

SERVICE SCHEDULE FOR NON ACUTE REHABILITATION SERVICE

CONTRACT NO: NARS####

A. QUICK REFERENCE INFORMATION

1. TERM FOR PROVIDING NON-ACUTE REHABILITATION SERVICE

The Term for the provision of Non-Acute Rehabilitation Service is the period from 1 December 2018 (“Start Date”) until 30 November 2023 (“End Date”) or such earlier date upon which the period is lawfully terminated or cancelled.

2. SPECIFIED AREA AND SERVICE LOCATION

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3. SERVICE ITEMS AND PRICES

Table 1 - Service Items and Prices

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
NAR01	Inpatient Rehabilitation	Rehabilitation in an inpatient setting. Up to 21 days without prior approval. Over 21 days with prior approval. Note. Inpatient day stay rate refers to time period that the client is participating in rehab and stay within the hospital; with the Client occupying a hospital bed at midnight in order to be deemed an Inpatient.	\$1,278.57	Per day
NARC2	NAR Community Rehab Single Allied Health	Rehabilitation in a community setting where a patient needs input from a single Allied Health Profession	\$872.85	Per package
NARC3	NAR Community Rehab Home Care	Rehabilitation in a community setting where a patient needs Home and Community Supports	\$1,818.89	Per package
NARC4A	NAR Community Rehab Integrated Support	Early Supported Discharge in a community (or transitional care) setting	\$5,392.28	Per package
NARC5E	NAR Community Rehab Transitional Rehabilitation	Rehabilitation provided in a transitional care setting	\$1,916.60	Per package
NARTD4	NAR - Travel distance 100 km+	NRP distance travel Applies if the distance travelled is greater than 100 km per round trip to visit a claimant.	\$0.70	Per km
NARTTA	NAR Community Travel Time 100 km+ - Allied Health	NAR community travel time. Applies if the distance travelled is greater than 100 km per round trip to visit a claimant.	\$97.62	Hourly

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
NARTTN	NAR Community Travel Time 100km+ - Nurse	Max 2 per visit.	\$95.19	Hourly
NARTTS	NAR Community Travel Time 100km+ - Support Worker		\$61.20	Hourly

Price Review

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:

- general inflation
- changes in service component costs
- substantial changes in the market

If ACC finds that the factors we take into account have not had a significant impact on price, the prices will remain unchanged.

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.

4. RELATIONSHIP MANAGEMENT

Table 2 - Relationship Management

Level	ACC	Supplier	Frequency
Client	ACC Client Service Staff	Individual staff or operational contact	As required
Branch	Branch Manager	Operational contact	As required
Region	Engagement & Performance Manager	Operational contact	Quarterly and as required
Account Management	Portfolio Advisor Portfolio Manager	Operational contact	As required

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

NOTICES FOR ACC TO:

ACC Health Procurement (for deliveries)

Justice Centre
19 Aitken Street
Wellington 6011

ACC Health Procurement (for mail)

P O Box 242
Wellington 6140

Marked: "Attention: Procurement Specialist"

Phone: 0800 400 503

Email: health.procurement@acc.co.nz

NOTICES FOR SUPPLIER TO:

(insert street address including postcode)

(for deliveries)

(insert postal address including postcode)

(for mail)

(insert City/Town)

Marked: "Attention (contact person)

Phone:

Mobile:

Email:

TABLE OF CONTENTS

1. PURPOSE.....	5
2. SERVICE OBJECTIVES	5
3. SERVICE LOCATION AND SPECIFIED AREA (Part A, clause 2)	5
4. SERVICE COMMENCEMENT.....	6
5. SERVICE REQUIREMENTS	7
6. SERVICE SPECIFIC QUALITY REQUIREMENTS	10
7. SERVICE EXIT	12
8. EXCLUSIONS.....	12
9. LINKAGES.....	13
10. PERFORMANCE REQUIREMENTS	13
11. REPORTING REQUIREMENTS	14
12. OPERATIONAL CONTACT.....	14
13. RELATIONSHIP MANAGEMENT	14
14. PAYMENT AND INVOICING.....	14
15. DEFINITIONS AND INTERPRETATION	15

B. SERVICE SPECIFICATIONS FOR NON ACUTE REHABILITATION SERVICE

1. PURPOSE

- 1.1. The purpose of the Non-Acute Rehabilitation Service is to enable ACC Clients with a personal injury to return to their pre-injury function by providing inpatient and/or community rehabilitation.

