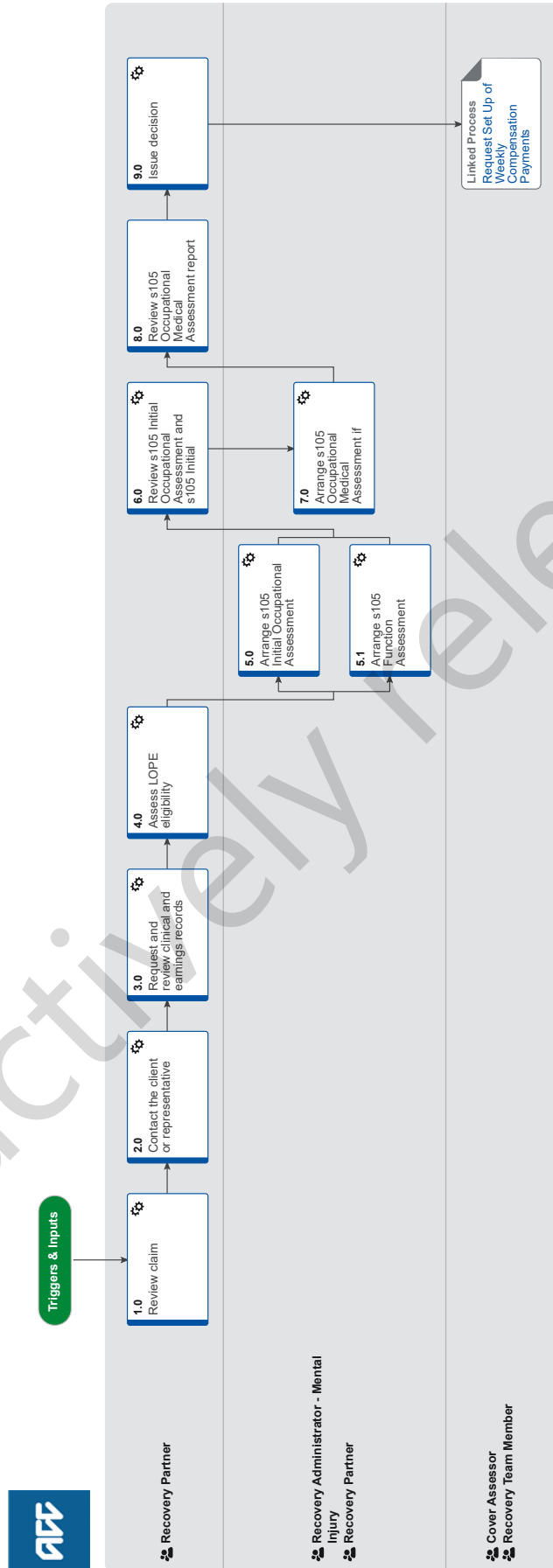


Assess Loss of Potential Earnings (LOPE) - Sensitive Claims v9.0



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Summary

Objective

Determine eligibility for Loss of Potential Earnings (LOPE) Payments for a client with a Sensitive Claim.

Background

Loss of Potential Earnings (LOPE) assessment for a Sensitive Claim requires a Recovery Partner to first assess the client's eligibility against a set of criteria, then investigate their inability to work by completing three assessments. These assessments must be completed in this order. However, if #2 appears to demonstrate severe incapacity, confirm this with Medical Advisor who may confirm omission of #3 on this occasion.

1) Section 105 Occupation Assessment. This is purchased by following the Initial Occupation Assessment (IOA) process. The purpose of this assessment is to provide supporting information to subsequent assessors so that they can determine whether there is now, or has been at some time in the past, incapacity from engaging in work types for 30+ hours based on their skills, training and education.

2) Section 105 Function Assessment (psychiatric/psychological). If ACC has already determined the client's Personal Injury cover through a Supported Assessment then this assessment will determine the functional effects of the client's mental injury on their ability to engage in work types identified in the Occupation Assessment. If the client has not completed a recent Supported Assessment, then they should be referred for a Supported Assessment with additional questions on Function, as specified in the referral letter for s105 Supported + Function Assessment (psychiatric/psychological)

3) Section 105 Occupational Medical Assessment. This assessment is to determine how the injury has been (retrospectively) or is currently affecting the client's ability to work. This assessment is only used in cases of doubt about incapacity, or when it appears likely that there is no longer any incapacity and that entitlement will be declined. Contact Recovery Support to confirm before omitting referral for this assessment.

