



SERVICE SCHEDULE FOR CONCUSSION SERVICES

CONTRACT NO: _____

A. QUICK REFERENCE INFORMATION

1. TERM FOR PROVIDING CONCUSSION SERVICES

- 1.1 The Term for the provision of Concussion Services is the period from 1 July 2025 (**Start date**) until the close of 30 June 2026 (**End date**) or such earlier date upon which the period is lawfully terminated or cancelled.
- 1.2 Prior to the End date, the Parties may agree in writing to extend the Term of this Service Schedule for a maximum of two further terms of one year each. Any decision to extend the Term of this Service Schedule will be based on:
 - 1.2.1 The Parties reaching agreement on the extension in writing prior to the End date, and
 - 1.2.2 ACC being satisfied with the performance of the Services by the Supplier.
- 1.3 All other provisions of this Service Schedule will either continue to apply during such extended Term or be re-negotiated to the satisfaction of both Parties.
- 1.4 There is no obligation on the part of ACC to extend the Term of this Service Schedule, even if the Supplier has satisfactorily performed all the Services.

2. SPECIFIED AREA AND SERVICE LOCATION (PART B, CLAUSE 3)

3. SERVICE ITEMS AND PRICES (PART B, CLAUSE 11)

Part A: Table 1 - Triage Service Item and Price

Service Item Code	Service Item Description	Service Item Definition	Price (excl GST)	Pricing Unit
TBI05	Triage	A phone call or brief in-person service to determine if a Client requires a Concussion Service based on their current needs and presentation, and to provide early advice and reassurance. Maximum one hour which can be delivered in more than one interaction with the Client.	\$155.27	Per hour or part thereof (maximum one hour) No ACC prior approval required

Part A: Table 2 - Stage 1 Education and Assessment Service Items and Prices

Service Item Code	Service Item Description	Service Item Definition	Price (excl GST)	Pricing Unit
TBI21	Education and Risk Assessment	Education of the Client, assessment of the risks to recovery and rehabilitation needs. Minimum of 30 minutes to a maximum of three hours dependent on clinical need.	\$155.27	Per hour or part thereof (maximum three hours) No ACC prior approval required
TBI13	Case Review by Neuropsychologist	Case review and Interdisciplinary Team discussion via phone, email or In-person. One per Client.	\$63.29	Single fee No ACC prior approval required
TBI14	Case Review by Medical Practitioner	Case review and Interdisciplinary Team discussion via phone, email, or In-person. One per Client.	\$99.49	Single fee No ACC prior approval required

Part A: Table 3 - Stage 2 Treatment and Rehabilitation Service Items and Prices

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
TBI26	Allied Health or Nurse Therapy Session	Therapy advice on managing persisting concussion symptoms. Consultations may take between 30 minutes and one hour per consultation.	\$155.27	Per hour or part thereof No ACC prior approval required
TBI27	Psychological Consultation	The provision of therapeutic strategies for emotional and psychological issues. A maximum of five hours that can be used in consultations taking from 30 minutes to one hour per consultation.	\$189.92	Per hour or part thereof (maximum five hours) No ACC prior approval required
TBI28	Medical Consultation	Medical treatment for symptoms which may require medication. A maximum of two hours that can be used in consultations taking from 15 minutes to one hour per consultation. Up to 30 minutes can be used in Stage 1.	\$298.45	Per hour or part thereof (maximum two hours) No ACC prior approval required

Part A: Table 4 – Ancillary Services Items and Prices

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
TBI29	Key Worker/ Co-ordinator	Co-ordination and administration of Services and the Interdisciplinary Team. May not include the provision of any clinical Services. A maximum of four hours.	\$75.31	Per hour or part thereof (maximum four hours) No ACC prior approval required
TBI22	Allied Health Assessment	Assessment of memory, vestibular, fatigue, musculoskeletal, persisting concussion symptoms. Minimum of 30 minutes to a maximum of two hours dependent on clinical need.	\$155.27	Per hour or part thereof (maximum two hours) No ACC prior approval required

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
		Can be used in either Stage 1 or Stage 2.		
TBI23	Neuropsychological Screen	Clinical assessment of neuropsychological and psychological functioning. Minimum of 30 minutes to a maximum of five hours dependent on clinical need.	\$189.92	Per hour or part thereof (maximum five hours) No ACC prior approval required
TBI30	Medical Assessment	Testing and clinical assessment of neurological functioning.	\$596.94	Single fee No ACC prior approval required
TBI25	Other Discipline Assessment	Assessment by specialty services. Minimum of 30 minutes to a maximum of 1.5 hours dependent on clinical need.	At cost	Reimbursed at cost with supporting evidence ACC approval required
TBIDNA	Non-attendance Fee	Single fee for non-attendance at an agreed appointment where the Client did not previously notify the Supplier and the Supplier had reminded the Client. This Fee is paid only once per Client.	75% of the applicable hourly rate	One occasion No ACC prior approval required
TBITT1	Travel Time	A contribution towards travel time in accordance with Part B, clause 11.2.	Paid at 100% of the applicable hourly rate	Per hour or part thereof
TBITD10	Travel Distance	A contribution towards travel distance in accordance with Part B, clause 11.2.	\$0.82	Per kilometre

3.1 Maximum Funding Limit

- 3.1.1 The value of all Services delivered to the Client must not exceed the Maximum Funding Limit of \$4,078.00 (GST exclusive).
- 3.1.2 The single Non-attendance Fee (if applicable) and any travel costs payable are excluded from the Maximum Funding Limit.

- 3.1.3 The Supplier is responsible for ensuring that the Maximum Funding Limit is not exceeded. The Supplier expressly acknowledges and accepts that ACC will not pay for any Services provided which are in excess of the Maximum Funding Limit.

4. PRICE REVIEW

- 4.1 ACC will review pricing when, at ACC's sole discretion, we consider a review necessary. The factors ACC may take into account during a review include, but are not limited to:
- 4.1.1 general inflation
 - 4.1.2 changes in service component costs, and
 - 4.1.3 substantial changes in the market.
- 4.2 If ACC finds that the factors we take into account have not had a significant impact on price, the prices will remain unchanged.
- 4.3 If ACC provides a price increase, the Supplier must agree to any adjustment in writing. The price increase will take effect from a date specified by ACC.

5. RELATIONSHIP MANAGEMENT (STANDARD TERMS AND CONDITIONS, CLAUSE 11)

- 5.1 The Supplier will nominate a person as their Relationship manager to be the main contact with ACC for all operational issues relating to the provision of this Service. The Supplier will inform ACC of the name and contact details of the Relationship manager in writing, including any changes.
- 5.2 To ensure the continuing effective operation of the Service, formal working relationships are to be maintained as defined in Part A: Table 5 below:

Part A: Table 5 - 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	Recovery Services Team or equivalent	National Manager

6. ADDRESSES FOR NOTICES (STANDARD TERMS AND CONDITIONS, CLAUSE 23)

NOTICES FOR ACC TO:

ACC Health Procurement

Justice Centre

(for deliveries)

19 Aitken Street

Wellington 6011

PO Box 242

(for mail)

Wellington 6140

Marked: "Attention: Procurement Partner"

Phone: 0800 400 503

Email: health.procurement@acc.co.nz

NOTICES FOR SUPPLIER TO:

(for deliveries)

(for mail)

Marked: "Attention: _____, _____"

Phone: _____

Mobile: _____

Email: _____

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B. SERVICE SPECIFICATIONS FOR CONCUSSION SERVICES

1. PURPOSE

1.1 The purpose of the Concussion Service is to:

1.1.1 Provide early assessment, Triage, and rehabilitation to Clients to:

1.1.1.1 Support Clients' recovery and prompt return to their everyday life, including work or School.

1.1.1.2 Reduce the incidence of long-term consequences such as persisting concussion symptoms by identifying Clients likely to develop long term consequences and providing them with effective interventions and education.

