

27 October 2023



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

[REDACTED]
Kia ora [REDACTED]

Your Official Information Act request, reference: GOV-028448

Thank you for your email of 17 October 2023, asking for various documentation and details about how to get a screenshot of your information on EOS and Juno, under the Official Information Act 1982 (the Act):

Documents from our response dated 17 October 2023 (ref: GOV-027853)

The Role Mapping Dictionary is attached as an excel spreadsheet at the top of the 17 October email on FYI.org, here: <https://fyi.org.nz/request/24182-claim-ownership-activity-post-decline-cover-decisions-requests-for-review-or-appeals#incoming-92039>.

Information requested

The remaining documents listed in your request, that are not provided in the documents attached, are either already available on the ACC website or will be soon. As such, we are not providing a copy of them in them in this response. This decision has been made under section 18(d) of the Act.

To search for policies on our website, you can filter by category 'Policies and Procedures' or type in the name of the process on the resources page here: <https://www.acc.co.nz/resources#/category/12>

Video which is too large to email

'An overview of the Recovery Support Written Guidance process in Salesforce and EOS' is a video tutorial which is no longer in use by ACC (it has been archived). We can provide this to you; however, it is too large to send by email and there is no transcript available for it. However, we can prepare an USB copy for collection from an ACC branch.

Screenshots of Juno and EOS

For information on EOS, you can make a request for personal information via the online form at www.acc.co.nz/contact/request-for-personal-information/request-personal-information-for-myself/

For information on Juno, which is a tool used for business customers, you can contact ISGroup@acc.co.nz

As this information may be of interest to other members of the public

ACC may publish 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 www.acc.co.nz/resources#/category/12.

If you have any questions 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

A handwritten signature in black ink, appearing to read 'Sara Freitag', written in a cursive style.

Sara Freitag

Acting Manager Official Information Act Services
Government Engagement

Client Information Access Validation Tool

Access Of ▾

Access Of Department ▾

Access Of Man... ▾ Created By ▾

Assessment Date ▾

Access Date ▾

Claim Number ▾

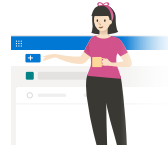
Business Reaso... ▾

Evidence ▾

Commentary ▾

Assurance ▾

Follow Up Requ... ▾ ID ▾



Welcome to your new list
Select the New button to get started.

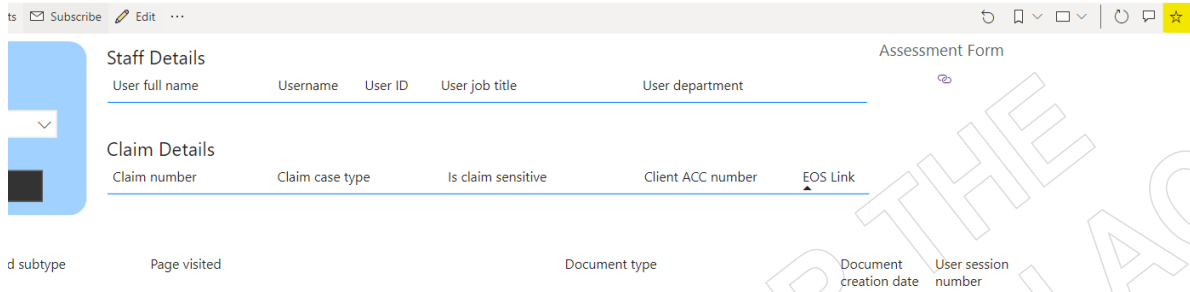
RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Leader Instructions for the Client Information Access report & Client Information Access Validation Tool

- Below is a link to the **Client Information Access Report** in Power BI.

[Client Information Access Review Tool](#)

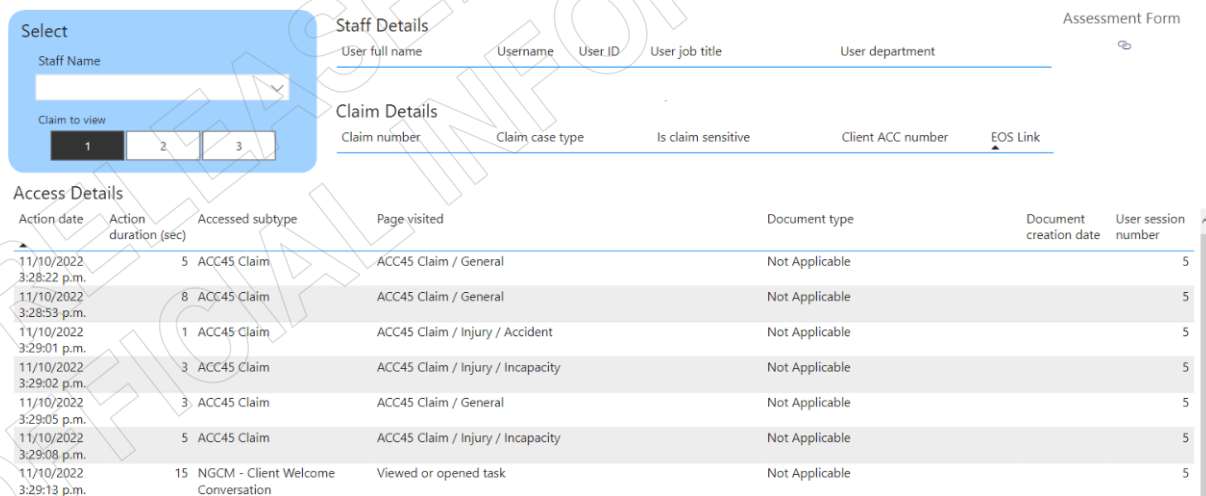
- Please select the star highlighted in the top right to save this report as one of your favourites.



This reporting has row-level security, so you can only see information surfaced for your direct reports.

The Access monitoring report will display your team members and the examples of claims access of which you need to check **3** examples alongside your team member.

If one of your Team Members does not have any access information in the Client Information Access Report they can be excluded from the checks.



Note: Sometimes you may need to refresh the browser in order to see the claims in the report.

When you have completed your assessment checks with your team member, you need to record your findings.

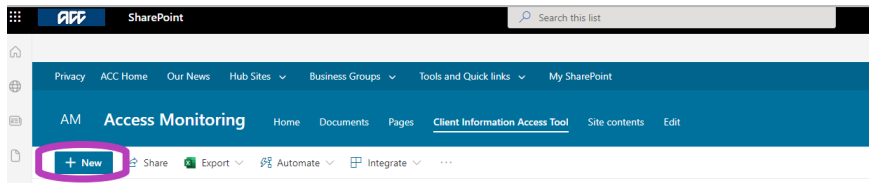
Recording your Findings in the Client Information Access Validation Tool:

Please find below a link to the Access Monitoring SharePoint Page:

[Access Monitoring SharePoint Page](#)

This page is where you input the findings of your assessment.

Select the **New** button to open the Client Information Access Validation Tool



New item

Access Of
Enter a name or email address

Assessment Date
Enter a date

Access Date
Enter a date

Business Reason for Access
—

Evidence
—

Commentary
Enter value here

Assurance
—

Follow Up Required
No

Apply label
None

Please input your Team Members name in the *access of* section.

There are two date sections – the date you are completing the form (the assessment date) and the date your team member accessed the claim you have assessed.

Please select from the drop-down options the **Business Reason** for the access, and the **Evidence** cited to support the access was appropriate.

Please use the commentary box to explain your findings if the Business Process or Evidence is not one of the selection options.

If you have assurance, please select **Yes**.

If further validation is required, please select **Low** then specify if follow up is required Yes/ No

Please select People Management at the *Apply label* section.

Client Information Access Validation Reporting:

The Client Information Access Validation findings are captured in Reporting that can be found here:

[Client Information Access Validation Reporting](#)

This reporting provides:

- The volume of checks completed
- The volume of checks with Assurance
- The volume of checks with Low Assurance
- Tracking of the volume of Assurance & Low Assurance over time
- The % rate of Assurance from the total of checks made
- The proportion of Business Reasons selected
- The proportion of Evidence reason selected.

The report also enables selection of all Client Information Access validation checks by Function.



REFERENCE PAGE

Choosing the Right Recovery Team

Tīmatanga kōrero | Introduction

Audience: Assisted, Supported and Partnered Recovery (Physical and Mental Injury)

Summary: Our clients may be manually assigned to a recovery team. Clients may also need to transition between recovery teams as they progress with their recovery, their situation changes, or new information becomes available. This ensures that our clients will receive the right level of support for their needs, at the right time.

Client Experience Through Transition

Pātai | Frequently Asked Questions

Transitioning to Enabled Recovery

Transitioning to Assisted Recovery

Transitioning to Supported Recovery

Transitioning to Partnered Recovery

Client Experience Through Transition

It is important when considering transition to another team that we keep our clients experience at the forefront of our mind. If a client is transitioning to another Recovery Team we want them to:

- Have no delays receiving the level of support needed and feels confident that their new team knows what support is required without having to tell them
- Not have to re-tell their story
- Know their new team contact details and how their claim will be managed and is satisfied and confident with this level of engagement from ACC
- Not be negatively impacted by any supports expiring or not being put in place when their claim is transitioned
- Experience no delays having an additional injury diagnosis assessed

Additionally when a client is being transitioned to Enabled, please ensure they also:

- Feel confident that they can self-manage and the client is satisfied and confident with this level of engagement from ACC
- Understands how their claim will be managed, who they can contact should they need any support

For actions to take to help achieve this experience please see [Transition Claim](#).

Pātai | Frequently Asked Questions

How will I know a client should be transitioned to another team?

Transitioning a client to a new recovery team takes place when the current team is no longer the best option for supporting the client's needs. Recovery team members should use their discretion when making this decision, drawing on Process Manager processes, provider feedback and recovery support as required. To ensure we are consistently considering our client needs, you may at times be prompted to review the claim and assess whether the client's needs would be better supported by another team. This prompt could also come from your leader.

What if my client has another open claim?

Review the other claim information and consider if the client is being supported in the right team for their needs. ACC considers the person rather than the claim or injury, aiming to frame a service around customer need. If a client has more than one open or active claim, they are able to have all claims managed by one person, if that is their preference – this is called the Whole of Person (WOP) approach. For more information about managing multiple "accepted" claims refer to the [Whole of Persons Guidelines](#).

For clients with 3 or more claims in the Enabled or Assisted teams, consider the client's preference for holistic support or seek internal advice to determine if the client should be supported by a single Recovery Team Member. Follow the guideline below to support your transition decision and let the client know of the move.

When the new claim requires cover to be assessed.

In the situation where a client has a claim being managed in a Recovery Team, and a new "non-specialist"* claim is lodged that requires cover to be assessed, the new claim will be transferred from Cover Assessment to the Recovery Team or individual Recovery Team Member to manage.

If you receive a new claim to assess for cover, please see: [Track Recovery - Activity 1.0 \(a\)](#). NOTE "[What if the change of client circumstances is a new claim being received that requires cover to be assessed?](#)" as well the below transition sections, to determine if the two claims should continue to be managed in the current Recovery Team.

Key considerations will include how the new injury/condition is likely to impact the client's ability to achieve their current recovery goals (irrespective of the future cover decision), as well as the level of complexity and contact required to assess the new claim.

*A specialist claim is one of the following: Treatment Injury, Hearing Loss, Work-Related Gradual Process, and Fatal and should be assigned to the appropriate team to consider cover. Staff, Remote, Te Ara Tika, and Sensitive Claims do not go via Cover Assessment.

What if my client has a Delayed Request for Weekly Compensation?

A Delayed Request for Weekly Compensation (DRWC) is:

DOFI = A request for weekly compensation received more than 90 days after the date of accident

DOSI = A request for weekly compensation received 28 days, or more, after the end date of the last period of incapacity (unless the request is within 90 days of from Date of Accident or the DRWC is due to ACC funded surgery)

A DRWC can come from:

- New weekly compensation requests on a claim for an injury that is not new
- Claims with recently approved cover some time after the accident
- Reopened Claims.

These requests are managed in the Supported team, or if the client has Partnered needs, the Partnered team. To see the full process of assessing for Delayed Requested Weekly Compensation, please see: [Assess Delayed Request for Weekly Compensation \(DRWC\)](#).

What if I have concerns that the client has been transitioned to a team unable to support their needs?

1. Have a conversation with your leader to talk through your concerns about the transition.
2. If your team leader agrees the transition is not appropriate, they should arrange a phone call with the team leader of the individual who made the transition (email should not be used).
3. Team Leaders should together agree what action should be taken e.g. feedback provided in coaching, or the client transitioned to the team best suited to support their current needs.
4. If a resolution cannot be reached between Team Leaders, then escalate to your CSL.

Note: The claim should remain with the Team who has received the transition and managed until a resolution is reached.

If you would like to provide feedback on the quality of the information on the clients claim following a transition, use the [Operational Feedback tool](#) rather than the above process.

Transitioning to Enabled Recovery

How are clients managed in Enabled Recovery?

Enabled Recovery includes self-managed claims where the client is empowered and able to be proactive about what they need from ACC, with low risk to their recovery.

What would a client's engagement needs be in Enabled Recovery?

Reactive engagement where a personal relationship is not required. Clients will primarily manage their own recovery though they can choose to contact Assisted Recovery for any additional support needs.

What to consider when transitioning or assigning to Enabled:

The client doesn't need regular ACC contact and:
No ongoing 'Agreed Interventions' are required for recovery
Does not require any assessments or referrals
Does not require ACC to follow-up with any stakeholder (e.g. employer conversations, recover check in's, provider contacts)
There are no actions or follow up required on the claim
Recovery is expected with no complications
The clinical pathway is straightforward or has stabilised
Any mental health condition is now stable
Minimal supports required to aid recovery
Client is over the age of 18 – note there is no upper age limit but consider the client's ability to self-manage
Claim is within ECO opt of 13 weeks (whichever comes first)
There is no active vulnerable indicator
Proactive management no longer required
Client has strong natural supports available
Client is confident and willing to seek assistance from ACC as required

Transitioning to Assisted Recovery

How are clients managed in Assisted Recovery?

Assisted Recovery manages claims where one to many relationships would suffice between the recovery team member and clients. A Recovery Assistant will contact them if there is something specific to discuss or at the next planned recovery check- in.

What would a client's engagement needs be in Assisted Recovery?

Periodic engagement where a personal and consistent relationship is not required.

What to consider when transitioning to Assisted Recovery:

From Enabled
There is a need for regular ACC contact for assistance and proactive response to changes in need
The client has identified they are having difficulty self-managing their recovery via MyACC
We have received new information from a provider indicating Assisted support is appropriate
There are complex relationships to manage e.g. with the client, employer or providers
Unstable mental injury
Investigation required of additional diagnosis request
Assessment of Weekly Compensation required
Claim is beyond or will be going beyond ECO Max or 13 weeks (which ever comes first)

From Supported
There are no complex relationships to manage, e.g. with the client, employer or provider
The clinical pathway is straightforward or has stabilised and is expected to stay that way for more than 10 weeks (this does not include a client who has commenced IOA/IMA, who should remain in Supported Recovery during the VI pathway)
Any mental health condition that was affecting a client's recovery is now stable
We have received new information from a provider indicating Assisted support is appropriate
Client does not have an active Vulnerable Indicator

From Partnered
Is there an active Vulnerable Indicator? If so, the claim remains in Partnered
The client has had a Support Needs Assessment completed in the last 12 months and all required supports are in place
The client's condition and situation are stable, and they understand that one-to-one case management is not required

The client has opted for short term supports for their Sensitive claim or is post-cover decision and their needs have stabilised
We have received new information from a provider indicating Assisted support is appropriate
<p>If the Partnered client is under 18 years of age, they can transition to Assisted if the injury is <u>not a sensitive claim</u> and:</p> <ol style="list-style-type: none"> 1. There are no vulnerability or risk indicators existing or known 2. Current supports are stable and appropriate for the age and stage of the child 3. All assessment recommendations have been completed 4. Tasks are in place to prompt reassessments and/or review of supports 5. Natural supports, including family responsibilities are known and living environment is stable 6. Multi-agency relationships don't exist

Transitioning to Supported Recovery

How are clients managed in Supported Recovery?

Supported Recovery manages claims that are likely to require a dedicated one to one relationship between the client and the Recovery Coordinator who works with the client to recover. There may be multiple parties involved in the recovery.

What would a client's engagement needs be in Supported Recovery?

Holistic engagement where a personal and consistent relationship is required.

What to consider when transitioning to Supported Recovery:

From Assisted
Multiple psychosocial factors are present
Clear expectation setting needs to be made on an ongoing basis
There is a need for ongoing ACC contact for assistance and proactive response to changes in need
There is an active Vulnerable Indicator
There is a delayed request for weekly compensation
The client has a wilfully self-inflicted injury that we need to assess for cover
Client has undergone Vocational Independence on a previous claim for the same body site and/or same claim
We have received new information from a provider indicating Assisted support is no longer appropriate

The client has lost their pre-injury employment and it's unlikely they are able to return to their pre-injury role
--

The client is being investigated by Integrity Services
--

From Partnered (Complex Mental Injury)*
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Discussion with the client has been completed as per whole of Person Guidelines

***NOTE:** These transitions will only be from Complex Mental Injury. If clients have been managed in Partnered Physical Injury, they will only transition between Partnered and Assisted, **not** Supported Recovery.

Transitioning to Partnered Recovery

How are clients managed in Partnered Recovery?

Partnered Recovery manages claims that are likely to require specialist rehabilitation support. Clients build a relationship with a dedicated Recovery Partner that supports them to manage their injury or recovery.

What would a client's engagement needs be in Partnered Recovery?

Specialist engagement with intensive and extensive needs, with an understanding of the level of vulnerability and complexity being required.

Partnered is defined by four key elements of the clients engagement needs. These four elements will need to be considered alongside any transition criteria for Partnered Recovery.

1. **Intensive:** severe or persistent symptoms or factors contributing to the client's presentation and/or are barriers to recovery and high / increased contact requirements and supports from ACC.
2. **Extensive:** Requires partnering with internal and external groups or agencies to support and coordinate key activities, supports and engagement.
3. **Vulnerable:** potential threat to their safety, health, or wellbeing. This includes but is not limited to isolation, addictions with a combination of their living situation or risky Family/ whānau situation, or an increased level of vulnerability due to their age or intellectual difficulties
4. **Complex presentations:** For Partnered Mental Injury clients it could be a combination of covered and non-covered injuries or symptomology, vulnerabilities, pre-existing impairment or disabilities as a result of long-term chronic health, mental health illness or psycho-social impacts. For Partnered Physical Injury clients, a serious and complex injury that has altered their life significantly and requires a disability approach to rehabilitation. A client could also have a combination of non-covered injuries or health conditions, vulnerabilities, pre-existing impairment or disabilities which pose a barrier to rehabilitation.

What to consider when transitioning to Partnered Recovery:

From Assisted

New information received reports person has an injury of a serious, complex or sensitive nature and has been confirmed as caused by the accident currently being managed**
--

Treatment Injury being investigated for cover and injury has caused a significant impairment that has resulted in a disability
The person has a pre-existing impairment and/or comorbidity that results in a disability or long-term chronic health and/or enduring mental health illness and the mix of these impairments and the injury is impacting on everyday activities and a disability approach would be of benefit for the client.
Client's personal circumstances have changed, and this will involve significant input from ACC e.g. The client's family/whānau situation has become complex and or risky and a disability approach would be of greatest benefit for the client.
The person with a serious or sensitive injury has changing support needs and more intensive ACC support is required. The client will need intensive input from ACC including a Support Needs Assessment, or there are issues such as pressure areas that impact on every day function. Note: If clients have been managed in Partnered Physical Injury previously, they will only transition between Assisted and Partnered, not Supported Recovery.
Protection of Personal & Property Rights (PPPR) is required
Client is participating in a Living my Life program that needs reviewing.
Housing Modification – if these impact the client's ability to maintain their level of independence and/or are Standard/Complex modifications.
The Client is under 18 years of age and transitioned from Assisted to Partnered Recovery: <ol style="list-style-type: none"> 1. There are risk factors pre-existing or current e.g. non-accidental injury/s, unstable family situation, multi-agency relationships exist, relationship with Oranga Tamariki 2. An assessment is due or recommended e.g. Support Needs Assessment, Education Based Rehab Assessment 3. Child is transitioning to school, or changing schools e.g. from primary to intermediate or leaving school 4. There is a deterioration in injury / health status e.g. onset/increase of seizure activity, increased hospital admissions, surgery 5. Increased or regular school absence 6. Family/provider request for increased personal support 7. Family/provider request for respite care

From Supported
New information received reports person has an injury of a serious, complex or sensitive nature and has been confirmed as caused by the accident currently being managed**
Treatment Injury being investigated for cover and injury has caused a significant impairment that has resulted in a disability
The person has a pre-existing impairment and/or comorbidity that results in a disability or long-term chronic health and/or enduring mental health illness and the mix of these impairments and the injury is impacting on everyday activities and a disability approach would be of benefit for the client.
Client's personal circumstances have changed, and this will involve significant input from ACC e.g. The client's family/whānau situation has become complex and or risky and a disability approach would be of greatest benefit for the client. The person with a serious or sensitive injury has changing support needs and more intensive ACC support is required
Protection of Personal & Property Rights (PPPR) is required
Client is participating in a Living my Life program that needs reviewing.
Housing Modification – if these impact the client's ability to maintain their level of independence and/or are Standard/Complex modifications.
The Client is under 18 years of age and transitioned from Assisted to Partnered Recovery:

1. There are risk factors pre-existing or current e.g. non-accidental injury/s, unstable family situation, multi-agency relationships exist, relationship with Oranga Tamariki
2. An assessment is due or recommended e.g. Support Needs Assessment, Education Based Rehab Assessment
3. Child is transitioning to school, or changing schools e.g. from primary to intermediate or leaving school
4. There is a deterioration in injury / health status e.g. onset/increase of seizure activity, increased hospital admissions, surgery
5. Increased or regular school absence
6. Family/provider request for increased personal support
7. Family/provider request for respite care

****New information may include:**

- **A Severe TBI** (GCS 8 or lower and PTA > 7 days)
- **A Moderate TBI** (GCS 8 or lower and PTA up to 7 days)
- Hypoxic injury that has resulted in cognitive and/or physical impairment
- **Burns >20% third degree/full thickness burns:** Burns that have been treated at a National Burns Centre and involve the face, hands, feet, genitalia, perineum, or major joints, requiring ongoing surgery, rehabilitation and resulting in functional impairment
- **A Spinal Cord Injury at any level and AIS A-D,** including cauda equina or central cord syndrome with evidence of neurological deterioration and impact on everyday life function and participation
- **Limb Amputee (single limb and multiple limb)** requiring prosthesis/artificial limb, NZ Artificial Limb Service input, rehabilitation and other ACC support. Note: Limb is a leg or an arm, a hand or foot is the terminal part of a limb. Hands and feet are not defined as limbs, they are an appendage to multiple limbs.
- **Sensory Impairment:** Low Vision and/or Blindness as a result of injury that cannot be corrected or improved by glasses, medicine or surgery and makes everyday tasks difficult.
- **Unstable and/or complex Mental Health Diagnosis** that is requiring a community or compulsory treatment plan/order (or has one in place) and specialist psychological/psychiatric treatment/support plan

Whole of Person and Allocation Rules

Guidelines

Introduction

Under NGCM ACC considers the person rather than the claim or injury, aiming to frame a service around customer need. Clients who have more than one open or active claim may be able to have all claims managed by one person if that is their preference - the Whole of Person (WOP) approach. The decision to have this approach, or to have claims managed separately, sits with the client.

To understand the client's preference a conversation with the client and / or provider is a **must** and is **not negotiable**.

Offering Whole of Person Management for clients with a Sensitive Claim

If a client has a physical injury in Assisted or Supported Recovery and an open Sensitive claim, the client may benefit from WOP management. Not all clients with a physical injury in Assisted or Supported will benefit from WOP management or a change in Recovery Team.

Recovery Team Members must discuss the claim with their Team Leader before any WOP management decisions are made. If it may be appropriate to consider WOP management, the Team Leader will liaise with a Partnered Recovery Team Leader to establish if WOP management will be beneficial. This will depend on several factors relating to the sensitive claim, including the status of the sensitive claim. Please refer WOP Leader Guidelines, which are also linked to the Transition Claim page in Promapp.

The client should only be offered WOP management **after** a Leader-to-Leader conversation has taken place that has established if the client *will* benefit from a change in Recovery Team to Partnered Recovery MI for WOP management. This will ensure further treatment and rehabilitation support is matched to their injury needs.

If the client **does not** wish for the Whole of Person approach when offered, the claim(s) will remain managed separately, where they currently are.

[Whole of Person Leader Guidelines for Claims Transition consideration](#)

Allocations and new PICBA claims

Where a client has an active sensitive claim and a new Physical Injury claim is received that requires active case management, the new physical injury claim is automatically routed to the Recovery Partner managing the sensitive claim. The Recovery Partner (Mental Injury) has a conversation with the client to establish if the client would like Whole of Person management and may separate the management of the claim.

Scenarios for allocation rules where the client has **agreed** to Whole of Person approach:

- Client has Partnered Mental Injury claim and non-complex Physical Injury claim(s) = claims managed by Partnered Mental Injury Recovery Partner
- Client has both Partnered Mental Injury and Partnered Physical Injury claims = claims managed by Partnered Physical Injury Recovery Partner
- Client has a Supported claim and a **(non-sensitive)** Assisted claim = claims managed by Recovery Coordinator

NOTE: Non-complex, in this context means the claim would not meet the criteria for Partnered Recovery team

The allocation process completed by the Real Time Analyst (RTA) team:

- Real Time Analyst's (RTA) receive claims for allocation to Supported and Partnered Recovery.
- RTA checks for existing open claims and action as follows

Open claims in Assisted:

- RTA notes in the task to the Recovery Partner/Coordinator who receives the new claim of open claims in Assisted, which may be Mental Injury (MI) or Physical Injury (PI). If WOP discussion is required, this is completed by the Recovery Partner/Coordinator (as the Assisted team do not have a relationship with the client), after referring to the WOP Leader Guidelines to establish if the client will benefit from WOP management.

Open claims in Supported:

- If a new claim is received into Partnered Recovery: RTA emails Recovery Coordinator from RTA mailbox to alert to Partnered claim and advise consideration of WOP management by Recovery Coordinator (as Recovery Coordinator has relationship with client). A Whole of Person leader conversation will take place before offering WOP management to the client. This will ensure the client will benefit from a change in Recovery Team to manage the physical injury and sensitive claim together.
- If a new Supported claim is received: RTA will allocate this claim to the current Recovery Coordinator

Note: If the new claim is received into Supported and there is an SI or S claim in Assisted, these claims will remain separate unless WOP management is appropriate for the client.

Open claims in Partnered:

- If open claim is Partnered MI and the PI claim is not Partnered PI, then the new claim will be allocated to the current MI Recovery Partner.
- If open claim is Partnered PI, then the new claim will be allocated to the current PI Recovery Partner
- If the new claim is a Sensitive Claim you can refer to your leader if you have any concerns regarding the best way to manage the clients claims.

