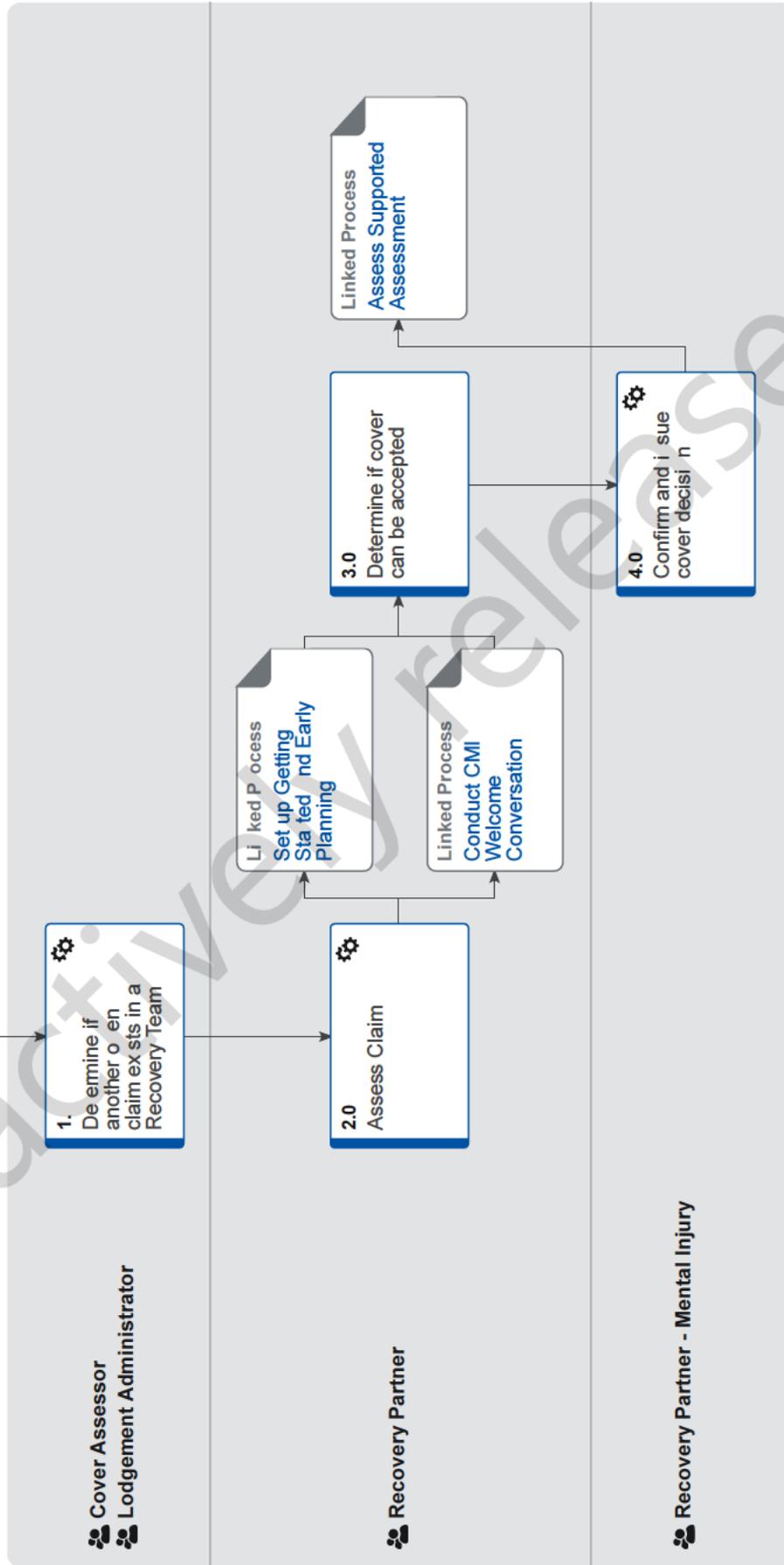


Make Cover Decision for Mental Injury Caused by Sexual Abuse

v34.0



Triggers & Inputs



Make Cover Decision for Mental Injury Caused by Sexual Abuse

v34.0



Summary

Objective

To assess a claim for cover whether it's declined, held or accepted.

Owner [Name withheld]

Expert [Name withheld]

Procedure

1.0 Determine if another open claim exists in a Recovery Team

Cover Assessor, Lodgement Administrator

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 if there is an active managed claim?

Go to Match Claim to Recovery Team.
End of Process.