1.1.1.3 Reduce the incidence of further brain injury by providing Clients with education about traumatic brain injury.

2. SERVICE OBJECTIVES

2.1 ACC will measure the success of this Service based on the following objectives:

2.1.1 Clients are appropriately assessed to meet their injury-related needs.

2.1.2 Services provided are necessary, appropriate, clinically appropriate and cost effective.

2.1.3 Clients are returned to their usual activities of everyday life, including work or School and no longer require any continued support from ACC for their brain injury.

2.1.4 Clients are provided with education to reduce the incidence of subsequent concussion injuries.

2.1.5 Clients receive education and strategies to prevent delayed recovery from concussion symptoms and to reduce the impact of these symptoms.

2.1.6 Clients receive culturally safe and competent Services and report high levels of satisfaction with the Services provided.

3. SERVICE LOCATION

3.1 The Services will be provided in an appropriate location, taking account of the Client's injury and the requirement under this Service Schedule for Services to be provided by an Interdisciplinary Team.

3.2 All rehabilitation interventions will be conducted from one clinic wherever possible, rather than at separate Service provider locations.

- 3.3 In exceptional circumstances, rehabilitation interventions may be delivered remotely via Telehealth providing the requirements set out in this Service Schedule are met.
- 3.4 The Supplier must have Service providers available to deliver the Service within the Service location area(s) specified in Part A, clause 2 of this Service Schedule.

4. SERVICE COMMENCEMENT

4.1 Client Eligibility

- 4.1.1 Clients who meet all the criteria in clause 4.1.2 below are eligible to be assessed for entry into this Service.
- 4.1.2 The Client has been diagnosed by a Medical Practitioner or Nurse Practitioner as having (or being suspected as having):
 - 4.1.2.1 a mild traumatic brain injury
 - 4.1.2.2 a moderate traumatic brain injury, or
 - 4.1.2.3 persisting concussion symptomsand has:
 - 4.1.2.4 been injured within the last 12 months
 - 4.1.2.5 an accepted claim with ACC, and
 - 4.1.2.6 a risk of delayed recovery.
- 4.1.3 The onus is on the Supplier to ensure the referred Client meets the above eligibility criteria, regardless of where the referral has come from.

4.2 Referral Process

- 4.2.1 The Supplier may accept referrals to the Service from:
 - 4.2.1.1 ACC.
 - 4.2.1.2 Medical Practitioners or Nurse Practitioners at Health New Zealand - Te Whatu Ora district hospitals, general or private practices and urgent care clinics.
 - 4.2.1.3 Registered nurses and Allied Health professionals at Health New Zealand - Te Whatu Ora district hospitals, where the clinical notes support a traumatic brain injury.
- 4.2.2 Where ACC refers a Client directly to the Supplier, an ACC Concussion Service Referral Form will be emailed to the Supplier and will include a valid purchase order.

- 4.2.3 Where a referral is made directly to the Supplier from a Health New Zealand - Te Whatu Ora district hospital, the referral must be on the ACC *Concussion Service Direct Referral* form (**ACC7988**), which is available on ACC's website.
- 4.2.4 Where a referral is made to the Supplier from an urgent care clinic, general or private practice, the referral may be made on the Concussion Service Referral Form (**ACC883**) or the same information may be provided by another method, however all information required in the ACC Concussion Service Referral Form must be provided. The referral should include clinical notes where appropriate.
- 4.2.5 The Supplier must decline any referral, and return the referral to the referrer, where the Client does not meet the eligibility criteria in Part B, clause 4.1.2.
- 4.2.6 The Supplier will decline any written referral and return the referral to the referrer if it contains inadequate information, requesting further details to be provided before accepting that referral.
- 4.2.7 If the Supplier is unable to accept a referral, the Supplier will inform the Client and arrange to forward the referral to another suitable Concussion Services supplier. If the referral has come directly from ACC and includes a purchase order, the Supplier must notify ACC within two Business days. ACC will reissue the purchase order and email it with a Concussion Service Referral Form to an alternative supplier.

5. SERVICE REQUIREMENTS

5.1 Timeframe

- 5.1.1 Services to a Client must be completed within six months from the date that the Supplier commences Services for that Client.

5.2 Interdisciplinary Team

- 5.2.1 The Supplier must maintain a core Interdisciplinary Team in each Service location which consists of a minimum of a:
 - 5.2.1.1 Medical Practitioner.
 - 5.2.1.2 Neuropsychologist.
 - 5.2.1.3 Clinical psychologists and/or Psychologists.
 - 5.2.1.4 Occupational therapist.
 - 5.2.1.5 Physiotherapist.

5.2.2 The Supplier may also consult the following health professionals to support the Interdisciplinary Team (referred to as the non-core Interdisciplinary Team):

5.2.2.1 Registered nurses.

5.2.2.2 Speech language therapists.

5.2.2.3 Social workers.

5.2.3 All members of the Interdisciplinary Team must meet (and continue to meet throughout the Term of this Service Schedule) the qualifications, registration and membership, experience and competency criteria set out in this Service Schedule at Part B: Table 2.

5.3 Operational Guidelines

5.3.1 ACC and the Supplier will manage this Service within the guidelines outlined in the Concussion Services Operational Guidelines, which are available on ACC's website. Any substantive amendments to the Operational Guidelines required during the Term of this Service Schedule will be made in consultation with the Supplier. Where there is an inconsistency or conflict between the Operational Guidelines and this Service Schedule, the provisions of the Service Schedule will take precedence.

5.4 Method of Delivery

5.4.1 The primary method for delivery of the Services is In-person.

5.4.2 Group education sessions may be utilised to provide the education component of the Service, where this is an appropriate method of delivery to the Client. Group education sessions will educate Clients about their individual brain injury, its management and provide coping and self-management strategies.

5.4.3 Once a risk assessment has been undertaken, and it is deemed appropriate, Telehealth may be utilised for delivery of the Services where this is considered to best meet the Client's needs and circumstances.

5.4.4 Where Services are provided using Telehealth, Suppliers must comply with the ACC *Telehealth Guide (ACC8331)*, available on ACC's website.

5.4.5 The Supplier will ensure that outcomes are measured using a validated, objective clinical measure.

5.4.6 The outcome measurement tools used will be standardised measurements selected by the Supplier as appropriate to the Client's injury and rehabilitation needs.

- 5.4.7 The Supplier will maintain records of the Client's pre- and post-rehabilitation outcome measures, together with evidence that these measures have been reviewed during delivery of the Services.

5.5 Triage Services

- 5.5.1 The Supplier must ensure a Triage is conducted by a Service provider, either by phone or In-person, to determine if the Client requires a Concussion Service assessment based on that Client's recovery progress.
- 5.5.2 The Triage must be commenced within five Business days of the Supplier's acceptance of the referral, however the timing of when the Triage is performed is to be determined by the Service provider based on the Client's needs.
- 5.5.3 A Triage is to be used to:
 - 5.5.3.1 Determine if a Client requires a Concussion Service based on their current needs and presentation.
 - 5.5.3.2 Provide the Client with education and, if appropriate, referral back to the initiating Medical Practitioner or Nurse Practitioner for ongoing management.
- 5.5.4 A Triage must include:
 - 5.5.4.1 A review of the Client's recovery progress using an appropriate screening tool.
 - 5.5.4.2 The provision of Client education relevant to the Client's patient needs.
 - 5.5.4.3 The provision of a response to the referrer advising of referral outcome.
- 5.5.5 The maximum duration of the Triage may be up to one hour. This may be split into one or more sessions/calls over several days.
- 5.5.6 The maximum time allowed for a Triage may not be used for undertaking administrative activities, e.g. booking appointments, taxis or translator services.
- 5.5.7 A Triage may not be invoiced in the following circumstances:
 - 5.5.7.1 Where the Supplier has not been able to contact the Client.
 - 5.5.7.2 When the Client has immediately declined the Service.
 - 5.5.7.3 Where the Supplier has immediately declined the referral.

