



# SERVICE SCHEDULE FOR TRAINING FOR INDEPENDENCE SERVICES – TE ATA PŌ

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

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## A. QUICK REFERENCE INFORMATION

### 1. TERM FOR PROVIDING TRAINING FOR INDEPENDENCE SERVICES – TE ATA PŌ

1.1 The Term for the provision of Training for Independence Services – Te Ata Pō is the period from 1 July 2023 (“Start Date”) until the close of 30 June 2026 (“End Date”) or such earlier date upon which the period is lawfully terminated or cancelled.

1.2 Prior to the End Date, the parties may agree in writing to extend the Term of this Service Schedule for a maximum of two further terms of two years each. Any decision to extend the Term of this Service Schedule will be based on:

1.2.1 the parties reaching agreement on the extension in writing prior to the End Date; and

1.2.2 ACC being satisfied with the performance of the Services by the Supplier; and

1.2.3 all other provisions of this Contract either continuing 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.

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

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### 3. SERVICE ITEMS AND PRICES (PART B, CLAUSE 16)

*Table 1 - Service Items and Prices*

#### Service Items for Training for Independence Te Ata Pō Services

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit and max allowances
TIPO01	Rehabilitation Professional Planning	<p>Planning time for Rehabilitation Professionals in accordance with Part B, clause 5.3 of this Service Schedule.</p> <p>This is for time spent in Client contact or participating in an interdisciplinary team meeting(s), including a discharge planning meeting from a referring service.</p>	\$155.27	<p>Per hour</p> <p>Actual and reasonable up to a maximum of 18 hours</p>
TIPO02	Psychologist Planning	<p>Planning time for a psychologist in accordance with Part B, clause 5.3 of this Service Schedule.</p> <p>This is for time spent in Client contact or participating in an interdisciplinary team meeting(s), including a discharge planning meeting from a referring service.</p>	\$189.92	<p>Per hour</p> <p>Actual and reasonable up to a maximum of 7 hours</p>
TIPO11	Delivering Rehabilitation ( <i>other than psychologist</i> )	<p>Delivering training and coaching to a Client in accordance with Part B, clause 5.3 of this Service Schedule.</p> <p>This is for time spent in Client contact.</p>	\$155.27	<p>Per hour</p> <p>Actual and reasonable</p>

<b>Service Item Code</b>	<b>Service Item Description</b>	<b>Service Item Definition</b>	<b>Price (excl. GST)</b>	<b>Pricing Unit and max allowances</b>
TIPO12	Delivering Rehabilitation (Registered Psychologist)	Delivering training and coaching to a Client in accordance with Part B, clause 5.3 of this Service Schedule.  This is for time spent in Client contact.	\$189.92	Per hour  Actual and reasonable
TIPO13	Delivering Rehabilitation (Rehabilitation Coach)	Delivering training and coaching to a Client in accordance with Part B, clause 9.2 of this Service Schedule.  This is for time spent in Client contact.	\$102.73	Per hour  Actual and reasonable
TIPO30	Delivering Rehabilitation (Additional Cultural Support)	Additional cultural support and advice in accordance with Part B, clause 9.3	\$113.76	Per hour  Actual and reasonable
TIPO14	Key Worker	In accordance with Part B, clause 9.4 of this Service Schedule.  This can only be paid where two (2) or more disciplines are working with the Client.	\$466.72	Set Monthly Fee.
TIPO05	Report Writing (other than psychologist)	Time spent writing the Rehabilitation Plan and variance reports.	\$155.27	Per hour  Actual and reasonable
TIPO06	Report Writing (Registered Psychologist)	Time spent writing applicable sections of the Rehabilitation Plan, variance reports and the completion report.	\$189.92	Per hour  Actual and reasonable
TIPO07	Completion Report	Time spent writing the completion report.	\$155.27	Fixed Fee

## Service Items for Advisory Services

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit and max allowances
TIPO15	Rehabilitation Professional – Advisory Service Short Term – Te Ata Pō	<p>Rehabilitation professional hourly rate for delivering training and coaching to a Client in accordance with Part B, clause 5.4</p> <p>This includes all administrative matters and costs, time completing clinical notes, equipment provision (if required) and tasks required in delivering services, except for travel and reports.</p>	\$155.27	<p>Per hour</p> <p>A maximum of six hours per claim within an eight-week period from acceptance of the referral</p>
TIPO16	Rehabilitation Professional – Advisory Service Long Term – Te Ata Pō	<p>Rehabilitation professional hourly rate for delivering training and coaching to a Client in accordance with Part B, clause 5.5</p> <p>This includes all administrative matters and costs, time involved clinical notes, equipment provision (if required) and tasks required in delivering services, except for travel and reports.</p>	\$155.27	<p>Per hour</p> <p>A maximum of 14 hours per claim within a 12-month period from acceptance of the referral.</p>
TIPO08	Advisory Services Short Term – Te Ata Pō Completion Report	Completion of an Advisory Services completion report on the template as specified by ACC	\$77.64	Fixed fee
TIPO03	Advisory Service Long Term – Te Ata Pō Programme Plan	<p>Completion of an Advisory Service Long Term Programme</p> <p>plan on the template as specified by ACC</p>	\$155.27	Fixed fee

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit and max allowances
TIPO09	Advisory Service Long Term – Te Ata Pō Completion Report	Completion of an Advisory Services Long Term completion report on the template as specified by ACC  (This price also includes the cost for writing any variance report).	\$195.07	Fixed fee

### General Service Items

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit and max allowances
TIPODNA	Did Not Attend Fee	Did Not Attend – a single fee for non-attendance in accordance with Part B, clause 6.3  Notification of the non-attendance must be provided to ACC within one (1) business day.  A DNA report must be provided to ACC within three (3) business days of the appointment.	40% of the hourly rate (onsite)  60% of the hourly rate (offsite)	Per hour  Maximum of 3 per claim.  Maximum of 2 hours per non-attendance.
TIPO20	Case Conference (Rehabilitation Professional)	Attendance at case conference meetings in accordance with Part B, clause 5.8 of this Service Schedule.  This is for time spent in the case conference meeting.	\$155.27	Per hour  One max per Rehab Prof.
TIPO21	Case Conference (Psychologist)	Attendance at case conference meetings in accordance with Part B, clause 5.8 of this Service Schedule.  This is for time spent in the case conference meeting	\$189.92	Per hour  One max