2. SERVICE OBJECTIVES

- 2.1. ACC will measure the success of this Service based on the following objectives:
 - 2.1.1. The Client's functioning and independence is improved to the maximum extent practicable and reasonable; and
 - 2.1.2. The Client ultimately returns to their pre-injury place of residence wherever possible; and
 - 2.1.3. High quality, clinically appropriate, timely and cost-effective services are provided; and
 - 2.1.4. The Client is satisfied with the Services.

Supporting Documentation

- 2.2. This Service Specification must be read in conjunction with the Non-Acute Rehabilitation Service Operational Guidelines available on ACC's website.
- 2.3. ACC and the Supplier will operate this Service in accordance with the Non-Acute Rehabilitation Service Operational Guidelines.
- 2.4. ACC may amend the Operational Guidelines from time to time. ACC will consult with the Supplier before making substantial changes.
- 2.5. Where there is an inconsistency or conflict between the Operational Guidelines and this Service Schedule, the provisions of this Service Schedule will take precedence.

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

- 3.1. Inpatient rehabilitation will be provided in the Supplier's rehabilitation units which meet Level 4, Rehabilitation of the Guide to Role Delineation of Health Services in New Zealand, Crown Health Enterprise Monitoring Unit (September 1993).
- 3.2. The Supplier will ensure that the facility has achieved certification against the 8134:2021 Ngā Paerewa Health and Disability Standards or any updates that occur and will provide ACC with evidence of achievement of date of certification and term of the certification on request.
- 3.3. Community rehabilitation can be provided in a location that best suits the Client such as
 - 3.3.1. Their own residence; or
 - 3.3.2. Temporary or long term rest home; or
 - 3.3.3. The home of family or friends; or
 - 3.3.4. The Supplier's community rehabilitation centre.

4. SERVICE COMMENCEMENT

Eligibility

- 4.1. A Client is eligible for Services if they:
 - 4.1.1. Have an injury that has been accepted for cover by ACC; and
 - 4.1.2. Require rehabilitation primarily for that covered injury; and
 - 4.1.3. Are Ready for Rehabilitation; and
 - 4.1.4. Are capable and willing to Actively Participate in rehabilitation; and
 - 4.1.5. Have achievable rehabilitation goals that will improve their functional independence.

Admission to Services

- 4.2. Clients may be admitted to the Services from the:
 - 4.2.1. Acute care setting; or
 - 4.2.2. Community via a referral from General Practitioner or Medical Specialist.
- 4.3. The Supplier will:
 - 4.3.1. Determine if the eligibility criteria outlined in this Service Schedule has been met.
 - 4.3.2. Ensure that the eligibility assessment is done by a Registrar or consultant who has been trained to assess the Client for admission to this Service.
 - 4.3.3. Notify ACC of the Client's admission to this Service on the ACC74 Notice of Admission to Rehabilitation form.
- 4.4. If ACC considers that the Client did not meet the eligibility criteria for part or all the admission ACC may, at its own discretion, recover the funding from the Supplier for that Client as outlined in Part B, Clause 6.7 of this Service Schedule.
- 4.5. Where a Client meets the eligibility criteria in clause 4.1 they are entitled to ACC funding for
 - 4.5.1. Up to 21 days of Inpatient Rehabilitation and up to 12 weeks of Community Rehabilitation without prior approval of ACC.
 - 4.5.2. Further Inpatient Rehabilitation but only at the expiry of the initial 21 days and only with the prior approval of ACC.
 - 4.5.2.1. Where approved, ACC will create a purchase order for a further 14 days of injury related Inpatient Rehabilitation for use within 90 days of the application.
 - 4.5.2.2. ACC will respond to any request for further inpatient rehabilitation within 4 Business Days.
- 4.6. The Supplier can use the funding for injury rehabilitation as required. The use does not have to be continuous however the client should be Ready for Rehabilitation throughout the duration (or an Interruption of Care applies).
- 4.7. The Supplier will notify ACC of the Client's transfer to Community Rehabilitation by email within 5 Business Days of the start of the Community Rehabilitation.