- 5.6 Stage 1 - Education and Assessment Services
 - 5.6.1 Clients who meet all the following criteria are eligible to enter Stage 1 - Education and Assessment Services:
 - 5.6.1.1 The Client meets the eligibility criteria outlined in Part B, clause 4.1.2 of this Service Schedule.
 - 5.6.1.2 The Client has continued signs and symptoms of brain injury which require investigation and treatment.
 - 5.6.1.3 The Client has a continued risk of delayed recovery.
 - 5.6.2 The Supplier will begin Stage 1 Services with an eligible Client within ten Business days of completing the Triage unless otherwise agreed with ACC.
 - 5.6.3 Each Client must receive, at a minimum, the following Services in Stage 1 to determine their assessment needs:
 - 5.6.3.1 Education and Risk Assessment, which includes but is not limited to:
 - 5.6.3.1.1 Provision of education and reassurance on expected recovery timeframes and early symptom management.
 - 5.6.3.1.2 Assessment of any risk factors which may indicate the Client is at risk of delayed recovery.
 - 5.6.3.2 Case Review by Neuropsychologist which includes, but is not limited to:
 - 5.6.3.2.1 Reading and discussing clinical notes and any other relevant information with the Interdisciplinary Team.
 - 5.6.3.2.2 Determining if an In-person assessment with the Client is required.
 - 5.6.3.2.3 Determining if the proposed rehabilitation programme is clinically sound.
 - 5.6.3.3 Case Review by Medical Practitioner, which includes, but is not limited to:
 - 5.6.3.3.1 Reading and discussing clinical notes and any other relevant information with the Interdisciplinary Team.
 - 5.6.3.3.2 Determining if an In-person assessment with the Client is required.

- 5.6.4 The Education and Risk Assessment, the Case Review by Neuropsychologist and the Case Review by Medical Practitioner must be provided within ten Business days of commencing Stage 1 - Education and Assessment Services.
- 5.7 Stage 2 - Treatment and Rehabilitation Services
 - 5.7.1 Where Client self-management strategies are not sufficient and the need for ongoing rehabilitation services has been identified, the Supplier will:
 - 5.7.1.1 Assess and treat the Client's rehabilitation needs using the appropriate Service components.
 - 5.7.1.2 Continue to encourage the adoption of effective recovery/ coping strategies and Client self-managed rehabilitation.
 - 5.7.1.3 Ensure that Services are only provided where the Client has an ongoing clinical need.
 - 5.7.1.4 Continue to provide planning and guidance for return to work or School, where appropriate.
 - 5.7.1.5 Provide the Client with a referral to ACC's Stay at Work service (which forms part of ACC's Vocational Rehabilitation Services contract), if this is identified as appropriate.
- 5.8 Ancillary Services within Stage 1 or Stage 2
 - 5.8.1 The following Ancillary Services are available within either Stage 1 or Stage 2 to assess the Client's ongoing treatment and rehabilitation needs. They may be used where appropriate, dependent on the clinical need of the Client.
 - 5.8.2 Allied Health Assessments, which include but are not limited to:
 - 5.8.2.1 Assessment of, and provision of advice on, managing persisting concussion symptoms.
 - 5.8.2.1.1 Assessment of return to work or School requirements.
 - 5.8.2.1.2 Assessment of exercise tolerance and/or functional capacity for undertaking programmes.
 - 5.8.2.1.3 Assessment of vestibular function.
 - 5.8.2.1.4 Assessment of Differential Diagnoses.

5.8.3 Neuropsychological Screen

5.8.3.1 The purpose of the Neuropsychological Screen is to:

5.8.3.1.1 Establish which psychological factors may be exacerbating and/or maintaining the Client's symptoms.

5.8.3.1.2 Help formulate the Client's rehabilitation plan and specific interventions.

5.8.3.2 The Neuropsychological Screen includes, but is not limited to:

5.8.3.2.1 Assessment of pre-injury cognitive, behavioural and emotional functioning.

5.8.3.2.2 Assessment of family/whānau and social relationships, substance use, workplace, educational and recreational functioning pre-and post-injury.

5.8.3.2.3 Clinical and structured assessment of post-accident behavioural, psychological and (where clinically indicated) cognitive functioning.

5.8.3.3 A summary of the Neuropsychological Screening report must be submitted electronically to both ACC and the Client's general practitioner or primary care health provider within the timeframe specified in Part B: Table 3.

5.8.4 Medical Assessment

5.8.4.1 A Medical Assessment may only be undertaken by a Medical Practitioner who meets all of the qualifications, registration, experience and competency criteria outlined in Part B: Table 2.

5.8.4.2 The Medical Assessment must include a review of the Client's clinical information together with a clinical examination and assessment of the Client.

5.8.4.3 The Service provider who has undertaken the Medical Assessment must include the following information in the clinical notes, report and/or consultation letter:

5.8.4.3.1 A clinical history of the Client, including mechanism of injury, pre-injury levels of concussion-like symptoms (e.g. fatigue, mood) and details of the clinical examination.

- 5.8.4.3.2 Confirmed diagnosis or diagnoses (as the case may be) including Differential Diagnoses, and the current injury-related symptoms the Client is experiencing.
- 5.8.4.3.3 A statement on whether the mechanism of injury could cause the diagnosis or diagnoses and symptoms the Client is experiencing.
- 5.8.4.3.4 Recommendations for further investigations, treatment and/or rehabilitation.
- 5.8.4.4 A Medical Assessment may include:
 - 5.8.4.4.1 Discussion with the Client concerning their medical fitness for work or School.
 - 5.8.4.4.2 Testing and clinical assessment of neurological functioning.
- 5.8.4.5 Following completion of the Medical Assessment, all reports, notes and letters (or a summary of any comprehensive or lengthy letter) which relate to the Client's Medical Assessment are required to be submitted to ACC electronically in the manner and format as may be advised by ACC from time to time. These reports, notes, letter or summaries may be the same as those which have been provided by the Medical Assessment Service provider to the Client's general practitioner or referring specialist.

5.9 Other Discipline Assessment

- 5.9.1 Where the Supplier determines it is clinically appropriate, the Supplier may refer the Client to another clinical discipline outside those within the Interdisciplinary Team to obtain further advice on the Client's rehabilitation needs. The advice provided following any such Other Discipline Assessment must meet the same requirements for Medical Assessments outlined in Part B, clause 5.8.4 above, including the submission of all reports, notes, letters and summaries.
- 5.10 The Supplier may not invoice ACC any additional fees for providing the reports, notes, letters or summaries required by Part B, clause 5.8.3.3, Part B, clause 5.8.4.5 or Part B, clause 5.9.1 above.

5.11 Summary of Assessment Services

For ease of reference, the various Assessment Services available to Clients within the Concussion Service are summarised in Part B, Table 1 below:

Part B: Table 1 – Summary of Assessment Services

Service provider discipline	Service Item Code	Assessment Service
Registered nurse or Allied Health professional (e.g. occupational therapist, physiotherapist, speech language therapist, social worker)	TBI05	Triage Services to be provided in accordance with Part B, clause 5.5.
	TBI21	Stage 1 - Education and Risk Assessment Services to be provided in accordance with Part B, clause 5.6.3.1.
	TBI26	Stage 2 – Treatment and Rehabilitation Services Provision of advice and rehabilitation for managing persisting concussion symptoms, return to work, return to School, exercise programmes, vestibular therapy and communication issues. Services to be provided in accordance with Part B, clause 5.7.1.
	TBI22	Allied Health Assessment (any Stage) Services to be provided in accordance with Part B, clause 5.8.2.
Key Worker/Co-ordinator	TBI29	Key Worker/Co-ordinator (Stage 1 and Stage 2) Services to be provided in accordance with Part A: Table 4.
Medical Practitioner	TBI14	Case Review by Medical Practitioner (Stage 1) Services to be provided in accordance with Part B, clause 5.6.3.3.
	TBI28	Medical Consultation (Stage 2) <ul style="list-style-type: none"> Medical treatment of symptoms, particularly those which may require medication. Medical Certification. NOTE: Up to 30 minutes of this Service may be used in Stage 1.
	TBI30	Medical Assessment (any Stage) Services to be provided in accordance with Part B, clause 5.8.4.
Neuropsychologist	TBI13	Case Review by Neuropsychologist (Stage 1) Services to be provided in accordance with Part B, clause 5.6.3.2.
	TBI23	Neuropsychological Screen (any Stage)

Service provider discipline	Service Item Code	Assessment Service
		Services to be provided in accordance with Part B, clause 5.8.3.
	TBI27	Psychological Consultation (Stage 2) The provision of therapeutic strategies for emotional and cognitive and behavioural issues.
Clinical Psychologist and Psychologist	TBI27	Psychological Consultation (Stage 2) The provision of therapeutic strategies for emotional and cognitive and behavioural issues. NOTE: No separate assessment Services required, however it is expected that some assessment will occur under TBI27 to provide a platform from which to provide therapeutic services.
Other Disciplines	TBI25	Other Discipline Assessment Where determined as being clinically appropriate, assessment outside the Interdisciplinary Team provided by recognised clinical professionals in accordance with Part B, clause 5.9. NOTE: Further treatments or consultations are excluded in this Service.

