

08 March 2022



Tēnā koe [REDACTED]

Your Official Information Act request, reference: GOV-016778

Thank you for your request 10/02/2022, asking for the following information under the Official Information Act 1982 (the Act):

- *Official ACC guidelines in client rehabilitation (home help entitlements, rehabilitation plan) from a general POV not with any type of claim/injury in particular*

Our response

ACC proactively releases many of our OIA responses on our website. A request similar to yours, asking for all policies related to social rehabilitation, is available online at <https://www.acc.co.nz/assets/oia-responses/social-rehabilitation-policy-request-response-gov-006566.pdf>. This contains dozens of policies that are within scope of your request. Further policies and procedures within scope of your request can be found attached in the Appendix, which includes the following documents:

- *Assess Short Term Home and Community Support*
- *Extend Non-Acute Rehabilitation (NAR) Service*
- *Identify a Client for No Further Rehabilitation*
- *IHCS- Home Help Service Page*
- *Individual Rehabilitation Plans Policy v8.0*
- *Needs Assessment for Social Rehabilitation Policy v8.0*
- *Non-contracted Home and Community Support Services (HCSS) Service Page*
- *Non-contracted Home Help Service Page*
- *'Other' Social Rehabilitation Policy*
- *Process Reimbursement for home-based rehabilitation*
- *Purpose of Home Help Policy*
- *Recovery Plan Policy*
- *Reimburse Client Rehabilitation Costs Policy*
- *Set Up Integrated Home & Community Support Service-Contracted*
- *Social Rehabilitation Assessment Service Page*
- *Vocational Rehabilitation Review (VRR) Service Page*
- *When to provide home help Policy*

Who to contact

If you have any questions, you can email me at GovernmentServices@acc.co.nz

As this information may be of interest to other members of the public, ACC has decided to proactively release a copy of this response on ACC's website. All requester data, including your name and contact details, will be removed prior to release. The released response will be made available [here](#).

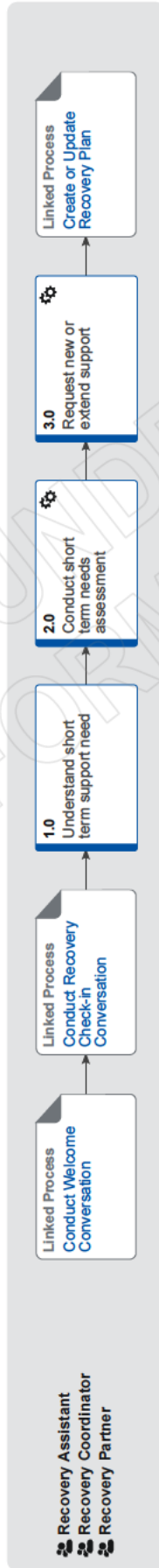
Nāku iti noa, nā

A handwritten signature in black ink, appearing to read 'Sara Freitag', with a long, sweeping flourish extending to the right.

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



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Summary

Objective

To assess the level of short-term support services a client might need.

An internal needs assessment can be carried out during a welcome conversation or recovery check-in with the client or their representative.

Short term needs can be a combination of the following home and community supports:

- home help
- attendant care
- meal preparation
- shopping
- childcare (within limit of delegation)
- overnight care
- meal delivery

Background

Short term support services are available to clients who need simple services for no more than 70 hours over a period of up to 12 weeks.

Short term support must not be immediately repeated on expiry of the 12 week period or the 70 hours.

However, an extension of support beyond the 12 week, 70 hour limit can be made by a maximum of either 2 weeks or 10 hours but only when no further extension is highly likely.

Owner

Out of scope

Expert

Out of scope

Procedure



PROCESS

Conduct Welcome Conversation

Recovery Assistant, Recovery Coordinator, Recovery Partner



PROCESS

Conduct Recovery Check-in Conversation

Recovery Assistant, Recovery Coordinator, Recovery Partner

1.0 Understand short term support need

Recovery Assistant, Recovery Coordinator, Recovery Partner


a Receive request from the client, DHB (via an ACC705) or identify the client's needs while carrying out the welcome or check-in conversation.

b Confirm the client's eligibility and need for short term support.

NOTE What is the eligibility criteria?

 Using Natural Supports Policy

NOTE What do you need to consider when the entitlement request is received and deemed cover exists?

 Deemed Cover and Entitlements Policy

NOTE What if the client is receiving more than one support simultaneously across different claims?

NOTE What if the client is receiving pre-injury assistance?


NOTE What if the client is receiving a Ministry of Social Development (MSD) benefit?


2.0 Conduct short term needs assessment

Recovery Assistant, Recovery Coordinator, Recovery Partner

a Complete the ACC325 Short-term Home Assessment document using the HCSS Calculator Tool tool during the phone call.

NOTE What if you have received an ACC705 Referral for Support on Discharge form?

 ACC325 Short-term Home Assessment

 HCSS Calculator Tool.xls

NOTE What if you determine a Social Rehabilitation Needs Assessment (SRNA) is required?

- b** Explain to the client that the information is being collected to assess whether they meet the eligibility requirements for short-term support and that this will be sent to their preferred service provider as part of the referral information
- c** Explain the supports that can be provided short term and explain their rights and responsibilities.


NOTE What else should be discussed?

- d** In Salesforce, add a contact to record the details of the discussion with the client.
- e** Refer to the 'NG Principles Decision Making' document below to help you make your decision.

 NG Principles Decision Making

NOTE What do you do to document your decision?

NOTE What if the request is declined?

 HCS999 Social Rehab decline decision - client

- f** Add the approved home support in the life areas of the Recovery Plan with the expiry date.


NOTE How do you update the Recovery Plan?

3.0 Request new or extend support


Recovery Assistant, Recovery Coordinator, Recovery Partner


- a** Upload the completed ACC325 short-term Home Support Assessment to the Documents tab on the ACC45.
- b** In Eos, from Recovery Plan sub-case, add activity NGCM - Entitlement task and select the relevant support type.

NOTE What information needs to be included in the task?

 Service Contracts and Contracted Providers - MFP spreadsheet

 Purchase Order - Handy Hints on how to create and edit POs

 Creating Entitlement Requests Tasks - System Steps


 Contracted Suppliers by Geographic Area of Coverage

NOTE How do I manage participants on a claim?

 Manage Participants (Eos Online Help)

- c** Complete all the mandatory fields.

NOTE What if your client has a Care Indicator?

 Disclosure of Care Indicator Information to Third Parties Policy

- d** Attach the completed ACC325 Short-term Home Support Assessment document to the task for Recovery Admin.
- e** Consider the timing of the task. The tasks route to the Recovery Administration team with an SLA of 24 hours.

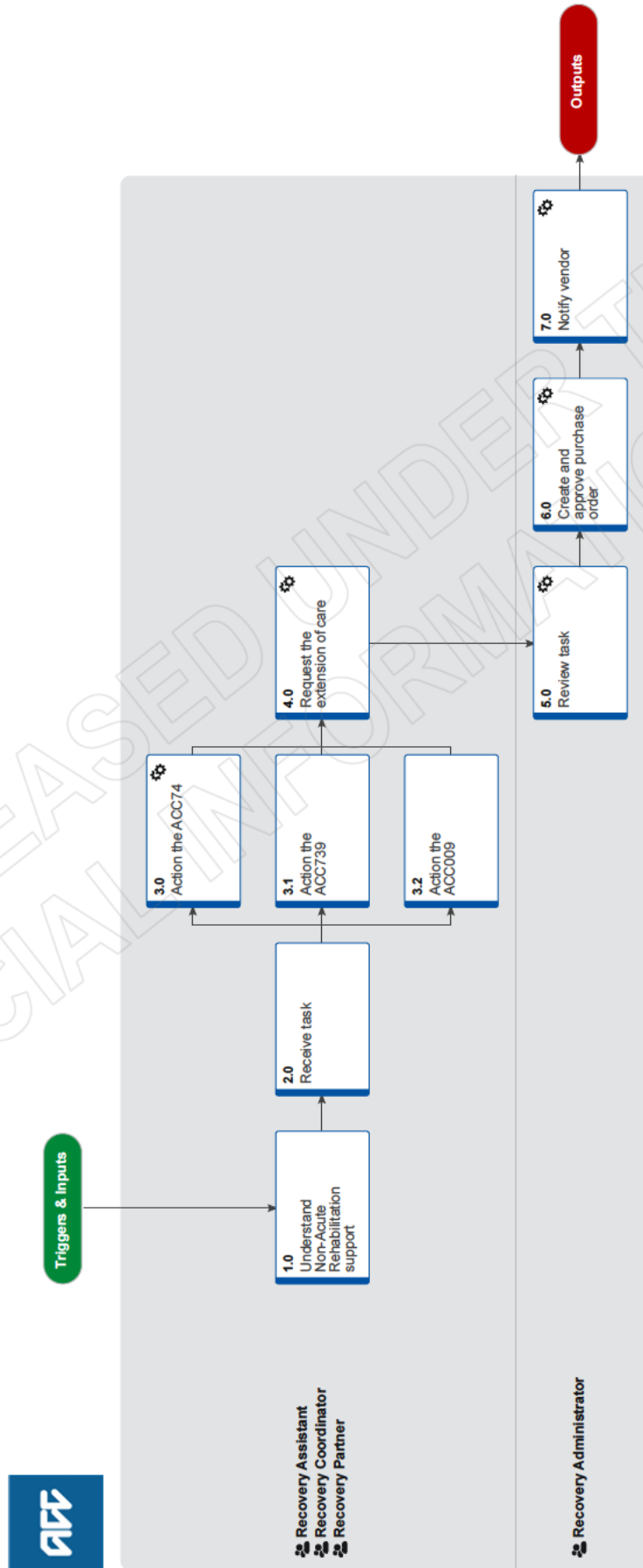
NOTE What if the request is urgent and needs to be completed that day?

