He Kaupare. He Manaaki. He Whakaora.
prevention. care. recovery.

13 July 2022

[redacted]

Kia ora [redacted]

Your Official Information Act request, reference: GOV-019080
Thank you for your email of 4 July 2022, asking for the following policies and pages under the Official Information Act 1982 (the Act):

- *Social rehabilitation Client Choice of Providers Policy*
- *Social rehabilitation Communication with assessors Policy*
- *Social rehabilitation Complex Personal Injury and grandparented clients Policy*
- *Social rehabilitation How to provide services in partnership with the Ministry of Education Policy*
- *Social rehabilitation Needs Assessment for Social Rehabilitation Policy*
- *Social rehabilitation Orthotic Services Policy*
- *Social rehabilitation 'Other' Social Rehabilitation*
- *Social rehabilitation When to Reassess a Client's Social Rehabilitation Needs Policy*
- *Social rehabilitation assessment About Social Rehabilitation Assessment Suppliers Service Page*
- *Social rehabilitation assessment Assessing For Equipment Added Service Page*
- *Social rehabilitation assessment Complexity Framework Tool Service Page*
- *Social rehabilitation assessment Functional Independence Measure Service Page*
- *Social rehabilitation assessment Making An Assessment Referral Service Page*
- *Social rehabilitation assessment Social Rehabilitation Assessment Service Page*
- *Social rehabilitation assessment Social Rehabilitation Needs Assessment (SRNA) Service Page*
- *Social rehabilitation assessment Types Of Assessment Service Page*

The requested pages and policies are attached to this letter as Appendix 1
Please note the ACC staff members' names have been deemed *out of scope* and removed accordingly.

If you're concerned about this response, please get in touch
You can email me at GovernmentServices@acc.co.nz.

If you are not happy with this response, you can also contact the Ombudsman via info@ombudsman.parliament.nz or by phoning 0800 802 602. Information about how to make a complaint is available at www.ombudsman.parliament.nz

Ngā mihi

Sara Freitag
Acting Manager Official Information Act Services
Government Engagement & Support

Client Choice of Providers Policy v11.0

Summary

Objective
It is ACC's responsibility to choose an appropriate provider for a client who is referred for the following:

• medical specialist assessments
• social rehabilitation assessments
• vocational rehabilitation: initial occupational and medical assessments
• vocational independence: occupational and medical assessments.

These assessments help determine cover or entitlements.

AC Act 2001, Section 72(1)(d) states that clients have a responsibility to undergo assessments conducted by a registered health professional specified by ACC.

Owner out of scope
Expert out of scope

Policy

1.0 Client selection not limited for other services

a The guidelines governing other areas of client choice are broader and allow the client greater flexibility to choose their own provider in the following areas:

• treatment that a client receives from a health provider, such as a General Practitioner, physiotherapist, acupuncturist, etc

• home-based care, such as home help, attendant care, etc

• audiologists who are required to fit hearing aids

• counselling.

2.0 Considering client preferences

a Always remember ACC's obligations under the Code of ACC Claimants' Rights and Claims (the ACC Code). Refer to Working with the Code of ACC Claimants' Rights Policy.

Working with the Code of ACC Claimants' Rights Policy

Part 3 Code of ACC Claimants' Rights, and claims https://www.westlaw.co.nz/maf/wlnz/app/document?s

3.0 Clients may prefer a particular provider

a These are based on:

• their values
• their personal circumstances
• their culture
• the nature of the assessment itself

b These preferences should be accommodated where possible. For example:

• a female client with a medical misadventure birthing injury may wish to be assessed by a female specialist

• Māori or Pacific peoples may wish to be assessed by a Māori or Pacific provider.

4.0 If a client objects to the provider we have chosen

a If a client has concerns about the provider they've been referred to, but does not nominate another provider, then we must offer the client a choice of at least two alternative providers, if there are two available, and give the client five days to select one of the alternative providers.

If the client does not respond with their choice of provider within the five-day timeframe, we will continue to use the provider initially selected.

If the client nominates their own provider we must objectively consider the request. See attached table.

If...	then...
there will be more than a four week delay in getting an appointment with the client's preferred provider and this delay would impede the client's rehabilitation	we must decline the client's request
the client's nominated IMA or VIMA provider is not currently contracted to ACC	
the client's nominated provider does not hold qualifications that meet the legislative requirements, however note we can invite the nominated provider to apply for a contract	
the client needs a specialised assessment and their nominated provider does not cover that scope of practice	
none of the above apply	we must agree to the client's request

Client object to provider.PNG

Contracted Suppliers by Geographic Area of Coverage

5.0 When a client will not comply with our choice of provider

a If, after the considerations above have been taken into account, we are unable to reach agreement with the client then we may consider whether to decline the client's entitlement as a last resort. See Decline entitlement when client is non-compliant .

You must document all considerations and actions in detail.

Decline Entitlement When Client is Non-compliant Policy

6.0 Consider alternatives when a lack of provider may cause an unreasonable delay

a AC Act 2001, Section 54 requires ACC to make decisions in a timely manner. If there are difficulties finding an appropriate provider within the client's locality, then consider:

• transporting the client to a location or city where there is a greater number of available providers

• fully investigating appropriate providers who will travel to the client.

b Before asking a provider to travel to a client's location, consider:

• any cultural or other specific requirements the client has, eg disability, language requirements, etc

• the provider's skills and competencies relevant to the client's particular needs.

AC Act 2001, Section 54
https://www.westlaw.co.nz/maf/wlnz/app/document?d

Communication with assessors Policy v11.0

Summary

Objective
When contacting an assessor in person, it's important that we are impartial, eg we don't influence the assessor or the proposed assessment.

Owner out of scope

Expert out of scope

Policy

1.0 Rules

a You must record a 'Contact' in Eos whenever you have contact with the assessor, including the reasons for the contact and the outcome.

To ensure the provider is able to book sufficient time and resources for clients who have additional requirements, you must contact the assessor prior to the assessment if any of the following apply:

• the client has any physical disabilities or other special needs
• the client has intellectual difficulties
• it is a very large or complex case
• an advocate or support person wishes to attend with the client
• an interpreter is required
• the client asks for the assessment to be recorded
• the client is flagged by ACC as a potential risk
• the client has expressed any concerns about having a male/female assessor
• a chaperone is required.

See Arranging an additional medical assessment referral and Vocational Medical Services (VMS).

