



# SERVICE SCHEDULE FOR CONCUSSION SERVICES

CONTRACT NO: \_\_\_\_\_

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## 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 2023 (“Start Date”) until the close of 30 June 2025 (“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. 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; and
  - 1.2.3 All other provisions of this Service Schedule either continue to apply during such extended Term or being re-negotiated to the satisfaction of both parties.
- 1.3 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)

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

#### *Part A: Table 1 - Assessment and Triage Service Items and Prices – Stage 1*

<b>Service Item Code</b>	<b>Service Item Description</b>	<b>Service Item Definition</b>	<b>New Price (excl. GST)</b>	<b>Pricing Unit</b>
TBI21	Education & Assessment	Education of the Client, assessment of the risks to recovery and rehabilitation needs.  <i>Minimum of 30 minutes to a maximum of 3 hours dependant on clinical need.</i>	\$144.60	Per hour or part thereof. (Max 3 hours) No ACC prior approval required
TBI05	Phone triage	A phone call to determine if a Client requires a concussion service based on their current needs and presentation.  <i>Maximum 30 minutes and can be delivered in more than one call.</i>  <i>Only to be charged if the Client does not progress into a concussion service assessment.</i>	\$72.28	Fixed fee One per claim. No ACC prior approval required
TBI13	Case Review by Neuropsychologist	Case review and interdisciplinary team discussion via phone, email or in-person.  <i>One per Client</i>	\$62.15	Single fee No ACC prior approval required
TBI14	Case Review by Medical Specialist	Case review and interdisciplinary team discussion via phone, email, or in-person.  <i>One per Client</i>	\$96.02	Single fee No ACC prior approval required

<b>Service Item Code</b>	<b>Service Item Description</b>	<b>Service Item Definition</b>	<b>New Price (excl. GST)</b>	<b>Pricing Unit</b>
TBI22	Allied Health Assessment	Assessment of memory, vestibular, fatigue, musculo-skeletal, persisting concussion symptoms.  <i>Minimum of 30 minutes to a maximum of 2 hours dependant on clinical need.</i>	\$144.60	Per hour or part thereof. (Max 2 hours) No ACC prior approval required
TBI23	Neuropsychological Screen	Clinical assessment of neuropsychological and psychological functioning.  <i>Minimum of 30 minutes to a maximum of 5 hours dependant on clinical need.</i>	\$186.48	Per hour or part thereof. (Max 5 hours) No ACC prior approval required
TBI30	Medical Assessment	Testing and clinical assessment of neurological functioning.	\$576.15	Single Fee No ACC prior approval required
TBI25	Other Specialist Assessment	Assessment by specialty services.  <i>Minimum of 30 minutes to a maximum of 1.5 hours dependant on clinical need.</i>	At Cost	Reimbursed at cost with evidence.

**Table 2 - Treatment and Rehabilitation Service Items and Prices – Stage 2**

<b>Service Item Code</b>	<b>Service Item Description</b>	<b>Service Item Definition</b>	<b>New Price (excl. GST)</b>	<b>Pricing Unit</b>
TBI26	Allied Health or Nurse Therapy Session	Therapy advice on managing persisting concussion symptoms.	\$144.60	Per hour or part thereof (Max 8 hours)

<b>Service Item Code</b>	<b>Service Item Description</b>	<b>Service Item Definition</b>	<b>New Price (excl. GST)</b>	<b>Pricing Unit</b>
		<i>A maximum of 8 hours that can be used in consultations taking from 30 minutes to 1 hour per consultation.</i>		No ACC prior approval required
TBI27	Psychological Consultation	The provision of therapeutic strategies for emotional and psychological issues.  <i>A maximum of 5 hours that can be used in consultations taking from 30 minutes to 1 hour per consultation.</i>	\$186.48	Per hour or part thereof (Max 5 hours) No ACC prior approval required
TBI28	Medical Consultation	Medical treatment for symptoms which may require medication.  <i>A maximum of 2 hours that can be used in consultations taking from 30 minutes to 1 hour per consultation</i>	\$288.06	Per hour or part thereof (Max 2 hours) No ACC prior approval required
TBI29	Key Worker/ Co-ordination	Coordination and administration of services. No clinical service provision.  <i>A maximum of 4 hours with up to 2 hours in stage 1 and 2 hours in stage 2</i>	\$70.13	Per hour or part thereof (Max 4 hours) No ACC prior 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.  <i>This is paid only once per Client.</i>	75% of the applicable hourly rate	One occasion

<b>Service Item Code</b>	<b>Service Item Description</b>	<b>Service Item Definition</b>	<b>New Price (excl. GST)</b>	<b>Pricing Unit</b>
TBITT5	Travel Time	<p>Paid for the first 60 minutes (or less) of total travel in a day where:</p> <ul style="list-style-type: none"> <li>the travel is necessary; and</li> <li>the Service Provider travels via the most direct, practicable route between their base/facility and where the services are provided; and</li> <li>the distance the Service Provider travels exceeds 20 km return; and/or</li> <li>the time the Service Provider travels exceeds 30 minutes</li> </ul> <p>Note: If travel includes more than one Client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>	50% of the applicable hourly rate	Per 1st first hour of travel time
TBITT1	Travel Time – subsequent hours	<p>Paid for return travel time after the first 60 minutes in a day paid under TBITT5, where:</p> <ul style="list-style-type: none"> <li>the travel is necessary; and</li> <li>the Service Provider travels via the most direct, practicable route available between their base/facility and where the services are provided; and</li> <li>additional travel time is required after the first hour of travel</li> </ul>	Paid at 100% of the applicable hourly rate	Per subsequent hours of travel time

Service Item Code	Service Item Description	Service Item Definition	New Price (excl. GST)	Pricing Unit
		<p>Note: The first 60 minutes must be deducted from the total travel time and if travel includes more than one Client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>		
TBIT6	Other travel	<p>Costs for return travel by ferry, taxi, rental car, public transport and parking when:</p> <ul style="list-style-type: none"> <li>• return travel is via the most direct, practicable route; and</li> <li>• the return travel exceeds 20km</li> </ul> <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 cost	Per trip
TBITD10	Travel Distance	<p>A contribution towards travel:</p> <ul style="list-style-type: none"> <li>• for return travel via the most direct, practicable route; and</li> <li>• where the return travel exceeds 20km</li> </ul> <p>Note: 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>	\$0.70	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 \$3,862.16 (GST exclusive) plus the single non-attendance fee (if applicable) and any travel payable.

## 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 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 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, form working relationships are to be maintained as defined in Table 3 - Relationship Management.