Partnered Mental and Physical Injury Child and Adolescent claims (up to the age of 18 years):

- RTA follows same process as for claims of adult clients to identify other open claims and alerts current case owners WOP conversation required with Parent / Guardian
- If existing case owner does not have a relationship with client, the receiving Recovery Partner has the WOP conversation with Parent / Guardian
- Partnered MI claim allocated to Recovery Partner who has the skills to work with younger age group clients

Note: An Assisted MI claim and an Assisted PI claim, which did not Transition from Partnered Recovery, will remain in Assisted Recovery as two separate / unique claims and do not require the WOP management.

Note: If a client has more than two claims in Assisted the Recovery Assistants are required to seek guidance through Recovery Support for consideration of WOP management.

Note: If a Supported claim is moved to a Recovery Partner as part of the Whole of Person management approach, this claim will remain with the Recovery Partner until the sensitive claim is closed or transitioned to Assisted MI. At this time, the physical injury claim will be transitioned to the appropriate Recovery Team using the transition claim guidelines, or if appropriate closed.

[Transition Claim | Nintex Promapp®](#)



REFERENCE PAGE

Hāpai - Transition Claims

Introduction

Audience: Recovery Team Members

Summary: Transitioning claims in and out of Hāpai

Transition into Hāpai [↪](#)

Hāpai is currently offered to Māori clients within the Supported and Partnered Physical Injury Teams.

Considerations:

Clients need to live within a Hāpai rohe (region) – currently Rotorua, Gisborne, Tauranga, Whakatāne and Hamilton. Clients who identify as Māori (existing and new to ACC) and want to be supported in a culturally focused service can be considered for transition to Hāpai - ie clients have specifically asked for a Māori Recovery Team Member, Kanohi Ki Te Kanohi (face to face interactions), would benefit from or has asked for a holistic Te Ao Māori approach (Te Whare Tapa Wha).

What to do

Workforce Management are unable to identify Māori clients at allocation therefore Recovery Team Members who believe one of their kiritaki Māori (Māori clients) will be best supported in Hāpai can notify their Team Leader.

A Team Leader to Team Leader conversation will be held to discuss capacity and potential transition to a Kaihāpai (Hāpai team member).

Transition conversations will be had once Kaihāpai capacity/ allocation is confirmed. Until then, Recovery team members will continue to support their kiritaki as normal.

Hāpai indicator flag – Kaihāpai will add this indicator once they have been allocated a claim.

Transition from Hāpai to another Recovery Team

Scenarios where clients may be transitioned from Hāpai to another Recovery Team could include:

- Client moves to another region/area where Hāpai is not currently offered
- If a client chooses to opt-out of being supported in Hāpai they can be transitioned back to mainstream case management.
- Kaihāpai capacity (staffing) to offer the service internally is no longer available ie Kaihāpai changes roles/ leaves ACC and caseload is redistributed to Kaimahi (non-Hāpai staff).

Kaihāpai will discuss these instances with their Team Leader to better understand the clients situation prior to transition.

Hāpai indicator flag will be updated by Kaihāpai accordingly i.e. opt out or inactive.

Resources

[Hāpai - Te Māhuri \(sharepoint.com\)](#)



SYSTEM STEPS

Add a Hāpai Indicator

Published 17/08/2023

Audience: Kaihāpai

Summary: To add a Hāpai indicator flag to a claim

How to add the indicator

Step 1

Go to Party level > Indicators tab > click Add and select [Hāpai indicator] from the drop-down list

Step 2 - Select status from drop down list

- **Active** – If the client is currently or was actively part of the Hāpai service in the past
- **Inactive** – If the client is no longer being managed as part of the Hāpai service - scenarios could include:
 - Client moves to another region/area where Hāpai is not currently offered.
 - Kaihāpai capacity (staffing) to offer the service internally is no longer available ie Kaihāpai changes roles/ leaves ACC and caseload is redistributed to kaimahi (non-Hāpai staff)
- **Opt out** – If the client has opted out of the Hāpai service
- **Added in error** - If the indicator was added in error

Start Date and End Date fields

When Adding the Hāpai indicator, the Start Date is mandatory.

When Editing the Hāpai indicator:

- When changing to "Added in Error" no dates are required
- When changing to "Inactive" the Start and End Date is mandatory.
- When changing to Opt-Out the Start and End Date is mandatory.
- When changing to "Active" the Start Date is mandatory and end date should be blank

Hapai Indicator

Hapai Indicator


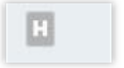
Status Active

Details

Start Date 04/05/2023

End Date -

The active indicator will appear as per the first image below; the inactive indicator will appear as per the second screenshot below; the visual flag will be removed if the client opts out or if it is added in error.

Active Hāpai indicator	Inactive Hāpai indicator
	

Step 2 - See list view

Once the indicator is added, it will be shown in the list view below



Name	Status	Volume Details	Last Updated Date	Last Updated By
Kumarekita Situation Indicator			12/04/2023	
Hāpai Indicator			12/04/2023	

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REFERENCE PAGE

Transition Guidelines Between Assisted Recovery Cohorts

Introduction

It's important that our claims are managed by the right Assisted Recovery cohort. If you determine that a claim needs ongoing management, use this page to identify which cohort should manage that claim. If you're unsure if the claim can be closed, refer to the Determine if a claim can be closed page.

These guidelines are evolving as we further embed capability streaming so your feedback is important - please email [Out of Scope] and [Out of Scope] if you have any feedback, suggestions or questions.

^ Claim Transition Expectations

Transitions from all cohorts except Assisted Response:

- Risk assessment completed and documented
- Client Welcome Conversation completed
- Weekly compensation script sent to payments
- Employer Welcome Conversation first attempt completed
- Cover is updated and accurate (CVR30 sent if required)
- Appropriate recovery goal date on recovery plan
- Filing away completed
- Life areas updated
- Agreed Intervention referral completed if appropriate (eg SAW)
- **Eligibility decisions need to be resolved prior to transition**

Transitions from Assisted Response:

- Triage claim and document in task the rationale for transition
- Determine correct task types for each cohort and timeframes
- Resolve any overdue tasks/quality issues with transitions from other recovery streams prior to transition
- Cover is updated and accurate (CVR30 sent if required)
- **Eligibility decisions need to be resolved prior to transition**

^ Claim Transitions from Welcomes to Enabled Recovery

Claims meeting the following criteria can be transitioned to Enabled Recovery.

Client doesn't need regular ACC contact and:

- No ongoing 'Agreed Interventions' are required for recovery
- Does not require any assessments or referrals
- Does not require ACC to follow-up with any stakeholder (e.g. employer conversations, recover check in's, provider contacts)
- There are no actions or follow up required on the claim

- Recovery is expected with no complications
- Any mental health condition is now stable
- Minimal supports required to aid recovery e.g. home help, weekly compensation, abatement, transport and reimbursement
- Client is over the age of 18 – note there is no upper age limit but we need to consider the client's ability to self-manage
- Claim is within ECO Optimum or 13 weeks (whichever comes first).
- There is no active vulnerable indicator
- Proactive management no longer required
- Client has strong natural supports available

Ensure that we've confirmed the following with the client:

- Do they have the MyACC login and know the 0800 number should they need any support?
- Is the client satisfied and confident with this level of engagement from ACC?

^ Claim Transitions to a Return to Work Cohort

RTW2 manage the majority of Assisted Recovery's earner clients receiving weekly compensation and/or vocational support.

The following exceptions apply.

Determining when to transition to RTW1:

- Client has lost their pre-injury role
- Requests received for the following services:
 - Pain Management Services
 - Training for Independence programmes (excluding TIAS)
 - Psychological Services
- Complex concussion - where client has not been able to start a progressive return to work
- Claim is off track with no clear return to work date

When considering a transition to RTW1, consider these factors:

- Written guidance requests required:
 - across two or more claims
 - for transfer of entitlements
- History of injuries to same body site
- ECO Max

For scenarios outside of these guidelines, please refer to the overarching cohort principles to support your decision making.

^ Claim Transitions to Assisting Independence

Assisting Independence manage the following claims:

- Non-earners requiring ongoing social supports
- Earners not currently receiving weekly compensation or vocational support
- Serious Injury claims

^ Claim Transitions to Assisted Response

Assisted Response manage claims with a Long-Term Service Claim (LTSC) indicator.

These claims should be transferred to the Assisted Recovery queue for management.

^ Overarching Cohort Principles

These principles can be used to support your decision making when the claim scenario doesn't fit the above guidelines.

Welcomes

Earners and non-earner clients' first point of contact with Assisted Recovery, for an initial set up of supports.

Assisting Independence

Non-earner clients needing support with social rehabilitation. Earner clients not currently receiving weekly compensation or vocational support.

Assisting Return to Work 2

Earners with straight-forward recoveries, requiring minimal vocational support from ACC to manage their return to work.

Assisting Return to Work 1

Earners with more complex recoveries, needing more vocational and/or social support from ACC to get them back to work.

Assisted Response

Earners and non-earner clients with long-term service claims or one-off requests on unmanaged claims. Assisted Response also triage claims to the appropriate cohort where active management is required.

Enabled Recovery

Claims that are self-managed by the client, provided they meet the Enabled Recovery criteria.

^ Claim Transitions to Other Recovery Teams

If IOA/IMA is required, the claim should be managed by Supported Recovery.

Transitions guidelines to Supported, Partnered and Enabled Recovery remain the same.

Please refer to the [Transition Claim](#) Promapp page for further details.



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Transitioning a Client to Another Recovery Team – Frequently Asked Questions

The information below is to help respond to potential questions from our clients while being moved between teams.

Question	Answer
I don't want to move to another team or individual	<p>To a Team</p> <p>The decision to move your claim to this team is to ensure you receive the level of support that's right for your needs right now. You will still be supported by highly skilled and qualified team members who can help you with any query.</p> <p>Your current entitlements and supports won't change, and there will always be someone from the team available to talk to you when you need us. If your needs change in the future, get in contact with us and we can arrange for you to have one-to-one support.</p> <p>To another Recovery Team Member</p> <p>The decision to move your claim is to ensure you receive the level of support that's right for your needs right now. You will still be supported by a highly skilled and qualified team member who can help you with any query.</p> <p>Your current entitlements and supports won't change, and if your needs change in the future, then we will talk with you before we move you to another team or individual.</p> <p>If your client continues to decline, explain the following:</p> <p>Lets arrange for you to remain with me for now and we can take a look at your needs and who at ACC is best able to support them when at your next Recovery Check-in.</p>
Why don't I have an individual supporting me anymore	<p>Due to the progress you have made so far in your recovery journey, you no longer need one-to-one support. Anyone you speak to in the team will be able to help.</p> <p>The services you currently receive from us won't change, and if your needs change, and you need additional support, we can go back to a one-to-one relationship.</p>

Question	Answer
Why has ACC made these changes?	We have received feedback from our customers and made some changes to the way we support your return to independence. Our new way of supporting clients means you will have a more consistent experience regardless of who you speak to and will receive the right level of support for your needs
Can I request a one-to-one support?	Anyone in the team will be able to support your needs but yes, if your needs change, we can always move you back to a single contact person at ACC.
Will I need to meet with you personally / is there a need to come to the local branch office?	Not at this stage as we will be able to provide you with the assistance you need without having to meet you. However, for client's whose needs increase, it may be beneficial for them to meet with someone at ACC face to face. If there is a need to meet later, we can discuss it at that point in time.
Will there still be ACC branches?	Yes, there will be. The site located nearest to you is
Why am I not being managed by someone in my local branch?	Our new ways of working mean we can communicate with all our customers nationally. While your ACC contact person may not be local, all the services you receive will be in your area and easily accessible to you.
What happens to my claim / personal information if my claim is managed by a team of people?	Our privacy policies apply. We take the security of your information very seriously and everyone you speak with in the team will handle your information with care.
Where are you going / what's happening to you?	I'm staying here at ACC. Your support needs have changed, and your recovery will be better supported by our [XX XX] team.

Having Recovery Team Transition Conversations

Supporting Information



How to have a client transition conversation

We want our client experience to be clear, simple and consistent. We want to ensure continuity and that our clients feel they are important to us, no matter what team they are being supported by. The language we use is therefore very important.

Transitioning a client between teams

Provide reassurance

When explaining why a client is now being supported by a team or single contact person at ACC, avoid using words that could imply they are getting worse or not progressing.

Instead use words that imply we are changing our approach to better support their needs. If a client is moving from Cover Assessment, acknowledge the journey they have had so far.

Set clear expectations

Explain how they will be supported and ensure they have a clear understanding of what the next steps are. Let them know they can expect to hear from their new team at their next Recovery Check-in and that they can still use the MyACC application to check their details and request supports (if applicable).

Explain that supports will continue

Explain that if they are currently receiving support from us, there won't be changes related to the move.

We will continue to make sure they have the right support for their needs and will look at whether there is anything else we can do to help.

Inform other parties

Let all relevant parties know about the client's move and when they can expect to hear from ACC. This is important for any client who has multiple stakeholders involved in their recovery. It's critical for providers of our Partnered clients moving to Assisted, so they have updated contact details and we confirm the client's needs are stable.

Transitioning from Cover Assessment to a Recovery Team

What you might say:

- Now that we have been able to give you cover for your injury, I think you would benefit from speaking with someone about your support needs.
- Your new team / person will be in touch very soon. If you have any questions before then, feel free to contact your new team / person on 0800 ACCHELP (0800 222 435) extension [XX] and we can help.

Transitioning from self-management to team-based support (Enabled to Assisted)

What you might say:

- I've had a look at how you're doing, just to make sure we're giving you the right level of support. I think you'd benefit from working with another team at ACC who can provide more support - how does this sound to you?

- Your new team will keep in touch with you at regular recovery check ins. You can contact the team on 0800 ACCHELP (0800 222 435) extension [XX]

Transitioning from team-based to one-to-one support (Assisted to Supported/Partnered)

What you might say:

- I've had a look at how you're doing, just to make sure we're giving you the right level of support. I think you'd benefit from working with a contact at ACC who can provide dedicated support while you need it - how does this sound to you?
- They will be in touch with you at your next check in to see how you're going and how else we can help you. If you need to get in touch with them in the meantime, you can call 0800 222 435 (0800 ACC HELP) extension [XX]
- We will be in contact with your provider [name of provider] to let them know of the change, and to pass our contact details on to them. This move won't affect the [services/supports] you receive from us.
- If at any time your needs or situation changes, please get in touch with us and we can discuss the best way we can help.

Transitioning from one-to-one to team-based support (Supported/Partnered to Assisted)

What you might say:

- I'm calling to talk to you about some changes we're making to how we support you. We have a team who can support you and your needs, now that you require less frequent contact from us. Your team is highly skilled and qualified to help, and there will always be someone from the team available to talk to you when you need us. While the way we support you is changing, the services you receive from us will stay the same.
- [If applicable] We will contact your provider (name of provider) and let them know about this change and how they can contact us if they need to.
- [For Complex Mental (previously SCU) if applicable] We have privacy controls in place, the only people who can see your information are those who absolutely need to in order to support you.
- We will continue to check in with you to see how you're doing. If at any time your situation changes, or you feel like you need more support from us, please call us on [NUMBER]. If we don't hear from you first, someone from your new team will contact you at your next recovery check in on [DATE].

For Providers (if applicable):

- I'm calling regarding [client's name] to discuss some changes to how we are supporting them. From now on, we will be supporting [name] in a team environment.
- The team who is looking after them is highly skilled and there will be someone available to you, and to you client, whenever you call.
- We have privacy controls in place so only those who can access [client's name]'s information are those who need to in order to support them. We will continue to check in with [client's name] to see how they're doing. However if at any time you or [client's name] feel like they need more support from us, please contact us on 0800 ACC HELP extension [XX]

Transitioning from one-to-one or team-based support to self-management (Supported/Assisted to Enabled)

What you might say:

- ACC has changed how we support our clients so it's easier for you to interact with us in a way that works for you.
- We recognise that you're able to manage your own recovery and supports through MyACC and aren't needing the support of a Recovery team member.

- You can continue to do this, and if you are happy, we will stop checking in and leave it to you to contact us if your needs change.
- You can do this by calling us or through MyACC. Our contact details are in MyACC.
- If your needs change and the level of supports you need increase, we can go back to providing you with support from one of our teams.

Consistency is key!

- When speaking with clients that have recently transitioned, it's important that they don't feel like they're having to repeat themselves and that we understand their current needs.
- If you are having a conversation with a client who has recently changed teams, ensure you take the time to review their notes. Similarly, ensure your note-taking is always clear and concise, so others can get review key details about the case quickly.

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Create a Notification – System Steps

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About Notifications

- **Manual Notifications can only be sent for claims in NGCM**
- Notifications sent by SMS or email, are only sent between 7:30am and 8:00pm daily. Any Notifications sent outside of these hours are sent the next day.
- SMS Notifications cannot contain personal information
- Notifications are sent by the system on approval of support.
- Where a client has opted out of one channel, use the other channel [Email or SMS]
- Where a client has opted out of notifications on **both** SMS and Email channels, or if there is **no mobile number or email address on file**, you will need to call the client. If this is the case, ensure you check whether the client has nominated a point of contact such as their provider or a family member.
- If the client has a CMI (Complex Mental Injury) then do **not** call the client directly – instead send the information on to the Recovery Partner assigned to that case to get in touch.

Set Notification Preference – System Steps

STEPS FOR: Recovery Assistants, Recovery Coordinators, Recovery Partners

<i>Set Notification Preference – System Steps</i>	
1	Navigate to the Client Party > Profile Tab
2	In the Customer Specific Card, select the Pencil Icon (to edit this Card)
3	In the drop-down field below Notification Preference select either SMS or Email
4	Select OK IMPORTANT: <ul style="list-style-type: none"> If you add a valid mobile number, the Notification preference is automatically set to SMS If Email is selected as the Notification preference, the Email Address must be added and Verified before you can set the Notification preference

Manually Create an SMS Notification – System Steps

STEPS FOR: Recovery Assistants, Recovery Coordinators, Recovery Partners

<i>Manually Create an SMS Notification – System Steps</i>	
1	From the ACC45 Claim > Case Summary Panel select the Recovery Plan Sub-case
2	Select Add Activity
3	Select Send Client Notification
4	The Notification Preference field will display the Client's preference NOTE: If you are presented with a warning message: <ul style="list-style-type: none"> 'Notification Preference is invalid' – Go to: Set Notification Preference – System Steps 'Notifications have been stopped for this client' - You will need to call the client instead of sending a Notification.
5	Choose the relevant Notification Type from the dropdown list. NOTE: For information about what Notification types are available go to Notification Types
6	The SMS field is pre-populated with message details relating to the Notification Type selected and relevant Engagement Team Details .

<i>Manually Create an SMS Notification – System Steps</i>	
7	<p><u>NON-EDITABLE SMS NOTIFICATIONS</u></p> <ol style="list-style-type: none"> 1. Select Next to send Notification <p><u>EDITABLE SMS NOTIFICATIONS</u></p> <ol style="list-style-type: none"> 1. Edit the SMS message where prompted to do so. 2. Select Next to send the Notification <p>NOTE:</p> <p>When you send a Notification a work performer task is created in Eos.</p> <p>You don't need to do anything (<i>this is a system task that sends the Notification</i>).</p> <p>A Contact is automatically created on the Recovery Plan when the Notification has been sent by the work performer task.</p>

Manually Create an Email Notification – System Steps

STEPS FOR: Recovery Assistants, Recovery Coordinators, Recovery Partners

<i>Manually Create an Email Notification – System Steps</i>	
1	From the ACC45 Claim > Case Summary Panel select the Recovery Plan Sub-case
2	Select Add Activity
3	Select Send Client Notification
4	<p>The Notification Preference field will display the Client's preference</p> <p>NOTE: If you are presented with a warning message</p> <ul style="list-style-type: none"> • 'Notification Preference is invalid' – Go to: Set Notification Preference – System Steps • 'Notifications have been stopped for this client' - You will need to call the client instead of sending a Notification.
5	<p>Choose the relevant Notification Type from the dropdown list.</p> <p>NOTE: For information about what Notification types are available go to Notification Types</p>

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NON-EDITABLE EMAIL NOTIFICATIONS

1. Select **Next** to send Notification

EDITABLE EMAIL NOTIFICATIONS

1. Select **Next** to send Notification

NOTE: When sending **editable** Email Notifications Outlook will automatically open with:

- The **Subject Line** automatically populates the Claim number and ACCID details needed for Filing Away.
- The **Bcc.** field will be populated with the Filing Away email
- The email body is pre-populated with message details relating to the **Notification Type** selected and relevant **Engagement Team Details**.

IMPORTANT: **Don't** remove the details in the **Subject Line** and **Bcc.** field

2. **Edit** the email body where prompted to do so

3. Select **Send**

NOTES:

- A Contact is automatically created in EOS
- When sending a **non-editable** Email Notification, **a work performer task is created in EOS.**

You do not need to do anything (this is a system task that sends the Notification).

A **Contact** is automatically created on the **Recovery Plan** when the Notification has been sent by the work performer task.

Stop Notifications – System Steps

STEPS FOR: Recovery Assistants, Recovery Coordinators, Recovery Partners

Stop Notifications – System Steps	
1	Navigate to the Client Party > Profile Tab
2	In the Customer Specific Card, select the Pencil Icon (to edit this Card)
3	Check the Stop Notification Checkbox and in the Stop Notification Reason select the appropriate reason option
4	Select OK

Notification Types

Notification Types	Available to use when you need to:	Can be Edited?
Adhoc	Let a client know what information is needed from them Remind a client to provide information requested.	Yes
Call ACC Request	Ask the client to call ACC	Yes
Contact Details	Provide the client with details on how to contact either yourself or your engagement team	No
Management Team Change	Provide a client with contact details for their new engagement team (following a conversation with the client to advise them of this) IMPORTANT: The claim will need to be moved to the new engagement team before this Notification is sent so that the correct Engagement Team contact details are populated	No
Taxi PIN	Provide a client with PIN Details for Taxis Details	Yes
Transport Assistance	Provide a client with details of Transport Assistance approved	Yes
VMS Appointment	Provide a client with their VMS appointment details	Yes
Welcome Conversation Callback	Provide a client with details about an agreed time scheduled to complete a Welcome Conversation	No

Email and SMS Notifications Guidelines

See [NG Guidelines Email and SMS Notifications](#)

Kia ora,

Your team has been selected to complete Client Information Access Monitoring Checks next month. These checks will be used to help provide assurance that staff are accessing and using client personal information for valid business reasons, and in line with our privacy obligations.

As a people leader, you have one month to complete these checks, but we recommend you do this early to make it easier for your people to recall details of their access to the claim. We will refresh the data for the next group of leaders at the end of this month, at which time you will not be able to capture your results.

To assist you to complete the checks with each member of your team, please follow the link to the Promapp procedure [Conduct Claims Access Monitoring Check Procedure](#).

Here you will find instructions on how to complete the checks, as well as links to all the relevant tools and information you will require.

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ACCESS MONITORING CRITERIA

Appropriate Access Assessment

We are committed to respecting the personal information and privacy of ACC’s clients, employees, and stakeholders. To achieve this, we must manage the information entrusted to us by adhering to the legislative and policy framework outlined below:

POLICY/GUIDELINE	DESCRIPTION
Personal Information and Privacy Policy	This policy sets out how ACC collects, stores, uses, discloses, retains, and protects personal information in line with the Privacy Act 2020 and the Health Information Privacy Code 2020.
Personal Information and Privacy Guidelines	These guidelines supplement ACC’s Care of Personal Information Policy.
Integrity Policy	This policy sets out the standards of integrity and conduct that ACC’s people must comply with, together with how ACC will manage and investigate potential integrity breaches.
Integrity Guidelines	These guidelines supplement ACC’s Integrity Policy.
Code of Conduct	This policy governs the behaviours of all employees of ACC, to enable us to meet the expectations placed upon us as a Crown Entity. These standards incorporate the standards that apply to all State Servants, detailed in the State Services Standard of Integrity and Conduct.

Aligned to this framework, the criteria below have been developed to use as part of the Access Monitoring Check.

Access Assurance Rating:

After discussing the access of each claim with the team member, an Access Assurance Rating must be applied to each instance of access. The options are:

- Assurance:** This rating should be applied when you are confident that there is a valid business reason for the access and evidence has been identified that supports that the access is in-line with our policies and guidelines.
- Low Assurance:** This rating should be applied when you have been unable to confirm a valid business reason for the access and/or cannot identify any evidence that would support that the claim access was in-line with our policies and guidelines.

BUSINESS REASON FOR ACCESS	EVIDENCE OF ACCESS	ASSURANCE RATING	COMMENTARY
YES	YES	ASSURANCE	NO
YES / NO	NO	LOW ASSURANCE	YES

A rating of Low Assurance would indicate that second tier validation may be required, including supplying supporting commentary into the Client Information Access Validation Tool.

Ultimately, Team Leaders will need to apply some judgement when determining the Access Assurance Rating and whether second tier validation is required. It's about the reasonableness of the access and subsequent inquiries to decide as to the appropriateness of that access. It may not be definitive, but we need to demonstrate that reasonable steps have been taken (and documented) to verify the access.

The 'business reasons' listed in the criteria below have been identified by frontline staff as valid reasons for accessing a claim. These criteria will be updated over time as more information about valid reasons for access are identified.

