

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p>	PACKAGES OF CARE	Protocol CPM.M5.2
CLINICAL PRACTICE MANUAL		

PURPOSE

To establish rules governing access to and the approval and management of Bay of Plenty District Health Board (BOPDHB) Packages of Care (POC) monies under the control of the Mental Health & Addiction Services (MH&AS).

The responsibility for administering packages of care budgets resides with the Service Leaders of relevant MH&AS and applies to all staff working for BOPDHB MH&AS.

STANDARDS TO BE MET

1. Application Process

- 1.1 All applications for POC funding must be made in writing with a pre-screening form attached to the application. The purpose of this pre-screening form is to ensure that the candidate's application is consistent with the POC Service Specifications and that due consideration has been given to other care options in the lead up to the application. All relevant information needs to be included including the \$ of the proposed POC.
- 1.2 All applications must be reviewed by the Service Leader and a senior clinician of the relevant profession practising in the service involved and either endorsed or declined, according to the degree of merit associated with the proposed care option. The decision arising from this review process will be evidenced in writing by the Service Leader on the application form.

2. Approval

- 2.1 Written notice as to the decision regarding the application will be recorded on the application form by way of signature from the Service Leader.
- 2.2 A copy of all documentation will be retained by the Service Leader.
- 2.3 Applications for repeated POC for the same client will require the approval of the Clinical Director, MH&AS.

3. Implementation

- 3.1 The Service Leader and the relevant senior psychologist / clinician will select a contractor to deliver the package of care to ensure safety and competence in the scope of practice and that any conflict of interest is mitigated.
- 3.2 The Service Leader will complete a requisition form for the POC, coding the expense to one (1) of three (3) account codes, depending on the age of the client involved:
 - a) Child and Adolescent Services 07-108-1051-3690-36039
 - b) Adult Services 07-107-1034-3690-36039
 - c) Older Persons Services 07-109-1061-3690-36039
- 3.3 Requisitions should all be occurring on Oracle I-Procurement.
- 3.4 The requisition order will be sent to purchasing and processed as per the standard rules of transaction processing.

4. Monitoring and Review

- 4.1 The Service Leader of the relevant MH&AS will monitor actual expenditure against budget and report to the DSA on significant variances.

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Protocol Steward: Clinical Co-ordinator Community Mental Health	Authorised by: Medical Director	

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4.2 The Service Leader, the relevant senior psychologist / clinician and MDT will undertake a review of the POC and treatment progress prior to deciding whether an extension of the POC is supported.

4.3 A reasoned case for the extension of the POC, supported by another authorised application form, must be made in writing and submitted to the Clinical Director for consideration.

4.4 Auditing of POC arrangements should be conducted every 6 months and involve Service Leader, Senior Clinician / Professional Lead and the POC providers. This includes a review of quality of assessment / intervention to ensure in line with professional and best practice guidelines; review of cases picked up to ensure fairness and equitability.

5. Expectations and Responsibilities

5.1 Responsibilities and expectations between the MH&AS and the POC provider will be established and recorded in the signed POC agreement. Matters for agreement will include clinical record keeping requirements, communication and attendance at MDT, the use of psychometrics and room bookings.

REFERENCES

- Packages of Care Service specifications for Child and Adolescent, Adult and Older Persons Services, 2002.