Upon completion of all necessary assessments, the Recovery Partner must consult with Recovery Support to determine whether the client is or has in the past been unable, because of his or her personal injury, to engage in work for which he or she is suited by reason of experience, education, or training, or any combination of those things.

Owner

[Name withheld]

Expert

Procedure

1.0 Review claim

Recovery Partner

a Understand LOPE eligibility criteria.

Loss of Potential Earnings Policy

b In Eos, check the claims history for medical notes to ensure that Deemed Date of Injury (DDOI) is accurate or if there is an earlier DDOI."

c Determine Eligibility:

- What period the client is claiming for?
- Identify clinical and other records that support these periods of incapacity
- Assist in confirming (passive) the injury or Event occurred prior to the age of 18.

NOTE What do you do if the claim status is held or declined?

You need to determine cover first. Refer to the Set up Getting Started and Early Planning process.

PROCESS Set up Getting Started and Early Planning

NOTE What if there is no ACC18 Medical Certificate that supports the claim?

Ask the client to obtain current and ongoing ACC18 Medical Certificate from their GP.

Existing clinical and other records can be used to support backdated periods of incapacity in the absence of an ACC18 Medical Certificate.

Rules for Medical Certificates for Inability to Work Policy

d Check the claims history and check for a duplicate claim to determine if there are other Sensitive claims. This ensures that cover is sitting on the right claim.

NOTE What if you find a duplicate claim?

Link the duplicate claim. Go to Identify and Link Duplicate Claims :: Identify and link duplicate Sensitive claims.

PROCESS Identify and Link Duplicate Claims :: Identify and link duplicate Sensitive claims

e Check the Indicators tab to find out if physical file exists.


NOTE How do you request a physical file?

Refer to the Retrieve Archived Physical Claim Files process to request and obtain physical files.

 **PROCESS** Retrieve Archived Physical Claim Files

NOTE What if the medical/clinical records are not on the claim?

Refer to the Request Clinical Records process.

 **PROCESS** Request Clinical Records

f In Eos, check the claim for medical/clinical records and Consent tab for a signed ACC6300 within the last 12months.

NOTE DHBs require a new ACC6300 every 12 months.

NOTE What if there is no recent ACC6300 signed within 12 months?

Obtain a new ACC6300 and send to the client or the provider. Refer to the Obtain Client Authority to Collect Information process.


 **PROCESS** Obtain Client Authority to Collect Information

NOTE What should you consider in the medical/clinical records already on the claim?

Check the medical records to understand:

- What additional medical records may be needed to support the assessments.

g Determine if the client meets the Sensitive claims criteria as outlined in section '1.0 Eligibility' and '2.0 Schedule 3 of the Accident Compensation Act 2001' of the Cover Criteria for Sensitive Claims Policy.

 Cover Criteria for Sensitive Claims Policy

NOTE What if the client meets the Sensitive claims criteria?

Determine whether appropriate to organise Cover and Function Assessment before client engaging Early Planning or Support to Wellbeing stage.

Go to activity '6.0 Arrange s105 Function Assessment'.

NOTE What if you are unsure if the client meets Sensitive claims criteria.

Discuss the claim with your Team Leader, Recovery Partner Level 2 or Practice Mentor.


2.0 Contact the client or representative

Recovery Partner

a Determine whether you will contact the client or an Authority to Act (ATA).

NOTE What if you need to add or update the ATA?

Refer to Obtain Authority to Act (ATA) process.

 **PROCESS** Obtain Authority to Act (ATA)

b Contact the client or ATA by their preferred method of communication. Advise receipt of request and explain LOPE eligibility criteria.

NOTE Do you need to send a letter to the client to confirm receipt of entitlement request?

Only if the client requests it. To do this, generate the 'WC41 Investigate link - client' and replace 'relevant pre-existing conditions you have like arthritis' with 'relevant pre-existing mental health conditions you have'.