<b>Service Item Code</b>	<b>Service Item Description</b>	<b>Service Item Definition</b>	<b>Price (excl. GST)</b>	<b>Pricing Unit and max allowances</b>
TITD10	Travel Distance	<p>A contribution towards travel: for return travel via the most direct, practicable route; and where the return travel exceeds 20km.</p> <p>Note: where the Supplier has no base or facility in the Service provision area, return travel will be calculated between the “start point” and “end point” closest to the Client (as agreed by ACC).</p>	\$0.82 per km	<p>The first 20km of travel must be deducted from the total distance travelled.</p> <p>If travel includes more than one (1) Client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>
TITT1	Travel time	A contribution towards a Service provider’s expenses for travel time in accordance with Part B, clause 16.2	100% of the contracted hourly rate	<p>The first 30 minutes must be deducted from the total travel time.</p> <p>If travel includes more than one (1) Client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>

### 3.1 Price Review

3.1.1 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:

- (a) general inflation;
- (b) changes in service component costs; and
- (c) substantial changes in the market.

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

3.1.3 If ACC finds that the factors taken into account have had an impact on price, then ACC in its absolute discretion may amend the Prices to reflect the impact. The price change will be notified in writing and will take effect from the date specified by ACC. For the avoidance of doubt, this price change cannot be reviewed.

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

*Table 2 - Relationship Management*

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

**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  
 P O Box 242 (for mail)  
 Wellington 6140  
 Marked: "Attention: Procurement Partner"  
 Phone: 0800 400 503  
 Email: health.procurement@acc.co.nz

**NOTICES FOR SUPPLIER TO:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (for deliveries)  
 \_\_\_\_\_  
 \_\_\_\_\_ (for mail)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Marked: "Attention: \_\_\_\_\_, \_\_\_\_\_"  
 Phone: \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_

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## **B. SERVICE SPECIFICATIONS FOR TRAINING FOR INDEPENDENCE SERVICES – TE ATA PŌ**

### **1. PURPOSE**

- 1.1 Training for Independence - Te Ata Pō (Before Dawn) is a service providing rehabilitation for adult Clients who have significant injury-related needs where the pathway to recovery has complexity and is often not predictable. Training for Independence - Te Ata Pō is comprised of the following components:
- 1.2 Training for Independence - Te Ata Pō
  - 1.2.1 This service provides education, support, training, and rehabilitation to Clients to restore independence and ability to participate in everyday life. This means optimising the Client's independence, resilience and participation in their home, place of work or education and the wider community to the maximum extent practicable and reduce their likely need for further rehabilitation.
- 1.3 Advisory Service Short Term - Te Ata Pō
  - 1.3.1 This service is for Clients who require a short-term intervention (maximum six hours provided within an eight-week period), from a Rehabilitation Professional(s) who provides education, training (and/or equipment) or oversight to:
    - 1.3.1.1 assist in restoring the Client's independence and participation in their usual activities; and
    - 1.3.1.2 prevent further injury in their normal home environment; and
    - 1.3.1.3 reduce the need for ongoing support; and
    - 1.3.1.4 would benefit from a short-term program to promote self-management.
- 1.4 Advisory Service Long Term - Te Ata Pō
  - 1.4.1 For Clients who require intermittent oversight or monitoring/supervision by a Rehabilitation Professional over an extended period of time, to ensure maintenance of their function or skills and prevent secondary injury. The purpose is to assist the Client to maintain skills they have gained and/or prevent deterioration in health (maximum 14 hours provided over 12 months).

## **2. SERVICE OBJECTIVES**

- 2.1 ACC will measure the success of this Service based on the following objectives:
  - 2.1.1 Clients gain functional ability, education, skills and knowledge that increase the Clients' independence, resilience and participation in their everyday lives and activities.
  - 2.1.2 Clients have a reduced need for further rehabilitation and other ACC funded Services.
  - 2.1.3 Clients have a reduced incidence of further injuries and/or a deterioration of their covered injury.
  - 2.1.4 Clients receive timely rehabilitation services.
  - 2.1.5 Clients will be linked to relevant groups and organisations in the community if required.

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

- 3.1 The Services will be provided in the most appropriate setting for the Client e.g., Client's home, workplace and /or other community locations.
- 3.2 The Supplier may provide Services where the Client is in a residential facility that is their long term or permanent place of residence and where rehabilitation services are not available.
- 3.3 The Supplier will provide the Services from the Service Provider base and to Clients' resident in the geographical area(s) specified in Part A, clause 2.
- 3.4 The Supplier may provide Services to the Client remotely using Telehealth services if the criteria set out in this Service Schedule is met.
- 3.5 In line with relevant Health and Safety legislative requirements (including those mandated in the Health and Safety at Work Act 2015), it is the responsibility of the Supplier to have sufficient policies in place to ensure the safety of Service Providers; and to ensure that Service Providers utilise appropriate and safe service locations and premises.

