

ATAPS Centralised Intake FAQs for GPs



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What is ATAPS?

Access to Allied Psychological Services (ATAPS) funds the provision of short term focussed psychological services for people with mild-moderate mental health disorders - 6-12 sessions are available per referral (with up to 18 in exceptional circumstances).



What is 'Better Access'?

'Better Access' is funded by Medicare (not Marathon Health) and allows GPs to refer patients for whom a GP Mental Health Treatment Plan (MHTP) has been completed, to be seen for 6-10 sessions by a clinician who is registered with Medicare. Some clinicians may bulk-bill clients for these services or gap fees may be payable. Referrals are made directly from the GP to the appropriate clinician and the patient's ability to contribute to the cost of sessions should be considered when deciding to refer under Better Access or ATAPS.

Please see the Department of Health website for more information <http://www.health.gov.au/mentalhealth-betteraccess>.

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Why a Centralised Intake system?

To ensure that ATAPS reaches those who most need it and that both Tier 1 and Tier 2 programs are being used to their full capacity Department of Health require a system of review for all referral. A centralised intake system was introduced in the region in January 2014 in a number of locations across the region, with plans to expand to further towns.

The centralised intake system improves communication between all stakeholders and allows Marathon Health to assist GPs and patients in accessing the most appropriate and timely services in their areas. Marathon Health triage and assess all referrals and can re-direct referrals to alternate providers when wait lists exist, or assist GPs in making referrals to more appropriate services. By monitoring all referrals against the program eligibility criteria, the centralised intake system also gives Marathon Health information on where service gaps exist across the region.

Marathon Health also collects information through referrals, required by the Department of Health for reporting purposes. We will be working with practices to ensure that the processes in place are efficient, however we welcome all feedback on the process – please contact the Marathon Health Intake team on 02 6826 5271 or email to mental.health@marathonhealth.org.au. You can also see our [website](#) for a GP feedback form.

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Do I need to call to get an ATAPS number?

No. ATAPS numbers will be allocated to each referral by the Marathon Health Intake team once received through the centralised intake system. These numbers will be forwarded to the ATAPS provider for record keeping.

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Are there limits on how many patients I can refer?

No. GPs are welcome to make referrals into ATAPS at any time, using the referral procedure outlined below.

However, this is a capped service, and so not all referrals may be eligible for the program. Please see the eligibility criteria or contact the Marathon Health Intake line on **02 6826 5271** if you would like any more information about the service.

The GP needs to decide - based on a range of factors, such as workforce availability and the patient's ability to contribute to the cost - whether to refer a patient to Better Access or to ATAPS. However, it should be noted that individuals should only be referred to one of these Programs in any calendar year.



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Who is eligible?

ATAPS is funded under two tiers, to assist low-income earners and other demographic groups to access psychological services.

Tier 1 - General ATAPS

- Health care holders (or those in genuine financial hardship – i.e. not able to afford gap payments under the Better Access (Medicare) scheme)
- Mild-moderate mental health diagnosis (e.g. anxiety, depression)
- Has a completed GP Mental Health Treatment Plan (MHTP)

Tier 2 - Perinatal Depression

- Currently pregnant or with a baby <12 months old
- Mild-moderate mental health diagnosis (e.g. anxiety, depression)
- **Does NOT have to be health care card holder or low income earner** (PND PROGRAM ONLY)
- Has completed MHTP

Tier 2 - Children

- Up to 12 years old, from a low-income family (or genuine financial hardship)
- Showing signs of an emerging mental health, behavioural or emotional disorder (does not require mental health diagnosis)
- Has a completed Child Treatment Plan (CTP) or MHTP

Tier 2 - Aboriginal & Torres Strait Islander people

- Identify as Aboriginal or Torres Strait Islander
- Mild-moderate mental health diagnosis (e.g. anxiety, depression)
- Has completed MHTP

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Who is NOT eligible?

- Acute/crisis referrals should be directed to Community Mental Health or call the Mental Health 24 hour helpline on 1800 011 511
- People with chronic, severe or long-term (persistent) mental illness – these individuals generally require long-term treatment and may not benefit from short-term intervention available under ATAPS
- Those currently managed by state services – if managed by Community Mental Health, then individuals are not eligible to access ATAPS until discharged
- Individuals who have already utilised Better Access (Medicare) funding in the same calendar year

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Why a GP Mental Health Treatment Plan (MHTP)?

