Communication and Assistive Technology Assessment Services

Operational Guidelines

December 2024

This is a living document and will be updated as required.



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Useful contacts and telephone numbers

Please see below contact details for teams across ACC that can assist you with any queries you have while providing services to ACC clients.

ACC's Provider Contact Centre	Ph: 0800 222 070	Email: providerhelp@acc.co.nz				
ACC's Client Helpline	Ph: 0800 101 996					
Provider Registration	Online Registration:	Website: ACC24 Register as an ACC health provider				
	Ph: 04 560 5211	Email: registrations@acc.co.nz				
ACC eBusiness	Ph: 0800 222 994	Email: ebusinessinfo@acc.co.nz				
Health Procurement	If you have a question about your contract or need to update your details, please contact the ACC Health Procurement team:					
	Email: health.procurement@acc.co.nz					
	Ph: 0800 400 503					
Engagement and Performance Managers (EPMs)	provide the services outl	mance Managers can help you to lined in your contract. Contact the this link for details of who the EPMs				
ACC Recovery Services Portfolio Team	If you have any questions Email: socialrehab@acc.	s for the ACC Portfolio Team: .co.nz				

ACC's website can provide you with a lot of information, especially our "Health and Service Providers" section. Please visit www.acc.co.nz/for-providers.



Who are these guidelines for?

The following information is designed to help you interpret the <u>Communication Assistive</u> <u>Technology</u>, <u>Assessment and Training Services Service Schedule</u> (the Contract).

These guidelines are intended to be used by:

- ACC Recovery Team Members, and
- ACC's contracted suppliers and providers of Communication Assistive Technology Assessment Services.

These Operational Guidelines should be read in conjunction with the Contract (Service Schedule), and with the <u>Managed Rehabilitation Equipment Services (MRES) Operational</u> Guidelines.

What is assistive technology?

"Assistive Technology" means any item, piece of equipment or product system that is used to increase, maintain or improve functional capabilities of clients with disabilities.

For this service, Communication Assistive Technology includes, but is not limited to:

Augmentative and Alternative Communication (AAC)

Both unaided and aided methods of communication. Unaided communication systems rely on the user's body to convey messages. Examples include gestures, body language and/or sign language. Aided communication methods can range from paper and pencil to communication books or boards to devices that produce voice output (speech generating devices or SGDs) and/or written output. Electronic communication aids allow the user to use picture symbols, letters and/or words and phrases to create messages.

Computer Access Aids

Includes head-pointers, modified or alternate keyboards, switches activated by pressure, movement or sound, touch screens, special software, eye-gaze technology and speech to text software that enable people with disabilities to use a computer. This category includes access to smart phones.

Environmental Controls

Any piece of equipment that allows a person with a disability to control aspects of their environment that are operated by electricity (i.e. lights, TV, telephone, etc.).



Purpose

The Communication Assistive Technology Assessment service includes:

- Assessment of clients' assistive technology needs
- Trialling of assistive technology, where assistive technology has been identified as being appropriate
- Providing recommendations to ACC based on that assessed need
- Providing training and support to the client (and their family/whanau) once equipment has been supplied.

Client eligibility and referral

Eligibility will be decided by ACC, but clients will be those clients who are expected to have an increased ability to communicate with the use of communication assistive technology.

Services commence on receipt of a referral from ACC on an ACC081 Form. The referral should provide sufficient information to enable a rapid, accurate and relevant assessment of the clients' needs.

Referrals should include:

- Client details
- Relevant clinical history
- Copies of any previous, relevant, assessment reports
- Reason for referral/purpose of assessment (i.e. outcome being sought)

If insufficient information is provided, the assessor must contact ACC at the earliest opportunity, identifying what additional information is required.

Service overview

Assessment

The key aim of the service is to assess clients' current and future communication assistive technology needs and to provide recommendations to ACC. It may be entirely appropriate that no assistive technology is required, or low technology solutions are recommended.

Re-assessment

Clients' needs change over time and a re-assessment may be requested to either confirm that the supports provided are still appropriate or to make new recommendations.



To ensure that ACC makes appropriately informed decisions, assessment and re-assessment reports must provide sufficient detail about the client's needs and include:

- Both the current and potential future requirements of the client
- Appropriate low-tech options
- · Options with supporting reasons for each option provided
- Clear pricing for each option
- Suitable options including low-cost options

Complexity

When the following conditions are met, ACC will pay for the assessment at a higher rate:

- The <u>Complexity Framework Tool</u> has been completed and returned to ACC showing a score of at least 6 out of 17.
- The Assessor has provided a robust rationale on the form as to why they have scored as complex.
- Supporting information has been provided with the tool.

If there is insufficient information or rationale, the Recovery Team Member will discuss this with the assessor.