### ***Part A: Table 3 - Relationship Management***

<b>Level</b>	<b>ACC</b>	<b>Supplier</b>
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  
P O Box 242 (for mail)  
Wellington 6140  
Marked: "Attention: Procurement Specialist"  
Phone: 0800 400 503  
Email: health.procurement@acc.co.nz

**NOTICES FOR SUPPLIER TO:**

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Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_



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## **B. SERVICE SPECIFICATIONS FOR CONCUSSION SERVICES**

### **1. PURPOSE**

1.1. The purpose of the 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 incidence of long-term consequences such as persisting concussion symptoms by identifying Clients likely to develop long term consequences and provide 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 needs.

2.1.2. 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, or are ready to take (active) part in vocational rehabilitation services.

2.1.3. Clients are provided with education to reduce the incidence of re-injury.

2.1.4. Clients receive education and strategies to prevent persisting concussion symptoms.

2.1.5. Services are provided in the shortest timeframe and at the lowest cost maintaining clinical appropriateness.

2.1.6. Clients report overall satisfaction with the services provided.

### **3. SERVICE LOCATION**

3.1. The Service will be provided in an appropriate location considering 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 whenever possible, rather than separate Service Provider locations.

- 3.3. In exceptional circumstances rehabilitation interventions may be delivered remotely via telehealth providing the criteria as set out in this Service Schedule is met.
- 3.4. The Supplier must have Service Providers available to deliver the Service within the area(s) specified in Part A, clause 2.

#### **4. CLIENT ELIGIBILITY**

- 4.1. This Service is for Clients who:
  - 4.1.1. Have been diagnosed (or been suspected) by a Medical Practitioner or Nurse Practitioner as having a:
    - 4.1.1.1. mild traumatic brain injury; or
    - 4.1.1.2. moderate traumatic brain injury; or
    - 4.1.1.3. persisting concussion symptoms; or
  - 4.1.2. Have been determined by ACC case review as likely to have a mild or moderate traumatic brain injury; and
  - 4.1.3. Have been injured within the last 12 months; and
  - 4.1.4. Have an accepted claim with ACC; and
  - 4.1.5. Have continued signs and symptoms of brain injury that require investigation and treatment; and
  - 4.1.6. Have additional risk factors as set out in the Operational Guidelines.
- 4.2. If a Client does not meet the entry criteria specified in clauses 4.1.1 to 4.1.6, but the Client would benefit from a service to address concussion symptoms, ACC may consider another ACC service to better meet the Client's needs.

#### **5. SERVICE COMMENCEMENT**

- 5.1. Referral Process
  - 5.1.1. The Supplier may accept referrals to the Service from:
    - 5.1.1.1. ACC; or
    - 5.1.1.2. Medical Practitioners or Nurse Practitioners at Te Whatu Ora (Health NZ) District Hospitals, General or Private Practices and Accident & Medical Centres; or
    - 5.1.1.3. Allied Health Professionals at Te Whatu Ora District Hospitals, where the clinical notes support a traumatic brain injury.

- 5.1.2. Where ACC refers a Client directly, ACC will email the ACC Concussion Service referral form to the Supplier. The referral form will contain a valid purchase order.
- 5.1.3. Where a referral is made from a Te Whatu Ora District Hospitals, the referral must be on the ACC Direct Concussion Service referral form (ACC7988).
- 5.1.4. Where a referral is made from an Urgent Care, General or Private Practice, the referral may be made on the ACC Concussion Service referral form or the same information may be provided by another method, however all of the information required in the ACC referral form must be provided. The referral should include clinical notes where appropriate.
- 5.1.5. The Supplier will decline any referral, and return the referral to the referrer, where the Client's date of injury was longer than 12 months prior to the date of referral.
- 5.1.6. The Supplier will decline any written referral, and return the referral to the referrer, if it contains inadequate information and request further details before accepting the referral.
- 5.1.7. 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, or, if the referral has come from ACC and contains a purchase order, notify ACC within two business days. ACC will amend the purchase order to the new Supplier.

## **6. SERVICE REQUIREMENTS**

### **6.1. Maximum Funding Limit**

- 6.1.1. The value of all Services delivered to a Client must not exceed the maximum funding limit specified in Part A, clause 3.1.
- 6.1.2. The Supplier is responsible for ensuring that the maximum funding limit is not exceeded, and ACC will not pay for any Services in excess of the maximum funding limit.

### **6.2. Timeframe**

- 6.2.1. Services to a Client must be delivered as agreed with ACC. Services must be completed no later than six months from the date that the Supplier accepts the referral.

### **6.3. Interdisciplinary Team**

- 6.3.1. The Supplier must maintain a core interdisciplinary team in each region which consists of a minimum of a:
  - 6.3.1.1. Medical Specialist

- 6.3.1.2. Neuropsychologist
  - 6.3.1.3. Occupational Therapist
  - 6.3.1.4. Physiotherapist
- 6.3.2. The Supplier may also consult the following health professionals to support the interdisciplinary team:
  - 6.3.2.1. Registered Nurses
  - 6.3.2.2. General Medical Practitioners
  - 6.3.2.3. Speech Language Therapists
  - 6.3.2.4. Clinical Psychologists and/or Psychologists
  - 6.3.2.5. Social Workers
  - 6.3.2.6. Optometrists
- 6.3.3. All members of the interdisciplinary team must meet the qualifications, experience and supervision criteria set out in this Service Schedule.
- 6.4. Operational Guidelines
  - 6.4.1. ACC and the Supplier will manage this Service within the guidelines as described in the Concussion Service Operational Guidelines available on ACC's website. Substantial amendments to the Operational Guidelines, where required, 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.
- 6.5. Triage, Education and Assessment Services (Stage 1)
  - 6.5.1. The Supplier will begin services in-person with a Client within 5 business days of acceptance of a referral unless otherwise agreed with ACC.
  - 6.5.2. Each Client must receive the following services in order to determine assessment needs:
    - 6.5.2.1. Phone Triage call; or
    - 6.5.2.2. Education and Risk Assessment; and
    - 6.5.2.3. Case Review by Neuropsychologist; and
    - 6.5.2.4. Case Review by Medical Specialist.
  - 6.5.3. The Supplier must ensure the phone triage call is conducted by a Service Provider to determine if the Client requires a concussion service assessment based on the Client's recovery progress. The phone triage call must only to be invoiced when Client does not progress into a concussion service.