Approval to provide Community Rehabilitation

- 4.8. Community Rehabilitation funding is only available to Supplier's on agreement with ACC. The application process for Community Rehabilitation funding is outlined in the Operational Guidelines
- 4.9. Once approved, the Supplier will provide the Community Rehabilitation services tailored to the Clients need as described in this Service Schedule.

5. SERVICE REQUIREMENTS

- 5.1. The Supplier will provide high quality rehabilitation services that include:
- 5.1.1. Coordination by an assigned Key Worker
 - 5.1.2. Assessment and oversight by a medical specialist, preferably a geriatrician
 - 5.1.3. Development of a rehabilitation plan by the interdisciplinary team to meet the Client's goals.
 - 5.1.4. Delivery of rehabilitation therapies that will
 - 5.1.4.1. Best meet the Client's rehabilitation goals and
 - 5.1.4.2. Minimises the Client's injury related support needs on discharge from the Supplier's service.
 - 5.1.5. Provision of Service and outcome summary report on discharge from Inpatient Rehabilitation and/or Community Rehabilitation.

Rehabilitation

- 5.2. The Supplier's assigned Key Worker is responsible for
- 5.2.1. Ensuring the Client's eligibility for funding has been assessed correctly before notifying ACC of the admission to Service.
 - 5.2.2. Co-ordination of the Client's interdisciplinary team
 - 5.2.3. Communication with the Client, their family/whanau, ACC Client Service Staff and any other parties necessary to the Client's rehabilitation.
 - 5.2.4. Ensuring the Services are culturally appropriate and dignity/mana-enhancing'.
- 5.3. The Supplier will ensure the interdisciplinary team led by the Key Worker will:
- 5.3.1. Work with the Client and their family/whanau to:
 - 5.3.1.1. Develop an individually tailored, culturally appropriate and outcome focused Rehabilitation Plan; and
 - 5.3.1.2. Identify and work toward functional and participatory goals that enables the Client to reach their maximum level of independence.
 - 5.3.2. Review and update the Client's Rehabilitation Plan on an ongoing basis in accordance with the Client's progress towards achieving their rehabilitation goals.
 - 5.3.3. Notify ACC of any change to the Client's
 - 5.3.3.1. Estimated Discharge Date; or
 - 5.3.3.2. ACC funded supports required at discharge from the Services.
 - 5.3.4. Inpatient Rehabilitation Services
- 5.4. The Supplier will have rehabilitation services available 7 days a week in an inpatient or residential setting which includes all the following components tailored to the specific needs of the Client:
- 5.4.1. A pre-transfer visit to, or consultation with acute services or the consultant's professional team to identify Clients suitable for rehabilitation as soon as possible
 - 5.4.2. Geriatrician input through participation in weekly case conferences
 - 5.4.3. Consultations with specialists for any co-morbidity or other issue as appropriate
 - 5.4.4. Rehabilitation from an interdisciplinary team, who have a shared philosophy and functional outcome goals
 - 5.4.5. Hotel services, including hydration and nutrition (includes dietetics and nutritional advice)
 - 5.4.6. All investigations such as laboratory tests, and X-rays (basic and specialised i.e. CT, MRI and angiography)
 - 5.4.7. Nursing