Access Evaluation Criteria

Reasons for access that can be evidenced on the claim

BUSINESS REASON	DESCRIPTION	EXAMPLE	EVIDENCE
Claim establishment	Registration of a claim or client record	<ul style="list-style-type: none"> • Claim registration • Upload or update client/claim information as part of lodgement 	<ul style="list-style-type: none"> • Logs in Eos
Request for information from party to claim	The team member receives a request for information for (or from?) a claim party (eg client, ATA, or provider)	<ul style="list-style-type: none"> • Phone call requesting information • Feedback received from client • Complaint received from client • Emailed document • Client Administration task • MyACC setups • Responding to live chats • Email responses 	<ul style="list-style-type: none"> • Contacts in Eos • Email filed away • Task details logged • Logs in Salesforce • Document added to claim
Planned task or intervention	Action was required to complete a planned task	<ul style="list-style-type: none"> • EOS task or Salesforce intervention 	<ul style="list-style-type: none"> • Logs in Eos or Salesforce
Allocate work	Team member receives a request internally to perform an action on a claim	<ul style="list-style-type: none"> • Workforce management allocate claim to department or team member • Workforce management/Team Leader allocate task 	<ul style="list-style-type: none"> • Contacts in Eos • Case Owner field • Task details

<p>Internal work request</p>		<ul style="list-style-type: none"> • Entitlement task to Recovery Admin • Recovery Support – Hotline or written guidance • Request from Payment team to extend a PO • Managing CC task queues • Managing a colleagues inbox 	<ul style="list-style-type: none"> • Contacts in Eos • Logs in Salesforce • Task details
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Reasons for access that may not be evidenced on the claim

BUSINESS REASON	DESCRIPTION	EXAMPLE	POSSIBLE EVIDENCE (IF ANY)
<p>Advice or Guidance</p>	<p>Team member accessed the claim to provide support, or guidance for learning purposes</p>	<ul style="list-style-type: none"> • Seeking advice from a colleague • Providing training • Buddying • Floorwalking • Supporting with threatening calls • Reception cover queries where access is restricted re sensitive claims 	<ul style="list-style-type: none"> • Induction material • Support plan • Floorwalker tracker • Buddy feedback
<p>Review previous claim(s)</p>	<p>Reviewed previous claim to assess cover, duplication or entitlement for a new claim</p>	<ul style="list-style-type: none"> • Mental Injury claims • Surgery requests • Previous Rehab • Consequential injuries 	<ul style="list-style-type: none"> • Written guidance • Recovery plan • Duplicate tab
<p>Service or quality review</p>	<p>Action was required to provide quality or service assurance</p>	<ul style="list-style-type: none"> • Side-by-sides • CXQ • Quality assurance reviews • Access Monitoring 	<ul style="list-style-type: none"> • Side-by-side feedback forms

<p>Other requests</p>	<p>A request required action that falls outside of the norm</p>	<ul style="list-style-type: none"> • Responding to a Ministerial • System maintenance • Provide anonymised information for analysis/ training 	
<p>Locate correct claim</p>	<p>Claim accessed to identify the correct claim to action a request or information</p>	<ul style="list-style-type: none"> • Uploading a document (without claim number) to the correct claim • Accessing multiple claims to find P/O • Client unable to recall claim number • Entering an incorrect claim # in the search 	<ul style="list-style-type: none"> • Logs in Eos • Duplicate tab
<p>Request or information from party to claim</p>	<p>Team member received a request/information from a party to the claim (eg provider)</p>	<ul style="list-style-type: none"> • Provider may call or email querying an invoice that has not released or a purchase order 	<ul style="list-style-type: none"> • Evidence could sit in MFP or in the Genesys Engage system


Welcome to Te Whāriki

For information to help you support your clients, business customers and health partners.

Team Portals allow you to find information relating to a team/role. Select a team portal or search Process Manager or Te Whāriki for the knowledge you need.

 Client Recovery Portal

 Claims Assessment Portal

 Technical and Resolution Service Portal | Under Construction

Search Process Manager

Find ACC processes, policy and service pages.


This search is for ACC staff. [TPAs](#) and [AEs](#) please use your dedicated search page.

If you can not see the Process Manager Search box please [enable cookies](#). Check out our help guides on how to use Process Manager as a [user](#) or as a [Process Owner or Expert](#).

Search Te Whāriki

Find information and documents that support ACC processes and policies such as guidance, checklists, system steps, customer letters and forms.

Check out our help guides on how to use Te Whāriki as a [user](#) or as a [Content Owner or Expert](#).

 Enter your search terms...

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My Te Whāriki pages saved for later

Items that you save for later will show here



Title



Title



Title



Click here to give feedback
on Te Whāriki

New - [Rehabilitation Concepts](#) now live!

Get a big picture understanding of rehabilitation and our case management approach at ACC.

Quick Links



Rehabilitation Concepts



Eos Online Help

Recovery Support Decision Tree

This tool is designed to help support team members by using the information available on Process Manager, Te Whāriki and other helpful resources.

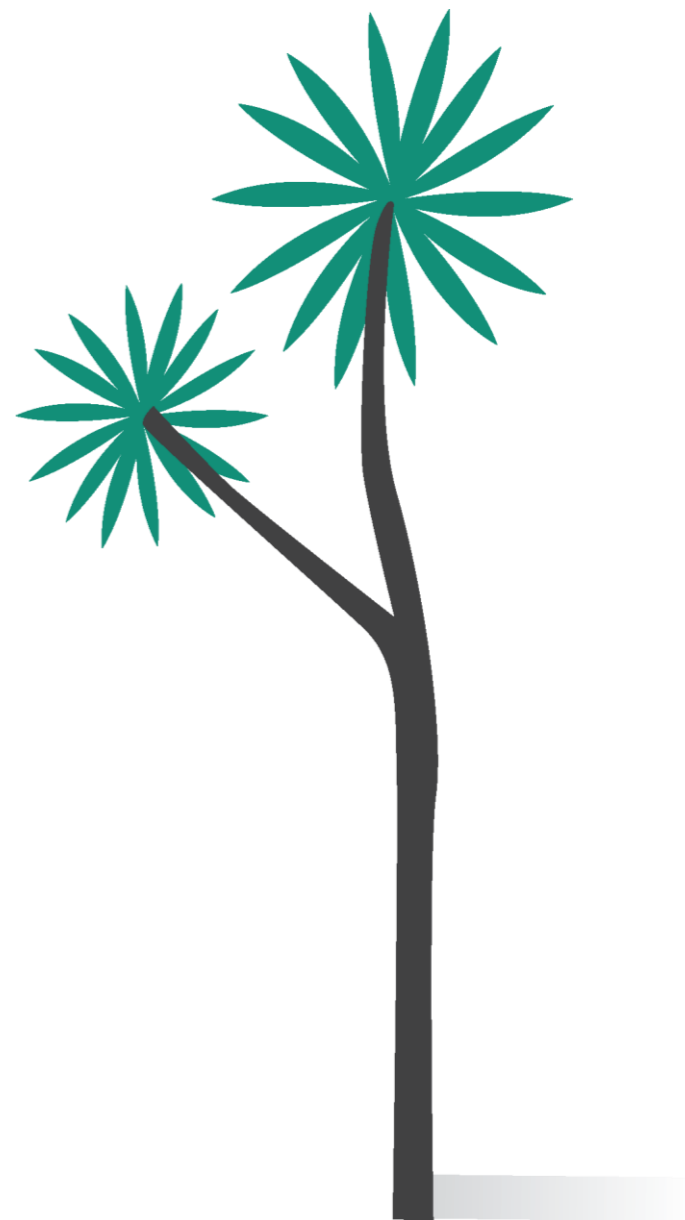
It also provides guidance on how to help move things forward by either calling a hotline or seeking written guidance.

Select the speech bubbles to navigate the tool.
Do **NOT** scroll through the slides.

Click here to Start



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



WHAT IS YOUR QUERY ABOUT?

My question is about medical, clinical and psychological information.

CLINICAL SERVICES

My question is about legislation, policy, legal, or eligibility for an assessment or entitlement.

TECHNICAL SERVICES

I'm a Payment Assessor and my question is about processing a payments request – establishing eligible earnings, processing a wash up or advice about issuing an entitlement decision.

TECHNICAL ACCOUNTING

My question is about the most appropriate service/support available for a client or help with next steps to progress a client's recovery or help to clarify next steps in a process.

PRACTICE MENTORS

My question is about the calculation of Weekly Compensation and explaining changes to clients or escalating client payments

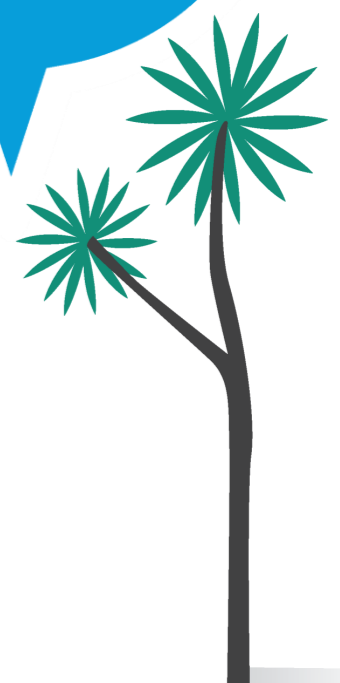
CLIENT PAYMENTS

My question is related to privacy - the collection, use or disclosure of a client's personal or health information.

PRIVACY

Click here if your question will require a comprehensive review of the client's situation and of multiple documents or likely to take longer than 15 minutes

Click here if your question will require a comprehensive review of the client's situation and of multiple documents or likely to take longer than 15 minutes



CLINICAL SERVICES – SELF SERVICE



Traffic Light cover tool

For further information on a cover or additional diagnosis request have a look at the Traffic Light Tool, which contains great guidance on making decisions related to these types of requests, by hitting the icon on the left



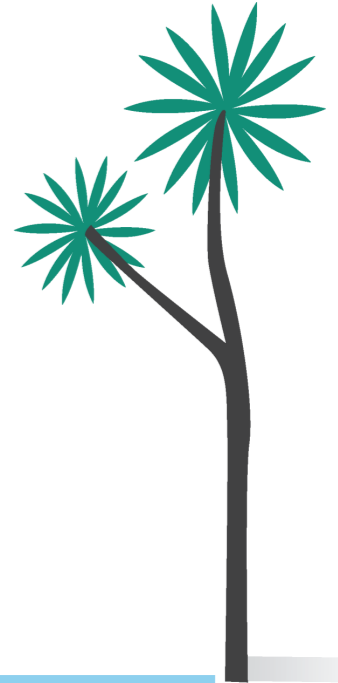
Health Information Portal (STARS)

For information on different diagnoses and links to websites that provide great information about these, hit the icon on the left.

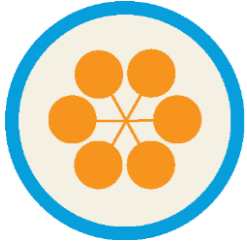
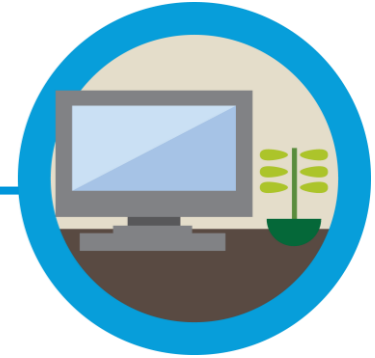
Other resources you might find helpful:

- [Make Cover Decision](#)
- [Assess Cover for an Additional Injury or Change in Diagnosis](#)
- [Seek Internal Guidance](#)

The information I need to move forward is not available in these resources. I need more help from someone.

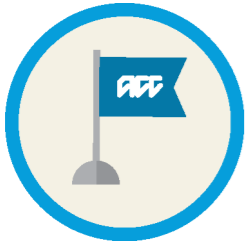


TECHNICAL SERVICES – SELF SERVICE



Delegations framework

For support in knowing whether you have the delegation to make a decision, hit the icon on the left.



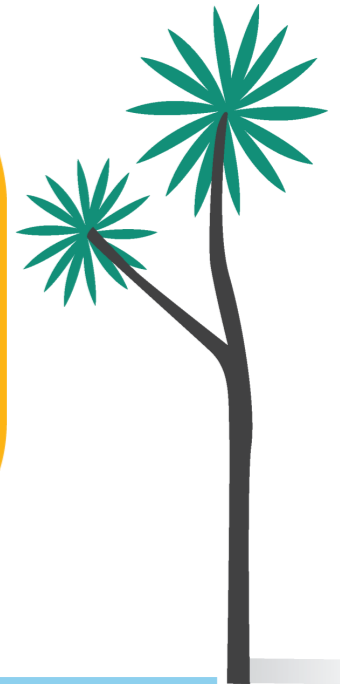
Legal Hub

For links to the ACC Acts, caselaw and other legal resources, hit the icon on the left.

Other resources you might find helpful:

- [Eligibility Criteria for Weekly Compensation Policy](#)
- [Definition of an Earner](#)
- [Establishing Date of First Incapacity \(DOFI\)](#)
- [Assess Delayed Request for Weekly Compensation \(DRWC\)](#)
- [Assess a Backdated Weekly Compensation Request](#)
- [Make Cover Decision](#)
- [Assess Cover for an Additional Injury or Change in Diagnosis](#)

The information I need to move forward is not available in these resources. I need more help from someone.



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PRACTICE MENTORS – SELF SERVICE



Te Whāriki

Hit the icon on the left to access information that supports clients, business customers and health partners. Quick Links include customer communication like forms, letters and information sheets, and system steps (e.g. [EOS Online Help](#)).

You can easily access the Team Knowledge Portals, or hit the links below:

- [Client Recovery Portal](#): for our Client Recovery teams when supporting injured customers
- [Claims Assessment Portal](#): for our Cover and Treatment & Support Assessors.



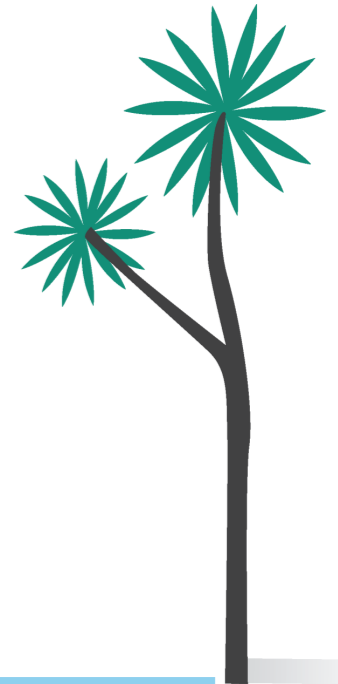
Process Manager

For access to processes, services and policies that support you in your day-to-day work, hit the icon on the left.

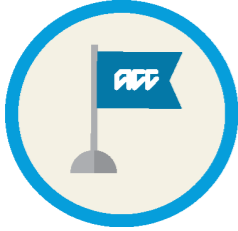
Other resources you might find helpful:

- [Supporting clients with Social Needs](#)
- [Vocational Services Roadmap](#)
- [ACC4202 Support Needs Assessment Knowledge Resource](#)
- [ACC705 Knowledge Resource](#)
- [Issue Recovery Decision](#)
- [Track Recovery](#)
- [Vocational Independence Journey \(sharepoint.com\)](#)
- [Pathways to independence \(sharepoint.com\)](#)

The information I need to move forward is not available in these resources. I need more help from someone.



CLIENT PAYMENTS – SELF SERVICE



Weekly Compensation Help Page

This site provides reference pages and documents that support you in processing and arranging payments for a client. To access information on weekly compensation set ups, abatement, fast tracking payments, reimbursement, DOFI/DOSI, Self-employed/Shareholder and navigating the weekly compensation subcase, hit the icon on the left.



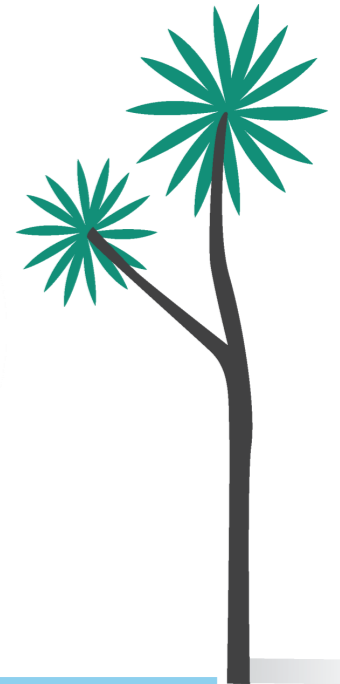
Process Manager

For access to processes, services and policies that support you in your day-to-day work, hit the icon on the left.

My question is about a payment for Non-Contracted Home Help

- If the client is the payee and is passing on payment to the carer, email AucklandACC86@acc.co.nz
- If your query is from the carer, contact the provider helpline team on 0800 222 070
- For Contracted Home Help payment queries, email Providerinvoices@acc.co.nz

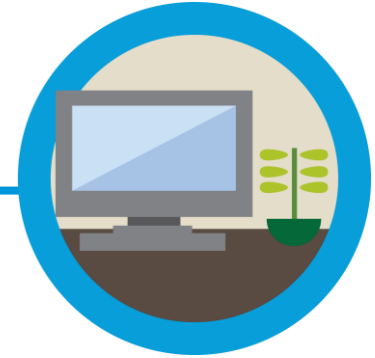
The information I need to move forward is not available in these resources. I need more help from someone.



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PRIVACY – SELF SERVICE



Privacy Hub

For accessing helpful resources, our privacy policy and guidelines, or reporting an incident, hit the icon on the left.



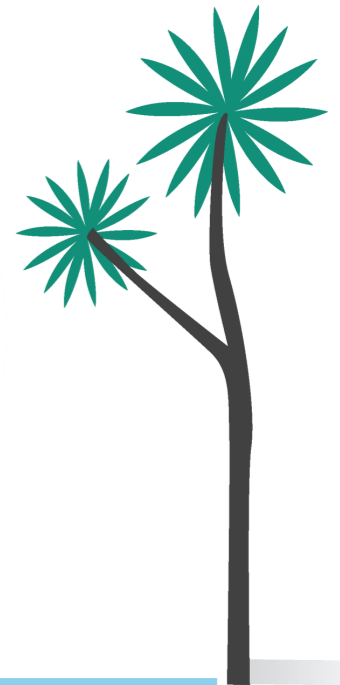
Privacy FAQs and Hot Topics

For short videos from ACC's Privacy Officer about common privacy questions and issues, hit the icon on the left.

Other resources you might find helpful:

- [Client privacy](#)
- [Privacy and privacy breaches Policy](#)
- [Report a Privacy Breach](#)
- [Summary of the Information Privacy Principles Policy](#)

The information I need to move forward is not available in these resources. I need more help from someone.



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WHAT IS YOUR QUERY ABOUT?



Clinical Advisor

My question is about:

- Cover
- Add or update diagnosis
- Ongoing Symptoms
- Timeframes
- Guided Injection
- Revoking Cover
- Rehabilitation
- Concussion/Brain Injury (Physical treatment/assessments - vision, hearing, balance, headache, nerves/neurologist)
- Incapacity
- Treatment, including ACC32s
- Elective Surgery
- Diagnostic Services
- Orthotics Services
- Nursing Assessments and Services
- Specialist Options (advisors can recommend a specialist discipline but cannot recommend specialists in a specific location)



Psychology Advisor

My question is about:

- Mental injury
- Concussion/Brain injury:
 - Neuropsychological screens or assessments
 - If the client has cover, rehabilitation, psychological assessments or treatment
- Wilfully self-inflicted injury
- Neuropsychological Assessment
- Psychological treatment guidance
- Psychological support i.e. what to do if your client is stressed
- Adjunctive therapies i.e. treatments in addition to core psychological treatment, such as yoga
- Pain management – mental injury claims
- Transfer of Entitlements



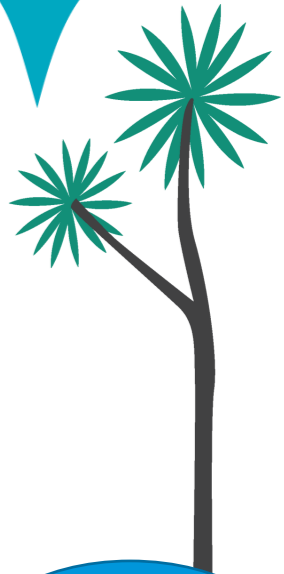
Pharmaceutical Advisor

My question is about:

- A request to fund or reimburse the costs of medicines/pharmaceuticals, supplements or medical consumables, including:
 - Oral medicines, injections, infusions and cannabis (e.g. CBD, cannabidiol, Sativex, medLeaf, Tilray and other brands)
- Medicines for ALL purposes, including erectile dysfunction and oncology treatment
- Subsidised and non-subsidised medicines, branded products or unapproved products,
- Post-exposure prophylaxis (PEP) e.g. Rabies
- Pharmaceutical issues proceeding to review
- Requests for medication reviews



I'm in Claims Assessment and need support from a Treatment Injury Medical Advisor



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If you have multiple questions, or your query covers more than one topic, select the most relevant topic



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

WHAT IS YOUR QUERY ABOUT?



My question is about:

- Weekly Compensation
- Loss of Potential Earnings (LOPE)
- Earner Status
- Incapacity
- Accidental Death
- Vocational Independence
- Treatment funding
- Ancillary Services
- Interest
- Cover
- Vocational Rehabilitation
- Social Rehabilitation
- Reviewing decision letters
- High-cost Artificial Limbs
- Overpayments
- Other



My question is about:

- Self-employed/shareholder employees
- Haven't been in business for a full year when they were injured
- Haven't put in a tax return for the past 2 years
- Income increased 30% or more above the minimum full-time wage in the year they were injured
- Earnings from a Trust
- Working overseas or were working for an overseas company when they were injured
- Establishing post-incapacity earnings for abatement
- Entitlement calculation may result in an adverse decision, and you need advice on whether your decision will be defensible



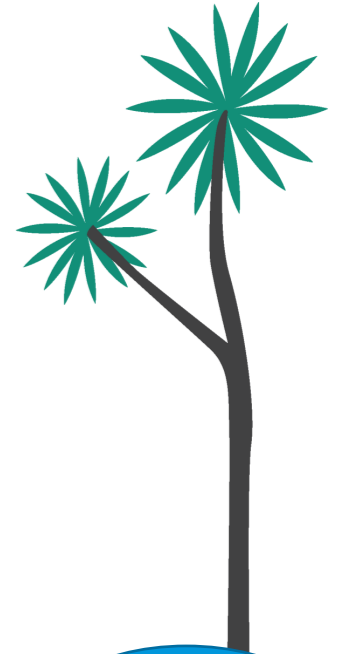
My question is about:

- Complex Transport for Independence queries
- Transport for Independence delegation guidance
- Funded Transport
- Driver License retraining



My question is about:

- Complex Housing
- Housing delegation guidance
- Temporary Accommodation



If you have multiple questions, or your query covers more than one topic, select the most relevant topic

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CLINICAL ADVISOR – HOTLINE



If calling from Genesys Cloud, call the 'Recovery Support' queue.
Otherwise, dial: 50118, Option 1, Option 1.

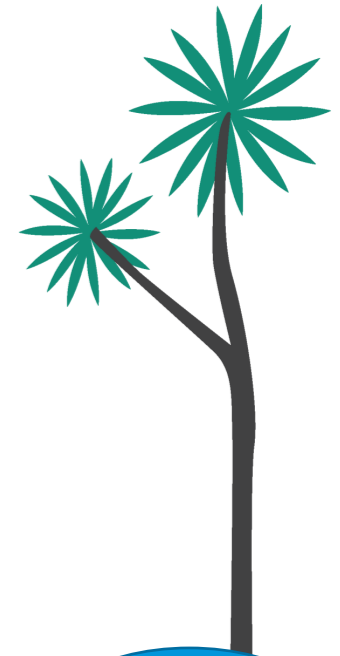
Remember:

- **Lodgement notes are mandatory before seeking Clinical Advice**
- Make sure you have reviewed the medical information and previous internal guidance on file prior to calling
- Advisors provide recommendations or advice to support you in your decision making.

When preparing for your call, use the following framework:

Identify	<ul style="list-style-type: none"> - Who you are - Who the client is (Age, Gender)
Situation	<ul style="list-style-type: none"> - How did the client's accident happen? - What are the current covered injuries? - What treatment or support has the client had so far? - Are there any flags or barriers you have recognised? i.e. previous injuries to the same body site - Does the client have any other medical conditions? - If the client is employed, what is their job? Are they working currently?
Request	<ul style="list-style-type: none"> - What is your question? - What advice do you need to help progress things for the client? - If applicable, what do you think needs to take place and why?

Click here if the advice I need is likely to take longer than 15 minutes and/or will require the advisor to review multiple documents



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PSYCHOLOGY ADVISOR – HOTLINE



If calling from Genesys Cloud, call the 'Recovery Support' queue.
Otherwise, dial: 50118, Option 1, Option 2 – related to sensitive claims;
or Option 3 – related to physical injury claims.

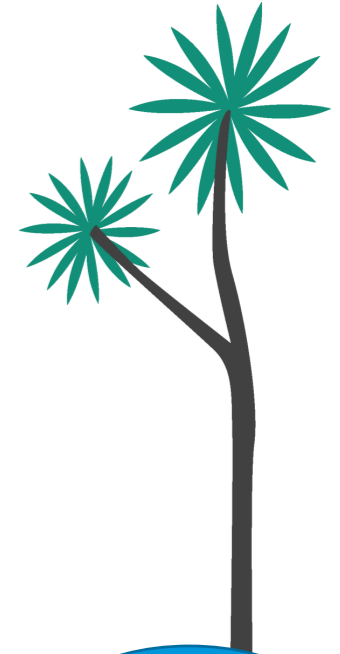
Remember:

- **Lodgement notes are mandatory before seeking Clinical Advice**
- Make sure you have reviewed the medical information and previous internal guidance on file prior to calling
- Advisors provide recommendations or advice to support you in your decision making.

When preparing for your call, use the following framework:

Identify	<ul style="list-style-type: none"> - Who you are - Who the client is (Age, Gender)
Situation	<ul style="list-style-type: none"> - How did the client's accident happen? - What are the current covered injuries? - What treatment or support has the client had so far? - Are there any flags or barriers you have recognised? i.e. previous injuries to the same body site - Does the client have any other medical conditions - If the client is employed, what is their job? Are they working currently?
Request	<ul style="list-style-type: none"> - What is your question? - What advice do you need to help progress things for the client? - If applicable, what do you think needs to take place and why?

Click here if the advice I need is likely to take longer than 15 minutes and/or will require the advisor to review multiple documents



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PHARMACEUTICAL ADVISOR – HOTLINE



If calling from Genesys Cloud, call the 'Recovery Support' queue.
Otherwise, dial: 50118, Option 1, Option 4.

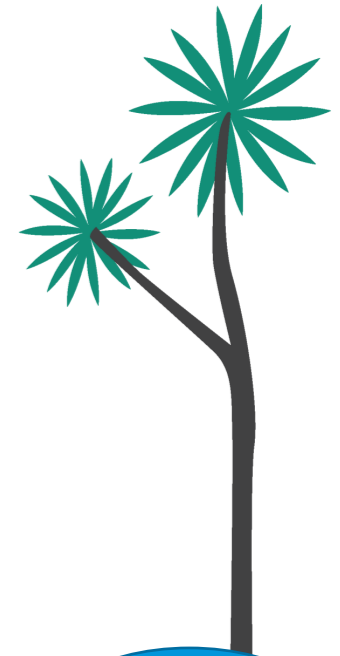
Remember:

- **Lodgement notes are mandatory before seeking Clinical Advice**
- Make sure you have reviewed the medical information and previous internal guidance on file prior to calling
- Advisors provide recommendations or advice to support you in your decision making.

When preparing for your call, use the following framework:

Identify	<ul style="list-style-type: none"> - Who you are - Who the client is (Age, Gender)
Situation	<ul style="list-style-type: none"> - How did the client's accident happen? - What are the current covered injuries? - What treatment or support has the client had so far? - Are there any flags or barriers you have recognised? i.e. previous injuries to the same body site - Does the client have any other medical conditions? - If the client is employed, what is their job? Are they working currently?
Request	<ul style="list-style-type: none"> - What is your question? - What advice do you need to help progress things for the client? - If applicable, what do you think needs to take place and why?

Click here if the advice I need is likely to take longer than 15 minutes and/or will require the advisor to review multiple documents



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TREATMENT INJURY MEDICAL ADVISOR RAPID ADVICE MEDICAL (RAM)



Remember:

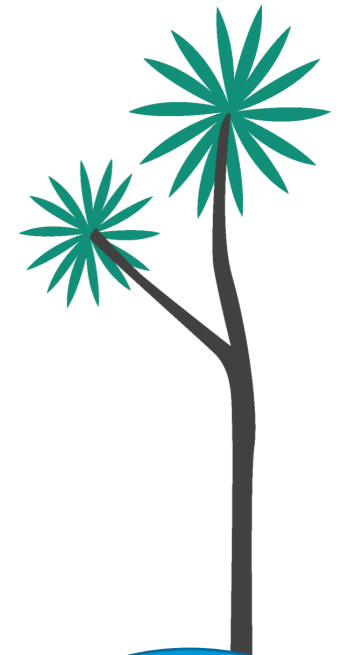
- **Lodgement notes are mandatory before seeking Clinical Advice**
- Make sure you have reviewed the medical information and previous internal guidance on file prior to calling
 - If there is previous advice addressing your question, then seek clarification instead of using RAM guidance.
 - If the claim is currently a declined claim that is the subject of a Review, then refer for Written Guidance (Click the speech bubble below).
- Advisors provide recommendations or advice to support you in your decision making.

Before seeking advice from RAM, discuss the situation with your Team Leader. If you both agree that RAM is appropriate, then they'll allocate you a session.

To prepare for Rapid Advice Medical, follow the steps below:

1. Complete the RAM Guidance Template – *your Team Leader will provide this*
2. On the claim you are seeking guidance for, generate an ACC001
3. Copy and paste your RAM Guidance template over the body of the ACC001
4. Label the ACC001 “RAM Guidance Request”, and leave it as incomplete in Eos
5. Your Team Leader will book a suitable RAM session with you
6. After the session, the Advisor will add their guidance and complete the ACC001 in Eos.

Click here if the advice I need is likely to take longer than 20 minutes



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TECHNICAL SPECIALIST – HOTLINE



If calling from Genesys Cloud, call the 'Recovery Support' queue.
Otherwise, dial: 50118, Option 2, Option 4.

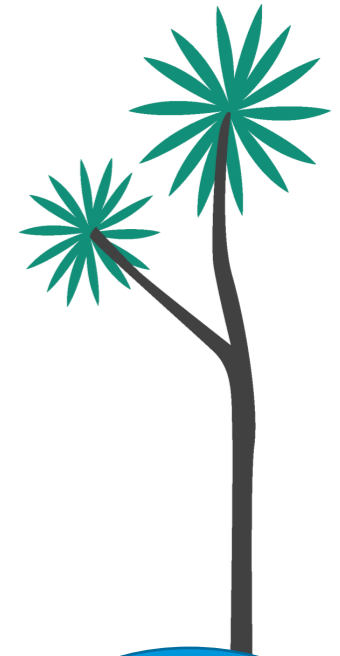
Remember:

- Make sure you have reviewed the medical information and previous internal guidance on file prior to calling
- Technical Specialists provide recommendations or advice to support you in your decision making.

When preparing for your call, use the following framework:

Identify	<ul style="list-style-type: none"> - Who you are - Who the client is (Age, Gender)
Situation	<ul style="list-style-type: none"> - How did the client's accident happen? - What are the current covered injuries? - What treatment or support has the client had so far? - Are there any flags or barriers you have recognised? i.e. previous injuries - Does the client have any other medical conditions? - If the client is employed, what is their job? Are they working currently?
Request	<ul style="list-style-type: none"> - Have you already sought advice about this issue? - What information have you accessed or referred to before calling? - What is your question? - What do you think needs to take place and why? - What advice do you need to help progress things for the client?

Click here if the delegations specify that Technical Specialist guidance is required and/or the advice I need is likely to take longer than 15 minutes



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TECHNICAL ACCOUNTING – HOTLINE



If calling from Genesys Cloud, call the 'Recovery Support' queue.
Otherwise, dial: 50118, Option 2, Option 3.

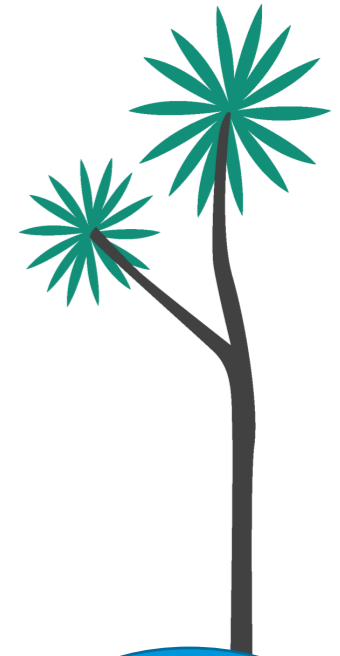
Remember:

- Make sure you have reviewed the medical information and previous internal guidance on file prior to calling
- Technical Specialists provide recommendations or advice to support you in your decision making.

When preparing for your call, use the following framework:

Identify	<ul style="list-style-type: none"> - Who you are - Who the client is (Age, Gender)
Situation	<ul style="list-style-type: none"> • Is the client a Shareholder or Self-Employed? • Has Juno been checked?
Request	<ul style="list-style-type: none"> - What is your question? - What advice do you need to help progress things for the client? - If applicable, what do you think needs to take place and why?

Click here if the delegations specify that Technical Specialist guidance is required and/or the advice I need is likely to take longer than 15 minutes



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TRANSPORT FOR INDEPENDENCE SPECIALIST – HOTLINE



If calling from Genesys Cloud, call the 'Recovery Support' queue.
Otherwise, dial: 50118, Option 2, Option 1.

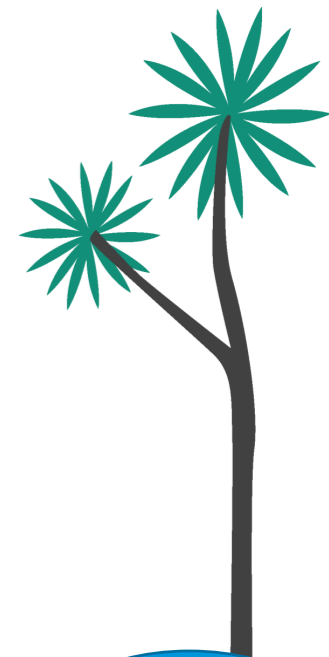
Remember:

- Make sure you have reviewed the medical information and previous internal guidance on file prior to calling
- Technical Specialists provide recommendations or advice to support you in your decision making.

When preparing for your call, use the following framework:

Identify	<ul style="list-style-type: none"> - Who you are - Who the client is (Age, Gender)
Situation	<ul style="list-style-type: none"> - How did the client's accident happen? - What are the current covered injuries? - What treatment or support has the client had so far? - Are there any flags or barriers you have recognised? i.e. previous injuries - Does the client have any other medical conditions? - If the client is employed, what is their job? Are they working currently?
Request	<ul style="list-style-type: none"> - Have you already sought advice about this issue? - What information have you accessed or referred to before calling? - What is your question? - What do you think needs to take place and why? - What advice do you need to help progress things for the client?

Click here if the delegations specify that Technical Specialist guidance is required and/or the advice I need is likely to take longer than 15 minutes



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HOUSING MODIFICATION SPECIALIST – HOTLINE



If calling from Genesys Cloud, call the 'Recovery Support' queue.
Otherwise, dial: 50118, Option 2, Option 2.

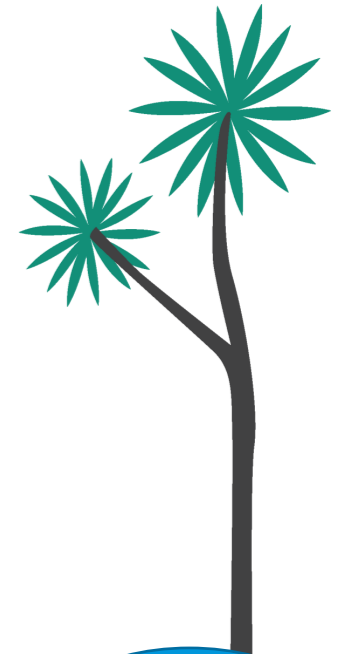
Remember:

- Make sure you have reviewed the medical information and previous internal guidance on file prior to calling
- Technical Specialists provide recommendations or advice to support you in your decision making.

When preparing for your call, use the following framework:

Identify	<ul style="list-style-type: none"> - Who you are - Who the client is (Age, Gender)
Situation	<ul style="list-style-type: none"> - How did the client's accident happen? - What are the current covered injuries? - What treatment or support has the client had so far? - Are there any flags or barriers you have recognised? i.e. previous injuries - Does the client have any other medical conditions? - If the client is employed, what is their job? Are they working currently?
Request	<ul style="list-style-type: none"> - Have you already sought advice about this issue? - What information have you accessed or referred to before calling? - What is your question? - What do you think needs to take place and why? - What advice do you need to help progress things for the client?

Click here if the delegations specify that Technical Specialist guidance is required and/or the advice I need is likely to take longer than 15 minutes



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PRACTICE MENTOR – HOTLINE



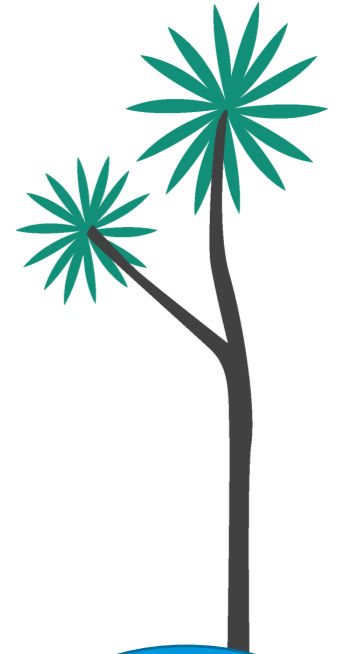
If calling from Genesys Cloud, call the 'Recovery Support' queue.
Otherwise, dial: 50118, Option 3.

Remember:

- Make sure you have reviewed the medical information and previous internal guidance on file prior to calling
- Practice Mentors provide recommendations or advice to support you in your decision making.

When preparing for your call, use the following framework:

Identify	<ul style="list-style-type: none"> - Who you are - Who the client is (Age, Gender)
Situation	<ul style="list-style-type: none"> - How did the client's accident happen? - What are the current covered injuries? - What treatment or support has the client had so far? - Are there any flags or barriers you have recognised? i.e. previous injuries - Does the client have any other medical conditions? - If the client is employed, what is their job? Are they working currently?
Request	<ul style="list-style-type: none"> - Have you already sought advice about this issue? - What information have you accessed or referred to before calling? - What is your question? - What do you think needs to take place and why? - What advice do you need to help progress things for the client?



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PRIVACY – HOTLINE

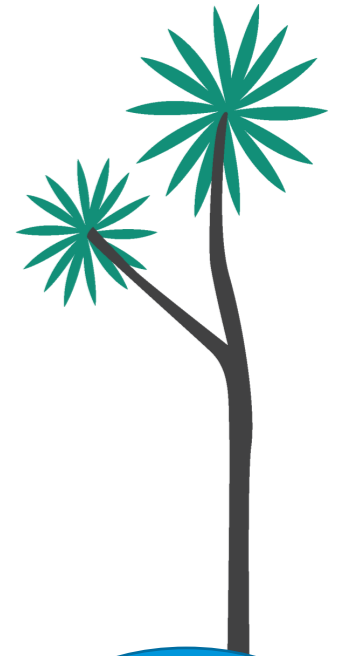


If calling from Genesys Cloud, call the 'Recovery Support' queue.
Otherwise, dial: 50118, Option 5.

Remember:

- Potential Privacy breaches should be reported to your Team Leader within half an hour of identifying the breach. Your Team Leader will liaise with the Privacy Team
- Privacy Advisors provide recommendations or advice to support you in handling personal and/or health information appropriately in line with the Privacy Act and Health Information Privacy Code
- Ensure you have reviewed relevant information on file prior to calling. E.g. ACC6300 Authority to Collect Medical and Other Records
- Privacy complaints should be referred to the Customer Resolutions Team (email customerfeedback@acc.co.nz or call 0800 650 222) in the first instance.

RELEASED UNDER THE OFFICIAL INFORMATION ACT



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WHAT IS YOUR QUERY ABOUT?



Cover & Diagnosis



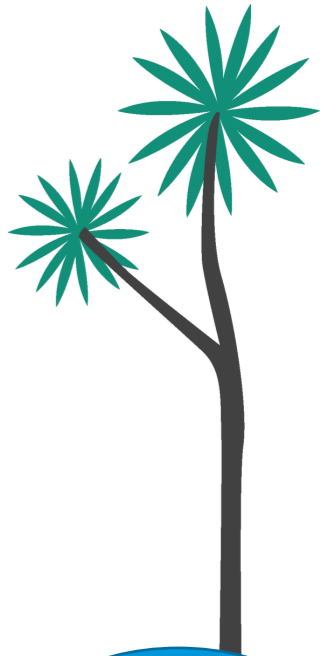
Incapacity



Rehabilitation



**Treatment,
Assessment &
Diagnostic Services**

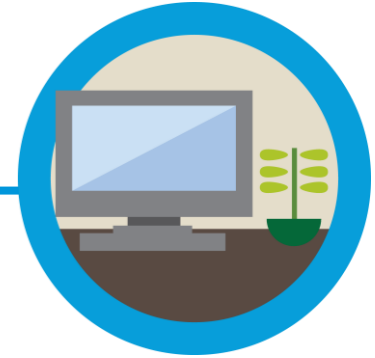


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RELEASED UNDER THE
OFFICIAL INFORMATION ACT

WHAT IS YOUR QUERY ABOUT?



Cover & Diagnosis



Social Rehabilitation



Vocational Rehabilitation



Treatment



Compensation Calculation



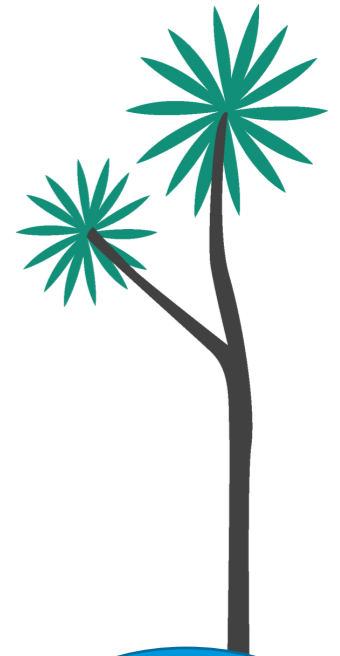
Compensation Eligibility



Permanent Injury Compensation



Fatal Claims



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CLINICAL SERVICES – WRITTEN COVER & DIAGNOSIS



You'll need the following documents on file, if available:

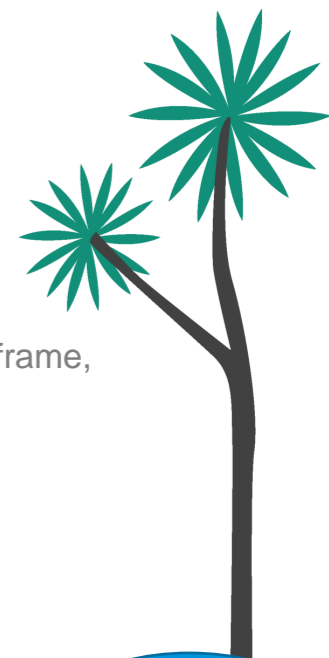
- 📄 Notes from the provider who lodged the ACC45
- 📄 Any Specialist Assessment including updated diagnosis and treatment plan (as required)
- 📄 GP notes and any other notes from treatment providers that have seen the client to date
- 📄 Any information relating to the past medical history/claims that is relevant (any prior claims for the same body site – for Mental Injury, any prior claims with MI cover)
- 📄 Imaging reports and post imaging records (if relevant to injury) e.g. X-rays, MRIs etc.
- 📄 Previous legal/review decisions
- 📄 All prior internal specialist advice

Things to consider:

- For mental injury claims, clinical records from at least two years prior to lodgement are required
- If revoking cover, clear evidence to support this is required see [Reasons to Revoke Cover](#) on Process Manager
- If you think your query does not suit this category, consider another or call the hotline
- A written guidance request should not be submitted if there is none of the above information on file.
- If you do not have the above applicable information on file:
 - Attempt to contact the relevant treatment provider twice to obtain this information.
 - For additional cover requests or supports (not to suspend or decline): if this information cannot be obtained within a sufficient timeframe, then decline based on insufficient information, and explain to the client that if they are able to provide further information then the decision can be relooked at.

When seeking written guidance ensure you've completed the following:

- ✓ Provide your thought process and rationale for referring to make it easier for the advisor to action
- ✓ Specify in your summary if you've tried to gather the above information and it's not available
- ✓ Ensure you have reviewed the relevant Process Manager processes located [here](#).



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CLINICAL SERVICES – WRITTEN INCAPACITY



You'll need the following documents on file, if available:

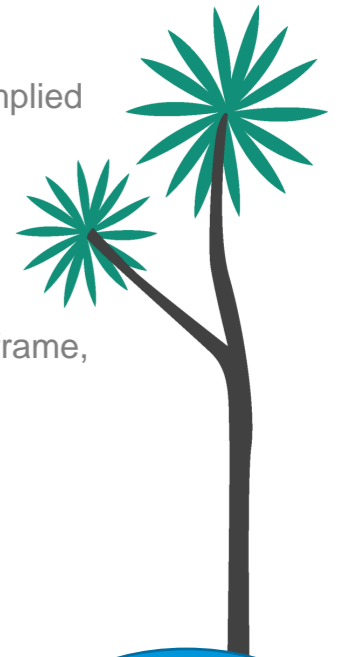
- 📄 Notes from the provider who lodged the ACC45
- 📄 Medical notes from any relevant claims to the same injury site
- 📄 ACC18 medical certificates, and consultation notes from the provider
- 📄 Previous Assessments, clinical reports and records that relate to the client's incapacity or the resolution of the injury
- 📄 All vocational assessment reports and rehabilitation programs
- 📄 All prior internal specialist advice

Things to consider:

- Ensure you've considered the above information for previous claims that may have an impact on the client's current incapacity
- Specify if this is regarding the client returning to their pre-injury role vs their ability to do something else
- If you are considering disentanglement, ensure you've reviewed clinical records indicating the injury has recovered or the client has not complied with treatment
- If you think your query does not suit this category, consider another or call the hotline
- A written guidance request should not be submitted if there is none of the above information on file
- If you do not have the above applicable information on file:
 - Attempt to contact the relevant treatment provider twice to obtain this information.
 - For additional cover requests or supports (not to suspend or decline): if this information cannot be obtained within a sufficient timeframe, then decline based on insufficient information, and explain to the client that if they are able to provide further information then the decision can be relooked at.

When seeking written guidance ensure you've completed the following:

- ✓ Provide your thought process and rationale for referring to make it easier for the advisor to action
- ✓ Specify in your summary if you've tried to gather the above information and it's not available
- ✓ Ensure you have reviewed the relevant Process Manager processes located [here](#).



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CLINICAL SERVICES – WRITTEN REHABILITATION



You'll need the following documents on file, if available:

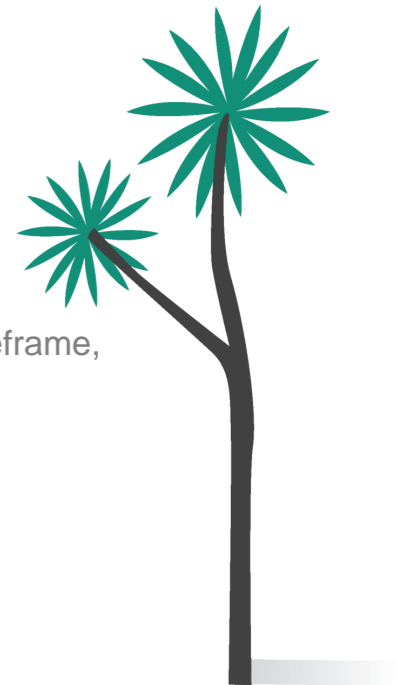
- 📄 Assessments/reports outlining the rehabilitation needs
- 📄 Medical records relating to issues with rehabilitation
- 📄 Imaging reports and post imaging records (if relevant to injury) e.g. X-rays, MRIs etc.
- 📄 Previous rehabilitation reports/assessments
- 📄 All prior internal specialist advice

Things to consider:

- If your query is related to vocational rehabilitation, then ensure the above documents outline the client's ability/inability to work
- If your query is related to social rehabilitation, then ensure the above documents are related to the client's social functioning
- If you think your query does not suit this category, consider another or call the hotline
- A written guidance request should not be submitted if there is none of the above information on file
- If you do not have the above applicable information on file:
 - Attempt to contact the relevant treatment provider twice to obtain this information.
 - For additional cover requests or supports (not to suspend or decline): if this information cannot be obtained within a sufficient timeframe, then decline based on insufficient information, and explain to the client that if they are able to provide further information then the decision can be relooked at.

When seeking written guidance ensure you've completed the following:

- ✓ Provide your thought process and rationale for referring to make it easier for the advisor to action
- ✓ Specify in your summary if you've tried to gather the above information and it's not available
- ✓ Ensure you have reviewed the relevant Process Manager processes located [here](#).



CLINICAL SERVICES – WRITTEN TREATMENT, ASSESSMENT OR DIAGNOSTIC SERVICES



You'll need the following documents on file, if available:

- 📄 Notes from the provider who lodged the ACC45
- 📄 Assessments/reports outlining the client's treatment needs
- 📄 Any Specialist Assessment including updated diagnosis and treatment plan (as required)
- 📄 GP notes and any other notes from treatment providers that have seen the client to date
- 📄 Any information relating to the past medical history/claims that is relevant
- 📄 Clinical records for other injuries which may conflict with the proposed treatment
- 📄 ACC18 medical certificates (if relevant to injury)
- 📄 All prior internal specialist advice.

Things to consider:

- If the request is a non-standard request, you will need detail of the necessary and appropriateness for treatment of the covered condition
- For Pharmaceuticals, ensure the ACC1171 and medication list is on file
- If you think your query does not suit this category, consider another or call the hotline
- A written guidance request should not be submitted if there is none of the above information on file
- If you do not have the above applicable information on file:
 - Attempt to contact the relevant treatment provider twice to obtain this information.
 - For additional cover requests or supports (not to suspend or decline): if this information cannot be obtained within a sufficient timeframe, then decline based on insufficient information, and explain to the client that if they are able to provide further information then the decision can be relooked at.

When seeking written guidance ensure you've completed the following:

- ✓ Provide your thought process and rationale for referring to make it easier for the advisor to action
- ✓ Specify in your summary if you've tried to gather the above information and it's not available
- ✓ Ensure you have reviewed the relevant Process Manager processes located [here](#).



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TECHNICAL SERVICES – WRITTEN COVER & DIAGNOSIS



You'll need the following documents on file, if available:

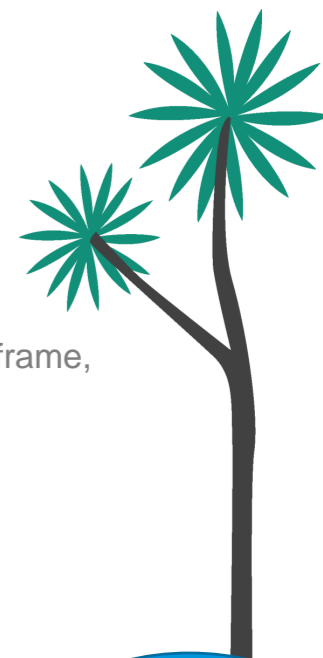
- 📄 Notes from the provider who lodged the ACC45
- 📄 Imaging reports and post-imaging records (if relevant to injury) e.g. X-rays, MRIs etc.
- 📄 Any Specialist Assessment including updated diagnosis and treatment plan (as required)
- 📄 GP notes and any other notes from treatment providers that have seen the client to date
- 📄 Any information relating to the past medical history/claims that is relevant
- 📄 Previous legal/review decisions
- 📄 All prior internal specialist advice

Things to consider:

- For mental injury claims, clinical records from at least two years prior to lodgement are required
- If revoking cover, clear evidence to support this is required
- If this is a work injury, a work incident report or employer information is required
- If you think your query does not suit this category, consider another or call the hotline
- A written guidance request should not be submitted if there is none of the above information on file
- If you do not have the above applicable information on file:
 - Attempt to contact the relevant treatment provider twice to obtain this information.
 - For additional cover requests or supports (not to suspend or decline): if this information cannot be obtained within a sufficient timeframe, then decline based on insufficient information, and explain to the client that if they are able to provide further information then the decision can be relooked at.

When seeking written guidance ensure you've completed the following:

- ✓ Provide your thought process and rationale for referring to make it easier for the advisor to action
- ✓ Specify in your summary if you've tried to gather the above information and it's not available
- ✓ Ensure you have reviewed the relevant Process Manager processes located [here](#).



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TECHNICAL SERVICES – WRITTEN

SOCIAL REHABILITATION



You'll need the following documents on file, if available:

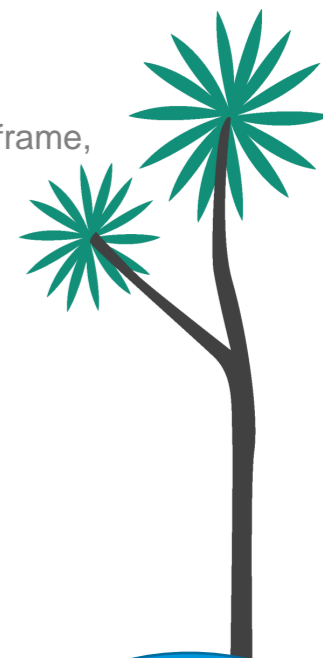
- ▢ Assessments/reports outlining the rehabilitation needs, or a barrier to treatment of a covered injury
- ▢ Employment information – job role, tasks and hours
- ▢ Medical records relating to issues with rehabilitation
- ▢ Previous social rehabilitation reports
- ▢ All prior internal specialist advice

Things to consider:

- If you think your query does not suit this category, consider another or call the hotline
- A written guidance request should not be submitted if there is none of the above information on file
- If you do not have the above applicable information on file:
 - Attempt to contact the relevant treatment provider twice to obtain this information.
 - For additional cover requests or supports (not to suspend or decline): if this information cannot be obtained within a sufficient timeframe, then decline based on insufficient information, and explain to the client that if they are able to provide further information then the decision can be relooked at.

When seeking written guidance ensure you've completed the following:

- ✓ Provide your thought process and rationale for referring to make it easier for the advisor to action
- ✓ Specify in your summary if you've tried to gather the above information and it's not available
- ✓ Ensure you have reviewed the relevant Process Manager processes located [here](#).