- 6.5.4. A phone triage call is to be used to:
  - 6.5.4.1. Determine if a Client requires a concussion service based on their current needs and presentation
  - 6.5.4.2. Provide the Client with education and refer to the Medical Practitioner or Nurse Practitioner for ongoing management.
- 6.5.5. A Phone Triage must include:
  - 6.5.5.1. A review of the Clients recovery progress (include a symptom score if appropriate)
  - 6.5.5.2. The provision of Client education relevant to the patient needs
  - 6.5.5.3. The provision of a response to the referrer advising of referral outcome
  - 6.5.5.4. The duration of the triage is up to 30 mins. This can be split into several calls.
  - 6.5.5.5. The timing of triage call(s) are to be determined by the Service Provider based on patient needs
- 6.5.6. Phone triage exclusion criteria include:
  - 6.5.6.1. Not to be used for administrative activities e.g. book appt, taxis, translator services
  - 6.5.6.2. When the Supplier is unable to get hold of Client
  - 6.5.6.3. Where the Client immediately declines the service
  - 6.5.6.4. Where the Supplier immediately declines a referral
- 6.6. The Education and Risk Assessment and Case Review by the Neuropsychologist and the Case Review by the Medical Specialist must be provided within 10 business days of receiving the referral.
- 6.7. The following services are available to assess the Client's ongoing treatment and rehabilitation needs. They may be used where appropriate dependent on the clinical need of the Client:
  - 6.7.1. Allied health Assessments;
  - 6.7.2. Neuropsychological Screen;
  - 6.7.3. Medical Assessment;
  - 6.7.4. Other Specialist Assessment.
- 6.8. Key worker/Coordinator time is used for coordinating the interdisciplinary team and excludes any clinical or therapeutic time.

## 6.9. Method of Delivery

- 6.9.1. The primary method of service delivery is in-person.
- 6.9.2. Group education sessions may be utilised where this is an appropriate method of delivery for the Client to provide the education component of the service. Group education sessions will educate Clients about their brain injury, its management and provide coping and self-management strategies.
- 6.9.3. Once a risk assessment is undertaken, and it is deemed appropriate, Telehealth may be utilised where this is considered to best meet the Client's needs and circumstances.
- 6.9.4. Where services are provided using Telehealth, Suppliers must comply with the ACC8331 ACC Telehealth Guide.
- 6.9.5. The Supplier will ensure that outcomes will be measured using a validated, objective clinical measure.
- 6.9.6. The outcome measurement tools used, will be standardised measurements selected by the Supplier as appropriate to the Client's injury and rehabilitation needs.
- 6.9.7. The Supplier will maintain records of the Client's pre and post rehabilitation outcome measures and evidence that these measures are reviewed during service delivery.

## 6.10. Diagnosis

- 6.10.1. Where the diagnosis of concussion has not been confirmed, the Supplier will ensure a comprehensive clinical investigation is undertaken by a Medical Specialist and a Neuropsychology Screen is provided by an approved neuropsychologist if required. This will include a differential diagnosis to clarify the underlying cause of the symptoms.
- 6.10.2. Where the Client has a confirmed diagnosis of concussion the Supplier will:
  - 6.10.2.1. Assess the Client's symptoms and rehabilitation needs including medical, psychological and social history;
  - 6.10.2.2. 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 whanau on:
    - 6.10.2.2.1. brain injury, and
    - 6.10.2.2.2. the management of the Client's symptoms, and

- 6.10.2.2.3. expected rehabilitation times and likely outcomes for the Client;
- 6.10.2.3. Request and receive the Client's previous medical notes prior to the case reviews in order to identify any pre-existing conditions and other risks that may prevent/delay rehabilitation and report these to ACC;
- 6.10.2.4. Identify any further assessment and treatment services that may be required within this or other ACC services;
- 6.10.2.5. Complete a rehabilitation plan where ongoing rehabilitation services are required;
- 6.10.2.6. Submit a Client Summary form to ACC if no further services are required;
- 6.10.2.7. Provide any rehabilitation services as agreed between the Supplier and ACC.
- 6.10.3. If it is determined that the Client does not have concussion, the Supplier will submit a Client Summary form (as per Clause 6.13) to ACC recommending that the Client exit the Concussion Service and provide recommendations of further services the client may require.
- 6.11. Treatment and Rehabilitation Services (Stage 2)
  - 6.11.1. Where Client self-management strategies are not sufficient and the need for ongoing rehabilitation services has been identified, the Supplier will:
    - 6.11.1.1. Assess and treat the Client's rehabilitation needs using the appropriate service components;
    - 6.11.1.2. Continue to encourage the adoption of effective recovery/coping strategies and Client self-managed rehabilitation;
    - 6.11.1.3. Ensure that services are only provided where there is an ongoing clinical need.
  - 6.11.2. On completion of rehabilitation and where:
    - 6.11.2.1. The Supplier is requesting further services the Client Summary form must be submitted within two business days.
    - 6.11.2.2. The Supplier is not requesting further services the Client Summary form must be submitted within five business days.



## 6.12. Service Provision

### 6.12.1. The Supplier will provide Services to a Client:

- 6.12.1.1. In accordance with an agreed purchase order or an ACC Concussion Service referral form as set out in clause 5.1; and
- 6.12.1.2. Which are described in Part B Table 1 as either triage, education and assessment or treatment and rehabilitation; and
- 6.12.1.3. Which are provided by a Service Provider described in Table 1 (using the Service Item Code) as being a Service which the Service Provider's professional group may provide.

### **Part B: Table 1 - Provider Services**

<b>Service Providers</b>	<b>Assessments</b>	<b>Treatments</b>
Allied Health <ul style="list-style-type: none"> <li>• Occupational Therapist</li> <li>• Physiotherapist</li> <li>• Registered Nurse</li> <li>• Speech Language Therapist</li> <li>• Social Worker</li> </ul>	Allied Health Assessments include but are not limited to: <ul style="list-style-type: none"> <li>• Speech and language therapy assessments</li> <li>• Physiotherapy assessments</li> <li>• Occupational therapy assessments</li> <li>• Rehabilitation nurse assessments</li> <li>• Social workers (Client education &amp; social needs assessments)</li> </ul>	Provision of advice on managing persisting concussion symptoms, return to work, exercise programmes, vestibular therapy and communication issues.  <b>TBI26</b>
<b>TBI21, TBI22, TBI29</b>		
Medical Specialist	A case review will include reading and discussing any <ul style="list-style-type: none"> <li>• hospital or GP clinical notes</li> <li>• risk assessment</li> <li>• history taking by the supplier</li> <li>• any other relevant documents.</li> <li>• The case review is to determine if an in-person assessment with the Client is required.</li> </ul>	Medical treatment of symptoms, particularly those which may require medication.  <b>TBI28</b>
<b>TBI14</b>		
Assessments include but are not limited to: <ul style="list-style-type: none"> <li>• Targeted clinical history and examination</li> <li>• Confirmation, or otherwise, of the presence of mild (or more severe) TBI or PCS,</li> </ul>		