Arranging an additional medical assessment referral

Vocational Medical Services (VMS)
https://go.promapp.com/accnz/Process/da3c6b90-6e

2.0 Providing file material to clients and assessors

a When you make the referral, remember:

• you must ensure that the client is aware of any material from the client's file that you might provide to the assessor

• you must ensure that the client is aware of any other parties that the assessor will contact as part of the assessment process, eg see Vocational Rehabilitation Review (VRR)

• you can send a a copy of the referral material to the client at the same time as you send it to the assessor

• the client does not have the right to veto any material which you consider is relevant for the assessor to have

• it's very important that you do not provide any material to an assessor that is not relevant to the required assessment. See Summary of the Health Information Privacy Code

• you're responsible for checking the material to be released to the assessor. See ACC6173 Information Disclosure Checklist

Vocational Medical Services (VMS)
https://go.promapp.com/accnz/Process/da3c6b90-6e

Summary of the Health Information Privacy Code
https://go.promapp.com/accnz/Process/8c944c40-e5

3.0 Communication with assessors when clarifying an assessment

a If an assessment does not address the specific questions asked by you, or you have any other concerns, get internal advice, eg from a branch medical advisor (BMA) or rehabilitation advisor, before you ask for clarification in writing. If appropriate, send a copy of any clarification requests to the client.

If you identify clinical quality concerns for an Initial Medical Assessment (IMA) or Vocational Independence Medical Assessment (VIMA), consider escalating this as a VMS provider performance issue.

Initial Medical Assessment overview
https://go.promapp.com/accnz/Process/6ad47664-56

Vocational Independence Medical Assessment Policy
https://go.promapp.com/accnz/Process/c10319db-4f4

Vocational Medical Services provider performance management framework
https://go.promapp.com/accnz/Process/ee9642ea-e6

Complex Personal Injury and grandparented clients Policy v8.0

Summary

Objective
In relation to attendant care, the provisions of the AC Act 2001 do not apply to:

• Complex Personal Injury (CPI) clients
• Grandparented attendant care clients.

For information about these clients and their eligibility criteria, see About serious injury and Purpose of attendant care.

For information to help with calculating payments see HCSS rate summary 2008-2013

Owner out of scope

Expert out of scope

Policy

1.0 CPI clients

a Clients who were assessed under the Accident Rehabilitation and Compensation Insurance (Complex Personal Injury) Interim Regulations 1994 between 1 July 1994 and 30 June 1999 have their attendant care and all social rehabilitation provided in accordance with these regulations.

Accident Rehabilitation and Compensation Insurance (Complex Personal Injury) Interim Regulations 1994
https://www.westlaw.co.nz/maf/wlnz/app/document?d

2.0 Grandparented clients

a These clients retain their entitlement to attendant care under either:

AC Act 1972, Section 121
https://www.westlaw.co.nz/maf/wlnz/app/document?&

AC Act 1982, Section 80
https://www.westlaw.co.nz/maf/wlnz/app/document?&

b If clients were receiving attendant care and home help entitlements worth NZ$350 or more per week at 1 July 1992, their entitlement to attendant care and home help is retained together as an attendant care entitlement.

These legislative provisions apply to their ongoing assessment and provision of attendant care and home help. The entitlement is retained, not the amount of attendant care. This means that when the client is reassessed, the amount of attendant care and home help can increase or decrease according to their assessed need. AC Act 2001, Section 374 allows us to reassess their attendant care from time to time under the provisions of AC Act 1982, Section 80 .

AC Act 2001, Section 374
https://www.westlaw.co.nz/maf/wlnz/app/document?&

3.0 Electing entitlement under the Accident Compensation Act 2001

a A client with a grandparented entitlement can ask to be assessed under the provisions of the Accident Compensation Act 2001. Clients cannot ask to be assessed more than once a year. They then decide under which legislation they wish to have their ongoing attendant care and home help assessed and provided.

If a client chooses to have their ongoing entitlement provided under the 2001 Act, they must request this in writing. This decision is binding and means they give up their grandparented entitlement permanently. They cannot switch back to the grandparented entitlement at a later date.

4.0 Attendant care for CPI and grandparented clients

a ACC assesses clients' needs in accordance with their individual circumstances. We must also consider all other options to maximise the client's independence and minimise safety risks, such as alarms and environmental controls.

However, where the assessor identifies a need and attendant care is the only appropriate option to meet that need, we will not take family responsibility into account. This is because, unlike the Accident Compensation Act 2001, there is no specific requirement for us to consider this under the Complex Personal Injury Interim Regulations and the 1972 and 1982 Accident Compensation Acts. Court decisions such as Molgaard, Turner and Campbell direct us to pay attendant care provided by family members where a need for human assistance is identified in the assessment.

This means that there may be some differences in the level of attendant care provided to CPI and grandparented clients, eg overnight care and payment levels.

5.0 Adjusting attendant care levels of CPI and grandparented clients

a Attendant care levels for CPI and grandparented clients must only be adjusted if a reassessment identifies:

• a change in injury-related needs that requires more or less attendant care
• alternative options to human assistance that meet the client's needs in a more cost-effective and appropriate way, ie maximises the client's independence and effectively manages any safety risks.

NOTE **Example**

A 20 year old CPI client with a brain injury is assessed as being not safe to be left on her own due to a high risk of falling.

Although family support is occurring, we cannot assume family responsibility and we are required to meet her needs by paying for the necessary support. We can look at:

• other options to maximise her independence and provide supervision simultaneously such as day therapy programmes

• providing relief for the family as required.

If, as a result of a physiotherapy assessment and medication review, safer solutions are provided to reduce the risk of falling and seizures, the client may not have the same need for human supervision and we could reduce the amount of paid supervision based on a reassessment of her needs.

6.0 Supervisory care

a For clients with an entitlement to social rehabilitation under the Complex Personal Injury Interim Regulations 1994, or the AC Act 1972 and AC Act 1982, supervision is provided by family members according to the attached table.

If the client is...	then ACC funds the...
under age 14	additional injury-related supervision required over and above the typical supervision needed for a child of the same age
aged 14 or over	the full hour in which supervision is required, based on the family supervision rate

Supervisory care table.PNG

7.0 Sleepover care

a ACC pays for household family members to provide sleepover to CPI or grandparented clients if all the following apply:

• the client is over age 14
• the client cannot be safely left alone in the house overnight
• there are no other options available.

