



SERVICE SCHEDULE FOR PSYCHIATRIC SERVICES

CONTRACT NO: _____

A. QUICK REFERENCE INFORMATION

1. TERM FOR PROVIDING PSYCHIATRIC SERVICES

1.1 The Term for the provision of Psychiatric Services is the period from 1 June 2021 (“Start date”) until the close of 30 April 2026 (the “End date”) or such earlier date upon which the period is lawfully terminated or cancelled.

2. SPECIFIED AREA AND SERVICE LOCATION (PART B CLAUSE 5, PART C CLAUSE 5)

3. SERVICE PROVIDERS (PART B CLAUSE 6.2, PART C CLAUSE 6.2)

Name, ACC Provider Number

4. SERVICE ITEMS AND PRICES

Part A: Table 1 - Service Items and Prices

Service Item Code		Service Item Description	Price (excl. GST)	Pricing Unit
Other Injury	Sensitive Claims			
CPSP1	CPSS1	Assessment inclusive of In-person appointment, reading, reporting, collateral information gathering and Client feedback/report review time. Note for a Sensitive Claims assessment may be either: <ul style="list-style-type: none"> • an assessment; or • a supported assessment. For Other Injury, this description is in accordance with Part B, clauses 1.2, 1.3 and 1.4.	\$422.36	Per hour (max 16 hours)

Service Item Code		Service Item Description	Price (excl. GST)	Pricing Unit
Other Injury	Sensitive Claims			
		For Sensitive Claims, this description is in accordance with Part C, clauses 1.2, 1.3 and 1.4.		
CPSP1T	CPSS1T	Telehealth appointments as part of CPSP1 or CPSS1.		
CPSP5	CPSS5	Treatment inclusive of In-person appointments, reading and reporting. For Other Injury, this description is in accordance with Part B, clause 1.8. For Sensitive Claims, this description is in accordance with Part C, clause 1.5.	\$422.36	Per hour
CPSP5T	CPSS5T	Telehealth appointments as part of CPSP5 or CPSS5.		
CPSP7	CPSS7	Progress review inclusive of In-person appointments, reading, collateral information gathering, reporting (via ACC2061 psychiatric treatment Progress/Completion Report) and Client feedback/report review time. May include follow-up assessment within two years of last assessment, medication recommendations, evaluation of treatment or rehabilitation and recommendations. For Other Injury, this description is in accordance with Part B, clause 1.7. For Sensitive Claims, this description is in accordance with Part C, clause 1.4.	\$422.36	Per hour (max 11 hours)
CPSP7T	CPSS7T	Telehealth appointments as part of CPSP7 or CPSS7.		
CPSP8	CPSS8	Active liaison may include case conferencing and/or time spent liaising with relevant providers, parties or agencies to support the assessment, treatment or progress review. For Other Injury, this description is in accordance with Part B, clause 1.9. For Sensitive Claims, this description is in accordance with Part C, clause 1.6.	\$422.36	Per hour (max three hours per claim)

<u>Service Item Code</u>	<u>Service Item Description</u>	<u>Price (excl. GST)</u>	<u>Pricing Unit</u>
Other Injury Sensitive Claims			
CPSDNA	<p>Non-attendance fee – payable for a missed Face-to-Face scheduled appointment, if a Client fails to attend without giving two Business days' notice and the Supplier has taken all reasonable steps to ensure they attend, including reminding the Client of the appointment three to four days before the scheduled time. Not to be used in conjunction with any other non-travel code.</p> <p>The Supplier must notify ACC within one Business day.</p>	\$422.36	Max two per claim
CPSTD10	<p>Distance (for travel up to 150 kms):</p> <p>A contribution towards travel payable for the first 150 kms:</p> <ul style="list-style-type: none"> for return travel via the most direct, practicable route; and where the return travel exceeds 20 kms. <p>Note 1: Where the Supplier has no base or facility in the Service provision area, return travel will be calculated between the "start point" and "end point" closest to the Client (as agreed by ACC).</p> <p>Note 2: ACC does not pay for the first 20km of travel and this must be deducted from the total distance travelled. If travel includes more than one client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>	\$0.82	Per km
CPSTD5	<p>Distance (for travel over 150 kms):</p> <p>A contribution towards travel for subsequent kms travelled (over and above the initial 150 kms).</p> <p>Note 1: Where the Supplier has no base or facility in the Service provision area, return travel will be calculated between the "start point" and "end point" closest to the Client (as agreed by ACC).</p> <p>Note 2: If travel includes more than one client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>	\$0.82	Per km

Service Item Code		Service Item Description	Price (excl. GST)	Pricing Unit
Other Injury	Sensitive Claims			
		Where travel exceeds 150 kms to one client, prior approval must be received.		
CPSTT1		Travel time A contribution towards travel time in accordance with Part B, clause 14 and Part C, clause 15.	\$422.36	Hour or part thereof
CPSTA1		<p>Air Travel: Air travel when a Service provider is:</p> <ul style="list-style-type: none"> requested by ACC to travel to an outlying area that is not the Service provider's usual area of residence or practice to deliver Services; and air travel is necessary and has been approved by ACC. <p>Note: ACC will only pay for actual and reasonable costs and receipts must be retained and produced if requested by ACC. If more than one client (ACC and/or non-ACC) receives Services, then invoicing is on a pro-rata basis.</p>	Actual and reasonable	Actual and reasonable
CPST6		<p>All other travel: Costs for return travel by ferry, taxi, rental car, public transport and parking when:</p> <ul style="list-style-type: none"> return travel is via the most direct, practicable route; and the return travel exceeds 20 km. <p>Note 1: Where the Supplier has no base or facility in the Service provision area return travel will be calculated between the "start point" and "end point" closest to the Client as agreed by ACC.</p> <p>Note 2: ACC will only pay for actual and reasonable costs and receipts must be retained and produced if requested by ACC. If more than one client (ACC and/or non-ACC) receives Services, then invoicing is on a pro-rata basis.</p>	Actual and reasonable	Actual and reasonable

Service Item Code		Service Item Description	Price (excl. GST)	Pricing Unit
Other Injury	Sensitive Claims			
CPSAC		<p>Accommodation – payable when an assessor has been requested by ACC to conduct a clinic in an outlying area that is not the assessor’s usual area of residence or practice, and overnight accommodation is necessary.</p> <p>ACC will pay actual and reasonable accommodation costs of up to a maximum of \$282.97 excl. GST per day with prior ACC coordinator approval and receipts provided.</p> <p>Hotels – maximum of \$188.65 excl. GST per night.</p> <p>Meal and incidental allowances – actual and reasonable up to the following maximums \$94.32 excl. GST per 24-hour period where overnight stay is required.</p> <p>No reimbursement for alcohol, including mini-bar expenses.</p>	Actual and reasonable	Actual and reasonable cost up to a maximum of \$282.97 excl. GST
CPSTR1		<p>Remote clinic room hire</p> <p>Paid where a Service provider is:</p> <ul style="list-style-type: none"> requested by ACC to deliver Services in an outlying area that is not the Service provider’s usual area of residence or practice; and the Service provider is required to hire rooms for the specific purpose of delivering Services. <p>Note: ACC will only pay for actual and reasonable costs and receipts must be retained and produced if requested by ACC. If more than one client (ACC and/or non-ACC) receives Services then invoicing is on a pro-rata basis.</p>	Actual and reasonable	Actual and reasonable cost up to a maximum of \$248.24 excl. GST
CPSPR		<p>Peer Review</p> <p>The purpose of peer review is to monitor the standard of reporting to improve the quality of Supplier report writing to ensure reports assist Client rehabilitation as detailed in Part B, clause 8 and Part C, clause 8.</p> <p>To be provided on request from ACC’s Clinical Services directorate.</p>	\$422.36	Per hour

Service Item Code		Service Item Description	Price (excl. GST)	Pricing Unit
Other Injury	Sensitive Claims	A peer review form will be completed and returned to the person who requested the review.		