Service Providers	Assessments	Treatments
	<ul style="list-style-type: none"> <li>Referral for investigations (if required), such as Computerised Tomography (CT), Magnetic Resonance Imaging (MRI), and Electro-encephalogram (EEG).</li> <li>Review of pre-morbid psychological and psychiatric status, and presence/absence of substance abuse disorders and relevant past medical history</li> <li>Where indicated, prescription of medication for symptom control e.g. pharmaceuticals for headache, migraine, anxiety or depression.</li> </ul> <p><b>TBI30</b></p>	
General Practitioner/Nurse Practitioner	<p>Assessments include but are not limited to:</p> <ul style="list-style-type: none"> <li>Targeted clinical history and examination</li> <li>Confirmation, or otherwise, of the presence of mild (or more severe) TBI or PCS,</li> <li>Review of pre-morbid psychological and psychiatric status, and presence/absence of substance abuse disorders</li> <li>Where indicated, prescription of medication for symptom control e.g. pharmaceuticals for headache, migraine, anxiety or depression.</li> </ul> <p><b>TBI30 &amp; TBI14 – Approval under clause 7.3.2</b></p>	<p>Medical treatment of symptoms, particularly those which may require medication.</p> <p><b>TBI28</b></p>
Neuropsychologist	<p>A case review will include reading and discussing any</p> <ul style="list-style-type: none"> <li>hospital or GP clinical notes</li> <li>risk assessment</li> <li>history taking by the supplier</li> <li>any other relevant documents.</li> </ul> <p>The case review is to determine if an in-person assessment with the Client is required and whether the proposed rehabilitation programme is clinically sound.</p> <p><b>TBI13</b></p>	<p>Provision of therapeutic strategies for emotional and psychological issues. This includes any follow up screening that may be required.</p> <p><b>TBI27</b></p>

Service Providers	Assessments	Treatments
	<p>Assessments include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Assessment of pre-injury cognitive, behavioural and emotional functioning, Assessment of, family/whanau and social relationships, substance use, workplace, educational and recreational functioning pre- and post-injury</li> <li>• Clinical and structured assessment of post-accident behavioural, cognitive and psychological functioning, with the cognitive component including rate of information processing, attention, memory, executive functioning and performance validity testing.</li> </ul>	
<b>TBI23</b>		
Clinical Psychologist & Psychologist	No assessment services but expected that some assessment will occur under TBI27 to provide a platform from which to provide therapeutic services	Provision of therapeutic strategies for emotional, cognitive and behavioural issues.
<b>TBI27</b>		
Other Specialists & Disciplines	<p>Specialist Assessment provided by clinical professionals such as:</p> <ul style="list-style-type: none"> <li>• Paediatric education specialist</li> <li>• Psychiatric</li> <li>• Neuropsychiatric</li> <li>• Geriatric</li> <li>• Paediatric Neurologist (where not already a Service Provider within this Service Schedule)</li> <li>• Ophthalmologist</li> <li>• Optometrist</li> <li>• Neuro-optometrist</li> <li>• Audiologist</li> </ul>	Further treatments or consultations excluded in this service.
<b>TBI25</b>		

### 6.13. Client Summary

6.13.1. The Supplier will submit a Client Summary to ACC at intervals specified in Table 3 at Part B, clause 7.6.1, or as agreed with ACC.

6.13.2. A Client Summary will record whether the Client:

6.13.2.1. 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; or

6.13.2.2. Has no need for further services within the Concussion service and is ready to take an active part in vocational rehabilitation; or

6.13.2.3. Has not returned to their usual activities of everyday life, including work or school and has a need for further services within the Concussion Service that are within the Maximum Funding Limit; or

6.13.2.4. 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; or

6.13.2.5. Is not entitled to Concussion Services as it has been established that the Client has not suffered a TBI that requires Concussion Services.

6.13.3. The Client Summary form will:

6.13.3.1. Recommend what, if any, services the Client should receive

6.13.3.2. Summarise the information collected during Services where the information has not already been provided, such as:

6.13.3.2.1. The Client's medical, psychological and social history;

6.13.3.2.2. Assessment of risks or barriers to the Client's recovery using the method specified by ACC.

6.14. The Supplier will provide clinical notes to ACC within five business days when requested by ACC including a brief summary of the Neuropsychology Screen (where this has been conducted).

## 6.15. Payment for Non-Attendance by the Client

6.15.1. ACC will pay one non-attendance fee per Client where the following requirements have been met:

6.15.1.1. A Concussion Service Did Not Attend Report form has been sent to ACC within three business days of the non-attendance with an explanation of why the Client failed to attend and any actions taken by the Supplier to ensure that the Client attended the appointment; and

6.15.1.2. No other non-attendance fee has been paid for that Client.

6.15.2. Where the Client meets the above criteria ACC will confirm funding within two business days of receipt of the Did Not Attend Report form.

6.15.3. Subject to the expectations described in the Operational Guidelines the Supplier may charge the Client for non-attendance at an agreed appointment.

## 6.16. Service Suspensions

6.16.1. Services to the Client may be suspended where the Client is unable to participate in rehabilitation due to urgent matters beyond their control.

6.16.1.1. Service suspensions must not exceed two weeks.

6.16.1.2. If a service suspension exceeds two weeks the Supplier will discharge the Client from the Service.

## 7. SERVICE SPECIFIC QUALITY REQUIREMENTS

### 7.1. Service Providers

7.1.1. The Supplier must have an interdisciplinary team of Health Professionals who meet the qualifications, experience and supervision criteria to provide Services under this Agreement.

7.1.2. Services are coordinated by the key worker/coordinator to ensure the involvement of the interdisciplinary team, as appropriate, to meet Client need.

7.1.3. ACC may, from time to time, request copies of the notes from interdisciplinary team meetings.

7.1.4. The Supplier will ensure they have all the equipment and technology necessary to deliver services by Telehealth and manage their own technical issues.

## 7.2. Approval of Service Providers

7.2.1. Medical Specialists, General Practitioners, Neuropsychologists, and Psychologists delivering services under this Service Schedule must be approved by ACC in accordance with the approval process outlined in the Concussion Service Operational Guidelines.

7.2.2. ACC may approve a Neuropsychologist or Psychologist who does not meet the experience criteria where the relevant criteria for provisional status set out in Table 2 below are met.

## 7.3. Qualifications and Experience

7.3.1. The Supplier is responsible for ensuring all Service Providers comply with all qualifications, experience, competency and supervision requirements.

