

**General Practitioner Referral Form
Care Coordination and Supplementary Services (CCSS) Program**

Program eligibility: Complex Care Coordination is required

Provide the listed documents with this referral to enable assessment of your patient's eligibility for complex care coordination program. Without the documentation your patient will be ineligible		<input type="checkbox"/> 715 Health Assessment (required to be attached) <input type="checkbox"/> GPMP or MHCP Care Plan (required to be attached) <input type="checkbox"/> TCA if eligible <input type="checkbox"/> MHCP for mental health diagnosis. Please note if ineligible for GPMP a Mental Health Care Plan must be provided.	
The patient identifies as:		<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander	
The eligible chronic disease type/s which require high complexity and care coordination support		<input type="checkbox"/> diabetes <input type="checkbox"/> cardiovascular disease <input type="checkbox"/> chronic renal disease <input type="checkbox"/> chronic respiratory disease <input type="checkbox"/> cancer <input type="checkbox"/> mental health condition	
Reason for referral: Please describe the key areas for care coordination			
Referral date:	___/___/___	Preferred Practice Contact <input type="checkbox"/> GP <input type="checkbox"/> Practice Nurse	
Referring GP details:			
Name			
Phone number		Email	
Practice name			
Practice street address			
Patient details:			
Surname		First name	
Date of birth	___/___/___		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Medicare Number	
Residential address (including postcode)	<div style="text-align: right;">Post Code:</div>		
Phone numbers			
GP name, signature and stamp			
Date: This signature acknowledges this is a 12 month, time limited program. (For details see over leaf)			

Please fax completed form and appropriate documentation to 4925 2268 – or email to concierge@hunterprimarycare.com.au

Care Coordination and Supplementary Services (CCSS) Program

Aim:

1. **Contribute** to improving health outcomes for Aboriginal and Torres Strait Islander's with chronic health conditions through better access to coordinated and multidisciplinary care; and
2. **Improve** closing the gap in life expectancy by improving access to culturally appropriate mainstream primary care services (including but not limited to general practice, allied health and specialists) for Aboriginal and Torres Strait Islander's.

Eligibility:

An Aboriginal and Torres Strait Islander person must be enrolled for chronic disease management in a general practice or an AMS, have a current GP Management Plan (GPMP), a Team Care Arrangement (TCA) to indicate a need for coordination and a degree of complexity, a current 715 Health Assessment, and have been referred by their GP.

Not all clients with the eligible chronic conditions will need assistance through the service. Priority is given to clients who have complex chronic care needs, and require intense multidisciplinary coordinated care for their chronic disease than is currently able to be provided by general practice and/or AMS staff.

Timeframe:

To ensure an equitable and sustainable program, the service will focus on delivering time-limited 12 month program. This will include a concentrated 12-week clinical care coordination followed by up to 9 months phone support if required. Supplementary Services funding is a limited pool of funding to support the person during the 12 months.

Clients who have been through the 12 month program may re-enrol following a new 715 Health Assessment, a GPMP/MHCP review and a new GP referral. Hunter Primary Care will triage eligibility for additional care coordination subject to available funding.

As the Supplementary Services Funding Pool is a limited resource, priority is to be given to the purchase of services that:

- a) Address risk factors, such as a waiting period for a service that is longer than is clinically appropriate;
- b) Reduce the likelihood of a hospital admission;
- c) Are likely to reduce a patient's length of stay in a hospital;
- d) Are not available through other funding sources;
- e) Ensure access to a clinically appropriate service that would not be accessible because of the cost of a transport and/or
- f) Transport funding to the closest regionally available health care professional, when this service is required in a clinically appropriate timeframe. Not all transport needs are to be funded by this funding pool.

The Supplementary Services Funding Pool is not intended to fund all of the follow up care required by clients and should only be used where other services are not available in a clinically acceptable timeframe. Approval for funding is determined by the care coordination team. Priority allocation of funding is linked to the client assessment along with the information provided by the GP on referral.

All existing funding options outside of CCSS funding are to be utilised initially before approving Supplementary Services Funding.

Source: 2018- 2019 Hunter New England and Central Coast Primary Health Network: Integrated Team Care (ITC) – Service Specification contract with Hunter Primary Care

We listen. Care. Connect.

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