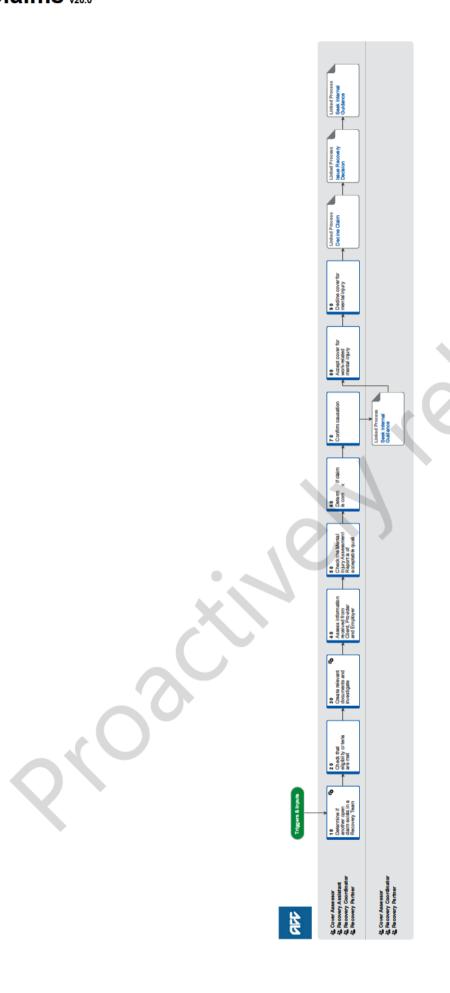
Make Cover Decisions for Work-Related Mental Injury Claims v20.0





Make Cover Decisions for Work-Related Mental Injury Claims 2010



Summary

Objective

To enable recovery team members to make cover decisions on some new claims for work-related mental injury without having to access Recovery Support/Clinical Services teams.

Background

A number of claims are referred to the Clinical Services team that do not need clinical advice. In future, it would be quicker for recovery team members to follow this process.

Owner [Name withheld]

Expert [Name withheld]

Procedure

1.0 Determine if another open claim exists in a Recovery Team

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

a In Eos, check for any open claims.

NOTE How do you check there is an active managed claim?

The yellow indicator on the General Screen shows the client has an active managed claim.

NOTE What is there is an existing open managed claim?

Go to (NGCM) Match Claim to Recovery Team.

End of Process.

PROCESS Match Claim to Recovery Team

2.0 Check that eligibility criteria are met

Cover Assessor, Recovery Assista t, Recovery Coordinator, Recovery Partner

- a Check the relevant claim docum nts (eg ACC45, ACC18 (available to hospital/GP only), lett r from GP or provider requesting cover for mental i jury, ACC54 application form for Independence Allowance/Lump Sum), medical records and cover criteria po icy to establish if the work-related mental injury crite ia are met.
- b Call the client to discus the eligibility criteria and to establish that a I the rel va t criteria within Step 2.0 have been clarifie and co sidered to be met. If the eligibility criteria is me contin e your call with the client and go to Step 3 0 (b).

Che k if the claim is an Accredited Employer claim on the Accredited employers list (for work-related claims only).

NOTE What if the identified employer is an Accredited Employer?

Transfer the claim to the Accredited employer, unless the claim is for a motor vehicle accident event. If the claim is for a motor vehicle event, the claim is managed by ACC and not by the Accredited Employer.

PROCESS Identify and Transfer Work-Related Injury Claim to Accredited Employer (AE)

Transfer of an accredited employer claim Policy

	Accredited Employer List (Te Whāriki)
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Work-related me	ental injury policy
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Mental Injury Policy

d Check that the work-related event occurred after 01/10/2008 or, if the event occurred prior to 01/10/2008, that the client first received treatment for the mental injury after 01/10/2008.

NOTE What if the client first received treatment for the mental injury prior to 01/10/2008?

The eligibility criteria may not be met Go to Seek Internal Guidance from a Techni al Specialist via Hotline guidance on Ext 50118

PROCESS Seek Internal Gu dance

e Check that the client was ordinarily esident in NZ at the time of the event.

NOTE What if the client was overse at the time of the event?

If the event oc urr d overs as, but the client was ordinarily resident in NZ at the time, then the client may be eli ible for work-related mental injury. Note that it the date of the event, not the date o development of the mental injury, that is rel vant o thi criterion.

NOTE What does ordinarily resident mean?