7.3.2. On application from the Supplier ACC may, at its discretion, approve a registered health professional whose qualifications and experience differ from those specified in the following table, if:

7.3.2.1. ACC considers that the registered health professional has appropriate qualifications and experience to provide the Services; and

7.3.2.2. There is a service gap in the area where the Registered Health Professional will provide Services that cannot be met by a Service Provider who meets the criteria in Table 2 below.

### **Part B: Table 2 - Service Provider Qualifications, Experience and Supervision Requirements**

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<b>Core IDT</b>	
<b>Medical Specialist</b>	<b>Qualifications</b> Current vocational registration in and practising within any of the following recognised branches of medicine: <ul style="list-style-type: none"><li>• Internal Medicine</li><li>• Neurology</li><li>• Neurosurgery</li><li>• Occupational Medicine</li><li>• Paediatrics</li><li>• Psychological Medicine or Psychiatry</li><li>• Rehabilitation Medicine</li><li>• Sports and Exercise Medicine</li></ul> <b>Experience</b> <ul style="list-style-type: none"><li>• A minimum of two years' recent experience in acquired or traumatic brain injury; or</li><li>• Training in brain injury along with supervision until the Service Provider has gained two years' recent experience.</li></ul>

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**Supervision**

The Supervisor must be a suitably qualified health professional with a minimum of five years' recent experience in acquired or TBI

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**Neuropsychologist**

The Neuropsychologist must meet the following minimum requirements:

**Qualifications**

- Current annual practising certificate with NZ Psychologist Board – with either of the following scopes of practice: Clinical Psychologist or Neuropsychologist; and
- Be a current member of at least one of the following:
  - NZ Psychological Society,
  - NZ College of Clinical Psychologists, or
  - an international neuropsychological professional body acceptable to ACC; and
- Have successfully completed a university-based graduate or postgraduate course or papers in neuropsychology (transcript required)

**Experience and competencies**

- Demonstrate a minimum of 24 months' full time equivalent post-graduate recent experience in supervised neuropsychological assessments and rehabilitation; and
- Demonstrate knowledge of and competency to use and interpret neuropsychological tests and have appropriate knowledge of the relevant neuroscientific foundations of neuropsychological assessment; and
- Demonstrate understanding of Hauora competencies under HPCA Act
- Provide evidence of attendance at courses, conferences, training, or study on an annual basis; and
- Has notified ACC of any areas of specialisation such as children, adolescents, specific cultural knowledge and skills (such as a second language).

**Supervision requirements for Neuropsychologist**

- All named Service Providers must have arrangements in place for ongoing supervision with a supervisor who is appropriately qualified and experienced; and
  - The supervisor must be able to demonstrate knowledge of, and competency to use and interpret neuropsychological tests and have an appropriate knowledge of the relevant neuroscientific foundations of neuropsychological assessment.
  - The supervisor must be able to demonstrate a minimum of 48 months' full-time equivalent post qualification experience in supervised clinical practice which includes an equivalent of at least 24 months' full-time experience in neuropsychological assessments and rehabilitation.
-

**Provisional  
Neuropsychologist  
Requirement**

If a clinical psychologist or neuropsychologist has completed the training requirements to be a neuropsychologist (qualifications as determined in the above section) but does not yet have sufficient experience (24 months full-time equivalent experience) to be approved in full, that person can provide services as a provisional Service Provider, until the required amount of experience has been gained.

A provisional Service Provider may provide services under one Supplier only.

A provisional Service Provider must demonstrate understanding of Hauora competencies under HPCA Act

**Supervision Requirements for Provisional  
Neuropsychologists**

- The supervisor of a provisional Service Provider must check and co-sign each neuropsychological report completed by the provisional Service Provider.
- The supervisor has the responsibility to ensure that the standard of each assessment provided is at least equivalent to that of a qualified clinical psychologist specialised in neuropsychology, or a qualified neuropsychologist.
- When the supervisee is applying for provisional status, the supervisor also needs to agree to the following conditions in a letter of support.

**The provisional Service Provider must meet and maintain the following criteria:**

- Have 1 in 5 assessments undertaken directly observed by the supervisor to ensure correct and competent test administration skills;
  - Be working under the direct supervisory authority of a neuropsychologist who meets the criteria listed in the above section (neuropsychologist).
  - Discuss all cases with the supervisor prior to the assessment, whether or not the supervisor observes the assessment; \
  - Engage in fortnightly one on one supervision with the supervisor;
  - Maintain a supervision log that outlines the cases discussed and provides a summary of issues and recommendations for each case;
  - Have each assessment report completed read and co-signed by the supervisor; and
  - Engage in at least one neuropsychology-specific workshop/conference/course annually.
  - A final supervision report from the supervisor will be required by ACC once the criteria to work as a Named Service Provider have been met. This supervision report and supervision log should be received by ACC within 36 months of approval of provisional status.
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## Core IDT

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### **Physiotherapist Occupational Therapist**

- Current registration with their relevant professional body; and
  - A current Annual Practising Certificate, where appropriate
  - A minimum of two years' recent experience in acquired or traumatic brain injury or
  - Training in brain injury along with supervision until the Service Provider has gained two years' recent experience.
  - The supervisor must be a suitably qualified health professional with a minimum of 5 years' recent experience in acquired or TBI.
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## Non-Core IDT

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### **Clinical Psychologist or Psychologist**

#### **Qualifications**

- Current annual practicing certificate with NZ Psychologist Board – with either of the following scopes of practice Clinical Psychologist or Psychologist; and
- Has a qualification that meets at least level 8 (postgraduate) of an 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);
- Holds current membership with at least one of the following:
- NZ Psychological Society,
- NZ College of Clinical Psychologists, or
- An International neuropsychological/psychological professional body acceptable to ACC; and
- Non-Clinical Psychologists must provide an academic transcript to confirm their course of study meets the above criteria.

#### **Experience and competencies**

- Has a minimum of one-year full-time postgraduate experience working in mental health (not including clinical placements and internships); Can demonstrate experience in working with Clients who have mental health difficulties associated with physical injuries, with this experience having been obtained or maintained in the last 5 years;
  - Where applicable, is able to demonstrate knowledge of, and competency in using at least one of the following classification systems – Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition – Text Revision (DSM- IV- TR) or Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM – 5), International Classification of Diseases – 10th Revision (ICD- 10), Psychodynamic Diagnostic Manual (PDM), Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood – Revised (DC:0- 3R);
  - Has notified ACC of any areas of specialisation such as children, adolescents, specific cultural knowledge and skills (such as a second language) Demonstrate understanding of Hauora competencies under HPCA Act
-

**Brain Injury Experience**

- Evidence of a minimum of one years' recent experience in acquired or traumatic brain injury.
- Training in brain injury, along with additional supervision, until the Service Provider has gained two years' recent experience.