 WC41 - Investigate link - client

c Confirm with the client what periods to investigate LOPE for.

NOTE How do you confirm the client LOPE claim period?

Review clinical and other records that may support these periods of incapacity and assist in confirming the client's injury occurred prior to the age of 18.

d Determine if the client has been engaged in any full-time study for the period which they are claiming for or prior to the age of 18 until they sustained their injury.

NOTE What if the claim was lodged and accepted under the 1972 or 1982 Act?

Determine if the client was in full-time study prior to the age of 16.

NOTE Why do we need to determine if the client has been engaged in any full-time study or training for the period which they are claiming for?

As per the LOPE policy, one of the eligibility criteria is the client must not be in full-time study or training that leads to the award of a qualification during the period for which they are claiming support.

 Loss of Potential Earnings Policy

NOTE What if the client did engage in full-time study?

Send the ACC138 Certificate of attendance to the client to request information from the University, Polytechnic or Study Facility to obtain confirmation of course.

 ACC138 Certificate of attendance

NOTE What is considered full-time study or training?

Refer to section '5.0 Definition of full-time study or training' of the LOPE Policy.

- e** Ensure that the client understands why ACC needs to request notes, Real Time Earnings (RTE) and Ministry of Social Development (MSD) benefit information and that they are aware of what period we are requesting for.

NOTE Why do we need to request relevant information from IR and MSD?

We use the information to confirm previous earnings from IR and MSD to help assess eligibility and potential entitlement for LOPE.

NOTE What if the client has not granted ACC authority to collect medical and other records?

Obtain verbal and written consent from the client so that we can collect relevant medical or other records. See Obtain Client Authority to Collect Information process for further guidance.

 **PROCESS** Obtain Client Authority to Collect Information

- f** Advise the client that we may request updated clinical records. Confirm that the client is OK with this.

NOTE What if you need to request updated clinical records?


Ask the client for their relevant health provider who we may need to obtain medical records from.

NOTE What if there are no notes available or you don't need to request them?

After completing the tasks below, go to activity 4.0 Determine LOPE eligibility.

NOTE What if there are other relevant claims on file?

Ask the client if there are other relevant claims on file where we may obtain relevant information from and refer to Prepare and Complete Sensitive Claims Document Release activity 2.d, note 3.

 **PROCESS** Prepare and Complete Sensitive Claims Document Release (Provider Only)

- g** Advise the client that we may need to contact their employer. Confirm that the client is OK with this and that they are comfortable with us discussing their claim with their employer.

NOTE What if the client requests to not involve their employer?

Where there is a Sensitive claim, we must follow directions by the client and not involve the employer unless requested to do so. Ensure you do not show or discuss any sensitive client information with the employer.

- h** Advise client and/or ATA of the six month stand down period.

NOTE What is the six month stand down period?

As per the LOPE Policy, to be eligible to receive compensation for LOPE, the client must meet all criteria including 'have been unable to work due to the injury for more than six months'.

 Loss of Potential Earnings Policy

NOTE What if the client received support from MSD?

Advise the client that ACC will reimburse MSD if they have been in receipt from MSD during any periods of eligibility or entitlement. Note not all support is reimbursed fully. If unsure speak to your Team Leader or Recovery Partner Level 2.

- i** Check the claim for a signed ACC165 Declaration of Rights and Responsibilities form.

NOTE What if there is no signed ACC165 on the claim?

Discuss the client's rights and responsibilities and confirm that the client understands these. Record this discussion in Salesforce and send an ACC165 to the client.

- j** Advise the client on the next steps and to gain further information if necessary. Refer to the process map to help give the client a high level overview of the steps we follow when processing their request

NOTE What do you need to advise the client of and what information is required?

- What will happen as part of this process including information around assessments.
- ACC may need to collect more information from their relevant providers (list providers and get client approval to contact).
- That we may contact their current employer to gather relevant information (applicable only if currently employed).
- Confirm with the client when and how they would like to be kept up to date with progress.
- Set expectations about timeframes and completing all recommended treatment assessments and rehabilitation.
- What it would mean if there is no clear link between their covered injuries and incapacity to work.