Services can be delivered by Telehealth, as indicated in Part A: Table 1, where clinically appropriate. Services delivered by Telehealth must:

- have the Client or the Client’s authorised representative’s consent (recorded in the clinical notes), and with the option of an In-person meeting if the Client prefers;
- be accessible by the Client;
- be preceded by an initial suitability assessment and Client safety plan performed by the Service provider;
- meet the same required standards of care provided through an In-person consultation;
- have clinical records that meet ACC and professional body requirements;
- meet the requirements outlined within ACC’s guidance on the provision of Services through Telehealth, and the Royal Australian and New Zealand College of Psychiatrists Telehealth guidance and comply with the relevant New Zealand regulations, standards, and guidelines for Telehealth;
- have both the Client receiving the Telehealth Service, and the Service provider delivering the Telehealth Service, physically present in New Zealand at the time the Service is provided;
- in circumstances where the Client will access Services at a location outside the Service provider’s Services Location, have prior approval from ACC in writing.

Price Review

ACC will review the prices specified in this clause 4 when, at ACC’s sole discretion, it considers that a review is necessary. The factors that ACC may take into account during a review include, but are not limited to:

- general inflation;
- changes in Service component costs;
- substantial changes in the market.

If following a pricing review, ACC determines that the factors it took into account have not had a significant impact on price, the prices will remain unchanged.

If ACC proposed any price increase, the price increase will only take effect if the Supplier has agreed to the price increase in writing. If the Supplier agrees to the price increase, the price increase will take effect from a date specified by

ACC.

5. TYPES OF PSYCHIATRIC SERVICES

Psychiatric Services include:

- (a) Other Injury which includes mental injury caused by physical injury (MICPI), work related mental injury (WRMI) and treatment injury mental injury (TIMI), as set out in Part B of this Service Schedule;

and

- (b) Sensitive Claims which includes mental injury caused by sexual abuse (MICSA), set out in Part C of this Service Schedule.

6. RELATIONSHIP MANAGEMENT

Part A: Table 2 - Relationship Management

Level	ACC	Supplier
Client	Recovery Team / Recovery Team Member	Individual staff or operational contact
Relationship and performance management	Engagement and Performance Manager	Operational contact / National Manager
Service management	Portfolio Team or equivalent	National Manager

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B. SERVICE SPECIFICATIONS FOR OTHER INJURY (MICPI, WRMI AND TIMI) COMPONENTS OF PSYCHIATRIC SERVICES

1. SERVICE OBJECTIVES

1.1 Other injury Service components

1.1.1 The Supplier must undertake the key Service components of Other Injury (MICPI, WRMI and TIMI) in accordance with this Part B, which include:

1.1.1.1 Assessment;

1.1.1.2 Progress review;

1.1.1.3 Treatment;

1.1.1.4 Active liaison.

1.2 Assessment

1.2.1 The purpose of an assessment is to provide psychiatric assessment, diagnosis and/or suitable rehabilitation options to a Client in the following circumstances:

1.2.1.1 Where possible differential diagnosis issues have been identified;

1.2.1.2 Prior to referral for rehabilitation or pain management service (e.g. Residential Rehabilitation services);

1.2.1.3 To establish if the diagnosed injury has a causal link to the physical injury, workplace traumatic injury or treatment injury. A causal link to mental injury is established where the physical injury, traumatic event occurring during the course of the Client's work, or non-covered treatment injury, was a significant or a material cause of the injury;

1.2.1.4 Ascertaining if the rehabilitation need is causally linked to the injury (both physical and mental) for which ACC has granted cover;

1.2.1.5 Medication review;

1.2.1.6 Where multiple rehabilitation options have been identified; and/or

1.2.1.7 To review the appropriateness of ongoing mental health treatment for a Client.

- 1.3 An assessment may include:
 - 1.3.1 Clarification of clinical issues to assist ACC to reach a decision on whether mental injury cover should be granted;
 - 1.3.2 Performing a diagnostic evaluation;
 - 1.3.3 Evaluating the safety of the Client and others;
 - 1.3.4 Evaluating the level of functional impairments;
 - 1.3.5 An assessment of the validity of the Client's presenting symptoms;
 - 1.3.6 Identification and recommendation of treatment options for mental health disorders in Clients with ACC covered injuries; and
 - 1.3.7 Formulation of broad treatment guidance and recommendations where treatment is indicated.
- 1.4 An assessment can be carried out over multiple sessions if this is appropriate to meet the Client's physical and/or psychological needs. The assessment should be delivered In-person if possible, or by a combination of In-person and Telehealth channels if necessary.
 - 1.4.1 There is a maximum of 16 hours to complete the assessment. This includes:
 - 1.4.1.1 Face-to-Face assessment time;
 - 1.4.1.2 collateral information gathering;
 - 1.4.1.3 delivery of psychometric tests (if required);
 - 1.4.1.4 report writing;
 - 1.4.1.5 preparation and reading time;
 - 1.4.1.6 Mental Injury Assessment Report writing time;
 - 1.4.1.7 Client feedback/report review.
 - 1.4.2 The core clinical assessment (i.e. investigation of symptoms, inquiry into injury event and its impact/consequences) part of the assessment should be done In-person.
 - 1.4.3 The following kinds of information-gathering can be done via Telehealth:
 - 1.4.3.1 collateral information from third parties or other Service providers;
 - 1.4.3.2 collecting/ clarifying demographic;
 - 1.4.3.3 biographical or background information;

