



He Kaupare. He Manaaki.
He Whakaora.
prevention. care. recovery.

Training for Independence

Operational Guidelines

July 2023

These operational guidelines should be read in conjunction with the:

Standard Terms and Conditions document; and

Training for Independence Service Schedules('your contract').

The services you provide must comply with your contract. Where there are any inconsistencies between the operational guidelines and the Service Schedule, the Service Schedule will take precedence.

This is a living document and will be updated as needed - the latest version will be available on the ACC website at www.acc.co.nz.

ACC will consult with Suppliers if substantial changes to this document are proposed.

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1. Training for Independence Services



The Training for Independence (TI) services support ACC's community rehabilitation services. There are four contracts which provide flexible and individual services to meet the needs of a diverse range of kiritaki/clients.

The four Training for Independence contracts are:

- Te Ata Tū
- Te Ata Pō
- Tamariki and Rangatahi
- Sensitive Claims

Each of these contracts has the ability to provide interdisciplinary Training for Independence programmes (up to 6 months in length), less intensive Advisory Services – Short Term (6 hours over 8 weeks) and Long Term services (14 hours over 12 months).

Moving away from programmes labelled on injury type to concentrate more on the client and their rehabilitation journey.
The service names are taonga. We ask that you avoid turning them into acronyms or abbreviating them.



Te Ata Pō
Before Dawn

This service is for clients with significant injury-related needs. There is hope of a new day or a new future, but the pathway is not predictable and maybe won't be clear right now, but it will be....



Te Ata Tū
Dawn

This service is for clients with moderate injury-related needs. Generally the pathway to recovery is known. This doesn't mean it is easy, there may be bumps, curves, stairs to climb and other obstacles.



Tamariki and Rangatahi

This service is for children and young people with significant or moderate injury-related needs. These clients are aged under 16 or between the ages of 18 and 21 and still in school.



Sensitive Claims

This service is for clients who have lodged a sensitive claim with ACC. A sensitive claim is in relation to possible or confirmed mental injury caused by certain criminal acts related to sexual offences.

2. Purpose

The purpose of the TI services is to:

- restore and/or maintain, the Kiritaki/Client's independence and ability to participate in their everyday activities and within their wider community to the maximum extent practicable; and
- reduce the Kiritaki/Client's need for further rehabilitation.

3. Service objectives

The four TI services are a key part of ACC's Social Rehabilitation commitment. The TI services aim for:

- Kiritaki/Clients to gain functional ability, education, skills and knowledge that increase the Clients' independence, resilience and participation in their everyday lives and activities
- Kiritaki/Clients to have a reduced need for further rehabilitation and other ACC funded services
- Kiritaki/Clients to have a reduced incidence of further injuries
- Kiritaki/Clients to receive timely rehabilitation services
- Connect Kiritaki/Clients to relevant groups and organisations in the community where relevant and if needed.

4. Eligibility

The following outline the eligibility criteria for kiritaki/clients to access TI services:

1) For all TI services:

A Client must:

- Have an accepted claim for a covered injury
- Have an assessed injury-related need for a TI service identified through:
 - an assessment and/or reassessment report,
 - social rehabilitation assessment, or
 - a recommendation from another relevant assessment/service, for example neuropsychological assessment, concussion service, psychiatric services, or a discharge report from acute or specialist rehabilitation service
- Have been assessed as requiring an interdisciplinary (IDT) rehabilitation programme tailored to their assessed, injury-related needs; and
- Are likely to have meaningful and measurable gains in independence due to the provision of the IDT programme
- Have been assessed as being at a point in their recovery whereby they will receive the maximum benefit from the IDT programme within optimal timeframes.

2) Te Ata Pō service specific entry criteria

Kiritaki/client is over 16 years of age and not at school at the time of receiving service, and

Has an accepted claim for an injury/ies listed as follows:

- Spinal Cord Injury (SCI) at any spinous / vertebral level, including The American Spinal Injury Association (ASIA) Impairment Scale (AIS) Score of A-D. This includes cauda equina syndrome and central cord syndromes, when there is evidence of ongoing neurological impairment that is impacting on function and participation beyond acute medical management.
- Moderate to severe traumatic brain injury (TBI) as determined by post-traumatic Glasgow Coma Scale (GCS) Score and duration of post-traumatic amnesia (PTA). Moderate TBI is defined here as GCS 9-12 and PTA 1-6 days. Severe TBI is defined here as GCS 3-8 and PTA 7 days or more. If there is discordance between severity level of the relative scores, then it is appropriate to use the more severe category. Alternatively, if a specialist / medical specialist has made a clinical diagnosis of moderate to severe TBI in the context of other factors, it is reasonable to consider inclusion under the TI Te Ata Pō service.
- Burns >15% of total burn surface area (TBSA), full thickness, causing functional impairment (particularly involving the face, hands, feet, genitalia, perineum, or major joints). These kiritaki/clients are likely to require treatment at a National Burns Centre
- Multiple Limb Amputees.