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TECHNICAL SERVICES – WRITTEN

VOCATIONAL REHABILITATION



You'll need the following documents on file, if available:

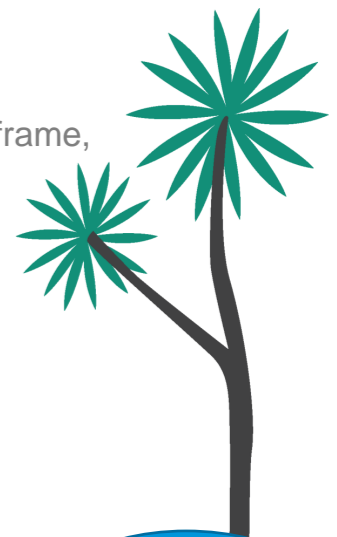
- ▢ Assessments/reports outlining the rehabilitation needs e.g. Stay at Work/Back to Work reports, Initial Occupational Assessment/Independent Medical Assessment, Pain Service reports, Occupational Therapy or Training for Independence programs
- ▢ Employment information – job role, tasks and hours
- ▢ Medical records relating to issues with rehabilitation
- ▢ Imaging reports and post imaging records (if relevant to injury) e.g. X-rays, MRIs etc.
- ▢ All prior internal specialist advice

Things to consider:

- If your query is regarding Vocational Independence sign-off, you need comprehensive medical records on file
- If you think your query does not suit this category, consider another or call the hotline
- A written guidance request should not be submitted if there is none of the above information on file
- If you do not have the above applicable information on file:
 - Attempt to contact the relevant treatment provider twice to obtain this information.
 - For additional cover requests or supports (not to suspend or decline): if this information cannot be obtained within a sufficient timeframe, then decline based on insufficient information, and explain to the client that if they are able to provide further information then the decision can be relooked at.

When seeking written guidance ensure you've completed the following:

- ✓ Provide your thought process and rationale for referring to make it easier for the advisor to action
- ✓ Specify in your summary if you've tried to gather the above information and it's not available
- ✓ Ensure you have reviewed the relevant Process Manager processes located [here](#).



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TECHNICAL SERVICES – WRITTEN TREATMENT



You'll need the following documents on file, if available:

- 📄 Assessments/reports outlining the client's treatment needs
- 📄 Notes from the provider who lodged the ACC45
- 📄 Any Specialist Assessment including updated diagnosis and treatment plan (as required)
- 📄 GP notes and any other notes from treatment providers that have seen the client to date
- 📄 Any information relating to the past medical history/claims that is relevant
- 📄 All prior internal specialist advice
- 📄 Clinical records for other injuries which may conflict with the proposed treatment
- 📄 ACC18 medical certificates (if relevant to injury)

Things to consider:

- If the request is a non-standard request, you will need detail of the necessary and appropriateness for treatment of the covered condition
- For Pharmaceuticals, ensure the ACC1171 and medication list is on file
- If you think your query does not suit this category, consider another or call the hotline
- A written guidance request should not be submitted if there is none of the above information on file
- If you do not have the above applicable information on file:
 - Attempt to contact the relevant treatment provider twice to obtain this information.
 - For additional cover requests or supports (not to suspend or decline): if this information cannot be obtained within a sufficient timeframe, then decline based on insufficient information, and explain to the client that if they are able to provide further information then the decision can be relooked at.

When seeking written guidance ensure you've completed the following:

- ✓ Provide your thought process and rationale for referring to make it easier for the advisor to action
- ✓ Specify in your summary if you've tried to gather the above information and it's not available
- ✓ Ensure you have reviewed the relevant Process Manager processes located [here](#).



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TECHNICAL SERVICES – WRITTEN COMPENSATION - CALCULATION



You'll need the following documents on file, if available:

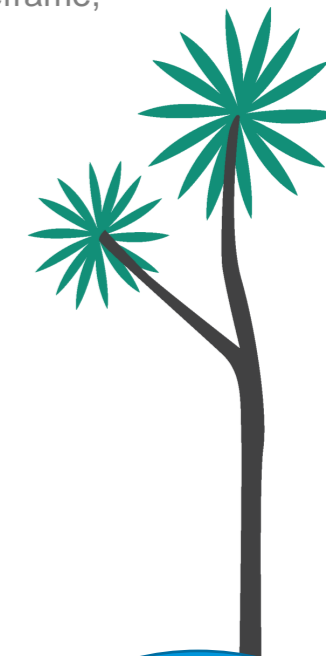
- ☐ ACC18 medical certificates (if relevant to injury)
- ☐ All prior internal specialist advice

Things to consider:

- If you think your query does not suit this category, consider another or call the hotline
- A written guidance request should not be submitted if there is none of the above information on file
- If you do not have the above applicable information on file:
 - Attempt to contact the relevant treatment provider twice to obtain this information.
 - For additional cover requests or supports (not to suspend or decline): if this information cannot be obtained within a sufficient timeframe, then decline based on insufficient information, and explain to the client that if they are able to provide further information then the decision can be relooked at.

When seeking written guidance ensure you've completed the following:

- ✓ Provide your thought process and rationale for referring to make it easier for the advisor to action
- ✓ Specify in your summary if you've tried to gather the above information and it's not available
- ✓ Ensure you have reviewed the relevant Process Manager processes located [here](#).



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TECHNICAL SERVICES – WRITTEN COMPENSATION - ELIGIBILITY



You'll need the following documents on file, if available:

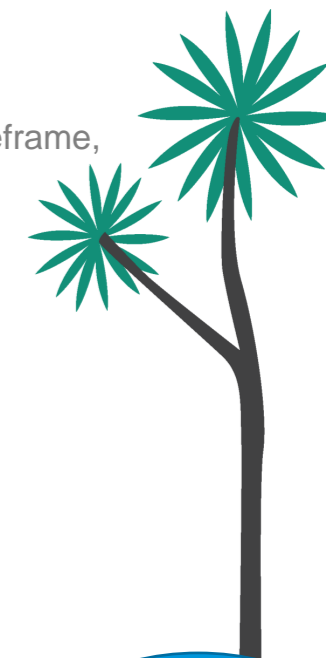
- ☐ ACC18 medical certificates (if relevant to injury)
- ☐ Confirmation of earner status at Date of Accident and Date of Incapacity
- ☐ Clinical records/reports/assessments to support incapacity
- ☐ All prior internal specialist advice
- ☐ Financial information i.e. IRD number

Things to consider:

- If you think your query does not suit this category, consider another or call the hotline
- A written guidance request should not be submitted if there is none of the above information on file
- If you do not have the above applicable information on file:
 - Attempt to contact the relevant treatment provider twice to obtain this information.
 - For additional cover requests or supports (not to suspend or decline): if this information cannot be obtained within a sufficient timeframe, then decline based on insufficient information, and explain to the client that if they are able to provide further information then the decision can be relooked at.

When seeking written guidance ensure you've completed the following:

- ✓ Provide your thought process and rationale for referring to make it easier for the advisor to action
- ✓ Specify in your summary if you've tried to gather the above information and it's not available
- ✓ Ensure you have reviewed the relevant Process Manager processes located [here](#).



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TECHNICAL SERVICES – WRITTEN

PERMANENT INJURY COMPENSATION



You'll need the following documents on file, if available:

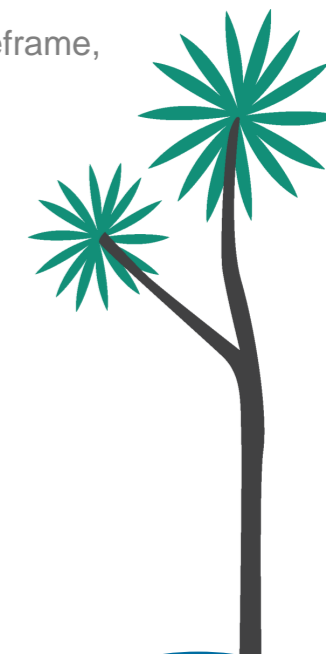
- 📄 ACC554 and GP medical certificate
- 📄 All GP clinical records for all covered injury claims
- 📄 All prior internal specialist advice

Things to consider:

- If you think your query does not suit this category, consider another or call the hotline
- A written guidance request should not be submitted if there is none of the above information on file
- If you do not have the above applicable information on file:
 - Attempt to contact the relevant treatment provider twice to obtain this information.
 - For additional cover requests or supports (not to suspend or decline): if this information cannot be obtained within a sufficient timeframe, then decline based on insufficient information, and explain to the client that if they are able to provide further information then the decision can be relooked at.

When seeking written guidance ensure you've completed the following:

- ✓ Provide your thought process and rationale for referring to make it easier for the advisor to action
- ✓ Specify in your summary if you've tried to gather the above information and it's not available
- ✓ Ensure you have reviewed the relevant Process Manager processes located [here](#).



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TECHNICAL SERVICES – WRITTEN

FATAL CLAIMS



You'll need the following documents on file, if available:

- 📄 Death certificate, police/coroner's report (where applicable)
- 📄 Hospital/clinical records
- 📄 Request for entitlement from estate/dependants
- 📄 Previous ACC specialist advice confirming the death is accident related
- 📄 All prior internal specialist advice

Things to consider:

- Clinical comments to determine things around whether someone qualifies as an 'Other Dependant' (comment needed for all 'Other Dependant' claims)
- Clinical/Technical comments to determine entitlements for suicide claims (comment needed on all suicide claims)
- A written guidance request should not be submitted if there is none of the above information on file
- If you do not have the above applicable information on file:
 - Attempt to contact the relevant treatment provider twice to obtain this information.
 - For additional cover requests or supports (not to suspend or decline): if this information cannot be obtained within a sufficient timeframe, then decline based on insufficient information, and explain to the client that if they are able to provide further information then the decision can be relooked at.

When seeking written guidance ensure you've completed the following:

- ✓ Provide your thought process and rationale for referring to make it easier for the advisor to action
- ✓ Specify in your summary if you've tried to gather the above information and it's not available
- ✓ Ensure you have reviewed the relevant Process Manager processes



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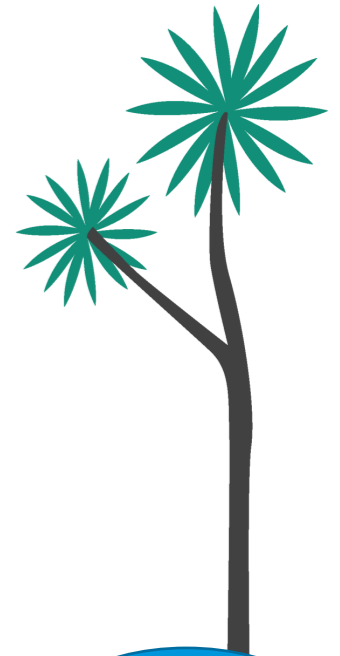
CLIENT PAYMENTS – HOTLINE



If calling from Genesys Cloud, call the 'Client Payments' queue.
Otherwise, dial: 50118, Option 4.

Remember:

- Ensure you have first attempted to resolve your query utilising the self-service resources on the previous step
- If your query is related to a task that is assigned to a Payments Assessor, reach out to that Payments Assessor directly for assistance
- Check your query is related to the following scenarios: (if not related to the below scenarios, escalate query with your team leader instead)
 - Short-term or Long-term calculation disputes – explaining the changes to a client
 - Client escalations relating to:
 - Financial hardship/deterioration
 - Ministerial threat
 - Media threat
 - Threat of self-harm or wellbeing
 - Integrity services
 - Time-sensitive review decisions



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Remote claims, and Staff/High Profile Claims – Hotline and Written guidance requests Guidelines



Remote claims

Hotline

Contact the appropriate Clinical Advisor or Technical Specialist by looking up their contact details

Written

Clinical:

- 1) Generate ACC001, paste the internal advice template found [here](#)
- 2) Create a general task
- 3) Link relevant documents to task including the ACC001
- 4) Transfer to 1 of the 3 appropriate advisors
- 5) Create a follow up task as a reminder that you are waiting on written guidance

Technical:

- 1) Generate ACC001, paste the internal advice template [here](#)
- 2) Create Organise Internal referral task
- 3) From the 'Organise Internal referral' task, select add sub-activity, and Create 'Complete Internal Referral' sub-task, update the task description (using the headings found [here](#))
- 4) Link relevant documents to the 'Complete Internal Referral' task including the ACC001
- 5) Transfer to Operations Support queue
- 6) Put the 'Organise Internal referral' task on hold for:
 - a. 7 days for non-complex queries
 - b. 14 days for complex queries

Staff and High-Profile claims

Hotline

Contact the appropriate Clinical Advisor or Technical Specialist by looking up their contact details

Written

1. Complete the template – Written guidance template for non-Salesforce users
2. In Eos, create the Organise Internal Referral task
3. From the 'Organise Internal Referral' task, select add sub-activity, and Create 'Complete Internal Referral' sub-task
4. Assign priority to the task as per the priority framework
5. Link the completed Written guidance template and any relevant documents
6. Transfer the task to the appropriate advisor for Staff claim written request:
 - a. For Clinical
 - i. [Out of Scope] (Clinical - Nurse)
 - ii. [Out of Scope] (Psychology)
 - iii. [Out of Scope] (Medical)
 - iv. [Out of Scope] (Treatment Injury)
 - b. For Technical
 - i. [Out of Scope] (North Island claims)
 - ii. [Out of Scope] South Island claims)
7. Put the 'Organise Internal Referral' task on hold for:
 - a. 7 days for non-complex queries
 - b. 14 days for complex queries



REFERENCE

Principal Clinical Advisor consideration list

Published 11/09/2023

Introduction

The following are treatments or circumstances where you must seek written guidance from a Principal Clinical Advisor (PCA).

The following procedures have purchasing recommendations and don't need to go to a PCA:

- Autologous blood and platelet rich plasma injections – Do not purchase, refer to [Autologous Blood Injections Summary](#)
- Hyaluronic acid joint injections (also called Viscosupplementation and Synvisc) – Do not purchase, refer to [summary recommendation](#)
- Interspinous Spacers – Do not purchase, refer to [Interspinous spacers – a summary of the approach to considering for entitlement](#)
- Low intensity pulsed ultrasound (LIPUS) (brands include: Melmark and Exogen) – Do not purchase, refer to [LIPUS Purchasing Recommendation Summary](#).

PCA consideration list:

- Autologous chondrocyte transplantation
- Bariatric surgery, including gastric bypass and gastric banding

BMP-2 and 7 (OP-1) in long bone fusions for bony non-union, see [Bone graft substitutes in spinal fusion procedures](#)

- Continuous positive airway pressure (CPAP) and similar equipment for obstructive sleep apnoea

Cosmetic procedures (excluding scar revision) see [Cosmetic procedures cover and entitlement](#)

- Breast reduction or augmentation surgery
- High-cost surgery procedures for more than \$50,000, including implants
- Hyperbaric oxygen therapy (HBOT) treatment
- Infertility treatments (including surrogacy)
- Skin laser therapy

Osseointegration

- Radiation treatment
- Interventional pain procedures
 - Botulinum toxin (Botox) injections - for pain indications other than for limb and bladder spasticity resulting from spinal cord and traumatic head injuries. See Purchasing guidance in certain circumstances.
 - Cervical epidural steroid injection
 - Intrathecal Pump insertions for baclofen/opiates
 - [Spinal cord stimulation](#) trials and insertions
 - Sacral nerve stimulation insertion.

In addition to this list, PCAs can provide advice on request for the following issues:

- [Purchasing Guidance Advisory Group \(PGAG\) recommendations](#)
- Unusual or rare procedures
- If other treatments considered by the MA require further medical input
- Cases where the treatment requested or other decision has no current advice or guidance available. Your MA will be able to advise if the query should go to the PCA team.

Other lists that require consideration from another role or team are:

- [Lead Pharmaceutical Advisor consideration list](#)

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High and Medium Priority Categories

For Written Guidance Requests

P1-High Priority Categories

Time sensitive

Code: P1-DEEMED

Description: Tasks from staff managing claims where a decision will become deemed if advice is not obtained within 72 hours.

Information required on file: Standard information as per Recovery Support Decision Tree.

Urgent ARTP

Code: [As per existing Treatment and Support Surgery labelling guidelines]

Description: Tasks from staff managing claims where there is an ARTP marked with an 'H' code.

Information required on file: Standard information as per Recovery Support Decision Tree.

Safety/Wellbeing

Code: P1-WELLBEING

Description: Tasks from staff managing claims where the client's safety or wellbeing might be adversely impacted if advice is not obtained urgently.

Information required on file: Standard information as per Recovery Support Decision Tree.

Financial hardship

Code: P1-FINANCIAL

Description: Tasks from staff managing claims where the client is known to be suffering financial hardship which would be further impacted if advice is not obtained urgently.

Information required on file: Standard information as per Recovery Support Decision Tree.

Media/Ministerial/Complaint

Code: P1-MEDIA or P1-MINISTERIAL or P1-COMPLAINT

Description: Tasks from staff managing claims where there is media involvement, a ministerial enquiry, or complaint lodged with the Customer Resolution Team.

Information required on file: Standard information as per Recovery Support Decision Tree.

P2–Medium Priority Categories

S117 or S103 or S105 where all the medical information is available and investigations are complete

Code: P2-S117 or P2-S103 or P2-S105

Description: Tasks from staff managing suspension of entitlements.

- S117 is where the client's entitlements or incapacity to work are no-longer related to their covered injuries.
- S103 is determining whether or not the client is able to perform their pre-injury job.
- S105 is determining whether or not the client is able to engage in work for which they are suited by reason of experience, education, or training, or any combination of those things.

Information required on file: S117 requires standard information as per Recovery Support Decision Tree. S103 requires S103 report. S105 requires S105 report

Delayed incapacity decisions where all information and investigations are complete

Code: P2-DELAY

Description: Tasks from staff managing requests for incapacity made more than 28 days plus ECO Max after the accident (Date of First Incapacity – DOFI), or more than 28 days after the end of the last period of incapacity (Date of Subsequent Incapacity – DOSI).

Information required on file: Standard information as per Recovery Support Decision Tree.

Any entitlement (rehab or financial) which has reached three-month date since ACC has been considering the request

Code: P2-3MONTH

Description: Tasks from staff managing requests for a rehab or financial related item/aid made more than three months ago, where ACC has not yet provided a decision.

Information required on file: Standard information as per Recovery Support Decision Tree.

ACC191

Code: P2-ACC191

Description: Tasks from staff managing vocational independence where the client is considered to be able to return to a suitable work type for 30+ hours per week.

Information required on file: ACC191, IOA, and IMA.

ACC198

Code: P2-ACC198

Description: Tasks from staff managing vocational independence confirming whether a client has achieved or lost vocational independence via the ACC198 form.

Information required on file: ACC191, ACC198, VIOA, and VIMA.

Treatment Injury claim, awaiting cover decision, with incapacity

Code: P2-TI

Description: Tasks from Treatment Injury staff regarding requests for Cover where there is a request for incapacity.

Information required on file: Standard information (all notes, imaging reports etc).



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Respond to Clarification Request from Advisor (Recovery Team Member) – System Steps

Document Purpose

This document explains the steps involved in responding to clarification requests from an Advisor.

IMPORTANT:

These steps are only to be used when Written Guidance is required and:

- The claim you need guidance for has not been migrated to Salesforce or
- You don't have access to Salesforce to use the Salesforce Written Guidance functionality

Respond to Clarification Request from Advisor – System Steps

<i>Respond to Clarification Request from Advisor – System Steps</i>	
1	<ol style="list-style-type: none"> 1. Open the NGCM – Clarify Written Guidance Request task 2. Select the Add. Info Tab 3. Review the Consolidated Analysis section to view the reason for clarification request
2	Select the Change Button
3	Tick the box to add Clarification Questions & Answers field
4	Enter your Clarifications in the Clarification Questions & Answers field Select OK to save changes
5	From the NGCM – Clarify Written Guidance Request task, select the Close Task Button <i>(located above the Activity Details Tab)</i>
6	<ol style="list-style-type: none"> 1. In the 'Choose Next Step' screen presented, select the type of Advisor who requested clarification from options: <ul style="list-style-type: none"> • Clinical Clarification Provided • Technical Clarification Provided, OR • Close <i>(if the Written Guidance is no longer required)</i>

Respond to Clarification Request from Advisor – System Steps

2. Select OK

NOTES:

- If the **Clinical Clarification Provided** step was selected a **NGCM – Triage Request for Clinical Guidance** task is created and automatically routed to the correct department queue. **Don't manually transfer this task.**
- If the **Technical Clarification Provided** step was selected a **NGCM – Provide Guidance** task is created and automatically routed to the correct department queue. **Don't manually transfer this task.**
- If the **Close** step was selected a **Written Guidance Transcript** is created.

NOTE: You will need to add a description for the **Written Guidance Transcript** so it can be easily identified:

1. In the **Recovery Support** Sub-case, select the **Documents** Tab > **Documents for Claim** Sub-tab
2. Select the checkbox to the left of the **Written Guidance Transcript** document then select **Open**:

Documents For Case

From To Display Removed Documents

<input type="checkbox"/>	Date/Time	Creator	Status	Document Type
<input checked="" type="checkbox"/>	10/06/2019 11:42	Recovery Assistant User	Complete	Written Guidance transcript

NOTE: The transcript will open in a new window

3. Select the **Properties** Button
4. In the **Document Properties** screen, **Description** field enter **Written Guidance is not required**
5. Select **OK**



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

Review Written Guidance (Recovery Team Member) – System Steps

Document Purpose

This document explains the steps involved in accepting Written Guidance by a **Recovery Team Member**.

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Receive Written Guidance – System Steps 1

Request Clarification from Advisor (Recovery Team Member) – System Steps 2

Accept Written Guidance (Recovery Team Member) – System Steps 3

Receive Written Guidance – System Steps

<i>Receive Written Guidance – System Steps</i>	
1	<ol style="list-style-type: none"> 1. Open the NGCM - Written Guidance for Case Owner task 2. Click on the Add. Info Tab to review Written Guidance provided
2	<p>Decide whether to:</p> <ul style="list-style-type: none"> • Accept Written Guidance – Go to Accept Written Guidance (Recovery Team Member) – System Steps • Ask for clarification on the Written Guidance – Go to Request Clarification from Advisor (Recovery Team Member) – System Steps

Request Clarification from Advisor (Recovery Team Member) – System Steps

Request Clarification from Advisor (Recovery Team Member) – System Steps	
1	<ol style="list-style-type: none"> 1. Open the NGCM - Written Guidance for Case Owner task 2. Select the Add Info Tab 3. Select the Change Button
2	Select the Tick to add Clarification Questions & Answers field <i>(to activate a tick in this field)</i>
3	Enter details of the clarification required in the Clarification Questions & Answers field Select OK
4	From the NGCM - Written Guidance for Case Owner task, select the Close Task Button <i>(located above the Activity Details Tab)</i>
5	<ol style="list-style-type: none"> 1. In the 'Choose Next Step' screen presented: <ul style="list-style-type: none"> • Select Step Clarify Response • When choosing a Reason in this screen, select the Type of Advisor you need clarification from <i>(e.g. Clinical or Technical)</i> 2. Select OK <p>NOTE: You will be taken back to the Tasks Tab in the Recovery Support Sub-case. A NGCM- Clarify Written Guidance Response task is created and automatically assigned to the right department. Don't manually transfer this task</p>

RELEASABLE UNDER THE OFFICIAL INFORMATION ACT

Accept Written Guidance (Recovery Team Member) – System Steps

Accept Written Guidance (Recovery Team Member) – System Steps																			
1	<ol style="list-style-type: none"> From the NGCM - Written Guidance for Case Owner task, select the Close Task Button (<i>located above the Activity Details Tab</i>) On the Choose Next Step screen presented, select Accept Guidance then select OK 																		
2	<p>Add a description for the Written Guidance Transcript so it can be easily identified</p> <ol style="list-style-type: none"> In the Recovery Support Sub-case, select the Documents Tab > Documents for Claim Sub-tab Select the checkbox to the left of the Written Guidance Transcript document then select Open: <div style="border: 1px solid #ccc; padding: 5px; margin: 10px 0;"> <p>Documents For Case</p> <p>From: <input type="text" value="11/05/2019"/> To: <input type="text" value="10/06/2019"/> <input type="checkbox"/> Display Removed Documents</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th><input type="checkbox"/> Date/Time</th> <th>Creator</th> <th>Status</th> <th>Document Type</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> 0/06/2019 11:42</td> <td>Recovery Assistant User</td> <td>Complete</td> <td>Written Guidance transcript</td> </tr> </tbody> </table> </div> <p><i>NOTE: The transcript will open in a new window</i></p> <ol style="list-style-type: none"> Select the Properties Button In the Document Properties screen, in the Description field enter one of the following labels: <ul style="list-style-type: none"> Clinical Advice - <Advisor's Name> Technical Guidance – <Advisor's Name> Clinical & Technical – <Advisor's Name> Practice Advice – <Practice Mentor Name> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date/Time</th> <th>Creator</th> <th>Status</th> <th>Document Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>09/04/2020 11:51</td> <td>Recovery Assistant User</td> <td>Complete</td> <td>Written Guidance transcript</td> <td>Clinical Advice - Dr J Smith</td> </tr> </tbody> </table> </div>	<input type="checkbox"/> Date/Time	Creator	Status	Document Type	<input checked="" type="checkbox"/> 0/06/2019 11:42	Recovery Assistant User	Complete	Written Guidance transcript	Date/Time	Creator	Status	Document Type	Description	09/04/2020 11:51	Recovery Assistant User	Complete	Written Guidance transcript	Clinical Advice - Dr J Smith
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09/04/2020 11:51	Recovery Assistant User	Complete	Written Guidance transcript	Clinical Advice - Dr J Smith															

What should I do if I am in Claims.
Assessment doing pre-assessment work?

