

Mental Healthcare Regulations

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2021 Mental Healthcare Regulations

1.1. The Mental Healthcare Regulations

The terms and conditions of insurance for your health insurance policy include a description of entitlement to mental healthcare. As a supplement to clause B.19 of the terms and conditions of insurance, these Mental Healthcare Regulations provide specific details of the mental healthcare to which you are entitled and detail any further conditions that apply to each aspect of care.

1.2. The basis of the Regulations

These Regulations are based on:

- the Dutch Health Insurance Act ('Zorgverzekeringswet');
- the Dutch Health Insurance Decree ('Besluit zorgverzekering');
- the Dutch Health Insurance Regulations ('Regeling zorgverzekering');
- the explanatory notes to the above Acts and Regulations;
- interpretations by 'Zorginstituut Nederland' (ZiNI), i.e. their guidance on insurable services and interventions. These interpretations are available at www.zorginstituutnederland.nl under 'Zvw-Kompas' (Dutch Health Insurance Act compass) and then Geneeskundige GGZ (Zvw) (Medical mental Healthcare);
- list of mental healthcare interventions, which is available on our website;
- the mental healthcare quality regulations model ('model Kwaliteitsstatuut GGZ').

In the event of a discrepancy between these Regulations and one or multiple rules under the aforementioned legislation, explanatory notes or interpretations, the legislation, explanatory notes and interpretations take precedence.

In these Regulations, we also make reference to the Dutch Health Insurance Regulations ('Regeling zorgverzekering'). You can consult the Dutch Health Insurance Regulations on the government website www.wetten.overheid.nl (in Dutch). The legislation allows health insurers to set additional terms and conditions for reimbursement of mental healthcare. These Mental Healthcare Regulations include further specification of such additional terms and conditions.

1.3 Mental healthcare - general

Definition of mental healthcare

Mental healthcare is medical care that is focused on recovery from or prevention of worsening of a psychological disorder (or psychiatric condition).

The Dutch Health Insurance Act ('Zorgverzekeringswet') uses the term psychological disorder. Psychological disorders are categorised based on the DSM-5 manual for classification of mental disorders, which provides criteria for a clear diagnosis.

The Dutch Health Insurance Act ('Zorgverzekeringswet') covers:

- general basic mental healthcare;
- specialist mental healthcare without admission;
- specialist mental healthcare with medically required admission;
- long-term mental healthcare with medically required admission for an uninterrupted period of no more than 1,095 days.

Mental healthcare is covered by your health insurance (general insurance) when it concerns healthcare 'as provided by general practitioners, medical specialists and clinical psychologists', and if such care is

'in line with the latest practical and theoretical standards.' Also see clause A.3.2. of your terms and conditions of insurance.

Interventions or treatments that are not in line with the latest practical and theoretical standards, i.e. healthcare for which no or insufficient proof of effectiveness is available, is not covered by the general insurance policy. This has been laid down in the Dutch Health Insurance Act ('Zorgverzekeringswet') and associated regulations.

Healthcare that does not qualify for reimbursement

In the absence of a disorder with grounds for mental healthcare, any mental healthcare provided does not qualify for reimbursement. Psychosocial healthcare, for example, is intended to help the insured person's position in a financial, social and emotional sense.

Exclusions are based on one or several of the following principles:

- the disorder is not identified in DSM-5;
- there are laws and regulations that prohibit reimbursement of treatment for certain disorders listed in the Dutch Health Insurance Act ('Zorgverzekeringswet');
- a treatment is not in line with the latest practical and theoretical standards (as ruled by ZiNI interpretations, the 'Zvw-Kompas' (Dutch Health Insurance Act compass) and the list of mental healthcare interventions, see article 1.2 of these Regulations).

The healthcare will in any case not include:

- psychosocial healthcare;
- neurofeedback;
- intelligence test;
- support of a non-medical nature, such as training, coaching and courses;
- remedial education;
- counselling for work, school and relationship problems;
- treatment of adjustment disorders;
- diagnostics only, without the intention to seek mental healthcare on the basis of a diagnosis in accordance with internationally recognised standards (DSM-5);
- treatment with admission as per the Minnesota model;
- treatment of obesity (excess weight) and compulsive eating;
- tests, such as to assess the ability to drive;
- medical psychological care (see clause B.4. (Specialist medical healthcare) of the terms and conditions of insurance).

An additional insurance package may provide coverage for certain forms of the healthcare mentioned above. Your Reimbursements Overview will show whether this is the case.