- A single limb amputee can be considered for TI – Te Ata Pō where this type of Supplier expertise is considered necessary to meet the injury-related rehabilitation needs of a client (for example in the context of polytrauma). Note: Limb is a leg or an arm. Hands and feet are not defined as limbs, they are an appendage to a limb.
- Low Vision and/or bilateral blindness caused by a covered injury, that cannot be corrected or improved by glasses, medicine or surgery and makes everyday tasks difficult.
- Where a kiritaki/client does not meet the injury inclusion criteria listed for TI Te Ata Pō, discretion can be applied by ACC if the relevant covered injury/ies, is/are expected to cause significant long-term and perhaps lifelong needs, and these needs are likely to exceed the capability and/or expertise of TI - Te Ata Tū service Suppliers.

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

3) Te Ata Tū service specific entry criteria:

The kiritaki/client has:

- an accepted claim for an injury resulting in a functional impairment and does not meet the injury inclusion criteria for TI Te Ata Pō (above)
- is over 16 years of age and not at school at the time of receiving services
- is not expected to have significant lifelong needs due to their covered injury.

4) Tamariki & Rangatahi service specific entry criteria:

The kiritaki/client is:

- under 18 years of age, or
- aged between 18 and 21yrs and still at school at the time of receiving services.

The overlap in the age criteria between the services recognises that rangatahi/teenagers mature at different ages. The overlap allows ACC and Suppliers to choose the service that best meets the needs of the kiritaki/client and their whānau; i.e. Te Ata Tū, Te Ata Pō or Tamariki and Rangatahi.

5) Sensitive Claims service specific entry criteria:

The kiritaki/client:

- has an accepted sensitive claim that requires input from more than a psychologist or counsellor, and the sensitive claim is the primary reason for the referral
- has the need for rehabilitation identified by psychiatric services or psychological services (independent from the counsellor or clinical psychologist providing treatment to Client)
- has evidence that counselling and psychology services are not meeting all their needs.

6) Additional service entry criteria:

If a further programme is requested, kiritaki/clients must meet above criteria and show progress towards independence as well as new SMART goals identified which

- will reduce the need for further rehabilitation, and
- improve independence

Requests for further services should be completed on the template supplied by ACC (ACC7419 Training for Independence Request form).

5. Service Delivery

Referral

The referral involves:

- ACC in consultation with the kiritaki/client selects a Supplier
 - ACC sends the referral to the Supplier on the ACC2134 template
 - the Supplier receives and reviews the referral
- If the referral is declined, the supplier must notify ACC within three business days of receipt
- Traumatic Brain Injury Residential Rehabilitation and Spinal Cord Injury Rehabilitation Suppliers may refer Clients directly into TI Te Ata Pō without prior ACC approval, using the ACC7435 template available on the ACC website.

Initial purchase order

The initial purchase order includes the following pool allocation of approved services:

Service	Service Items	Allocation
TI Te Ata Tū	Rehabilitation Professional Planning Psychologist Planning Report Writing (Rehab Professional) Report Writing (Psychologist) Completion Report Writing	10hrs 4 hrs 10 hrs 10 hrs 1 fee
TI Te Ata Pō	Rehabilitation Professional Planning Psychologist Planning: Report Writing (Rehab Professional) Report Writing (Psychologist) Completion Report Writing	18hrs 7hrs 10hrs 10hrs 1 fee
TI Tamariki and Rangatahi	Rehabilitation Professional Planning Psychologist Planning: Report Writing (Rehab Professional) Report Writing (Psychologist) Completion Report Writing	18hrs 7hrs 10hrs 10hrs 1 fee

Advisory Short Term	Delivering Rehabilitation Completion Report	6hrs 1 fee
Advisory Long Term	Programme Plan Delivering Rehabilitation Completion Report	1 fee 14 hrs 1 fee

Initial planning and reporting

The initial planning phase involves:

- Contacting the kiritaki/client, whānau or support people where applicable, within three business days of accepting the referral
- Meeting with the kiritaki/client/whānau where possible within three days of contacting the client
- the keyworker forming the interdisciplinary team
- holding planning sessions assess the kiritaki/client's rehabilitation needs
- drafting a rehabilitation plan (except for short term Advisory services)
- costing the plan by estimating the amount of hours required to deliver the programme
- submitting the rehabilitation plan to ACC within ten business days of meeting with the client seeking approval from ACC to deliver the programme, using the reporting and costing template specified by ACC
- Where the referral originated from a Traumatic Brain Injury Residential Rehabilitation, or a Spinal Cord Injury Rehabilitation Supplier, no ACC approval is required, however reporting should be submitted to ACC
- Planning continues throughout the rehabilitation programme by way of Interdisciplinary Team (IDT) meetings to discuss the kiritaki/client's progress
- The Supplier will only invoice for hours and services actually used within the allocated pool
- Should additional hours be required, the Supplier will seek approval from ACC

Rehabilitation Plan and delivering rehabilitation

The rehabilitation plan should be delivered in environments appropriate and relevant to the kiritaki/clients, their whānau and their circumstances. TI is a community-based service with the objective of returning kiritaki/clients to their usual activities.

Rehabilitation should in most cases be delivered within six months from the date of accepting the referral, except for Advisory Services Short term (within eight weeks) and Advisory Services Long Term (within 12 months).

The allocated pool of Planning/IDT hours can be used to run IDT meetings to help progress the kiritaki/client's rehabilitation.

The primary method of delivery is in-person, however where clinically appropriate Telehealth can be used.

Suppliers should follow the expectations as set out in ACC's Telehealth guide (ACC8331). This is available on our website.

Reporting

The rehabilitation plan must be submitted by filling in the relevant sections on the ACC2126 template specified by ACC. It should contain all aspects of the planned rehabilitation, including kiritaki/client goals (which for the avoidance of doubt must be SMART goals) and outcome measures. A rehabilitation plan is not required for Short Term Advisory services.

Progress reporting is not required, however a Variance Report should be completed whenever there is a significant change or an event that will change the normal course of the rehabilitation. This may be due to a variety of reasons such as the kiritaki/client has surgery or sustains a further injury. The Variance report should be completed on the ACC2126 template.

The completion report advises ACC of the kiritaki/client's rehabilitation outcome. Information should include the kiritaki/client's progress towards, or achievement of SMART goals and outcome measures. Where applicable, also include information about transition to other services and involvement of other agencies or community organisations. The completion report should be submitted on the ACC2126 template.

When writing the completion report, ACC acknowledges that additional time may be required. This can be invoiced using the TITxx05 service item codes.

Non-attendance: If a kiritaki/client has not attended their scheduled appointment without notifying the Supplier 24 hours prior, ACC must be notified within one business day. A Did Not Attend (DNA) report must be submitted to ACC including the reason for non-attendance, and any steps the Supplier may have taken to facilitate continued attendance and participation in the rehabilitation programme. The template for this report is available on the ACC website.

6. Culturally safe and responsive services

He kawa whakaruruhau

ACC want our kiritaki/clients and whānau to receive culturally safe services which recognise and respect their cultural and spiritual values and beliefs. Kiritaki/clients need to be welcomed into culturally safe environments

ACC is working to improve the experiences and health outcomes of Māori, as Te Tiriti o Waitangi partners, across all our services, not only Training for Independence.

To do this, we are working on weaving together te ao Māori and non-Māori worldviews, knowledge, and practices to create a new standard of cultural safety that will improve the

experiences of our kiritaki/clients and whānau.

Our Cultural safety and competency policy (He kawa whakaruruhau) is now available on the ACC website. To support you, we've also updated our cultural competency guidance. "Te whānau Māori me o mahi: Guidance on Māori cultural competencies for providers." This guidance is also available on our website.

Additional Cultural Support

The Supplier can request funding for Cultural Support and Advice 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. The removal of cultural barriers will be different for different people and may include

- Facilitating access to culturally relevant social services and supports
- Facilitating connectivity to cultural community networks
- Addressing the culturally specific spiritual or holistic aspects of healing.

Only Cultural Support and Advice provided by an appropriate third party can be funded. The Supplier cannot be funded to deliver Cultural Support and Advice themselves.