- 5.4.8. Personal care services
- 5.4.9. Medical consumable supplies and pharmaceuticals
- 5.4.10. Any equipment required by the Client to meet their needs and to achieve a suitable rehabilitation outcome while they are participating in rehabilitation under this Service Schedule
- 5.4.11. Transport for tests, assessments, and rehabilitation
- 5.4.12. Pre-discharge domiciliary visits by therapists, nursing or other professional staff where indicated
- 5.4.13. Education for caregivers and/or family to enable them to care for the Client after discharge where required
- 5.4.14. Assessment of post discharge needs for the Client including falls prevention
- 5.4.15. Access to information and education about injury prevention
- 5.4.16. Referral into community or in-home strength and balance programmes as required on discharge to prevent injury
- 5.4.17. Interpreter and advocacy services
- 5.4.18. Māori Health/Liaison Worker and Pacific Island Health/Liaison worker
- 5.4.19. Audiology, Optometry and Podiatry relevant to the Client's injuries
- 5.4.20. All incidental services which a reasonable and responsible Supplier of similar services would provide to meet the physiological, cultural, spiritual and social needs of Clients while in the care of the Supplier
- 5.4.21. Any necessary administrative matters required by this Service Schedule including such administrative matters as would normally be required to allow the Supplier to monitor the outcome of treatment, and record the Service outcomes in clinical notes and/or through internal information systems and the National Minimum Data Set, to allow the Supplier or ACC to evaluate the Service.

Community Rehabilitation Services

- 5.5. The Supplier will make rehabilitation available 7 days a week in a community setting which includes all the following components tailored to the specific needs of the Client:
 - 5.5.1. A pre-transfer visit to, or consultation with acute services or the consultant's professional team to identify Clients suitable for rehabilitation as soon as possible
 - 5.5.2. Geriatrician input through facilitation of weekly case conferences
 - 5.5.3. Rehabilitation from an interdisciplinary team, who have a shared philosophy and functional outcome goals
 - 5.5.4. Nursing services
 - 5.5.5. Personal care and home help services
 - 5.5.6. Any equipment required by the Client to meet their needs and to achieve a suitable rehabilitation outcome while they are participating in rehabilitation under this Service Schedule.
(Note: The Supplier may order equipment via Managed Rehabilitation Equipment Service if it will be required for longer than 6 weeks post-acute discharge. Only Providers who have been approved to undertake Community Rehabilitation will be able to order equipment directly from the Managed Rehabilitation Equipment Supplier).
 - 5.5.7. Education for caregivers and/or family to enable them to care for the Client after discharge where required
 - 5.5.8. Assessment of post discharge needs for the Client including falls prevention
 - 5.5.9. Access to information and education about injury prevention
 - 5.5.10. Referral into community or in-home strength and balance programmes as required on discharge to prevent injury

- 5.5.11. Interpreter and advocacy services
 - 5.5.12. Māori Health/Liaison Worker and Pacific Island Health/Liaison worker
 - 5.5.13. All incidental services which a reasonable and responsible Supplier of similar services would provide to meet the physiological, cultural, spiritual and social needs of Clients while in the care of the Supplier
 - 5.5.14. Any necessary administrative matters required by this Service Schedule including such administrative matters as would normally be required to allow the Supplier to monitor the outcome of treatment, and record the Service outcomes in clinical notes and/or through internal information systems and the National Minimum Data Set, to allow the Supplier or ACC to evaluate the Service.
- 5.6. The Supplier will exit the Client from the Community Services in accordance with clause 7 or when their service needs are for personal care and/or home help only or the Client no longer needs injury related rehabilitation.

Notifying ACC of an Exception

- 5.7. The Supplier will record and report any incidents that:
- 5.7.1. Are outside of accepted rehabilitation practices; or,
 - 5.7.2. Present an unacceptable risk to personal safety or security.
 - 5.7.3. Interruption of Rehabilitation
- 5.8. If the Client is unable to participate in rehabilitation due to health or age-related issues the Supplier will transfer the Client to services funded by the District Health Board immediately for the total time of non-participation.
- 5.9. ACC will not pay the Supplier where there are interruptions to the injury related rehabilitation.

Discharge

- 5.10. Where the Supplier is discharging the Client from their Rehabilitation services and the Client has ongoing needs that ACC must meet the Supplier will;
- 5.10.1. Have a plan for the Client’s discharge;
 - 5.10.2. Notify ACC of any support needs using ACC705 Referral for support services in discharge; and
 - 5.10.3. Continue to support the Client until any post discharge services can arranged.
- 5.11. The Supplier will provide a report on the ACC009 Discharge Report outlining the Client’s rehabilitation and outcomes.