8.0 Links

Attendant care payments policy
https://go.promapp.com/accnz/Process/60d51170-38

Paying for Contracted Attendant Care Service Page
https://go.promapp.com/accnz/Process/60d51170-38

How to provide services in partnership with the Ministry of Education Policy v10.0

Summary

Objective
ACC and the Ministry of Education have a Memorandum of Understanding to work in a consistent, coordinated and collaborative way with children and young people who need services and equipment.

The Memorandum relates to children and young people who:

• require specialised services, directly related to an injury covered by ACC

• are aged from birth to school entry or of school age and enrolled in a state, state-integrated or private school, or who are home-schooled

• are eligible to receive services that are funded by the Ministry of Education.

This policy focuses on the needs that ACC can address, and the Protocol between the Ministry of Education and ACC explains the services the Ministry of Education can provide and contains details of the Memorandum of Understanding.

You must also consider the interagency protocol for at-risk children and/or dealing with at-risk children at service centres.

Owner out of scope
Expert out of scope

Policy

1.0 Rules

a The relevant services include:

• assessments
• therapies, eg occupational therapy, physiotherapy
• assistive technology/equipment
• communication and behaviour services
• property modifications
• transport provisions
• speech-language therapy
• complex needs
• educational support
• early intervention.

Protocol Between the Ministry of Education and the Accident Compensation Corporation

2.0 Additional eligibility for ACC services

a Other rules apply to the specific service(s) needed to help restore the child or young person's independence. See also:

• Education support, Teachers' aides and Tutors
• Support need assessments for serious injury clients
• Training for Independence
• Transition service for serious injury clients
• Sensitive claims
• Social rehabilitation assessment.

About education support Policy

Arrange Support Needs Assessment

Self-management for clients with complex needs, serious injury or a disability

Sensitive claims

Social Rehabilitation Assessment Service Page

3.0 Coordination and information sharing

a We must share information with the Ministry of Education where relevant. For example, we must hold assessment reports and other information that, if shared, may reduce duplication and enable faster decision-making.

When sharing information, you must follow our policies for information sharing and privacy, eg:

• Responding to a request for information
• Official information requests
• Email.

Responding to a request for official or personal information

Official Information Requests Policy

Email Policies

Needs Assessment for Social Rehabilitation Policy v9.0

Summary

Objective
Social rehabilitation needs assessments identify:

• the client's ability to do everyday living activities after the injury

• what needs they have, as a result of not being able to carry out any of those activities

• the most effective options and alternatives for meeting those needs.

Owner out of scope
Expert out of scope

Policy

1.0 Legislation about assessments

a The attached table shows the impact of the relevant sections of the Accident Compensation Act 2001 (AC Act 2001).

Legislation about assessments.docx

2.0 Who can make assessments

a The assessment does not always need to be done by an external assessor from the Contracted providers and contact lists.

Recovery Team members can consider the assessment requirements in Section 84(4) if they do an internal assessment of the client's needs by either:
• having a conversation with the client to discuss their needs
• reviewing the ACC705 Referral for support services on discharge(169K) form.

ACC705 Referral for Support Services on Discharge

3.0 When to make an internal needs assessment

a Assess (or reassess) a client's social rehabilitation needs in the following situations, using the considerations of AC Act 2001, Section 84(4):

• on first contact between the client and ACC, usually when a client first asks or applies for social rehabilitation assistance
• whenever a client's needs or circumstances change.

4.0 All assistance must be based on assessment

a AC Act 2001, Section 76 allows us to provide social rehabilitation assistance, if it is 'necessary and suitable in the circumstances' before:
• a Recovery Plan (RP) is prepared.
• an assessment is completed.

To decide whether the assistance is 'necessary and suitable', it must be:
• assessed as being needed under Section 84(4)
• necessary, appropriate, and of the quality required to help restore the client's independence
• needed as a direct result of the covered personal injury
• of a type normally provided by a rehabilitation provider.

The assistance must meet all the criteria of Section 81 (4). Before any social rehabilitation assistance is provided, an assessment must be done by us or an external provider, regardless of the provisions of Section 76. This particularly affects claims where there is no RP, or where it has not yet been developed.

AC Act 2001, Section 76
https://www.westlaw.co.nz/maf/wlnz/app/document?&

5.0 What assessments need to cover

a Section 84 lists the areas that all social rehabilitation assessments need to cover:
• the activities that the client was able to perform before their injury
• the activities they can perform following the injury
• the limitations they suffer as a result of their injury
• the appropriate types of social rehabilitation assistance that would minimise or eliminate these limitations
• results achieved by providing these types of assistance, the rehabilitation outcome relating to a functional area of independence in daily living activities
• how options and alternatives for providing the assistance would achieve the rehabilitation outcome in the most cost effective way
• if the client is eligible for vocational rehabilitation, any social rehabilitation interventions that would also help them participate in employment
• any issues relating to the geographical location where the client lives
• any recorded changes in the client's condition
• if the client has already been provided with other interventions, particularly equipment, any changes in the suitability of those interventions.

6.0 When to refer for external assessment

a Refer the client for an external assessment of their social rehabilitation needs in any of the following situations:

• client requests an assessment

• client suggests that a package of care is not meeting their needs.
Note that packages of care are not available in all areas

• client has a complex injury that falls outside the normal boundaries for a package of care, or the client requires a multi-disciplinary assessment under a serious injury contract

• client requests assistance for any of the following types of support:
- child care
- education support
- equipment
- housing modifications
- training for independence
- transport for independence
- other social rehabilitation

• client's progress is not as expected, or the case manager is unsure whether the support being provided is meeting the client's needs

• rehabilitation exceeds the expected duration, as per the outcome date, and the client still needs social rehabilitation assistance.

7.0 Providing information to the assessor

a AC Act 2001, Section 84(5) states that ACC must provide the assessor with all information it holds, that is relevant to the assessment. This includes:
• the relevant assessment referral form containing client details and reason for referral
• any previous assessment report(s), if this is a reassessment
• medical reports about the nature of the client's personal injury
• the client's Recovery Plan, if they have one
• a copy of the client's current, signed authority to collect relevant records
• information to enable the assessor to undertake the assessment in an appropriate and safe way, such as:
— cultural considerations
— living environment, eg the number of people living with client, access to house, dogs
— any behaviour exhibited by the client or household members that indicates potential for aggression, violence or other risk to the assessor.