Examples of who might be an appropriate third party are:

- Kaumatua, or community elder
- Faith leader
- Community leader (for example Rainbow or Disability communities)

Cultural Support and Advice requires prior approval. The Supplier must consult with ACC when determining the need for Cultural Support and Advice. The Supplier will need to provide the following information to ACC:

- Relevant background information on the proposed provider of Cultural Support and Advice, including why they are suitable to provide Cultural Support and Advice.
- Rationale for requiring Cultural Support and Advice, including details of the cultural barriers to be overcome and alignment to any treatment goals.

7. Integrated Home and Community Support Service Relationship Protocol

Some kiritaki/clients may have one or more other service providers working with them. For example, a kiritaki/client may have Integrated Home and Community Support (IHCS) service

providing attendant cares. In these cases, the IHCS service Supplier will deliver services in a manner which supports the TI Service rehabilitation goals. The TI Key Worker will work collaboratively with the IHCS Supplier to ensure that appointments are coordinated, goals are consistent and there is good communication between Suppliers.

8. Supplier Performance Requirements

The key objective of the TI services is for the kiritaki/client and whānau to have an increased level of independence and participation in their everyday activities and within their wider community. They will also have a reduced need for further rehabilitation.

The Suppliers will be measured on their timeliness of service, client experience and service delivery timeframes as outlined in the table below.

Objective	Data Source	Target	Performance measure
Services are provided in a timely manner.	Supplier reported data	≥90%	Percentage of programme plans 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
TI – Te Ata Tū: Duration of service (excluding Advisory Services Short-Term and Long-Term)	ACC data	≥90% The service is completed within 6 months. ≥50% The service is completed with 3 months	Measured on number of days from service commencement to service completion.
TI – Te Ata Pō TI – Tamariki & Rangatahi: 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.

9. Service Quality Measurements

The table below outlines how ACC will measure the quality of the TI services over time. The information and data will be collected to form a baseline of initial benchmarks, averages and client experience and used to drive continuous improvement of the service.

Quality Area	Quality 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:										
	<table border="1"> <thead> <tr> <th>Status</th> <th>Definition</th> </tr> </thead> <tbody> <tr> <td>Fully achieved</td> <td>All goals achieved</td> </tr> <tr> <td>Partially achieved</td> <td>≥50% of goals achieved</td> </tr> <tr> <td>Minimally achieved</td> <td><50% of goals achieved</td> </tr> <tr> <td>No Achievement</td> <td>No goals achieved</td> </tr> </tbody> </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)										
	Service duration of Rehabilitation Programmes (excluding Advisory Services Short-Term and Long-Term)										
Subsequent service	Number of services that have a subsequent TI service requested.										
Cost effectiveness and value	Median cost of service per claim										
	Average planning and delivery hours billed in each service (excluding Advisory Services)										

10. Supplier Reporting Requirements

The information listed in the table below must be supplied every six months on the template provided by ACC.

Supplier Six-monthly TI Report	Frequency	Source	Channel
<p>Six-monthly report on TI outcomes:</p> <ul style="list-style-type: none"> Percentage of clients who enter all TI services who achieve the outcomes specified in their Plan within specified timeframes Global Rating of Change results Median time from referral (purchase order) date to Rehabilitation Plan submission to ACC (excluding Advisory Short-Term) Updated list of staff detailing experience/qualifications/profession. Continuing Service improvement undertaken in the past 6 months. <p>The above measures will be completed for the general population and specifically for Māori.</p>	Six-monthly	Supplier	Supplier to ACC on the supplied reporting template

Information and data from the first 12 months will be used to determine national averages and benchmarks which will then inform Supplier and Service targets for future iterations of the service contracts. Insights and feedback on individual Supplier performance against national benchmarks will be shared via your usual Engagement and Performance cycle.

The reporting template is in a spreadsheet format and contains separate tabs to capture data relating to timeliness, Global Rating of Change (GROC) results and kiritaki/client goal achievement. There is also a section to capture qualitative information such as a summary of continuous improvement and quality improvement activities.