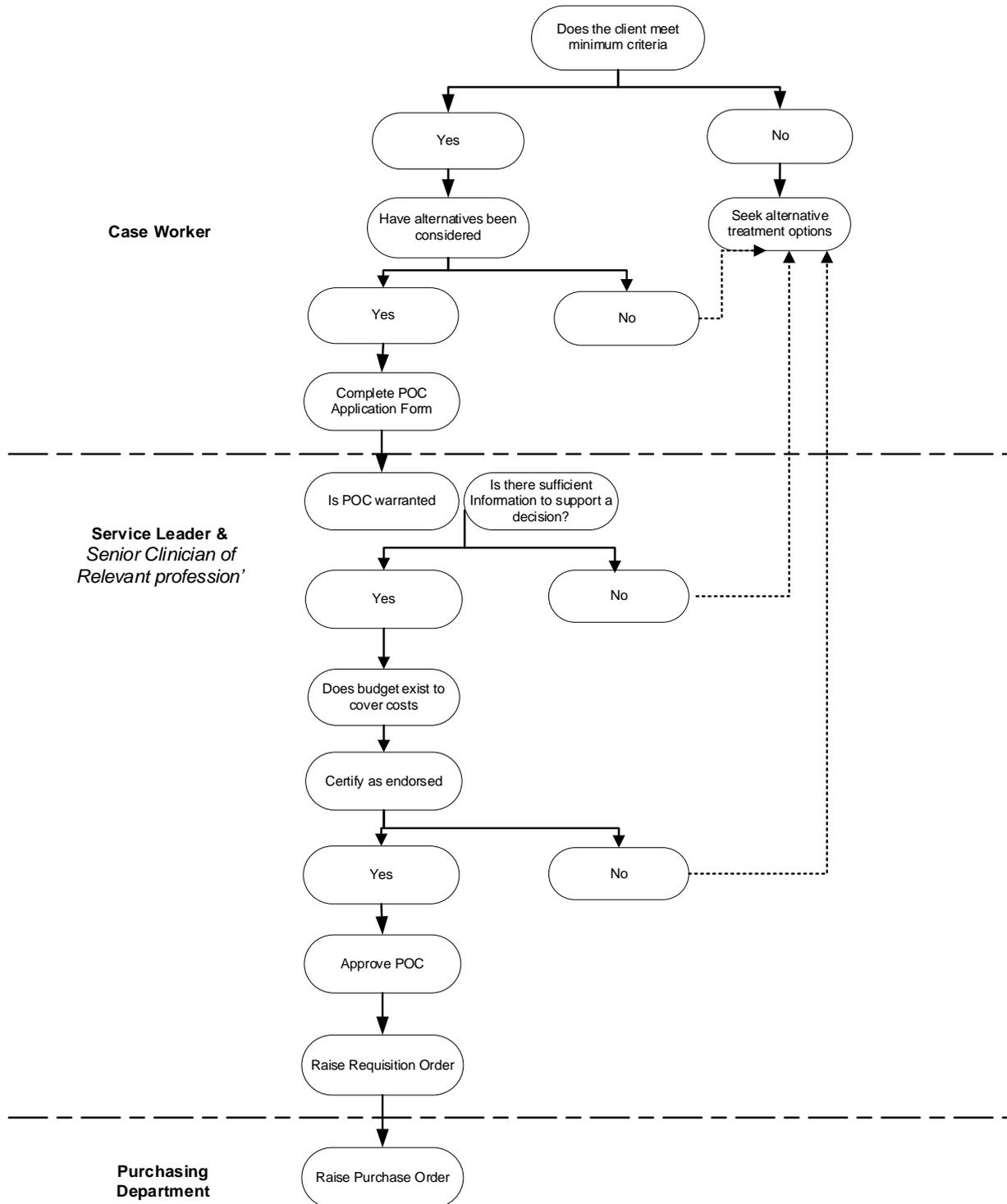
ASSOCIATED DOCUMENTS

- [Appendix 1 Flowchart: Package of Care Initiation Process](#)
- [Appendix 2 Flowchart: Applying for a Package of Care](#)
- [Packages of Care Form \(MHS PoC\)](#)

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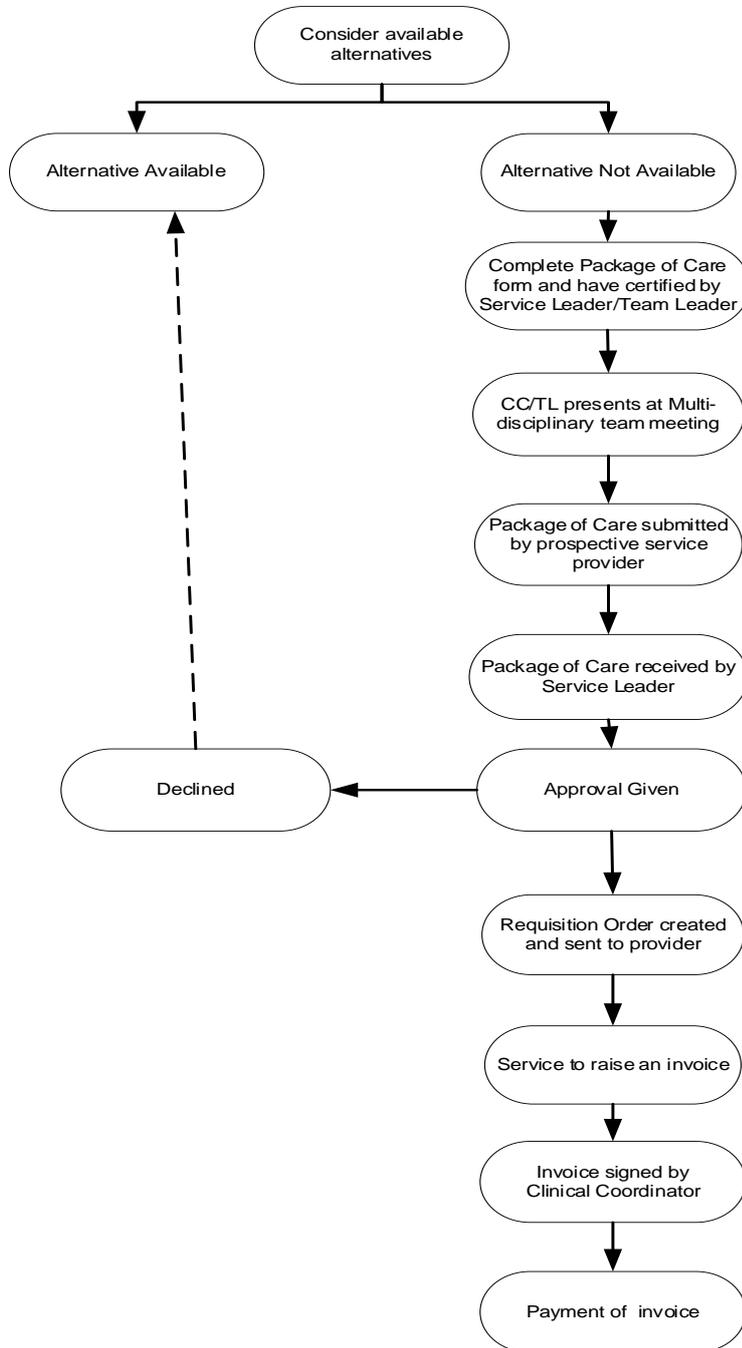
Appendix 1

PACKAGE OF CARE INITIATION PROCESS



Appendix 2

APPLYING FOR A PACKAGE OF CARE



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