- 1.4.3.4 feedback on the results/conclusions/recommendations of the assessment; and
 - 1.4.3.5 checking factual details.
 - 1.4.4 It is preferable that the Client feedback/report review session is delivered In-person, to confirm the accuracy of the factual history contained in the Mental Injury Assessment Report.
- 1.5 The assessment review appointment must include the Client unless there are concerns around Client or Service provider safety, or if this is deemed clinically inappropriate.
- 1.6 The Service provider undertaking the assessment is responsible for taking necessary action (including notification or referrals) Client safety and risk issues be identified in the course of the assessment.
- 1.7 Progress Review
 - 1.7.1 The purpose of a progress review is to provide a follow up consultation where a diagnostic assessment has been carried out within the preceding 24 months and may include:
 - 1.7.1.1 Current diagnoses;
 - 1.7.1.2 Any additional assessment required;
 - 1.7.1.3 Medication review and recommendations;
 - 1.7.1.4 Evaluation of the effectiveness of the Client's treatment interventions and progress towards rehabilitation goals;
 - 1.7.1.5 Provision of recommendations for further rehabilitation and/or treatment interventions.
 - 1.7.2 The progress review should be delivered In-person if possible, or by a combination of In-person and Telehealth channels if necessary. Progress reviews must not be delivered entirely via Telehealth.
 - 1.7.3 There is a maximum of 11 hours to complete the progress review. This includes:
 - 1.7.3.1 Face-to-Face assessment time;
 - 1.7.3.2 collateral information gathering;
 - 1.7.3.3 delivery of psychometric tests (if required);
 - 1.7.3.4 report writing;
 - 1.7.3.5 preparation and reading time;
 - 1.7.3.6 Mental Injury Assessment Report writing time;
 - 1.7.3.7 Client feedback/report review.

- 1.7.4 The core clinical assessment (i.e. investigation of symptoms, inquiry into injury event and its impact/consequences) part of the progress review should be done In-person.
 - 1.7.5 The following kinds of information-gathering can be done via Telehealth:
 - 1.7.5.1 collateral information from third parties or other Service providers;
 - 1.7.5.2 collecting/ clarifying demographic;
 - 1.7.5.3 biographical or background information;
 - 1.7.5.4 feedback on the results/conclusions/recommendations of the progress review; and
 - 1.7.5.5 checking factual details.
 - 1.7.6 It is preferable that the Client feedback/report review session is delivered In-person, to confirm the accuracy of the factual history contained in the Treatment Progress Report.
 - 1.7.7 The progress review appointment must include the Client unless there are concerns around Client or Service provider safety, or if this is deemed clinically inappropriate.
- 1.8 Treatment
- 1.8.1 The purpose of treatment is to provide treatment to Clients, following the receipt of an approved treatment plan which includes (but is not limited to):
 - 1.8.1.1 History taking and examination of the Client;
 - 1.8.1.2 Establishing and maintaining a therapeutic alliance;
 - 1.8.1.3 Application of appropriate treatment interventions;
 - 1.8.1.4 Discussion between the Client and the psychiatrist concerning suitable treatment options;
 - 1.8.1.5 Monitoring the Client's psychiatric status and safety;
 - 1.8.1.6 Providing education to Clients and whānau; and/or
 - 1.8.1.7 Enhancing treatment adherence.
 - 1.8.2 Treatment may be delivered either In-person or via Telehealth channels as appropriate.

1.9 Active Liaison

- 1.9.1 The purpose of active liaison is to provide Suppliers time during Assessment, progress review or treatment to coordinate key activities that support the Client's rehabilitation and recovery. This may include:
 - 1.9.1.1 telephone discussions with agencies and/or relevant parties to ensure that the necessary supports are in place for a Client that supports their rehabilitation and/or treatment programme; and
 - 1.9.1.2 contributing to interagency meetings and/or case conferences, including recording and follow-up of designated actions.
- 1.9.2 Up to a maximum of three hours actual time spent per Client can be used without prior approval.
- 1.9.3 Active liaison is non Face-to-Face time, unless it involves a case conference which the Client attends.
- 1.9.4 Active liaison excludes collection of collateral information for assessment or review purposes, which is included in the relevant Service codes' time allocations.

2. SERVICE PHILOSOPHY

2.1 Purpose

- 2.1.1 The purpose of the Other Injury Service component is to provide ACC with:
 - 2.1.1.1 A psychiatric assessment, diagnosis and formulation of a Client's mental injury (as defined in section 27 of the AC Act) caused by a physical injury (MICPI) or work related mental injury (WRMI) or mental injury caused by non-covered treatment injury (TIMI) which is being investigated for cover or has been accepted as having cover by ACC; and/or
 - 2.1.1.2 To provide treatment to a Client following receipt of an approved treatment plan.

3. CLIENT ELIGIBILITY

3.1 Other Injury Services (MICPI, WRMI, TIMI) Eligibility

3.1.1 A Client is eligible to receive Psychiatric Services for mental injury caused by physical injury (MICPI), or work-related mental injury (WRMI), or non-covered treatment injury (TIMI) if:

3.1.1.1 the Supplier has received a written referral for Psychiatric Services from ACC for the Client; and

3.1.1.2 the Client has suffered a personal injury as defined in the AC Act which has been accepted as having cover under the AC Act (except in the case of a work-related mental injury (WRMI)) and may include:

3.1.1.2.1 Mental injury suffered by a person because of physical injuries suffered by the person;

3.1.1.2.2 Work-related mental injury that is suffered by a person in the circumstances described in section 21B of the AC Act; or

3.1.1.2.3 Mental injury suffered by a person because of non-covered treatment injury suffered by the person; and

3.1.1.2.4 the Client's personal injury has resulted in the requirement of Psychiatric Services to assist with their rehabilitation.

3.1.2 Examples of Clients who may require Psychiatric Services include Clients who have developed one or more of the following as a result of their personal injury:

3.1.2.1 Anxiety disorders;

3.1.2.2 Mood disorders;

3.1.2.3 Trauma and stress or related disorders;

3.1.2.4 Personality disorders;

3.1.2.5 Substance abuse problems;

3.1.2.6 Executive functioning problems;

3.1.2.7 Behavioural problems including conduct disorders.

3.2 Service Commencement and Referral

3.2.1 The Service for a Client commences on receipt of a written referral from ACC for assessment, progress review or treatment.

- 3.2.2 The Supplier will either accept or reject the referral within two Business days of receipt and will advise ACC of their availability to complete the Service within the timeframe specified. The Supplier will attempt to make contact with the Client and arrange an initial appointment within three Business days of acceptance of the referral.
- 3.2.3 The initial appointment must be the earliest available upon acceptance of the referral.
- 3.2.4 The Supplier will not provide, and ACC will not pay for, any component of MICPI, WRMI and TIMI (assessment, progress review or treatment) except in accordance with a written referral from ACC.

4. SERVICE EXIT

- 4.1 The Other Injury Services (MICPI, WRMI and TIMI) end when:
 - 4.1.1 ACC receives the Mental Injury Assessment and/or Treatment Completion Report (where treatment has been completed) which reflects the general purposes and objectives outlined in this Service Schedule and which are in the format prescribed in Part B, clause 9 (whichever report is applicable); and
 - 4.1.2 Transfer of clinical responsibility when necessary and care of the Client has occurred.