Principles for additional cover of sprains, strains, contusions
 - Request is received within 12 months of the date of injury
 - READ code is consistent with diagnosis
 - A reasonable mechanism of injury e.g. bending or twisting, over stretching a muscle, a blow/impact
Principles for additional cover of a "lesser" diagnosis
 Body site already covered
 A reasonable mechanism of injury e.g bending or twisting, over stretching a muscle, a blow/impact
 The Diagnosis is of lesser severity than the covered diagnosis (e.g requested additional cover for a sprain and existing cover is a fracture)

Acceptable by LOGHMEN ADMIN	Cover Assessors/Other role process	Relevant Links	Change Log
	Refer to "Assess claim for cover process" via Promapp.		Added PRMAPP Link 11/04/23
	Refer to "Assess claim for cover process" via Promapp.		Added PRMAPP Link 11/04/23
Accept superficial injuries, open wounds, abrasions, contusions	Is the seizure suggested as a result of the accident event? - If so, transfer for complex assessment Is the seizure suggested as what caused the accident (ie. Seizure, then fall and abrasions) - If so, then accept cover for external physical injuries and decline seizure.		Changed wording about declining seizure - checked by [Name removed as out of scope]
	Check ACC45 document. Sometimes is recorded as injury type "Minor head injury" which can be replaced with Focal Cerebral injury code. If actually focal cerebral and cerebellar injury - refer for assessment and investigate		Added process - [Name removed as out of scope]
If the Mechanism of Injury is 'collapse' or 'fall' in an older person, refer for assessment	Clarify with the Provider what the brain injury is. (i.e traumatic injury from accident, stroke/CVA, cerebral contusion etc) If the Mechanism Of injury is reasonable to cause an acute head injury (direct blow to head / Motor Vehicle Accident etc.) ***This includes all "other" types of Brain Injury Codes.		
• Direct blow to the head • Motor Vehicle Accident, sudden shaking event	Acceptable if within scope of the provider, presentation is prompt and the mechanism of injury is reasonable to cause an acute head injury (direct blow to head / Motor Vehicle Accident etc.)		
	If there is a direct blow to the head, a motor Vehicle Accident or sudden shaking event please seek an alternate diagnosis ie Concussion and provide an Accept (Concussion) / Decline (Post concussion syndrome) decision. If no alternate diagnosis can be sought - Go to Assess Claim Cover process in Promapp.	https://www.promapp.com/ynux/Process/47207296-688-4829-8a6b-87342c0d813?yapstapaid=238&source=trial	Link to relevant Promapp page
• Accident describes welding	Clarification of the cause of the Eye Injury - Clear causal link between the activity or event and damage to the eye. Symptoms within 6-12 hours following exposure. Accept for cover. If there is NO obvious accident that could cause damage to the eye, because there are non-traumatic causes for keratitis. Decline NO accident, no causal link. Exposure to the sun causing keratitis would also be declined.		Added 6-12 hour timeframe - checked by [Name removed as out of scope] 11/05/23
Accept from direct blow, foreign body	Should be accepted in most Cases due to Direct impact. If Mechanism Of Injury is unlikely to cause injury or there are internal forces (eg sneezing or vomiting) then Decline cover		
Consider direct force and prompt presentation. Acceptable if so. If not, refer for full assessment.	Refer to "Assess claim for cover process" via Promapp.		Added PRMAPP Link 11/04/23
	Mechanism Of Injury needs to be clarified - Direct impact to the ear / Change in air pressure (diving / Flight descent) then we can provide cover for Barotrauma.		
Direct blow or significant pressure applied to ear	Further clarification needed - If No impact / or change in Air Pressure Watch for reference to concurrent hearing loss then send to Hearing Loss team.		removed because example, an sent to hearing loss team for assessment - checked by [Name removed as out of scope]
Dental injury caused by direct impact or blow.	Single Dental claim (Such as:Tooth Symptoms / Broken tooth injury most common as well as breakage of Prosthesis, Causes: Impacts to the Teeth / Falls / punched in the face, should be accepted at Lodgement / triage. Where there is reference to Bruising/teeth grinding or anything else please refer to the "assess claim for cover process". If clearly caused by the natural use of teeth or dentures, such as chewing or biting, including damage resulting from eating food or from biting on utensils. - decline.		refer for guidance from medical and psychology advisor - checked by [Name removed as out of scope] 11/05/23. Updated for performance monitoring recommendation - 12/05/23.
Accept in all cases - It is accepted that there is damage to throat during choking caused by an external object/force	Watch for aspiration events (something you swallow going down the wrong way) i.e. vomited and aspirated - there may be no injury for us to consider due to the event being an internal force. For aspiration related to medical treatment, discuss with Treatment Injury team		Reworded for clarity - checked by [Name removed as out of scope] 11/05/23
Acceptable for cover if direct impact or blow to the nose.	If late lodged - transfer for assessment.		Reworded for clarity. Shifted accept example to green. - checked by [Name removed as out of scope] 11/05/23
Accept in all cases - injury resulting from inhalation.	Acceptable for cover because a Physical Injury has been sustained. Check the Clients status' because the post event is not always clear (i.e. deceased) just something to be aware of re letters & notifications.		No change - checked by [Name removed as out of scope] 11/05/23
Penetrative wound injury to chest or significant direct blow	Consideration to be given regarding the Mechanism of injury eg Motor Vehicle Accident - direct impact Can be covered. The claim may need to be assessed if there is no clear significant accident event.		Reworded for clarity - checked by [Name removed as out of scope] 11/05/23
Accept if direct blow or significant pressure applied to ribs.	The claim may need to be assessed to determine mechanism of injury if there is no clear significant accident event.		Shifted accept to green and added where claim to be assessed further - checked by [Name removed as out of scope]
Accept if it is a result of inhalation on a specific occasion and unintentional	Acceptable if there has been a one off event - If Inhalation > 24 hours as it is not a specific occasion - Decline for cover as criteria not met. If repeated exposure - over 30 days consider Work Related Gradual Process injury. If there is an indication the inhalation was intentional - WSI to be considered.		Review with Tech specialist [Name removed as out of scope] - one off event/accident event? - source from client. Agreed by tech 24/05/23
	Unless consequential to a currently covered injury, this is declined at the triage stage as this cannot be the result of a single accident event. Consider alternate soft tissue diagnosis if mentioned in notes. If the accident is reasonable. Consider Work Related Gradual Process, if work is suggested in accident or treatment injury where vaccine is described.	Refer to "Assess claim for cover process" via Promapp.	Changed wording for clarity - checked by [Name removed as out of scope] 11/05/23
	Unless consequential to a currently covered injury, this is declined at the triage stage as this cannot be the result of a single accident event. Consider alternate soft tissue diagnosis if mentioned in notes. If the accident is reasonable. Consider Work Related Gradual Process, if work is suggested in accident or treatment injury if treatment mentioned in accident description.	Refer to "Assess claim for cover process" via Promapp.	Changed wording for clarity - checked by [Name removed as out of scope] 11/05/23
	Rotator Cuff Syndrome - clarify the injury sustained with the provider because the diagnosis is an overuse injury. Alternative diagnoses considered when provided (i.e. sprain, tear) - refer to alternative diagnosis guidance in traffic light tool.		Changed wording for clarity - checked by [Name removed as out of scope] 11/05/23
	Rotator Cuff Tear - Clarify with the provider if imaging (USS or MRI) has been completed - if yes - "refer to assess claim for cover proces if no seek an Alternate diagnosis of sprain. CVR43 Manual Letter to be issued.	Assess Claim for Cover - PICBA Nintex Promapp®	Changed wording for clarity - checked by [Name removed as out of scope] 11/05/23
	Refer for complex assessment / assess claim for cover process via Promapp	https://www.promapp.com/ynux/Process/47207296-688-4829-8a6b-87342c0d813?yapstapaid=238&source=trial	Added - [Name removed as out of scope]
	Injury of tendon of Rotator Cuff - Contact client re unclear injury, cover sprain / contusion based on the MDI. Issue manual accept letter CVR41 - Add Sprain to the "word" diagnosis to the injury of tendon RC. If unable to contact client - refer to assessment.		Check with front line - purpose of adding sprain after talking with client? - can this be added to above: rotator cuff injury?
	Consider Mechanism of Injury, the clients presentation & their history. Has there been a significant injury to the shoulder e.g. traction, wrenching or forceful impact? if so, we can accept for cover.		Changed wording for clarity - checked by [Name removed as out of scope] 11/05/23
	Consider the mechanism of injury, the clients presentation or if it is a traction type injury (i.e. arm is wrenching out or up & back, disruption/dislocation/tear/traction/wrench). If so, we can accept for cover		Changed wording for clarity - checked by [Name removed as out of scope] 19/05/23
	Accept if evidence of a hard blow to the tip of the elbow. For other mechanism of injury, send for assessment. If mention of employment setting, consider under work related gradual process.		Significant change - checked by [Name removed as out of scope] 19/05/23
	Check the Mechanism of Injury. Clarification of the Mechanism of Injury may need to be discussed with the client - such as onset of symptoms, duration of activity. Seek an alternative diagnosis (e.g. strain/sprain) from the Provider if the Mechanism of Injury suggests acute onset and not Work Related Gradual Process injury. If these conditions are not met, decline as not being caused by accident or work.		Changed wording for clarity - checked by [Name removed as out of scope] 19/05/23
	Check the Mechanism of Injury. Clarification of the Mechanism of Injury may need to be discussed with the client - such as onset of symptoms, duration of activity. Seek an alternative diagnosis (e.g. strain/sprain) from the Provider if the Mechanism of Injury suggests acute onset and not Work Related Gradual Process injury. If these conditions are not met, decline as not being caused by accident or work.		Changed wording for clarity - checked by [Name removed as out of scope] 19/05/23
	Check the Mechanism of Injury. Clarification of the Mechanism of Injury may need to be discussed with the client - such as onset of symptoms, duration of activity. Seek an alternative diagnosis (e.g. strain/sprain) from the Provider if the Mechanism of Injury suggests acute onset and not Work Related Gradual Process injury. If these conditions are not met, decline as not being caused by accident or work.		Changed wording for clarity - checked by [Name removed as out of scope] 19/05/23
	Accept if there is sufficient force to cause injury i.e. impact or wrenching etc.		Removed accept in all cases - checked by [Name removed as out of scope] 19/05/23
	Ulnar, Radial or digital - if there has been an impact or wound injury - accept for cover.		Changed wording for clarity - checked by [Name removed as out of scope] 19/05/23
Accept if direct blow and/or open wound	If no wound or direct blow, clarify mechanism of injury for infection. Decline if not caused by accident.		Changed wording for clarity - checked by [Name removed as out of scope] 19/05/23
			Changed wording for clarity - checked by [Name removed as out of scope] 19/05/23
Accept if there is sufficient force, twist	If not sufficient force, or twist clarify mechanism of injury and assess.		Changed wording for clarity - checked by [Name removed as out of scope] 19/05/23

Accept if there is sufficient force	If not sufficient force, clarify mechanism of injury and assess. If cervicalgia mentioned on ACC45, please see below.		Separated whiplash from cervicalgia - checked by (Name removed as out of scope) 19/05/23	Check with (Name removed as out of scope)
	Neck pain - seek alternative diagnosis from provider and assess. If no alternative diagnosis provided, decline as a symptom not diagnosis.		Separated whiplash from cervicalgia - checked by (Name removed as out of scope) 19/05/23	Check with (Name removed as out of scope)
	Seek clarification of diagnosis regarding level and type of disc prolapse. Refer to relevant diagnosis below.		Changed wording for clarity - checked by (Name removed as out of scope) 19/05/23	Check with (Name removed as out of scope)
	Clarify mechanism of injury and cause of infection. If infection occurred under the treatment of a health practitioner, refer to treatment injury team for assessment. If no treatment provided, decline as infection not caused by accident.		Separated Discitis and Myelopathy - checked by (Name removed as out of scope) 19/05/23	Check with (Name removed as out of scope) 11/04/23
	Clarify the diagnosis and mechanism of injury with the provider and assess according to relevant diagnosis. If alternative diagnosis not provided, decline if no accident event.		Separated Discitis and Myelopathy - checked by (Name removed as out of scope) 19/05/23	Check with (Name removed as out of scope) 11/04/23
	Consider the Mechanism of Injury, presentation, imaging and past history, including significant trauma. If reasonable such as motor vehicle accident with sufficient force, a fall down a flight of stairs, i.e. traction injury to the neck, MRI evidence of disc herniation then you can accept cover. If no MRI or referrals, seek an alternate diagnosis of a sprain if you feel it is reasonable.		Changed wording for clarity - checked by (Name removed as out of scope) 24/05/23	Check with (Name removed as out of scope) 11/04/23
	Consider the Mechanism of Injury, presentation, imaging and past history, including significant trauma. If reasonable such as motor vehicle accident with sufficient force, a fall down a flight of stairs, i.e. traction injury to the neck, MRI evidence of disc herniation then you can accept cover. If no MRI or referrals, seek an alternate diagnosis of a sprain if you feel it is reasonable.		Changed wording for clarity - Separated Annular tear - checked by (Name removed as out of scope) 24/05/23	Check with (Name removed as out of scope) 11/04/23
	Annular tears are unlikely to be sought on the ACC45 at time of claim lodgement. More likely to be sought as additional diagnosis. In either situation, seek internal clinical advice as may not have been caused by the accident event.		Changed wording for clarity - Separated Annular tear - checked by (Name removed as out of scope) 24/05/23	Check with (Name removed as out of scope) 11/04/23
	If soft tissue injury such as a sprain/strain stated on ACC45, accept strain or sprain. For other symptoms presented, assess. Consider clarifying and seek alternative diagnosis from provider for symptoms stated. If no alternative diagnosis provided, decline as a symptom not diagnosis.		Changed wording for clarity - checked by (Name removed as out of scope) 24/05/23	Check with (Name removed as out of scope) 11/04/23
If soft tissue injury such as a sprain/strain stated on ACC45 and lodged within 30 days, accept strain or sprain.	If the presentation is over 30 days - consider Mechanism of injury, referrals and history. Seek medical notes and advice. Consider Decline if no accident.		Check with (Name removed as out of scope) 11/04/23	
			Added PRMAPP Link 11/04/23	
			Added PRMAPP Link 11/04/23	
			Added PRMAPP Link 11/04/23	
Refer claim to MRI queue	Refer to "Assess claim for cover process" via Promapp.	Refer to "Assess claim for cover process" via Promapp.	Added PRMAPP Link 11/04/23	
Refer claim to MRI queue	Refer to "Assess claim for cover process" via Promapp.	Refer to "Assess claim for cover process" via Promapp.	Added PRMAPP Link 11/04/23	
Refer claim to MRI queue	Refer to "Assess claim for cover process" via Promapp.	Refer to "Assess claim for cover process" via Promapp.	Added PRMAPP Link 11/04/23	
Refer claim to MRI queue	Accept if date of birth (date of birth of child) is on or after 1 October 2022 and it's clear the diagnosis is specific to Anterior/Posterior or Uterine prolapse. May require more information/clinical comment if the information suggests the prolapse is not an MRI specific prolapse and could be due to other causes. NOTE Update claim type to MRI if accepting cover for an MRI prolapse.	Refer to Maternal Birth Injury Sharepoint site for more information and go to link "Which Providers can lodge claims for MRI Injuries" (pages 74-85) OR MRI codes including SNOMED translation) to see acceptable prolapse codes. These codes fall under the umbrella of Anterior wall posterior wall or uterine prolapse. Key words that		
Refer claim to MRI queue	Accept if date of injury (date of birth of child) is on or after 1 October 2022			
Refer claim to MRI queue	Accept if date of injury (date of birth of child) is on or after 1 October 2022			
Refer claim to MRI queue	Accept if date of injury (date of birth of child) is on or after 1 October 2022 (Note: ACC can accept Urethra tears that may come through on an alternative code)			Shifted action to refer to MRI queue - consistency across tool 11/04/23. Not reviewed since set up 01/10/2022. set up with specific rules
Refer claim to MRI queue	Accept if date of injury (date of birth of child) is on or after 1 October 2022			
Refer claim to MRI queue	Accept if date of injury (date of birth of child) is on or after 1 October 2022			
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Refer claim to MRI queue	Accept if date of injury (date of birth of child) is on or after 1 October 2022			
Refer claim to MRI queue	Accept if date of injury (date of birth of child) is on or after 1 October 2022			
Update code to L2441, tick the MRI claim type and refer to MRI queue. Note: Some providers	Accept if date of injury (date of birth of child) is on or after 1 October 2022.			
			NO Changes, Checked by (Name removed as out of scope)	
			NO Changes, Checked by (Name removed as out of scope)	
	Call pain - seek alternative diagnosis from provider and assess. If no alternative diagnosis provided, decline as a symptom not diagnosis. Call injury - if there is a clear mechanism of injury accept. If no clear mechanism of injury, seek alternative diagnosis from provider and assess as required.		Removed accept in all cases. Changed wording for clarity - (Name removed as out of scope) 31/05/23	
	If Work related, consider potential for Work Related Gradual Process Injury. If not work related, Decline as shin splints are not caused by an accident event.		Changed wording for clarity - (Name removed as out of scope) 31/05/23	
	If Work related, consider potential for Work Related Gradual Process Injury. If not work related, consider mechanism of injury and assess as PIBA.		Updated wording, assess as PCBIA - (Name removed as out of scope) 12/06/23	
	Where mechanism of injury includes twisting on a weight bearing knee, and lodged within 50 days supported by MRI imaging and show no osteoarthritis on weight bearing x-ray, accept. If greater than 50 days, then assess for cover. If Work related, consider potential for Work Related Gradual Process Injury.		Removed lodgement decision - Greg 7/07/23	Check with frontline
	Seek medical notes and assess for specific injury diagnosis and causation.		Updated wording, (Name removed as out of scope) 16/06/23	
	Consider mechanism of injury and available history. Where mechanism of injury includes some level of force, accept.	Promapp/SCS L2441 Resource/FW - Changes to Cover processes - Traffic light.pdf	Updated wording, (Name removed as out of scope) 16/06/23	
	Consider mechanism of injury and available history. Where mechanism of injury includes some level of force, accept. If no mechanism of injury, consider Treatment Injury (E.g. caused by medication).		Updated wording, (Name removed as out of scope) 16/06/23	
Accept in all cases (treat as knee sprain) - Auto accept			Removed orange as auto accept at green, (Name removed as out of scope) 23/06/23	
	If Work related, consider potential for Work Related Gradual Process Injury. If not work related, Decline as stress fractures are not caused by an accident event.		Updated wording consistent with CART, (Name removed as out of scope) 23/06/23	
	If Work related, consider potential for Work Related Gradual Process Injury. If not work related, Decline as plantar fasciitis is not caused by an accident event.		Updated wording consistent with CART, (Name removed as out of scope) 23/06/23	
	Refer to "Assess claim for cover process" via Promapp.		Agree access pathway (Name removed as out of scope) 23/06/23	
	Consider the Mechanism of Injury and available history (i.e. direct trauma to the toe) where mechanism of injury and presentation of ingrown toenail is at least 2 weeks after the accident and less than 6 weeks after the accident. approve. If outside of these circumstances, decline ingrown toenail.		Updated wording, (Name removed as out of scope) 23/06/23	
Accept only where there is plausible cause, such as a fall from a height, or a blow to the head.	Clarify the mechanism of injury and refer to relevant diagnosis on this table and apply to both injury sites/sides of body.		Updated wording, (Name removed as out of scope) 23/06/23	
Accept from significant direct impacts, Motor Vehicle Accident, falls from heights	Check mechanism of injury and consider clarification with the lodging provider. May require clinical notes to be requested. Decline if not meeting lodgement requirements i.e. no accident.		Updated wording, (Name removed as out of scope) 23/06/23	
Dislocations from pulled arms/pulled elbow, accept.	Consider Mechanism of Injury, the clients presentation & their history. If repeat dislocation that does not describe an accident event - assess. Refer to Assess Claim for Cover process.		Updated wording, (Name removed as out of scope) 23/06/23	
Accept where significant trauma	Consider Mechanism of Injury, e.g. trauma, infection or work related, then assess. If not stated, Decline as effusion is not caused by an accident event.		Updated wording, (Name removed as out of scope) 23/06/23	
If the cause of the anaphylaxis or urticaria reaction is as a result of an accident event, then accept.	Consider mechanism of injury, the clients presentation & their history. If the ACC45 identifies the accident event and cause, consider accepting for cover. If there is no known cause and no treatment given then Decline Cover.		Updated wording, (Name removed as out of scope) 4/07/23	
If the cause of the contact/allergic dermatitis is as a result of an accident event, then accept.	Consider mechanism of injury, the clients presentation & their history. If the ACC45 identifies the accident event and cause, consider accepting for cover. If there is no known cause and no treatment given then Decline Cover.		Updated wording, (Name removed as out of scope) 4/07/23	
Accept foreign body where accident event stated on ACC45.	Consider mechanism of injury, if Self Harm or a Willfully Self Inflicted injury refer to WSI injury type below.		Updated wording, (Name removed as out of scope) 4/07/23	
	Check mechanism of injury and consider clarification with the lodging provider; with further clarification Sprain may be reasonable to accept as an alternate diagnosis. Consider decline if there is no accident.		Updated wording, (Name removed as out of scope) 4/07/23	
Check mechanism of injury, accept with open wound.	If the Mechanism of Injury isn't related to a wound, consider Treatment Injury or consequential injury. If Treatment Injury - refer claim to TI.		Updated wording, (Name removed as out of scope) 4/07/23	

	DECLINE Ganglion, Synovial or Bakers Cyst because these are not an accident related injuries.		Updated wording - (Name removed as out of scope) - 4/07/23
Accept where it is consequent to a covered personal injury or occurs in conjunction with a PICBA described on the ACC45	Clarification of cause of injury needed, If the accident suggests a wound - update to incl cover for the wound (secondry to) other wise Decline cover due to no accident.	Assess Claim for Cover - PICBA Nintex Promapp®	Updated wording - (Name removed as out of scope) - 4/07/23
	Check the Diagnosis with the provider. If the diagnosis is Erythrasma, this is a Chronic condition. Decline as not accident related.		Updated wording - (Name removed as out of scope) - 4/07/23
Accept where it is consequent to an open wound injury	Requires assessment if no open wound & outside of scope of the Brachial, Ulnar or sciatic Nerve injuries (if it is not one of the listed above please refer to Assess claim for Cover access.		Updated wording - (Name removed as out of scope) - 4/07/23
	Apply exposure to the elements criteria (refer to Exposure to elements policy in Promapp)	Cover Criteria for Exposure to the Elements Policy Nintex Promapp®	No change - (Name removed as out of scope) - 4/07/23
Check mechanism of injury, if specific injury diagnoses is provided as being caused by electric shock/ electrocution, accept those diagnoses (e.g. burn). If no diagnosis provided, but mechanism is electric shock/electrocution, accept electric shock/electrocution.	Check mechanism of injury, if specific injury diagnoses is provided as being caused by electric shock/ electrocution, accept those diagnoses (e.g. burn). If no diagnosis provided, but mechanism is electric shock/electrocution, accept electric shock/electrocution.		Updated wording - (Name removed as out of scope) - 4/07/23
	Check the Diagnosis and mechanism of injury with the provider. Once diagnosis received refer to relevant injury listed.		Updated wording - (Name removed as out of scope) - 4/07/23
	If these codes accompany a physical injury, we accept the physical injury and delete the situational code from the medical tab, as this is not a physical injury. If the situational code is the sole code on the claim form, check the Diagnosis and mechanism of injury with the provider. Once diagnosis received refer to relevant injury listed.		Updated wording - (Name removed as out of scope) - 4/07/23
	Check the Diagnosis and mechanism of injury with the provider. Once diagnosis received refer to relevant injury listed.		Removed reference for skin tear, please check - (Name removed as out of scope) - 4/07/23
	Consider mechanism of injury for Temporomandibular sprain. Consider accident event, and whether force is internal (e.g. yawning, chewing, teeth grinding) or external (e.g. blow to the jaw). If internal force, decline. If external force and claim lodged within 12 months, accept. If not late lodged - Accept if reasonable time has passed since accident to allow scar formation (1 month plus) If late lodged - transfer to Low Complex queue for assessment.		Updated wording - (Name removed as out of scope) - 4/07/23 Unchanged - (Name removed as out of scope) - 4/07/23
Can be accepted in children under 14 years of age without an injury diagnosis having been confirmed.	Can be accepted in children under 14 years of age without an injury diagnosis having been confirmed. For clients 14 years and over: If ACC45 states admitted to Hospital - refer to the assess claim for cover process. If there is no additional information and no indication of physical injury (e.g. lowered Glasgow Coma Scale etc.), decline no injury. If seizure is suggested as a result of overdose / ingestion event -> transfer claim to complex assessment.	Assess USCS UoH Resource VOD and WSI DHB documents draft 1.pdf	Updated wording - (Name removed as out of scope) - 4/07/23
	If ACC45 states admitted to Hospital - refer to the assess claim for cover process for cover as willfully self inflicted. If there is no additional information and no indication of physical injury (e.g. lowered Glasgow Coma Scale etc.), decline no injury. If seizure is suggested as a result of overdose / ingestion event -> transfer claim to complex assessment.	Assess USCS UoH Resource Allergic reactions.pdf	Updated wording - (Name removed as out of scope) - 4/07/23
	If claim is for a Self Harm attempt or cutting - Accept for cover issue WS102. For attempted hanging or gassing then we consider they likely to have sustained an injury to the neck or brain from Inhalation (i.e if an injury is to be covered, could this be 'SM6 Carbon monoxide causing toxic effect). If it is not clear if the client has survived their injuries, withhold cover letter.		Updated wording - (Name removed as out of scope) - 4/07/23
Consider mechanism of injury - should be able to clarify the Body site - Contact the client regarding body site	Clarify w the provider what the injury is - i.e. Foreign Body, wound etc. Consider Decline non specific diagnosis if unable to clarify		Updated wording - (Name removed as out of scope) - 4/07/23
Check the injury diagnosis - some are registered as sprain / strains - if the Mechanism Of injury is reasonable to cause sprain - accept	Consider mechanism of injury - should be able to clarify the Body site - Contact the client regarding body site		Updated wording - (Name removed as out of scope) - 4/07/23
	Consider information on the ACC45, include checking the code in the medical tab. If sprain is in the description & the Mechanism Of Injury is reasonable for a sprain then accept cover. If not then call their provider to clarify the injury. Consider Declining cover if insufficient information to ascertain what the injury is.		Updated wording - (Name removed as out of scope) - 4/07/23
	Consider the Mechanism Of Injury & other lodged injuries - Consider clarifying and seek alternative diagnosis from provider (e.g. strain). If no alternative diagnosis provided, decline as spasm is a symptom not a diagnosis.		Added, clarify with provider - (Name removed as out of scope) - 4/07/23
	Consider mechanism of injury stated on the ACC45. Update injury code to 'open wound' with body site indicated from the mechanism of injury and accept open wound.		Updated wording - (Name removed as out of scope) - 11/07/23
	Consider mechanism of injury stated on the ACC45. If clarification required, check with treating provider. If treating provider states 'Cellulitis/infection' update injury code to 'Cellulitis/infection' (remove Tattoo code) with body site indicated from the mechanism of injury. Accept infection/Cellulitis. Decline Tattoo.		Updated wording - (Name removed as out of scope) - 11/07/23
	Consider mechanism of injury. Where there was a direct blow and the clients presentation is within a month and there is no indication it is Deep Vein Thrombosis, accept Phlebitis or Thrombophlebitis. If Deep Vein Thrombosis mentioned refer to Assess claim for cover process (Ultrasound (USS) or a referral for an Ultrasound will be needed from a treating clinician).	https://au.promapp.com/accru/Process/4729726-6809-4878-8c8f-87342cc06f33?variant=6d-2788469e471e	Updated wording - (Name removed as out of scope) - 11/07/23
Consider mechanism of injury, includes one-off serious leg or arm Trauma - eg Motor Vehicle Accident. Accept severe fracture/crush injury. If exertional compartment syndrome refer claim for assessment.	Refer to "Assess claim for cover process" via Promapp.	https://au.promapp.com/accru/Process/4729726-6809-4878-8c8f-87342cc06f33?variant=6d-2788469e471e	Updated wording - (Name removed as out of scope) - 11/07/23
	Consider mechanism of injury, the clients presentation & their history. Refer to assess claim for cover process and request clinical advice regarding nerve root injury.		Updated wording - (Name removed as out of scope) - 11/07/23
	Consider mechanism of injury and individual circumstances. If mechanism of injury suggest pressure injury due to an accident event, accept. If the pressure injury is not due to an accident event, decline. If a pressure injury was sustained under the care or guidance of an Registered Health Professional (RHP) then this claim should be transferred to Treatment injury team for assessment.		Updated wording - (Name removed as out of scope) - 11/07/23
	Check mechanism of injury and consider clarification with the lodging provider; with further clarification Sprain may be reasonable to accept as an alternate diagnosis. Consider decline if there is no accident event.		Updated wording - (Name removed as out of scope) - 11/07/23

CASE & CLAIMS MANAGEMENT DELEGATIONS SCHEDULE

General Application

All delegations in this matrix (tabs A to Q) are granted to the Chief Operating Officer (COO), unless specifically stated to be retained by the Chief Executive Officer or delegated to the Chief Financial Officer. In all cases, the lowest delegation level is named in the schedule with the next most senior position in the business function, up to the COO, also being granted the delegations set out in the schedule. Should the named position not be able to exercise their delegated authority then the one-up principle may be applied.