Supplier reporting is due to ACC as follows:

Reporting period	Timeframe
1 July – 31 December	Within 15 business days of the reporting period ending
1 January – 30 June	Within 10 business days of the reporting period ending

One template per service contract should be completed, ie one for TI Te Ata Pō, one for TI Te Ata

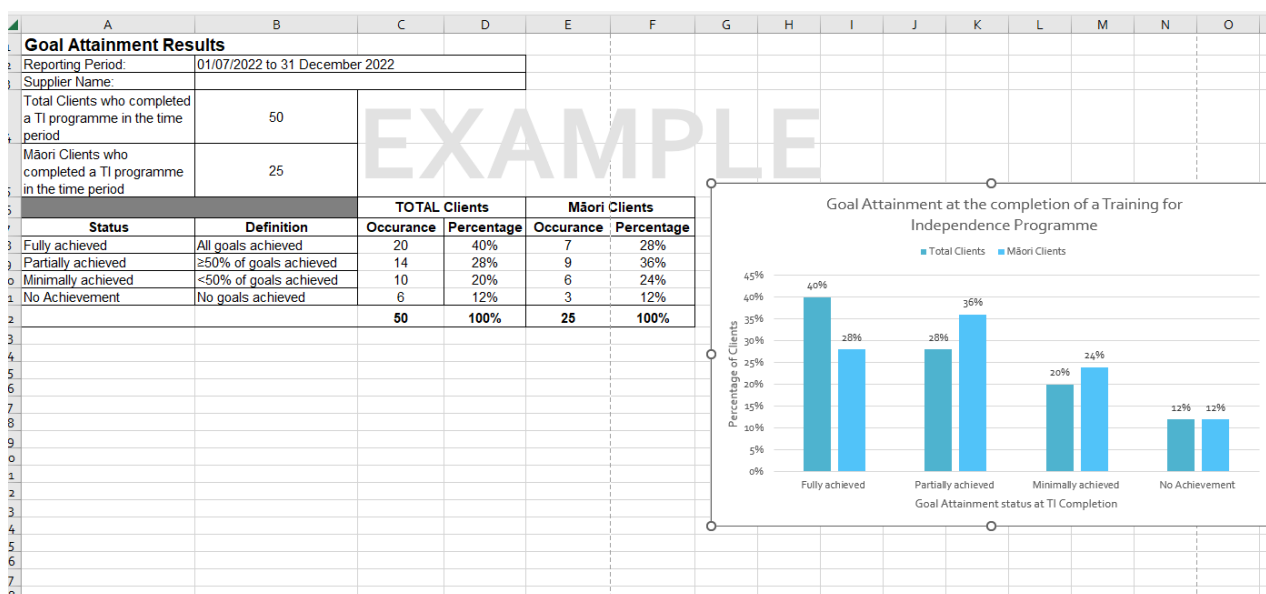
Reporting of Global Rating of Change (GROC) – Example:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Global Rating of Change Results														
2	Reporting Period:	01/07/2022 to 31 December 2022													
3	Supplier Name:														
4	Total clients who completed a TI programme in the time period	210													
5	Total clients who completed a GROC	182													
6	% of clients who completed GROC	87%													
7	GROC RESULT	Occurance	Percentage												
8	-5	4	2%												
9	-4	6	3%												
10	-3	5	3%												
11	-2	5	3%												
12	-1	7	4%												
13	0	10	5%												
14	1	12	7%												
15	2	24	13%												
16	3	31	17%												
17	4	28	15%												
18	5	22	12%												
19		154	85%												
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25															
26															
27															
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29															

Global Rating of Change at the completion of Training for Independence Program

GROC Score	Occurance
-7	1
-6	2
-5	4
-4	6
-3	5
-2	5
-1	7
0	10
1	12
2	24
3	31
4	28
5	22
6	15
7	10

Reporting of Goal Attainment – Example:



11. Exclusions

The table below outlines services not intended for or included within the Training for Independence service:

Single discipline Psychological services	If the kiritaki/client requires only psychological services related to their injury the Recovery Team member should arrange a referral under the Psychological Services contract, or any other appropriate service which provides psychological services.
Single discipline Physiotherapy services	If the kiritaki/client requires only physiotherapy, consider Physiotherapy Services or Cost of Treatment Regulations or other services including Allied Health (excluded from Te Ata Tū and Te Ata Pō only)
Single discipline Counselling services	If the kiritaki/client requires counselling only services, the Recovery Team member will arrange a referral to appropriate counselling services e.g. under the ISSC contract or other counselling services. TI Suppliers can provide counselling within an IDT where the Client is seen by the Counsellor and at least one other member of the IDT team.
Assessment of treatment needs	ACC Recovery Team members can arrange this service separately if required where the Client meets the service's eligibility criteria.