5. SERVICE LOCATION

- 5.1 The Supplier will ensure that:
 - 5.1.1 The Services are provided at the location specified in Part A, clause 2 of this Service Schedule except if the Client's exceptional circumstances or physical condition prevent the Client from attending the Supplier's facility for the purpose of an assessment, progress review or treatment, then the Supplier will provide the Service in a location that meets the needs of the Client.
 - 5.1.2 Where assessment, progress review or treatment of a Client is required in a location away from the Supplier's facility, prior approval is obtained from ACC. If approved, travel costs will be reimbursed at the rates specified in Part A, clause 4 of this Service Schedule. Where possible, the Supplier will carry out multiple assessments, progress reviews and/or treatments in one locality to minimise travel costs to ACC.

6. QUALITY REQUIREMENTS

6.1 Service Delivery Times

6.1.1 The Service will usually be provided during normal working hours but may be provided after hours or during weekends.

6.2 Service Providers

6.2.1 Named Service Providers

6.2.1.1 The Supplier will only utilise the Services of the Service providers included in Part A, clause 3 of this Service Schedule in the course of providing Other Injury Services (MICPI, WRMI or TIMI) for Clients.

6.2.1.2 A Service provider who provides an assessment or progress review of a Client may also provide treatment to that Client if approved by ACC.

6.2.2 Addition of Service Provider

6.2.2.1 The Supplier may, at any time during the Term of this Service Schedule, make a written request to ACC Health Procurement that a provider be approved as a Service provider.

6.2.2.2 ACC may, in its sole discretion, accept or decline each such request by providing written notification to the Supplier. Any acceptance may be made subject to conditions.

6.2.2.3 If a request is accepted under this clause, the provider will be added as a Service provider from the date advised in ACC's written notice to the Supplier.

6.2.3 Removal of Service Providers

6.2.3.1 The Supplier may, at any time during the Term of this Contract, provide written notification to ACC that a Service provider is to be removed from this Service Schedule. The Service provider will be removed from this Service Schedule from the date advised in ACC's written notice to the Supplier.

6.2.3.2 ACC may, at any time during the Term of this Contract, provide written notification to the Supplier that a Service provider is to be removed from this Service Schedule. The Service provider will be removed from this Service Schedule from the date advised in ACC's written notice to the Supplier. ACC will not issue such a notice arbitrarily.

6.3 Service Provider Qualifications

- 6.3.1 The Supplier must ensure that all Service providers hold professional qualifications which include both comprehensive training and relevant expertise in differential diagnosis of psychiatric disorders and appropriate certification.
- 6.3.2 The Supplier must ensure that a Service provider complies with the following requirements, evidence of which will be supplied to ACC prior to the Service provider being added to the list at Part A, clause 3:
 - 6.3.2.1 A current annual practicing certificate;
 - 6.3.2.2 Fellowship of the Royal Australian and New Zealand College of Psychiatrists, or a qualification deemed equivalent by the Medical Council of New Zealand;
 - 6.3.2.3 Membership of an appropriate section or faculty of this professional college (for example, section on Forensic/Liaison Psychiatry, membership of the faculty of Child and Adolescent Psychiatrists);
 - 6.3.2.4 Vocational registration in psychological medicine or psychiatry with the Medical Council of New Zealand;
 - 6.3.2.5 Identified experience in particular fields (e.g. forensic psychiatry, general psychiatry (sexual abuse, depression, disturbances of affect and motivation), Liaison Psychiatry (for example, chronic pain syndromes, post-traumatic stress disorder); and
 - 6.3.2.6 Engagement in a Maintenance of Professional Standards programme.
 - 6.3.2.7 Suppliers should not accept and allocate referrals for diagnostic assessments or treatment to Service providers who do not hold the required specialist experience or training to offer expert opinion (including diagnosis, causal formulation or treatment).

6.4 Supervision Requirements for all Service Providers

- 6.4.1 The Supplier must ensure that all Service providers have a supervisory agreement in place with a professional peer who is appropriate for the Services being provided.
- 6.4.2 The Supplier will provide all equipment and technology necessary to deliver Services by Telehealth and manage their own technical issues.

- 6.5 All Service providers who work with a person under the age of 18 years must complete a Children's Workforce Safety Check to ensure they are safety checked to the standard required under the Children's Act 2014 and the Children's (Requirement for Safety Checks of Children's Workers) Regulations 2015.

7. TIMEFRAME REQUIREMENTS

7.1 Timeframes for Other Injury Services (MICPI, WRMI and TIMI)

- 7.1.1 The Supplier must ensure that each Mental Injury Assessment Report is supplied to ACC no later than 15 Business days following the assessment or progress review.
- 7.1.2 The Supplier must ensure that treatment commences:
- 7.1.2.1 Within 21 Business days from the date of referral to the Supplier; or
 - 7.1.2.2 In a lesser period of time where this is recommended by a specialist due to the clinical need of the Client; or
 - 7.1.2.3 Later than 21 Business days where there are justified time constraints on the part of the Supplier, and the ACC agrees to such an extension, after considering the clinical needs of the Client.
- 7.1.3 The Treatment Progress/Completion Report must be supplied to ACC at the intervals indicated in Part B, clause 11 below.

7.2 Inability to Comply with Timeframes

- 7.2.1 Where the Supplier is not able to meet the timeframes for the provision of Services described in clause 7.1 for a Client or a particular group of Clients, the Supplier must immediately notify ACC.
- 7.2.2 ACC may, in its sole discretion, either endeavour to agree with the Supplier and the relevant Client an extension of the timeframe or require the Supplier to decline the referral.

8. MONITORING AND ENDORSEMENT OF PROVIDER REPORTS AND ADVICE PROVIDED

8.1 Mental Injury Assessment Reports Peer Review

- 8.1.1 Mental Injury Assessment Reports will be periodically reviewed by ACC Clinical Services and, where ACC determines that it is appropriate, it will submit the Mental Injury Assessment Report for peer review. The Supplier will be informed that this is occurring.

8.1.2 The purpose of a peer review is to monitor the standard of reporting in order to improve the quality of Supplier reporting and ensure reports assist Client rehabilitation.

8.1.3 A peer review report will be completed by the peer reviewer and returned to ACC who requested the peer review.

8.2 Mental Injury Peer Review Process

8.2.1 The Mental Injury Assessment Report peer review process will address the following:

8.2.1.1 Adequacy of reply (where specific questions are asked);

8.2.1.2 Adequacy of findings (to ensure all relevant information is included);

8.2.1.3 Concordance of opinion and findings; and

8.2.1.4 Appropriateness of assessment or treatment duration and/or frequency.

9. REPORTING REQUIREMENTS

9.1 ACC may request the Supplier to supply further information or reports on Services provided. Any such request will be reasonable, and the Supplier will provide the information within 30 days of the request being made.

9.2 A Mental Injury Assessment Report on the template provided by ACC (refer to clause 13 below) must be completed in full and submitted in electronic format by the Supplier to ACC on completion of any assessment or progress review.

9.3 The Treatment Progress/Completion Report must be completed in full on the template provided by ACC and must be submitted in electronic format by the Supplier to ACC at the intervals prescribed in clause 11 below and on completion of any agreed course of treatment.

9.4 The Supplier must forward the Mental Injury Assessment Report or Treatment Progress/Completion Report to ACC and/or to any other person directed by ACC.