Once the tool is completed and the Recovery Team Member is satisfied with the information provided, the purchase order can be amended to add the service code for Complex Assessment (ATA04) and remove the service code for Standard Assessment.

For the purposes of this service, complexity refers to the level of detail and work required in assessing the client's needs and providing appropriate, quality recommendations to ACC. Complexity is not directly linked to the client's condition i.e. a clinically complex case does not automatically imply complexity of assessment.

Equipment

Assessors must follow the processes outlined in the <u>MRES Operational Guidelines</u> (available at www.acc.co.nz) to arrange the trial and supply of equipment.

In preparing their recommendations, Assessors need to consider the wider client context. For example:

- Injury related requirements rather than personal preference
- Co-morbidities



- Natural supports available
- Cost effective solutions such as modification of current equipment
- What is the most suitable equipment to help the client towards their goal?

Equipment ordering

Equipment is supplied to ACC clients by Enable New Zealand, ACC's national contracted supplier of Managed Rehabilitation Equipment Services (MRES).

Low-cost solutions

Service Providers may purchase non-List items valued at under \$100 (per item, excluding GST), directly from non-contracted suppliers without prior approval from ACC. ACC will reimburse the Supplier for the purchased item after receiving a separate invoice that details the item type and cost, cite service item code EU100, and has a receipt for the item attached.

List Equipment

It is important that Assessors use list equipment. If for any reason the equipment required cannot be accessed via list the Assessor needs to provide clear rationale as to why there is a request for non-list equipment.

If you need support to support your recommendations for list vs non-list equipment you can contact Enable New Zealand's Clinical Advisory Services team.

Fitting and set-up

Once the equipment has been delivered to the client, the assessor may be required to help the client (and their family/whanau) in setting up and/or fitting of the equipment.

Training

If equipment has been approved and purchased for the client by ACC, the client and their family/whanau/carer will receive training in the safe use and maintenance of the equipment. Training should include any equipment maintenance that can be provided by the client, family/whanau/carer and who to contact if more technical maintenance is required.

Clients with a visual impairment

This service excludes assessment services for clients with a visual impairment. Assessments for visually impaired clients through Blind Low Vision NZ can be requested using the *ACC075 Initial Needs Assessment Referral for the Visually Impaired* form.

Clients with visual impairment may have additional injury related communication requirements – for example, due to a traumatic brain injury - which means that a CATA assessment is the most appropriate assessment to holistically address all their injury related



communication requirements in a single assessment. The CATA Supplier can request input into the assessment process from Blind Low Vision NZ as required.

Equipment for clients with a visual impairment

This service excludes the provision of basic visual impairment equipment including:

- Bold Line Pads
- Braille Equipment and Devices
- White Canes and Cane Tips
- Magnifiers Portable, Stand Magnifiers, Hand Magnifiers, Magnifying Lamps and Handheld Video Magnifiers
- Digital Voice Recorder
- Daisy (Digital Audio Devices)
- Electronic Voice organisers
- Environmental Modifications, e.g. Illumination Levels
- Felt Tip Markers
- Glare Resistant Glasses
- Large Print Dymotape Labellers and Tape
- Large Print Telephones, Talking Clocks, Talking Watches, Low Vision Clocks and Watches
- Monoculars
- Deafblind Communication Devices and Applications
- Self Threading Needles
- Signature Templates
- Slate and Stylus
- Talking Microwaves
- Talking Scales (kitchen or bathroom) and Talking Tape Measure
- Free Standing Task Lighting
- Writing Frames



Service timeframes

Service timeframes are specified in clause 7 of the Service Schedule. Where a timeframe cannot be met it is important that the relevant stakeholders are informed at the earliest opportunity to enable the parties (where required) to:

- Understand, and where possible address, any issues that are impacting on the timeframe
- · Agree new timeframes
- Enable on-going communication to ensure that any negative impacts upon the client are minimised.

Incidents and reportable events

The following incidents and risks should be reported to ACC immediately, either by contacting ACC's <u>Engagement and Performance Managers</u> or calling ACC's Provider Helpline on 0800 222 070.

- Notifiable Events (as defined by the HSWA) in relation to the services delivered for ACC or on our behalf
- Client death (any cause)
- Personal or organisational threats by an ACC client or their representative (i.e. bomb threats, death threats)
- Likely media risk
- Privacy breach
- Health and Disability Commission (HCS) or coroner inquest

If you are unsure of what needs to be reported or how to report to us, please contact your Engagement and Performance Manager.

Reporting health and safety incidents - on-line form

Clause 8.16 of the Standard Terms and Conditions (located on acc.co.nz) sets out Suppliers' responsibilities regarding Health and Safety and what should be reported to ACC.