If you have any questions about exclusions, you can also contact your healthcare provider. Your healthcare provider is required to be aware of all the exclusions and rules with respect to entitlement to reimbursement for mental healthcare under the Dutch Health Insurance Act ('Zorgverzekeringswet') and the ZiNI's interpretations.

Mental healthcare quality regulations

Every healthcare provider has drawn up and published mental healthcare quality regulations ('Kwaliteitsstatuut GGZ') that are at least equal to the mental healthcare quality regulations model ('model Kwaliteitsstatuut GGZ') and that have been approved by 'Zorginstituut Nederland' (ZiNI). Developed jointly by organisations of patients, healthcare providers and health insurers, this model specifies the quality management and accountability arrangements that mental healthcare providers must have in place to be able to provide mental healthcare under the Dutch Health Insurance Act ('Zorgverzekeringswet'). The healthcare provider's mental healthcare quality regulations, i.e. the healthcare provider's completed version of the mental healthcare quality regulations model, guarantees that the right support will be provided at the right place and by the right healthcare professional, within a professional and high-quality network.

For further details of the mental healthcare quality regulations model ('model Kwaliteitsstatuut GGZ'), please visit the following website: www.Zorginzicht.nl (in Dutch). Run a search for 'Model

Kwaliteitsstatuut GGZ' (Mental healthcare quality regulations model).

Organisation of mental healthcare

When a DMS-listed disorder is suspected, mental healthcare is provided – based on the symptoms and severity, associated risks, complexity, and the progression of the condition – at three different levels:

- the general practitioner, supported by a general practitioner's practice assistant for mental healthcare ('POH-GGZ'). Although mental healthcare provided by a general practitioner is part of the overall mental healthcare spectrum, it is not described in these Regulations. For more information, please refer to clause B.3.3. (General practitioner care in the field of mental healthcare) of your terms and conditions of insurance.
- general basic mental healthcare. See clause B.19.1. of your terms and conditions of insurance.
- specialist mental healthcare. See clause B.19.2. of your terms and conditions of insurance.

2. General basic mental healthcare

2.1 Introduction

General basic mental healthcare concerns diagnosis and treatment of light to moderate, non-complex psychological problems. Chronic mental healthcare is also part of general basic mental healthcare and is focused on long-term monitoring of patients with serious but stable problems who do not need specialist treatment or no longer need it.

To be referred to basic mental healthcare for treatment, there must be a suspected or diagnosed DSM-5 disorder.

General basic mental healthcare must be as simple as possible and not cost more than strictly necessary to achieve the treatment objective.

2.2. Conditions

General

General basic mental healthcare encompasses healthcare as provided by clinical psychologists.

General basic mental healthcare is provided based on short-term courses of treatment or on a Chronic basis.

The healthcare is provided through personal contact (treatment sessions, group sessions). Aside from that, an evidence-based (which means that effectiveness has been proven scientifically) e-health programme can also be part of the treatment.

Mental healthcare need in the event of general basic mental healthcare

If you have a referral for general basic mental healthcare, you will enter one single course of treatment for general basic mental healthcare for your overall mental healthcare need. Your mental healthcare need can be multifaceted, including depression combined with anxiety, for example.

The healthcare provider providing general basic mental healthcare handles all aspects of your mental healthcare need in a single course of treatment. A course of treatment as part of general basic mental healthcare will therefore only be concluded if you are free of complaints and will stay that way for a prolonged period of time.

Your healthcare provider is not allowed to split your mental healthcare need up into multiple successive courses of treatment as part of general basic mental healthcare. For example: course of treatment 1 for depression followed immediately by course of treatment 2 for anxiety. If one single course of treatment as part of general basic mental healthcare does not suffice to treat your mental healthcare need in full, your mental healthcare need does not constitute a light to moderate, non-complex psychological problem, and you will therefore need a referral for specialist mental healthcare.

In specific situations, you are insured for a new course of general basic mental healthcare treatment in the same calendar year. In such cases you will, however, need a new referral, and this must relate to a

new mental healthcare need.

A mental healthcare need is considered a new mental healthcare need if:

- your treatment has ended and you unexpectedly (both for you and for your healthcare provider) come back with the same problem as you were treated for before (relapse); or
- you have developed a different problem.

For this new mental healthcare need, an assessment will have to be made of the suspected or established DSM-listed disorder, as well as of the severity of the symptoms, risk, complexity and progression of the condition.