Date of effect of this schedule:

1. As at date of signing of Instrument of Delegation for the following Features:
 - (i) D.2(a) weekly compensation decisions as a result of s117 of the AC Act 2001; including non-compliance
 - (ii) K.1.d correction of GST and other errors in invoice calculation
 - (iii) M.7 approve or decline purchase of medical services and client reimbursements in Eos/MFP
 - (iv) all delegations for treatment and support assessors for Escalated Pathway actions
2. M.4 non-Subsidised Pharmaceuticals - Approve non-subsidised pharmaceuticals
3. All remaining provisions - as at date P-ART delegation feature in Eos goes live

All amounts in this schedule are GST exclusive, unless otherwise stated

Signed:



Mike Tully
Acting Chief Executive

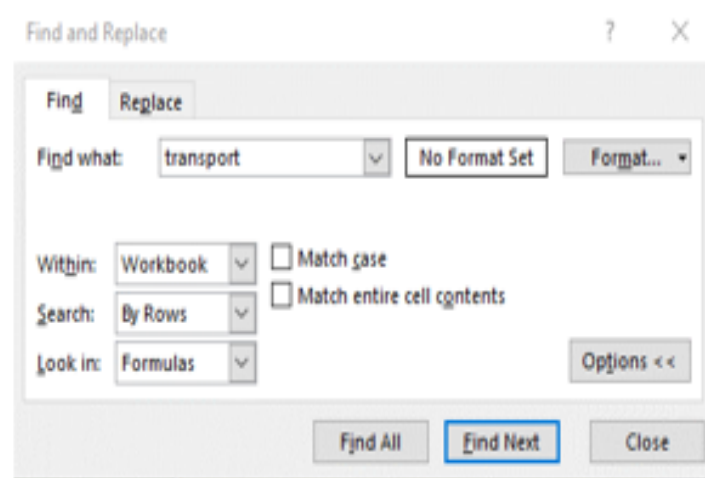
Date: 24 September 2021

How to use this schedule

Each topic is listed in the tabs below A – Q

- A. TPA Claims
- B. Accidental Death
- C. Ancillary Services
- D. Cessation and Suspension
- E. Cover
- F. Debt
- G. Disentitlement
- H. Disputes, Reviews and Appeals
- * Note no I used in this list
- J. IALS
- K. Invoices, PO's
- L. Social Rehab
- M. Treatment
- N. Voc Rehab
- * Note no O used in this list
- P. Weekly Compensation
- Q. Other

Use Ctrl F to search if you are unsure of the category relevant to your search - change the within section to Workbook to search the workbook - for example: if you are looking for the word transport, type in transport and ensure you are searching the workbook as below



If (if required) is noted, then refer to relevant Promapp process

Suggest an update

If you want to request a change to case and claims management delegations, send an email to Technical.services@acc.co.nz
Please include the specific section of the delegations schedule that you are requesting be updated. Please discuss with your leader first, and obtain endorsement from Tier 3 or 4 leader before submitting

Decision-making delegation vs provider of guidance

If you hold the delegation, then you are the decision-maker. There are cases where Technical Services will provide guidance, but the Recovery Team Member is the decision-maker. This should be clear on the matrix

A tick confirms that role has the delegated decision-making authority. If guidance is indicated the guidance section will confirm who to seek guidance from. Note, if guidance is required, then this is mandatory. In cases where it is not noted that guidance is required, you can/should still seek guidance if you are unsure or would like some support. Use the seek internal guidance process in Promapp

So in line one of the example - The Recovery Teams all have the delegation to make the decision as there is a tick under their area - but they must seek guidance; Technical Specialist provides the guidance, but is not the decision-maker as they do not have the tick. Line two is similar - they are the decision maker, but they must seek guidance for supports over \$15,000 - again Technical Specialist provides the guidance but is not the decision-maker.

In line three - the Recovery Teams have delegated decision-making authority up to \$15,000; over \$15,000 the delegated decision-making authority sits with Senior Technical Lead. Therefore, they should still be referring to Recovery Support as per the Promapp Process.

Assisted Recovery	Supported Recovery	Partnered Recovery	Guidance / Decision-making	
			Recovery Support	
Recovery Assistant	Recovery Coordinator	Recovery Partner	Technical Specialist	
✓ must seek guidance	✓ must seek guidance	✓ must seek guidance	provide guidance	x
✓ up to \$15,000 over \$15,000 must seek guidance	✓ up to \$15,000 over \$15,000 must seek guidance	✓ up to \$15,000 over \$15,000 must seek guidance	provide guidance	x
✓ up to \$15,000	✓ up to \$15,000	✓ up to \$15,000	Over \$15,000	over \$20,000 Senior Technical Lead

If you disagree with the guidance, we encourage you to discuss with the guidance provider in the first instance, if unable to resolve then please escalate via your Team Leader

CASE & CLAIMS MANAGEMENT FEATURES DELEGATIONS

How To Use This Schedule

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A. Third Party Administrator Claims Delegated Authority by Roles

Recovery Administration

FEATURES			ACTIONS			TPA Business Advisor	TPA Team Leader	TPA Administrator	External Team Manager	External Case Manager	Other Specified Role Below
A. THIRD PARTY ADMINISTRATOR CLAIMS	A.1	Development and dissemination	a	All case and claims management policies that are delegated to agents authorised to carry out work on behalf of ACC	✓ in consultation with Chief Executive	✓ in consultation with Chief Executive	X	X	X	✓ Chief Executive in accordance with all policies established by the ACC Board	
	A.2	Approve Accredited Employer Reimbursements for Gradual Process Claims, Cost on Returned Claims, and Shared Responsibility	a	MFP service items INRE1, INRE2 and INRE3	✓ up to \$500,000	✓ up to \$500,000	X	X	X	✓ Chief Executive over \$500,000 In consultation with TPA Team Leader or TPA Business Advisor	
	A.3	Case and Claims Management Delegations prior to NGCM roll out to remain in place	a	Delegations for roles prior to NGCM roll out to remain in place	X	✓ as per Team Manager	✓ as per Case Manager	✓ as per Team Manager	✓ as per Case Manager	X	

CASE & CLAIMS MANAGEMENT FEATURES DELEGATIONS

How To Use This Schedule

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- Unless specified ALL delegations are GST exclusive

B. Accidental Death Delegated Authority by Roles

FEATURES			Claims Assessment		Operations Payments	Guidance / Decision-making	
			Recovery Support	Cover Assessor	Specialist Cover Assessor	Payments Assessor	Technical Specialist
B. ACCIDENTAL DEATH excludes cover, see E. COVER	B.1 Determine Eligibility	a	As a spouse, child, other dependent section 18, 18A schedule 1; clauses 66, 70,71, 72, 74	✓	✓	x	x
		b	Status of child unborn at death of deceased - establish whether a child born within 12 months of death of deceased is deemed to be a dependent schedule 1; clause 63	x	x	x	✓
		c	Spouse or dependency status arising after date of injury of deceased (establish status of surviving spouse or other dependent) section 18, 18A schedule 1; clause 75	✓	✓	x	x
	B.2 Grants, Supports, Weekly Compensation and Miscellaneous Payments	a	Funeral grant, survivors grant and child care (authorise or decline) payment including advances schedule 1; clauses 64, 65,76 - 78	✓	✓	x	x
		b	Approval of payments for miscellaneous costs and assessments and reports	✓ up to \$10,000 over \$10,000 must seek guidance	✓ up to \$10,000 over \$10,000 must seek guidance	x	provide guidance
		c	Calculate and approve payment for Weekly Compensation including advances (authorise or decline) schedule 1; clauses 66-74	✓	✓	✓	x
		d	Commutation of weekly compensation benefits to spouses schedule 1; clause 67	✓	✓	x	x
		e	Authorise and cease weekly compensation to surviving spouse, children, and other dependents Revise and cease weekly compensation on account of a change in financial dependency schedule 1; clauses 66-75	✓	✓	✓	x

CASE & CLAIMS MANAGEMENT FEATURES DELEGATIONS

How To Use This Schedule

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C. Ancillary Services Delegated Authority by Roles

FEATURES		ACTIONS		Claims Assessment			Assisted Recovery	Supported Recovery	Partnered Recovery	Guidance / Decision-making	Resolution Services			Channel Operations		
				Cover Assessor	Specialist Cover Assessor	Treatment & Support Assessor	Recovery Assistant	Recovery Coordinator	Recovery Partner	Recovery Support	Other	Review	Other	Customer Experience Representative		
									Technical Specialist	Other Role specified below	Review Specialist	Senior Review Specialist	Other Role specified below			
C. ANCILLARY SERVICES	C.1 Client Travel	a	Approve client visits to ACC office, Outreach Centre, client taxi travel schedule 1; clauses 3, 11, 12	✓ Mesothelioma and HepC claims only up to \$1,000	✓ Mesothelioma and HepC claims only up to \$1,000	✓ up to \$1,000	✓ up to \$1,000	✓ up to \$1,000	✓ up to \$1,000	X	X	X	X	X	X	
		b	Approve client air travel schedule 1; clauses 3, 11, 12	✓ Mesothelioma and HepC claims only up to \$5,000 over \$5,000 must seek guidance	✓ Mesothelioma and HepC claims only up to \$5,000 over \$5,000 must seek guidance	✓ up to \$5,000 over \$5,000 must seek guidance	✓ up to \$5,000 over \$5,000 must seek guidance	✓ up to \$5,000 over \$5,000 must seek guidance	✓ up to \$5,000 over \$5,000 must seek guidance	X	over \$5,000 Client Service Leader to provide guidance	X	X	X	X	X
		c	Approve non-emergency transport by ambulance schedule 1; clauses 3, 11, 12	✓ Mesothelioma and HepC claims only up to \$2,000	✓ Mesothelioma and HepC claims only up to \$2,000	✓ ECP claims only up to \$2,000	✓ up to \$2,000	✓ up to \$2,000	✓ up to \$2,000	X	X	X	X	X	X	X
		d	Approve non-contracted Emergency Transport schedule 1; clauses 3, 11, 12	✓ Mesothelioma and HepC claims only up to \$10,000	✓ Mesothelioma and HepC claims only up to \$10,000	✓ ECP claims only up to \$10,000	✓ up to \$10,000	✓ up to \$10,000	✓ up to \$10,000	X	X	X	X	X	X	X
		e	Approved funded transport - Ancillary Services only, for Transport for Independence see Social Rehabilitation schedule 1; clauses 3, 11, 12	✓ Mesothelioma and HepC claims only up to \$3,000 over \$3,000 must seek guidance	✓ Mesothelioma and HepC claims only up to \$3,000 over \$3,000 must seek guidance	✓ ECP claims only up to \$3,000 over \$3,000 must seek guidance	✓ up to \$3,000 over \$3,000 must seek guidance	✓ up to \$3,000 over \$3,000 must seek guidance	✓ up to \$3,000 over \$3,000 must seek guidance	provide guidance	X	X	X	X	X	X
	C.2 Transport and Accommodation for Support People	Approve transport and/or accommodation for support people (as per regulations) schedule 1; clauses 3, 11, 12	✓ Mesothelioma and HepC claims only up to \$5,000 over \$5,000 must seek guidance	✓ Mesothelioma and HepC claims only up to \$5,000 over \$5,000 must seek guidance	✓ up to \$5,000 over \$5,000 must seek guidance	✓ up to \$5,000 over \$5,000 must seek guidance	✓ up to \$5,000 over \$5,000 must seek guidance	✓ up to \$5,000 over \$5,000 must seek guidance	provide guidance	X	X	X	X	X	X	
	C.3 Ancillary Services not otherwise specified	Approve ancillary services not otherwise specified schedule 1; clauses 3, 11, 12	✓ Mesothelioma and HepC claims only up to \$10,000 over \$10,000 must seek guidance	✓ Mesothelioma and HepC claims only up to \$10,000 over \$10,000 must seek guidance	✓ up to \$10,000 over \$10,000 must seek guidance	✓ up to \$10,000 over \$10,000 must seek guidance	✓ up to \$10,000 over \$10,000 must seek guidance	✓ up to \$10,000 over \$10,000 must seek guidance	provide guidance	X	✓ up to \$10,000 over \$10,000 must seek guidance	✓ up to \$10,000 over \$10,000 must seek guidance	✓ Resolution Coordinator up to \$10,000 over \$10,000 must seek guidance	✓ up to \$1,000	✓ up to \$1,000	

CASE & CLAIMS MANAGEMENT FEATURES DELEGATIONS

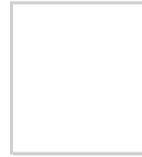
How To Use This Schedule

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- Unless specified ALL delegations are GST exclusive

D. Cessation and Suspension Delegated Authority by Roles

FEATURES			Claims Assessment			Assisted Recovery	Supported Recovery	Partnered Recovery	Guidance / Decision-making	
			Cover Assessor	Specialist Cover Assessor	Treatment & Support Assessor	Recovery Assistant	Recovery Coordinator	Recovery Partner	Client Recovery Team Leader	Recovery Support Technical Specialist
D. CESSATION AND SUSPENSION	D.1 Cessation due to Age Limit	a Cease weekly compensation due to NZSQA or elected date. schedule 1; clause 52	✓ Mesothelioma and HepC claims only	✓ Mesothelioma and HepC claims only	✓ ECP claims only	✓	✓	✓	X	X
		b Cease weekly compensation for children on Accidental death claims - Age limits. schedule 1; clause 77	X	X	X	X	X	X	X	X
	D.2 Suspend, cancel or refuse compensation	a Weekly compensation decisions as a result of s117 of the AC Act 2001; including non-compliance section 117	✓ Mesothelioma and HepC claims only must seek guidance	✓ Mesothelioma and HepC claims only must seek guidance	✓ ECP claims only must seek guidance	✓ must seek guidance	✓ must seek guidance	✓ must seek guidance	✓ < 6 months weekly compensation paid	provide guidance
		b All other Suspend, cancel, refuse or decline decisions relating to compensation or rehabilitation section 117	✓	✓	✓	✓	✓	✓	X	X
	D.3 Cessation due to Vocational Independence	Confirm Vocational Independence section 112	X	X	✓ ECP claims only must seek guidance	✓ must seek guidance	✓ must seek guidance	✓ must seek guidance	X	provide guidance
	D.4 Voluntary Withdrawal	Client choses to withdraw from ACC support	✓	✓	✓	✓	✓	✓	X	X
D.5 Cessation due to clearance for pre-injury work tasks	Weekly compensation decision confirming client is able to return to their pre-injury work tasks section 103	✓	✓	✓	✓	✓	✓	X	X	
D.6 Cessation due to clearance to engage in full-time work for which they are suited due to their experience, education or training	Weekly compensation decision confirming client is able to engage in full-time work for which they are suited due to their experience, education or training section 105	✓	✓	✓	✓	✓	✓	X	X	



CASE & CLAIMS MANAGEMENT FEATURES DELEGATIONS

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Unless specified, all delegations are CFT exclusive

CASE & CLAIMS MANAGEMENT FEATURES DELEGATIONS			F. Debt								
			Operations Payments		Guidance / Decision-making	Channel Operations		Collections and Recoveries			
FEATURES	ACTIONS		Payments Assessor	Other Role specified below	Other	Team Manager	Channel Area Lead	Team Leader	Manager Collections and Recoveries	Other Role specified below	
					Other Role specified below						
F. DEBT	F.1 Manage Debt	a	Write off overpayments in Eos sections 248 & 251	✓ L1 up to \$5,000 L2 up to \$20,000	✓ Client Service Leader up to \$100,000	✓ DCE Corporate & Finance over \$100,000	X	X	X	X	X
		b	Decide vendor and provider debt uncollectable and for write off section 248	X	✓ Manager Provider Services or Client Service Leader up to \$100,000	✓ DCE Corporate & Finance over \$100,000	✓ up to \$500	✓ up to \$1,000	X	X	X
		c	Refund over-recovered client debt	X	X	X	X	X	✓ up to \$500	✓ up to \$1,000	✓ DCE Corporate & Finance up to \$10,000; Chief Executive over \$10,000

CASE & CLAIMS MANAGEMENT FEATURES DELEGATIONS

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G. Disentitlement Delegated Authority by Roles

FEATURES			Claims Assessment			Assisted Recovery	Supported Recovery	Partnered Recovery	Guidance / Decision-making			
			Cover Assessor	Specialist Cover Assessor	Treatment & Support Assessor	Recovery Assistant	Recovery Coordinator	Recovery Partner	Recovery Support			
ACTIONS								Technical Specialist	Other Role specified below			
G. DISENTITLEMENT	G.1 Disentitle Excluding injured thorough criminal activity	a	Wilfully self-inflicted injury or suicide	✓ Guidance (if required)	✓ Guidance (if required)	✓ Guidance (if required)	✓ Guidance (if required)	✓ Guidance (if required)	✓ Guidance (if required)	provide guidance	Chair of Complex Mental Injury panel Provide guidance	
		b	Convicted for murder	X	X	X	X	X	X	provide recommendation	✓ Principal Advisor, Office of the DCE Service Delivery	
		c	Client in prison	✓	✓	✓	✓	✓	✓	X	X	
	G.2 injured through criminal activity prior to 1 July 2010	a	Authority to make a submissions for a District Court decision	✓ must seek guidance	✓ must seek guidance	✓ must seek guidance	✓ must seek guidance	✓ must seek guidance	✓ must seek guidance	✓ must seek guidance	provide guidance	X
		b	Decision to refer to District Court	X	X	X	X	X	X	X	X	✓ Manager DCE Office, Service Delivery
		c	Authority to disentitle	X	X	X	X	X	X	X	X	✓ District Court
	G.3 Injured through criminal activity from 1 July 2010 onwards	a	Add Eos Repugnant to Justice Indicator	X	X	X	X	X	X	X	✓	X
		c	Decision to Disentitle	must seek guidance	must seek guidance	must seek guidance	must seek guidance	must seek guidance	must seek guidance	must seek guidance	provide recommendation	✓ Manager DCE Office, Service Delivery

CASE & CLAIMS MANAGEMENT FEATURES DELEGATIONS

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- Consultation means there must be a documented consultation between final decision making authority and the other described party. All practicable efforts should be made to achieve an agreed decision. In the event agreement cannot be reached, the final decision rests with the decision-making authority and there should be clear documentation of that person's rationale.

- Unless specified ALL delegations are GST exclusive

H. Dispute Resolution, Review & Appeal Delegated Authority by Roles

FEATURES			Claims Assessment			Assisted Recovery	Supported Recovery	Partnered Recovery	Resolution Services					
			Cover Assessor	Specialist Cover Assessor	Treatment & Support Assessor	Recovery Assistant	Recovery Coordinator	Recovery Partner	Review		Customer Resolution		Other	
ACTIONS									Review Specialist	Senior Review Specialist	Resolution Specialist	Senior Resolution Specialist	Other Role specified below	
H. DISPUTE RESOLUTION, REVIEW AND APPEAL	H.1 Alternative Dispute Resolution	a	Purchase service from external party	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	
		b	Award costs as per review regulations for alternative dispute resolution	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Resolution Coordinator
	H.2 Dispute Resolution and Reviews	a	Management of Dispute Resolution and Review applications, including the delegation to revoke, make new decision and request area to issue the decision, following consultation with the decision maker	X	X	X	X	X	X	✓	✓	✓	✓	X
		b	Resolution agreement of disputes and review applications	X	X	X	X	X	X	✓ up to \$2,000	✓ up to \$5,000	✓ up to \$2,000	✓ up to \$5,000	✓ up to \$5,000 - Resolution Manager
		c	Accept or decline late lodged review application relating to 1972 or 1982 Act decisions	X	X	X	X	X	X	X	✓			X
	H.3 Appeals	a	Statutory appeals at District Court	X	X	X	X	X	X	X	X			✓ For Client initiated appeals: Chief Executive or General Counsel/Head of Legal or Legal Litigation For ACC initiated appeals: Chief Executive or General Counsel/Head of Legal
		b	Statutory appeals at High Court and Court of Appeal	X	X	X	X	X	X	X	X			✓ For Client initiated appeals: Chief Executive or General Counsel/Head of Legal For ACC initiated appeals: Chief Executive

CASE & CLAIMS MANAGEMENT FEATURES DELEGATIONS

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- If (if required) is noted then refer to relevant Promapp process

- Unless specified ALL delegations are GST exclusive

J. Independence Allowance / Lump Sum Delegated Authority by Roles

FEATURES		ACTIONS		Claims Assessment	Guidance / Decision-making
					Other
				Treatment & Support Assessor	Other Role specified below
J. INDEPENDENCE ALLOWANCE / LUMP SUM	J.1 Independence Allowance	a	Assess, reassess or revise entitlement to an Independence Allowance	✓	x
		b	Payment of Independence Allowance to an overseas based client	must seek guidance	✓ Client Service Leader, Treatment and Support
	J.2 Lump Sum Compensation		Approve 10% - 100% Whole Person Impairment	✓ guidance (if required)	✓ Treatment and Support hub

CASE & CLAIMS MANAGEMENT FEATURES DELEGATIONS

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K. Invoices, Reimbursements and Purchase Order Approvals Delegated Authority by Roles

FEATURES			Claims Assessment			Assisted Recovery	Supported Recovery	Partnered Recovery	Operations Payments						Recovery Administration	Resolution Services			Channel Operations				
			Lodgement Administrator	Cover Assessor	Specialist Cover Assessor	Treatment & Support Assessor	Recovery Assistant	Recovery Coordinator	Recovery Partner	Payments Assessor	Team Leader Payments	Other Role specified below		Claims Officer Payments	Team Leader / Team Manager	Manager Provider Servicing	Recovery Administrator	Review Specialist	Senior Review Specialist	Other Role specified below	Customer Experience Representative	Team Manager	Channel Area Lead
K. INVOICES, REIMBURSEMENTS AND PURCHASE ORDER APPROVALS	K.1 Medical Fee transactions handled via MFP	Invoice - manual (including credit note approval)	X	X	X	✓	X	X	X	X	X	X	X	Manual Invoice Line value up to \$50,000 Total value up to \$200,000	Manual Invoice Line value up to \$100,000 Total value up to \$200,000	Manual Invoice Line value above \$100,000 Total value above \$200,000	Manual Invoice (Hearing Aid only) Line and total value up to \$20,000	X	X	X	Manual Invoice Line value up to \$50,000 Total value up to \$200,000	Manual Invoice Line value up to \$100,000 Total value up to \$200,000	X
		Schedule - manual and electronic	X	X	X	X	X	X	X	X	X	X	X	Schedule Line value up to \$50,000 Total value up to \$200,000	Schedule Line value up to \$100,000 Total value up to \$200,000	Schedule Line total value above \$100,000 Total value above \$200,000	X	X	X	Schedule Line value up to \$50,000 Total value up to \$200,000	Schedule Line value up to \$100,000 Total value up to \$200,000	X	
		Client Reimbursement	X	✓	✓	✓	X	X	X	Line value up to \$5,000 Total value up to \$20,000	Line value up to \$50,000 Total value up to \$100,000	X	Client Service Leader Payments Line and total value above \$100,000	Line value up to \$5,000 Total value up to \$20,000	Line value up to \$50,000 Total value up to \$100,000	Line and total value above \$100,000	X	X	X	X	X	X	
		Correction of GST errors and obvious errors in invoice calculation	X	X	X	X	X	X	X	✓	✓	X	X	✓	✓	X	X	X	X	X	X	X	X
	K.2 Accredited Employer Reimbursements and Employer Reimbursement Agreement Payments	Authorise weekly compensation reimbursement payment	X	X	X	X	X	X	X	Up to \$20,000	Up to \$50,000	Head of Client Recovery Up to \$500,000	DCP Prevention & Partnerships Up to \$1million Chief Executive Above \$1 million	X	X	X	X	X	X	X	X	X	
K.3 Department of Work and Income Reimbursement Agreements	Authorise reimbursement payment	X	X	X	X	X	X	X	Up to \$20,000	Up to \$50,000	DCP Service Delivery up to \$1million	Chief Executive Above \$1 million	X	X	X	X	X	X	X	X	X		
K.4 Purchase Orders	Create and approve Purchase Orders following approval of support or reimbursement from the delegated decision making holder.	✓	✓	✓	✓	✓	✓	✓	X	X	X	X	In line with invoice exception criteria	In line with invoice exception criteria	X	As per delegated authority up to Technical Specialist	✓	✓	Resolution coordinator as per delegated authority up to Resolution Manager	X	X	X	

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L. Social Rehabilitation Delegated Authority by Roles