Service Timeframes/Timeliness

- 5.12. The Supplier will meet the following timeframes in the delivering the service

Table 3: Timeframes

Report or Notification	Action Required	Part B, Clause Reference	Responsibility	To go to	Timeframe
ACC74 Notice of Admission to Rehabilitation	Notifying ACC that a Client has been admitted to Inpatient and or Community Rehabilitation.	4.3.3 4.7	Supplier	ACC	Within five Business Days of admission

Report or Notification	Action Required	Part B, Clause Reference	Responsibility	To go to	Timeframe
ACC739 Request for Extension of Funding	Requesting further Inpatient Rehabilitation	4.5.2	Supplier	ACC	At least five Business Days prior to the expiration of current funding allocation
Email Notification	Notifying the Supplier of the decision about the request for further rehabilitation.	4.5.2.2	ACC	Supplier	Within four Business Days where all the required information is held
Email Notification	Notifying ACC that a Client has been readmitted to Inpatient or Community Rehabilitation using existing funding.	5.9	Supplier	ACC	Within one Business Days
Email Notification	Notifying ACC that a Client has transferred – - Inpatient to Community - Community to Inpatient	4.7	Supplier	ACC	Within one Business Day of transfer
Verbal Notification	Notifying ACC of an Exceptional Circumstance.	5.7	Supplier	ACC	Verbally within one Business Day
Email Notification	Notifying ACC of an Exceptional Circumstance.	5.7	Supplier	ACC	In writing within two Business Days
ACC705 Support Services on Discharge	Notifying ACC of Client need on Discharge.	5.10.2	Supplier	ACC	No less than two Business Days prior to discharge.
ACC009 Discharge Report	Summarising the rehabilitation provided and the Client outcomes.	5.11	Supplier	Client GP ACC	Within three Business Days of discharge from the Service.

6. SERVICE SPECIFIC QUALITY REQUIREMENTS

- 6.1. In addition to the requirements specified in the Standard Terms and Conditions, the Supplier will ensure the following requirements are met.

Service Providers

6.2. The following table outlines the qualifications and experience required of the Supplier's staff.

Table 4: Summary of Service Provider Qualifications and Experience

Service Provider	Qualification & Registration	Experience
Medical Specialist	Current vocational registration in and practising within Rehabilitation Medicine - Fellow of the Australasian Faculty of Rehabilitation Medicine. or Internal Medicine with a focus on Geriatric medicine. Where the Supplier cannot provide a medical specialist long term they notify ACC.	Have an interest and proven work experience in rehabilitation.
Key Worker	The key worker role can be fulfilled by any of the medical or allied health professionals who are experienced in coordinating an interdisciplinary team.	A minimum of two years' experience in a rehabilitation environment providing similar role with an interest in rehabilitation.
Allied Health - Occupational Therapist - Physiotherapist - Registered Nurse - Practice Nurses - Speech Language Therapist - Social Worker	- Current registration with their relevant professional body - A current Annual Practising Certificate, where appropriate	A minimum of two years' experience in rehabilitation or training in rehabilitation with supervision until the provider has gained two years' experience. The supervisor must be a suitably qualified health professional with a minimum of 5 years' experience in rehabilitation.
Support Worker / Health Care Assistant	NCEA certification level 3 Support Worker	A minimum of two years' experience in support and rehabilitation.

6.3. Where a medical practitioner is not vocationally registered in internal or rehabilitation medicine, a medical specialist who meets the qualifications outlined in Table 4 above must provide oversight.

6.4. Where the medical specialist will not be available temporarily the Supplier will nominate another medical practitioner to determine the eligibility of Clients for Services in accordance with Part B, Clause 4.

6.5. The Supplier must ensure that medical specialist support is available for rehabilitation programme and oversight.

Participation in AROC

6.6. The Supplier will participate in the Australasian Rehabilitation Outcomes Centre (AROC) clinical dataset in accordance with AROC's requirements.

