use a flexible approach guided by their clinical judgement when determining the length and delivery mode of individual Service Contacts within the Service Allocation, so long as this approach uses approved service Items to deliver care that is responsive and well suited to the client's individual needs. Examples of service allocation:

Mild to Moderate General Pathway Allocation

Up to 8 hours service contact time, which is comprised of:

- Up to 1.5 hours assessment time
- Up to 6 hours structured psychological interventions; and
- Up to 0.5 hour clinical liaison time



Suicidal Ideation Pathway Allocation

Up to 12.5 hours service contact time, which is comprised of:

- Up to 1.5 hours assessment time
- Up to 10 hours structured psychological interventions; and
- Up to 1 hour clinical liaison time

Complex Pathway Allocation

Up to 13.5 hours service contact time, which is comprised of:

- Up to 1.5 hours assessment time
- Up to 11 hours structured psychological interventions; and
- Up to 1 hour clinical liaison time

Provisional Pathway Allocation

Up to 3.5 hours service contact time, which is comprised of:

- Up to 1.5 hours assessment time
- Up to 1 hours structured psychological interventions; and
- Up to 30 minutes clinical liaison time

When a client's service allocation is exhausted, the Contractor is to advise the client that they must return to their GP for a mental health review visit. The mental health review must be conducted within six (6) months of completion of the GP mental health care plan.

In some cases, a further service allocation may be available if required, following a mental health review by the GP.

The 'Provisional Pathway' is designed to allow Head to Health and other commissioned services to initially refer to Access Plus without a GP referral and Mental Health Treatment plan. Upon receipt of the Mental Health Treatment Plan, the Mental Health Triage team may approve further sessions based on clinical presentations.

Where a client's risk of suicide significantly increases or their mental health wellbeing significantly decreases, the Contractor should notify the client's GP by phone and inform the Mental Health Triage Team via rediCASE.

If required, call 000 or NSW Mental Health Line 1800 011 511 or Suicide Call Back 1300 659 467.



Service Modalities

There are three modes available to provide Service Contact:

- Face-to-face – Contractor provides Service Contact in their consultation room or at an agreed location ensuring Client privacy and confidentiality
- Telephone – Contractor provides Service Contact over the telephone in their consultation room or other venue ensuring Client privacy and confidentiality
- Internet – Contractor provides Service Contact using Skype or any other platform in their consultation room or other venue ensuring Client privacy and confidentiality

Cancellation

In case of no-show, the Contractor should contact the client immediately to find out the reason for missing the appointment and (if reasonable and agreed with the Client) to provide a short (half an hour) Service Contact via telephone or video call. If the client fails to attend their treatment or that their treatment is discontinued, the Contractor will need to notify PCCS (by entering a note and service contact in rediCASE).

If the Contractor decides the client is not suitable to continue, the Contractor must notify the GP by completing the final report to GP, enter notes in rediCASE specifying the reasons for the client not continuing and notify PCCS via email accessplus@pccs.org.au.

In the event the client contacts PCCS to advise they do not wish to continue with the service, the Contractor will be notified. The client reserves the right to terminate treatment at any time, and PCCS will not be liable for payment of any remaining Service Allocation.

Current Service Fees

Referrals:

Referrals are valid for the period of 4 months and no Fees will be paid for Service Contacts provided after 4 months from the date of referrals. Please enter service contacts in rediCASE **as soon as possible** after each service contact.

After the 20th day of the month following the fourth month, any portion of the service allocation that has not been invoiced will be deemed unutilised and reallocated to new service allocations (e.g., all service contacts for a referral made on 27 July 2020, must be invoiced by 20 December 2020, or any unused service hours will be allocated to a new referral). For the avoidance of any doubt, unutilised hours are automatically reallocated to new referrals to maximise the number of Access Plus services provided, and thus will not be paid if a late invoice is received.



Assessment: Determination of a person’s mental health status and need for mental health services, based on the collection and evaluation of data obtained through interview and observation of a person’s history and presenting problem(s). Assessment may include consultation with the person’s family and concludes with formation of problems/issues, documentation of a preliminary diagnosis, and a treatment plan.