	Providers will assess and reassess the Client within the rehabilitation programme to measure the Client's progress and the programme's success.
Advocacy	Supplier will not advocate on behalf of the Client for more services, complaints, etc. Clients should be referred to advocacy services.
Social rehabilitation assessments	<p>If a kiritaki/client has already had a social rehabilitation assessment there should be little need to repeat the assessment. The Supplier is not expected to repeat the social rehabilitation assessment as part of the Client's rehabilitation programme.</p> <p>If the need for a social rehabilitation assessment is identified, this will be purchased separately and is not included within the provision of TI services.</p>
Pain management	These are delivered under the Pain Management contract or other relevant services.
Home and Community Support	Where kiritaki/clients receive home care support, the TI providers will work alongside the HCSS providers to ensure coordination and consistency of rehabilitation goals. TI providers are not expected to provide any care services.
Supported living	TI providers are not to provide supported living services as part of TI Services.
Supported employment	TI providers are not to provide supported employment services as part of TI Services.
Recreational activities	Recreational activities can be used as a tool for rehabilitation under TI programmes to meet an injury-related need, but recreation is a personal responsibility.
Vocational rehabilitation	TI programmes may precede, interface with, and complement vocational rehabilitation services e.g. worksite assessments, return to work plans which are aimed at returning kiritaki/clients to work, or work readiness.
Membership fees (Gym etc)	<p>Payment for recreation or participation in social activities including payment for membership fees for any club or organisation including gym memberships.</p> <p>ACC may arrange for funding separately on a case-by-case basis.</p>
Maintenance (Except for Advisory Service -Long Term)	Maintenance of strategies learned.

Sensory impairment (hearing or visual)	Available from the Visual Rehabilitation Service provided by the Blind Low Vision NZ.
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12. Supplier Travel

ACC's Supplier Road Travel Guidelines outline the expectations for travel within Training for Independence. These are available on the ACC website.

Travel distance must be invoiced via the most direct, practicable route from the Supplier's facility or base, or the Provider's home (whichever is closest). The Supplier can't invoice for travel distance or time when traveling from one base to another or from their home to the Supplier's base.

ACC uses Territorial Local Authorities (TLAs) to define an area of coverage. Each Supplier has been awarded their Training for Independence contract(s) for specific TLAs. Suppliers are expected to have Interdisciplinary teams available for in-person service delivery in each of the TLAs they hold the contract. Where a Provider is travelling to deliver services in a TLA in which they are not based, travel distance and time can only be invoiced from the boundary of the TLA or the Suppliers facility/base in the TLA the service is being provided (whichever is closest).

ACC expects that Suppliers and their staff work to minimise travel costs. Travel from a base of operation should be for services to several Clients. Where the Provider sees multiple Clients in one day and is leaving from a Client's place of employment, travel distance and time starts from the previous destination. Where the Provider sees multiple Clients at the one site or within a similar location/town, travel costs should be divided proportionately between each Client.

In some circumstances a Supplier will need to travel by air or other means (non road) to deliver services. In these cases travel can be provided by agreement with ACC.

Appendix 1 – Global Rating of Change (GROC) Template



He Kaupare. He Manaaki.
He Whakaora.
prevention. care. recovery.

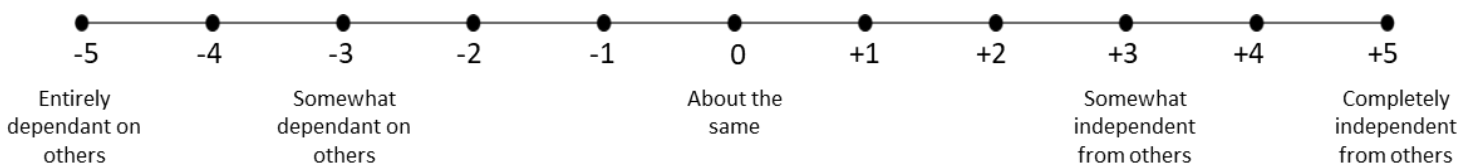
Global Rating of Change (GROC)

Training for Independence Services

You have recently participated in an ACC-funded Training for Independence programme to improve your ability to participate in everyday activities and within your wider community following your injury.

Please read the following question and choose ONE answer on the scale by placing a circle on your answer

With respect to your ACC covered injury, how would you describe yourself now compared to when you started your Training for Independence rehabilitation programme?



Client Name: _____ Date of Birth: _____

Appendix 2 – ACC2134 Training for Independence Referral Template

This form is completed by ACC staff to refer a client for a Training for Independence service.