ATAPS is designed to benefit individuals with a mild-moderate mental health disorder. The program requires that a GP be an ongoing part of the individual's treatment plan for assessment, planning and monitoring. ATAPS funding requires a MHTP to be completed to ensure the program suits the needs of the patient (i.e. low-risk, non-urgent, mild-moderate, short-term), and to ensure the most effective use of the limited funds available.



Information contained in the MHTP may also be useful in determining if alternate services might be more appropriate for your patient.

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GP Mental Health Treatment Plan (MHTP) items:

To be eligible for ATAPS, patients must have a completed GP MHTP – valid for 12 months. The GP Mental Health Treatment Plan, Review and Consultation items are available for use in general practice by medical practitioners, including general practitioners but excluding specialists or consultant physicians.

Item	Description	Claiming Notes
2700	Preparation of GP Mental Health Treatment Plan by a GP who has NOT undertaken mental health skills training accredited by the General Practice Mental Health Standards Collaboration	Consult of at least 20 mins . Once in a twelve month period, with provision for exceptional circumstances*
2701	Preparation of GP Mental Health Treatment Plan by a GP who HAS undertaken mental health skills training.	Must be at least 40 mins duration . Once in a twelve month period, with provision for exceptional circumstances*
2715	Preparation of GP Mental Health Treatment Plan by a GP who HAS undertaken mental health skills training.	Consult of at least 20 mins . Once in a twelve month period, with provision for exceptional circumstances*
2717	Preparation of GP Mental Health Treatment Plan by a GP who HAS undertaken mental health skills training.	Must be at least 40 mins duration Once in a twelve month period, with provision for exceptional circumstances*
2712	GP Mental Health Treatment Plan Review	Not timed . Rebate not paid within 3 months of a 2712 or within 4 weeks following a claim for 2700,2701,2715, 2717.
2713	GP Mental Health Consultation	No restrictions apply. Must be at least 20 mins consult duration

Please see the [Medicare Benefits Schedule](#) for current information.

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How do I make an initial referral through Centralised Intake?

Please **DO NOT** send ATAPS referrals directly to mental health providers, as this can result in significant delays

GPs should determine the appropriate program based on eligibility (e.g. ATAPS, Better Access, or other funding such as Carers, Victims of Crime etc.)

If appropriate for ATAPS:



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- 1) Complete a GP Mental Health Treatment Plan (MHTP) or Child Treatment Plan (for children under 12)
- 2) Send MHTP to the Marathon Health Mental Health intake team via:
 - o secure fax: **02 66881 6882 7224** or via ARGUS – **mentalhealthargus@marathonhealth.org.au**

Your referral will be assessed for eligibility by the Marathon Health Mental Health intake team through a clinical review process. Marathon Health may contact you or your patient if additional information is required to progress with the referral or to discuss wait times, preferred provider etc.

Once the referral is accepted, you will be notified in writing, and the referral will be forwarded to the ATAPS provider.

Your patient will have access to up to 6 sessions initially – for further sessions, a MHTP review must be completed and a new referral made (see [Review Process](#) below).

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Confidentiality, security and privacy of information:

It is important that you discuss with your patient the requirements of the program before making a referral. This includes the provision of patient information (via MHTP) to Marathon Health for processing through the centralised intake system. Consent must be obtained before proceeding with the referral.

Marathon Health acknowledges GP and patient concerns regarding confidentiality, privacy and the security of information with the centralised intake model. Marathon Health is responsible for ensuring that patient information is secure and that confidentiality is maintained through robust systems between the key stakeholders – GPs, providers and Marathon Health.

The Marathon Health Intake team use referral and MHTP information provided by GPs to assess referrals for eligibility against the program criteria and to ensure access to the most appropriate service. Marathon Health also obtains de-identified demographic data for reporting purposes. Patient information is stored using clinical record keeping software (MasterCare); the MHTP is also forwarded to the mental health provider so that the clinician has all of the relevant patient information ahead of the patient's first appointment.

Whilst the Centralised Intake team will have access to sensitive patient information, Marathon Health recruit experienced staff with a proven history of trustworthy conduct in similar roles to undertake this role. Marathon Health will also ensure adequate supervision and support in these roles to safeguard patient information and systems.

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How long will it take for an initial appointment?

Marathon Health is committed to ensuring that the turnaround of referrals is efficient as possible. There is no delay to patient services when a comprehensive MHTP and referral is received by the Centralised Intake team. It is the aim of Marathon Health to triage all referrals within 48 hours.

Incomplete referrals will result in delays to the patient referral to the appropriate provider.

ATAPS is a non-urgent, capped service with high demand. On average it takes approx. 4-6 weeks for patients to access an initial session under ATAPS. If you or your patient have any concerns about the estimated wait time, please contact the Marathon Health Intake team on 02 6826 5271.

The Marathon Health Intake team will contact the GP or the patient in many cases to discuss wait times, and an



alternate provider may be suggested for a more timely service, and interim support options identified.

If an urgent service is required, please contact the [Mental Health 24 Hour Helpline – 1800 011 511](#)

Alternatively, you can also contact private mental health providers to determine if they are able to provide a more timely service under a private payment option (e.g. bulk-bill, Better Access gap-payment, other funding).

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Can I/my patient choose who they would like to see for counselling sessions?

You can select a preferred mental health provider from a list of contracted ATAPS providers on Marathon Health [website](#).

If your preferred provider is not on that list, you can refer to them directly under Better Access - they may be able to bulk-bill or see your patient at a reduced rate, however, these private services are not covered under ATAPS.

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Review Process - How do I refer for further sessions?

For any further sessions (after initial 6), all reviews require a consultation, assessment and review of the patient's Mental Health Treatment Plan (MHTP).

1st Review – 7-12 sessions

Once your patient has completed 6 sessions with an ATAPS provider, they will require a GP review to continue to access ATAPS sessions. The ATAPS provider should have provided you with a progress report, and may suggest continuing sessions

- GP must conduct an MHTP Review (item 2712), and update the progress, goals, current mental health status and risk assessment.
- Send MHTP Review [directly to the mental health provider](#) PRIOR to your patient accessing more sessions.

2nd Review – 12-18 sessions

- A 2nd review for further sessions may be appropriate in exceptional circumstances – according to the MBS exceptional circumstances are defined as “a significant change in the patient's clinical condition or care circumstances which make it appropriate and necessary to increase the maximum number of services. It is up to the referring practitioner (e.g. GP)
- GP completes a 2nd review of the patient's MHTP outlining the exceptional circumstances that apply
- Submit to the Marathon Health Mental Health Intake team for assessment (as per initial referral) – **NOT directly to the provider**

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Can my patient return to the program after they've been discharged?

Yes, after a patient has been discharged from the service, they are welcome to return to access their remaining sessions (up to a maximum of 12 per referral). A review of the patient's MHTP is required for a patient to re-commence sessions after they've been discharged or if they have not accessed sessions for an extended period of



time (i.e. more than 3 months).

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What if the referral is not accepted?

If the referral is assessed by the Marathon Health Intake team and is not appropriate for the ATAPS program, every effort will be made to sign post clients to an alternate support option. In these cases, a member of the team will be in touch with you to discuss alternatives. This may include:

- More information required
 - If the appropriate information has not been provided, Marathon Health may decline the referral. This includes, a detailed MHTP and completed ATAPS referral form
- Referral to a private provider
 - Some providers can bulk-bill (or reduce costs for low-income earners). As ATAPS is a non-urgent service (approx. 4-6 weeks for an initial appointment), in some cases a private provider may be more appropriate and may be able to offer a more timely service under another payment arrangement
- Referral to LHD Mental Health Services
 - If your patient's mental health issue is severe, complex, acute or they are currently in crisis – or if they are at risk of hurting themselves or others - then a referral to LHD Community Mental Health services should be made.
 - If a patient has recently been discharged from a Mental Health Inpatient Unit, then they may also not be appropriate for ATAPS until discharged from follow-up services.
 - Contact Mental Health [24 hour Helpline](#) on **1800 011 511** for the appropriate services available or your local community mental health team.
- Referral to other Mental Health services
 - Including NGOs or other service providers who may be able to better meet the needs of the your patient at that time
- Patient declined service
 - Occasionally, Marathon Health will contact a patient regarding a referral and the patient will decline to access the service, or advise they would prefer to access sessions with an alternative service
 - In this case, Marathon Health will advise the GP in writing of the patient's decision

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How do I find out more?

For more information on ATAPS services and other mental health services in the area, please contact the Marathon Health Intake team on 02 6826 5271 (business hours) or mental.health@marathonhealth.org.au or see the [Marathon Health website](#).

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