	1.5hr contact (including report)	2hr contact (including report)	2.5 hr contact (including report)
Face to Face	\$202.50	\$270.00	\$337.50
Telephone / Video	\$202.50	\$270.00	\$337.50

Structured Psychological Intervention (Individual): Those interventions which include a structured interaction delivered individually to a single client by a Contractor without third party participants, using a recognised, psychological method, for example, cognitive behavioural techniques or psycho education counselling. These are recognised, structured or published techniques for the treatment of mental illhealth. Structured psychological interventions are designed to alleviate psychological distress or emotional disturbance, change maladaptive behaviour and foster mental health.

Structured Psychological Intervention (With Significant Persons Present): Those interventions which include a structured interaction between a client, significant persons in their life, and a Contractor using a recognised, psychological method, for example, cognitive behavioural techniques, family therapy or psycho education counselling.

	0.5hr contact	1hr contact	1.5hr contact
Face to Face	\$67.50	\$135.00	\$202.50
Telephone / Video	\$67.50	\$135.00	\$202.50

Clinical Care Coordination / Liaison / Case Conferencing: Activities focused on working in partnership and liaison with other health care and service providers and other individuals to coordinate and integrate service delivery to the client with the aim of improving their clinical outcomes. Consultation and liaison may occur with primary health care providers, acute health, emergency services, rehabilitation and support services, family, friends, other support people and carers and other agencies that have some level of responsibility for the client’s treatment and/or wellbeing.



	0.25hr contact	0.5hr contact	1hr contact
Face to Face	\$33.75	\$67.50	\$135.00
Telephone / Video	\$33.75	\$67.50	\$135.00

No Shows: Where an appointment was made for an intended participant(s), but the intended participant(s) failed to attend the appointment, one hour from the client allocated time will be deducted and a standard no-show rate will be paid.

	No show payment
Maximum 2 per client	\$67.50
	Provisional Pathway
Maximum 1 per client	\$67.50

PCCS will pay the Contractor on a pro-rata per hour basis for Service Contacts specified in the Service Fee. The Contractor acknowledges that this fee may change from time to time, including if the funding provided by the Commonwealth changes.

PCCS will pay for up to two no-show Service Contacts where a client fails to cancel and attend a Service Contact. After two no-show Service Contacts, the Contractor will need to determine whether they will continue to see the client.

Documentation

Every contact with client (whether face to face or otherwise) must be recorded in rediCASE. Similarly, any attempt to contact a client who has failed to attend and any correspondence to or from the referrer should be documented within rediCASE.

Evaluation

Prior to commencement of the **first Service Contact**, the Contractor must explain to the client how a complaint, compliment or feedback can be made on this service. Contractors are responsible for explaining that a complaint, compliment or feedback can be made by contacting PCCS directly. These contact details are available on the PCCS website (<https://pccs.org.au/feedback>).



Summary of PCCS feedback process to be shared with clients by Contractors

Contractors are required to provide the following information to each client they service on behalf of PCCS.

Clients have the right to provide feedback or make a complaint regarding a PCCS program or service. They can provide feedback to any staff member or by email to quality@pccs.org.au. To lodge a formal complaint, please contact the Quality Team on (02) 9477 8700, email details to quality@pccs.org.au or download the complaint form at www.pccs.org.au/about-us/contact-us/feedback/comments-compliments-complaints and mail to Primary & Community Care Services, PO Box 173, Thornleigh NSW 2120, or speak directly to your PCCS service specialist. They can nominate a person as their key contact during the complaint process.

A fair investigation and response to any complaints will be conducted without it affecting your care. If a client is not happy with the outcome of the complaint, or the complaint is of a serious nature, they can direct it to: The Resolution Officer, Health Care Complaints Commission, Phone: 1800 043 159 or visit www.hccc.nsw.gov.au/.

At the completion of the **final Service Contact** within a Service Allocation, the Contractor must ask the client to complete a 'Client Survey Questionnaire' electronically. Please ensure you advise all client's that they may receive an SMS or email directing them to complete the confidential online survey. Completion of this survey is voluntary and anonymous and will not affect further services provided to the client. All responses are confidential and will be used for evaluation and quality improvement purposes.