5.12 Diagnosis

- 5.12.1 Where the diagnosis of concussion has not been confirmed, the Supplier will ensure a comprehensive clinical investigation is undertaken by a Medical Practitioner and, if the Client requires it, a Neuropsychological Screen is provided by a neuropsychologist. This will include a Differential Diagnosis to clarify the underlying cause of the symptoms.
- 5.12.2 Where a Client has a confirmed diagnosis of concussion the Supplier will:
- 5.12.2.1 Assess the Client's symptoms and rehabilitation needs, including their medical, psychological and social history.
 - 5.12.2.2 Encourage the Client to adopt effective recovery/coping strategies and encourage the Client to self-manage their rehabilitation by providing early education to the Client and their family and whānau on the following:
 - 5.12.2.2.1 Brain injury.
 - 5.12.2.2.2 Management of the Client's symptoms.

- 5.12.2.2.3 Expected rehabilitation times and likely outcomes for the Client.
 - 5.12.2.2.4 Returning to work and School, where it is indicated this will occur.
 - 5.12.2.2.5 How to prevent further concussion injury.
 - 5.12.2.3 Request and receive the Client's previous medical notes prior to the Case Review by Medical Practitioner or the Case Review by Neuropsychologist (as the case may be) in order to identify any pre-existing conditions and other risks that may prevent/delay rehabilitation, and report these to ACC.
 - 5.12.2.4 Identify any further assessment and treatment services that may be required within this or other ACC services.
 - 5.12.2.5 Complete a rehabilitation plan where ongoing rehabilitation services are required.
 - 5.12.2.6 Submit a Client Summary Report to ACC if no further Services are required.
 - 5.12.2.7 Provide any rehabilitation services as agreed between the Supplier and ACC.
 - 5.12.2.8 Provide the Client with a referral to ACC's Stay at Work service (which forms part of ACC's Vocational Rehabilitation Services contract), if this is identified as appropriate.
 - 5.12.3 If it is determined that the Client does not have concussion, the Supplier will submit a Client Summary Report to ACC in accordance with Part B, clause 5.13, recommending that the Client exit the Concussion Service and providing recommendations for any further services the Client may require.
- 5.13 Client Summary Report
- 5.13.1 The Supplier will submit a Client Summary Report to ACC at the intervals specified in Part B: Table 3 (at Part B, clause 7.1) or as otherwise agreed with ACC.
 - 5.13.2 A Client Summary Report will record whether the Client:
 - 5.13.2.1 Has returned to their usual activities of everyday life, including work or School, and no longer requires any continued support from ACC for their brain injury/ concussion.

- 5.13.2.2 Has not returned to their usual activities of everyday life, including work or School, and has a need for further Concussion Services that are within the Maximum Funding Limit.
- 5.13.2.3 Has not returned to their usual activities of everyday life, including work or School, and requires more ACC services than are available within the Concussion Service.
- 5.13.2.4 Is not entitled to Concussion Services as it has been established that the Client has not suffered a traumatic brain injury that requires Concussion Services.
- 5.13.3 The Client Summary Report will:
 - 5.13.3.1 Recommend what, if any, services (within Concussion Services or otherwise) the Client needs.
 - 5.13.3.2 Document the Client's goals and their progress towards achieving those goals, relating to:
 - 5.13.3.2.1 A return to work, where the Client is receiving weekly compensation.
 - 5.13.3.2.2 A return to School where the Client is absent from School.
 - 5.13.3.2.3 Where clause 5.13.3.2.1 and clause 5.13.3.2.2 above do not apply, a return to the Client's usual life role(s).
 - 5.13.3.3 Summarise the information collected during delivery of the Services where that information has not already been provided to ACC, such as:
 - 5.13.3.3.1 The Client's medical, psychological and social history.
 - 5.13.3.3.2 An assessment of risks or barriers to the Client's recovery using the method specified by ACC.
 - 5.13.3.3.3 Outcome tool measurements.
- 5.13.4 The Supplier will provide clinical notes to ACC within five Business days when requested by ACC from time to time throughout the Term of this Service Schedule. Clinical notes are to be provided electronically in the manner advised by ACC.

- 5.13.5 With the Client's written consent, the Supplier will forward the Client Summary Report, medical reports and Neuropsychological Screen (where this has been conducted) to the Client's general practitioner or primary health care provider within the relevant timeframe stipulated in Part B: Table 3 of this Service Schedule.
- 5.13.6 The Supplier may not invoice ACC any additional fees for preparing the Client Summary Report, providing supporting clinical notes to ACC, or forwarding the Client's reports and Neuropsychological Screen to the Client's general practitioner or primary health care provider as required by this clause 5.13.
- 5.14 Payment for Non-attendance by the Client
 - 5.14.1 ACC will pay one Non-attendance Fee per Client where the following requirements have been met:
 - 5.14.1.1 A Did Not Attend Report form has been sent to ACC within three Business days of the non-attendance with an explanation why the Client failed to attend and any actions taken by the Supplier to ensure that the Client attended the appointment.
 - 5.14.1.2 No other Non-attendance Fee has been paid for that Client.
 - 5.14.2 Subject to the expectations described in the Operational Guidelines the Supplier may charge the Client for non-attendance at a booked appointment.
- 5.15 Suspension of Services
 - 5.15.1 Services to a Client may be suspended where the Client is unable to participate in rehabilitation as a result of urgent matters which are beyond the Client's control.

Any such suspension of Services must not exceed two weeks in duration. If a Services suspension exceeds two weeks the Supplier will discharge the Client from the Service.
- 5.16 Completion of Services
 - 5.16.1 On completion of the provision of Concussion Services, the Supplier must submit a final Client Summary Report to ACC electronically within five Business days.

6. SERVICE SPECIFIC QUALITY REQUIREMENTS

6.1 Service provider requirements

- 6.1.1 The Supplier is responsible for ensuring all Service providers delivering Services under this Service Schedule comply with all qualifications, registration and membership, experience and competency criteria set out in Part B: Table 2 of this Service Schedule.
- 6.1.2 The Supplier must maintain records demonstrating that each Service provider has been evaluated and complies (and continues to comply) with the requirements outlined in Part B: Table 2. This includes, but is not limited to, current registration status, demonstrated competencies, and (where applicable) Concussion Services Supervision logs. The Supplier must provide these records to ACC immediately upon request.
- 6.1.3 On application from the Supplier, ACC may, at its discretion, approve a registered health professional whose qualifications and experience differ from those specified in Part B: Table 2 to act as a Service provider, if:
 - 6.1.3.1 ACC considers that the registered health professional has appropriate qualifications and experience to provide the Services.
 - 6.1.3.2 There is a service gap in the Service location area where that registered health professional is able to provide Services that cannot be met by a Service provider who otherwise meets the criteria outlined in Part B: Table 2 below.