AC Act 2001, Section 84(5)
https://www.westlaw.co.nz/maf/wlnz/app/document?s

8.0 Deciding eligibility for social rehabilitation and types of support

a We can pay for or contribute to the cost of social rehabilitation assistance, if the proposed assistance meets all these criteria, as listed in AC Act 2001, Section 81(4):

• an assessment identifies the client has a need for the assistance

• the need for the assistance has arisen as a direct consequence of an injury, and the injury has cover

• the assistance is for the purpose of restoring the client's functional independence in one or more of the areas listed in of AC Act 2001, Schedule 1 Clause 12, to the maximum extent practicable

• the option or alternative for assistance meets all the following criteria for restoring the client's independence:
— necessary, ie the client cannot achieve the outcome without this assistance, and it is essential, rather than desirable
— appropriate, ie the assistance is in line with the scope of our responsibilities, and takes the client's individual situation and needs into account
— of the required quality, ie it is of suitable quality to achieve an effective result

• the type of assistance is usually provided by a rehabilitation provider. That is, the assistance is:
— provided by a provider for the purpose of rehabilitation, as defined in AC Act 2001, Section 6
— of a type provided by a provider that ACC has contracted
— the area of need that this assistance will meet is documented in the client's RP (if they have one).

AC Act 2001, Section 81(4)
https://www.westlaw.co.nz/maf/wlnz/app/document?&

AC Act 2001, Schedule 1 Clause 12
https://www.westlaw.co.nz/maf/wlnz/app/document?d

AC Act 2001, Section 6
https://www.westlaw.co.nz/maf/wlnz/app/document?d

9.0 After considering the criteria

a If the assistance is a 'key aspect of rehabilitation', then consider it under the relevant criteria.

10.0 If decision is to decline

a If we are not responsible for providing the service or item, the Recovery Team member must provide advice or information to the client about what other agencies might be able to provide it.

11.0 Determining who is responsible for assistance

a A client's rehabilitation is not solely ACC's responsibility. This attached table shows where responsibilities lie for the client's social rehabilitation, according to ACC legislation and policy.

Party	Scope of responsibility

client	• doing everything they can to assist with rehabilitation, within the limitations that have resulted from the injury, such as:
	  • attending assessments
	  • participating in programmes and services
	  • maintaining their own health and fitness as much as they are able
	  • avoiding activities that aggravate or worsen the injury
	• contributing to the cost of any service or item if they choose something more expensive than is strictly required to meet their assessed injury-related needs

ACC	• providing or contributing to entitlements in accordance with the legislation, to meet the client's assessed injury-related needs • co-ordinating and managing the rehabilitation process, and linking and integrating with other agencies
client's household family (whanau)	childcare, home help and attendant care for the injured family member, provided this does not unreasonably disrupt their employment or other activities
other agencies, services or community groups	providing anything not supplied by the above parties, that the client is eligible for, according to the agency or group's own criteria and restrictions

Determine who is responsible for assistance.PNG

12.0 Encourage client to take responsibility

a The Recovery Team member must lead the client to explore the ways they might contribute to their own rehabilitation.

NOTE **Example**

A client's hobbies outside of work are sedentary. The Recovery Team member encourages the client to discuss with their treatment provider a suitable regime of regular exercise, so that the client can build their fitness, which will contribute to their own rehabilitation and recovery.

13.0 Funding gym memberships and pool fees for clients

a Clients are responsible for maintaining their own health and fitness as much as they are able, and would in most instances be responsible for costs such as gym memberships and pool fees. The justification to pay for gym memberships or pool fees therefore needs to be specific, eg strengthening or mobility and linked to achieving a clear rehabilitation outcome.

These costs could be considered under the vocational or 'other' social rehabilitation provisions of the legislation, if paying these costs is necessary to help a client:

• maintain or obtain employment or acquire vocational independence (Section 80)
• restore independence in one or more of the areas listed in clause 12 of Schedule 1 (Section 82)

We should only be paying for pool fees or a gym membership where they are:

• linked to a clear rehabilitation goal
• preapproved
• monitored, possibly through physiotherapist or personal trainer support
• time-framed
• included in a Recovery Plan if the client is likely to need rehabilitation for longer than 13 weeks

14.0 Limits on ACC's responsibility to provide

a ACC's responsibilities to provide or contribute to assistance have boundaries. This attached table describes how this affects decision making:

Limit	What this means in practice
provisions of legislation	The assistance must meet relevant decision-making criteria for a specific entitlement as either a 'key aspect of social rehabilitation', or as 'other social rehabilitation'. **Examples:** • We do not generally provide or contribute to the cost of a client's actual participation in a sports or leisure activity, such as attendance fees. • We do not usually provide or contribute to the cost of lawn-mowing or gardening.
injury-related need	The assistance must be provided specifically to meet an assessed, injury-related need. If the need does not arise from the injury, we are not responsible for meeting it. **Example:** If a client was a member of a sports club before the injury, then we would not consider contributing to their membership fees after the injury, because that cost has not arisen because of the injury. If there is a combination of causes behind the need, then we are only responsible for the proportion of the need that is injury related. **Example:** A client has both age- and injury-related needs for rest home care. We contribute to the proportion of the care that is injury-related, based on an attendant care assessment, had they remained in their own home.
level of assistance to achieve outcomes	We're responsible for meeting the client's assessed injury-related needs and only need to provide the level of assistance required. If the client wants a more advanced or expensive type of assistance, then we are only responsible for the portion of the assistance that is the minimum required. **Example:** We have approved a request to provide the client assistance with their transport needs, in the form of a vehicle purchase and modifications. The client chooses a new vehicle, while the assessor has identified a range of cheaper models that would meet their injury related needs. The client contributes the difference in cost.

Limits on ACC.PNG

15.0 Paying for social rehabilitation

a AC Act 2001, of Schedule 1 Clause 23 states that, when ACC pays a client for social rehabilitation services it provides or contributes to, ACC is not responsible for either:

• making sure the client pays those funds to the provider
• paying the provider directly, if the client does not pay them.

AC Act 2001, of Schedule 1 Clause 23
https://www.westlaw.co.nz/maf/wlnz/app/document?d

Orthotic Services Policy v9.0

Summary

Objective
This page describes when ACC provides funding of orthoses and the requirements for holding an Orthotic Services contract. More information about Orthotic Services can be found on the Service and Process pages.