6.6.1. The Supplier will participate in quality forum(s) with ACC and other suppliers to focus on improving the quality of rehabilitation and improving Client outcomes.

6.6.2. The Supplier agrees to provide written permission to AROC to identify the Supplier's facility name (e.g. Hospital NZXX) in any reporting to ACC.

6.6.3. Quality Review of Funding Decisions

6.7. ACC will review a sample of the Supplier's admissions to the Services to assess the accuracy of the Supplier's eligibility decisions.

- 6.7.1. ACC will select the cases based on specific risk-factors.
- 6.7.2. Subject to the volume of cases the reviews may be done quarterly, bi-annual, or annually.
- 6.7.3. The Supplier will provide all clinical notes for the reviews on request without charge and within the standard request timeframes.
- 6.7.4. If incorrect funding eligibility decisions are identified ACC may choose at its own discretion to;
 - 6.7.4.1. Increase the volume of cases reviewed
 - 6.7.4.2. Recover the funding in each case with an incorrect funding decision
 - 6.7.4.3. Remove the Supplier's ability to make independent funding approval decision in the future.

7. SERVICE EXIT

- 7.1. The Services for a Client will end on the first date that any of the following events occur:
 - 7.1.1. The Supplier and ACC agree that expected rehabilitation outcomes/goals have been met; or
 - 7.1.2. The Client has received the maximum funded inpatient rehabilitation days and a request for further funding has either not been applied for or not been approved by ACC; or
 - 7.1.3. Where an extension of funding has expired; or
 - 7.1.4. When the need for rehabilitation is no longer related to a personal injury for which the Client has cover under AC Act (in these cases the cost of continued rehabilitation will be transferred to Ministry of Health funding); or
 - 7.1.5. The Client discharges himself/herself from rehabilitation services; or
 - 7.1.6. The Client dies.

8. EXCLUSIONS

- 8.1. The following services (without limitation) are not to be provided or paid for under this Service Schedule:
- 8.2. ACC will not pay for Services provided to Clients who are eligible to receive services under the following ACC rehabilitation contracts, or regulations and where in the sole opinion of ACC it is more appropriate for the Client to receive services under these arrangements:
 - 8.2.1. Acute secondary care services i.e. medical, paediatric, and surgical services;
 - 8.2.2. Community (Home based) rehabilitation except for the Community Rehabilitation provided in this service;
 - 8.2.3. General practice medical services;
 - 8.2.4. Specialist nursing services;
 - 8.2.5. Dentistry;
 - 8.2.6. Outpatient assessment;
 - 8.2.7. Long term equipment for independence e.g. orthotics, prosthetics (artificial limbs), wheelchairs;
 - 8.2.8. Vocational rehabilitation services;
 - 8.2.9. ACC pre-approved long-distance escort or transport
 - 8.2.10. Social Rehabilitation Assessment Services
 - 8.2.11. Post discharge medical consumables;
 - 8.2.12. Day Hospital Services and Domiciliary Services.

- 8.2.13. Spinal Cord Injury rehabilitation – all Clients with confirmed spinal cord injury must be referred to either Auckland or Burwood Spinal Injuries Services (depending on the Client’s place of residence) as soon as practical;
- 8.2.14. Traumatic Brain Injury – all Clients who require specialised rehabilitation under the TBI Residential Rehabilitation or Residential Support Services must be referred to those services directly from acute treatment. The Supplier will refer such Clients to the appropriate service and/or advise ACC that the Client requires such services as soon as practicable. Note, clients with a TBI who don’t require specialist services may be eligible for this Service.
- 8.2.15. Respite or Convalescent care.