**Supervision requirements for Clinical Psychologist or Psychologist**

- The Supplier will ensure that all Service Providers will have a supervisory agreement in place with a professional peer who is appropriate for the services being provided, and the Supplier will supply ACC with the contact details and qualifications of all Service Providers' supervisors.

**New Service Providers require additional supervision**

The Supplier must ensure that Service Providers who are new to providing mental injury assessments to ACC obtain supervision from a supervisor who is an experienced ACC mental injury assessor.

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**Provisional Service Provider Requirements for Clinical Psychologist or Psychologist**

If a named Service Provider does not have the full experience requirements specified in the above section (Clinical Psychologist or Psychologist) the supplier may apply for them to be approved as a provisional Service Provider if they meet the following criteria:

**The supplier must ensure that the Provisional Clinical Psychologist or Psychologist:**

- Has attained the qualifications outlined in the above section (Clinical Psychologist or Psychologist); and
- Demonstrates understanding of Hauora competencies under HPCA Act 2003; and
- Engages in further professional development with specific relevance to working with psychological problems and following a physical injury where recent professional development is not thought to be sufficient.

The Supplier must provide ACC with a summary letter or other document outlining how the above requirements will be met over the provisional period.

- Must provide details of on-the-job training to gain or update the Service Provider's experience working directly with Clients who have developed psychological problems following physical injury; or

**Additional Supervision Requirements for Provisional Clinical Psychologist and Psychologist**

All provisional Service Providers must meet the following supervision requirements and an agreement with the supervisor is to be provided to ACC confirming that they will adhere to the below requirements:

- Have an arrangement in place for ongoing supervision with an appropriately qualified and experienced supervisor who has experience treating and assessing Clients with psychological problems following physical injury and traumatic incidents, including experience in ACC mental injury assessments;
  - Discussion of all cases with the supervisor prior to and following the assessment;
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**Non-Core IDT**

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- Engagement in fortnightly one-on-one supervision with the supervisor;
- Maintenance of a supervision log that outlines the cases discussed and provides a summary of issues and recommendations for each case;
- Have each Assessment Report and each Treatment report read and co-signed by the supervisor;
- A final supervision report from the supervisor, supervision log will be required by ACC once the criteria to work as a Named Service Provider is considered to have been met. This supervision report and supervision log should be received by ACC within 36 months of approval of provisional status.

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**\*Supervisor Qualifications and Experience for Neuropsychologists, Clinical Psychologists and Psychologists (including applications for provisional status)****The Supplier needs to provide to ACC**

A letter detailing the following:

- Supervisor's name and supervisee's name;
- Evidence that the supervisor is registered and holds a current annual practicing certificate with the New Zealand Psychologists Board and holds an appropriate scope of practice for the services being provided. (The supplier will supply ACC with the contract details and qualifications of all Service Providers and provisional Service Providers' supervisors)
- Holds current membership with at least one of the following:
  - NZ Psychological Society;
  - NZ College of Clinical Psychologists, or
  - An International neuropsychological/psychological professional body acceptable to ACC; and
- Supervisor's length of experience - minimum of 48 months' full time or full-time equivalent post qualification experience in supervised clinical practice;
- Supervisors for neuropsychologists and provisional neuropsychologists must have at least 24 months full time equivalent conducting neuropsychological assessments and rehabilitation
- Confirmation that the Supervisor's experience includes a minimum of two years' recent experience in acquired or traumatic brain injury
- Frequency of supervision which will be delivered to the supervisee.

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**Specialists with other Scopes of Practice****Qualifications**

- Current registration with relevant professional body
- Annual Practising Certificate where appropriate

**Experience**

- A minimum of two years' recent experience in acquired or traumatic brain injury.
  - Training in brain injury along with supervision until the Service Provider has gained two years' recent experience
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## Non-Core IDT

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### General Practitioner

#### Qualifications

- The relevant experience may include but is not limited to
- A fellowship in NZ GP College or an equivalent
- Post Graduate Diploma in Rehabilitation (preferably including Neurological Rehabilitation paper)
- Diploma in Occupational Medicine

#### Experience

##### TBI30 - Assessments

- A vocational interest in brain injury and with a minimum of five years' recent experience in the treatment of traumatic or acquired brain injury.

##### TBI28 - Consultation

- A vocational interest in brain injury and with a minimum of two years' recent experience in the treatment of traumatic or acquired brain injury.

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### Key Worker/ Co-ordinator

The Key Worker/Co-ordinator role can be fulfilled by any registered health professional who has a minimum of two years' recent experience in a health environment providing similar support services

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### Allied Health

- Registered Nurse
- Speech Language Therapist
- Social Worker

- Current registration with their relevant professional body; and
- A current Annual Practising Certificate, where appropriate
- A minimum of two years' recent experience in acquired or traumatic brain injury or
- Training in brain injury along with supervision until the Service Provider has gained two years' recent experience.

The supervisor must be a suitably qualified health professional with a minimum of 5 years' recent experience in acquired or TBI.

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## 7.4. Allied Health Trainee Placements

7.4.1. Suppliers may host trainees on placement when:

7.4.1.1. The trainee is an Allied Health Student

7.4.1.2. The trainee is under the direct supervision of a fully qualified Service Provider who meets the qualifications, experience and supervision criteria of this Service Schedule.

7.4.2. With consent of the Client, the trainee may sit in and observe service delivery of Concussion Services to Clients.

7.4.3. The trainee may undertake some basic duties under supervision when directed to do so by a fully qualified Service Provider

7.4.4. The Supplier remains responsible for arranging the trainee's engagement and interactions with Clients.

## 7.5. Medical Registrars

- 7.5.1. Written approval must be obtained from ACC prior to the engagement of Medical Registrars, in providing the Services.

## 7.6. Psychology Interns

- 7.6.1. For the purposes of this clause, the following definitions apply:

**Psychology Intern**” means a student engaged in a Psychology Board accredited post-graduate diploma, master 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.