9.5 The Supplier must ensure that the Mental Injury Assessment Report and any supporting documentation is submitted to ACC within 15 Business days following the assessment or progress review. This includes any Client report review session if this is suitable.

10. REFERRALS FOR TREATMENT

- 10.1 Referrals for treatment will not be made by ACC until after the completion of a Mental Injury Assessment Report or progress review (in accordance with clause 9) and the identification by a Supplier of the need to refer the Client for treatment with specific recommendations for that treatment.
- 10.2 ACC will not pay for any treatment under this Service Schedule provided before the Mental Injury Assessment Report has been reviewed and the ACC has approved any recommended treatment.

11. REVIEW AND FREQUENCY OF TREATMENT PROGRESS REPORT

- 11.1 All treatment funded by ACC will be reviewed regularly to consider:
 - 11.1.1 Effectiveness (measured against stated treatment goals);
 - 11.1.2 Appropriateness (where progress is slower than expected); and
 - 11.1.3 Cost.
- 11.2 The Supplier will provide a Treatment Progress/Completion Report in electronic format to ACC at the intervals indicated in the Mental Injury Assessment Report, or every 12 weeks, whichever date is earlier.

12. CLIENT NON-ATTENDANCE

- 12.1 If a Client fails to attend a scheduled assessment, progress review or treatment appointment, ACC will pay the specified non-attendance fee set out in Part A, clause 4.
- 12.2 The Supplier will notify ACC within one Business day of the non-attendance and will develop an action plan to ensure that the Client will be able to attend the next appointment.
- 12.3 The Supplier will make all reasonable efforts to encourage Client attendance, including the Supplier reminding the Client of the appointment three to four Business days before the scheduled time.
- 12.4 ACC will pay a maximum of two non-attendance fees per Client per claim.
- 12.5 The Supplier can invoice the Client for any subsequent non-attendances if the Supplier has advised the Client, at the time the Supplier accepted the referral, that the Client may be charged for non-attendance of appointments.

13. REPORT TEMPLATES

- 13.1 The following MICPI, WRMI and TIMI report templates are available from the ACC website at www.acc.co.nz:
 - 13.1.1 ACC4247 – Mental Injury Assessment Report

13.1.2 ACC2061 – Psychiatric Treatment Progress/Completion Report

14. PAYMENT AND INVOICING

14.1 Travel by Road

14.1.1 ACC agrees to contribute towards a Service provider's expenses for travel by road in the amounts for each of Travel Time and Travel Distance specified in Part A, clause 4 Table 1 of this Service Schedule, in accordance with ACC's Travel Policy for Providers (available on ACC's website).

14.1.2 The Supplier must ensure all Service providers comply with ACC's Travel Policy for Providers.

C. SERVICE SPECIFICATIONS FOR SENSITIVE CLAIMS (MICSA) COMPONENT OF PSYCHIATRIC SERVICES

1. SERVICE OBJECTIVES

1.1 Sensitive Claims Service Components

1.1.1 The Supplier must undertake the key Service components of Sensitive Claims (MICSA) in accordance with this Part C, which include:

- 1.1.1.1 Assessment;
- 1.1.1.2 Supported assessment;
- 1.1.1.3 Progress review;
- 1.1.1.4 Treatment;
- 1.1.1.5 Active liaison.

1.2 Assessment

1.2.1 The purpose of an assessment is to provide psychiatric assessment, diagnosis and/or suitable rehabilitation options to a Client in the following circumstances:

- 1.2.1.1 Where possible differential diagnosis issues have been identified;
- 1.2.1.2 Prior to referral for rehabilitation or pain management service (e.g. Sensitive Claims Residential Rehabilitation Services);
- 1.2.1.3 Ascertaining if the rehabilitation need is causally linked to the injury (both physical and mental) for which ACC has granted cover. A causal link to mental injury is established where the sexual abuse is considered to be a significant or a material cause of the injury, in accordance with the provisions of section 21 of the AC Act¹;
- 1.2.1.4 Medication review;
- 1.2.1.5 Where multiple rehabilitation options have been identified; and/or
- 1.2.1.6 To review the appropriateness of ongoing mental health treatment for a Client.

¹ Section 21(1)(c) applies to acts which are included in the offences listed in Schedule 3 of the AC Act.

- 1.2.2 An Assessment may include:
 - 1.2.2.1 Clarification of clinical issues to assist ACC to reach a decision on whether mental injury cover should be granted;
 - 1.2.2.2 Performing a diagnostic evaluation;
 - 1.2.2.3 Evaluating the safety of the Client and others;
 - 1.2.2.4 Evaluating the level of functional impairments;
 - 1.2.2.5 An assessment of the validity of the Client's presenting symptoms;
 - 1.2.2.6 Gathering information to be used to determine a Client's capacity for employment arising from mental injury caused by sexual abuse;
 - 1.2.2.7 Identification and recommendation of treatment options for mental health disorders in a Client with ACC covered injuries; and
 - 1.2.2.8 Formulation of broad treatment guidance and recommendations where treatment is indicated.
- 1.2.3 An assessment can be carried out over multiple sessions if this is appropriate to meet the Client's physical and/or psychological needs.
- 1.2.4 The assessment should be delivered In-person if possible, or by a combination of In-person and Telehealth channels if necessary.
- 1.2.5 There is a maximum of 16 hours to complete the assessment. This includes:
 - 1.2.5.1 Face-to-Face assessment time;
 - 1.2.5.2 collateral information gathering;
 - 1.2.5.3 delivery of psychometric tests (if required);
 - 1.2.5.4 report writing;
 - 1.2.5.5 preparation and reading time;
 - 1.2.5.6 Mental Injury Assessment Report writing time;
 - 1.2.5.7 Client feedback/report review.
- 1.2.6 The core clinical assessment (i.e. investigation of symptoms, inquiry into injury event and its impact/consequences) part of the assessment should be done In-person.

- 1.2.7 The following kinds of information-gathering can be done via Telehealth:
 - 1.2.7.1 collateral information from third parties or other providers;
 - 1.2.7.2 collecting/ clarifying demographic;
 - 1.2.7.3 biographical or background information;
 - 1.2.7.4 feedback on the results/conclusions/recommendations of the assessment; and
 - 1.2.7.5 checking factual details
- 1.2.8 It is preferable that the Client feedback/report review session is delivered In-person, to confirm the accuracy of the factual history contained in the Mental Injury Assessment Report.
- 1.2.9 The Supplier must ensure that the assessment feedback appointment includes the Client unless there are concerns around Client or Service provider safety, or if this is deemed clinically inappropriate.
- 1.2.10 The Service provider delivering the assessment is responsible for taking necessary action (including notification or referrals) should Client safety and risk issues be identified in the course of the assessment.
- 1.3 Supported Assessment
 - 1.3.1 ACC requires a Supported Assessment Report (either the ACC6424 for children and young persons or the ACC6429 for adults) for a range of purposes, including the determination of cover and/or ACC entitlements.
 - 1.3.2 The Supplier must ensure that all supported assessments are planned and conducted in such a manner that the Client is safe, supported and the delivery of the Service is flexible to meet the Client's needs.
 - 1.3.3 The supported assessment is comprehensive and provides a platform upon which treatment recommendations and goals are subsequently developed.
 - 1.3.4 A supported assessment may include an incapacity assessment, if clinically appropriate.
 - 1.3.5 The purpose of an incapacity assessment is to assess the impact of the mental injury on the Client's capacity to work in their pre-injury role or to commence work in roles deemed suitable by reason of experience, education and training, or combination of those factors.
 - 1.3.6 The Supplier will ensure that Service providers administer the WHODAS 2.0 as part of the supported assessment and report the data as part of the Supported Assessment Report.