9. LINKAGES

- 9.1. The Supplier will ensure that linkages are maintained with the following Services:
 - 9.1.1. General practice medical services
 - 9.1.2. ACC Training for Independence Services
 - 9.1.3. ACC Home and Community Support Services
 - 9.1.4. ACC Nursing Services
 - 9.1.5. ACC Managed Rehabilitation Equipment Service
 - 9.1.6. Drug & Alcohol services
 - 9.1.7. Mental health services;
 - 9.1.8. Education sector;
 - 9.1.9. Māori health providers;
 - 9.1.10. Other appropriate ethnic and cultural groups;
 - 9.1.11. Government departments and agencies such as Police, Work and Income, Ministry of Social Development, Housing NZ, Ministry of Health, Ministry of Justice;
 - 9.1.12. Disability consumer groups such as the Brain Injury Association of New Zealand (BIANZ);
 - 9.1.13. Community based day programmes, independent of those that may be operated by the Supplier.

10. PERFORMANCE REQUIREMENTS

- 10.1. The Supplier’s performance against the key Service objectives as outlined in clause 2 will be measured as shown in Table 5 – Performance Measurement against Key Objectives.

Table 5 – Performance Measurement

Objective	Clause	Performance measure	Frequency	Target	Data Source
For inpatient rehabilitation, improved function as measured by Functional Independence Measure (FIM).	2.1.1	The Supplier will meet or be above the benchmark set by AROC.	6 monthly Quality Forums	AROC Benchmark	AROC
The Client returns to their pre-injury place of residence wherever possible.		95% of all clients	6 monthly Quality Forums	AROC Benchmark	AROC

Objective	Clause	Performance measure	Frequency	Target	Data Source
A high quality, clinically appropriate, timely and cost-effective service is provided.	2.1.3	Timely	6 monthly Quality Forums	AROC Benchmark	AROC
		Clinically appropriate	Annually	Readmission for Further Services	ACC
		Cost Effective	Annually	No increase in the average cost per claim across both inpatient and community services.	ACC
The Client is satisfied with the services.	2.1.4	Clients are satisfied with the services.	Annually	95%	Supplier

11. REPORTING REQUIREMENTS

- 11.1. The Supplier will provide reports to ACC, on the templates provided by ACC, in accordance with Tables 6 & 7– Reporting Requirements.

Table 6 – Service Reporting Requirements

Report	Information required	Frequency
Service Discharge Report	As specified in ACC’s template.	Monthly.

Table 7 – Client Reporting Requirements

Report	Information required	Frequency
ACC009 Discharge Report	As specified in the ACC009 Discharge form	At Client discharge

12. OPERATIONAL CONTACT

- 12.1. During the Term of this Service Schedule the Supplier will nominate a person (as specified in Clause 5 of the Quick Reference Information in Part A of this Service Schedule) to be the main contact for ACC who will undertake the functions of the Relationship Manager at clause 11 of the Standard Terms and Conditions.

13. RELATIONSHIP MANAGEMENT

- 13.1. To ensure the continuing effective operation of the service, formal working relationships are to be maintained as defined in Part A clause 4 Table 2 - Relationship Management.

14. PAYMENT AND INVOICING

- 14.1. ACC agrees to pay the prices set out in Part A Clause 3 Table 1 - Service Items and Prices.

15. DEFINITIONS AND INTERPRETATION

15.1. In this Service Schedule the following terms have the defined meaning

The Term	Means
Actively Participate	The Client can follow instruction, agree goals and can take part in the therapy provided by the interdisciplinary rehabilitation team.
AROC	The Australasian Rehabilitation Outcome Centre based at Wollongong University provides a clinical data set that records rehabilitation episodes for Australasia to provide outcome measurement and bench marking. The purpose of AROC is to improve the quality of rehabilitation services and to maximise client outcomes.
Discharge	The supplier is no longer responsible for the client.
Estimated Discharge Date (EDD)	The date calculated by the AROC system after the Client’s data has been submitted, based on bench marked clinical data.
Ready for Rehabilitation	The Client’s overall health condition does not need acute medical intervention to maintain their health and wellbeing and is unlikely to deteriorate. It also means the Client is sufficiently well that they can participate in rehabilitation.
Rehabilitation	A treatment or treatments designed to facilitate the process of recovery from injury to as normal a condition as possible and includes assisting the patient to compensate for deficits that cannot be reversed medically.
Residence	Where the Client is residing temporarily or permanently.
Transfer	The client is changing from one service to another but is staying within the Supplier care in this service.