## **4. SERVICE COMMENCEMENT**

- 4.1 Eligibility Criteria
  - 4.1.1 A Client is eligible to receive the Service when they:
    - 4.1.1.1 Have an accepted claim for an injury which is covered by ACC; and
    - 4.1.1.2 Meet the significant injury-related needs criteria as outlined in the operational guidelines; and

- 4.1.1.3 Have been referred by either ACC, a Traumatic Brain Injury Residential Rehabilitation Supplier, or a Spinal Cord Injury Rehabilitation Supplier in accordance with this Service Schedule.
- 4.1.2 A Client is eligible to receive the Training for Independence – Te Ata Pō when they:
  - 4.1.2.1 Have met the criteria in clause 4.1.1.; and
  - 4.1.2.2 Have been assessed as needing an interdisciplinary team (IDT) rehabilitation programme tailored to meet their assessed, injury-related needs; and
  - 4.1.2.3 Are likely to have meaningful and measurable gains in independence due to the provision of the IDT rehabilitation programme; and
  - 4.1.2.4 Are at a point in their recovery where they will receive the maximum benefit from the IDT rehabilitation programme within optimal timeframes.
- 4.1.3 A Client is eligible to receive the Advisory Service Short Term – Te Ata Pō when they:
  - 4.1.3.1 Have met the criteria in clause 4.1.1.; and
  - 4.1.3.2 Have an assessed need for short-term education, training (and/or equipment) or oversight to assist in restoring the Client’s participation in their usual activities following injury and who do not require on-going support; and
  - 4.1.3.3 Are likely to benefit from a short-term program to promote self-management.
- 4.1.4 A Client is eligible to receive the Advisory Service Long Term – Te Ata Pō when they:
  - 4.1.4.1 Have met the criteria in clause 4.1.1.; and
  - 4.1.4.2 Have received training and reached their individual maximum level of independence possible; and
  - 4.1.4.3 Have an assessed need for on-going oversight including education of self, whānau and/or carers and maintenance of their functional skills.
- 4.2 Referral Process
  - 4.2.1 ACC will send a written referral to the Supplier, using an ACC referral form.

- 4.2.2 On receipt of the referral, the Supplier will:
  - 4.2.2.1 Confirm that the referral meets the eligibility criteria described in clause 4.1 and does not conflict with the exclusion criteria in clause 10;
  - 4.2.2.2 Confirm that the referral contains adequate information in order to proceed to provide Services;
  - 4.2.2.3 Confirm that they have the capacity and expertise to accept the referral;
  - 4.2.2.4 Return any referral that is inappropriate or inadequate or which they are not contracted to provide; and
  - 4.2.2.5 If the referral is declined, notify ACC within three (3) business days of the referral being received.

## **5. SERVICE REQUIREMENTS**

- 5.1 The Supplier will provide Services in accordance with the Operational Guidelines available on ACC's website. If there is an inconsistency or conflict between the Operational Guidelines and this Service Schedule, the provisions of this Service Schedule will take precedence.
- 5.2 The Supplier must ensure all authorised persons who interact with Clients under this service comply with the requirements of clause 9.
- 5.3 Service requirements for Training for Independence – Te Ata Pō
  - 5.3.1 Once a referral is accepted for Training for Independence – Te Ata Pō the Supplier will:
    - 5.3.1.1 Determine the appropriate rehabilitation professional(s) to provide Services to the Client;
    - 5.3.1.2 Make contact with the Client within three (3) business days of accepting the referral to build the relationship for supporting the Client's transition; and
    - 5.3.1.3 Set up Key Worker / Rehabilitation Professional Planning Sessions, as required, and meet with the Client within three (3) business days of contacting the Client.
  - 5.3.2 Planning and Interdisciplinary Meeting time
    - 5.3.2.1 The purpose of the Planning and Interdisciplinary Meeting time is to allow the Service Providers who will be working with the Client to:
      - 5.3.2.1.1 Meet the Client, their family/whānau and carers as required;

- 5.3.2.1.2 Set baselines to allow for measurement of the Client's progress towards milestones;
  - 5.3.2.1.3 If necessary, allow the Supplier to visit the inpatient setting for the purposes of planning and coordinating the transition of the Client from inpatient to the community, where practicable;
  - 5.3.2.1.4 Undertake Interdisciplinary Team planning meetings either in-person or virtually; and
  - 5.3.2.1.5 Develop, and if necessary, adjust the Rehabilitation Plan.
- 5.3.3 The Key Worker or Rehabilitation Professional must co-ordinate completion of the Rehabilitation Plan and submit this plan to ACC within ten (10) business days of meeting with the Client.
- 5.3.4 Rehabilitation Plans must be formulated for all Clients and sent to ACC. The Rehabilitation Plan will include:
- 5.3.4.1 Details of the Client's current situation and functional baseline measures;
  - 5.3.4.2 The Client's short-term and long-term objectives, goals and activities that are important for them to maintain;
  - 5.3.4.3 The outcomes to be achieved;
  - 5.3.4.4 Measures for each outcome stated in the referral;
  - 5.3.4.5 Details of the overall pathway, timeframes and milestones and nature of rehabilitation Services the Client will receive, including details of education, new skills, and training to be provided to the Client;
  - 5.3.4.6 An outline of the method of delivery such as face to face in the Client's home, place of education etc. or via Telehealth; and
  - 5.3.4.7 Rationale for any identified Client equipment related need. This may be MRES simple list, standard list, complex list or non-list equipment).
- 5.3.5 Once ACC receives a Rehabilitation Plan, ACC will approve or decline the Rehabilitation Plan, or request further information, within ten (10) working days. If ACC requests additional information, the Supplier must submit this to ACC within three (3) business days.
- 5.3.6 Written approval of the Rehabilitation Plan must be obtained from ACC before providing further services.

