



## Mental Health Nurse Incentive Program application

### Important information

The information provided in this application form will be used to assess your organisation's eligibility to receive funding under the Mental Health Nurse Incentive Program (MHNIP). This program provides funding to enable eligible private psychiatry practices, general practices and other appropriate organisations to engage specialist mental health nurses to provide support services to patients with a severe and persistent mental health disorder. For more information refer to the *Mental Health Nurse Incentive Program Guidelines* (Program Guidelines).

### Changes of details

Changes to organisation arrangements may have an affect on eligibility and payments for the MHNIP. The Department of Human Services (Human Services) must be advised of any changes to organisation arrangements within 14 calendar days. Changes must be advised on the MHNIP change of organisation details form or MHNIP change to authorised contact person(s). Relevant changes include any changes to information provided on this form.

All correspondence will be sent to the primary contact at the organisations postal address provided in this application. The authorised contact person(s) is responsible for notifying Human Services in writing of any changes to eligible organisation arrangements. Failure to do so could affect payments.

### False or misleading information

Penalties exist under law for giving false and/or misleading information. Human Services may suspend payments and/or recover any overpayments that result from:

- the provision of incomplete or inaccurate information, or
- delays in advising Human Services of changes to organisation details.

Refer to **Changes of details** for relevant changes in circumstances and the time in which organisations are required to notify Human Services of changes.

### Program Guidelines

To make sure that your organisation meets all of the ongoing eligibility requirements, you must review the Program Guidelines. To obtain a copy of the guidelines, go to [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) >For health professionals >Incentives and Allowances >Mental Health Nurse Incentive Program or call the MHNIP on 1800 222 032.

### Assistance

For more information about the MHNIP email [mhnip@humanservices.gov.au](mailto:mhnip@humanservices.gov.au) or go to [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) >For health professionals >Incentives and Allowances >Mental Health Nurse Incentive Program. If you need assistance completing this form call the MHNIP on 1800 222 032 (call charges may apply) between 8.30 am and 5.00 pm, Monday to Friday, Australian Central Standard Time.

### Lodgement details

Send the completed form to:

**Mental Health Nurse Incentive Program**  
**GPO Box 2572**  
**ADELAIDE SA 5001**

or fax to: **1300 581 573**

Print in **BLOCK LETTERS**

Tick where applicable

### Organisation eligibility check

It is an eligibility requirement of the MHNIP that the organisation has appropriate insurance coverage and is in a position to engage the services of a mental health nurse.

- 1 Does your organisation have workers compensation in accordance with relevant state or territory legislation?  
No  *Your organisation is not eligible to participate in the MHNIP.*  
Yes
- 2 Does your organisation have public liability insurance of no less than \$10 million?  
No  *Your organisation is not eligible to participate in the MHNIP.*  
Yes
- 3 Does your organisation have professional indemnity insurance of no less than \$10 million for clinical and non clinical work?  
No  *Your organisation is not eligible to participate in the MHNIP.*  
Yes
- 4 Does your organisation have vicarious liability cover of no less than \$1 million where the mental health nurse is an employee of the organisation and carrying out medical procedures or providing medical advice?  
No  *Your organisation is not eligible to participate in the MHNIP.*  
Yes



## Ownership details

**12** Indicate the type of organisation ownership arrangement that applies (**tick one only**):

**Individual proprietor**

Declaration to be completed by the proprietor.

**Partnership**

Declaration to be completed by two partners of the organisation.

**Associateship**

Declaration to be completed by two associates who are owners of the organisation.

**Body corporate**

Declaration to be completed by two authorised representatives of the corporation (e.g. company director and company secretary).

## Declaration

**13** Signatures of individuals, partners or associates who are owners of the organisation as set out at **question 12** are required. If the organisation is managed by a body corporate, signatures of two authorised representatives of the corporation is required.

**I/we consent to Human Services:**

- providing payment advice(s) showing how MHNIP payment(s) are calculated for the organisation to the authorised contact person.

**I/we understand that:**

- Human Services may conduct compliance audits of the organisation's compliance with the MHNIP eligibility requirements for MHNIP payments
- I/we may be required to provide information to Human Services as evidence of the organisation's compliance with the MHNIP eligibility requirements for MHNIP payments
- giving false or misleading information is a serious offence
- I/we must advise Human Services in writing of any changes to organisation arrangements within 14 calendar days
- if I/we do not notify Human Services of changes to organisation arrangements, payments for the MHNIP may be reduced or recovered, and the organisation's eligibility for the MHNIP may be affected.

**I/we declare that:**

- I/we have reviewed the MHNIP Guidelines
- the information on this form is correct.

**Owner/partner/associate/body corporate representative one**

Dr  Mr  Mrs  Miss  Ms  Other

Full name

Position held

Signature

Date

**Owner/partner/associate/body corporate representative two**


Dr  Mr  Mrs  Miss  Ms  Other

Full name

Position held

Signature

Date

 If more than two additional Owner/partner/associate/body corporate representative details are required, attach a separate sheet with details.

## Privacy

The information provided in this form will be used to determine eligibility for the Mental Health Nurse Incentive Program. The collection of this information is authorised by the *Human Services (Medicare) Act 1973*. Information provided may be disclosed to the Department of Health and Ageing for the purposes of administering this program or as authorised or required by law. The banking details provided on this form will be retained on Human Services records and will only be disclosed to the relevant financial institutions to facilitate electronic payments or as authorised or required by law.

## Checklist

- Is the postal address correct (at **question 7**)?
- Are the bank account details correct (at **question 10**)?
- Have you provided primary and secondary contact details (at **question 11**)?
- Has the declaration been completed and signed by the owner/partner/associate/body corporate representatives (at **question 13**)?