Owner out of scope

Expert out of scope

Policy

1.0 Who can hold an Orthotic Services contract?

a Suppliers who engage Orthotists to provide Orthotic Services can apply to hold a contract.

Orthotists must be:

• an accredited member of the New Zealand Orthotist and Prosthetist Association (NZOPA)

The contract holder is responsible for ensuring that their employees or contractors providing services meet the above requirements.

2.0 Referrals to an Orthotist

a Clients must be referred to an Orthotist by an ACC Case Owner or an approved health practitioner. Approved health practitioners for this purpose are:

• Orthopaedic surgeons
• Rheumatologists
• Sports medicine specialists
• General Practitioners
• Podiatrists
• Physiotherapists.

3.0 Consultations

a The Orthotic Services contract includes only consultations undertaken by Orthotists.

Podiatrists can provide treatment under Allied Health Services contract or under Treatment under cost of Regulations

4.0 When prior approval is required

a • Prior approval must be sought for the provision of orthoses with a total value of more than $300 (excl GST)
• If the provider isn't covered under the Orthotic Services contract, then prior approval must be sought in all cases
• Where prior approval is required, orthoses must not be provided to the client without approval from ACC.

5.0 When prior approval is not required

a The provider is covered under the Orthotic Services contract and the orthoses provided has a total value of less than $300 (excl GST).

6.0 Requesting prior approval

a An ACC7428 Application for Approval of Orthoses form must be submitted when requesting prior approval for Orthotic Services. All sections of the form must be completed by the provider. If information is incomplete, ACC will return the form requesting the information.

ACC's assessment of the request for prior approval may involve a review by an appropriately qualified Clinical Advisor who may contact the supplier if they wish to discuss the request before or following a decision.

ACC7428 Application for Approval of Orthoses

7.0 Limitations

a ACC is not responsible for:

• providing implanted artificial aids, except where these are implanted in the course of an approved surgical procedure

• providing a type or version of orthoses, at the client's request, that is more expensive than what is strictly needed to meet the client's identified needs

• paying costs for damage caused by neglect, abuse or misuse.

• providing orthoses or aids where the client already owns or possesses an aid that has a similar function to the orthoses recommended.

8.0 Exception

a ACC can consider providing funding if the aid or orthoses is now unsuitable for helping to restore to independence due to it's age or condition or advancement in manufacture type (materials used).

'Other' Social Rehabilitation Policy v17.0

Summary

Objective
Refer to this guidance when considering requests for 'other' social rehabilitation to achieve consistent and quality decision making.

1) ACC may provide other types of social rehabilitation other than the key aspects listed
2) Exclusions - key aspects of social rehabilitation
3) Rules
4) Links to legislation

Owner out of scope

Expert out of scope

Procedure

1.0 ACC may provide other types of social rehabilitation other than the key aspects listed

a Section 82 of the Accident Compensation Act 2001 allows ACC to provide other types of social rehabilitation than those listed under section 81 if:

• it is required as a direct consequence of the covered personal injury

• the client is (re)assessed under section 84 as needing it; and

• ACC considers that:

— the purpose of the social rehabilitation is to assist in restoring a client's independence to the maximum extent practicable; and

— is necessary and appropriate; and

— is a type of social rehabilitation normally provided by a rehabilitation provider.

NB: Rongoā Māori is an example of support we can consider as 'other' social rehabilitation.

2.0 Exclusions - key aspects of social rehabilitation

a 'Other' social rehabilitation does not include the following, as they are the key aspects of social rehabilitation listed under section 81 of the Accident Compensation Act 2001:

• aids and appliances
• attendant care
• child care
• education support
• home help
• modifications to the home
• training for independence
• transport for independence.

3.0 Rules

a When we receive a request to fund other social rehabilitation we must establish that the request is:

• appropriate and necessary to address the injury-related need to help the client achieve independence (see Clause 12 of Schedule 1, of the Accident Compensation Act 2001 for the definition of 'independence'. This definition provides a list of 'areas of independence', eg mobility, domestic activities, motivation etc.).

• linked to achieving a clear rehabilitation outcome that is monitored and given time limits eg we can consider paying for a gym membership or pool fees if this is necessary for the client to achieve a goal of change, rather than just maintenance, ie strengthening to achieve increased mobility within a specified period, where their progress is monitored. A goal of maintaining fitness levels would not be sufficient.

• able to demonstrate benefits. Note: these can be wider than the areas of independence listed in Clause 12 of Schedule 1, of the Accident Compensation Act 2001.

• cost effective, eg the costs are reasonable given the benefits the client is likely to experience in relation to independence, participation and overall quality of life.

b If a request does not meet the rules above, we must decline it.

c If the request does meet the above rules, written guidance must be sought from Technical Services.
Go to Seek Internal Guidance process

NOTE **Seek Internal Guidance process**

PROCESS Seek Internal Guidance

d Do not seek input from Clinical Services to make these decisions unless you have a question about specific clinical issues.

e If an Individual Rehabilitation Plan is in place, the provision of other social rehabilitation will need to be agreed to in the plan (see section 82(1)(d) of the Accident Compensation Act 2001).

Individual Rehabilitation Plan Policy

f Refer to Guidelines for 'other' social rehabilitation for more information about the types of questions you should ask to help you make a decision about 'other' social rehabilitation.

Guidelines for other social rehabilitation (Te Whāriki)

4.0 Links to legislation

Accident Compensation Act 2001, section 81, Corporation's liability to provide key aspects of social rehabilitation
http://www.legislation.govt.nz/act/public/2001/0049/lat

Accident Compensation Act 2001, section 82, Corporation may provide other social rehabilitation
http://www.legislation.govt.nz/act/public/2001/0049/lat

Accident Compensation Act 2001, section 84, Assessment and reassessment of need for social rehabilitation
http://www.legislation.govt.nz/act/public/2001/0049/lat

Accident Compensation Act 2001, Schedule 1, clause 12 Social rehabilitation defintions http://www.legislation.govt.nz/act/public/2001/0049/lat

When to Reassess a Client's Social Rehabilitation Needs Policy v8.0

Summary

Objective
Refer to this guidance to help you determine when to reassess a client's social rehabilitation needs.

Background
The Accident Compensation Act 2001, Section 84(3), requires us to reassess a client's needs, if we consider that the client's circumstances or condition have changed.

Owner out of scope
Expert out of scope

Policy

1.0 Reassessing social rehabilitation needs

a You must reassess a client's needs if their circumstances or condition changes. This might include the following situations:
- the client moves house
- the client goes into hospital
- school holidays
- the structure of family or care team changes
- the client deteriorates or has injury complications
- a child client leaves school.

Recovery team members are appropriately qualified to reassess the needs and adjust entitlements if:
- it is not going to significantly increase the client's entitlement
- any increase in entitlement is minor or short term
- an external assessment has predicted changed circumstances or needs, such as school holidays, and recommends putting options in place to meet those needs.

NOTE **Example**
The client goes into hospital. The most practicable option for meeting their attendant care needs is for the hospital to provide all care. The attendant care entitlement is stopped during the hospital care. An external assessment is not required.

2.0 Referring a client to an external needs assessment

a Recovery team members must refer the client for an external needs assessment if appropriate.

NOTE **Example**
The client is due to return to work. On the date they return to work, their home help assistance will stop. The client needs a further one to two weeks of home help to allow them to focus on increasing their work hours. It is reasonable for the recovery team member to increase the home help entitlement in this case, but if the client still needs assistance after that two-week period, an external assessment might be appropriate.

b You must document your decisions and rationale about needs assessments on the initial internal assessment of needs in Eos or the Recovery Plan, if the client has one. In particular, note whether an external assessment is needed, considering the factors listed in Accident Compensation Act 2001, Section 84(4)

Accident Compensation Act 2001, section 84, Assessment and reassessment of need for social rehabilitation
http://www.legislation.govt.nz/act/public/2001/0049/lat

About Social Rehabilitation Assessment Suppliers Service Page v9.0

Summary

Objective
Contracts are held for the following assessment services:

- Social Rehabilitation Needs (SRNA)
- Housing Modifications (HMA)
- Communication and Assisted Technology (CATA)
- Wheelchair & Seating (WSA)
- Education Based Rehabilitation Review (EBRA)

Depending on the contract type, suppliers must have access to experienced assessors from a range of disciplines. Suppliers are listed with the contracts.

Owner out of scope

Expert out of scope

Procedure

1.0 Viewing the social rehabilitation assessment contracts

a The social rehabilitation assessment contracts are located on Contracted Suppliers by Geographic Area list.

Contracted Suppliers by Geographic Area of Coverage

2.0 Choosing a supplier and what they do

a Use suppliers who hold contracts for the area where the client lives. These providers have knowledge of the local area including community services and resources that may be available to our clients.

If the assessor declines the referral after you have gone back to them, you can refer to another provider.

3.0 What the assessor does

a The assessor reviews the referral information and may talk to Recovery Team Members and/or the client to determine the most appropriate person from their team to complete the assessment.

They then visit the client to examine the client's needs, and will provide an assessment report outlining the client's injury and non-injury related needs, and advise a range of options to address those needs.

The assessments should be focused on progress towards independence, where possible, and concentrate on the specific interventions that will help the client achieve their rehabilitation outcome.

Providers must outline all the options to meet the injury-related need, eg equipment or rehabilitation may address the client's injury-related limitations to achieve progress towards independence.

4.0 Assessment timeframes

a These are the generic timeframes for social rehabilitation assessments. There is some variation between contracts so check the relevant contract for actual timeframes.

b The supplier:

- notifies the client service staff referrer that the referral has been accepted within 1 business day from receiving the referral

- contacts the client to explain the assessment process, answer any client questions, confirm whether the client wants a support person and arrange a suitable time and venue for the assessment within 2 business days from receiving the referral

- completes the assessment within 10 business days of accepting the referral

- completes and submits the assessment report to the client service staff member within 5 business days of completing the assessment

- Submits a revised assessment report if the first report is not robust enough within 5 business days of being asked for further information.

5.0 Paying for assessments

a All of the social rehabilitation contracts have packaged pricing. That means that assessors will be paid a set fee for completing assessments regardless of how long it takes them. The set fee takes into account, and balances, the times that assessments may take longer than usual or shorter than usual.

When approving or declining assessments. It is useful to provide feedback to the supplier.

6.0 Complex assessments

a In some cases, the time allowed by the standard package price won't be enough to complete the assessment, as specific factors may increase the complexity of the assessment.

In order for a provider to be paid either a top up to a complex package price or for their standard assessment to be changed to complex (depending on the contract) they must complete the complexity framework tool and meet the threshold requirements for this.

Before approving the change to complex, ensure that the complexity framework tool has been completed including a robust rationale showing that it meets the threshold score of 6 or above.

For more details, refer to the Complexity Framework Tool Service Page.

Complexity Framework Tool Service Page

7.0 Paying for travel

a Using local providers minimises travel costs.

There may be rare situations where a suitable supplier is not available locally, eg to complete a specialised assessment for a client with multiple needs who requires a complex seating, driving or housing assessment.

In this situation it is considered better value for money to pay for the travel of an assessor from out of the area, who has experience in completing complex specialist assessments. We pay for travel from the assessor's base or facility or the distance they actually travelled, whatever is the lesser amount.

If this situation arises, consider why the local provider would not be the most suitable assessor (eg the risk of inexpert advice) and discuss the decision with your Team Leader or Recovery Support before proceeding.

Assessing For Equipment Added Service Page v9.0

Summary

Objective
In many situations, providing equipment is a cost-effective way to meet a client's injury-related needs and increase independence. Most of the social rehabilitation assessment contracts have a component for assessing for equipment.

Assessment reports should provide a robust rationale as to the rehabilitation outcomes that will be achieved by the client through the provision of the equipment items.

Owner out of scope

Expert out of scope

Procedure

1.0 Identifying which contract to use

a The information below shows which contract to use to assess for specific items of equipment.

2.0 Social rehabilitation needs assessment

a Items from the MRES simple, standard and complex equipment lists (excludes wheelchairs and seating).

ACC Equipment List Service Page

3.0 Housing

a Equipment that needs to be attached either temporarily or permanently to the client's home eg. ramps, low rise lifts, ceiling track hoists.

Housing Modification Service Page

4.0 Wheelchair and seating

a Wheelchairs (power and manual), seat backs, seat cushions.

Includes postural support systems, sleep systems.

5.0 Assistive technology

a • Low technology such as communication books, communication passports, gesture dictionaries, visual diaries.