**“Supervisor”** means a supervisor of a Psychology Intern that meets all the following requirements:

- 7.6.1.1. Is registered with the New Zealand Psychologists Board as a Psychologist, Clinical Psychologist, Neuropsychologist, or Counselling Psychologist scope of practice.
- 7.6.1.2. Holds a current Annual Practicing certificate with the NZ Psychologists Board; and
- 7.6.1.3. Is a current member of at least one of the following:
- 7.6.1.3.1. New Zealand Psychological Society, or
  - 7.6.1.3.2. NZ College of Clinical Psychologists; or
- 7.6.1.4. Is an approved ACC Named Service Provider with at least 2 years of clinical experience.
- 7.6.1.5. Is approved by the Psychology Intern’s university to provide supervision for Psychology Interns.
- 7.6.1.6. Is allocated to no more than two Psychology Interns during each clinical practicum.
- 7.6.2. Psychology Services to ACC Clients may be provided by Psychology Interns if a Supervisor is co-located on-site at the relevant service location during the ACC Client’s treatment session. The Supplier may only invoice ACC in relation to these services in accordance with clause [7.6.3].

- 7.6.3. The Supplier acknowledges and agrees that it may invoice ACC for the supervisor's time only when and to the extent the supervisor has been physically present providing direct supervision to the Psychology intern during the ACC Client's treatment session. In these circumstances, the Supplier may invoice ACC under the supervisor's provider ID number utilising the psychology intern code in the applicable service schedule.
- 7.6.4. For all other circumstances, including where the Supervisor is co-located in the building but not physically present providing direct supervision during the appointment, the Supplier will not claim, and ACC will not fund Psychology Services provided by Psychology interns.
- 7.6.5. The Supplier must ensure its record-keeping includes what, if any, Psychology Services are provided to ACC Clients by a Psychology Intern.
- 7.6.6. The Supplier must ensure that the following requirements are met in all circumstances where a Psychology Intern is providing Psychological Services:
- 7.6.7. The Psychology Intern must adhere to the New Zealand Psychologists Board's standards of ethical conduct and clinical and cultural competence as well as any best practice guidelines adopted and endorsed by the board, (*these standards are required by the Health Practitioners Competence Assurance Act 2003*) including:
- 7.6.7.1. Core competencies for the Practice of Psychology in New Zealand
  - 7.6.7.2. Code of Ethics for Psychologists Working in Aotearoa/New Zealand
  - 7.6.7.3. Cultural Competencies for Psychologists Registered Under the Health Practitioners Competence Assurance Act (2003) And Those Seeking to Become Registered
- 7.6.8. The Psychology Intern must have a Supervisor. The Psychology Intern may have a second nominated Supervisor to provide supervision if the primary Supervisor is not on site. The Psychology Intern must ensure that their named Supervisor/s is or are co-located on-site and available when undertaking clinical work with ACC Clients.
- 7.6.8.1. Each Supervisor meets all requirements included in the definition of that term above.
  - 7.6.8.2. The Supervisor/s are registered with the NZ Psychologists Board in the same scope, in which the Psychology Intern is undertaking their internship.

- 7.6.8.3. The Psychology Intern may only see ACC Clients under one Supplier contract.
- 7.6.9. If the Supplier is hosting a Psychology Intern that will or may provide Psychological Services, the Supplier must provide to ACC:
  - 7.6.9.1. An application – (Psychology intern application), the Psychology Interns annual practicing certificate, academic transcript,
  - 7.6.9.2. An induction plan including how the Supplier is going to introduce and educate the Psychology Intern about the Psychological Services,
  - 7.6.9.3. Details of the Psychology Intern’s supervision plan and arrangements including:
    - 7.6.9.3.1. The Supervisor/s details,
    - 7.6.9.3.2. Frequency and model of supervision as determined by the Psychology Intern's university, and
    - 7.6.9.3.3. Informed consent process for Clients, and
  - 7.6.9.4. Acknowledgement signed by the Supervisor/s:
    - 7.6.9.4.1. All clinical work undertaken by the Psychology Intern will be overseen by the Supervisor/s, who will maintain responsibility for the Client’s care at all times,
    - 7.6.9.4.2. That the Supervisor/s will be co-located on-site when the Psychology Intern is undertaking clinical work with ACC Clients, and
    - 7.6.9.4.3. Note that the Supervisor of a Psychology Intern will check and co-sign each report and clinical record completed by the Psychology Intern. The Supervisor/s is responsible for ensuring that the standard of each assessment and treatment provided is at least equivalent to that of a qualified psychologist.
- 7.7. Service and Reporting Timeframes
  - 7.7.1. The following table outlines the timeframes and responsibilities for delivering the Service.

**Part B: Table 3 - Service Timeframes**

<b>Service Activity</b>	<b>Responsibility</b>	<b>Timeframe</b>
Service Duration	Supplier	Six months from date of acceptance of referral or as agreed with ACC.
Notification to ACC if unable to Supply services to the Client.	Supplier will notify ACC	Within two business days from referral receipt by Supplier.
Commencement of Services to Client	Supplier	Within 5 business days of acceptance of referral
Education and Risk Assessment and Case Review by the Clinical Neuropsychologist and the Case Review by the Medical Specialist (TBI21)	Supplier provides to ACC	Within 10 business days of the acceptance of the referral.
Submission of Client Summary form – Client does not require further services	Supplier will submit to ACC	Within five business days of completion of the agreed services and/or Service Exit.
Submission of Client Summary form – Client requires further services	Supplier will submit to ACC	Within two business days of the need for further services being identified.
On receipt of a Client Summary form requesting further services.	ACC will notify the Supplier	Within two business days of receipt of the Client Summary requesting further services.
Request for Clinical Notes	Supplier will provide to ACC	Within five business days of the request being received.
Where the Client does not attend and does not notify the Supplier.	Supplier will provide a Did Not Attend Report form.	As soon as possible, but within three business days of the missed appointment.
Receipt of the Did Not Attend Report form from the Supplier.	ACC will review the form and decide on whether to fund the DNA	Within two business days of receipt of the form.

**8. SERVICE EXIT**

8.1. The Service is complete for a Client when:

- 8.1.1. The Client has returned to work and/or their usual activities of everyday life, including vocational or educational pursuits and no longer requires any support under the Concussion Service Schedule; or
- 8.1.2. The Client no longer requires support under the concussion service and is ready to take active part in vocational rehabilitation; or
- 8.1.3. The Client has withdrawn from the Service; or



- 8.1.4. ACC has withdrawn the Client from the Service; or
- 8.1.5. The Maximum Funding Limit has been reached; or
- 8.1.6. The Client has received all approved services and no further services have been approved; or
- 8.1.7. Six months from the date of referral has passed, whether or not all approved services have been provided; or
- 8.1.8. The Client is assessed as not being suitable for Concussion Services and is referred to the GP by the Supplier, and, if appropriate, to other rehabilitation services.
- 8.1.9. The Client dies.