 **PROCESS** Match Claim to Recovery Team

2.0 Assess Claim

Recovery Partner

a Check if the claim has been ticked as sensitive in error. If it has, remove the sensitive tick and transfer the claim to the Cover Triage Department.

b In Eos, confirm there is only one mental injury claim caused by sexual abuse, or if there are earlier claims related to the same event or other events prior to the lodgement of the claim you are making a decision on.

c Review the claim (and any other earlier claims related to the same event, or other events prior to the lodgement of the claim you are making a decision on) and determine the actions required to support a cover decision.

NOTE What if an ISSC Engagement form has been received?

Go to Set Up, Getting Started and Early Planning process

 **PROCESS** Set up Getting Started and Early Planning

NOTE What if an ACC45 injury claim form has been received?

Go to Conduct CMI Welcome Conversation process

 **PROCESS** Conduct CMI Welcome Conversation

NOTE What if the client has sustained both physical and mental injuries from sexual abuse?

An additional claim must be lodged for the physical injury:

1. Complete the Referral for Additional Claim Lodgement form.
2. In section 'Transfer Claim To', write 'Partnered Team - [Recovery Team Member]
3. Email the completed form to either Hamilton.Registration@acc.co.nz or Dunedin.Registration@acc.co.nz.

 Additional Claim Lodgement form

<https://accnz.sharepoint.com/sites/TeWhariki/Commu>

d Check if the Date of Injury is correct.

NOTE What if the Date of Injury doesn't match?

1) Update the Date of Injury to match the date of the client's first consultation either from the ACC45 or the Engagement Form.

2) Add a Contact Action with the following rationale for the change:

"I have updated the date of injury on the claim based on the information provided in the ACC45/Engagement form. The ACC45/Engagement form indicates that the first date the client received treatment is XXX. This is in line with Section 36 of the Accident Compensation Act 2001 where the date of injury is the date the client first received treatment, rather than the event date. This can be updated at a later date, if appropriate, if further information comes to light."

 **PROCESS** Set up Getting Started and Early Planning
Recovery Partner

 **PROCESS** Conduct CMI Welcome Conversation
Recovery Partner

3.0 Determine if cover can be accepted

Recovery Partner

a Review the information received, specifically that the assessor has stated that one or more of the diagnosed conditions was caused by the sexual abuse event, or that the event materially contributed to the development of the condition.

NOTE What should you be checking for to determine cover?

Check the supported assessment, specifically that the assessor has stated that one or more of the diagnosed conditions was caused by the sexual abuse event, or that the event materially contributed to the development of the condition. If the medical records were not received by the Assessor, you need to review those medical records alongside the assessment report when determining if cover can be accepted. If considered necessary, provide the medical records to the assessor for them to determine if the new information changes their clinical opinion and recommendation in their assessment.

If you are a new Recovery Partner (under six months in the role), and new to this process of making a cover decision for mental injury caused by sexual abuse, please refer to your team leader, colleague or Practice Mentor for support working through this process.

NOTE What else should you be checking for in the Assessment or medical information?

Check for the following:

- The assessor has received and reviewed the available medical records.
- The assessor has diagnosed only one or two conditions.
- The assessor's diagnoses conform to ACC's list of 'Common' diagnoses (for list of standard diagnoses, see 4.0e information).
- There is no indication that a medical condition might contribute to these diagnoses.

If there are more than two conditions diagnosed, if the conditions are not both listed in the 'Common diagnoses' list (see 4e information), or if there is some suggestion that a medical condition might contribute to these diagnoses, seek internal guidance (see step 3.0b).

NOTE What if the Assessor advises that there is more than one cause of the mental injury?

The sexual abuse 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.

If the assessor is clear that one or two of the diagnosed conditions are casually linked to the abuse event, and all other diagnosed conditions are not casually-linked, consider proceeding without clinical advice.

If the report does not meet the criteria for a simple claim with two or less standard diagnoses being recommended for cover, please do not approve any diagnoses before seeking internal guidance.

- b** Determine if internal guidance is required to assist in making a cover decision.

NOTE When should you seek internal guidance?