- k** In Salesforce, refer to Conduct Recovery Check-in Conversation process to update the Recovery Check-in task at the timeframe agreed with the client to update them on progress.

 Conduct Recovery Check-in Conversation

- l** In Salesforce, populate the Vocational Life Area with the relevant details and create a future dated Reminder task to record vital information using the LOPE Sensitive Claims Investigation Template.

 LOPE Sensitive Claims Investigation Template

3.0 Request and review clinical and earnings records

Recovery Partner

- a** Request relevant medical/clinical records if the client has given permission.

NOTE What do you need to do prior to making a request for any updated medical/clinical records?

Contact the relevant health providers to confirm that the client is registered with the practice.

NOTE What if the client is not registered with the practice?

The practice may still hold notes for the client, or enquire where the client is actually registered. Contact that practice to see if they hold any information on file.

- b** Request all mental health records for the periods of incapacity the client is requesting financial support for.

NOTE How do you request clinical records?

Refer to Request Clinical Records process.

PROCESS Request Clinical Records

- c** Review the clinical records obtained and complete claim and client relevancy check.

NOTE What do we do with the clinical information received?

Check information as it comes in. If it's not what you need or want, either return to the provider and ask them to resend or redact the unnecessary information and delete the unredacted version.

If unsure, check with Team Leader or Recovery Partner Level 2.

Privacy Check Before Disclosing Information Policy

NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

- d** Confirm the earliest DDOI based on information available.

NOTE What if the claim is declined or held?

- Do not make a decision on DDOI until cover has been established.
- In Salesforce, create a Reminder Task and document the earliest date the client has been treated for any mental injuries;
 - add the consultation date (eg 15/04/2018)
 - client received treatment for 'diagnosis' (eg depression)
 - notes location (eg see pg3 of notes).
- Set the due task date to the expiration date of the assessment purchase order.

NOTE What if the claim is accepted and/or clinical records indicate an earlier DDOI?

Request guidance from a Psychology Advisor and Technical Specialist via Recovery Support.

PROCESS Seek Internal Guidance

- e** In Eos, generate the 'CVR17 Update deemed date of injury - client' to claimant to issue a decision letter if an earlier DDOI has been determined by Psychology Advisor and/or Technical Specialist.

CVR17 Update deemed date of injury - client

NOTE On what claims would the DDOI apply?

DDOI would only apply to claims lodged under the 1992, 1998 and 2001 Acts, and not the 1972 or 1982 Acts. There are different rules applying to the dates of injury under 1972 Act, and no clear rule under the 1982 Act. In these two scenarios, seek guidance from a Technical Specialist.

- f** Retrieve the earnings from IR to confirm the client was employed during the periods of incapacity.

NOTE How do you obtain Inland Revenue (IR) earnings information if the client was in employment?

1) Request Real Time Earnings (RTE) information to determine if the client has been in receipt of any earnings between DDOI and DOFI/DOSI. This will also help confirm client's dates of employment. This requires client consent beforehand.

Only collect the period for the month of the confirmed date. For example: DDOI or DOFI/DOSI has been confirmed as 15/03/2020. You would request period for 01/03/2020 to 31/03/2020.

Ensure that you are only requesting the RTE for the dates in question. Requesting information from DDOI to DOFI/DOSI is an over request and a potential breach of the client's privacy.

2) Create a 'General Task' with the heading RTE REQUEST'

3) Add Reason e.g. to confirm earner status at DDOI or DOFI/DOSI

4) Period required

5) Transfer the General Task to Weekly Compensation Sensitive Claims queue.

NOTE How will you know when earnings information is available?

Client Payments will save the RTE to the claim and return the task to advise they are now available.

NOTE What if IR is unable to provide RTE breakdown on backdated periods?

There are limitations to how far back IR can provide the breakdown of RTE. For RTE requests before 2000, IR may be able to provide the year earnings but not the earnings by week or month. In this case, ask the client to provide evidence of their earnings to confirm their earner status in the period required.

Seek Technical Guidance if unsure of information received in RTE.

- g** Consider requesting MSD benefit information for the periods the client is claiming LOPE using the following instructions.