Please use our online <u>Reporting health and safety incidents</u> form on the For Providers page on acc.co.nz to report Notifiable Events, threats and any other significant risks to health and safety relating to the services you provide for ACC or our clients.



Service monitoring

Service monitoring (reporting) is set out in clause 12 of the Service Schedule and includes:

- Timeliness of assessment reports
- Number of times clarification was sought by ACC following an assessment
- Customer satisfaction
- Cultural responsiveness
- Provider qualifications and experience



Appendices

Appendix 1: Complexity Framework Tool

Social Rehabilitation Assessments - Complexity Framework Tool

Date:	Claim Number:	Assessment type:	



When assessing complexity:

- Only consider complexity factors if these have an impact on the assessment
- Not all factors present will influence the complexity of assessment
- Score each domain that the complexity factor has an impact for the assessment

The Complexity Framework Tool can be completed/ updated following assessment

KEY:

NO (Score 0) – a factor that does not add to the complexity of the assessment, documentation, trial or liaison time.

YES (Score 1) – a factor that impacts on the complexity of the assessment, documentation, trial and liaison time.

F	actors	Rationale - Please provide rationale for each domain that is scored as a complexity factor	Score 0 or 1
	Injury related	Example: Brain injury, burns, multi trauma, chronic pain, spinal cord injury	
	Injury related complications	Example: Pressure areas, contractures, asymmetry	
Health	Psychological	Example: Mental health e.g. depression, anxiety	
condition	Comorbidities	Example: Multiple/ other health conditions/ drug and alcohol dependency	
	Unstable conditions	Example: Medical, psychological, social – urgent intervention required	



F	actors	Rationale - Please provide rationale for each domain that is scored as a complexity factor	Score 0 or 1
	Communication	Example: Interpreter required, assistive communication, aphasia	
	Cultural	Example: Beliefs, family structure that requires extensive consultation with whanau/family	
Personal	Age	Example: Child, elderly, aging factors that are relevant to the covered injury (e.g. shoulder osteoarthritis and paraplegia)	
	Nutrition	Cultural Age Example: Beliefs, family structure that requires extensive consultation with whanau/family Age Example: Child, elderly, aging factors that are relevant to the covered injury (e.g. shoulder osteoarthritis and paraplegic limits) Example: Bariatric, malnourished Example: Care indicator, history of violence Example: Isolation, lack of natural supports, neglect, abuse, guardianship Equipment Example: Numerous pieces of existing equipment to be considered, >3 trial/quote/follow up required Example: Complex, customised solutions equipment Physical Example: Rural (lack of internet/power), access (excludes assessor travel time) Example: Reluctant to engage, multiple attempts at assessment	
	Risk	Example: Care indicator, history of violence	
	Social	Example: Isolation, lack of natural supports, neglect, abuse, guardianship	
	Equipment	Example: Numerous pieces of existing equipment to be considered, >3 trial/quote/follow up required	
Environmental		Example: Complex, customised solutions	
	equipment		
	Physical	Example: Rural (lack of internet/power), access (excludes assessor travel time)	
	Client Engagement	Example: Reluctant to engage, multiple attempts at assessment	
Participation	Client Roles	Example: Wide ranging roles within community and/or multiple assessment sites	
Team	Liaison	Example: Multiple services, providers, agencies, funders involved, >2hours required for assessment	
		Total score (out of 17)	

If you feel the assessment is complex but the threshold score has not been met, please provide additional clinical	
rationale for consideration:	



Appendix 2: Equipment usefulness

Pre and post assessments enable quantification of the 'value add' of a program. The following tool is suggested only as a tool to measure the usefulness and effectiveness of equipment provided to a client.

How my equipment impa	acted up	on r	ny l	ife.										
		Before receiving my equipment:			Since receiving my equipment:									
Self-reliance	Poor			Exce	llent	Poor E			Exce	xcellent				
	1	2	3	4	5	1	2	3	4	5				
Ability to participate in	Poor			Excellent		Poor			Exce	llent				
activities	1	2	3	4	5	1	2	3	4	5				
Ability to control my life	Poor		Excelle			Excellent		Poor			Exce	llent		
· · · · · · · · · · · · · · · · · · ·	1	2	3	4	5	1	2	3	4	5				
Ability to interact with my	Poor	•	Excellent		Excellent Poor			Excellent						
surroundings	1	2	3	4	5	1	2	3	4	5				
My overall satisfaction	Poor	•		Excellent		Excellent		Poor			Exce	llent		
•	1	2	3	4	5	1	2	3	4	5				
My level of frustration	Poor			Excellent		Excellent		Poor			Exce	llent		
	1	2	3	4	5	1	2	3	4	5				
Ability to complete some	Poor			Excellent		Excellent		Excellent		Poor			Exce	llent
activities independently without the need for assistance from another person	1	2	3	4	5	1	2	3	4	5				