- 5.3.7 This Service will be delivered within six (6) months, or shorter increments, from the date of referral.
- 5.3.8 This Service must be delivered as an Interdisciplinary Team (IDT). The Key Worker will co-ordinate the Interdisciplinary Team members and facilitate the Services with the Client, their family and other services as required.
- 5.4 Service requirements for Advisory Service Short Term - Te Ata Pō
  - 5.4.1 Once a Referral for Advisory Service Short Term – Te Ata Pō is accepted, the Supplier will:
    - 5.4.1.1 Make contact with the Client within three (3) business days of accepting the Referral or sooner where requested by ACC on the referral form;
    - 5.4.1.2 Meet with the Client and confirm training, rehabilitation, education and/or support needs within three (3) business days of contacting the Client; and
    - 5.4.1.3 Provide the Services for up to a maximum of six hours, inclusive of assessment, interventions and review, within eight weeks of accepting the Referral. The Services provided must meet specific needs and outcomes for the Client as requested by ACC and support the Client to achieve independence and/ or reduce dependency on support services. The Services may include provision of equipment.
- 5.5 Service requirements for Advisory Service Long Term - Te Ata Pō
  - 5.5.1 Once a Referral for Advisory Service Long Term - Te Ata Pō is accepted, the Supplier will:
    - 5.5.1.1 Make contact with the Client within three (3) business days of accepting the Referral;
    - 5.5.1.2 Meet with the Client and confirm oversight and or support needs within three (3) business days of contacting the Client;
    - 5.5.1.3 Submit a Rehabilitation Plan to ACC within ten (10) business days of meeting with the Client. The Rehabilitation Plan will include:
      - 5.5.1.3.1 Details of the Client’s current situation and functional baseline measures; and
      - 5.5.1.3.2 The Client’s goals; and
      - 5.5.1.3.3 The outcomes to be achieved; and

- 5.5.1.3.4 Measures for each outcome stated in the referral; and;
      - 5.5.1.3.5 Details of the overall pathway, timeframes and milestones for oversight services the Client will receive to maintain their functional ability in the areas of independence in accordance with this Service Schedule;
  - 5.5.2 Once ACC receives a Rehabilitation Plan, ACC will approve or decline the Rehabilitation Plan, or request further information, within ten (10) working days. If ACC requests additional information, the Supplier must submit this to ACC within three (3) business days following the request.
  - 5.5.3 The Supplier must obtain written approval of the Rehabilitation Plan from ACC before providing any further services.
  - 5.5.4 The Supplier must deliver the Services in accordance with the Referral from ACC and the Rehabilitation Plan agreed by ACC.
  - 5.5.5 The Supplier must ensure the Services provided maintain the Client's functional skills and prevent re-injury through interventions which include oversight of Client's rehabilitation and education of Client, and/or, family/whānau and/or carers;
  - 5.5.6 The Supplier will, where appropriate, provide Services which include provision of equipment.
  - 5.5.7 The Supplier will provide the Services for a maximum of 14 hours of service within a 12-month period (commencing on the date the Referral has been accepted by the Supplier).
- 5.6 Method of Delivery
- 5.6.1 The Training for Independence and Advisory Services - Te Ata Pō are community-based services. To achieve the goal of returning Clients to their usual activities, the programmes will be delivered in the Client's place of work or education, home, etc. as appropriate.
  - 5.6.2 The primary method of delivery is in-person.
  - 5.6.3 Once a risk assessment is undertaken and it is deemed appropriate Telehealth may be utilised where it will meet the Client's needs
  - 5.6.4 Where services are provided using Telehealth, Suppliers must comply with the ACC8331 ACC Telehealth Guide.

- 5.6.5 Every geographical area listed in Part A, clause 2 must have an IDT that is available to provide services in each geographical area or the IDT is able to travel into each geographical area or can formulate a team to deliver Services in each geographical area, as required to meet the Client's individual rehabilitation needs.
  - 5.6.6 The Supplier must deliver the Services in accordance with the Rehabilitation Plan approved by ACC.
  - 5.6.7 The Services provided must meet the specific functional needs of the Client and support the Client to optimise quality of life and community integration.
  - 5.6.8 The Supplier will ensure that outcomes will be measured using a validated, objective clinical measure.
  - 5.6.9 The outcome measurement tools used, will be standardised measurements selected by the supplier as appropriate to the Client's injury and rehabilitation needs.
  - 5.6.10 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.
- 5.7 Liaison with Other Providers
- 5.7.1 The Supplier may consult, where appropriate, with other Providers in relation to provision of the Services which may include, but is not limited to:
    - 5.7.1.1 Case conference(s); and
    - 5.7.1.2 Teleconference(s)
- 5.8 Case Conference:
- 5.8.1 Where the Key Worker and/or Rehabilitation Professional considers that liaison is required, the Key Worker and/or Rehabilitation Professional may liaise with ACC, the Client's General Practitioner and/or other providers outside of the Training for Independence programme to facilitate co-ordinated case discussions on the care of the Client ("Case Conference").
  - 5.8.2 A Case Conference may be held if ACC has given its prior written approval and must:
    - 5.8.2.1 Include all relevant Service Providers; and
    - 5.8.2.2 Discuss progress and address rehabilitation barriers and plan for ongoing management; and
    - 5.8.2.3 Have meeting notes taken and made available to ACC if requested.

- 5.8.3 Case Conferences may include Teleconferences.
- 5.9 Relationship with Home and Community Support Services
  - 5.9.1 The Supplier will have a demonstrated operational relationship with any Home and Community Support Service Suppliers providing home and community-based support services to Clients who are receiving Training for Independence Services.
  - 5.9.2 The Supplier will follow the relationship protocol as described in the Operational Guidelines.

## **6. REPORTING**

- 6.1 Rehabilitation Plan
  - 6.1.1 A Rehabilitation Plan is required for Training for Independence – Te Ata Pō and Advisory Service Long Term - Te Ata Pō.
  - 6.1.2 A Rehabilitation Plan is not required for Advisory Service Short Term - Te Ata Pō.
  - 6.1.3 The Rehabilitation Plan will be submitted on the template specified by ACC and must be completed in accordance with the Operational Guidelines.
- 6.2 Variance Report (Training for Independence - Te Ata Pō and Advisory Service Long Term - Te Ata Pō only)
  - 6.2.1 The Supplier must complete and submit a Variance Report within three (3) business days if progress veers from the predicted goal trajectory or rehabilitation timeframes, as outlined in the initial Rehabilitation Plan.
  - 6.2.2 The Variance Report must be submitted on the template specified by ACC and must be completed in accordance with the Operational Guidelines.
- 6.3 Did not Attend (DNA) Reporting
  - 6.3.1 The Supplier must inform ACC within one business day of the Client's non-attendance; and
  - 6.3.2 A DNA report must be submitted on the template specified by ACC.
- 6.4 Completion Report
  - 6.4.1 A Completion Report must be completed at the end of all Training for Independence and Advisory Services. The Report must be submitted within five (5) business days of the completion of service delivery.