Part B: Table 2 - Service Provider Qualifications, Registration and Membership, Experience and Competency Criteria

Profession	Registration and Membership	Experience	Competency
Neuropsychologist	<p>Must hold current registration and an annual practising certificate with the New Zealand Psychologists Board with a scope of practice in one of the following:</p> <ul style="list-style-type: none"> • Neuropsychologist • Clinical Psychologist <p>Must have successfully completed a university-based graduate or postgraduate course or papers in neuropsychology.</p> <p>Must hold current membership of at least one of the following:</p> <ul style="list-style-type: none"> • New Zealand Psychological Society • NZ College of Clinical Psychologists • An appropriate international neuropsychological professional body. 	<p>Must have a minimum of two years' Recent postgraduate clinical practice experience in supervised neuropsychological assessments and rehabilitation.</p> <p>NOTE: Where a Service provider does not meet this experience criteria the Supplier must comply with the Concussion Services Supervision requirements outlined in Part B, clause 6.3 for that Service provider.</p>	<p>Must demonstrate competency in the following areas (and be able to support this with evidence):</p> <ul style="list-style-type: none"> • Knowledge of and competency to use and interpret neuropsychological tests. • Appropriate knowledge of the relevant neuroscientific foundations of neuropsychological assessment. • Ability to identify and apply best available current evidence in professional practice and decision making. • Maintains and improves knowledge, skills and new evidence for practice. • Reflects on practice to inform current and future reasoning and decision-making and the integration of theory and evidence into practice. <p>NOTE: Where a Service provider does not meet these competency criteria the Supplier must comply with the Concussion Services Supervision requirements outlined in Part B, clause 6.3 for that Service provider.</p>
Registered nurse Physiotherapist Occupational therapist Speech language therapist Social worker	<p>Must hold current registration and an annual practising certificate with the relevant New Zealand Authority.</p>	<p>Must have a minimum of two years' Recent postgraduate clinical practice experience.</p>	<p>Regarding mild to moderate brain injury, must demonstrate competency in the following areas (and be able to support this with evidence):</p> <ul style="list-style-type: none"> • Ability to identify and apply best available current evidence in professional practice and decision making.

Profession	Registration and Membership	Experience	Competency
Clinical Psychologist or Psychologist	<p>Must hold current registration and annual practising certificate with the New Zealand Psychologists Board – with a scope of practice in one of the following:</p> <ul style="list-style-type: none"> Clinical Psychologist Psychologist <p>Must have a qualification that meets at least Level 8 (postgraduate) of a NZQA recognised course of study, which includes in its content: assessment, classification, and formulation; abnormal psychology; skills in two or more models of therapeutic intervention; human development and knowledge and skills in the use of psychometric tools (if using psychometrics).</p> <p>Must hold current membership of at least one of the following:</p> <ul style="list-style-type: none"> New Zealand Psychological Society NZ College of Clinical Psychologists An appropriate international neuropsychological/psychological professional body. 	<p>Must have a minimum of two years' Recent postgraduate clinical practice experience in working with Clients who have mental health difficulties associated with physical injuries (excluding clinical placements and internships).</p> <p>NOTE: Where a Service provider does not meet this experience criteria the Supplier must comply with the Concussion Services Supervision requirements outlined in Part B, clause 6.3 for that Service provider.</p>	<ul style="list-style-type: none"> Ability to apply appropriate screening, outcome measurement and data collection tools to professional practice and decision making. Maintains and improves knowledge, skills and new evidence for practice. Reflects on practice to inform current and future reasoning and decision-making and the integration of theory and evidence into practice. <p>NOTE: Where a Service provider does not meet this competency criteria the Supplier must comply with the Concussion Services Supervision requirements outlined in Part B, clause 6.3 for that Service provider.</p>

Profession	Registration and Membership	Experience	Competency
Medical Practitioner	<p>Must hold current registration and an annual practising certificate with the New Zealand Medical Council with a vocational scope in one of the following:</p> <ul style="list-style-type: none"> • Rehabilitation Medicine • Occupational Medicine • General Practice • Internal Medicine • Neurology • Neurosurgery • Paediatrics • Psychiatry • Sport and Exercise Medicine 	<p>Must have a minimum of two years' recent experience practicing within their specialist vocational scope.</p>	<p>Must demonstrate competency in the following areas (and be able to support this with evidence):</p> <ul style="list-style-type: none"> • Mild to moderate brain injury assessment and Differential Diagnosis. • Screening for identifying Clients at risk of a delayed recovery from mild to moderate brain injury. • The medical management of mild to moderate brain injury. • Ability to work within a wider Interdisciplinary Team providing rehabilitation towards Client-centred, functional outcomes. • Ability to identify the risks and benefits of a Client returning to work/School/ activity while recovering from a mild to moderate brain injury.
Key Worker/ Co-ordinator	<p>The Key Worker/Co-ordinator role may be fulfilled by any Service provider who meets the requirements outlined in this Table for the relevant profession or discipline and does not require Concussion Services Supervision.</p>		

6.2 Service providers requiring Concussion Services Supervision

- 6.2.1 *For Neuropsychologists, Clinical Psychologists or Psychologists:* Where a Service provider does not meet the required experience criteria and/or competency criteria outlined in Part B: Table 2 for these disciplines, the Supplier must ensure the Service provider successfully completes the Concussion Services Supervision requirements outlined in Part B, clause 6.3.
- 6.2.2 *For registered nurses, physiotherapists, occupational therapists, speech language therapists and social workers:* Where a Service provider does not meet the required competency criteria outlined in Part B: Table 2 for these disciplines, the Supplier must ensure the Service provider successfully completes the Concussion Services Supervision requirements outlined in Part B, clause 6.3.
- 6.2.3 Registered nurses, physiotherapists, occupational therapists, speech language therapists and social workers who do not meet the required experience criteria outlined in Part B: Table 2 are not permitted to provide Services or act as a Service provider under this Service Schedule.
- 6.2.4 Medical Practitioners who do not meet the required experience criteria and/or competency criteria outlined in Part B: Table 2, are not permitted to provide Services or act as a Service provider under this Service Schedule.

6.3 Concussion Services Supervision requirements

- 6.3.1 The Supplier is responsible for ensuring a Service provider requiring Concussion Services Supervision successfully completes all the following Concussion Services Supervision requirements:
 - 6.3.1.1 The Service provider must engage in further professional development with specific relevance to working with people who have had a mild to moderate brain injury, until the Service provider has gained the required experience and demonstrated competency.
 - 6.3.1.2 The Service provider must have a Concussion Services Supervision arrangement in place which meets the following requirements:
 - 6.3.1.2.1 The supervisor must be a suitably qualified health professional who meets all criteria of the relevant discipline detailed in Part B: Table 2.

- 6.3.1.2.2 The supervisor must have a minimum of five years' experience within the previous seven years in assessing, treating, and rehabilitating people with mild to moderate brain injuries.
- 6.3.1.2.3 The supervisor must have a minimum of one year of Recent experience acting as a Service provider under an ACC Neuropsychological Assessment Services contract or an ACC Concussion Services contract.
- 6.3.1.2.4 The Service provider must participate in fortnightly one-on-one Concussion Services Supervision with their supervisor.
- 6.3.1.2.5 A Concussion Services Supervision log must be maintained which outlines the cases discussed by the Service provider and their supervisor and details a summary of issues and recommendations for each case.
- 6.3.1.2.6 *Neuropsychologists:* One in every five Neuropsychological Screens undertaken by a Neuropsychologist requiring Concussion Services Supervision must be directly observed, in person, by their supervisor, with feedback provided and recorded in the Concussion Services Supervision log.
- 6.3.1.3 The Supplier is responsible for ensuring that each case handled by a Service provider under Concussion Services Supervision is discussed and reviewed with their supervisor.
- 6.3.1.4 The Supplier must ensure that the quality of each assessment and any treatment provided by a Service provider under Concussion Services Supervision meets or exceeds the competency standards required of a qualified and experienced Service provider as specified in Part B: Table 2.

6.4 Nurse Trainee and Allied Health Trainee Placements

6.4.1 The Supplier may host trainees on placement when:

- 6.4.1.1 The trainee is a nursing student or Allied Health student attending a recognised training institution.