Whether it actually concerns a new mental healthcare need will be established by the general practitioner in consultation with you. The general practitioner can subsequently make a referral if he or she believes this is necessary.

A mental healthcare need will not be considered a new mental healthcare need if:

- the minutes of treatment in the current course of treatment exceed the average number of minutes used by the 'Nederlandse Zorgautoriteit' (Dutch Healthcare Authority, NZa). You can find this information in the policy rule on general basic mental healthcare on the website of the 'Nederlandse Zorgautoriteit' (Dutch Healthcare Authority, NZa); or
- there are additional diagnoses. If there are multiple diagnoses, the course of treatment cannot be split up into multiple treatments; or
- it turns out during an ongoing treatment that the mental healthcare need is more complicated than initially diagnosed. In that case, the treatment must be adjusted accordingly or you must be referred to specialist mental healthcare.

Healthcare provider

General basic mental healthcare for short-term courses of treatment:

The mental healthcare is provided under the responsibility of the coordinating practitioner as specified in your healthcare provider's mental healthcare quality regulations ('Kwaliteitsstatuut GGZ').

Chronic general basic mental healthcare:

This kind of mental healthcare can be provided only by a facility for general basic mental healthcare when there is a carefully charted pathway for chronic general basic mental healthcare that ties in with your previous treatment as part of specialist mental healthcare.

Coordinating practitioner for general basic mental healthcare

In the event of treatment as part of general basic mental healthcare, the coordinating practitioner will have ultimate responsibility for your overall treatment, as laid down in legislation and regulations and in your healthcare provider's mental healthcare quality regulations ('Kwaliteitsstatuut GGZ'). The coordinating practitioner therefore has ultimate responsibility for making the diagnosis and drafting and executing the treatment plan.

Referral

- prior to the start of the treatment, you were referred by a general practitioner (preferably supported by a general practitioner's practice assistance for mental healthcare ('POH-GGZ')), a company doctor, an emergency care doctor, a medical specialist or a doctor for the homeless. In the event of a referral from specialist mental healthcare to general basic mental healthcare, the coordinating specialist mental healthcare practitioner is also allowed to give the referral.
- a referral must include a clear description of the mental healthcare need that can be dealt with through general basic mental healthcare (suitable healthcare), based on a final or provisional diagnosis as per the DSM-5 manual.
- treatment must start within 9 months of referral.
- the referring doctor will ensure an objective and substantiated referral. Besides sessions intended to enable the referring doctor to make a diagnosis, the referring doctor will preferably use a reliable and valid decision support system, i.e. a (generally electronic) referral tool.
- the referral will therefore specify that the case concerns a suspected psychiatric disorder for which treatment is needed as part of general basic mental healthcare (or specialist mental healthcare in the corresponding article).

- the objective outcome produced by the decision support system must refer directly to the level of mental healthcare that is appropriate for your mental healthcare need (mental healthcare provided by a general practitioner, as part of general basic mental healthcare or as part of specialist mental healthcare). See above under 'General'.
- the objective outcome produced by the decision support system is part of the referral and must be available from both the general practitioner or other referring doctor *and* the general basic mental healthcare provider or specialist mental healthcare provider.
- a referral for Chronic general basic mental healthcare is to be made from specialist mental healthcare to conclude your treatment.

Treatment proposal

The coordinating practitioner for general basic mental healthcare has established that the healthcare is medically required, assesses whether general basic mental healthcare and the corresponding service are suited for the mental healthcare need and subsequently records the proposal in a treatment plan. This treatment plan is discussed with you and then finalised.

If the required service is not aligned with the referral, the coordinating practitioner for general basic mental healthcare will liaise with you, and perhaps the referring doctor as well, on changing the referral.

The referral, the outcome produced by the decision support system, the formulated treatment plan (treatment proposal) and any amendments will all be recorded in your medical file.

3. General specialist mental healthcare

3.1 Introduction

Specialist mental healthcare concerns diagnostics and specialist treatment of (highly) complex psychological disorders that, given the severity of the mental healthcare need, cannot or can no longer be treated as part of general basic mental healthcare.

Owing to the complexity involved, treatment will generally take place within a multidisciplinary context (meaning that multiple healthcare providers will be involved in your treatment).

To be referred to specialist mental healthcare for treatment, a DSM-5 disorder must have been diagnosed.

Specialist mental healthcare must be as simple as possible and not cost more than strictly necessary to achieve the treatment objective.