- 6.4.2 The purpose of the Completion Report is to inform ACC of the outcomes of the agreed Rehabilitation goals as set out in the Rehabilitation Plan.
- 6.4.3 The Completion Report will be submitted on the template specified by ACC. The Completion Report must be completed in accordance with the Operational Guidelines.
- 6.4.4 Any requests for further services under this contract must be completed on the ACC7419 Training for Independence Request form.

## **7. FURTHER SERVICE**

- 7.1 Due to the significant injury-related needs of the Clients entering this service, Clients may require a longer period of rehabilitation to meet their evolving goals as function increases. This may consist of;
  - 7.1.1 Another Training for Independence interdisciplinary rehabilitation programme; or
  - 7.1.2 A period of consolidation of rehabilitation achievements with a period of rest from rehabilitation; or
  - 7.1.3 A reduction in service which can be met with Advisory Service Short Term or Long Term.
- 7.2 Clear rationale should be provided to ACC when requesting a further service, including detailing the achievement of, or progress towards, the Client goals in the previous programme as well as new goals to be achieved.
- 7.3 If the Client has already received the Service for the same covered injury and further service is requested, the Client must meet the eligibility criteria in clause 4.1.
- 7.4 All further Services require prior approval from ACC and must meet the long-term objectives and goals of the Client.

## **8. EQUIPMENT**

- 8.1 All rehabilitation equipment must be requested in accordance with the Operational Guidelines for Managed Rehabilitation Equipment Services (MRES) which are available on the ACC website.
- 8.2 The Supplier may purchase non-List items valued at under \$100 (per item, excluding GST), directly from non-contracted Suppliers without prior approval from ACC. ACC will reimburse the Supplier for the purchased item after receiving a separate invoice that details the item type and cost, cites service item code EU100, and has a receipt for the item attached.

- 8.3 The equipment will be non-adjustable and/or non-fitted and available from the Managed Rehabilitation Equipment Services (MRES) Simple list. If any equipment is required it must be requested via the ACC Recovery Team Member. Equipment requests should be within the scope of their normal professional practice.

## 9. SERVICE SPECIFIC QUALITY REQUIREMENTS

### 9.1 Service Quality

- 9.1.1 The Supplier will perform the Services in accordance with the Training for Independence Services Operational Guidelines.
- 9.1.2 The Supplier must establish and maintain an interdisciplinary team, available in each district, comprising:
- 9.1.2.1 Registered Psychologist; and
  - 9.1.2.2 Registered Nurse; and
  - 9.1.2.3 Occupational Therapist; and
  - 9.1.2.4 Physiotherapist; and
  - 9.1.2.5 Speech Language Therapist; and
  - 9.1.2.6 Counsellor; and
  - 9.1.2.7 Dietitian; and
  - 9.1.2.8 Social Worker.
- 9.1.3 Each member of the interdisciplinary team must meet the Professional Qualifications, membership and clinical experience requirements as set out in the Table 3 below. It is the Supplier's responsibility to ensure that Service Providers are qualified as detailed by their professional registration body or appropriate regulations.

**Table 3 – Provider Competencies and Qualifications**

<b>Profession</b>	<b>Registration / membership</b>	<b>Experience</b>
Registered Nurse	A current annual practising certificate from the Nursing Council of New Zealand.	All health professionals providing services must meet the registration/ membership requirements of the respective authorities and/or associations.
Occupational Therapist	A current annual practising certificate from the Occupational Therapy Board of New Zealand.	All providers must have a minimum of 3 years recent clinical experience (within the last 5 years) post registration in: Interdisciplinary community-based rehabilitation, and;

<b>Profession</b>	<b>Registration / membership</b>	<b>Experience</b>
Physiotherapist	A current annual practising certificate from the Physiotherapy Board of New Zealand.	A health field relevant to the client's presenting injury/injury-related related needs. This 'health field' experience should align with the 'injury inclusion criteria' specified in the Contract's Operation Guidelines.
Dietitian	A current annual practising certificate from The New Zealand Dietitians Board.	If a health professional meets the registration/ membership requirements and has less than 3 years of recent clinical experience, they must work under the guidance and supervision of a health practitioner with 5 or more years' recent clinical experience in: Interdisciplinary community-based rehabilitation, and;
Speech and Language Therapist	A current annual practising certificate demonstrating full registration (unrestricted scope) with the New Zealand Speech language Therapists' Association.	A health field relevant to the client's presenting injury/ injury-related needs. This 'health field' experience should align with the 'injury inclusion criteria' specified in the Contract's Operation Guidelines. A supervisor should also have experience and be able to demonstrate through their ongoing professional development, competence in delivering Clinical Supervision to others. It is the responsibility of all providers to ensure they also meet the supervision requirements and continuing professional development requirements outlined by their Responsible authority / professional body.
Psychologist	Registered Psychologist with a current annual practising certificate from NZ Psychologists Board. And Professional association membership with at least one of the following: NZ Psychological Society NZ College of Clinical Psychologists, or An International professional body acceptable to ACC. NB: A supplier must ensure that a treatment provider offering counselling services meets the requirements of the Accident Insurance ("Counsellor") Regulations 1999.	NB. As per the Accident Insurance ("Counsellor") Regulations 1999, any provider offering counselling services on this contract, must have at least 1 year's work experience in counselling since obtaining his or her qualification, and have been supervised by a person with at least 3 years' work experience in counselling.
Counsellor	The counsellor must be registered with ACC as a treatment provider to deliver services to clients under the Accident Insurance ("Counsellor") Regulations 1999.	All Service Providers who work with children must complete a Children's Workforce Safety Check as per clause 9.5.4