NOTE What if the support is required in the future?

PROCESS

Create or Update Recovery Plan

Recovery Assistant, Recovery Coordinator, Recovery Partner



Summary

Objective

To action the Non-Acute Rehabilitation service (NAR) request received.

Background

The non-acute rehabilitation service's purpose is to help clients become as independent as possible after an acute period of treatment, or when they are referred for admission by a General Practitioner (GP) or specialist, and reduce the likelihood of further rehabilitation or assistance after discharge.

The NAR service is for clients who need rehabilitation in an inpatient environment before they go back to the community. This is delivered by the 20 District Health Boards (DHBs).

The service is provided to around 5,000 clients a year, most commonly for older people who are recovering from a fracture. On average, clients stay in a NAR ward for between two and three weeks, after which, most return to their own home.

The first 21 days are automatic and are set up as a result of a notification from a DHB via a form.

There are two components: Inpatient Rehabilitation and Community Rehabilitation.

Inpatient Rehabilitation is delivered by all 20 DHBs in their assessment, treatment and rehabilitation units.

The Non-Acute Rehabilitation contract doesn't cover:

- rehabilitation for traumatic brain injury (TBI)
- rehabilitation in a private facility
- an acute medical condition
- moderate to severe traumatic brain injury
- traumatic spinal cord injury.

Owner

Out of scope

Expert

Out of scope

Procedure




1.0 Understand Non-Acute Rehabilitation support

Recovery Assistant, Recovery Coordinator, Recovery Partner

a Consider the following information to better understand the support.

-  Non-Acute Rehabilitation Services Service Page
-  Extension of Care Service Page
-  NAR Non Acute Rehabilitation.SS.2018.pdf
-  Non Acute Rehabilitation Process Summary FNL.DOCX

NOTE What are the forms for Non-Acute Rehabilitation (NAR) sent by the DHB?

-  ACC074 NAR Client Notification
-  ACC739 Non-Acute Rehabilitation - Extension of inpatient care
-  ACC009 Inpatient Rehabilitation - Discharge report

2.0 Receive task

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Open and review the task.
- b** Confirm that the client has an injury accepted for cover by ACC.
- c** Determine your next action.

NOTE What if you received an ACC74 NAR Client Notification form?

NOTE What if you received an ACC739 Inpatient Rehabilitation - Extension of Care form?

NOTE What if you received an ACC009 Inpatient Rehabilitation - Discharge Report?

3.0 Action the ACC74

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Send the vendor a confirmation via email that ACC has received the ACC74 NAR Client Notification form. MFP has an automatic 21 days entitlement, therefore no purchase order is required. This process ends.

3.1 Action the ACC739

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Review the clinical information provided on the ACC739.

NOTE What if there is missing clinical information?

NOTE What if you don't understand the information provided?

- b** Determine whether the service is approved/declined. Refer to the 'NG Principles Decision Making' document for guidance.

 NG Principles Decision Making

NOTE How do you determine whether the service is approved/declined?

NOTE What if the service is declined?

NOTE What if the request is to extend NAR Community services?

- c** Go to 4.0 Request the extension of care.
-

3.2 Action the ACC009

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Review the discharge report.

NOTE What if you have concerns?

- b** Determine if any further action is required. This process ends.

NOTE What if action is required?

4.0 Request the extension of care

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Ensure the DHB / requestor is added as a vendor to the EOS claim

NOTE What if the Vendor hasn't been added as a participant?

 Manage Participants (Eos Online Help)

- b** In Eos, generate a NGCM Entitlement Task and select the NAR drop down option and fill out the task description box. Include the following information from the ACC739:

Client name:

Client's DOB:

NHI number:

Requestor details:

Date of extension from:

Proposed discharge date:

NOTE How do you refer a task to Recovery Administration?

 Referring Tasks to Recovery Administration - Principles

NOTE How do you send a task to Administration for a Social Support?


 Creating Entitlement Requests Tasks - System Steps

- c** Complete all the mandatory fields.

Provide the correct service code. Refer to the Purchase Order guidelines.

 NG GUIDELINES Purchase Order Details - Non-Acute Rehabilitation

NOTE What if your client has a Care Indicator?

 Disclosure of Care Indicator Information to Third Parties Policy

- d** Consider the timing of the task. The tasks route to the Recovery Administration team with an SLA of 24 hours.

NOTE What if the request is urgent and needs to be completed that day?

NOTE What if the request is required in the future?

5.0 Review task

Recovery Administrator

- a** Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.

- b** Review the task to ensure it has all the information you need to proceed.




NOTE What if you don't have all the information you need?

 NG PRINCIPLES Working in the Administration Team




6.0 Create and approve purchase order

Recovery Administrator

a In Eos, generate a purchase order using the entitlement type NAR.


-  Creating purchase orders using general + QE
-  NG GUIDELINES Purchase Order Details - Non-Acute Rehabilitation
-  Purchase Order - Handy Hints on how to create and edit POs

b Locate contracted vendors via the Geographic Location search, this must be done even if the vendor details are provided in the task. Once selected add the vendor as a 'Vendor - Contracted' participant in Eos.

-  Manage Participants (Eos Online Help)
-  Contracted Suppliers by Geographic Area of Coverage
-  Service Contracts and Contracted Providers - MFP spreadsheet

c Approve the purchase order.

NOTE What if you do not have the delegation to approve the purchase order?

-  Request Authorisation for a Purchase Order - System Steps

NOTE What if you get a limited payment error message when authorising the purchase order?

7.0 Notify vendor

Recovery Administrator

a Generate an email to send to the DHB, include the following information:

Kia ora,

We have approved Non-Acute Rehabilitation as follows:

Patient Name:

Patient DOB:

Patient NHI:

Purchase Order No:

Funding Commences:

Funding Ceases:

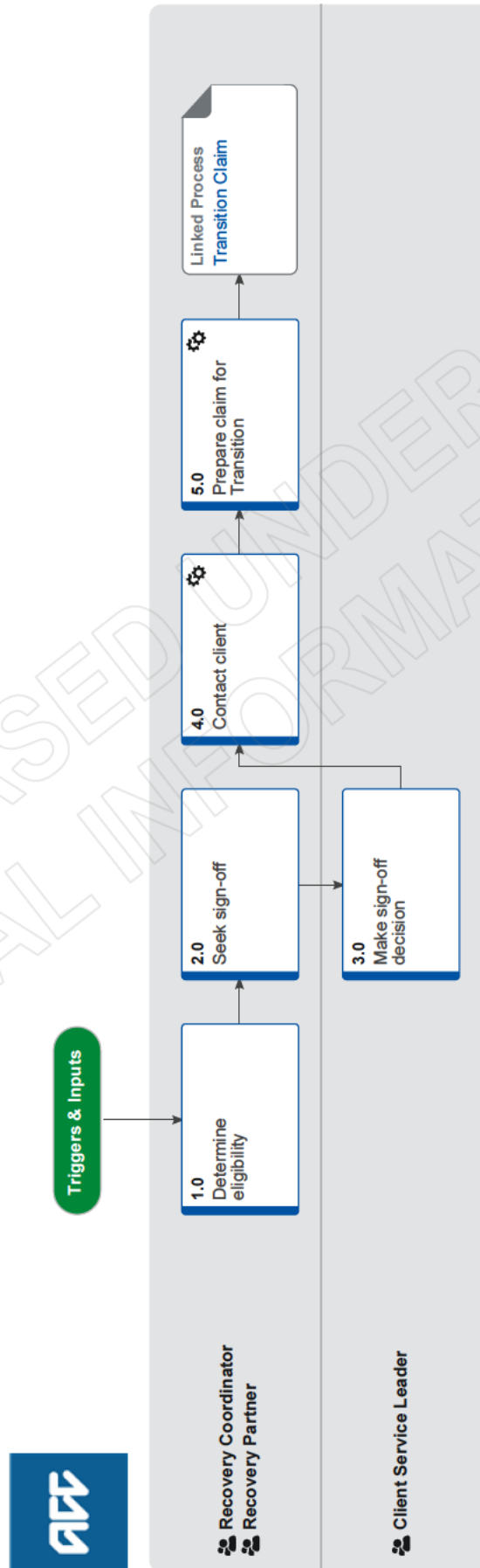
Funding Code: NAR01

b Create an email using the relevant email template.

-  NGCM - FINAL Emailing from Eos using a Template - System Steps

c Send the email to the vendor.

d In Salesforce, close the assigned task.



Summary

Objective

To identify that a client has reached a point in their recovery when further rehabilitation will not result in a recovery outcome. When the criteria are confirmed, the client can then be transitioned to the Assisted Recovery Team. This is to ensure that the client will continue to be managed effectively and appropriately.

Background

A client may reach a point in their recovery when further rehabilitation will not result in their further recovery outcome. This is when all rehabilitation recommendations have been explored and or completed; and it has been confirmed that the client will not achieve Vocational Independence.