Admission is subject to an admission indication based on your individual problem. Such an indication must have been established based on the severity and complexity of your problem (severity of mental healthcare need), which must show that treatment with admission is in your best interests.

3.2 Conditions

Healthcare providers and place of care

In the event of treatment as part of specialist mental healthcare on an outpatient basis, the coordinating practitioner will have ultimate responsibility for your overall treatment, as laid down in legislation and regulations and in your healthcare provider's mental healthcare quality regulations. The coordinating practitioner therefore has ultimate responsibility for making the diagnosis and drafting and executing the treatment plan.

In the event of treatment as part of specialist mental healthcare on an inpatient basis, the psychiatrist or clinical psychologist is ultimately responsible for the healthcare provided. The coordinating practitioner will, in principle, be a psychiatrist or a clinical psychologist. The healthcare may additionally be provided by the following coordinating practitioners: an addiction specialist (Royal Dutch Medical Association), geriatric specialist, clinical geriatrician, psychotherapist, clinical neuropsychologist, specialist mental health nurse or healthcare psychologist according to the provisions of the mental healthcare quality regulations.

Outpatient mental healthcare

The outpatient mental healthcare is provided by:

- independently practising psychiatrists, psychotherapists or clinical psychologists/clinical neuropsychologists.

The healthcare is provided at the healthcare provider's practice address.

- a specialist mental healthcare facility.

The facility must be accredited under the Dutch Healthcare Institutions (Accreditation) Act ('Wet toelating zorginstellingen', WTZi) or have a permit under the Dutch Healthcare Providers (Accreditation) Act ('Wet toetreding zorgaanbieders', WTZA) and meet the conditions set in this legislation.

Quality of healthcare must also be guaranteed as follows:

- a medical director or similar official has been appointed and given ultimate responsibility for the quality of mental healthcare provided.
- criteria for quality of healthcare have been laid down in a clear quality manual.
- the tasks of the healthcare providers involved have been specified clearly in a protocol.
- at the facility in question, the diagnosis and treatment indication must be set by a coordinating practitioner for specialist mental healthcare.

Inpatient mental healthcare

The inpatient mental healthcare is provided by:

a specialist mental healthcare facility or a psychiatric ward at a hospital (facility for specialist medical healthcare).

The facility or hospital must be accredited under the Dutch Healthcare Institutions (Accreditation) Act ('Wet toelating zorginstellingen', WTZi) or have a permit under the Dutch Healthcare Providers (Accreditation) Act ('Wet toetreding zorgaanbieders', WTZA) and meet the conditions set in this legislation.

Quality of healthcare must also be guaranteed as follows:

- a medical director or similar official has been appointed and given ultimate responsibility for the quality of mental healthcare provided.
- criteria for quality of healthcare have been laid down in a clear quality manual.
- the tasks of the healthcare providers involved have been specified clearly in a protocol.
- at the facility in question, the diagnosis and treatment indication must be set by a coordinating practitioner for specialist mental healthcare.

Other locations

Healthcare cannot be provided at any location other than those specified above.

Home care is allowed only in the event of medical necessity.

With respect to mental healthcare outside the Netherlands, please refer to clause B.2 (Foreign healthcare) of the terms and conditions of insurance and check beforehand whether the healthcare in question qualifies for reimbursement.

Referral

- prior to the start of the treatment, you were referred by a general practitioner (preferably supported by a general practitioner's practice assistance for mental healthcare ('POH-GGZ')), a company doctor, an emergency care doctor, a medical specialist or a doctor for the homeless. In the event of referral from general basic mental healthcare to specialist mental healthcare (or vice versa), the coordinating practitioner is also allowed to make the referral.

If the primary healthcare practitioner is a geriatric specialist at a facility for a first-line stay or facility as defined in the Dutch Long-Term Care Act ('Wet langdurige zorg', Wlz) and a general practitioner is not involved anymore, the geriatric specialist will be authorised to make referrals to specialist mental healthcare. This also applies when a doctor for the mentally disabled is your general practitioner at a facility: this doctor will then also be authorised to make referrals to specialist mental healthcare.