Profession	Registration / membership	Experience
	NB: A supplier must ensure that any treatment provider offering counselling services meets the ongoing requirements of the Accident Insurance ("Counsellor") Regulations 1999.	
Social Worker	<p>A current annual practicing certificate demonstrating full registration (unrestricted scope) with the Social Worker Registration Board New Zealand.</p> <p>Note: If the Social Worker is going to deliver counselling therapy, they must meet the 'counsellor' registration requirements in this table.</p>	

## 9.2 Rehabilitation Coaches

9.2.1 Rehabilitation coaches may be used with prior approval from ACC if they can provide expertise aiding the Client's rehabilitation provided the Services cannot be provided by a Rehabilitation Professional. A Rehabilitation Coach must:

9.2.1.1 Have relevant experience within their field and be required for a specified and agreed area of Client's needs; or

9.2.1.2 Have experience in the relevant area required and agreed as a part of a Training for Independence Rehabilitation Plan; and

9.2.1.3 Have regular documented supervision from a Rehabilitation Professional; and

9.2.1.4 Undertake ongoing training in their area of expertise and/or rehabilitation; and

9.2.1.5 Hold and maintain professional body membership where such a body exists for the relevant profession.

9.2.2 The Rehabilitation Coach is subject to the same vetting as all other Providers and are the responsibility of the Supplier.

### 9.3 Additional Cultural Support

- 9.3.1 The provision of Additional Cultural Support acknowledges the cultural diversity of Aotearoa New Zealand, and that some Clients will require additional support in order to achieve their rehabilitation goals.
- 9.3.2 The Supplier can request approval for funding for Additional Cultural Support to engage an appropriate person in the community determined to have the right level of stature within that community and expertise necessary to facilitate the removal of cultural barriers to a Client's recovery.
- 9.3.3 The provision of Additional Cultural Support is not intended to replace or compensate for the natural supports available to a Client.
- 9.3.4 This service item is delivered with the knowledge and consent of the Client, whether or not the Client is present.
- 9.3.5 The Supplier must consult with ACC when determining the need for Additional Cultural Support. The Supplier will need to provide the following information to ACC:
  - 9.3.5.1 Relevant background information on the proposed provider and why they are suitable to provide Additional Cultural Support; and
  - 9.3.5.2 Rationale for requiring Additional Cultural Support, including details of the cultural barriers to be overcome and alignment to any rehabilitation goals.
- 9.3.6 Where possible, requests for Additional Cultural Support should be made as part of the Rehabilitation plan.
- 9.3.7 The appropriate person identified to deliver Additional Cultural Support is subject to the same vetting as all Providers and are the responsibility of the supplier.

### 9.4 Key Worker

- 9.4.1 For each Client receiving Training for Independence Services from two (2) or more disciplines, the Supplier shall nominate one (1) of the Rehabilitation Professionals as the Key Worker.
- 9.4.2 Key Workers are not available when Advisory Services are being provided.

- 9.4.3 The Key Worker will work with the Client, whānau/family, their other supports including Support Workers, other Service Providers, ACC and team for the duration of the Training for Independence Programme. The Key Worker will act as the primary contact for the Client, whānau/family and ACC. Other primary responsibilities of the Key Worker are:
- 9.4.3.1 Liaison with ACC;
  - 9.4.3.2 Coordination of Training for Independence Services provided to the Client;
  - 9.4.3.3 Coordination of interdisciplinary team in setting goals and reporting on progress and milestones;
  - 9.4.3.4 Ensuring that the Services provided to the Client comply with this Service Schedule and the Training for Independence Services Operational Guidelines;
  - 9.4.3.5 Administration related to monitoring the quality of services provided;
  - 9.4.3.6 Coordination of Client reporting including completion of the Training for Independence Rehabilitation Plan, Progress and Variance Reports, and Completion Reports;
  - 9.4.3.7 Ensuring timeframes are met and reports are completed accurately;
  - 9.4.3.8 Monitoring Client satisfaction;
  - 9.4.3.9 Managing relationships with other providers of services to the Client for consistency and efficacy of rehabilitation;
  - 9.4.3.10 Notifying ACC within one (1) business day of any non-attendance;
  - 9.4.3.11 Making any phone calls, completing any administration tasks and non-Client contact tasks as required to ensure the Services are delivered successfully to the Client;
  - 9.4.3.12 Monitoring the Client and notifying ACC of any issues or concerns, and recommending other Services or advocacy the Client may require; and
  - 9.4.3.13 Administration related to upkeep of Supplier Performance Monitoring reports to enable ACC to measure Supplier performance against the requirements in this Service Schedule.

## 9.5 Security and Safety screening

- 9.5.1 The Supplier must establish and maintain systems, processes and security screening practices, including Police vetting, and collaborate with ACC to uphold the safety of ACC Clients.
- 9.5.2 The Supplier must immediately notify ACC of any actual, possible or anticipated issues that could impact the safety of Clients.
- 9.5.3 If ACC receives any information from any source related to the safety of Clients, ACC may take steps to investigate. If ACC considers on reasonable grounds that the safety of a Client or Clients may be impacted, ACC can, at its sole discretion, suspend or terminate all or any part of the Services, or this Agreement.
- 9.5.4 All Service Providers who work with children must complete a Children's Workforce Safety Check to ensure they are safety checked to the standard required under the Children's Act 2014 and the Children's (Requirements for Safety Checks of Children's Workers) Regulations 2015.

## 9.6 Service Timeframes

- 9.6.1 The Supplier must provide the Services in accordance with the following timeframes:

**Table 4 – Service Timeframes**

<b>Requirement</b>	<b>Applicable Timeframe</b>
If the referral is declined, notify ACC	Within three (3) business days of receiving the Referral
Contact the Client	Within three (3) business days of accepting the Referral
Meet with the Client	Within three (3) business days of contacting the Client
Complete and submit a Rehabilitation Plan to ACC	Within ten (10) business days of meeting with the Client
Notify ACC when a Client does not attend appointment	Within one (1) business day of any non-attendance
Deliver Services	Within a maximum period of up to six (6) months from the date of acceptance of referral.
Submit Variance Report	When variation occurs
Submit Completion Report	Within five (5) business days of completing the Service

- 9.6.2 If the Supplier is unable to meet the timeframes outlined above, the Supplier will contact ACC to negotiate an alternative timeframe.