## **9. EXCLUSIONS**

- 9.1. The following services are not included in 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. Vocational Rehabilitation Services.
  - 9.1.5. Pain Management Services
  - 9.1.6. Training for Independence Services.
  - 9.1.7. Long-term clinical psychological therapy.
  - 9.1.8. Comprehensive neuropsychological or neuropsychiatric assessment and treatments.
  - 9.1.9. Radiological and other clinical investigations, for example:
    - 9.1.9.1. Computerised Tomography (CT);
    - 9.1.9.2. Magnetic Resonance Imaging (MRI);
    - 9.1.9.3. Electro-encephalogram (EEG);
    - 9.1.9.4. Sleep studies.
  - 9.1.10. Transport of the Client to and from the clinic or place of Service.
  - 9.1.11. 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 the required services to ensure that Clients experience seamless transitions between related services and concurrent services are appropriately co-ordinated to achieve required outcomes, such as:
- 10.1.1. Drug and Alcohol services
  - 10.1.2. Mental health services
  - 10.1.3. Neuropsychological services
  - 10.1.4. Pain Management Services
  - 10.1.5. Vocational Rehabilitation Services
  - 10.1.6. Social Rehabilitation Services
  - 10.1.7. Education sector
  - 10.1.8. Māori health providers, such as Rongoā providers<sup>1</sup>
  - 10.1.9. Other appropriate ethnic and cultural groups
  - 10.1.10. Government departments and agencies such as Police, Work and Income, Ministry of Social Development, Housing NZ, Ministry of Health, Ministry of Justice
  - 10.1.11. Disability consumer groups such as the Brain Injury Association of New Zealand (BIANZ)
  - 10.1.12. Community based rehabilitation providers e.g. Vocational Rehabilitation, Training for Independence Services.

## **11. PAYMENT AND INVOICING**

- 11.1. ACC agrees to pay the prices set out in Part A, clause 3 for Services provided in accordance with this Service Schedule.

## **12. PERFORMANCE REQUIREMENTS**

- 12.1. Supplier performance monitoring requirements are described in detail in the Concussion Service Operational Guidelines.

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<sup>1</sup> Rongoā Māori is traditional Māori care and healing. It comprises many different techniques including, but not limited to, mirimiri (bodywork), rākau rongoā (native flora herbal preparations), and karakia (prayer). Rongoā places a stronger emphasis on the value of whanau and spirituality in recovery. Spirituality and whanau connection can be important to an individual's wellbeing. Rongoā can be considered if it supports a client's return to independence. It can lead to recovery through (to name a few benefits) pain management, restoration of physical function, taha hinengaro (psychological wellbeing), taha wairua (spiritual health) and mana motuhake (self-determination).

12.2. The Supplier's performance will be measured by ACC against the following indicators as set out in Table 4 below:

12.2.1. Client outcomes

12.2.2. Quality of service 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)	≥70% of clients in Stage 2 complete an outcome measure	Supplier Data
Client Outcomes	Proportion of clients who enter Treatment and Rehabilitation services (Stage 2) from Assessment and Triage services (Stage 1).	≤65%	ACC Data
Timeliness	The ACC884 Education and Risk Assessment Report is submitted to ACC within ten business days of referral acceptance.	≥90%	Supplier Data

**13. SUPPLIER REPORTING REQUIREMENTS**

13.1. The Supplier will ensure that any reports required by ACC will be submitted electronically and using agreed formats, templates or online tools, where these are available.

13.2. The Supplier will provide the following information using a template provided by ACC in accordance with Table 5 – Reporting Requirements:

**Table 5 – Supplier Reporting Requirements**

Information	Frequency	Via
<p><b>Supplier Six-monthly Report</b></p> <p>Six-monthly report on Concussion Services. This will include:</p> <ul style="list-style-type: none"> <li>• The total number of referrals received in the reporting period and the source of those referrals from either: <ul style="list-style-type: none"> <li>○ Medical or Nurse Practitioner (primary care)</li> <li>○ Te Whatu Ora Hospital</li> <li>○ ACC</li> </ul> </li> <li>• Median time from referral acceptance to ACC884 submission to ACC</li> <li>• Outcome measure results</li> </ul>	Six-Monthly	Supplier to ACC

Information	Frequency	Via
<ul style="list-style-type: none"> <li>The above measures will be completed for the general population and specifically for Māori.</li> <li>Detail on continuing Service improvement undertaken in the past 6 months.</li> </ul>		

13.3. The Supplier will submit the Six-monthly Report within 15 working days from 31 December (for the period 1 July to 31 December) and within 10 working days from 30 June (for the period 1 January to 30 June).

## 14. HEALTH AND SAFETY

14.1. In addition to the requirements in clause 8.16 of the Standard Terms and Conditions, the Supplier will ensure that:

14.1.1. A risk management plan is in place to manage any identified risks that face the Supplier's staff and Clients.

14.1.2. Health and Safety training is given to all employees and Service Providers including all members of the interdisciplinary team to ensure that they are able to carry out their roles safely.

14.1.3. All health, safety and security risks or incidents are reported in writing using the procedure on ACC's website: [www.acc.co.nz/providers/report-health-safety-incidents](http://www.acc.co.nz/providers/report-health-safety-incidents).

## 15. DEFINITIONS AND INTERPRETATION

In this Agreement, unless the context otherwise requires:

**“Complex services”** means any of the following ACC services:

- Clinical Services (designated service item codes)
- Neuropsychologist Assessment Service
- Psychology Services
- Training for Independence

**“Concussion Service Client Summary”** means a form prescribed in the Operational Guidelines for use by Suppliers to update ACC on the Client's rehabilitation, their risk assessment, services provided, and further services required. This form can be downloaded from [acc.co.nz](http://acc.co.nz).

**“Concussion Service Did Not Attend Report”** means a form prescribed in the Operational Guidelines for use by Suppliers to notify ACC when a Client did not attend and agreed appointment. This form can be downloaded from [acc.co.nz](http://acc.co.nz).

**“Concussion Service Referral”** means a form prescribed in the Operational Guidelines 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](http://acc.co.nz).

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

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

**“Recovery Services Team”** means the ACC team who administers and develops the contract. .

**“Operational Guidelines”** means the Concussion Service Operational Guidelines provided by ACC as updated from time to time, and “Concussion Service Operational Guidelines” has a corresponding meaning. This guide can be downloaded from [acc.co.nz](http://acc.co.nz).

**“Recent”** means within the previous five years.

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

**“Specialist”** means a medical practitioner who holds or is deemed to hold vocational registration in accordance with the Medical Practitioners Act 1995.

**“TBI”** means Traumatic Brain Injury.

**“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).

**“Student Placements”** means unqualified health professionals who are receiving training in their intended clinical field.