- a referral must include a clear description of the mental healthcare need that can be dealt with through specialist mental healthcare (suitable healthcare), based on a diagnosis as per the DSM-5 manual.
- treatment must start within 9 months of referral.
- the referring doctor will ensure an objective and substantiated referral. Besides sessions intended to enable the referring doctor to make a diagnosis, the referring doctor will preferably use a reliable and valid decision support system, i.e. an (electronic) intake tool.
- the referral will therefore specify that the case concerns a suspected psychiatric disorder for which treatment is needed as part of specialist mental healthcare.
- the objective outcome produced by the decision support system must refer directly to the level of mental healthcare that is appropriate for your mental healthcare need.
- the objective outcome produced by the decision support system is part of the referral and must be available from both the general practitioner or other referring doctor and the specialist mental healthcare provider.

Treatment proposal

The coordinating practitioner for specialist mental healthcare has established that the healthcare is medically required, assesses whether specialist mental healthcare is suited for the mental healthcare need and subsequently records the treatment proposal in a treatment plan. This treatment plan is discussed with you and then finalised.

If the severity and complexity of your mental healthcare need are not aligned with the referral, the coordinating practitioner for specialist mental healthcare will liaise with you and the referring doctor on changing the referral.

The referral, the outcome produced by the decision support system, the formulated treatment plan and any amendments will all be recorded in your medical file.

4. Specialist mental healthcare with admission

4.1 Introduction

The way in which specialist mental healthcare with admission is provided must comply with the same conditions as specified in article 3, General specialist mental healthcare of these Regulations. Aside from that, admission is subject to the following:

For a period of a maximum of 3 times 365 (1,095) days, the healthcare also includes:

- specialist psychiatric treatment and the stay in the facility in question;
- associated nursing and other care;
- allied healthcare (such as physiotherapy or occupational therapy) to the extent that such care is needed for the treatment of a psychological disorder;
- nursing, medicines, medical aids, and dressings that are part of the treatment while admitted.

After these 1,095 days, you may still be entitled to this kind of mental healthcare under the Dutch Long-Term Care Act ('Wet langdurige zorg', Wlz). For a continued stay after the first 365 days, also refer to article 4.2 Specialist mental healthcare, second and third year of stay. Aside from that, you may, subject to conditions, first be entitled to cover under the Dutch Long-Term Care Act ('Wet langdurige zorg', Wlz).

The figure of 1,095 days is subject to the following rules:

- if your admission is interrupted for a period of fewer than 31 days, the number of days of interruption do not count towards the figure of 1,095 days. The count will resume after the interruption.
- if your admission is interrupted for a period of more than 30 days, the count of the number of days will start again from day 1 after the interruption, meaning that you will again be entitled to healthcare and reimbursement of such for a period of 1,095 days.
- if your admission is interrupted for weekend/holiday leave, the number of days of interruption count towards the figure of 1,095 days.

4.2 Specialist mental healthcare, second and third year of stay

This concerns long-term mental healthcare, a continued stay beyond 365 days.

If, after a stay of 365 days, admission for psychiatric treatment continues to be required, the coordinating practitioner must assess the legitimacy of the long-term mental healthcare by filling in a questionnaire. This questionnaire is part of your medical file. Entitlement to such continued mental healthcare will be expressed in terms of a care intensity package for mental healthcare ('Zorgzwaartepakket GGZ', see article 4.4).

4.3 Conditions

In the event of an extended stay, the following conditions must be met as a minimum:

- there must be a psychiatric disorder, either with or without additional problems, for which you have already been treated at a psychiatric facility on an inpatient basis for 365 consecutive days (for details of rules on leave, refer to article 4.1).
- the facility has substantiated the need for an extension to your stay (citing improvement/stabilisation or prevention of worsening), including a prognosis/development of the disorder(s) and the expected duration of the stay.

4.4 Care intensity package

A care intensity package ('Zorgzwaartepakket') is a set of healthcare interventions that are aligned with your personal characteristics and the healthcare you need. It includes cover for living arrangements, healthcare, treatment and services, and possibly help in finding daytime activities. This package is largely the same as the healthcare you received over the first year of your stay based on a Diagnosis-Treatment-Combination ('Diagnose Behandelings Combinatie' or DBC), as specified in article 4.1. The care intensity package is a package of healthcare interventions that are offered over the second and third year of your stay.

There are different kinds of care intensity packages, with or without daytime activities. The level of the care intensity package indicates your entitlement. The healthcare must be aligned with the description of one of the care intensity packages for long-term mental healthcare defined in the regulations. For a comprehensive description of all healthcare covered by a care intensity package, please visit the website of the 'Nederlandse Zorgautoriteit' (Dutch Healthcare Authority, NZa).