To meet the criteria, you need to ensure that:

The Client has been in receipt of weekly compensation for more than 365 days, all outstanding vocational rehabilitation/recommendations have been completed or the client has agreed they will not be complete; and one or more of the following apply:

- the client has reached maximum vocational capacity
- the client is not being considered for Vocational Independence (VI)
- the client's prognosis for Return to Work (RTW) is not sustainable.

If the client is eligible, they can be considered for transition to Assisted Recovery for on-going management.

Owner **Out of scope**

Expert **Out of scope**

Procedure

1.0 Determine eligibility

Recovery Coordinator, Recovery Partner

- a Review the claim and any information available to determine if the client meets the eligibility criteria.

NOTE What is the eligibility criteria?

NOTE What if the client does not meet the eligibility criteria?

NOTE What if there is a vulnerable indicator on the claim?

NOTE What if you are unsure and need internal advice to determine next steps?

2.0 Seek sign-off

Recovery Coordinator, Recovery Partner

- a Create an email, copy and paste the following template and fill out the required information (keep in mind that the client has access to this information).

NOTE Email template:

- b Email the completed template to your Client Service Leader.

3.0 Make sign-off decision

Client Service Leader

- a Receive and review the completed email template.
- b Make decision whether the client meets the eligibility criteria and the client can be transitioned to Assisted Recovery.

NOTE What if you decide that the client does not meet the eligibility criteria?

- c Record your decision in the email template and send to the Recovery Team Member.

4.0 Contact client

Recovery Coordinator, Recovery Partner

- a Receive and review the CSL's response and then file it away.
- b Contact the client to discuss the decision.
- c Confirm you are speaking with the right person by asking ACC's identity check questions. If this is not the client, ensure the requestor has an Authority to Act on file.

 Identity Check Policy

NOTE What if the client requests that the Recovery Team Member speaks with another person?

d Explain to the client the outcome of the decision and what this means for the them, include main points below.

NOTE What are the main points you need to cover in the conversation?

e Check the client has provided consent to collect and share information.

 View Client Consent

NOTE What if the client has not provided consent?

f In Salesforce, record details in the Life Area and the conversation with the client as a contact on the claim.

5.0 Prepare claim for Transition

Recovery Coordinator, Recovery Partner

a In Eos, tick the LTSC Indicator and then in Salesforce update the goal date to the appropriate weekly compensation cease date.


b In Salesforce, create a Recovery Check-in to check on the clients need and set the date for one years time.

c Consider and confirm the clients medical certificate is approved for the next 12 months.

NOTE What if the medical certificate is not approved for the next 12 months?

d Update the life areas prior to transition, to identify that this claim is a Complex Personal Injury and/or Long Term Stable claim ensuring our Assisted Recovery colleagues can easily identify and follow up appropriately.

e Transition the claim to Assisted Recovery. Refer to Transition Claim process.

 NGCM Conducting a Recovery Check In

PROCESS

Transition Claim

Recovery Coordinator, Recovery Partner

Summary

Objective

Home help supports a client to manage domestic activities in their home after experiencing a personal injury.

Owner


Out of scope

Expert


Out of scope

Procedure

1.0 Eligibility

- a When clients are eligible for home help and need non-complex support for assistance you will make a referral for IHCS casemix in the first instance. Refer to the business rule for criteria.
 -  IHCS casemix non-complex referral eligibility criteria
- b Home help is provided to support clients manage domestic activities in their home when they cannot perform these activities following a personal injury and there are no natural supports available.

2.0 Service entry

- a Home Help services can be provided through IHCS casemix, non-complex standard or extended support hours.
 -  non-complex support check-list.PNG
- b Before providing home help, consider all other options, such as:
 - providing aids and appliances
 - rehabilitation equipment
 - Allied health services
 - Training for Independence (TI) services.


3.0 Service Item codes

- a Standard Support
 - Support hours standard: HCS20
 - Set-up fee: HCS25
 - Holiday supplement: PHS7

Extended Support

 - Support hours standard: HCS30
 - Set-up fee: HCS35
 - Holiday supplement: PHS8

Casemix Support

 - Injury is low complexity and simple personal support, home help is needed: Use HCS60 Casemix Assessment and set-up fee only. Refer to the business rule below for eligibility
 -  IHCS casemix non-complex referral eligibility criteria

4.0 Service delivery

- a Home help can assist clients with the tasks normally performed in the home and helping the client to develop and maintain natural supports.

Home help activities may include:

- grocery shopping for food, cleaning products, and similar necessities
- meal preparation and cooking if appropriate
- cleaning, including: kitchen surfaces and dishes
- bathroom and laundry
- vacuuming and mopping floors
- dusting
- bed making
- rubbish disposal.

 Using Natural Supports Policy

- b Home help activities exclude:
 - lawn mowing
 - gardening
 - home maintenance services.

5.0 Further information

a Home Help service providers

- 📄 IHCS – Suppliers And Providers Service Page
- 📄 IHCS – Using Natural Supports Service Page

b Contract documentation

- 📄 Integrated Home and Community Support Operational Guidelines
- 📄 Integrated Home and Community Support Services: Service Contract

c Relevant forms and guides

- 📄 ACC5972 Referral for Home & Community Support Services
- 📄 Paying for Contracted Home Help Service Page

d Relevant policy and legislation

- 📄 Purpose of Home Help Policy
 - 📄 AC Act 2001 Section 81 -social rehabilitation
<https://www.westlaw.co.nz/maf/wlnz/app/document?docguid=167902080e03211e08eefa443f89988a0&isTocNav=true&tocD>
-

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Summary

Objective

The IRP contains information about the treatment, social rehabilitation and vocational rehabilitation a client needs to restore their health, independence and participation in society to the highest possible level.

An IRP is a legal document under the Accident Compensation Act 2001 (AC Act), ie:

- ACC must provide or do what has been agreed to in an IRP
- the client cannot unreasonably refuse to complete an intervention that has been agreed in the plan.

An IRP must be updated when the client's circumstances change and the agreed interventions no longer apply or cannot be completed.

- 1) Individual Rehabilitation Plan (IRP)
- 2) When ACC and the client must negotiate and agree upon an IRP
- 3) Recording social rehabilitation on the IRP
- 4) Providing assistance without an IRP
- 5) Exclusions
- 6) Paperless IRPs
- 7) Participant's Rights
- 8) 8. Legislative Requirements

Owner Out of scope

Expert Out of scope

Policy

1.0 Individual Rehabilitation Plan (IRP)

- a** An IRP is an agreement between the client and ACC that details vocational and social interventions (and may also include treatment) to assist in a client's recovery.

The IRP must be comprehensive and look at the client as a whole person, in the context of their family, whānau and culture.

An IRP is a legal document under the Accident Compensation Act 2001 (AC Act).

ACC must provide or do what has been agreed to in an IRP.

The client cannot unreasonably refuse to complete an intervention that has been agreed in the plan.

An IRP must be ongoing and active.

An IRP must be updated when the client's circumstances change, and the agreed interventions no longer apply or cannot be completed.

2.0 When ACC and the client must negotiate and agree upon an IRP

- a** An IRP is required for claims where social or vocational rehabilitation is being provided and the claim is expected to exceed 13 weeks duration (see Section 75 of the AC Act)

Claims held in the Short Term Claims Centres (STCC) do not have IRPs. All claims transferred from an STCC to a branch for case management must have an IRP developed in the branch.

3.0 Recording social rehabilitation on the IRP

- a** In addition to all the normal requirements for IRP content and how it is prepared and modified, a client's IRP must also include:

- the social rehabilitation outcome to be achieved and the expected date for achieving that outcome
- the results of the social rehabilitation assessment, either:
 - identifying that a package of care has been put in place
 - listing the identified needs
 - stating that 'No social rehabilitation needs were identified' for the individual client.

4.0 Providing assistance without an IRP

- a** We can provide social and vocational rehabilitation assistance to a client without an established IRP for the first 13 weeks from the date we've accepted a claim for cover (see section 76 of the AC Act).

NOTE What if an IRP is developed during or after that period:

5.0 Exclusions

- a** If the only rehabilitation the client will receive is treatment, an IRP is not legally required, even if the treatment extends beyond 13 weeks.

The following claims do not require an IRP:

- claims open only to pay weekly compensation to the employer as reimbursement (i.e. an Employer Reimbursement Agreement)
- claims awaiting a cover or entitlement decision
- claims open only for payment of an independence allowance
- accidental death claims
- claims declined under section 60, if they are only receiving weekly compensation
- claims open only for fraud, review or appeal.

6.0 Paperless IRPs

- a** Paperless IRPs can be used for short-term, non-complicated claims. In these scenarios, the case owner and client can verbally agree to the IRP goals and rehabilitation actions, along with an appropriate outcome date.

The case owner must explain to the client, the purpose of a rehabilitation plan and offer the choice of how to agree to the plan (by phone, in a meeting, by email, or by signing a paper copy).


The case owner must advise the client of their review rights.

- b** Use a paperless IRP when:
- the claim has a rehab outcome of Return to Work (RTW), same job;
 - the Expected Claim Outcome (ECO) is under 365 days; and
 - the client has a sound relationship with ACC and they are happy to proceed this way.
- c** Do not use a paperless IRP in cases where:
- the rehab direction is not RTW, same job;
 - the client requests a written IRP;
 - the case owner decides a written IRP is preferable; or
 - the client intends to leave New Zealand.