## **10. EXCLUSIONS**

10.1 The following Services are excluded from Training for Independence Te Ata Pō Programmes:

- 10.1.1 Vocational Rehabilitation Services;
- 10.1.2 Social Rehabilitation Assessments;
- 10.1.3 Pain Management Service;
- 10.1.4 Psychology Services;
- 10.1.5 Counselling Services;
- 10.1.6 Provision of Integrated Home and Community Support Services;
- 10.1.7 Living my Life Service;
- 10.1.8 Integrated Services for Sensitive Claims;
- 10.1.9 ACC funded rehabilitation in a residential rehabilitation facility;
- 10.1.10 Non-Acute Rehabilitation Service;
- 10.1.11 Non -Acute Rehabilitation Pathways;
- 10.1.12 Recreation activities;
- 10.1.13 Treatment Services;
- 10.1.14 Advocacy on behalf of Clients for or with any agency;
- 10.1.15 Membership fees for any club or organisation including Gym Memberships;
- 10.1.16 Any Services for a Client who does not meet the relevant eligibility criteria;
- 10.1.17 Assessment of treatment needs; and
- 10.1.18 Other services that can adequately meet a Client's needs (eg: Allied Health Services and/or Cost of Treatment Regulations).

## **11. LINKAGES**

11.1 The Supplier will provide all necessary, appropriate and reasonable cooperation and assistance to ACC and related Service Providers.

11.2 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:

- 11.2.1 Drug and Alcohol services;
- 11.2.2 Mental health services;

- 11.2.3 Education sector;
- 11.2.4 Māori health providers;
- 11.2.5 Community Organisations;
- 11.2.6 Other appropriate ethnic and cultural groups;
- 11.2.7 Government departments and agencies such as Police, Work and Income, Ministry of Social Development, Kāinga Ora, Ministry of Health, Ministry of Justice; and
- 11.2.8 Disability consumer groups such as Brain Injury New Zealand.

## 12. PERFORMANCE REQUIREMENTS

- 12.1 ACC will measure and monitor the Supplier's performance against the objectives outlined in Table 5 below. The Performance Measures will be monitored, in accordance with the Operational Guidelines.

**Table 5 – Performance Measurement (TI - Te Ata Pō)**

Objective	Data Source	Target	Performance measure
Services are provided in a timely manner.	Supplier reported data	≥90%	Percentage of programme plans (rehabilitation plan) submitted within 19 business days from the date of the referral (excluding Advisory Short-Term)
Clients have the opportunity to provide feedback on their perception of change following service	Supplier reported data	≥80%	Percentage of Clients who complete the Global Rating of Change survey
Duration of service (excluding Advisory Services Short-Term and Long-Term)	ACC data	≥70%	The service is completed within 6 months. Measured on number of days from service commencement to service completion.

## 13. QUALITY MEASUREMENT

- 13.1 ACC evaluate the Services you provide according to a number of contract reporting and monitoring criteria. This enables us to compare the progress and quality of your service delivery with expected performance.
- 13.2 Healthcare quality can be measured as the extent to which services are:
- 13.2.1 delivered safely;
  - 13.2.2 highly effective;
  - 13.2.3 based on individual Client need;

- 13.2.4 delivered in a timely manner;
  - 13.2.5 delivered efficiently; and
  - 13.2.6 assessable to all Clients who require the service.
- 13.3 The quality measures will help ACC identify opportunities to improve services by reviewing the following:
- 13.3.1 Clients meeting their goals set out in their rehabilitation plan;
  - 13.3.2 Clients' perceived change in their condition since receiving the service;
  - 13.3.3 Responsiveness to the cultural needs of Clients;
  - 13.3.4 Clients receiving the Services within the timeframes as set;
  - 13.3.5 Service improvement which aims to improve areas of delivery e.g., outcomes, accessibility, technology innovation etc.;
  - 13.3.6 Costs of services provided by other Suppliers for delivering comparable services to comparable Client groups; and
  - 13.3.7 Clients' need for further rehabilitation and other ACC funded Services (such as Home and Community Support Services).
- 13.4 The following quality objectives as set out in Table 6, will be observed for the purposes of monitoring the overall client outcomes and continuous service improvement. (Further details are provided in the Operational Guidelines.)

**Table 6 – Quality Measures Data**

Quality Objectives	Quality Measure	Data Measure										
Client Outcomes	Percentage of clients who enter all TI services who achieve the outcomes/goals specified in their Plan within specified timeframes as defined as:	Benchmark against the national measure										
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Status</td> <td style="width: 50%; text-align: center;">Definition</td> </tr> <tr> <td style="text-align: center;">Fully achieved</td> <td style="text-align: center;">All goals achieved</td> </tr> <tr> <td style="text-align: center;">Partially achieved</td> <td style="text-align: center;">≥50% of goals achieved</td> </tr> <tr> <td style="text-align: center;">Minimally achieved</td> <td style="text-align: center;">&lt;50% of goals achieved</td> </tr> <tr> <td style="text-align: center;">No Achievement</td> <td style="text-align: center;">No goals achieved</td> </tr> </table>		Status	Definition	Fully achieved	All goals achieved	Partially achieved	≥50% of goals achieved	Minimally achieved	<50% of goals achieved	No Achievement	No goals achieved
	Status		Definition									
	Fully achieved		All goals achieved									
	Partially achieved		≥50% of goals achieved									
	Minimally achieved		<50% of goals achieved									
No Achievement	No goals achieved											
Global rating of Change GROC												
Clients have a reduced need for Home and Community Support Services and/or weekly compensation entitlements following the service												
Timeliness	Median time from referral date to Rehabilitation Plan submission to ACC (excluding Advisory Short-Term)	Benchmark against the national measure										