1. Referral details	
Supplier's name: [Vendor name auto]	Supplier number: [Vendor number auto]
Date of referral: [Today's date auto]	Purchase order number: [PO number]
Select one of the options below: <input type="checkbox"/> Training for Independence programme (TI) <input type="checkbox"/> Advisory Services Short term <input type="checkbox"/> Advisory Services Long term	and select the type of service: <input type="checkbox"/> Te Ata Pō <input type="checkbox"/> Te Ata Tū <input type="checkbox"/> Tamaraki and Rangatahi <input type="checkbox"/> Sensitive claim
ACC provider risk information	
<p><i>Provide any known or possible risks or issues that the provider should be aware of; such as relevant care or vulnerability indicator information, challenging behaviours, the presence of other people who may pose a risk, dogs on property, access issues, unsafe or unhealthy home environment etc.</i></p> <p><i>Note: The supplier will also complete their own Risk Identification Check in addition to this information.</i></p>	
<input type="checkbox"/> There are no risks or issues known to ACC regarding the client and/or their home environment. <input type="checkbox"/> The following possible risks or issues have been identified or made known to ACC:	
2. Client details	
Client name: [Client full name auto]	Claim number: [Claim number auto]
Date of birth: [Date of birth auto]	NHI number: [Client NHI num auto]
Email address: [Client Email Auto]	Ethnicity: [Client ethnicity auto]
Mobile phone: [Client mobile phone auto]	Work phone: [Client work phone auto]
Home phone: [Client home phone auto]	
Home address: [Home Address Line 1 Auto], [Home Address Line 2 Auto], [Suburb Auto], [Town Or City Auto], [Post Code Auto]	
Postal address (if different from home address):	
Is an interpreter required? [InterpreterRequired auto]	If yes, for what language? [Translator language auto]

Does the client use specific complex communication aids (eg augmentative or alternative communication systems)? [AugmentativeAidsRequired auto]

If yes, please describe: [Augmentative Aids auto]

3. Client injury details

Please describe what happened to cause the injury: [Injury – Accident auto]

Date of injury: [Date of injury auto]

Read code	Description	Side	Site
[Read code auto]	[Description auto]	[Injury side auto]	[Injury site auto]

Brief summary of relevant treatment and rehabilitation so far:

4. Referral purpose

Main pre-injury daily activities:

- Employee/self-employed
 Child
 Student
 Other:
 Unpaid caregiver/parent
 Unemployed
 Retired

Reason for the client's referral to the service:

- As per the attached ACC7419 Training for Independence Request form.
 Other – please describe:

Rehabilitation goals

Consider function in the home and at work; community participation; social interactions and relationships; vocational and educational needs; recreation and leisure.

- 1.
- 2.
- 3.

Other factors relevant to the rehabilitation (medical, social, or other factors):

5. Relevant contacts

Role	Name	Phone number	Email address	Summary of current support
General Practitioner				
Client representative				
Employer				

Other:				
--------	--	--	--	--

6. Concurrent services

If the client is receiving other ACC-funded services (eg Integrated Home and Community Supports, social rehabilitation assessments, treatment, and rehabilitation services, etc.), please list them below:

Service	Supplier details

7. Living situation

Type of housing (eg aged care facility, own home, etc.):

Who the client lives with (eg whānau/family, friends, carers, etc.):

Other relevant details (eg home support or property access details such as can the client answer the door, need time to get down the stairs, arrange with a named relative, etc.):

8. Employment details (if applicable)

Work status at the time of injury:

Not working Part-time work Full-time work

Occupation prior to injury (if applicable): [Client occupation auto]

Current work status:

Not working Part-time work Full-time work

Current job (if applicable):

9. Education details (if applicable)

Three years of secondary school have been completed (eg 5th form or year 11): Yes No

Complete the following questions if the client is a student.

Educational facility attended at date of injury:

Current educational facility:

Contact person's name:

Contact person's phone number:

Current level of study:

Pre-school Primary Secondary Tertiary

If tertiary, please describe the current study programme:

If client receives educational support, please describe the need and assistance provided, and include both ACC funded and other educational supports:

10. Other relevant information

11. ACC details

ACC contact:

Contact phone number:

Email address:

In the collection, use, disclosure, and storage of information, ACC will at all times comply with the obligations of the Privacy Act 2020, the Health Information Privacy Code 2020 and the Official Information Act 1982.