Seek internal guidance if the claim fits one of the following criteria:

- The assessor has diagnosed more than two conditions.
- The diagnoses do not appear under the heading 'Standard diagnoses and Read codes' in the 'Common read codes for Mental Injury' document (see 4.0e).
- The diagnosis includes Complex PTSD (CPTSD).
- There are financial entitlements (Independence Allowance (IA), Lump Sum (LS))
- If the client is currently actively suicidal, or at risk in another way AND the assessor has not put a clear safety plan in place, has serious conduct issues (e.g. aggressive, threatening, dangerous behaviour), has a forensic history of significant sexual or violent offences, a d/or is in prison
- There are multiple sensitive claims, an active and significant physical claim, or an accepted mental injury caused by physical injury (MICPI) claim
- There are pre-existing significant mental health issues in addition to this diagnosed in the assessment
- The causal link is unclear (eg the assessor advises the disorders were not caused by, but were 'exacerbated' or 'maintained' by the injury event; or the assessor advises that the causes are multifactorial AND does not specify that the injury event was a material or significant factor).
- There is significant current or recent alcohol or drug abuse noted.
- There are pre-existing significant mental health issues in addition to those diagnosed in the assessment.
- If there is a suggestion that a medical condition might contribute to the diagnosis
- The client is under 18 years of age

 **PROCESS** Seek Internal Guidance

 Mental Injuries Policy

- c** Determine eligibility for cover.

4.0 Confirm and issue cover decision

Recovery Partner - Mental Injury

- a** Check if a cover has previously been approved.

NOTE What do you need to check?

Review the previous letter and determine if new mental injuries are to be covered and additional mental injuries are to be declined.

If so, you will need to issue a new letter.

- b** Contact the client to discuss the decision using the Conduct Recovery Check-in process.

NOTE What do you need to cover in the conversation?

- Be clear about the injury/ies that are covered and if any injury/ies have not been approved as the assessment indicated the event/s the client experienced did not cause the mental injury/ies.
- Return to this process once the Recovery Check-in has been completed.

- c** In Eos, generate the MIS12 - Approve Mental Injury (Adult) or MIS24 - Approve Mental Injury (Guardian) ensuring the mental injury aligns with the diagnosis (this may need to be edited if it has auto-populated) and send via their preferred communication method.

NOTE What if the preferred method is via post?
At Recovery Plan level 'Add Activity' and select 'NGCM Send Letter' task. Add the relevant decision letter to the task and send.

NOTE What if they do not wish to progress with the claim at this stage?
Make the cover decision (see NOTE what if the decision is to decline cover) and update the cover status, then go to Close Claim process.

 **PROCESS** Close claim

NOTE What if the information available confirms there are injuries which are not caused by the event(s) the client experienced?

When issuing your MIS12 Approve Mental Injury claim letter to the client, add the following sentence immediately after the paragraph confirming the client's date of injury:

'Based on the Assessment received, we're unable to approve the following injury/injuries as the report indicates the event(s) you experienced did not cause these mental injury/injuries'.

NOTE What if the decision is to decline cover?

Seek internal guidance, unless the decline is related to time-frames, no schedule 3 event or not ordinarily resident.

Issue the SCU999 Decline Cover Decision letter to the client if the guidance confirms this.

Remove the following paragraph:

'Our ability to approve claims has been set out in ACC's legislation. We've said we're unable to approve your claim, this does not mean we are saying that what you have experienced has not affected you, or that what is happening to you is unimportant, only that we can't cover it'.

Go to Issue Recovery Decision process

 **PROCESS** Issue Recovery Decision

d Update Cover Status in the General Tab to 'Accept' and the 'Cover Status Reason' to 'criteria for cover is met' if you are accepting the claim for cover, and add the covered injuries to the cover status change reason section.

e Update the 'Medical' tab with the accepted injury code and update the outcome status to 'Approved'.

NOTE What if the injury code isn't clear or doesn't align with the approved diagnosis?

Add a description of the injury in the free text box.

 Common Mental Injury EAD codes

NOTE What if one of the mental injuries is declined?

1) Update the 'Medical' tab by adding the declined injuries.

2) Set the Outcome Status of the non-covered injuries to 'Declined'.

f In the Injury Tab, Sensitive Claims Sub-Tab, add the events linked to the injury. Refer to the Schedule 3 Act link below, to find the appropriate event code.

Select the frequency of the event (Multiple or Single)

Enter a 'Date From'. If exact dates are not known enter 01/01/xxxx

Enter a 'Date To'. If Multiple events have occurred, the date needs to be of the last event. If exact date are unknown use 31/12/xxxx

 Schedule 3 ACC Act 2001

<https://www.westlaw.co.nz/maf/wlnz/app/document?tc>

g Approve to progress to Support to Wellbeing. Go to Activity 3.0 of Assess Supported Assessment process.

 **PROCESS**

**Assess Supported Assessment
Recovery Partner**