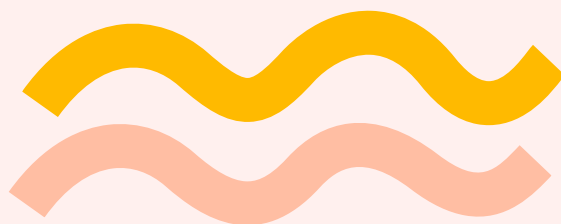




# GUIDE TO MENTAL HEALTH CARE PLANS

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# MENTAL HEALTH CARE PLAN OVERVIEW



Book a long consult to see you GP  
Ask for a Mental Health Care Plan



See your psychologist,  
occupational therapist or mental  
health social worker for up to 6  
rebated sessions



See your GP for a re-referral for  
additional sessions



Continue working with your  
therapist for the remaining  
rebated sessions

# WHAT IS A MENTAL HEALTH CARE PLAN (MHCP) AND HOW TO GET ONE

- A MHCP is for someone with a **diagnosable mental illness** (there are some limitations about what is considered a mental illness).
- Can also be called a Mental Health Treatment Plan or may be referred to as a rebate provided through Better Access.
- To get a MHCP, **see your GP** (book a long consult or speak to reception about wanting to book an appointment for a MHCP).
- They will ask a series of questions, usually get you to complete a standard questionnaire and then provide the referral.

## WHAT ARE THE BENEFITS OF A MHCP?

- A rebate when you access treatment by certain allied health professionals (i.e. psychologists, Occupational Therapists (OT's), Mental Health Social Workers (MHSW)).
- The rebate amount increases each year and as of 2025, it is \$141+ if you see a clinical psychologist and \$96+ if you see a psychologist, OT or MHSW - you can speak to your psychologist about the current rebate
- A MHCP helps to support collaboration between your GP and your allied health provider/s

# UNDERSTANDING REFERRALS

## Referral

- A referral to a provider often includes a referral letter + a copy of the MHCP
- A referral is typically for 6 or 4 sessions
- When you have used all the sessions on your referral, your allied health professional provides a letter back to the GP and can request additional sessions (re-referral)

## What is a valid referral?

Medicare has **VERY strict rules** about what needs to be included. Referrals that are missing any of the information below aren't valid and will need to be reissued, otherwise you won't be able to claim a rebate

- Date
- Patient's name
- Patient's date of birth
- Patient's address
- Patient's symptoms or diagnosis (\*)
- Request to provide services (under better access) (\*)
- Signature and provider number of referrer (\*)

The ones marked with \* are the ones most commonly missed

# RE-REFERRALS, REVIEW AND NUMBER OF SESSIONS

## Re-Referrals and Reviews

- Re-referral is the usual process for accessing additional sessions. You do NOT need a review to access additional sessions
- A review is needed when there has been a change in the diagnosis from what was originally being treated

## Total sessions

- You can access **10 individual sessions** and **10 group sessions per calendar year** (i.e. from January to December). Even if you have more sessions left on your referral, if you have used 10 sessions in the calendar year, you cannot claim a medicare rebate until the next calendar year
- **Parents or carers can access up to 2 sessions** (out of the total 10) per calendar year in support of someone in their care (e.g. a child)
- If you have sessions left on your referral, but you have used up all the sessions in the calendar year, **your referral does not expire and will be valid in the following year** (i.e. you can use the remaining sessions on your referral next year)

## HOW DO FEES AND REBATES WORK?

### Terminology

- **Bulk-billed** - this means that YOU do not pay at the time of the appointment and instead, a claim is made to Medicare, which is then paid to the provider
- **Gap-fee** - this is the amount the service eventually costs you (sometimes referred to as 'out of pocket' cost). It is calculated by taking the cost of the service minus the rebate)

For any **service that is NOT bulk-billed**, you need to **pay the FULL amount at the time of the service**. The rebate is then credited back into your account (either immediately or within a day or so)

A note about fees - a service costs the amount that it is advertised to cost. The fact that you get a rebate does reduce the 'out of pocket' but it doesn't mean the service is 'free' or only costs the 'out of pocket' amount

## SOME THINGS TO BE AWARE OF...

- You don't need a MHCP to see an appropriate allied health provider
- The MHCP does NOT need to be addressed to a specific provider or clinic. Any appropriate provider can use the MHCP
- You **need to meet the criteria for a diagnosable mental illness**. While some GPs may provide a MHCP to be supportive, if your allied health provider does not think you meet the criteria for a mental illness, you may not be able to access rebated sessions
- **For children, they MUST be present for the session and be the focus of the intervention** (except for the 2 sessions for parents or carers). For quite young children, intervention might be better with the parent/s, so a MHCP may not be appropriate

**Accessing support can be tough.**

**We try to make it as understandable  
and easy as possible.**

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