• High technology such as computers, computer software, keyboards, switches and other access methods, communication devices, voice amplifiers.

6.0 Equipment trial, set-up, and training

a All equipment needs to be assessed, requested and provided in accordance with the MRES equipment processes.

Most of the social rehabilitation assessment contracts have a separate code for the trial, set-up, and training of equipment to make sure that the client gets the right equipment and can use it safely. However, not all items of equipment require set-up or training, eg case owners can order simple list equipment items for clients with requiring an independent assessment.

Managed Rehabilitation Equipment Service (MRES) Service Page

7.0 Other information

Trialling Eqiupment Service Page

Complexity Framework Tool Service Page v11.0

Document 11

Summary

Objective
For all social rehabilitation assessments there is the capability for the assessment to be paid as complex.

Owner out of scope

Expert out of scope

Procedure

1.0 Complexity framework tool

a In order for a purchase order to be changed the following needs to happen:

• Complexity framework tool to be completed and returned to the case owner.

• The threshold for complex is a score of 6 out of 17.

• The supplier MUST provide a robust rationale on the form as to why the score is at the threshold or above.

• If there is no supporting information with the tool then this is to be returned to the assessor.

• Once the information has been received, the case owner must be satisfied with the informaiton povided. If not satisfied or there is insufficient information the case owner needs to discuss this with the supplier.

• Once the tool is complete and the case owner is satisfied the purchase order can be updated. For SRNA, EBRA, HMA and WSA this is an additional payment to be added to the purchase order. For CATA the purchase order needs to be amended to add the service code for complex assessment and remove the service code for standard assessment.

• Upload the complexity framework tool to Eos.

Social Rehabilitation Assessments - Complexity Framework Tool.docx

Functional Independence Measure Service Page v11.0

Summary

Objective
The functional independence measure (FIM) is an objective assessment of the client's ability to take care of themselves. It's internationally recognised and used by a number of rehabilitation organisations.

The FIM gives information about the client's ability so staff can decide whether the advice the assessor has given about the client's need for attendant care is reasonable.

Owner out of scope

Expert out of scope

Procedure

1.0 Assessor's responsibilities

a The assessor must complete the FIM with a client if they are advising ACC that the client needs attendant care for more than 12 weeks. ACC can request the FIM when a referral is made for an Integrated Rehabilitation Assessment (IRA).

b The assessor needs to do specialist training and pass an exam to be accredited to use the FIM. Vendors must have at least one assessor who is FIM accredited in their team at all times to hold the IRA contract.

2.0 What FIM scores mean

a Each item in the FIM is rated according to this scale

b Rating 1 and 2 - the client is fully dependent on human support for that task

c Rating 3 - the client needs a higher level of hands on support

d Rating 4 - the client needs some hands on support

e Rating 5 -the client needs supervision or help to set things up but not hands on support

f Rating 6 - the client is completely independent if they use equipment, eg a wheelchair that gives them independent mobility, or a hearing aid that means they can communicate

g Rating 7 - the client is completely independent with that task

Making An Assessment Referral Service Page v12.0

Summary

Objective
Use these steps to refer for and purchase the following assessments:

• Social Rehabilitation Needs Assessment (SRNA) - this can be for a full assessment or can be focused on one area
• Education Based Rehabilitation Assessment (EBRA) - this assessment determines if the child or young person needs an EBRA
• Wheelchair and Seating Assessment (WSA)
• Communication and Assistive Technology Assessment (CATA)

The referral for an assessment is sent directly to the supplier that holds the specific assessment contract in the area where the client lives.

The referral form to use for all social rehabilitation assessments is the ACC081 Social rehabilitation assessment referral

Owner out of scope

Expert out of scope

Procedure

1.0 Referral information

a Give the assessor as much information as possible about the client and the outcomes to be achieved.

ACC has told assessors to decline a referral if they do not receive all relevant material, ie reports and assessments.

Avoid being too prescriptive when making referrals, allow the assessor to consider all options for meeting the client's needs.

Referral information should contain at least:

• the client's name, contact details, claim number, demographic details and details of the covered injury
• any potential risks to the assessor's safety
• a detailed reason for the referral and the outcomes to be achieved
• any previous assessment report(s) relevant to the current assessment.

b If a client receives support under IHCS Casemix: IHCS casemix package of care does not include childcare and/or overnight support. An SRNA will be needed to determine what childcare and/or overnight support is needed. ACC will refer for IHCS first.
The Recovery Team Member will make a referral for an SRNA once the IHCS package of care has been agreed to. The referral will include the IHCS service plan and interRAI assessment. It should be noted on the referral that the SRNA supplier is not required to comment on how many hours of attendant care or home help are needed. The SRNA referral is for childcare and/or overnight support only.
This should avoid over-assessment of homecare needs, and any confusion about who determines level of support.

When there is an urgent (non-homecare related) need that requires an SRNA to be completed immediately, then the Standard Support pathway is followed. The SRNA will make recommendations for all support needs and the case owner will make a referral for standard homecare support.

2.0 Create a purchase order

a The assessment is paid at a set fee. Purchase one unit of the set fee per assessment. Include travel and other relevant expenses in the purchase order if the assessor is travelling for the assessment.

if the assessor is asking to be paid for a complex assessment ensure they have completed the complexity framework tool and meet the requirements for the purchase order to be changed.

Complexity framework tool
https://go.promapp.com/accnz/Process/a9a65cec-6bl

3.0 Recording referrals

a Record the following information in the client's individual rehabilitation plan:

• the type of assessment referred for, and the needs identified to the assessor
• who you have referred each assessment to
• the date you made each referral
• the date each assessment is due to be completed
• the responsibilities of the client, the assessor, and ACC for each assessment.

Record the following information in a Contact in Eos:

• date referred
• expected completion date (as a task).

4.0 Non-attendance of clients

a We expect clients will be available for assessments and assessors will make every effort to ensure that the client is going to be there when they visit.

If the client does not attend the assessment appointment:

• reimburse the assessor for their travel if the assessor made every effort to ensure the client's attendance and travelled to the agreed assessment venue. Pay the travel using the travel codes from the assessment contract that the referral has been made under.

• remind the client it is important for their rehabilitation and ongoing support that they are available for appointments, and that continued non-compliance may possibly result in stopping their rehabilitation and any weekly compensation.