NOTE A paperless IRP must not be used when any part of it is not agreed to

7.0 Participants' rights

- a** Schedule 1, Part 1 (7) relates to participants' rights, including:
- the client's right to information about the rehabilitation they are eligible for, including the vocational independence process and the IRP process
 - the right to have a support person present when preparing an IRP
 - the consequences of agreeing to the IRP
 - the lead health practitioner's and employer's right to participate in preparing the IRP
 - ACC's responsibility to meet the costs of preparing an IRP.

 AC Act 2001, Schedule 1, Clause 7 - Preparation of individual rehabilitation plan
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM104553.html>

- b** The lead health practitioner and employer should be invited to participate in the preparation of the IRP, however this does not mean they need to see a copy of the plan. They also do not have the right to review.

8.0 Legislative Requirements

- a**
- Section 77 states that the IRP must identify the:
 - client's needs for rehabilitation, including any social and vocational rehabilitation
 - assessments to be done
 - services appropriate to those needs and whether ACC is liable to provide any or all of those services
 - the services ACC will pay for or contribute to.

• An IRP must be updated from time to time to reflect the outcome of assessments done and progress made under the plan. See Section 78 and Schedule 1, Part 1, (10).

• ACC is required to ask the client to agree to the IRP and if after a reasonable time the client does not agree, ACC can advise the client the IRP is 'regarded as finalised'. See Schedule 1, Part 1, (8). An IRP must only be 'regarded as finalised' as a last resort, after every reasonable effort to gain the client's agreement has failed.

• A client has the right to review an IRP after agreeing to it, or it being 'regarded as finalised'. See Schedule 1, Part 1, (9).

• ACC is required to fund the services it agreed to provide in the IRP. See Schedule 1, Part 1, (8).

NOTE Signing the IRP

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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?&src=rl&docguid=1679d8d7ae03211e08eefa443f89988a0&hitguid=1170>

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?startChunk=1&rnd=0.5383623436450784&lawlink=&endChunk=1&cas>

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 covered
- 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?&src=rl&docguid=167902080e03211e08eefa443f89988a0&hitguid=1f81>

 AC Act 2001, Schedule 1 Clause 12

<https://www.westlaw.co.nz/maf/wlnz/app/document?docguid=1679d8f5ae03211e08eefa443f89988a0&&src=rl&startChunk=>

 AC Act 2001, Section 6

<https://www.westlaw.co.nz/maf/wlnz/app/document?docguid=16790213ee03211e08eefa443f89988a0&&src=rl&startChunk=>

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.

 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

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:

 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?docguid=167904772e03211e08eefa443f89988a0&isTocNav=true&tocD>



Summary

Objective

Non-contracted Home and Community Support Services (HCSS) give clients the ability to find their own services to support their rehabilitation. These may include:

- Home help
- Attendant care
- Childcare
- Delivered meal services
- Emergency backup service/ Urgent Support.

Owner

Out of scope

Expert

Out of scope

Procedure

1.0 Who are non-contracted HCSS for?

- a** Non-contracted HCSS are for clients that want to have their services provided by a friend, family, whanau or agency that does not have contract with ACC.

A client can choose to have a mix or all of their services using contracted or non-contracted providers, and there are benefits and disadvantages to both. A resource called Deciding who'll provide your paid care and support has been developed to assist clients when making this choice. It should be discussed with and sent to the client if necessary, so they can make an informed decision.

- b** All non-contracted workers are required to be vaccinated against Covid-19 whether whanau/family members or agency workers

2.0 How are non-contracted HCSS paid for?

- a** The AC Act 2001, Section 81 requires ACC to pay for home help, attendant care and child care services needed for a client. The amount we pay must be sufficient for the client to engage or purchase the necessary services.
-

Summary

Objective

Home help is provided to help clients manage domestic activities in their home when they cannot perform these activities following a personal injury.



Owner Out of scope

Expert Out of scope

Procedure

1.0 Introduction

- a** Home help is provided by workers vaccinated against COVID-19 to help clients manage domestic activities in their home when they cannot perform these activities following a personal injury.

-  Purpose of Home Help Policy
-  When to Provide Home Help Policy

2.0 Who is this service for?


- a** All other options to meet the client's needs should be explored before home help is provided. Other options may include:
- providing aids and appliances
 - rehabilitation equipment, or
 - training for independence services.

Home help can be provided along with attendant care or childcare provided to the client.



-  Aids and appliances

3.0 Key features

- a** Home help can be provided for the following domestic activities:
- grocery shopping for food, cleaning products, and similar
 - meal preparation and cooking or delivered meal services, if appropriate
 - cleaning, including:
 - kitchen surfaces and dishes
 - bathroom and laundry
 - vacuuming and mopping floors
 - dusting
 - bedmaking
 - rubbish disposal.

-  Non-contracted - Delivered Meal Services and Online Grocery Shopping Service Page

4.0 Service details

-  Paying For Non-contracted HCSS Service Page
-  Non-contracted HCSS Providers Service Page

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

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.

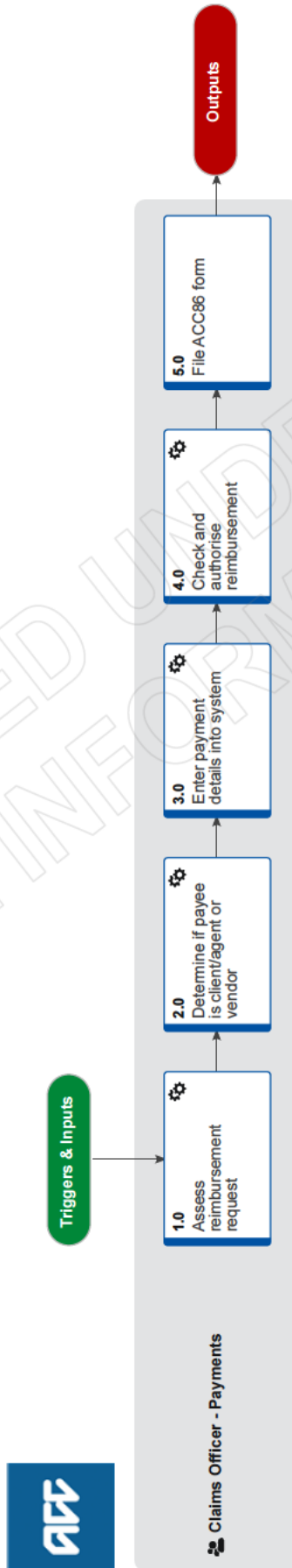
 Guidelines for other social rehabilitation (Te Whāriki)

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/latest/DLM101426.html>
-  Accident Compensation Act 2001, section 82, Corporation may provide other social rehabilitation
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101428.html>
-  Accident Compensation Act 2001, section 84, Assessment and reassessment of need for social rehabilitation
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101430.html>
-  Accident Compensation Act 2001, Schedule 1, clause 12 Social rehabilitation definitions
<http://www.legislation.govt.nz/act/public/2001/0049/latest/whole.html#DLM104562>



RELEASED UNDER THE OFFICIAL INFORMATION ACT





Summary

Objective

To process a weekly reimbursement payment for home based rehabilitation

Background

Use this process when you receive an ACC86 Weekly care summary form for processing. An ACC84 How would you like us to pay for your care form will also be provided if it is the first time the payee has been paid. The case owner may submit an ACC161 Proforma invoice payment form to provide details for payment that are exceptions to the valid invoice rules for vendor/client payments.

We either pay the client for these services costs, which they on-pay to the provider, or pay the provider of the service directly. The payment arrangement may be based on receiving weekly time sheets or via continuous payments.

Owner Out of scope

Expert Out of scope

Procedure


1.0 Assess reimbursement request

Claims Officer - Payments

- a** Check required documents are attached to the reimbursement request.

NOTE What documents are required?

 ACC86 Weekly care summary

 ACC84 How would you like us to pay for your care - PO - client form

NOTE What is the required documents aren't attached?

- b** Check the submitted form is fully completed.

NOTE What information should I check?

NOTE What if the reimbursement is to a vendor?

NOTE What if the form is incomplete?

NOTE What if the missing information can't be obtained?

- c** Check that the client address has been verified in Eos

NOTE What if the address hasn't been verified?

2.0 Determine if payee is client/agent or vendor

Claims Officer - Payments

- a** Check the form to confirm if the payee is a client, their agent or a vendor.

NOTE What if the reimbursement is for a registered vendor?

NOTE What if the reimbursement is to an unregistered vendor?

NOTE What if the reimbursement is for a client or their agent?

NOTE What if this information hasn't been included on the form?

3.0 Enter payment details into system

Claims Officer - Payments

- a** Select a new 'client reimbursement from the MPF main menu if the client is to be paid.

NOTE What if the carer is to be paid?

 Process a manual vendor invoice

<https://go.promapp.com/accnz/Process/0c2f1471-63f5-448e-9bcb-d1fd38ac6638?force=True>


- b** Enter payment details in MFP

NOTE What details need to be entered in MFP?

NOTE What if the default payee details are incorrect?