- 6.4.1.2 The trainee is under the direct supervision of a fully qualified Service provider who meets the qualifications, experience and supervision criteria outlined in Part B: Table 2 of this Service Schedule.
- 6.4.2 With the consent of the Client, the trainee may sit in and observe Service delivery of Concussion Services to that Client.
- 6.4.3 The trainee may undertake some basic duties under supervision when directed to do so by a fully qualified Service provider.
- 6.4.4 The Supplier is responsible for arranging the trainee's engagement and interactions with Clients.
- 6.4.5 The Supplier may not claim, and ACC will not fund, the delivery of any Services under this Contract which are or have been provided by a nurse trainee or Allied Health trainee.
- 6.5 Medical Registrars
 - 6.5.1 Concussion Services to Clients may only be provided by a Medical Registrar if a Medical Supervisor is co-located on-site at the relevant Service location during the Client's treatment session. The Supplier may only invoice ACC in relation to these Services in accordance with Part B, clause 6.5.2 below.
 - 6.5.2 The Supplier acknowledges and agrees that it may only invoice ACC for the Medical Supervisor's time when and to the extent the Medical Supervisor has been physically present providing direct supervision to the Medical Registrar during a Client's treatment session. In these circumstances, the Supplier may invoice ACC using the Medical Supervisor's provider ID number.
 - 6.5.3 For all other circumstances, including where the Medical Supervisor is co-located in the building but is not physically present providing direct supervision during a Client's appointment, the Supplier may not claim, and ACC will not fund the delivery of Services under this Contract which are or have been provided by a Medical Registrar.
 - 6.5.4 The Supplier must ensure its record keeping includes what, if any, Services have been provided to ACC Clients by a Medical Registrar.
- 6.6 Psychology Interns
 - 6.6.1 Services to Clients may be provided by Psychology Interns if a Psychology Intern Supervisor is co-located on-site at the relevant Service location during the Client's treatment session. The Supplier may only invoice ACC in relation to these Services in accordance with Part B, clause 6.6.2 below.

- 6.6.2 The Supplier acknowledges and agrees that it may only invoice ACC for the Psychology Intern Supervisor's time when and to the extent the Psychology Intern Supervisor has been physically present providing direct supervision to the Psychology Intern during a Client's treatment session. In these circumstances, the Supplier may invoice ACC using the Psychology Intern Supervisor's provider ID number.
- 6.6.3 For all other circumstances, including where the Psychology Intern Supervisor is co-located in the building but is not physically present providing direct supervision during a Client's appointment, the Supplier may not claim, and ACC will not fund the delivery of Services under this Contract which are or have been provided by a Psychology Intern.
- 6.6.4 The Supplier must ensure its record keeping includes what, if any, Services have been provided to ACC Clients by a Psychology Intern.
- 6.6.5 The Supplier must ensure that the following requirements are met in all circumstances where a Psychology Intern is providing Concussion Services to a Client:
- 6.6.5.1 The Psychology Intern must adhere to the New Zealand Psychologists Board's prevailing standards of ethical conduct and clinical and cultural competencies, as well as any best practice guidelines adopted and endorsed by the Board (these standards are required by the HPCA Act) including the following (available on the New Zealand Psychologists Board's website):
- 6.6.5.1.1 *Core Competencies for the Practice of Psychology in Aotearoa New Zealand.*
- 6.6.5.1.2 *Code of Ethics for Psychologists Working in Aotearoa/New Zealand.*
- 6.6.5.1.3 *Cultural Competencies for Psychologists Registered Under the Health Practitioners Competence Assurance Act (2003) And Those Seeking to Become Registered.*
- 6.6.5.2 The Psychology Intern must have a Psychology Intern Supervisor. The Psychology Intern may have a second nominated Psychology Intern Supervisor to provide supervision if the primary Psychology Intern Supervisor is not on-site. In accordance with Part B, clause 6.6.1, the Psychology Intern must ensure that their named Psychology Intern Supervisor(s) is or are co-located on-site and available when undertaking any clinical work with Clients.

- 6.6.5.3 The Psychology Intern may only see Clients under one ACC supplier contract.
- 6.6.6 If the Supplier is hosting a Psychology Intern that will or may provide Concussion Services to Clients, the Supplier must first provide to ACC:
 - 6.6.6.1 A properly completed Psychology Intern application form (**ACC8344**) together with the Psychology Intern's annual practising certificate and academic transcript.
 - 6.6.6.2 An induction plan which details how the Supplier is going to introduce and educate the Psychology Intern about the delivery of Concussion Services.
 - 6.6.6.3 Details of the Psychology Intern's supervision plan and arrangements including:
 - 6.6.6.3.1 Details of the Psychology Intern Supervisor(s).
 - 6.6.6.3.2 Frequency and model of supervision as determined by the Psychology Intern's university.
 - 6.6.6.3.3 The process for obtaining informed consent from each Client.
 - 6.6.6.4 A written acknowledgement signed by each Psychology Intern Supervisor which confirms the following:
 - 6.6.6.4.1 All clinical work undertaken by the Psychology Intern will be overseen by the Psychology Intern Supervisor, who will maintain responsibility for the Client's care at all times.
 - 6.6.6.4.2 That the Psychology Intern Supervisor will be co-located on-site when the Psychology Intern is undertaking clinical work with any Client.
 - 6.6.6.4.3 Acknowledge that as the nominated Psychology Intern Supervisor for a Psychology Intern, they will check and co-sign each report and clinical record completed by that Psychology Intern, and that they are responsible for ensuring that the standard of each assessment and treatment provided is at least equivalent to that of a qualified psychologist.

7. SERVICE AND REPORTING TIMEFRAMES

- 7.1 Part B: Table 3 below outlines the timeframes and responsibilities for delivering the Services.

Part B: Table 3 - Service Timeframes

Service Activity	Responsibility	Timeframe
Service duration	Supplier	Six months from date of commencement of Services for a Client, or as otherwise agreed with ACC.
Notification to the referrer and ACC if unable to supply Services to the Client	Supplier	Within two Business days of the Supplier's receipt of the referral.
Commencement of Triage Services for Client	Supplier	Within five Business days of the Supplier accepting the referral.
Commencement of Stage 1 Services	Supplier	Within ten Business days of completing Triage Services.
Stage 1 Services - Education and Risk Assessment, the Case Review by Clinical Neuropsychologist, and the Case Review by Medical Practitioner	Supplier will electronically submit the Client Summary Report (ACC884) to ACC and the Client's primary healthcare provider	Within ten Business days of Stage 1 Services having commenced.
Submission of Medical Assessment or Neuropsychological Screen consultation notes, report, letter or summaries	Supplier will electronically submit to ACC and the Client's primary healthcare provider	Immediately following the Medical Assessment or Neuropsychological Screen.
Submission of Client Summary Report	Supplier will submit the Client Summary Report (ACC884) electronically to ACC and the Client's primary healthcare provider	Within five Business days of either completion of the agreed Services and/or Service Exit; or identification that the Client needs services other than Concussion Services.
Request for clinical notes	Supplier will provide to ACC	Within five Business days of the request from ACC being received.
Where the Client does not attend an agreed appointment and fails to notify the Supplier	Supplier will complete and submit a Did Not Attend Report form to ACC	As soon as possible, but within three Business days of the missed appointment.

8. SERVICE EXIT

- 8.1 The Concussion Service is completed for a Client (and Service Exit achieved) when:
 - 8.1.1 The Client has returned to work and/or School and/or their usual life role(s) and no longer requires any support under this Service Schedule.
 - 8.1.2 The Client has withdrawn from the Service.
 - 8.1.3 ACC has withdrawn the Client from the Service.
 - 8.1.4 The Maximum Funding Limit has been reached.
 - 8.1.5 The Client is assessed as not being suitable for Concussion Services and is referred to their general practitioner by the Supplier, and, if appropriate, to other rehabilitation services.