5.0 Procedure: Provide social rehabilitation needs

a Determine the type(s) of assessment that best relate to the general areas of the client's needs. See Types of assessment

Types of assessments
https://go.promapp.com/accnz/Process/adf58b99-03c

b Select a service provider and send the ACC081 Social rehabilitation assessment referral

ACC081 Social rehabilitation assessment referral

c Document the referrals in Eos and obtain the client's agreement to the required assessments.

d Record the following information:

• In Eos – a task as a reminder documenting the date when the assessment should be complete.
• In the client's Recovery Plan – the actual completion date.

e Check the quality of the report. Request further information if required, and discuss the information lacking with the assessor.

• If the initial report was unsatisfactory, assessors must resubmit the report at no extra cost to ACC.
• talk to the local Engagement and Performance Manager if there are ongoing issues with the quality of a provider's reports.

f Review the assessment report and decide with the client the most appropriate cost-effective option based on the assessor's report.

g Decide whether further support is needed to meet the client's injury-related condition, and if so send a referral to:

• the appropriate service provider for the provision of service(s)
• further assessment providers, if there is a need to gather further information on the client's needs. For example, single discipline assessment and/or more in-depth information on particular entitlements, such as specialised assessment.

h Update the client's Recovery Plan with the services approved. Follow the appropriate process.

i Pay for the assessment on receiving the invoice.

j For further information on paying accounts, see Making payments.

Social Rehabilitation Assessment Service Page v8.0

Summary

Objective
We contract with suppliers to provide the following assessments:

• Social Rehabilitation Needs Assessment
• Housing
• Wheelchair, Seating and Postural
• Communication and Assistive technology
• Education Based Rehabilitation
• Transport for independence
• Highly Specialised Transport for Independence (serious injury).

Social rehabilitation assessments provide us with information about:

• a client's injury and non-injury related rehabilitation and support needs
• the available options to meet the client's identified needs.

Social Rehabilitation Assessments are covered by AC 2001 Act, Section 84(4)

Owner out of scope

Expert out of scope

Procedure

1.0 Who is this service for?

a Social rehabilitation assessment is for clients who have a personal injury for which they have cover.

2.0 Exclusions

a The services that are not included in the social rehabilitation assessments are:

• Short Term Home and Community Support Services
• Support Needs Assessment Services for Adults and Child and Youth.

3.0 Service details

- Types Of Assessment Service Page
- Functional Independence Measure Service Page
- Social Rehabilitation Needs Assessment (SRNA) Service Page
- Making An Assessment Referral Service Page
- Assessing For Equipment Added Service Page
- Wheelchair And Seating Assessment Service Page
- Serive codes.pdf

Social Rehabilitation Needs Assessment (SRNA) Service Page v9.0

Summary

Objective
Ratin The social rehabilitation needs assessment (SRNA) service is for clients who need a comprehensive assessment to identify all their rehabilitation needs. It covers unmet needs which require social rehabilitation, and needs already being met by other services, family or sources.

This social assessment includes:

• developing options that will facilitate rehabilitation and restore the client's independence in everyday activities

• a focus on how the client's function and participation has been specifically impacted by their injury, rather than listing the effects of injury, such as pain or decreased range of movement. See example.

Owner out of scope

Expert out of scope

Procedure

1.0 Example

a Under domestic activities, the response to the question 'what can't they do now that they could do before their injury' may be that they can't hang their washing on the clothes line.

2.0 Options to address the need

a Consider a range of options to meet the identified need (s):

• Encourage the client to do as much as they can themselves. Equipment and Training for independence advisory service referral may help them to be more independent
• Expect the client to continue to do what they normally do, eg employ a cleaner, buy groceries online
• Consider what normally happens if the client is sick
• Consider the client's natural supports
• Consider further assessments if you need more information
• Change the way the client does things, eg hang washing on a clothes rack inside.

Using Natural Supports Policy

3.0 Useful Resources

Making an assessment referral
https://go.promapp.com/accnz/Process/58dbc0f8-518

Purchase Order codes for Social Rehabilitation Assessments

ACC7434 Social rehabilitation needs assessment (SRNA) .pdf

Types Of Assessment Service Page v12.0

Summary

Objective
ACC contracts with suppliers to provide the following social rehabilitation assessments.

The information below is about the type and what is included in the assessments

Owner out of scope

Expert out of scope

Procedure

1.0 Social rehabilitation needs assessment (SRNA)

a This assessment gives an overall picture of the client's social rehabilitation, childcare, and basic equipment needs.

If a full assessment is not required this assessment can also be used to provide more detailed information about one aspect the client's social rehabilitation needs eg mobility, activities of daily living, communication, or complex equipment.

See social rehabilitation needs assessment
https://go.promapp.com/accnz/Process/8d61191a-f1d

2.0 Housing

a

This assessment identifies the most appropriate injury related housing modifications that are required to allow clients to safely access and move around their home.

Housing modifications Policy
https://go.promapp.com/accnz/Process/e8792319-da

3.0 Wheelchair and seating & Postural

a This assessment or reassessement utilises named service providers to identify the most appropriate wheelchair and seating systems that will assist the client to meet their identified goals.

Postural - This assessment identifies a clients lying/night time positioning requirements.

Wheelchair and seating assessment
https://go.promapp.com/accnz/Process/b24c89a7-fec

4.0 Communication Assistive technology

a This assessment identifies solutions for clients to meet their communication requirements.

See also Communication assistive technology assessment
https://go.promapp.com/accnz/Process/70ea12fb-d4a

5.0 Education based rehabilitation

a This assessment determines a child or young person's injury-related education support needs and identifies options for addressing these needs.

Education based rehabilitation assessment
https://go.promapp.com/accnz/Process/09af7c2b-626

6.0 Transport for independence (TFI)

a This assessment or reassessment determines appropriate transport options to meet the client's identified injury-related needs

Transport for independence Policy
https://go.promapp.com/accnz/Process/99d142e1-8d

7.0 Highly specialised transport for independence (serious injury)

a An assessment or reassessment for clients who have a serious injury and who need to drive from, or travel as a passenger in their wheelchair. This includes coordination of vehicle modifications

8.0 Medical Case Review and Medical Single Discipline Assessment Service

a For information about Medical Case Review and Medical Single Discipline Assessment Service click on link below

PROCESS **Medical Case Review and Medical Single Discipline Assessment Service Page**