- 1.3.7 A supported assessment should be delivered In-person if possible, or by a combination of In-person and Telehealth channels if necessary.
- 1.3.8 There is a maximum of 16 hours to complete the supported assessment. This includes:
 - 1.3.8.1 Face-to-Face assessment time,
 - 1.3.8.2 collateral information gathering
 - 1.3.8.3 delivery of psychometric tests (if required)
 - 1.3.8.4 report writing
 - 1.3.8.5 preparation and reading time
 - 1.3.8.6 Mental Injury Assessment Report writing time
 - 1.3.8.7 Client feedback/report review.
- 1.3.9 The core clinical assessment (i.e. investigation of symptoms, inquiry into injury event and its impact/consequences) part of the supported assessment should be done In-person.
- 1.3.10 The following kinds of information-gathering can be done via Telehealth: collateral information from third parties or other providers; collecting/ clarifying demographic; biographical or background information; feedback on the results/conclusions /recommendations of the assessment; and checking factual details.
- 1.3.11 It is preferable that the Client feedback/report review session is delivered In-person, to confirm the accuracy of the factual history contained in the Supported Assessment Report.
- 1.3.12 The Supplier must ensure that the supported assessment feedback appointment includes the Client unless there are concerns around Client or Service provider safety, or if this is deemed clinically inappropriate.
- 1.3.13 The Service provider delivering the Assessment is responsible for taking necessary action (including notification or referrals) should Client safety and risk issues be identified in the course of the assessment.
- 1.4 Progress Review
 - 1.4.1 The purpose of a progress review is to provide a follow up consultation where a full diagnostic or supported assessment has been carried out within the preceding 24 months and may include:
 - 1.4.1.1 Current diagnoses;
 - 1.4.1.2 Any additional assessment required;

- 1.4.1.3 Medication review and recommendations;
 - 1.4.1.4 Evaluation of the effectiveness of the Client's treatment interventions and progress towards rehabilitation goals;
 - 1.4.1.5 Provision of recommendations for further rehabilitation and/or treatment interventions; and
 - 1.4.1.6 Providing ACC with information to be used to determine a Client's capacity for employment due to their mental injury caused by sexual abuse (MICSA).
- 1.4.2 The progress review should be delivered In-person if possible, or by a combination of In-person and Telehealth channels if necessary. Progress reviews must not be delivered entirely via Telehealth.
- 1.4.3 There is a maximum of 11 hours to complete the Progress Review. This includes:
- 1.4.3.1 Face-to-Face assessment time;
 - 1.4.3.2 collateral information gathering;
 - 1.4.3.3 delivery of psychometric tests (if required);
 - 1.4.3.4 report writing;
 - 1.4.3.5 preparation and reading time;
 - 1.4.3.6 Mental Injury Assessment Report writing time;
 - 1.4.3.7 Client feedback/report review.
- 1.4.4 The core clinical assessment (i.e. investigation of symptoms, inquiry into injury event and its impact/consequences) part of the progress review should be done In-person.
- 1.4.5 The following kinds of information-gathering can be done via Telehealth:
- 1.4.5.1 collateral information from third parties or other providers;
 - 1.4.5.2 collecting/ clarifying demographic;
 - 1.4.5.3 biographical or background information;
 - 1.4.5.4 feedback on the results/conclusions/recommendations of the assessment; and
 - 1.4.5.5 checking factual details.
- 1.4.6 It is preferable that the progress review Client feedback session is delivered In-person, to confirm the accuracy of the factual history contained in the Progress Report.

1.4.7 The Supplier must ensure that the progress review appointment includes the Client unless there are concerns around Client or Service provider safety, or if this is deemed clinically inappropriate.

1.5 Treatment

1.5.1 The purpose of treatment is to provide treatment to Clients, following the receipt of an approved treatment plan which includes (but is not limited to):

1.5.1.1 History taking and examination of the Client;

1.5.1.2 Establishing and maintaining a therapeutic alliance;

1.5.1.3 Application of appropriate treatment interventions;

1.5.1.4 Discussion between the Client and the psychiatrist concerning suitable treatment options;

1.5.1.5 Monitoring the Client's psychiatric status and safety;

1.5.1.6 Providing education to Clients and whānau; and/or

1.5.1.7 Enhancing treatment adherence.

1.6 Active Liaison

1.6.1 The purpose of active liaison is to provide the Supplier time during assessment, supported assessment, progress review or treatment to co-ordinate key activities that support the Client's rehabilitation and recovery. This may include:

1.6.1.1 Telephone discussions with agencies and/or relevant parties to ensure that the necessary supports are in place for a Client that supports their rehabilitation and/or treatment programme; and

1.6.1.2 Contributing to interagency meetings and/or case conferences, including recording and follow-up of designated actions.

1.6.2 Up to a maximum of 3 hours actual time spent per Client can be used without prior approval.

1.6.3 Active liaison is non Face-to-Face time, unless it involves a case conference which the Client attends.

2. SERVICE PHILOSOPHY

2.1 Purpose

2.1.1 The purpose of the Sensitive Claims Service component is:

2.1.1.1 To provide ACC with a psychiatric assessment, diagnosis and formulation of a Client's mental injury (as defined in section 27 of the AC Act) caused by sexual abuse (MICSAs) which is being investigated for cover or has been accepted as having cover by ACC; and/or

2.1.1.2 To provide treatment to a Client following receipt of an approved treatment plan.

3. CLIENT ELIGIBILITY

3.1 Sensitive Claims Services (MICSAs) Eligibility

3.1.1 A Client is eligible to receive Psychiatric Services for mental injury caused by sexual abuse (MICSAs) if the Supplier has received a written referral for Psychiatric Services from ACC for a Client who is a child, adolescent or adult, and who has experienced sexual abuse or assault, whether it is recent or historical.

3.2 Service Commencement and Referral

3.2.1 The Service for a Client commences on receipt of a written referral from ACC for assessment, supported assessment, progress review or treatment.

3.2.2 The Supplier will either accept or reject the referral within two Business days of receipt and will advise ACC of their availability to complete the Service within the timeframe specified. The Supplier will attempt to make contact with the Client and arrange an initial appointment within three Business days of acceptance of the referral.

3.2.3 The initial appointment must be the earliest available upon acceptance of the referral.

3.2.4 The Supplier will not provide, and ACC will not pay for, any component of mental injury caused by sexual abuse (MICSAs) (assessment, supported assessment, progress review or treatment) except in accordance with a written referral from ACC.