9. EXCLUSIONS

- 9.1 The following services are not included within the Concussion Service:
 - 9.1.1 Inpatient services for traumatic brain injury.
 - 9.1.2 Elective surgical treatment arising out of any assessment.
 - 9.1.3 Social rehabilitation assessments.
 - 9.1.4 Pain management services.
 - 9.1.5 Training for Independence services.
 - 9.1.6 Longer-term musculoskeletal manual therapy.
 - 9.1.7 Longer-term clinical psychological therapy.
 - 9.1.8 Comprehensive neuropsychological or neuropsychiatric assessment and treatments.
 - 9.1.9 Radiological and other clinical investigations (e.g. Computerised Tomography (CT), Magnetic Resonance Imaging (MRI), and Electroencephalogram (EEG)).
 - 9.1.10 Sleep studies.
 - 9.1.11 Transport of the Client to and from the clinic or place where the Service is being delivered.
 - 9.1.12 Service provider travel to and from their residence or normal place of business to another place of their business.

10. LINKAGES

- 10.1 The Supplier will ensure that linkages are maintained with other services and organisations to ensure that Clients have access to and can be referred to appropriate services outside this Service. This is to ensure Clients experience seamless transitions between related services, and that concurrent services are appropriately co-ordinated to achieve required outcomes. These other services and organisations include (but are not limited to) the following:
- 10.1.1 Drug and alcohol services.
 - 10.1.2 Mental health services.
 - 10.1.3 Neuropsychological services.
 - 10.1.4 Physiotherapy treatment services (e.g. Allied Health services).
 - 10.1.5 Social rehabilitation services.
 - 10.1.6 The education sector.
 - 10.1.7 Māori health providers, such as Rongoā providers.
 - 10.1.8 Other appropriate ethnic and cultural groups.
 - 10.1.9 Government departments and agencies such as Police, Work and Income, Ministry of Social Development, Kāinga Ora – Homes and Communities, Health New Zealand – Te Whatu Ora, Ministry of Justice.
 - 10.1.10 Disability consumer groups such as the Brain Injury New Zealand.
 - 10.1.11 Community based rehabilitation providers under other ACC contracts e.g. Vocational Rehabilitation Services, Training for Independence, Pain Management Services.

11. PAYMENT AND INVOICING OF CHARGES

- 11.1 ACC agrees to pay the prices set out in the Tables at Part A, clause 3 for Services provided in accordance with this Service Schedule.
- 11.2 Travel by Road
- 11.2.1 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: Table 4 of this Service Schedule, and otherwise in accordance with ACC's *Travel Policy for Providers* (available on ACC's website).
 - 11.2.2 The Supplier must ensure all Service providers comply with ACC's *Travel Policy for Providers*.

12. PERFORMANCE REQUIREMENTS

- 12.1 Supplier performance monitoring requirements are described in detail in the Concussion Services Operational Guidelines.
- 12.2 The Supplier's performance will be measured by ACC against the following indicators as set out in Part B: Table 4 below:
- 12.2.1 Client outcomes.
 - 12.2.2 Quality of Services delivered to Client.
 - 12.2.3 Timeliness.

Part B: Table 4 - Performance Measurement

Performance Measure	Description	Target	Sources of data
Client outcome measurement	Clients who enter Treatment and Rehabilitation Services (Stage 2) complete an outcome measurement tool on completion of the Service. e.g. Brain Injury Screening Tool (BIST).	≥85% of Clients in Stage 2 complete an outcome measurement	Supplier data
Quality	Proportion of Clients who enter Treatment and Rehabilitation Services (Stage 2) from Education and Assessment Services (Stage 1).	≤65%	ACC data
Timeliness	The Client Summary Report (ACC884) is submitted to ACC within ten Business days of commencement of Stage 1 Services.	≥90%	Supplier data

13. SUPPLIER REPORTING REQUIREMENTS

- 13.1 The Supplier will ensure that the reports required by ACC under this Service Schedule are submitted electronically and using agreed formats, templates or online tools where these are available, or as advised by ACC from time to time.
- 13.2 The Supplier will provide a report to ACC every six months throughout the Term of this Service Schedule which includes the information detailed below in Part B: Table 5 – Supplier Reporting Requirements. ACC will provide the Supplier with a template for the purposes of completing this report.
- 13.3 The Supplier will submit the six-monthly report within 15 Business days from 31 December (for the period 1 July to 31 December) and within ten Business days from 30 June (for the period 1 January to 30 June).

Part B: Table 5 – Supplier Reporting Requirements

Six-monthly Report – Information Requirements

The Supplier's report to ACC each six months in respect of its delivery of Concussion Services will include the following information:

- The total number of referrals received by the Supplier in the six-month reporting period and the source of those referrals, being one of:
 - Medical Practitioner or Nurse Practitioner (primary care)
 - Health New Zealand - Te Whatu Ora hospital (direct referral)
 - ACC.
- Median length of time from commencement of Services to submission of the Client Summary Report (**ACC884**) to ACC.
- Outcome measurement results: The percentage of Clients who complete Concussion Services (Stage 2) and the extent of achievement (within the specified timeframes) of the outcomes/goals specified in the Client's rehabilitation plan. The extent of achievement of each Client's goals is defined as follows:

Extent of achievement	Means
Fully achieved	100% of goals achieved
Partially achieved	≥50% of goals achieved
Minimally achieved	<50% of goals achieved
No achievement	No goals achieved

The above outcome measurements will be completed for the general population and specifically for Māori.

- Details of how the Supplier has implemented continuing improvement to its delivery of Services in the six-month reporting period.

14. SECURITY OF PERSONAL INFORMATION

14.1 In addition to the privacy and information management requirements detailed in ACC's Standard Terms and Conditions, the Supplier must:

- 14.1.1 Ensure that any employee or Service provider who receives and/or accesses Personal Information from ACC in respect of a Client only does so for the purposes of delivering the Services, and in a manner which complies with the Supplier's privacy, security and confidentiality obligations under this Contract.
- 14.1.2 Not transmit, transfer, export or store either Confidential information or Clients' Personal Information outside of New Zealand and/or Australia.

- 14.1.3 Maintain information security systems, procedures and process in accordance with Good Industry Practice to protect Clients' Personal Information and Confidential information against loss or unlawful access, use, modification or disclosure.
- 14.1.4 Undertake regular security assurance, monitoring and testing of its information management systems, and promptly remediate any identified security vulnerabilities in accordance with Good Industry Practice.
- 14.1.5 Comply with any security information, accreditation and certification requirements requested or notified by ACC from time to time.
- 14.1.6 Confirm that the Supplier's Subcontractors (if any) satisfactorily meet all the requirements in this clause 14.1 before releasing any Personal Information or Confidential information to that Subcontractor for the purposes of this Contract.

15. SERVICE QUALITY STANDARDS

- 15.1 The Supplier must perform the Services using appropriate assessment tools in accordance with Good Industry Practice.
- 15.2 The Supplier must maintain quality assurance systems and processes in accordance with Good Industry Practice to identify and monitor competency level, training needs and compliance with supervision and training requirements for Service providers and other employees providing any part of the Services.
- 15.3 Safety Checks
 - 15.3.1 To protect and uphold the safety of Clients at all times, the Supplier must:
 - 15.3.1.1 Carry out appropriate screening/vetting (including Police vetting) for all individuals (including, but not limited to employees, Service providers and Subcontractors) the Supplier engages to deliver Services under this Contract.
 - 15.3.1.2 Establish and maintain appropriate systems, processes and security screening practices for all individuals (including, but not limited to employees, Service providers and Subcontractors) the Supplier engages to deliver Services under this Contract.

- 15.3.1.3 Ensure all individuals who work with children for the purposes of this Contract undergo a 'children's worker safety check' which complies (and remains compliant throughout the Term of this Service Schedule) with Part 3 of the *Children's Act 2014* and the *Children's (Requirements for Safety Checks of Children's Workers) Regulations 2015*.
- 15.3.1.4 Immediately notify ACC of any actual, possible or anticipated issues that could impact the safety of Clients.
- 15.3.1.5 The Supplier expressly acknowledges and agrees that where ACC receives information from any source which relates to the safety of Clients who are or have engaged with the Services, ACC reserves the right to investigate this information and, if necessary, take appropriate action.
- 15.3.1.6 If ACC considers on reasonable grounds that the safety of a Client or Clients engaging with the Services may be adversely impacted, ACC may, in its sole discretion, suspend or terminate all or any part of the Services or this Contract.