Appendix 3 – ACC2126 Training for Independence Report Template

Suppliers and providers should use this report to document different phases of a client’s Training for Independence (TI) programme. Tick below to indicate which type of report this is and complete the appropriate sections.

Part A

Plan: Complete and send this plan to us for approval for any TI programme.

<p>Select one of the options below:</p> <p><input type="checkbox"/> Training for Independence programme (TI)</p> <p><input type="checkbox"/> Advisory Services Long-term</p> <p>Note: Advisory Services Short-term do not require a plan. Go to Section 3.</p>	<p>and select the type of service:</p> <p><input type="checkbox"/> Te Ata Pō</p> <p><input type="checkbox"/> Te Ata Tū</p> <p><input type="checkbox"/> Tamaraki and Rangatahi</p> <p><input type="checkbox"/> Sensitive claim</p>
<p>Complete Part B sections 1 to 3, Part C sections 4 and 5, then sign Part F</p>	

Variation report: To be completed when a variation occurs.

Complete Part D section 6 and 7, then sign Part F.

Completion report: To be completed when services have been delivered.

<p>Select one of the options below:</p> <p><input type="checkbox"/> Training for Independence programme (TI)</p> <p><input type="checkbox"/> Advisory Services Short-term</p> <p><input type="checkbox"/> Advisory Services Long-term</p>
<p>Complete Part E sections 8 to 10 and sign Part F.</p>

Part B – Background

1. Assessment details	
Supplier name:	
ACC supplier number:	Purchase order number:
Key worker’s name:	Date of first contact:
2. Client details	
Client name:	
Date of birth:	Claim number:

3. ACC details

ACC contact person:

Contact phone number:

Email address:

Part C – Plan

4. Plan objectives

Objectives of the programme, as agreed with the client and others involved in the client's rehabilitation, including the ACC Recovery Team member.

Objective 1:

Objective 2:

Objective 3:

Objective 4:

Client summary, including the following information:

- Client background: (eg key demographic information, living situation, family/whānau, life roles and activities, relevant health information).
- Injury related information (eg injury details, management to date, current injury related needs).
- Any relevant non-injury related information.
- Current function and participation in usual roles/activities. Include outcome measures where applicable: (eg factors impacting on current level of function, client strengths and other considerations).

5. Plan strategies

The strategies and outcome measures to achieve the objectives set out in section 4 are:

-
-
-
-

Proposed programme length:

Proposed setting, eg client's home, place of education, clinic, Telehealth:

Frequency of client contact, eg weekly:

Detailed total hours proposed for this programme (use separate table if needed):

Part D – Outcomes and variation reporting

6. Potential changes to services (variation report)

Reason for variation	Describe any proposed changes to service

7. Progress summary, recommendations, other comments

eg any recommendations for ACC to action and why

Part E – Outcomes and completion reporting

8. Outcomes

Complete an outcome report for each objective listed in section 4.

Objective 1: Describe the outcome, and if relevant, include any barriers and reasons why the client couldn't achieve the outcome:

Date outcome achieved, if relevant:

Rating against objective: Not achieved Partially achieved
 Minimally achieved Fully achieved

Objective 2: Describe the outcome, and if relevant, include any barriers and reasons why the client couldn't achieve the outcome:

Date outcome achieved, if relevant:

Rating against objective: Not achieved Partially achieved
 Minimally achieved Fully achieved

Objective 3: Describe the outcome, and if relevant, include any barriers and reasons why the client couldn't achieve the outcome:

Date outcome achieved, if relevant:

Rating against objective: Not achieved Partially achieved
 Minimally achieved Fully achieved

Objective 4: Describe the outcome, and if relevant, include any barriers and reasons why the client couldn't achieve the outcome:

Date outcome achieved, if relevant:

Rating against objective:	<input type="checkbox"/> Not achieved	<input type="checkbox"/> Partially achieved
	<input type="checkbox"/> Minimally achieved	<input type="checkbox"/> Fully achieved
Describe any other events that may have affected the client outcomes:		
Enter the client's Global Rating of Change score:		
9. Programme summary, recommendations, other comments		
eg additional information, reports, service information		

Part F – Provider/Supplier declaration

10. Provider/Supplier declaration		
I declare the information provided on this form is, to the best of my knowledge, accurate and complete.		
Plan	Provider/Supplier signature:	Date:
Variation report	Provider/Supplier signature:	Date:
Outcome report	Provider/Supplier signature:	Date:

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