NOTE Why should you request benefit information from MSD?

To help determine if the client has been incapacitated to work if medical/clinical records are not enough to clearly indicate this.

4.0 Assess LOPE eligibility


Recovery Partner

- a** Review the eligibility criteria for LOPE payments. Refer to the policy, guidelines on eligibility date for MI and business rules below.

-  Loss of Potential Earnings Policy
-  LOPE Eligibility Date for Mental Injuries
-  How to work out a clients date of event for a sensitive claim

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

Refer to the Deemed Cover and Entitlements Policy for considerations to determine client entitlement eligibility while in deemed cover period.

-  Deemed Cover and Entitlements Policy

- b** Confirm that the client meets the eligibility criteria before proceeding with the first assessment:

- be a potential earner
- have turned 18
- earnings are under minimum rate
- not be in full-time study

NOTE What if you are unsure if the client meets the eligibility criteria?

Speak to your Team Leader, Recovery Partner Level 2 or Practice Mentor.

NOTE What if the client doesn't meet the 1-4 of the eligibility criteria for LOPE?

Go to 10.0c NOTE 2 to generate the decline decision letter and communicate the decision to the client.

NOTE What if the client may meet the eligibility criteria for weekly compensation?

Consider which entitlement is more beneficial for the client, i.e. LOPE weekly amount vs Weekly Compensation weekly amount.

If unsure, speak to your Team Leader, Recovery Partner Level 2 or Practice Mentor support.

-  **PROCESS** Assess Weekly Compensation for Sensitive Claims

NOTE How do you determine which financial support is more beneficial for the client?

Review RTE earnings to determine clients previous earnings.

NOTE What if the client may benefit more on Weekly Compensation?

If the Weekly Compensation amount appears to be higher, go to the Assess Weekly Compensation for Sensitive Claims process. This process ends.

-  **PROCESS** Assess Weekly Compensation for Sensitive Claims

- c** Contact the client or ATA to confirm and explain what the next steps are.

NOTE What are the next steps?


- 1) s105 Initial Occupation Assessment,
- 2) s105 Function Assessment, and
- 3) if needed, s105 Occupation Medical Assessment.

Find out from the client at this time if the client has a vendor and/or assessor preferences ie gender, location.

- d** In Salesforce add or update Agreed Interventions on the Recovery Plan if the client agrees to the above assessments.

NOTE How do you add or update Agreed Interventions?



Refer to Create or Update Recovery Plan process activity 2.2c.

-  **PROCESS** Create or Update Recovery Plan

5.0 Arrange s105 Initial Occupational Assessment

Recovery Administrator - Mental Injury, Recovery Partner

- a** In Eos, generate a Vocational Independence Occupational Assessment referral task for a 'Vocational Initial Occupational Assessment' to purchase the assessment.

-  Referring Tasks to Recovery Administration - Principles
-  Creating Manage Referral Tasks - System Steps



- b** Complete the mandatory fields in the e-form.

- c** Provide additional information in the task if applicable.

NOTE What information is important to include in the task?

- Expected outcome
- Vendor preference if applicable
- Reason for the referral
- Factors that may impact the assessment, e.g. communication difficulties or interpreter services
- State if the client has requested CV preparation
- Name of document group or advise no documents are to be sent
- If your client has a care indicator. Refer to 'Disclosure of care indicator information to third parties Policy' for information about when this needs to be shared.
- The purchase order code for a LOPE IOA is VIO105. Do not use IOA02.

Additional information is found in the Partnered MI Occupational Assessment section of the Partnered and Assisted Mental Injury Task Templates.

-  Disclosure of Care Indicator Information to Third Parties Policy
-  Partnered and Assisted Mental Injury Task Template

NOTE What if assessor notifies us that the client did not attend (DNA) the assessment?

In Eos, generate an NGCM Admin Request task. Advise Recovery Admin to add one of the codes below including quantity (1 or 2) and timeframe to the current Purchase Order for the assessor.

- IOADNAC - Did not attend Complex IOA
- IOADNAR - Did not attend Reassessment
- IOADNAV - Did not attend CV preparation



Note: Two DNAs per client referral

- d** Call Recovery Administration, provide the claim number and request the task is completed today if urgent.
- e** Review the task and create the purchase order (performed by Recovery Administrator).

NOTE How does the Recovery Administrator do this?

Refer to Assess Loss of Potential Earnings (LOPE) - Physical Injury process activities '3.0 Review task' and '4.0 Create purchase order'.

Note the following difference with Sensitive claims purchase orders: If the ACC195 does not generate from the purchase order, open ACC195 linked below, populate the blank form as necessary and attach to the email to the supplier/provider.

-  **PROCESS** Assess Loss of Potential Earnings (LOPE) - Physical Injury
-  ACC195 - Application for Loss of Potential Earnings

5.1 Arrange s105 Function Assessment

Recovery Administrator - Mental Injury, Recovery Partner

- a** Confirm that the client has completed a Supported Assessment within the last two years.

NOTE What if the client has not had a recent Supported Assessment?

Arrange a Supported Assessment with additional questions on Function specific to LOPE. This is to determine the effects of the injury on their work capacity.

Arrange this assessment using the Assess Early Planning & Set up Supported Assessment process. You will need to start at activity '3.0 Request Supported Assessment' and refer to the notes on Supported Assessment with additional Function questions for specific guidance for this assessment type.

-  **PROCESS** Assess Early Planning & Set up Supported Assessment

- b** Seek Medical Advisor opinion via Hotline or Rapid Advice Medical (RAM) session before referring for further assessment.


NOTE What can the Medical Advisor Hotline help with?

The Medical Advisors may be able to determine whether a Function Assessment is required based on the assessment and clinical/medical records we have on file. They can also provide comment on what clinical information we may need to request from treatment providers eg GP, Te Whatu Ora (DHB).

-  **PROCESS** Seek Internal Guidance


NOTE How do you organise a RAM session?

RAM is currently (as of August 2023) available in some parts of the North Island only. Speak to your Team Leader to book a session.

- c** Use the Contracted Suppliers list to find a Clinical Psychologist or Psychiatrist who holds an ISSC contract or a Clinical Psychiatric contract to undertake the s105 Function Assessment. If possible, use a Clinician who has treated the client previously.
 -  Contracted Suppliers by Geographic Area of Coverage
- d** In Eos, generate a s105 Function Assessment referral task.

NOTE How do you create a s105 Function Assessment referral task?

- 1) From the Recovery Plan sub-case, create the correct Admin task. Either:
 - For ISSC use Add Activity, NGCM - Admin Request task, or
 - For clinical psychiatric contract use NGCM – Manage Referral Tasks > Mental Injury Assessment task.
- 2) Refer to the Partnered and Assisted Mental Injury Task Template document to select the appropriate option under 'Partnered MI Function Assessment'.
- 3) Complete all sections of the referral template. Ensure you instruct Recovery Admin on which template to add to the referral. Either:
 - s105 Function Assessment, or
 - Cover + s105 Function Assessment


 Partnered and Assisted Mental Injury Task Template

- e** Review the task and create the purchase order (performed by Recovery Administrator).


NOTE How does the Recovery Administrator do this?

To review the task, refer to Assess Early Planning & Set up Supported Assessment procedure activity '4.0 Review task'.

To generate the purchase order, refer to Assess Early Planning & Set up Supported Assessment procedure activities '5.0 Create Purchase Order and Send referral'.

 **PROCESS** Assess Early Planning & Set up Supported Assessment

- f** Create a document group and name it 's105 Function Assessment'.

 Manage document groups

- g** Send relevant documents and information to the assessor.

NOTE How do you send above information to a provider?

Refer to the Prepare and Complete Sensitive Claims Document Release (Provider Only) process.

 **PROCESS** Prepare and Complete Sensitive Claims Document Release (Provider Only)

NOTE What documents do you need to provide?

- Signed ACC6300 or ACC6300D Authority to Collect Medical and other Records. If verbal consent was provided note this in the task e-form for Recovery Admin.
- s105 Initial Occupational Assessment
- Any relevant Recovery Support guidance
- Relevant clinical notes
- Any relevant reports, ie medical, psychological, counselling reports
- Any relevant assessments
- Any relevant previous physical files
- Information on any other ACC claims that might be relevant

- h** Contact the assessor to confirm their email address and cellphone number for sending the clinical records.

NOTE What if the assessor is verbally confirming the email address?

In Salesforce, add a contact with the details of the conversation and confirmation for privacy reasons.

NOTE What if the specified email address has not been verified?

Refer to Verify an Existing Provider, Vendor or Facility Email Address.

 **PROCESS** Verify an Existing Provider, Vendor or Facility Email Address

- i** Send to the provider the:

- medical notes
- assessment pack
- assessment report
- IBSC reports and any other types of sensitive or confidential information.

6.0 Review s105 Initial Occupational Assessment and s105 Initial Function Assessment reports

Recovery Partner

- a** In Eos, review the s105 Initial Occupational Assessment and s105 Initial Function Assessment reports carefully and determine if all the questions have been answered.


NOTE What if the assessor has not answered all the questions?

Contact the assessor, request the missing information and ask for an amended report.

- b** Perform privacy checks on the reports ensuring all the details are relevant to the client.

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

- c** Generate ACC6217 Backdated Incapacity Rationale form complete the necessary fields and leave as 'incomplete' in the claim for Medical Advisor and Technical Specialists to complete.

 ACC6217 Backdated incapacity rationale & referral for interest on late payment of weekly compensation

- d** Obtain Written guidance from Recovery Support.

NOTE What can Recovery Support assist with?

- Seek guidance from Medical Advisor and Technical Specialist, to assist in determining eligibility for LOPE based on clinical and other records, incapacity and assessments available.
- If a Supported Assessment was completed, seek guidance from a Psychology Advisor in addition to Medical Advisor and Technical Specialist.
- Whether a s105 Occupational Medical Assessment is required before we issue a LOPE decision.
- If s105 Occupational Medical Assessment is not required, is there sufficient information to issue a LOPE entitlement decision. If yes, then progress to activity 10.0 Issue decision.

 **PROCESS** Seek Internal Guidance

7.0 Arrange s105 Occupational Medical Assessment if required

Recovery Administrator - Mental Injury, Recovery Partner

- a** Determine if you need to arrange a s105 Occupational Medical Assessment.

NOTE What if a s105 Occupational Medical Assessment is required?

Refer to Arrange Section 105 Assessment process activity '2.0 Contact client and explain need for assessment' then return to this step to continue.

 **PROCESS** Arrange Section 105 Assessment

NOTE When would you not need to arrange a s105 Occupational Medical Assessment?

When Recovery Support provides guidance that a s105 Occupational Medical Assessment is not required to determine eligibility for LOPE.

Go to activity 10.0 Issue decision.

- b** In Eos, generate an Initial Medical Assessment referral to purchase the assessment.

NOTE How do you create a task for Recovery Administration?

Use 'Add Activity', NGCM – Manage Referral Tasks > Medical Assessment Referrals> S105 Assessment and complete all sections in the e-form as well as the template, by transferring the information into the 'Specific service elements' section.

Code: VMS03

Investigation period: Incapacity start and to date eg May 1996 to present

Additional details: Please specify whether assessing current/ongoing incapacity and/or earlier incapacity

NOTE Where can you find more details on the Occupational Medical Assessment referral?

Refer to the Partnered MI Section 105 Occupational Medical Assessment details in the Partnered and Assisted Mental Injury Task Template.

 Partnered and Assisted Mental Injury Task Template

- c** Create a document group and name it 's105 Occupational Medical Assessment'.

 Manage document groups

- d** Send relevant documents and information to the assessor.

NOTE How do you send above information to a provider?

Refer to the Prepare and Complete Sensitive Claims Document Release (Provider Only) process.

 **PROCESS** Prepare and Complete Sensitive Claims Document Release (Provider Only)

NOTE What documents do you need to provide?

- Signed ACC6300 or ACC6300D Authority to Collect Medical and other Records. If verbal consent was provided note this in the task e-form for Recovery Admin.
- s105 Initial Occupational Assessment
- Any relevant Recovery Support guidance
- Relevant clinical notes
- Any relevant reports, ie medical, psychological, counselling reports
- Any relevant assessments
- Any relevant previous physical files
- Information on any other ACC claims that might be relevant

- e** Review the task and create the purchase order (performed by Recovery Administrator).