15.4 Policies and Procedures

- 15.4.1 The Supplier must establish and maintain the following throughout the Term of this Service Schedule:
 - 15.4.1.1 *Operating procedures* in respect of Service provider induction, training, decision making and oversight, quality improvements, performance management and risk management in relation to the Services.
 - 15.4.1.2 *Current list of Service providers* which records all Service providers (including any Subcontractors) delivering the Services to Clients for the purposes of Service Schedule.
- 15.4.2 A copy of the documents listed in clause 15.4.1 above must be promptly provided to ACC when requested, or as required.

16. HEALTH AND SAFETY

16.1 Health and Safety Risk Management

- 16.1.1 The following provisions in this clause 16 are in addition to the health and safety provisions contained in ACC's Standard Terms and Conditions.

- 16.1.2 The Supplier and all Service providers must ensure any health and safety risks identified are appropriately managed and monitored throughout the Client's journey. To facilitate this, the Supplier must:
- 16.1.2.1 Identify, monitor, and manage all health and safety risks associated with providing the Services.
 - 16.1.2.2 Ensure all Subcontractors providing the Services are aware of their health and safety obligations and have appropriate plans in place to manage those risks.
 - 16.1.2.3 Have systems in place to enable all Service providers (including the Supplier's employees) to promptly report any health, safety and security events and risks relating to the Services to the Supplier.
 - 16.1.2.4 When requested, provide information promptly to ACC relating to the Supplier's compliance with its health and safety obligations.
 - 16.1.2.5 Immediately notify ACC if there is an imminent threat or risk to the safety of a Client or a Service provider (including the Supplier's employees).

16.2 Health and Safety Risk Management Plan

- 16.2.1 The Supplier must maintain a Health and Safety Risk Management Plan relevant to the Clients the Supplier and its Subcontractors, Service providers and employees will be delivering the Services to and the environment the Services will be performed from. The Plan must at a minimum:
- 16.2.1.1 Identify health and safety risks which arise in performing the Services.
 - 16.2.1.2 Establish controls to eliminate or minimise those health and safety risks so far as reasonably practicable.
 - 16.2.1.3 Ensure all workplaces, environments, fixtures, fittings and plant (as defined in the *Health and Safety at Work Act 2015*) are, so far as reasonably practicable, maintained without risk to health and safety.
 - 16.2.1.4 Describe the duties which overlap with other Persons Conducting a Business or Undertaking (**PCBUs**), as that term is defined by the *Health and Safety at Work Act 2015*.
 - 16.2.1.5 Ensure there are arrangements to consult, co-operate and co-ordinate with those other PCBUs in order to manage health and safety risks and events (including accidents, harm or near misses) so far as is reasonably practicable.

- 16.2.1.6 The Supplier will ensure the Health and Safety Risk Management Plan also includes (but is not limited to) provisions relating to the management of specific hazards and risks, safe environment practices, incident management, emergency management, personnel engagement and active monitoring and review of hazards and risks to enable continuous improvement.

16.3 Working with Subcontractors (as PCBU's)

- 16.3.1 The Supplier must undertake a pre-qualification check in accordance with Good Industry Practice to confirm its Subcontractors have appropriate health and safety accreditation and risk management plans in place that protect all workers and others who may be put at risk by the Services.

16.4 Reporting Health and Safety Incidents

- 16.4.1 In addition to the notification obligations contained in ACC's Standard Terms and Conditions, the Supplier must report any health and safety incidents, events and risks related to the Services to ACC via ACC's online health and safety form (available on ACC's website) and at any meetings requested by ACC.

17. DEFINITIONS

- 17.1 In this Service Schedule, where the following capitalised terms have been used, they have the meaning given below:

Allied Health means health professionals who are not medical doctors, dentists, or nurses (for the purposes of this Service Schedule, these professionals include physiotherapists, occupational therapists, speech language therapists and social workers), as is more particularly described on the Te Whatu Ora – Health New Zealand's website.

Client Summary Report means a report in the form prescribed in the Operational Guidelines (currently **ACC884 Concussion Service – Client summary**) for use by Suppliers for the purposes of reporting to ACC on the Client's rehabilitation, their risk assessment, Services provided, and any further services which may be required. This form can be downloaded from acc.co.nz.

Concussion Service Referral Form means the form prescribed in the Operational Guidelines (currently **ACC883 Concussion Service referral**) for use by Medical Practitioners and Nurse Practitioners to refer ACC Clients to the Concussion Service. This form can be downloaded from acc.co.nz.

Did Not Attend Report means a form prescribed in the Operational Guidelines (currently **ACC885 Concussion service – Did Not Attend report**) for use by Suppliers to notify ACC when a Client did not attend an agreed appointment. This form can be downloaded from acc.co.nz.

Differential Diagnosis and **Differential Diagnoses** means the distinguishing of a particular disease or condition from others that present similar symptoms.

Good Industry Practice is the exercise of the due care, skill and diligence, and to the appropriate professional or industry standard, as would be expected from a leading supplier or person in the relevant industry.

HPCA Act means the *Health Practitioners Competence Assurance Act 2003*.

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

Interdisciplinary Team means a team consisting of health practitioners from different professions who share common Client goals and have responsibility for complementary tasks.

Maximum Funding Limit is the amount set out at Part A, clause 3.1 of this Service Schedule, being the maximum amount (excluding any Non-attendance Fee payable or travel costs properly incurred) the Supplier may invoice ACC for Services delivered to a Client.

Medical Practitioner (for the purposes of delivering Services in accordance with this Service Schedule) means an appropriately qualified medical doctor who meets the registration and membership, experience and competency requirements set out in Part B: Table 2.

Medical Registrar means a doctor who has successfully completed pre-vocational medical training and has received registration within a general scope of practice and is enrolled in a vocational medical training programme.

Medical Supervisor means the supervisor of a Medical Registrar who must be a suitably qualified specialist with a minimum of five years' Recent experience in acquired or traumatic brain injury.

New Zealand Authority means a body corporate appointed, by or under the *Health Practitioners Competence Assurance Act 2003* as the entity responsible for the registration and oversight of practitioners of a particular health profession.

Operational Guidelines means the Concussion Services Operational Guidelines provided by ACC as updated from time to time. These Guidelines can be downloaded from acc.co.nz.

Psychology Intern means a student engaged in a New Zealand Psychologists Board accredited postgraduate diploma, masters or doctoral course of studies, to achieve full registration in the Clinical Psychologist, Psychologist, Neuropsychologist or Counselling Psychologist scopes of practice, but who does not as yet have the necessary clinical experience.

Psychology Intern Supervisor means a supervisor of a Psychology Intern who meets all the following requirements:

- (a) Is registered with the New Zealand Psychologists Board with a scope of practice as a Psychologist, Clinical Psychologist, Neuropsychologist, or Counselling Psychologist.
- (b) Holds a current annual practising certificate with the New Zealand Psychologists Board.
- (c) Is a current member of either or both of the New Zealand Psychological Society and the New Zealand College of Clinical Psychologists or is an approved ACC named Service provider with at least two years of clinical experience.
- (d) Is approved by the Psychology Intern's university to provide supervision for Psychology Interns.
- (e) Is registered with the New Zealand Psychologists Board in the same scope of practice as the Psychology Intern is undertaking their internship for.
- (f) Has been allocated as the supervisor of no more than two Psychology Interns during each clinical practicum.

Recent means within the previous five years.

Recovery Services Team means the ACC team which administers and develops this Service Schedule.

Recovery Team means the ACC team responsible for the management and administration of Client claims.

School means any educational pursuit such as preschool, kindergarten, primary to secondary, university, technical institute and other forms of formal education.

Telehealth means the use of information or communication technologies to deliver health care 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, it does not include a quick Triage or check-in phone calls (unless specified).

Triage means a Service to the Client (via phone or In-person) to determine if a Client requires Concussion Services based on their current needs and presentation, and to provide early advice and reassurance (as described in Part B, clause 5.5).