4. SERVICE EXIT

4.1 The Sensitive Claims Services (MICSA) end when:

4.1.1 ACC receives the Mental Injury Assessment Report, Supported Assessment Report or Treatment Progress/Completion Report (where treatment has been completed) which reflects the general purposes and objectives outlined in this Service Schedule and which is in the format prescribed in Part C, clause 9 (whichever is applicable); and

4.1.2 Transfer of clinical responsibility when necessary and care of the Client has occurred.

5. SERVICE LOCATION

5.1 The Supplier will ensure that:

5.1.1 The Services are provided at the location specified in Part A, clause 2 of this Service Schedule, except if the Client's exceptional circumstances or physical condition prevent the Client from attending the Supplier's facility for the purpose of an assessment, supported assessment, progress review or treatment then the Supplier will provide the Service in a location that meets the needs of the Client.

5.1.2 Where assessment, supported assessment, progress review or treatment of a Client is required in a location away from the Supplier's facility, prior approval needs to be obtained from ACC. If approved, travel costs will be reimbursed at the rates specified in Part A, clause 4 of this Service Schedule. Where possible, the Supplier will carry out multiple assessments, supported assessments, progress reviews and/or treatments in one locality to minimise travel costs to ACC.

6. QUALITY REQUIREMENTS

6.1 Service Delivery Times

6.1.1 The Service will usually be provided during normal working hours but may be provided after hours or during weekends.

6.2 Service Providers

6.2.1 Named Service Providers

6.2.1.1 The Supplier will only utilise the Services of the Service providers included in Part A, clause 3 of this Service Schedule in the course of providing the Sensitive Claims Services (MICSA) component for Clients.

- 6.2.1.2 A Service provider who provides an assessment, supported assessment or progress review of a Client may also provide treatment to that Client if approved by ACC.
- 6.2.2 Addition of Service Providers
 - 6.2.2.1 The Supplier may, at any time during the Term of this Service Schedule, make a written request to ACC that a provider be approved as a Service provider.
 - 6.2.2.2 ACC may, in its sole discretion, accept or decline such request by providing written notification to the Supplier. Any acceptance may be made subject to conditions.
 - 6.2.2.3 If a request is accepted under this clause, the provider will be added as a Service provider from the date advised in ACC's written notice to the Supplier.
- 6.2.3 Removal of Service Providers
 - 6.2.3.1 The Supplier may, at any time during the Term of this Service Schedule, provide written notification to ACC that a Service provider is to be removed from this Service Schedule. The Service provider will be removed from this Service Schedule from the date advised in ACC's written notice to the Supplier.
 - 6.2.3.2 ACC may, at any time during the Term of this Contract, provide written notification to the Supplier that a Service provider is to be removed from this Service Schedule. The Service provider will be removed from this Service Schedule from the date advised in ACC's written notice to the Supplier. ACC will not issue such a notice arbitrarily.
- 6.2.4 Service Provider Qualifications
 - 6.2.4.1 The Supplier must ensure that all Service providers hold professional qualifications which include both comprehensive training and relevant expertise in differential diagnosis of psychiatric disorders and appropriate certification.
 - 6.2.4.2 The Supplier must ensure that each Service provider complies with the following requirements, evidence of which shall be supplied to ACC prior to the Service provider being added to the list at Part A, clause 3:
 - 6.2.4.2.1 A current annual practicing certificate;
 - 6.2.4.2.2 Fellowship of the Royal Australian and New Zealand College of Psychiatrists, or a

qualification deemed equivalent by the Medical Council of New Zealand;

6.2.4.2.3 Membership of an appropriate section or faculty of this professional college (for example, section on forensic/liaison psychiatry, membership of the faculty of child and adolescent psychiatrists);

6.2.4.2.4 Vocational registration in psychological medicine or psychiatry with the Medical Council of New Zealand;

6.2.4.2.5 Identified experience in particular fields (e.g. forensic psychiatry, general psychiatry (sexual abuse, depression, disturbances of affect and motivation), liaison psychiatry (for example, chronic pain syndromes, post-traumatic stress disorder); and

6.2.4.2.6 Engagement in a Maintenance of Professional Standards programme.

6.2.4.3 The Supplier must ensure that Service providers do not accept referrals for diagnostic assessments or treatment for which their experience or training has not equipped them and where they are unlikely to be able to offer expert opinion (including diagnosis, causal formulation or treatment recommendations).

6.3 Supervision Requirements for all Service Providers

The Supplier must ensure that all Service providers have a supervisory agreement in place with a professional peer who is appropriate for the Services being provided.

The Supplier will provide all equipment and technology necessary to deliver Services by Telehealth and manage their own technical issues.

6.4 All Service providers who work with a person under the age of 18 years must complete a Children's Workforce Safety Check to ensure they are safety checked to the standard required under the Children's Act 2014 and the Children's (Requirement for Safety Checks of Children's Workers) Regulations 2015.

7. TIMEFRAME REQUIREMENTS

7.1 Timeframes for Sensitive Claims Services (MICSA)

- 7.1.1 The Supplier must ensure that the Mental Injury Assessment Report is supplied to ACC no later than 15 Business days following the assessment or progress review.
- 7.1.2 The Supplier must ensure that treatment commences:
 - 7.1.2.1 Within 21 Business days from the date of referral to the Supplier; or
 - 7.1.2.2 At a lesser period of time where this is recommended by a Specialist due to the clinical need of the Client; or
 - 7.1.2.3 Later than 21 Business days where there are justified time constraints on the part of the Supplier, and ACC agrees to such an extension, after considering the clinical needs of the Client.
- 7.1.3 The Treatment Progress/Completion Report must be supplied to ACC at the intervals indicated in Part C, clause 11 below.

7.2 Timeframes for Supported Assessment Services

- 7.2.1 The Supported Assessment Report must be supplied to ACC no later than two Business days following the review of the supported assessment with the Client.
- 7.2.2 Treatment may commence:
 - 7.2.2.1 Following the supported assessment; and
 - 7.2.2.2 Once cover is established.
- 7.2.3 The Treatment Progress/Completion Report must be supplied to ACC at the intervals indicated in Part C, clause 11 below.

7.3 Inability to Comply with Timeframes

- 7.3.1 Where the Supplier is not able to meet the timeframes for the provision of Services described in clauses 7.1 or 7.2 above, the Supplier must immediately notify ACC.
- 7.3.2 ACC may, in its sole discretion, either endeavour to agree with the Supplier and the relevant Client an extension of the timeframe or require the Supplier to decline the referral.

8. MONITORING AND ENDORSEMENT OF PROVIDER REPORTS AND ADVICE PROVIDED

8.1 Mental Injury Assessment Reports and Supported Assessment Reports Peer Review

8.1.1 Mental Injury Assessment Reports and Supported Assessment Reports will be periodically reviewed by ACC Clinical Services and, where ACC determines it appropriate, submit the Mental Injury Assessment Report or Supported Assessment Report for peer review. The Supplier will be informed that this is occurring.