NOTE How does the Recovery Administrator do this?

Refer to the Arrange Section 105 Assessment procedure activities '4.0 Review task' and '5.0 Create Purchase Order'.

 **PROCESS** Arrange Section 105 Assessment


8.0 Review s105 Occupational Medical Assessment report

Recovery Partner

- a** Review s105 Occupational Medical Assessment report to determine if all relevant information has been included.

NOTE What information should be included?

Refer to activity '4.0 What should you expect from the IMA?' of the Initial Medical Assessment (IMA) Service Page.

 Initial Medical Assessment Service Page

- b** Seek guidance from a Psychology Advisor, Medical Advisor and Technical Specialist to assist in determining entitlement for LOPE based on clinical and other records, incapacity and assessments available.

NOTE What information do we need to provide?

- 1) Make note of any periods of incapacity based on historical and current medical records including benefits information collected from MSD.
- 2) Note periods of employment and earnings over minimum wage.
- 3) Key information from assessment reports obtained such as treatment recommendations, impact of non-covered injuries.

 **PROCESS** Seek Internal Guidance

9.0 Issue decision


Recovery Partner

- a** Review that we have considered the right information, kept our clients informed throughout the assessment process, and show accountability for our final decision.

 NG Principles Decision Making

- b** Contact the client or ATA by their preferred method of communication to explain the decision and send decision letter.

NOTE Refer to activities '1.0 Advise Client of a decision' and '2.0 Record details from discussion with client' of the Issue Recovery Decision process.

 **PROCESS** Issue Recovery Decision

NOTE What else do you need to discuss with the client?

- Explain the six month stand down period.
- As per the LOPE Policy, to be eligible to receive compensation for LOPE, the client must meet all criteria including 'have been unable to work due to the injury for more than six months'.
- If you need to do backdated weekly compensation (BDWC), you are reliant on information from third parties eg MSD or IR which means there could be delays on receiving the information required to make the financial support calculations.
- If the client received support from MSD, advise the client that ACC will reimburse MSD if they have been in receipt from MSD during any periods of incapacity. Note not all support is reimbursed fully. If unsure speak to your Team Leader or Recovery Partner Level 2.
- Explain to the client that it is essential that ongoing medical certificates need to be submitted in order for payments to continue uninterrupted without delays or part payments.
- Complete the non-standard e-form in Eos that is to be sent Payments team.

Ensure you record that these points have been discussed with the client.


NOTE What if the decision is to decline the request for LOPE?

Discuss with your Team Leader or Recovery Partner Level 2 how best to communicate the decline decision to the client.

Create and send the SPD999 Decline entitlement decision – client (declined) letter via the client's preferred communication channel (phone, post or email) including the ACC255 Kōrero mai - Working Together.

Consider if the decision needs to be communicated in a safe environment such as in therapy session.


This process ends.

 **PROCESS** Issue Recovery Decision

 SPD999 Decline entitlement decision - client

- c** In Eos, generate the WCO50 accept weekly compensation letter, including the ACC255 working together and FSW05 earning while on weekly compensation to send via the client's preferred communication channel.

 WCO50 Accept application for weekly compensation - LOPE


 ACC255 Kōrero mai - Working together

 FSWC05 Earning while on weekly compensation

- d** Update Recovery Plan.

NOTE How do you create or update the Recovery Plan?

Refer to the Create or Update Recovery Plan process.

 **PROCESS** Create or Update Recovery Plan

- e** Request set up of Weekly Compensation - LOPE payments.

NOTE What additional information do you need to provide in your request?

In the non-standard e-form task that is sent to Payments, clearly state the client has been assessed and is eligible for LOPE.

Go to activity '3.0 Send request to Weekly Compensation Payments team (Recovery Team Member)' of the Request Set Up of Weekly Compensation Payments process.



PROCESS

Request Set Up of Weekly Compensation Payments

Cover Assessor, Recovery Team Member

Proactively released