- c** In MFP, calculate the payment

NOTE How do I calculate

- d** Once you've entered the details into MFP, note the client name, surname, schedule / invoice number, vendor code (if carer is being paid) on the Subject line of the email..
 - e** Check the form for exception error or issue
 -  Managing errors on an ACC86 form.docx
 - NOTE** What exception error or issue should I check for?
 - NOTE** What if the form hasn't been completed correctly?
 - NOTE** What if an error can be corrected?
 - NOTE** What if an error can't be corrected?
-

4.0 Check and authorise reimbursement

Claims Officer - Payments

- NOTE** A different team member must perform this activity. The payment cannot be authorised by the same person who entered the payment in MFP.
 - a** Check that the schedule / vendor invoice is complete.
 - b** Check the reimbursement / invoice details are correct.
 - NOTE** What should I check?
 - NOTE** What if any details are incorrect?
 - NOTE** What if the delegation level is above your authorisation?
 - c** File away the authorised ACC86 form in the appropriate Monthly email folder.
-

5.0 File ACC86 form

Claims Officer - Payments

- a** Batch file document. This process ends.
-

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Summary

Objective

Home help helps a client manage domestic activities in their home after experiencing a personal injury. It aims to help the client achieve pre-injury independence in the home.

Owner

Out of scope

Expert

Out of scope

Policy

1.0 Definition of a home

- a A client's home refers to any residential premises that are owned, rented or otherwise lawfully occupied by the client, their parents, spouse or guardian. It excludes hospitals, hostels, motels, rest homes or other institutions.

2.0 Definition of domestic activities

- a AC Act 2001, Schedule 1 Clause 12 defines domestic activities as "cleaning, laundry, meal preparation and associated shopping activities in relation to a client's home".



AC Act 2001, Schedule 1 Clause 12

<http://www.legislation.govt.nz/act/public/2001/0049/latest/whole.html#DLM104562>

3.0 Proving home help without an assessment

- a If a client's need or injury is low in complexity, and likely to require home help on a short-term basis (less than 70 hours over 12 weeks), it may be provided without an external assessment.

See Short-term Home and Community Support Services.



Short-term Home and Community Support Services

<https://go.promapp.com/accnz/Process/e183093c-6613-4910-aefc-0761250f3a4e>

4.0 What is covered

- a ACC considers that domestic activities are limited to these standard, and usually weekly, duties:

- grocery shopping for food, cleaning products, and similar
- meal preparation and cooking or Delivered meal services, if appropriate
- cleaning, including:
 - kitchen surfaces and dishes
 - bathroom and laundry
 - vacuuming and mopping floors
 - dusting
 - bedmaking
 - rubbish disposal.

ACC can consider funding interior cleaning tasks done less frequently, such as cleaning an oven, if they meet the criteria for infrequent domestic activities. See When to provide home help.

PROCESS When to provide home help Policy

5.0 Home help provided in another person's home

- a If the client is temporarily staying with relatives or friends after their injury, home help can be provided at this location.

Any home help assistance should only be provided for additional tasks required by the client, over and above the usual domestic duties carried out before the client came to stay, eg extra washing, room cleaning, meal preparation assistance.

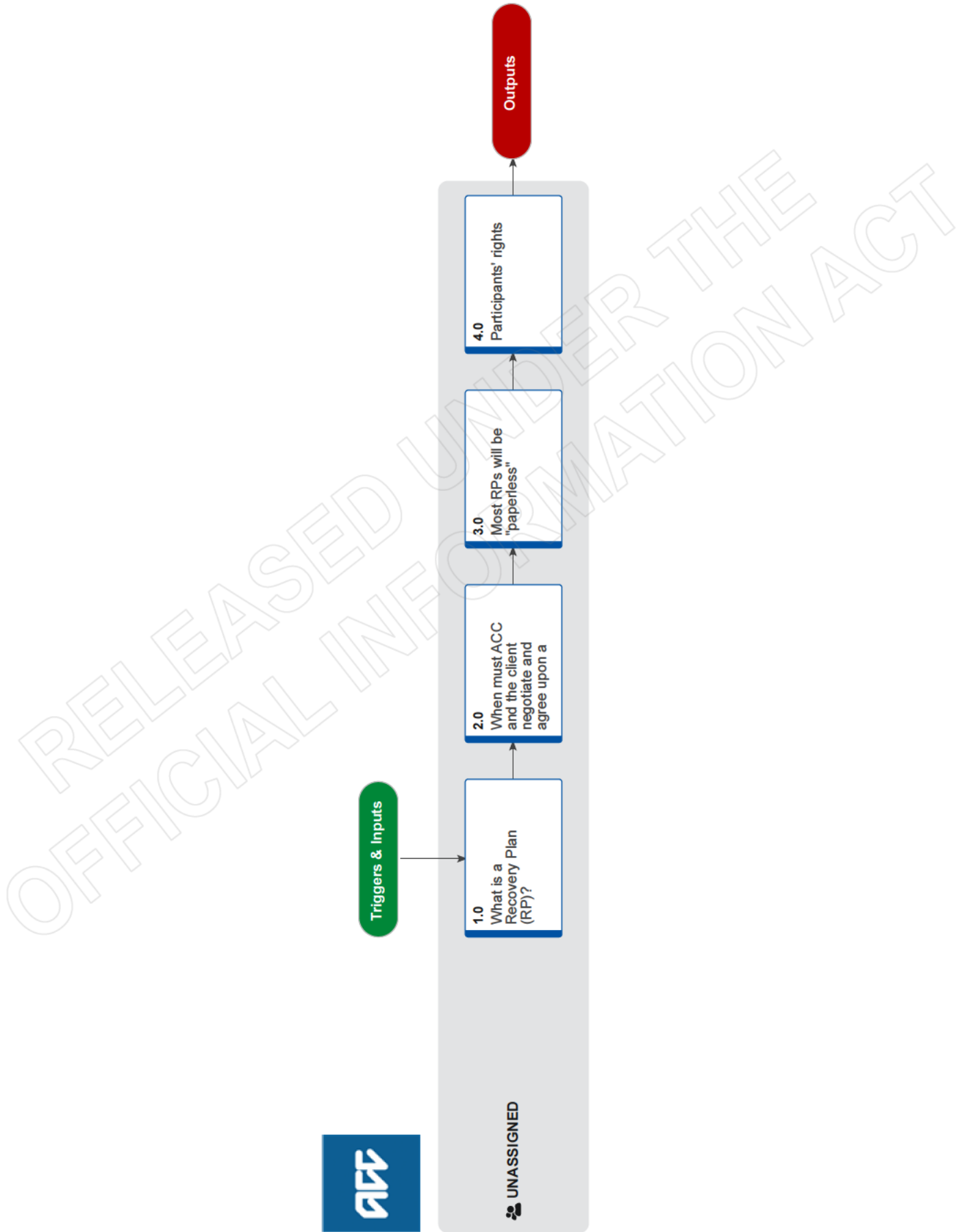
6.0 What is not covered under home help

a Under the AC Act 2001, ACC does not provide home help:

- in any hospital, hostel, rest home, hotel, motel or other institution
- for exterior home maintenance, lawn mowing and gardening. See Lawn mowing and gardening.
- for interior cleaning tasks (where there is no risk to the client's health, safety or hygiene), such as spring cleaning or cleaning in preparation for interior decorating, packing and moving house
- to clients currently residing outside New Zealand.

 Lawn mowing and gardening

RELEASED UNDER THE
OFFICIAL INFORMATION ACT



Summary

Objective

Refer to this guidance to understand what a Recovery Plan is, when ACC and clients must negotiate and agree on the Recovery Plan, and how ACC record this agreement.

1. What is a Recovery Plan (RP)?
2. When must ACC and the client negotiate and agree upon a Recovery Plan
3. Most RPs will be “paperless”
4. Participants’ rights

Owner

Out of scope

Expert

Out of scope

Procedure

1.0 What is a Recovery Plan (RP)?

UNASSIGNED

- a While not referred to as an IRP, RPs are required to follow the same legislative requirements for developing an IRP. The RP is therefore a legal document as identified in the Accident Compensation Act 2001 (AC Act).

An RP is an agreement between the client and ACC that details vocational and social interventions to assist in a client’s recovery.

The RP outlines the actions required to help the client reach key milestones in their recovery; it contains when the action will happen, and who is responsible for completing them.

When discussing the RP, ACC and the client should identify any obstacles to recovery and develop actions or interventions to address them. This should be included in the RP.

A Recovery Plan must be updated when the client’s circumstances change, and the agreed interventions no longer apply or cannot be completed.

2.0 When must ACC and the client negotiate and agree upon a Recovery Plan

UNASSIGNED

- a Recovery Team members and the client will discuss and create a Recovery Plan.

Legislatively, a Recovery Plan (called an IRP in the AC Act) must be prepared for all claims where social or vocational rehabilitation is being provided and where a claim is expected to exceed 13 weeks duration.

- b A Recovery Plan is not required for clients that require a one-off treatment and who self-manage in Enabled up to 13 weeks.
- c All social and vocational rehabilitation assistance provided must be included in the Recovery Plan.

Recovery Plans are developed in agreement with the client. Agreed interventions, supports and goals are added and updated through regular conversations and check-ins.

The client’s signature is not required to confirm their agreement; however, their agreement should be documented in a contact note following a discussion of the plan.

Once the Recovery Plan is agreed, the actions can be implemented.

- d Where the client does not provide verbal agreement to either one or more parts or all of the RP, ACC will either:
 - await an email response from the client confirming the plan, or
 - send a copy of the proposed plan to them, seeking their agreement.

After a reasonable period, the case owner must follow up with the client before the plan is finalised as agreed. In these cases, a copy of the finalised plan with review rights will be sent to the client.

- e If the plan is that the client will return to their employment or other employment, an employer can be given an opportunity to participate in the preparation of the recovery plan. This does not mean they need to see a copy of the plan, nor do they have the right to review.