FEATURES		ACTIONS		Claims Assessment		Assisted Recovery	Supported Recovery	Partnered Recovery	Guidance / Decision-making				Resolution Services		Channel Operations				
				Cover Assessor	Specialist Cover Assessor	Treatment & Support Assessor	Recovery Assistant	Recovery Coordinator	Recovery Partner	Recovery Support		Other		Review	Other	Customer Experience Representative			
									Technical Specialist	Clinical Services	Other Role specified below		Review Specialist	Senior Review Specialist	Other Role specified below				
L.7 Clothing for Social Rehabilitation	Approve clothing for social rehabilitation	✓	✓	X	✓ up to \$1,000 over \$1,000 must seek guidance	✓ up to \$1,000 over \$1,000 must seek guidance	✓ up to \$1,000 over \$1,000 must seek guidance	provide guidance	X	X	X	X	X	X	X	X			
		L.8 Concussion Service - note: Clinical approval is not required for stage 1 or 2 services	Approve or decline concussion service	✓	✓	X	✓ up to \$3,500 over \$3,500 must seek guidance	✓ up to \$3,500 over \$3,500 must seek guidance	✓ up to \$3,500 over \$3,500 must seek guidance	X	provide guidance	X	X	X	X	X	X	X	
				Approve non-attendance	✓	✓	X	✓	✓	✓	X	X	X	X	X	X	X	X	
		L.9 Education Support	Approve education support assessments	✓	✓	X	✓	✓	✓	X	X	X	X	X	X	X	X	X	
				Approve education support NB: Education support for a Child or Adolescent that has not had a Support Needs Assessment or Education Based Assessment must seek guidance	✓	✓	X	✓	✓	✓	provide guidance	X	Chair of the SNA Guidance Group provide guidance	X	X	X	X	X	X
		L.10 Extended Discretion	Approve extended discretion entitlements Provisions affected: Attendee care to a client who is overseas Aids and Appliances Home help Child care Transport for Independence	✓	✓	X	must seek guidance	must seek guidance	must seek guidance	✓ up to \$20,000	X	✓ up to \$50,000, Technical Manager	✓ Over \$50,000 Head Client Recovery	X	X	X	X	X	
		L.11 Housing Modifications	Agreement to housing modifications	✓	✓	X	Standard length grab rails only	must seek guidance for subsequent	must seek guidance for subsequent	provide guidance	X	X	X	X	X	X	X	X	
				Approve costs associated with admin, design, project mgmt, and specialist fees - e.g. engineering	✓	✓	X	X	up to \$15,000	up to \$15,000	X	X	✓ over \$15,000, Senior Technical Lead	X	X	X	X	X	
				Approve housing modifications * (from 01/02/2022, first two minor modifications per claim are managed by suppliers * Includes project construction cost variation requests exceeding HM63C limit (small pre-approved contingency sum held by suppliers to administer and auto invoice for) NOTE: for specialist fee requests e.g., engineering costs, refer L.11.b	✓	✓	X	X	up to \$50,000	up to \$50,000	up to \$100,000	X	✓ up to \$300,000, Senior Technical Lead; up to \$750,000 Technical Managers; over \$750,000 Manager Technical Services	✓ over \$1M DCE Service Delivery	X	X	X	X	X
				Repairs and Maintenance to home modifications Extended discretion Policy applies	X	X	X	X	X	X	X	X	X	✓ Senior Technical Lead	X	X	X	X	X
				Approve alternative accommodation; including temporary accommodation post discharge	✓	✓	✓ ECP claims only up to \$15,000	up to \$15,000	up to \$15,000	up to \$15,000	Over \$15,000	X	✓ over \$20,000 Senior Technical Lead	X	X	X	X	X	X
		L.12 Home and Community Support Services (including contracted, non-contracted and private)	Care hours are within the FIM guidelines or Spinal Cord Injury guidelines (if these guidelines have been used in the assessment), or not required where the advice is expected, and there is clear evidence of planned actions, interventions and closing the loop practice to bring support within guidelines	✓	✓	X	Outside FIM/SCI guidelines or unexpected must seek guidance	Outside FIM/SCI guidelines or unexpected must seek guidance	Outside FIM/SCI guidelines or unexpected must seek guidance	provide guidance	X	Chair of the SNA Guidance Group provide guidance	X	X	X	X	X	X	
For claims for children or adolescents where: * an increase/decrease to a child's attendant care support package of 7 hours a week or more * Recommendations of 4 hours, or more, attendant care per day for a child * Recommendation for overnight support (active nights, intermittent night support or sleeper)	X			X	X	must seek guidance	must seek guidance	must seek guidance	provide guidance	X	Chair of the SNA Guidance Group provide guidance	X	X	X	X	X	X		

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L. Social Rehabilitation Delegated Authority by Roles

FEATURES	ACTIONS		L. Social Rehabilitation Delegated Authority by Roles							Guidance / Decision-making				Resolution Services		Channel Operations	
			Claims Assessment			Assisted Recovery	Supported Recovery	Partnered Recovery	Recovery Support		Other		Review		Other	Customer Experience Representative	
			Cover Assessor	Specialist Cover Assessor	Treatment & Support Assessor	Recovery Assistant	Recovery Coordinator	Recovery Partner	Technical Specialist	Clinical Services	Other Role specified below		Review Specialist	Senior Review Specialist	Other Role specified below		
	For claims for Children and Adolescent please only use line L.12.b	c Higher hourly rates for non-contracted agency and private caregivers	Mesothelioma and HepC claims only must seek guidance	Mesothelioma and HepC claims only must seek guidance	ECP claims only must seek guidance	must seek guidance	must seek guidance	must seek guidance	provide guidance	X	X	X	X	X	X	X	
		d Home help; child care; Level 1 Attendant care For L1 attendant care for children and Adolescent only use line L.12.b	✓ Mesothelioma and HepC claims only up to 25 hours per week over 25 hours per week must seek guidance	✓ Mesothelioma and HepC claims only up to 25 hours per week over 25 hours per week must seek guidance	✓ ECP Claims only up to 25 hours per week over 25 hours per week must seek guidance	✓ up to 25 hours per week over 25 hours per week must seek guidance	✓ up to 25 hours per week over 25 hours per week must seek guidance	✓ up to 25 hours per week over 25 hours per week must seek guidance	provide guidance	X	X	X	X	X	X	✓ Home help only up to 25 hours per week	
		e Oversight Supervision by family For claims for children and Adolescent only use line L.12.b	✓ Mesothelioma and HepC claims only up to 84 hours per week over 84 hours per week must seek guidance	✓ Mesothelioma and HepC claims only up to 84 hours per week over 84 hours per week must seek guidance	✓ ECP Claims only up to 84 hours per week over 84 hours per week must seek guidance	✓ up to 84 hours per week over 84 hours per week must seek guidance	✓ up to 84 hours per week over 84 hours per week must seek guidance	✓ up to 84 hours per week over 84 hours per week must seek guidance	provide guidance	X	X	X	X	X	X	X	X
		f Delivered Meal Service	✓ Mesothelioma and HepC claims only	✓ Mesothelioma and HepC claims only	✓ ECP claims only	✓	✓	✓		X	X	X	X	X	X	X	X
		g Nursing services	✓ Mesothelioma and HepC claims only up to \$7,500 over \$7,500 must seek guidance	✓ Mesothelioma and HepC claims only up to \$7,500 over \$7,500 must seek guidance	✓	✓ up to \$7,500 over \$7,500 must seek guidance	✓ up to \$7,500 over \$7,500 must seek guidance	✓ up to \$7,500 over \$7,500 must seek guidance	provide guidance	X	X	X	X	X	X	X	X
		h Attendant care by family - intermittent night support (level 1 attendant care) For claims for children and Adolescent only use line L.12.b	✓ Mesothelioma and HepC claims only up to 14 hours per week over 14 hours per week must seek guidance	✓ Mesothelioma and HepC claims only up to 14 hours per week over 14 hours per week must seek guidance	✓ ECP Claims only up to 14 hours per week over 14 hours per week must seek guidance	✓ up to 14 hours per week over 14 hours per week must seek guidance	✓ up to 14 hours per week over 14 hours per week must seek guidance	✓ up to 14 hours per week over 14 hours per week must seek guidance	provide guidance	X	X	X	X	X	X	X	X
		j Level 2 Attendant care For claims for children and Adolescent only use line L.12.b	✓ Mesothelioma and HepC claims only up to 7 hours per week over 7 hours per week must seek guidance	✓ Mesothelioma and HepC claims only up to 7 hours per week over 7 hours per week must seek guidance	✓ ECP Claims only up to 7 hours per week over 7 hours per week must seek guidance	✓ up to 7 hours per week over 7 hours per week must seek guidance	✓ up to 7 hours per week over 7 hours per week must seek guidance	✓ up to 7 hours per week over 7 hours per week must seek guidance	provide guidance	X	X	X	X	X	X	X	X
		k Sleepover care For claims for children and Adolescent only use line L.12.b	✓ Mesothelioma and HepC claims only up to 7 nights per week over 7 nights per week must seek guidance	✓ Mesothelioma and HepC claims only up to 7 nights per week over 7 nights per week must seek guidance	✓ ECP Claims only up to 7 nights per week over 7 nights per week must seek guidance	✓ up to 7 nights per week over 7 nights per week must seek guidance	✓ up to 7 nights per week over 7 nights per week must seek guidance	✓ up to 7 nights per week over 7 nights per week must seek guidance	provide guidance	X	X	X	X	X	X	X	X
		l Case conference	✓ Mesothelioma and HepC claims only	✓ Mesothelioma and HepC claims only	✓ ECP claims only	✓	✓	✓		X	X	X	X	X	X	X	X
		L.13 Retrospective Social Rehabilitation Entitlements under previous Acts (1972, 1982, 1992 and 1998)	a Approve or decline entitlement, including interest	X	X	X	X	X	X	✓ Provide recommendation	X	✓ Technical Manager up to \$500,000	✓ DCE Service Delivery over \$500,000	X	X	X	X
		b Settlement of claims	X	X	X	X	X	X	X	X	X	X	✓ Chief Executive, on recommendation of DCE Service Delivery	X	X	X	X
c Authorise the release of an interest payment on a social rehabilitation entitlement	X	X	X	X	X	X	X	X	X	X	✓ DCE Corporate & Finance	X	X	X	X		
L.14 Retrospective Social Rehabilitation Entitlement under Accident Compensation Act 2001	Approve or decline an entitlement prior to the date of application	✓ Mesothelioma and HepC claims only up to six months	✓ Mesothelioma and HepC claims only up to six months	✓ ECP Claims only up to six months over 6 months must seek guidance	✓ up to six months over 6 months must seek guidance	✓ up to six months over 6 months must seek guidance	✓ up to six months over 6 months must seek guidance	✓ over six months and up to \$250,000	X	✓ Technical Manager up to \$500,000	✓ DCE Service Delivery over \$500,000	X	X	X	X		
L.15 Complex contracted social rehabilitation programmes / services	a Approve living my life programme, including support costs	✓ Mesothelioma and HepC claims only up to \$25,000 over \$25,000 must seek guidance	✓ Mesothelioma and HepC claims only up to \$25,000 over \$25,000 must seek guidance	✓ ECP Claims only up to \$15,000 over \$15,000 must seek guidance	X	✓ up to \$15,000 over \$15,000 must seek guidance	✓ up to \$30,000 over \$30,000 must seek guidance	provide guidance	X	X	X	X	X	X	X		

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L. Social Rehabilitation Delegated Authority by Roles

FEATURES		ACTIONS		Claims Assessment			Assisted Recovery	Supported Recovery	Partnered Recovery	Guidance / Decision-making				Resolution Services		Channel Operations
				Cover Assessor	Specialist Cover Assessor	Treatment & Support Assessor	Recovery Assistant	Recovery Coordinator	Recovery Partner	Recovery Support		Other		Review		Other
									Technical Specialist	Clinical Services	Other Role specified below		Review Specialist	Senior Review Specialist	Other Role specified below	
L.16 Inpatient Rehabilitation Services	c	Approve behavioural support services	Mesothelioma and HepC claims only up to 6 hours per week over 6 hours per week must seek guidance	Mesothelioma and HepC claims only up to 6 hours per week over 6 hours per week must seek guidance	X	X	X	up to 6 hours per week or 230 hours over a 9 month period	X	Psychology Advisor provide guidance	X	X	X	X	X	X
	d	Approve Rapid Response Post Exit service	Mesothelioma and HepC claims only up to 12 hours	Mesothelioma and HepC claims only up to 12 hours	ECP Claims only up to 12 hours	up to 12 hours	up to 12 hours	up to 12 hours	X	X	X	X	X	X	X	X
	a	Approve non-acute inpatient rehabilitation extensions after the initial 21 days (no prior approval needed)	Mesothelioma and HepC claims only up to 21 days over 21 days must seek guidance	Mesothelioma and HepC claims only up to 21 days over 21 days must seek guidance	ECP Claims only up to 21 days over 21 days must seek guidance	up to 21 days over 21 days must seek guidance	up to 21 days over 21 days must seek guidance	up to 21 days over 21 days must seek guidance	X	provide guidance	X	X	X	X	X	X
	b	Approve TBI residential rehabilitation	Mesothelioma and HepC claims only up to 60 days over 60 days must seek guidance	Mesothelioma and HepC claims only up to 60 days over 60 days must seek guidance	ECP Claims only up to 60 days over 60 days must seek guidance	up to 60 days over 60 days must seek guidance	up to 60 days over 60 days must seek guidance	up to 60 days over 60 days must seek guidance	provide guidance	X	X	X	X	X	X	X
	c	Approve Spinal Cord Injury Active Rehabilitation	Mesothelioma and HepC claims only up to 80 days each admission over 80 days must seek guidance	Mesothelioma and HepC claims only up to 80 days each admission over 80 days must seek guidance	ECP Claims only up to 80 days each admission over 80 days must seek guidance	up to 80 days each admission over 80 days must seek guidance	up to 80 days each admission over 80 days must seek guidance	up to 80 days each admission over 80 days must seek guidance	provide guidance	X	X	X	X	X	X	X
	d	Approve active rehabilitation crisis care	Mesothelioma and HepC claims only up to 72 hours over 72 hours must seek guidance	Mesothelioma and HepC claims only up to 72 hours over 72 hours must seek guidance	ECP Claims only up to 72 hours over 72 hours must seek guidance	up to 72 hours over 72 hours must seek guidance	up to 72 hours over 72 hours must seek guidance	up to 72 hours over 72 hours must seek guidance	provide guidance	X	X	X	X	X	X	X
	e	Approve residential rehabilitation support / care NB: Interim Residential Support with a non-contracted provider does not require Technical Guidance	Mesothelioma and HepC claims only must seek guidance if non-contracted	Mesothelioma and HepC claims only must seek guidance if non-contracted	ECP Claims only must seek guidance if non-contracted	must seek guidance if non-contracted	must seek guidance if non-contracted	must seek guidance if non-contracted	provide guidance	X	X	X	X	X	X	X
		Residential rehabilitation services for sensitive claims	X	X	X	must seek guidance if non-contracted	must seek guidance if non-contracted	must seek guidance if non-contracted	provide guidance	provide guidance	X	X	X	X	X	X
	f	Approve palliative care - both inpatient and community	Mesothelioma and HepC claims only must seek guidance	Mesothelioma and HepC claims only must seek guidance	ECP Claims only must seek guidance	must seek guidance	must seek guidance	must seek guidance	X	provide guidance	X	X	X	X	X	X
	g	Approve costs of temporary accommodation post discharge	Mesothelioma and HepC claims only up to \$15,000 over \$15,000 must seek guidance	Mesothelioma and HepC claims only up to \$15,000 over \$15,000 must seek guidance	ECP Claims only up to \$15,000 over \$15,000 must seek guidance	up to \$15,000 over \$15,000 must seek guidance	up to \$15,000 over \$15,000 must seek guidance	up to \$15,000 over \$15,000 must seek guidance	provide guidance	X	X	X	X	X	X	X
	h	Funding for Elderly Victims of Crime (EVOIC) Services	X	X	ECP Claims only must seek guidance for approving funding split decision	must seek guidance for approving funding split decision	must seek guidance for approving funding split decision	must seek guidance for approving funding split decision	provide guidance	X	X	X	X	X	X	X
	L.17 Training for Independence	a	Approve or decline cost of Training for Independence. Excludes provider travel	Mesothelioma and HepC claims only up to \$35,000 and/or six months over \$35,000 and/or six months must seek guidance	Mesothelioma and HepC claims only up to \$35,000 and/or six months over \$35,000 and/or six months must seek guidance	ECP Claims only up to \$35,000 and/or six months over \$35,000 and/or six months must seek guidance	up to \$35,000 and/or six months over \$35,000 and/or six months must seek guidance	up to \$35,000 and/or six months over \$35,000 and/or six months must seek guidance	up to \$35,000 and/or six months over \$35,000 and/or six months must seek guidance	provide guidance	X	X	X	X	X	X
		b	Approve Training for Independence Advisory Service	X	X	ECP claims only	✓	✓	✓	X	X	X	X	X	X	X
	L.18 Transport for Independence / Motor Vehicles	a	Approve driving lessons	Mesothelioma and HepC claims only up to \$2,000 over \$2,000 must seek guidance	Mesothelioma and HepC claims only up to \$2,000 over \$2,000 must seek guidance	ECP Claims only up to \$2,000 over \$2,000 must seek guidance	up to \$2,000 over \$2,000 must seek guidance	up to \$2,000 over \$2,000 must seek guidance	up to \$2,000 over \$2,000 must seek guidance	provide guidance	X	X	X	X	X	X

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L. Social Rehabilitation Delegated Authority by Roles

FEATURES			Claims Assessment			Assisted Recovery	Supported Recovery	Partnered Recovery	Guidance / Decision-making				Resolution Services			Channel Operations		
			Cover Assessor	Specialist Cover Assessor	Treatment & Support Assessor	Recovery Assistant	Recovery Coordinator	Recovery Partner	Recovery Support		Other		Review		Other	Customer Experience Representative		
ACTIONS									Technical Specialist	Clinical Services	Other Role specified below		Review Specialist	Senior Review Specialist	Other Role specified below			
b	Approve vehicle modifications		✓ Mesothelioma and HepC claims only up to \$15,000 over \$15,000 must seek guidance	✓ Mesothelioma and HepC claims only up to \$15,000 over \$15,000 must seek guidance	✓ ECP Claims only up to \$15,000 over \$15,000 must seek guidance	✓ up to \$15,000 over \$15,000 must seek guidance	✓ up to \$15,000 over \$15,000 must seek guidance	✓ up to \$15,000 over \$15,000 must seek guidance	provide guidance	X	X	X	X	X	X	X		
			c	Approve initial or subsequent vehicle purchase	Mesothelioma and HepC claims only must seek guidance	Mesothelioma and HepC claims only must seek guidance	X	X	must seek guidance	✓ up to \$25,000	✓ over \$25,000	X	X	X	X	X	X	X
			d	Approve motor vehicle repairs	X	X	X	X	X	X	✓	X	X	X	X	X	X	X
			e	Approve Funded Transport - excluding Rentals	✓ Mesothelioma and HepC claims only up to \$10,000 per year over \$10,000 per year must seek guidance	✓ Mesothelioma and HepC claims only up to \$10,000 per year over \$10,000 per year must seek guidance	✓ ECP Claims only up to \$10,000 per year over \$10,000 per year must seek guidance	✓ up to \$10,000 per year over \$10,000 per year must seek guidance	✓ up to \$10,000 per year over \$10,000 per year must seek guidance	✓ up to \$10,000 per year over \$10,000 per year must seek guidance	provide guidance	X	X	X	X	X	X	X
			f	Approve rental transport	✓ Mesothelioma and HepC claims only up to 26 weeks over 26 weeks must seek guidance	✓ Mesothelioma and HepC claims only up to 26 weeks over 26 weeks must seek guidance	✓ ECP Claims only up to 12 weeks over 12 weeks must seek guidance	✓ up to 12 weeks over 12 weeks must seek guidance	✓ up to 26 weeks over 26 weeks must seek guidance	✓ up to 26 weeks over 26 weeks must seek guidance	provide guidance	X	X	X	X	X	X	X
			L.19	Other Social Rehabilitation	Any social rehabilitation requests that don't fit within the actions above. Excludes gym/pool passes (refer to promapp process). For Fertility treatment see M. Treatment.	✓ Mesothelioma and HepC claims only must seek guidance before assessing	✓ Mesothelioma and HepC claims only must seek guidance before assessing	✓ ECP Claims only must seek guidance before assessing	✓ must seek guidance before assessing	✓ must seek guidance before assessing	✓ must seek guidance before assessing	provide guidance	X	X	X	X	X	X
L.20	Branch Intervention Payments	Use of service code BINTV01 - to support clients to achieve rehabilitation goals. The maximum amount payable is \$500 (excluding GST) per claim. There is no higher delegation	✓ up to \$500	✓ up to \$500	✓ up to \$500	✓ up to \$500	✓ up to \$500	✓ up to \$500	X	X	X	X	✓ up to \$500	✓ up to \$500	✓ Resolution Manager up to \$500	X		

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M. Treatment Delegated Authority by Roles

FEATURES			ACTIONS			Claims Assessment	Assisted Recovery	Supported Recovery	Partnered Recovery	Operations Payments		Guidance / Decision-making			Resolution Services			Channel Operations
						Cover Assessor	Specialist Cover Assessor	Treatment & Support Assessor	Recovery Assistant	Recovery Coordinator	Recovery Partner	Payments Assessor	Claims Officer Payments	Technical Specialist	Clinical Services	Other Role specified below	Review Specialist	Senior Review Specialist
M. TREATMENT	M.1 Treatment	a	Approve or decline all diagnostics and treatment, excluding Dental treatment	✓	✓	✓	✓	✓	✓	X		X	X	X	X	X	limited to extension of treatment on ACC32 request	
		b	Approve dental treatment	X	X	✓	X	X	X	X			X	X	X	X	X	X
		c	Extend treatment beyond treatment profile or normal system maximums (generally following receipt of ACC32 Request for Additional Treatment)	X	X	✓	X	X	X	X			X	X	X	X	X	✓
	M.2 Elective Surgery		Approve or decline Elective surgical procedures	X	X	✓ guidance (if required)	X	X	X	X		X	provide guidance	X	X	X	X	X
	M.3 Fertility Treatment		Approve or decline Fertility treatment	X	X	✓ must seek guidance	X	✓ must seek guidance	✓ must seek guidance	X		provide guidance	provide guidance	X	X	X	X	X
	M.4 Non-Subsidised Pharmaceuticals		Approve non-subsidised pharmaceuticals	✓ Mesothelioma and HepC claims only must seek guidance	✓ Mesothelioma and HepC claims only must seek guidance	✓ must seek guidance for stage 3 criteria requests	✓ must seek guidance for stage 2 and stage 3 criteria requests	✓ must seek guidance for stage 2 and stage 3 criteria requests	✓ must seek guidance for stage 2 and stage 3 criteria requests	X		X	provide guidance	X	X	X	X	X
	M.5 Pain Management Programme	a	Approve pain management programme Excludes Spinal Cord Stimulator	✓ Mesothelioma and HepC claims only up to \$7,000 over \$7,000 must seek guidance	✓ Mesothelioma and HepC claims only up to \$7,000 over \$7,000 must seek guidance	✓ ECP Claims only up to \$7,000 over \$7,000 must seek guidance	✓ up to \$7,000 over \$7,000 must seek guidance	✓ up to \$7,000 over \$7,000 must seek guidance	✓ up to \$7,000 over \$7,000 must seek guidance	X		X	provide guidance	X	X	X	X	X
		b	Approve pain management programmes service codes INEC, IN05, IN50, IN51, IN52, IN53	✓ Mesothelioma and HepC claims only must seek guidance	✓ Mesothelioma and HepC claims only must seek guidance	✓ ECP Claims only must seek guidance	✓ must seek guidance	✓ must seek guidance	✓ must seek guidance	X		X	provide guidance	service codes INEC, IN05, IN50, IN52, IN53 - Principal Clinical Advisor - provide guidance	X	X	X	X
		c	Approve Spinal Cord Stimulator Services	✓ Mesothelioma and HepC claims only	✓ Mesothelioma and HepC claims only	✓ ECP Claims only must seek guidance	✓ must seek guidance	✓ must seek guidance	✓ must seek guidance	X		X	provide guidance	X	X	X	X	X
	M.6 Approve or Decline payment of Treatment services in Eos	a	Approve schedule line value	✓ Mesothelioma and HepC claims only up to \$20,000	✓ Mesothelioma and HepC claims only up to \$20,000	✓ up to \$20,000	✓ up to \$20,000	✓ up to \$20,000	✓ up to \$20,000	X		X	X	X	X	X	X	X
		b	Approve schedule total value	✓ Mesothelioma and HepC claims only up to \$200,000	✓ Mesothelioma and HepC claims only up to \$200,000	✓ up to \$200,000	✓ up to \$200,000	✓ up to \$200,000	✓ up to \$200,000	X		X	X	X	X	X	X	X
	M.7 Approve or Decline purchase of medical services and client reimbursements in Eos/MFP		Approve or decline payment for the following: • treatment from treatment providers as per the regulations; contracts or ACC policy • Goods and services via purchase orders; and by a person with appropriate delegation	✓ up to \$15,000 Mesothelioma and HepC claims over \$15,000 must seek guidance	✓ up to \$15,000 Mesothelioma and HepC claims over \$15,000 must seek guidance	✓ up to \$15,000 over \$15,000 must seek guidance	✓ up to \$15,000 over \$15,000 must seek guidance	✓ up to \$15,000 over \$15,000 must seek guidance	✓ up to \$15,000 over \$15,000 must seek guidance	✓ up to \$15,000 over \$15,000 must seek guidance	✓ up to \$15,000 over \$15,000 must seek guidance	provide guidance	X	X	✓	✓	Resolution Coordinator	✓ up to \$3,000
	M.8 Extended Discretion		Approve extended discretion for Elective Surgery Procedures	X	X	✓ guidance	X	X	X	X		✓ up to \$50,000	X	over \$50,000 Head Client Recovery, advice to DCE Service Delivery	X	X	X	X
	M.9 Approve Full Cost of Treatment		Approve full cost of treatment using codes FCT1, FCT2, FCT3, FCT4	✓ must seek guidance	✓ must seek guidance	✓ must seek guidance	✓ must seek guidance	✓ must seek guidance	✓ must seek guidance	X	X	X	X	✓ Team Leader	X	X	X	X

CASE & CLAIMS MANAGEMENT FEATURES DELEGATIONS

N. Vocational Rehabilitation Delegated Authority by Roles

FEATURES			ACTIONS		Cover Assessor	Specialist Cover Assessor	Treatment & Support Assessor	Recovery Assistant	Recovery Coordinator	Recovery Partner	Recovery Support	Other
											Technical Specialist	Other Role specified below
N. VOCATIONAL REHABILITATION	N.1 Vocational Rehabilitation Assessments	Approve Vocational Assessments	✓	✓	✓ <small>ECP Claims only</small>	✓	✓	✓	✓	X	X	
		Approve Case Conference	✓	✓	✓ <small>ECP Claims only</small>	✓	✓	✓	✓	X	X	
	N.2 Vocational Rehabilitation Services	a Approve Vocational Rehabilitation Services, including: vocational training	Mesothelioma and HepC claims only	✓	✓	✓ <small>ECP Claims only up to \$7,000 and/or up to 3 years</small>	✓	✓	✓	✓	provide guidance	X
			b Approve Job Search post Vocational Independence Decision	✓	✓	✓ <small>ECP Claims only</small>	✓	✓	✓	✓	X	X
		c Approve budgeting and counselling following Vocational Independence decision	✓	✓	✓ <small>ECP Claims only up to \$1,000 over \$1,000 must seek guidance</small>	✓	✓	✓	✓	✓	provide guidance	X
			d Self employment assistance – developing a self-employment proposal: Small business training course of preparation of business plan	✓	✓	✓ <small>ECP Claims only up to \$2,000 over \$2,000 must seek guidance</small>	✓	✓	✓	✓	provide guidance	X
			e Self employment assistance – approving a self-employment proposal: Purchase or modification of equipment for self-employment venture	✓	✓	✓ <small>ECP Claims only up to \$2,000 over \$2,000 must seek guidance</small>	✓	✓	✓	✓	provide guidance	X
	N.3 Vocational Aids and Appliances	Purchase aids and appliances for vocational rehabilitation	✓	✓	✓ <small>ECP Claims only up to \$15,000 over \$15,000 must seek guidance</small>	✓	✓	✓	✓	provide guidance	X	
	N.4 Workplace Modifications	a Approve building advisor	✓	✓	✓ <small>ECP Claims only up to \$15,000</small>	✓	✓	✓	✓	X	✓ <small>over \$15,000 - Senior Technical Lead</small>	
			b Approve workplace modifications	✓	✓	✓ <small>ECP Claims only up to \$50,000</small>	✓	✓	✓	X	✓ <small>over \$50,000 - Senior Technical Lead</small>	
		Repairs and Maintenance to workplace modifications	X	X	X	X	X	X	X	X	✓ <small>Senior Technical Lead</small>	

