



# Application to provide Group Therapy Program

Applications are invited from contracted providers of  
Psychological Therapies to provide group therapy sessions

## Group Therapy Application Process

Contracted providers are invited to submit a group therapy application form for any group therapy programs they would like to conduct (see form below).

Please complete the below application form and submit to: [joe.petrucchi@neaminational.org.au](mailto:joe.petrucchi@neaminational.org.au) by clicking the send button or attaching saved form to an email.

If two or more applications are submitted by the one organisation, please be prepared to prioritise the preferred application/s.

## Approval and Notification Process

Representatives from the NQPHN and Neami National will assess all applications received. Applications that do not provide evidence based therapeutic interventions will not be approved.

Suitable applications will be approved subject to funding availability.

## Client Eligibility for Group Services

Eligible individuals will meet the following criteria:

- have a non-acute moderate mental health condition. The short-term, goal-oriented focused psychological strategies that Psychological Therapies provides are of most therapeutic value to individuals with common disorders of mild to moderate severity.
- be unable to access services because of financial disadvantage, hold a current health care or pension card, or be identified as a low-income earner (identified by their referring health practitioner).
- have a mental health treatment plan (MHTP) or a Child Treatment Plan (CTP) or be accepted as a provisional referral until these can be arranged.
- reside in the NQPHN catchment area.

**NB:** *individuals with more severe illness whose conditions may benefit from short-term interventions may also be provided with Psychological Therapies services.*

An individual who meets the eligibility criteria can be referred by their General Practitioner (GP) or another approved referrer for individual and/or group therapy services. Individuals/Clients without an approved Psychological Therapies referral in place are not eligible for group services outlined in this application.

## Practitioner Eligibility

Group therapy program facilitator/s must be current approved providers of Psychological Therapies.

## Group Therapy Services

Group therapy programs must be delivered in a manner consistent with the NQPHN Stepped Care program guidelines.

Up to 12 group therapy sessions per eligible individual can be provided within a calendar year involving 6-10 people.

Group sessions do not count towards individual psychological therapies session in a calendar year.

Two facilitators are required to lead group sessions with each facilitator meeting the Psychological Therapies eligibility criteria to provide services.

Where the referral relates to *Psychological Therapies - Children under 12 (PTC-U12)*, it is envisaged that children and their parents (or other responsible adults) may participate in such groups, depending on the clinical appropriateness.

Whilst it is expected that group sessions have between 6 and 10 participants, groups can be made up of clients under a variety of billing arrangements (ie. Better Access, private-paying).

Group therapy programs are expected to be between 3 and 12 sessions in length, K10+ pre and post intervention measures must be collected and reported for all clients. Measures should be undertaken at the initial (first) session and at completion of the group program

All group therapy clients will be required to have session details entered into Redicase to enable payment and data capture.

## Payment Schedule

(Please refer to your organisation's contract to review the payment schedule as the following table does not apply in some circumstances).

Session Amounts	GST Excl. Amount	GST Amount
Group session- standard rate per participant	\$75.00	\$7.50
Group session- DNA/Cancellation Fee (1 DNA per block of 6 sessions)	\$37.50	\$3.75

# Application form: Group Therapy Program



## PART A: Details of applicant

1	Name of applicant	
2	Business/practice name (trading as)	
3	Physical Address of Proposed Group Services	

## PART B: Selection criteria

Note: Please limit each response to a maximum of 300 words.

1	Group Title		
2	Target population Please describe the target population of your proposed group program		
3	Group Facilitator Name		
4	Details of the proposed program It is acknowledged that start date may be subject to change.	Proposed start date	
		Number of sessions	
		Frequency of sessions	

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## PART B CONTINUED

<p><b>5</b>     <b>Number of clients</b> Please provide an estimate of the number of clients likely to participate in your proposed group program</p>	
<p><b>6</b>     <b>Pre and Post Intervention Measures</b> All group participants will be required to complete a K10+ Please identify any other measures you will use.</p>	
<p><b>7</b>     <b>Overview of group program</b> Please provide an overview of the content and intention of your program</p>	

**Send**