In addition, PCCS utilises independent consumer feedback services for its programs, including Psychological Access Plus. PCCS will survey a random sample of clients participating in the Psychological Access Plus program for evaluation and quality purposes.

Contractors are required to inform their clients about the possibility of being contacted by phone and surveyed about their experience of the program. Please inform them that participation in the survey is entirely voluntary, and client responses will be used for evaluation and quality improvement purposes.

Assessments

The Contractor must administer an approved Outcome Measure to their clients (e.g., Kessler Psychological Distress Scale K10+) for adults, Strengths & Difficulties Questionnaires [SDQ] for children and young people up to 17 years old) at each Service Contact within the Service Allocation. This information must be added when entering a service contact in rediCASE.



Reporting

The Contractor must send a report to the referring GP (or other nominated referrer as specified in the Service Allocation) following:

- the completion of the Client's **initial** (Appendix 1) Service Contact including up-to-date information as to any change in treatment
- the completion of the Client's **final** (Appendix 2) Service Contact including up-to-date information as to any change in treatment.

The Contractor must provide all the information required for the Primary Mental Health Care Minimum Data Set (PMHC-MDS) via rediCASE.



Appendix 1: Psychological Access Plus Report – Initial

Please send a report to the referring GP after the initial session.

Patient Information:

Patient Name:	DOB:
Unique Patient Identification Number:	Referring GP:
Date of 1 st Service Contact:	

Psychological Measurement: (Please tick)

<input type="checkbox"/> K10+ (Adults)	
<input type="checkbox"/> K5 (Adults identifying as Aboriginal and/or Torres strait Islander)	
<input type="checkbox"/> SDQ (Parent Report Measure for ages 4-10/11-17 or Youth Self Report Measure 11-17)	

Session Information:

Initial assessment findings: (incl. comorbidity if any)	
Results and interpretation of standard measures:	
Presenting Problem (including background history)	
Suggested Treatment Plan:	
Recommendations for future appointments:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, recommendation for future pathway:	

Psychological Service Provider details:

Name:			
Contact Number:		Fax:	

The information I have provided on this form is a true and accurate record of services provided:

Signed:

Date:

Appendix 2: Psychological Access Plus Report – Final

Please send a report to the referring GP after the final session

Patient Information:

Patient Name:	DOB:
Referring GP:	Number of Service Contacts:
Date of 1st Service Contact:	Date of last Service Contact:
Further Service recommended: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Group <input type="checkbox"/> Individual <input type="checkbox"/>

Focused Psychological Strategies provided: (Please tick)

Assessment <input type="checkbox"/>	Cognitive Analysis <input type="checkbox"/>	Interpersonal Therapy <input type="checkbox"/>
Motivational Interviewing <input type="checkbox"/>	Psycho-Education <input type="checkbox"/>	Social Skills Training <input type="checkbox"/>
Stress Management <input type="checkbox"/>	Parent Management <input type="checkbox"/>	Relaxation Strategies <input type="checkbox"/>
Exposure Techniques <input type="checkbox"/>	Anger Management <input type="checkbox"/>	Self-Instructional Training <input type="checkbox"/>
Problem Solving <input type="checkbox"/>	Activity Scheduling <input type="checkbox"/>	Behaviour Modification <input type="checkbox"/>
Attention Regulation <input type="checkbox"/>	Communication Training <input type="checkbox"/>	Narrative Therapy <input type="checkbox"/>
Mindfulness <input type="checkbox"/>	Other (please specify):	



Session Information:

Presenting Problems	
Summary of psychological interventions/focused strategies	
Progress/Outcomes (including pre and post K10)	
Continuing problems/concerns (including any obstacles to treatment e.g., failure of patient to attend session)	

Recommendations:

To review overall progress with you	<input type="checkbox"/>	To continue to implement skills learnt in the sessions	<input type="checkbox"/>
To continue to monitor medication needs with you	<input type="checkbox"/>	To pursue additional psychological treatment	<input type="checkbox"/>
Comments:			

Psychological Service Provider details:

Name:	
Contact Number:	
Fax:	

The information I have provided on this form is a true and accurate record of services provided to me:

Signed:

Date:

