



Australian Government

Department of Health

FACT SHEET – Meeting the primary health care needs of *Children and Young People in Out-of-Home Care* under the Medicare Benefits Schedule (MBS)

This Fact Sheet provides information about Medicare Benefits Schedule (MBS) items available for the primary health care needs of children and young people in out-of-home-care (OoHC).

OoHC is the general term used to describe all forms of alternate accommodation provided for children and young people under the age of 18 years who are unable to live with their biological parents. It may include both short and longer-term foster care, kinship care and residential care.

In Australia, state and territory governments are responsible for the provision of care, accommodation and services to children in OoHC including organising their health care. Many of these children enter care in poor health and with complex health needs.

Jurisdictions vary in how they identify, address and monitor the health needs of children and young people in OoHC. Many jurisdictions have their own specialist child abuse assessment and treatment units that co-ordinate health services including forensic medical services, paediatric developmental assessments, psychosocial assessments, health screens, education, consultation and counselling.

National Clinical Assessment Framework - Children and Young People in OoHC

The National Clinical Assessment Framework - Children and Young People in OoHC (the Framework) provides a blueprint for the early identification, referral and ongoing health care of children and young people in OoHC, highlighting General Practitioner (GP) participation as primary to establishing continuity of care for these patients.

The Framework proposes a tiered approach to age-appropriate assessments covering the key domains of physical health, developmental, psychosocial and mental health, including the following core elements:

- **Preliminary Health Check** – The Preliminary Health Check is to identify and respond to immediate health needs and to provide information to guide the undertaking of the comprehensive health and development assessment. It also aims to establish the ongoing relationship between the child or young person, carer and the primary health care provider to ensure continuity of care. *It is recommended that this health check be arranged as soon as possible and no later than 30 days after entry to OoHC.*
- **Comprehensive Health and Developmental Assessment** – The Comprehensive Health and Developmental Assessment should provide in-depth examination and assessment across each of the key health domains to inform the development of a comprehensive health management plan. *It is recommended that this assessment be completed within 3 months of a child or young person being placed in OoHC.*
- **Development of a Health Management Plan** – The Health Management Plan is a comprehensive health record that documents the child or young person's state of health; identified health needs; relevant referrals and schedule of future assessments or treatment.

- **Ongoing Assessment and Monitoring** – Children and young people in OoHC are likely to have complex health needs that will require follow up assessment at regular intervals. They can also have multiple changes in placements and caseworkers making consistency of care difficult. *The frequency of follow up assessments should be a clinical decision for each individual and have both case dependent and age-dependent considerations.*

MBS items

A range of MBS services provided by GPs are available for children and young people in OoHC. These include GP general consultations, a range of health assessment services, and chronic disease management services accessed through Chronic Disease Management Plans (CDMP) or Mental Health Treatment Plans (MHTP). GPs make a clinical assessment of a patient's needs to determine which service(s) would be most appropriate, in accordance with the MBS regulations.

Aboriginal and Torres Strait Islander Health Practitioners and health workers and practice nurses may assist with aspects of the health assessment and chronic disease management services, under the supervision of a GP.

CDMPs and MHTPs may involve referral to other allied health practitioners as specified under the MBS regulations. Further information on allied health practitioners and OoHC is available at MBS Online at www.mbsonline.gov.au.

The MBS items available for GPs to use in the different stages of primary health care of children and young people in OoHC are summarized in **Table 1** at the end of this document. **Table 1** is based on the tiered assessment structure, with items grouped according to the four core elements identified in the Framework.

GP Referrals

Where necessary, referrals should be made for specific assessment or ongoing treatment by relevant specialists, allied health and other health professionals, and pathology and diagnostic imaging services, as appropriate.

MBS Fees

Patients and their carers should be mindful that while the Australian Government sets MBS fees and the level of the Medicare rebates, health practitioners may set their own fees for their services. Doctors are under no obligation to charge the MBS fee set by the Australian Government or to bulk bill their patients.

Child Dental Benefits Schedule eligibility:

- A child needs to be aged between 2-17 years at some point in the calendar year, be eligible for Medicare and meet a means test.
- A child meets the means test if:
 - the child receives either Family Tax Benefit Part A, the Aboriginal and Torres Strait Islander Study Assistance Scheme (ABSTUDY), Carer Payment, Disability Support Pension, Parenting Payment, Special Benefit, or Youth Allowance; or
 - their family/carer/guardian receives either Family Tax Benefit Part A, Parenting Payment, or the Double Orphan Pension in respect of the child; or
 - their partner receives either Family Tax Benefit Part A or Parenting Payment; or
 - they are 16 years or older and receiving financial assistance under the Veterans' Children Education Scheme or the Military Rehabilitation and Compensation Act Education and Training Scheme from the Department of Veterans' Affairs.

Aboriginal and Torres Strait Islander Children and Young People

Aboriginal and Torres Strait Islander children usually have greater health needs than children from the general population. This includes social, emotional, and mental health needs, further to the increased rates of illness and death from disease and injury. This is compounded by the difficulties experienced by the Indigenous population in accessing services and receiving culturally appropriate services.¹

The GP health assessment for Aboriginal and Torres Strait Islander children who are less than 15 years old (**MBS Item 715**) helps to ensure that these children receive an optimum level of healthcare by encouraging prevention, early detection, diagnosis and intervention for common and treatable conditions that cause considerable morbidity and early mortality. This health assessment is also available to young people aged over 15 years as the adult health assessment for Aboriginal and Torres Strait Islander people. Further information about health assessments for Aboriginal and Torres Strait Islander people is available at www.mbsonline.gov.au.

Respect for the views of the child²

It is recommended that a child and young person's own view of their health and wellbeing status and desired outcomes should be sought when conducting assessments. The outcome of each assessment should be shared with the child, inform future assessments, and, where appropriate, inform placement decisions.

Further Information:

Royal Australasian College of Physicians (2006) Health of Children in "Out-Of-Home" Care: <http://www.racp.edu.au/page/paed-policy>

National Clinical Assessment Framework for Children and Young People in Out-of-Home Care: <http://health.gov.au/internet/publications/publishing.nsf/Content/ncaf-cyp-oohc-toc>

¹ Health of children in "out-of-home" care. Sydney: RACP. 2006

² Article 12 – United Nations Convention on the Rights of the Child (UNCRC) Geneva: United Nations. 1989

Table 1. Groups of MBS items available to GPs to meet the primary healthcare needs of children and young people in out-of-home care

| MBS Item Groups | MBS Item Numbers | Preliminary health check | Comprehensive health and development assessment | Development of a health management plan | Ongoing assessment and monitoring |
|--|---|--------------------------|---|---|-----------------------------------|
| Group A1 – Standard Consultations | Level B (23, 24) | √ | | | |
| | Level C (36, 37) | √ | √ | √ | √ |
| | Level D (44, 47) | √ | √ | √ | √ |
| Group A14 – Health Assessments | Aboriginal or Torres Strait Islander children aged under 15 years (715) | √ | √ | √ | √ |
| | Children with an intellectual disability (701, 703, 705, 707) | √ | √ | (longer consults 705 and 707 only) √ | √ |
| | Refugees or other humanitarian entrants (701, 703, 705, 707) | √ | √ | √ | |
| | Preparation of GP Management Plan (721) | | | √ | √ |
| Group A15 - Chronic Disease Management | Coordination of Team Care Arrangements (723) | | | √ | √ |
| | Review of GP Management Plan and/or Team Care Arrangements (732) | | | | √ |
| | Contribution to or review of a Multidisciplinary Care Plan prepared by another provider (729) | | | √ | √ |
| | Asthma Cycle of Care (2546-2559) | | | √ | |
| Group A18 – Incentive Items | Diabetes Mellitus Cycle of Care (2517-2526) | | | √ | |
| | Preparation of GP Mental Health Treatment Plan (2700, 2701, 2715, 2717) | | | √ | √ |
| Group A20 – GP Mental Health Care | Review of GP Mental Health Treatment Plan (2712) | | | | √ |
| | GP Mental Health Consultation (2713) | | | | √ |
| | | | | | |

*Note, corresponding items for Other Medical Practitioners (not vocationally registered) can be found on MBS Online.

As this list of items is for guidance only, practitioners are advised to check MBS item descriptors and explanatory notes at MBS Online at www.mbsonline.gov.au. There may be other Medicare items that are suitable at each stage of the assessment and care of children and young people in out-of-home care.