A client is ordinarily resident in NZ if they were visiting or living abroad with the intention of returning to NZ within six months of departure, or working abroad for an NZ employer or the spouse or child of such a person with the intention of returning to NZ.

f Check that the client was at work at the time of the event.

NOTE What constitutes being 'at work'?

The client is considered to be at work if they were at the location of the event for the purpose of employment. This includes being at a place of employment during a break.

g Check that the client directly experienced a single event at work, or a series of events at work that arose from the same cause or together comprised a single incident.

NOTE What does 'directly experienced' mean?

The client must have been directly involved in or witnessed the event at close proximity. This includes seeing the event (in real time/live) on CCTV or hearing the event (live). It excludes reading about the event or seeing pictures in the media, or hearing about the event on the telephone from another person.

NOTE What constitutes a 'series of events'?

An example of a series of events would be when a police officer or soldier is exposed to several similar life-threatening situations over a short period of time (weeks or months, not years).

h Check that the event is something that would provoke extreme distress, horror or alarm in most people.

NOTE What kind of events would usually be expected to cause extreme distress, horror or alarm in most people?

The events that typically cause this response would be those outside of the normal range of human experience. Most people have very distressing life events such as bereavements, divorce, or financial stressors. Events that would provoke work-related mental injury include those in which there is exposure to actual or threatened death or serious injury, for example a train driver who witnesses the death of a member of the public who falls onto the track.

NOTE What if the claim does not appear to meet the eligibility criteria?

Go to Seek Internal Guidance process

PROCESS Seek Internal Guidance

3.0 Create relevant documents and investigate

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

a Determine if a decision can be made in the statutory timeframes.

NOTE What if the decision cannot be made in the statutory timeframes?

Go to 'extend cover decision timeframes' process

PROCESS Extend Cover Decision Time-

- b Contact client to confirm eligibility of claim using criteria set out in Work-related mental injury policy. Advise the client what information will need to be collected, including medical or clinical notes relating to all mental health records and all relevant GP records pre-dating the injury by two to five years (or a longer period if there is a known mental health history over an extended period of tim) and that this information will be shared with the selected provider who will be carrying out the required assessment once all information has been obtained. Advise the client that we will be asking the employer form information about the work place event and for cepies of any incident or WorkSafe reports. Advise that we also require client to complete the ACC4244 digits Advise that we also require
 - Work-related mental injury policy
- c Generate the following clien documents in EOS CVR13 letter, PSYIS02 form ACC424 form and ACC6300 form and send to client. (The CVR13 and ACC4244 will require editing to fit the claim type as these documents are use for both MICP and WRMI claims). Set a task for 2 weeks time f r follow up of the return of this information.
- d Contact he employ r for information about the work p ce e nt utilising CVR15 Acknowledge witness work even claim employer letter, generated in EOS. This can be sent to the employer via email if the appropriate cont ct person and email address is known. This letter may req ire modification of the details of what we are requesting to suit each claim.

e Ask the lodging provider to complete an ACC4245 form and relevant medical records by creating a Purchase Approval for service code MEDR and utilising the CVR14 letter within the purchase order and attaching the ACC4245 form. Ensuring the CVR14 letter clearly advises the period of time we are requesting medical and mental health records for 2 or 5 years ,or more if applicable. An ACC6300 is not required to request this information from the lodging provider as the claim form signed by the GP and client is sufficient for this purpose. If you are requesting this information from a provider who is not the lodging provider, an ACC6300 form signed by client will be required. Set a task for 1 weeks time to follow-up on the return of this information.

ACC4245 Mental Injury Report

NOTE NGCM Request for clinical reco ds. Wh t if you are a Recovery Team Memb r?

Follow the Request Clinical Reco ds p cess, ensuring that you provide t e applicable information from task (e) above t the Recovery Administrator to action the request to the GP.

PROCESS Request C nical Records

f Search all electronic and physical claim files for information relevant to the mental niury investigation.

NOTE What information is relevant?

- All info mation about the work event including information from the employer (CVR15)
- All psychiatric or psychological information in reports such as:
- p in assessment reports
 vocational information and assessments conducted by psychologists
- counselling reports
- information pertaining to any sensitive claims
- g Ensure all documentation relevant on any physical files is copied and scanned to the claim. Ensure the documentation does not include sensitive claims information.