3.0 Most RPs will be "paperless"

UNASSIGNED

- a** Recovery Team members do not need to send hardcopies of the RP to clients unless:
- the client specifically requests a copy; or
 - the client has not verbally agreed to the RP and we seek the client's agreement; or
 - the RP is 'agreed as finalised'; or
 - the client has attended their Initial Occupational Assessment (IOA) and Initial Medical Assessment (IMA) appointments, indicating that the Vocational Independence (VI) process may commence
- b** Recovery Team members must inform clients that they can request a copy of their RP at any time. The RP can be sent electronically or as a hard copy.

The client has the right to review the plan, even it had been previously agreed.

4.0 Participants' rights

UNASSIGNED

- a** Schedule 1, clause 7 of the AC Act relates to participants' rights, including:
- the client's right to information about the rehabilitation they are entitled to, including the vocational independence process and the Recovery Plan process
 - the right to have a support person present when preparing a Recovery Plan
 - the consequences of agreeing to the Recovery Plan
 - the lead health practitioner's and employer's right to participate in preparing the Recovery Plan
 - ACC's responsibility to meet the costs of preparing an Recovery Plan

The client can disagree with or challenge anything that is proposed in their Recovery Plan, including any decisions made about their rehabilitation. If this happens the Recovery Team member must make every effort to reach agreement with the client.

Summary

Objective

This information is for case owners and payment processing staff when dealing with requests for reimbursement of client rehabilitation costs.

Owner

Out of

Expert

Out of






Policy

1.0 Rules

- a** If a client asks to be reimbursed for rehabilitation costs they must make their request in writing and include original receipts. However, their request does not need to be on one of our standard forms.

You can accept any written request as long as it clearly identifies the client, the claim, the support requested and is accompanied by evidence of payment eg. an invoice or receipt.





When you have the client's request and receipts go to one of the following relevant pages for instructions to approve the support and reimburse the client:

-  Who processes client reimbursements
<https://go.promapp.com/accnz/Process/6f72a6ea-caaf-4a06-8069-268df5960f2f>
-  Deciding pharmaceutical entitlement funding
-  Reimbursing Non-Emergency Travel Costs
-  Reimbursing parking costs for attending assessments
-  Managing Aid or Appliance Request

- b** Note: there is no change to the current ACC86 Weekly care summary – PO - client, ACC249 Request for reimbursement of pharmaceutical costs or ACC250 Claim for Transport Costs processes.

Clients are required to submit these forms when requesting reimbursement or payment for the support they are claiming.

If a client is seeking reimbursement for multiple types of support and has completed their request on one of the above forms or in writing, it is sufficient to accept as a written request for multiple types of support and can be used instead of staff completing an ACC161 Proforma invoice form.

-  ACC86 Weekly Care Summary.doc
-  ACC249 Request for reimbursement of pharmaceutical costs
-  ACC250 Reimbursement of client travel expenses.docx
-  ACC161 Proforma invoice form

2.0 Examples

- a** • A client sends an ACC249 form for prescription reimbursement and also wants to be reimbursed for a taxi. They do not need to fill out an ACC250 form for the taxi. The taxi receipt is included with the request to reimburse the prescriptions

• A client sends in a receipt for crutches along with a letter asking to be reimbursed. The case owner saves the documents to the claim and creates a purchase order to reimburse the client

• A client gives receipts to their case manager during a meeting but is unable to fill out a form. The case manager sets up a purchase order and completes an ACC161 Proforma invoice form to make the payment.

3.0 Exceptions

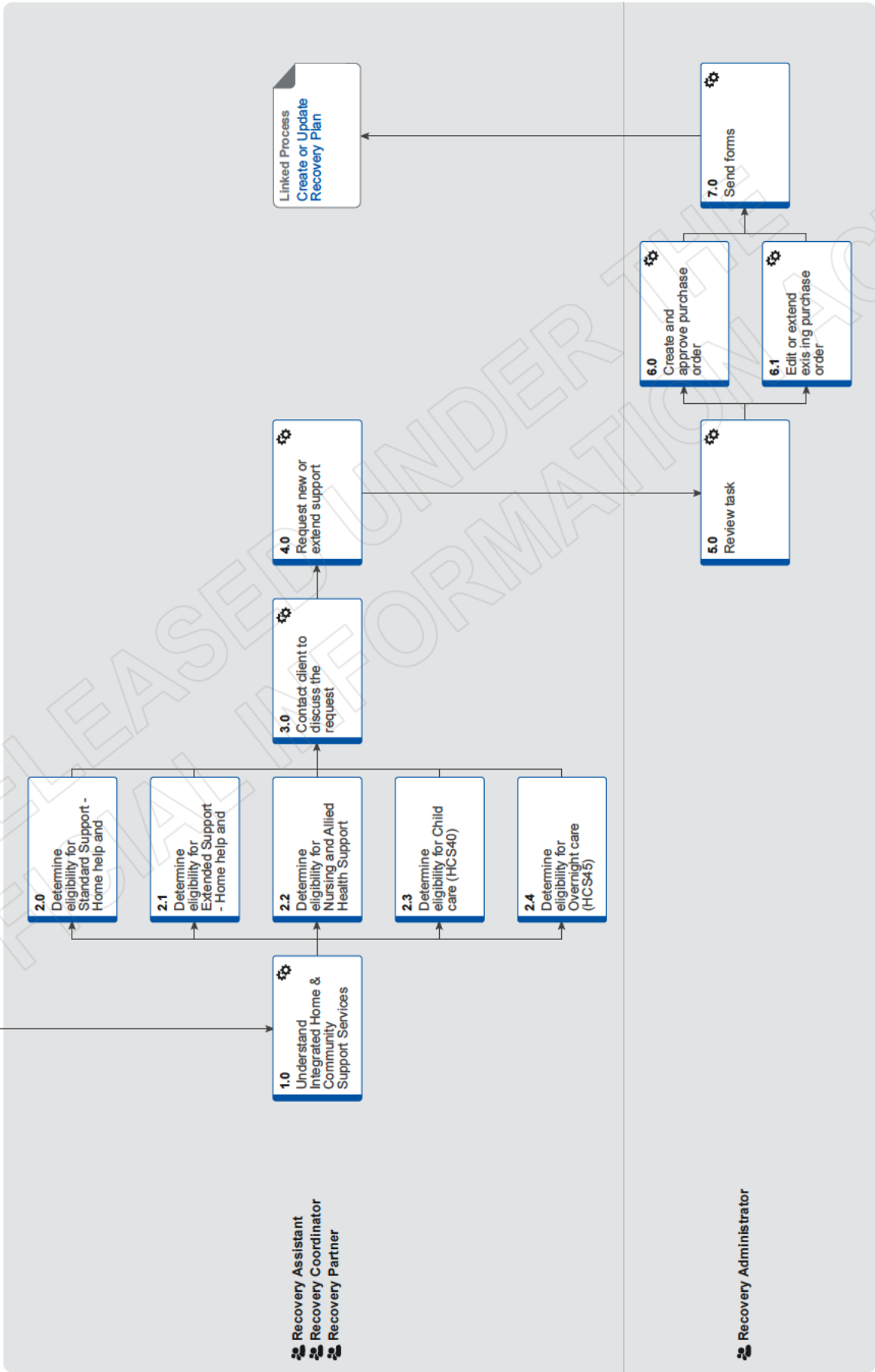
- a** • An ACC161 Proforma invoice form must be completed:
- if there isn't a written request from the client
 - to pay a vendor when the invoice has been addressed to the client and the case owner wishes to pay the vendor directly
 - for any costs associated with a review or appeal.

Set Up Integrated Home & Community Support Service - Contracted

v8.0



Triggers & Inputs



Recovery Assistant
Recovery Coordinator
Recovery Partner

Recovery Administrator



Summary

Objective

The purpose of Integrated Home and Community Support Services (IHCS) is to provide high quality, flexible home and community support services to meet the assessed needs of the Client.

Background

IHCS promotes rehabilitation and injury prevention and encourages the Client's autonomy and self-determination. Enables the Client to improve and/or maintain function, activity and participation in their home and community. It is delivered as an integrated service, at the right time, that minimises duplication and disruption to the Client. It adopts a holistic, person-centred approach, working in a culturally responsive partnership with the Client, their whanau/family and other treatment and rehabilitation service providers to ensure an integrated service experience.

Owner

Out of scope

Expert

Out of scope

Procedure

1.0 Understand Integrated Home & Community Support Services


Recovery Assistant, Recovery Coordinator, Recovery Partner

a In Salesforce, open Claim On A Page and review the client's claim history and current circumstances.

b Review the following to understand how IHCS Services would benefit your client.

-  Integrated Home And Community Support (IHCS) Services Service Page
-  Integrated Home and Community Support (IHCS) service.
<https://go.promapp.com/accnz/Process/25d3350b-14ba-4740-8298-3e9488d6e3d1?force=False>
-  IHCS – Home Help
<https://go.promapp.com/accnz/Process/6fae4805-f027-44bf-8db2-591569b5ea97?force=False>
-  IHCS -- Attendant Care
<https://go.promapp.com/accnz/Process/Minimode/Permalink/FgjzL0nHe2vqzDIGYaqLUI>

c Consider whether family members might reasonably be expected to provide home help, attendant care or child care for the client. Refer to Using Natural Supports Policy and links to Supervisory Care within this policy.

- NOTE** What if you have determined using Natural Supports is appropriate for your client?
-  Using Natural Supports Policy

2.0 Determine eligibility for Standard Support - Home help and Attendant Care (HCS20)

Recovery Assistant, Recovery Coordinator, Recovery Partner

a Check if the client meets one or more of the following eligibility criteria for Standard Support:

- requires support with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL);
- lives alone or have no Natural Support to help with everyday living activities
- requires support for a maximum of 12 months and
- level of support required can be provided by a Support worker with a National Certificate in Community Support Services (Foundation Skills)

NOTE What if the eligibility criteria is not met?

NOTE What if an assessment or discussion with the client has identified a need for Nursing and Allied Health Support and/or Overnight care?

b Refer to the Delegations framework to check who can approve this entitlement at different levels

-  Delegations framework - sharepoint

NOTE What if the approval needs a higher delegation to approve?

2.1 Determine eligibility for Extended Support - Home help and Attendant Care (HCS30 and HCS31 (complex))

Recovery Assistant, Recovery Coordinator, Recovery Partner

a Check if the client meets one or more of the following eligibility criteria for Extended Support:

- requires support with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL);
- lives alone or have no Natural Support to help with everyday living activities
- requires support for more than 12 months;
- an independent assessor has identified their support needs as complex;
- an independent assessor has Exceptional Medical Support is required;
- an independent assessor has identified Behaviours of Concern.

NOTE What if the eligibility criteria is not met?

NOTE What if an assessment or discussion with the client has identified a need for Nursing and Allied Health Support and/or Overnight care?

b Refer to the Delegations framework to check who can approve this entitlement at different levels

 Delegations framework - sharepoint

NOTE What if the approval needs a higher delegation to approve?

2.2 Determine eligibility for Nursing and Allied Health Support

Recovery Assistant, Recovery Coordinator, Recovery Partner

a Check if the client meets the eligibility criteria for Nursing and/or Allied Health Support:

NURSING:

- must be eligible for Standard or Extended support to receive Nursing Support services
- must have injury related needs that cannot be reasonably managed by their General Practice (GP) team because the Client:
 - is physically unable or unsafe to attend their GP team;
 - requires service provision outside the opening hours of their GP team;
 - the GP team consider the injury complexity is best managed outside of their services.

ALLIED HEALTH:

- must be eligible for Standard or Extended support to receive Allied Health (Physiotherapy/Occupational Therapy) services
- requires either Occupational Therapy or Physiotherapy to work alongside IHCS support workers to support improved client outcomes;
- is not receiving services under the Training for Independence programme.

NOTE What if the eligibility criteria is not met?

2.3 Determine eligibility for Child care (HCS40)

Recovery Assistant, Recovery Coordinator, Recovery Partner

a Check the child meets the definition of a child:

- under age 14 or under age 18 and needing care because of a physical or mental condition (Under the Accident Insurance Act 1998, this was age 21)
- either one or more of the following:
 - a natural child of the client
 - an adopted child of the client
 - a child of the client's spouse, for whom the client acts as a parent
 - a child who ordinarily lives with the client, is raised as a child of the client, and for whom the client acts as a parent. (This can include a foster child.)

NOTE What if the child does not meet the definition?

 Purpose of Childcare Policy

 Whether to provide childcare Policy


b Check if the client meets the eligibility criteria for Childcare:

- their injury prevents them from undertaking care activities for their child/children and;
- there are no Family/Whanau or other Natural Supports who can reasonably be expected to provide childcare for the client or;
- the need has been identified via a Support Needs Assessment or Social Rehabilitation Needs Assessment.

NOTE: This service may be purchased either as additional hours alongside Standard or Extended Support, or as a stand-alone service if the Client does not need any other assistance.


For further information refer to the following Child Care Policy and Service Pages.

 IHCS – Childcare Services Service Page

 Purpose of Childcare Policy

NOTE What if the eligibility criteria is not met?

C Refer to the Delegations framework to check who can approve this entitlement at different levels

 Delegations framework - sharepoint

NOTE What if the approval needs a higher delegation to approve?

2.4 Determine eligibility for Overnight care (HCS45)

Recovery Assistant, Recovery Coordinator, Recovery Partner

a Check if the client meets the eligibility criteria for Overnight care:

- all other options have been considered, including but not limited to specialised beds, environmental controls, security alarms and companion car phones
- clear rationale why other strategies are not appropriate has been provided
- a Support Needs Assessment has been completed and identified the need for Overnight care

For further information refer to the following Overnight care Policy.

 Contracted Overnight Care Service Page

NOTE What if the eligibility criteria is not met?

b Determine the type overnight care which best meets your client's needs:

• Continual attendant care - is when the client needs direct injury-related assistance throughout the night on a regular and consistent basis. Continual attendant care requires the carer to be fully awake for the entire shift.

• Overnight care - is when a Client needs someone in the house overnight as they have been assessed as unsafe to be left alone, due to the nature of their injury. The Client may also require sporadic care throughout the night.

• Sporadic care - is when a carer needs to briefly help a client with their injury-related needs. Unlike continual attendant care, the carer does not need to remain awake overnight, but they need to get up and help the client when necessary. Sporadic care includes situations where there is a temporary change in the client's condition, eg additional help needed for a urinary tract infection, chest infection or other period of ill-health. A reassessment may be required if the client requires sporadic care on a frequent basis, eg seven days a week over a long-period of time. Alternative options should be explored to improve the client's sleep patterns, eg a continence assessment.

C Refer to the Delegations framework to check who can approve this entitlement at different levels

 Delegations framework - sharepoint


NOTE What if the approval needs a higher delegation to approve?

3.0 Contact client to discuss the request

Recovery Assistant, Recovery Coordinator, Recovery Partner

a Confirm you are speaking with the right person by asking ACC's identity check questions.

 Identity Check Policy

 HCS999 Social Rehab decline decision - client

b Explain the support and advise if it is being approved/partially approved/declined, and what their rights and responsibilities are.

If the client wants a non-contracted agency, family caregiver or privately engaged carer refer to - Non-contracted support.

If approved/partially approved, advise the client that the vendor will be in touch to arrange the support.

For guidance on how to discuss the support with your client, refer to the below.

 Client Legislative Rights and Responsibilities Policy

NOTE What does home help include and exclude?

NOTE How do I manage participants on a claim?

 Manage Participants (Eos Online Help)

C In Salesforce, record the details of the discussion with the client regarding the decision to approve/partially approve/decline the request.

NOTE What do you have to do to document your decision?

4.0 Request new or extend support

Recovery Assistant, Recovery Coordinator, Recovery Partner

a In Eos, generate a new or extend "NGCM Entitlement request" task under 'add activity'.

NOTE How do you refer a task to Recovery Administration?

 Referring Tasks to Recovery Administration - Principles


NOTE How is the task created for the support?

 Creating Entitlement Requests Tasks - System Steps

NOTE What do I select from the drop down boxes?

b Complete the relevant fields of the eform.


NOTE What other comments need to be included?

 NG GUIDELINES Purchase Order Details - Integrated Home & Community Support Services

 ACC5972 Admin Template - Integrated Home & Community Support Services referral

 Contracted Suppliers by Geographic Area of Coverage

NOTE What if your client has a Care Indicator?

 Disclosure of Care Indicator Information to Third Parties Policy

c Consider the timing of the task. The tasks route to the Recovery Administration team with an SLA of 24 hours.

NOTE What if the request is urgent and needs to be completed that day?

NOTE What if the request is required in the future?

5.0 Review task

Recovery Administrator

a Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.

b Review the task to ensure it has all the information you need to proceed.

NOTE What if you don't have all the information you need?

 NG PRINCIPLES Working in the Administration Team


6.0 Create and approve purchase order

Recovery Administrator

a In Eos, generate a purchase order using the entitlement type Home Help/Attendant Care.

 Purchase Order - Handy Hints on how to create and edit POs

 Creating purchase orders using general + QE


 NG GUIDELINES Purchase Order Details - Integrated Home & Community Support Services

b Provide the Set Up Fee for initial purchase order.

c Locate contracted vendors via the Geographic Location search.

This must be done even if the vendor details are provided in the task.

Once selected add the vendor as a 'Vendor - Contracted' participant in Eos.

 Service Contracts and Contracted Providers - MFP spreadsheet

 Contracted Suppliers by Geographic Area of Coverage

 Manage Participants (Eos Online Help)

d If the Purchase Order is to extend the support, then


Open the NGCM - Extend Home Help/Attendant Care task using 'do task'.

Review the task.

NOTE How do I update the purchase order?

e Approve the Purchase Order.

NOTE What if you do not have the delegation to approve the Purchase Order?

 Request Authorisation for a Purchase Order - System Steps

NOTE What if you get a limited payment error message when authorising the amended Purchase Order?

f Complete the ACC5972 - Referral for Home and Community Support Services.

The ACC5972 Referral for Home & Community support services form is populated during PO creation.

This is the referral to the contracted agency and is always provided.


NOTE What does a quality referral look like?

 ACC5972 Admin Template - Integrated Home & Community Support Services referral


 NG GUIDELINES Sending Letters in NGCM


g Send the forms.


NOTE What documents are required for the contracted provider?


 ACC45 ACC Injury claim.pdf

NOTE What documents are required for the client?


 HCS01 Home and community support services approve (contracted agency) - client

 Admin Template - HCS01 Client Approved Home Support Services


 ACC255 Kōrero mai - Working together

 HCSIS03 All about Home and Community Support Services

NOTE The HCSIS03 form can no longer be generated from EOS as it was retired due to the PART (Path to Wellbeing Agile Release Train) release on 30 November 2020. This form can still however be located and downloaded from the ACC website by both ACC staff and clients, therefore please continue to send a copy of this to the client when approving contracted HCSS.

 EQPIS01 Using rehabilitation equipment – client (Information Sheet)

NOTE Check the forms used and ensure they have the correct ACC contact details

 NG GUIDELINES Sending Letters in NGCM

6.1 Edit or extend existing purchase order

Recovery Administrator

a In Eos, locate the purchase order number:


- Click on "Search for a claim"
- select the "Purchase Order / ACC32 Number" tab
- paste the purchase order number into the "purchase order number" field
- select "Open".

b Update the purchase order:


- Select "Add" to add a new line
- select the "Intervention" then 'OK'
- search for the purchaser order code
- select "Add to List" then 'OK'
- add the information provided in the task and then 'OK'.

c Approve the purchase order.

NOTE What if the purchase order requires a higher delegation?

 Request Authorisation for a Purchase Order - System Steps


d Create and send an email to the provider using the 'Purchase Order Approval and Extension' template.


 NGCM - FINAL Emailing from Eos using a Template - System Steps


NOTE What if you have been advised by a Provider they are unable to accept a referral?


e Send confirmation of the extension to both the client and the provider

NOTE What documents are required for a purchase order extension?

 HCS01 Home and community support services approve (contracted agency) - client

 Admin Template - HCS01 Client Approved Home Support Services

 ACC255 Kōrero mai - Working together

 NG GUIDELINES Sending Letters in NGCM


7.0 Send forms

Recovery Administrator


a Ensure you have completed all the documents.


b Convert all documents into a non-editable pdf.

c Perform privacy checks ensure that the documents are accurate, do not contain any third-party information and do not contain any other information that needs to be withheld.

 Privacy Check Before Disclosing Information Policy

NOTE What do you need to check?

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks


 NG GUIDELINES Sending Letters in NGCM

d Check the client's preferred communication channel (email or post) under the party record.

Consider the policy below.

 Email and Instant Messaging Policy

NOTE Is this a sensitive claim, if so confirm if the client has a safe contact?

 View a safe contact (Eos Online Help)


- e** Confirm support with the client via email or post for a new purchase order.

Create an email using the 'Send Letter On Behalf' template and attach the documents.

Select the most appropriate email address.

TIP: It is common for the applicable email address to be listed under General Purchasing.

NOTE What template do I use?

 NGCM - FINAL Emailing from Eos using a Template - System Steps

NOTE What documents do I send to the client?

- f** Confirm support with the provider via email for a new purchase order.

Create an email using the template 'request and referrals' and attach the documents.

Select the most appropriate email address.

TIP: It is common for the applicable email address to be listed under General Purchasing.

NOTE What template do I use?

 NGCM - FINAL Emailing from Eos using a Template - System Steps

NOTE What documents do I send to the contracted provider?

- g** If you are extending an existing purchase order.

NOTE What documents do you send the client if extending a purchase order?

NOTE What email template do you use to notify the provider if extending a purchase order?

 NGCM - FINAL Emailing from Eos using a Template - System Steps

- h** In Salesforce, close the assigned referral task.

 **PROCESS**

Create or Update Recovery Plan

Recovery Assistant, Recovery Coordinator, Recovery Partner

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

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](#)
-  [Service codes.pdf](#)

Summary

Objective

A Vocational Rehabilitation Review (VRR) is a brief clinical assessment to assist people returning to work following an injury.

Owner

Out of scope

Expert

Out of scope

Procedure

1.0 Who is the VRR for?

- a The VRR service is designed for anyone who is currently receiving a Stay at Work (SAW), Back to Work (BTW) or Pathways to Employment (PTE) service and medical aspects of 'fitness for work' are unclear, or rehabilitation has stalled. It is designed to be readily available and easy to access for case owners, vocational rehabilitation providers and GPs.

2.0 When to refer for a VRR?

- a Use this service when you need an expert clinical opinion and recommendations from a medical specialist on the client's fitness for work, medical certification and/or their ability to participate in a Vocational Rehabilitation Service (VOC) programme. The VRR can be done at any point in the client's vocational rehabilitation (up until they begin Vocational Independence Assessments).

Consider referring for a VRR when:

- momentum and confidence in the rehabilitation process has been lost
- a difference in opinion between the VOC provider and GP about a proposed return to work plan
- a clearly defined medical opinion on fitness for work is required
- a client doesn't have a GP and needs medical clearance to undertake a return to work programme with a VRS provider.
- because the client fears re-injury or pain when undertaking extended duties
- a client is experiencing an increase in pain during a work trial and it is unsure if it is safe
- the employer is reluctant to extend the client's duties in case they aggravate their injury
- medical leadership is required to restore a team approach

3.0 How can someone be referred for a VRR?

- a If the case owner identifies a need for a VRR, then
 - the case owner sends a referral to the VRR provider
 - the case owner should inform the VOC provider and GP of the referral

If the GP identifies a need for a VRR, then the GP requests a VRR by either:

- phoning the case owner
- ticking the relevant option on the eACC18 Medical certificate

The case owner then makes the referral on their behalf

If the VOC provider identifies a need for a VRR, then if the client has previously had:

- fewer than 3 VRRs, the VOC provider can make a direct referral to the VRR provider using the ACC6245 provider referral form (no purchase order required). They must let the client's case owner and GP know.
- 3 or more VRRs, the VOC provider must contact the case owner to request approval before sending the referral.

 ACC6245 Provider referral for Vocational Rehabilitation Review

- b When ACC is making a referral for a VRR, the case owner should first contact the client to explain the review and discuss the benefits. Use the VMS centralised booking system to allocate an appointment time.

 VMS Centralised SharePoint Booking System Service Page

- c Create a purchase order in Eos (using VMR01 or VMR05) and generate and complete an ACC98 Referral form and send to the VRR provider with the appropriate referral documents

 ACC98 ACC referral for Vocational Services

- d Prepare a VR11 Vocational rehabilitation review appointment - client letter and send it to the client, with a VOCIS131 Vocational rehabilitation review - client information sheet if needed.

Email or phone the client's VOC provider, GP and employer (if consent given) and let them know of the assessment. Alternatively you can send the following letters:

- VR12 Vocational rehabilitation review notification – employer
- VR13 Vocational rehabilitation review notification – GP, with a VOCIS132 GP information sheet if needed


NOTE Standard or Complex Referral:

NOTE Your client has had more than 3 VRR?

4.0 What should you expect from the VRR?

- a** The medical assessor will conduct a brief clinical examination of the client and provide their opinion and recommendations, focussing on the client's fitness for work. You should expect:
 - brief face-to-face assessment with very rapid turn-around time
 - determine restrictions and fitness for work relating to the covered injury and/or other conditions
 - explain to the client their current condition, injury recovery process and fitness for work
 - provide the next rehabilitation steps (the service should complement the VRS being provided)
 - identifying any other factors affecting recovery
 - the assessor will clarify the diagnosis. However, the service is not designed for clients with complex diagnostic issues.
- b** Following the VRR, the provider will complete a short report. The provider will also:
 - communicate with GP - discussing the diagnosis, injury management, barriers to rehabilitation, and fitness for work recommendations
 - communicate with other treatment providers and VOC provider to discuss and seek support for recommendations
 - communicate with the Client's employer (where applicable) to discuss current restrictions, timelines for recovery, and to facilitate safe and durable vocational rehabilitation
 - communicate with the Client's Case Owner.
- c** The case owner will need to add to the purchase order the VMR02 service code to cover the time taken for the VRR provider to communicate their recommendations with each party.

5.0 Useful Information and tips

 VRR referral process.docx

NOTE Timeframes

NOTE Alternative services to consider

PROCESS Arrange Vocational Rehabilitation Review Assessment

Summary

Objective

Home help is provided to help a client manage domestic activities in their home when they cannot perform these activities because of a personal injury.

Owner **Out of scope**

Expert **Out of scope**

Policy

1.0 Deciding whether to provide home help

- a** Before home help is provided you must explore all other options to meet the client's needs. These may include, but are not limited to, providing aids and appliances, rehabilitation equipment, housing modifications or Transport for Independence (TI) services.

Before providing home help consider:

- the rehabilitation outcome that would be achieved by providing the assistance
- whether family members or other natural supports might reasonably be expected to provide home help for the client
- the nature and extent of the injury, and the degree to which the injury impairs the client's ability to complete their own domestic activities
- the extent to which the client carried out the domestic activities before the injury, and the extent to which the client can do those things after the injury
- the number of household family members and their need for home help
- the extent to which the domestic activities were done by other household family members before the injury.

2.0 Clients who do not wish to be assessed

- a** If a client doesn't want to be assessed, ask why. If their explanation is not reasonable, discuss this with your manager before deciding whether to decline to provide an entitlement for the period the client does not wish to have an assessment.

For the client's safety, it may be more appropriate to decline to provide a weekly compensation entitlement rather than home help.

3.0 Infrequent domestic activities

- a** Infrequent domestic activities are activities that aren't performed on a daily basis, such as cleaning a fridge or oven.

When considering whether to approve a request for home help for infrequent domestic activities, you must determine whether the:

- service meets the decision-making criteria as outlined in Deciding whether to provide home help above
- safety, health or hygiene of the client would be at risk if the service was not provided.