Quality Objectives	Quality Measure	Data Measure
	Service duration of Rehabilitation Programmes (excluding Advisory Services Short-Term and Long-Term)	Max ≤ 6 months Actual length of service benchmarked against the national measure
Subsequent service	Number of services that have a subsequent TI service requested.	Benchmark against the national measure
Cost effectiveness and value	Median cost of service per claim	Benchmark against the national measure

## 14. PERFORMANCE REPORTING REQUIREMENTS

- 14.1 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.
- 14.2 The Supplier will provide the following information using a template provided by ACC in accordance with Table 7 – Reporting Requirements:

**Table 7 – Supplier Reporting Requirements**

Information	Frequency	Responsible	Via
<p>Supplier Six-monthly TI Report</p> <p>Six-monthly report on TI outcomes as listed in Table 5 and detailed in the operational guidelines.</p> <p>This will include:</p> <p>Percentage of clients who enter all TI services who achieve the outcomes specified in their Plan within specified timeframes</p> <p>Global Rating of Change results</p> <p>Median time from referral (purchase order) date to Rehabilitation Plan submission to ACC (excluding Advisory Short-Term)</p> <p>The above measures will be completed for the general population and specifically for Māori.</p> <p>Updated list of staff detailing experience/qualifications/profession.</p> <p>Continuing Service improvement undertaken in the past 6 months.</p>	Six-monthly.	Supplier	Supplier to ACC on the supplied reporting template

- 14.3 The Supplier will submit the Reports 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).

## 15. SERVICE EXIT

- 15.1 The service is complete for a Client when:
- 15.1.1 The Client's agreed goals are met, and ACC is satisfied with the Rehabilitation Completion Report; or
  - 15.1.2 All agreed Services have been delivered; or
  - 15.1.3 The Supplier has withdrawn Services with ACC's approval; or
  - 15.1.4 The Client has withdrawn from the Service; or
  - 15.1.5 ACC has withdrawn the Client from the Service.
- 15.2 The Supplier will provide copies of all information pertaining to the Client's Services to ACC on request.

## 16. PAYMENT AND INVOICING

- 16.1 ACC will pay for Services provided in accordance with this Service Schedule at the rates set out in Part A, clause 3.
- 16.2 Travel by Road
- 16.2.1 ACC agrees to contribute towards a Service provider's expenses for travel by road in the amounts for each of Travel Time and Travel Distance specified in Part A: Table 1 of this Service Schedule, in accordance with *ACC's Travel Policy for Providers* (available on ACC's website).
  - 16.2.2 The Supplier must ensure all Service providers comply with *ACC's Travel Policy for Providers*.

## 17. DEFINITIONS AND INTERPRETATION

- 17.1 In this Service Schedule, unless the context otherwise requires:

**“Additional Cultural Support”** means support provided by a third party in order to meet the specific cultural needs of a Client, where those needs are over and above what is normally expected of a Supplier or Service Provider in order to meet their responsibilities of working in a culturally competent and safe manner with all Clients.

**“Functional”** means the capacity to function or being able to perform all body functions, activities and participation.

**“Geographical Area”** means Statistics New Zealand defined Territorial Authority.

**“Independence”** in relation to social rehabilitation, includes the capacity to function in the following areas:

- Communication
- Domestic activities
- Educational participation
- Financial management
- Healthcare
- Hygiene care
- Mobility
- Motivation
- Safety management
- Sexuality
- Cognitive tasks of daily living, such as orientation, planning and task completion
- Use of transport

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

**“Interdisciplinary Team Meeting”** means a meeting of the rehabilitation team to coordinate care and to document the communication between all members of the team related to the Client’s plan of rehabilitation

**“Key Worker”** means a Rehabilitation Professional who meets the required criteria who will work with the Client, family, other service Providers, ACC and team for the duration of the Training for Independence Services programme in accordance with this Service Schedule.

**“MRES”** means Managed Rehabilitation Equipment Service. This is a separate ACC contract for the provision and management of rehabilitation equipment.

**“Operational Guidelines”** is the document produced by ACC which sets out the processes and procedures that should be followed in support of this Service.

**“Rehabilitation”** As defined in the Accident Compensation Act 2001.

**“Rehabilitation Coach”** means a person who meets the criteria set out in this Service Schedule.

**“Rehabilitation Professional”** means a registered psychologist, registered nurse, occupational therapist, physiotherapist, speech language therapist, psychologist/counsellor, Dietitian or social worker who is registered with ACC under an appropriate vocational classification.

**“Supervision”** is when a rehabilitation professional or practitioner meets regularly with another professional, not necessarily more senior, but normally with training in the skills of supervision, to discuss casework and other professional issues in a structured way. The purpose is to assist the practitioner to learn from his or her experience and progress in expertise, as well as to ensure good service to the Client or patient.

**“Support Worker”** means a Service Provider under Home Based Rehabilitation Services who is completing service items relating to attendant care or support for Client training Rehabilitation for Training for Independence Services.

**“Vocational Rehabilitation”** means providing Rehabilitation Services to help a Client to, as appropriate, maintain or obtain employment or regain or acquire vocational independence, and includes the provision of activities for the purpose of maintaining or obtaining employment that is suitable for the Client and appropriate for their levels of training and experience.

**“Variance Report”** means a report submitted to ACC by the Supplier when variation occurs detailing; the specific outcome and steps/strategies where progress is not being made, reasons for the lack of progress or variance, actions being taken or to be taken to resolve the variance, and implications of the variance.

**“Supplier”** has overall responsibility and accountability for services delivered to Clients; and, updating of records and reporting as set out under this Contract. Service Providers are accountable to the Supplier; and Suppliers are responsible for all Service Providers that sub-contract to them. Where requirements are noted for Service Providers, Suppliers are ultimately responsible.