8.1.2 The purpose of peer review is to monitor the standard of reporting in order to improve the quality of the Supplier's reporting and to ensure reports assist Client rehabilitation.

8.1.3 A peer review form will be completed by the peer reviewer and returned to ACC who requested the peer review.

8.2 Mental Injury Peer Review Process

8.2.1 The Mental Injury Assessment Report and Supported Assessment Report peer review process will address the following:

8.2.1.1 Adequacy of reply (where specific questions are asked);

8.2.1.2 Adequacy of findings (to ensure all relevant information is included);

8.2.1.3 Concordance of opinion and findings; and

8.2.1.4 Appropriateness of assessment or treatment duration and/or frequency.

9. REPORTING REQUIREMENTS

9.1 ACC may request the Supplier to supply further information or reports on Services provided. Any such request will be reasonable, and the Supplier will provide the information within 30 days of the request being made.

9.2 A Mental Injury Assessment Report or Supported Assessment Report, on the template provided by ACC (refer to clause 13 below), must be completed in full and submitted in electronic format by the Supplier to ACC on completion of any assessment, supported assessment or progress review.

9.3 The Treatment Progress/Completion Report must be completed in full on the template provided by ACC and must be submitted in electronic format by the Supplier to ACC at the intervals prescribed in clause 11 below and on completion of any agreed course of treatment.

9.4 The Supplier must forward the Mental Injury Assessment Report, Supported Assessment Report or Treatment Progress/Completion Report to ACC.

- 9.5 The Supplier must ensure that the Mental Injury Assessment Report and any supporting documentation is submitted to ACC within 15 Business days following the assessment or progress review. This includes any Client report review session.
- 9.6 Supported Assessment Reporting Objectives
- 9.6.1 The objectives of supported assessment reporting are:
- 9.6.1.1 To document the outcomes of the supported assessment Service; and
- 9.6.1.2 To provide ACC with information to support decision making.
- 9.7 Supported Assessment Reporting Requirements
- 9.7.1 ACC will provide a template for the Supported Assessment Report and the Supplier must complete all sections that are relevant to the Client.
- 9.7.2 The Supported Assessment Report must be submitted in electronic format by the Supplier to ACC on completion of any supported assessment.
- 9.7.3 The Supplier must ensure that the Supported Assessment Report and any supporting documentation is submitted to ACC within two Business days of the Client report review session if this is suitable, where the completed Supported Assessment Report is discussed with the Client either In person or via Telehealth channels with the Lead Service provider present and modifications made, where appropriate.
- 9.7.4 Where a Client does not complete their supported assessment for any reason, including actively disengaging, the Supplier will submit the partially completed Supported Assessment Report at the earliest possible date, and no later than the proposed due date of the Supported Assessment Report.
- 9.7.5 The Supported Assessment Report is undertaken for ACC and written by the Assessor. The Supported Assessment Report is the property of ACC.
- 9.7.6 Where a Supported Assessment Report does not meet ACC quality standards, the Supported Assessment Report will be returned so that the issues raised can be addressed at the Supplier's expense. When the assessment Service provider is asked to review additional information or is asked to respond to further questions, extra hours used can be billed to ACC, as agreed.

10. REFERRALS FOR TREATMENT

- 10.1 Referrals for treatment will not be made by ACC until after the completion of a Mental Injury Assessment Report or Supported Assessment Report and once cover is established. The Supplier must also identify a need to refer the Client for treatment with specific recommendations for that treatment.
- 10.2 ACC will not pay for any treatment provided before the Mental Injury Assessment Report or Supported Assessment Report has been reviewed and the ACC has approved any recommended treatment.

11. REVIEW AND FREQUENCY OF TREATMENT PROGRESS REPORT

- 11.1 All treatment funded by ACC will be reviewed regularly to consider:
 - 11.1.1 Effectiveness (measured against stated treatment goals);
 - 11.1.2 Appropriateness (where progress is slower than expected); and
 - 11.1.3 Cost.
- 11.2 The Supplier must provide a Treatment Progress/Completion Report in electronic format to ACC at the intervals indicated in the Mental Injury Assessment Report or Supported Assessment Report, or every 12 weeks, whichever date is earlier.

12. CLIENT NON-ATTENDANCE

- 12.1 If a Client fails to attend a scheduled assessment, supported assessment, progress review or treatment appointment, ACC will pay the specified non-attendance fee set out in Part A, clause 4.
- 12.2 The Supplier will notify ACC within one Business day of the non-attendance and will develop an action plan to ensure that the Client will be able to attend the next appointment.
- 12.3 The Supplier will make all reasonable efforts to encourage Client attendance, including the Supplier reminding the Client of the appointment three to four Business days before the scheduled time.
- 12.4 ACC will pay a maximum of two non-attendance fees per Client per claim.
- 12.5 The Supplier can invoice the Client for any subsequent non-attendances if the Supplier has advised the Client, at the time the Supplier accepted the referral, that the Client may be charged for non-attendance of appointments.

13. REPORT TEMPLATES

13.1 The following MICSA report templates are available from the ACC website at www.acc.co.nz:

13.1.1 ACC6424 – Supported Assessment Report – child and young person

13.1.2 ACC6429 – Supported Assessment Report– adults

13.1.3 ACC4247 – Mental Injury Assessment Report

13.1.4 ACC2061 – Psychiatric Treatment Progress/Completion Report

14. DEFINITIONS APPLICABLE TO PARTS B AND C OF THIS SERVICE SCHEDULE

“Face-to-Face” includes In-person and Telehealth, if both the Service provider and Client are in New Zealand, and the Client consents.

“In-person” means the Service provider and Client are physically present in the same room.

“Named Service Provider” refers to all providers qualified under Part B, clause 6.2 and Part C, clause 6.2 who have applied and been accepted by ACC to provide Psychiatric Services. All Service providers who provide Services under the Contract are Named Service providers who need to be approved by ACC.

“Telehealth” means the use of information or communication technologies to deliver Services when Clients and Service providers are not in the same physical location. For this Service Schedule, Telehealth relates to real-time videoconferencing interactions and telephone consultations. Telehealth excludes electronic messaging e.g. texts and emails. A Telehealth consultation is to replace an in-person visit so it does not include a quick triage or check-in phone calls (unless specified). Telehealth may be used to deliver applicable Services (as per Part A, clause 4) only if both the Service provider and Client are in New Zealand, and the Client consents. Delivery via Telehealth channels must be clinically appropriate and be in line with Part A, clause 4 of this Service Schedule.

15. PAYMENT AND INVOICING

15.1 Travel by Road

- 15.1.1 ACC agrees to contribute towards a Service provider's expenses for travel by road in the amounts for each of Travel Time and Travel Distance specified in Part A, clause 4 Table 1 of this Service Schedule, in accordance with ACC's Travel Policy for Providers (available on ACC's website).
- 15.1.2 The Supplier must ensure all Service providers comply with ACC's Travel Policy for Providers.