4.0 Assess information received from Client, Provider and Employer

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a Confirm the client ACC4244 is complete and the ACC6300 is signed by the client. If there is information missing from the ACC4244 form, call the client to obtain this information. Use the signed ACC6300 to request any additional information from any other providers that the client has advised of on the ACC4244.
- **b** Confirm the ACC4245 is complete and all medical records requested have been provided. If there is missing information, contact the provider to ask this be provided.
- C Confirm that the information received from the employer includes the following: Date of the event, the client's involvement in the event and any incident/investigative reports, WorkSafe reports or Police reports

NOTE If all the relevant information is received from the client, the employer and all relevant providers, proceed to Arrange Mental Injury Assessment for Cover process.

► PROCESS	Arrange Mental	Injury Assess
	ment for Cover	

5.0 Check the Mental Injury Assessment Report is of acceptable quality

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

a Check that the report is clear, logical and complete.

NOTE What report checks should you complete?

- · All sections of the report have been completed.
- · Client is considered competent to give consent.
- Injury, client, and provider details are correct.
- · Diagnosis is clearly stated.
- There is a causal formulation that makes sense (ie an explanation for development of symptoms and causal link to injury event).
- There are clear, logical and practical treatment recommendations.
- b Check the assessor has considered whether there are any specific cultural issues that require attention or that may affect how the claim is handled, including diagnosis and treatment.
- C Check that there are no significant discrepancies in the information available

NOTE What discrepancies should you check for?

Examples of significant discrepancies would include:

- · Different diagnoses at different times.
- Different reports of the physical and/or mental symptoms experienced following the physical injury.
- Any symptom validity issues highlighted in the assessment report or elsewhere.

6.0 Determine if claim is complex

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

a Determine if the claim is complex.

NOTE What is a complex claim?

A complex claim is one in which:

- the claim has gone or is going to re ew
- the client is suicidal, dangerou has ignificant conduct issues, has a forensi history o significant sexual or violent offences, and/or is currently in prison
- there are other mental injury claims on the client's record (eg mental injury caused by sexual abuse, ment I injury caused by physical injury, work-relat d me I injury, or treatment injury mental injury) and/or
- there is a his ory of significant pre-existing or conc rrent onc ns with mental health or substance abus , in addition to the purported mental injury

Clie ts in Prison Policy

NOTE What if you determine the claim to be complex?

Note the complexity in the request for internal guidance and sign off by Psychology Advisor.

- **b** Check that this is a single claim or has earlier claims all related to the same event with no other mental injury claims.
- **c** Check that the assessor has made reference to the relevant background and collateral information.

7.0 Confirm causation

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

a Confirm that the assessor has stated that one or both of the diagnosed conditions was caused by the workplace event, or that the event materially contributed to the development of the condition.

NOTE What if the assessor states that there is more than one cause of the mental injury?

The workplace event needs to be one of the causes of the diagnosed disorders but does not need to be the only one. Terms such as 'causally contributed', 'materially contributed' are acceptable terms to indicate a causal link.

NOTE What if the assessor states that the disorders were not caused by, but were 'e acerbated' or 'maintained' by the workplac event?

Go to step 8.0

► PROCESS

Seek Internal Guidance

Cover Assess r, Rec very Coordinator, Recovery Pa tne

8.0 Accept cover f r work-related mental injury

Cover Assess r, Re ery Assistant, Recovery Coordinator, Re overy Partner

a Add he accepted injury diagnosis to the claim, including any related physical injury diagnosis that has been idenfied and has not already been accepted for cover.

NOTE What if a READ code is not specified for the accepted diagnosis?

Search for the Read code that matches the accepted diagnosis.

- List of all the READ codes
 https://www.google.co.nz/url?sa=t&rct=j&q=&esrc=s&
- **b** Confirm the date from which the person is to be regarded as suffering mental injury is the date on which the client first received treatment for the injury.
 - Accident Compensation Act (2001) Section 36: Date on which person is to be regarded as suffering mental injury

https://www.legislation.govt.nz/act/public/2001/0049/la

c Issue the appropriate decision letter.

NOTE What decision letter do you use?

Go to the Issue Recovery Decision process and utilise letter CVR51 Claim approve - mental injury - client

PROCESS Issue Recovery Decision

9.0 Decline cover for mental injury

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

a What if the mental injury is declined?

NOTE Issue decline cover decision utilising letter CVR999, using the appropriate option within the letter for the decline reason.

PROCESS Decline Claim

PROCESS

Decline Claim

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

Issue Recovery Decision Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner
Seek Internal Guidance Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner