

SERVICE SCHEDULE FOR TRAINING FOR INDEPENDENCE SERVICES FOR ADULTS WITH TRAUMATIC BRAIN INJURY

CONTRACT: «CONTRACT_»

A. QUICK REFERENCE INFORMATION

1. TERM FOR PROVIDING TRAINING FOR INDEPENDENCE SERVICES FOR ADULTS WITH TRAUMATIC BRAIN INJURY

The Term for the provision of Training for Independence Services for Adults with Traumatic Brain injury is the period from date of signing (“start Date”) until the close of 30 June 2023 (“End Date”) or such earlier date upon which the period is lawfully terminated or cancelled.

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

«TLAs_for_Contract»

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

Table 1 – Service Items and Prices

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)
TI01B	Rehabilitation Professional Planning	Planning to a maximum of 24 hours for Rehabilitation Professionals in accordance with Part B, clause 5.2.1.4 of this Service Schedule. <i>This is for time spent in Client contact only or participating in a discharge planning meeting where the Client is unable to attend this meeting.</i>	\$130.29
TI31B	Psychologist Planning	Planning up to a maximum of three (3) hours for Psychologist in accordance with Part B, clause 5.2.1.4 of this Service Schedule. <i>This is for time spent in Client contact only.</i>	\$180.08
TI05B	Report Writing	Time spent writing the Rehabilitation Plan and Completion reports. <i>This is for time spent writing the Plan or Reports only.</i>	\$130.29
TI11B	Delivering Rehabilitation (<i>other than psychologist</i>)	Delivering training and coaching to a Client in accordance with Part B, clause 5.3 of this Service Schedule. <i>This is for time spent in Client contact only.</i>	\$130.29
TI12B	Delivering Rehabilitation (<i>Registered Psychologist</i>)	Delivering training and coaching to a Client in accordance with Part B, clause 5.3 of this Service Schedule. <i>This is for time spent in Client contact only.</i>	\$180.08
TI13B	Delivering Rehabilitation (<i>Rehabilitation Coach or Cultural Coach</i>)	Delivering training and coaching to a Client in accordance with Part B, clause 5.3 of this Service Schedule. <i>This is for time spent in Client contact only.</i>	\$65.13
TI14B	Key Worker	Key Worker Set Monthly Fee. in accordance with Part B, clause 5.2.1 of this Service Schedule.	\$391.63

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)
		<i>This can only be paid where two (2) or more disciplines are working with the Client.</i>	
TI22B	Case Conference (Rehabilitation Professional)	Attendance at case conference meetings in accordance with Part B, clause 5.7.2 of this Service Schedule. Requires ACC Client Services Staff prior approval. <i>This is for time spent in the case conference meeting only.</i>	\$130.29
TI33B	Case Conference (Psychologist)	Attendance at case conference meetings in accordance with Part B, clause 5.7.2 of this Service Schedule. Requires ACC Client Services Staff prior approval. <i>This is for time spent in the case conference meeting only.</i>	\$180.08
TIDNB	Non-Attendance Fee	When a Client fails to attend a scheduled appointment without giving at least 24 hours prior notification a non-attendance fee can be paid. A DNA report must be provided. A maximum of three (3) non-attendance fees can be paid per Client with a maximum of 2 hours per non-attendance	40% (onsite) or 60% (offsite)
TITD10	Travel Distance	A contribution towards travel: <ul style="list-style-type: none"> for return travel via the most direct, practicable route; and where the return travel exceeds 20km. Note 1: 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). Note 2: ACC does not pay for the first 20km of travel and this must be deducted from the total distance travelled. If travel includes more than one (1) Client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.	\$0.65 per km
TITT5	Travel Time - first hour	Paid for the first 60 minutes (or less) of total travel in a day where: <ul style="list-style-type: none"> the travel is necessary; and the Service Provider travels via the most direct, practicable route between their base/facility and where the services are provided; and the distance the Service Provider travels exceeds 20km return; and/or the time the Service Provider travels exceeds 30 minutes. Note 1: 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). Note 2: If travel includes more than one (1) Client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.	50% of the contracted hourly rate

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)
TITT1	Travel time - subsequent hours	<p>Paid for return travel time after the first 60 minutes in a day paid under TITT5, where:</p> <ul style="list-style-type: none"> the travel is necessary; and the Service Provider travels via the most direct, practicable route available between their base/facility and where the services are provided; and additional travel time is required after the first hour of travel. <p>Note 1: 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> <p>Note 2: the first 60 minutes must be deducted from the total travel time and if travel includes more than one (1) Client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>	100% of the contracted hourly rate

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)
TIT6	Other travel	<p>Costs for return travel by ferry, taxi, rental car, public transport and parking when :</p> <ul style="list-style-type: none"> return travel is via the most direct, practicable route; and the return travel exceeds 20km. <p>Note 1: 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> <p>Note 2: ACC will only pay for actual and reasonable costs and receipts must be retained and produced if requested by ACC. If more than one (1) Client (ACC and/or non-ACC) receives services then invoicing is on a pro-rata basis.</p>	Actual and reasonable cost
TITA1	Air Travel	<p>Air travel when a Service Provider is:</p> <ul style="list-style-type: none"> requested by ACC to travel to an outlying area that is not the Service Provider’s usual area of residence or practice to deliver Services; and air travel is necessary and has been approved by ACC. <p>Note: ACC will only pay for actual and reasonable costs and receipts must be retained and produced if requested by ACC. If more than one (1) Client (ACC and/or non-ACC) receives services then invoicing is on a pro-rata basis.</p>	Actual and reasonable cost
TIAC	Accommodation	<p>Payable when an Assessor has been requested by ACC to conduct a clinic in an outlying area that is not the Assessor’s usual area of residence or practice and overnight accommodation is necessary. ACC will pay actual and reasonable accommodation costs of up to a maximum of \$240.71 plus GST per day with prior ACC Coordinator approval and receipts provided.</p>	<p>Actual and reasonable cost</p> <p>(max of \$240.71 excl. GST per day)</p>

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)
		Hotels – Maximum of \$160.47 + GST per night. Meal and Incidental Allowances – Actual and reasonable up to the following maximums \$80.24 + GST per 24 hour period where overnight stay is required. No reimbursement for alcohol, including mini-bar expenses.	

Price Review

ACC will review pricing when, at ACC’s sole discretion, we consider a review necessary. The factors ACC may take into account during a review include, but are not limited to:

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

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

If ACC provides a price increase, the Supplier must agree any adjustment in writing. The price increase will take effect from a date specified by ACC.

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

Table 1 - 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
Justice Centre (for deliveries)
19 Aitken Street
Wellington 6011
P O Box 242 (for mail)
Wellington 6140
Marked: “Attention: Procurement Specialist”
Phone: 0800 400 503
Email: health.procurement@acc.co.nz

NOTICES FOR SUPPLIER TO:

«Vendor_Name_Legal»

«Physical_Address_1» (for deliveries)

«Physical_Address_2»

«Physical_City»

«Postal_Address_1» (for mail)

«Postal_Address_2»

«Postal_City» «Post_Code»

Marked: “Attention: «Contractual_First_Name» «Contractual_Surname»“

Phone: «Contractual_Phone»

Mobile: «Alternative_Number»

Email: «Contractual_Email»

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B. SERVICE SPECIFICATIONS FOR TRAINING FOR INDEPENDENCE SERVICES FOR ADULTS WITH TRAUMATIC BRAIN INJURY

1. PURPOSE

- 1.1. Training for Independence Services for Adults with Traumatic Brain Injury provides education, support, training and rehabilitation to Clients to restore the Client's independence and ability to participate in their everyday life. This means restoring 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.

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
 - 2.1.4. Clients will not have preventable injuries or deterioration such as pressure injuries or other secondary injuries caused by preventable means and/or deterioration of their covered injury
 - 2.1.5. Clients receive timely rehabilitation services
 - 2.1.6. 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 as set out in this Service Schedule are met.

4. SERVICE COMMENCEMENT

- 4.1. Eligibility Criteria
 - 4.1.1. A person is eligible to receive the Service when they have:
 - 4.1.1.1. An accepted claim for an injury which is covered by ACC; and
 - 4.1.1.2. Have been assessed as needing an interdisciplinary team (IDT) rehabilitation programme tailored to their assessed, injury-related needs; and
 - 4.1.1.3. Are likely to have meaningful and measurable gains in independence due to the provision of the IDT rehabilitation programme; and

- 4.1.1.4. Have been assessed as being at a point in their recovery where they will receive the maximum benefit from the IDT rehabilitation programme within optimal timeframes, and have
- 4.1.1.5. Been referred by ACC or a Traumatic Brain Injury Residential Rehabilitation Supplier in accordance with this Service Schedule
- 4.1.2. If the Client has already received the Service for the same covered injury and a further programme is requested must meet above criteria and show progress towards independence in previous programme as well as new goals (which, to avoid doubt, must be SMART goals) identified which:
 - will reduce the need for further rehabilitation; and
 - show an improvement in independence

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 8.
 - 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 to accept the referral;
 - 4.2.2.4. Return any referral that is inappropriate or inadequate or which they are not contracted to provide;
 - 4.2.2.5. If the referral is declined, notify ACC by email 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. Service Planning
 - 5.2.1. Once a referral is accepted:
 - 5.2.1.1. The Supplier will determine the appropriate rehabilitation professional(s) to provide Services to the Client;
 - 5.2.1.2. The Supplier will make contact with the Client within three (3) business days of accepting the referral to build the relationship for supporting the Client's transition;
 - 5.2.1.3. The Key Worker / Attending Rehabilitation Professional will then set up Planning Sessions, as required, and meet with the Client within three (3) business days of contacting the Client;
 - 5.2.1.4. The purpose of the Planning Sessions is to allow the Service Provider who will be working with the Client to:
 - 5.2.1.4.1. Meet the Client, their family/whanau and carers as required;
 - 5.2.1.4.2. Develop the Rehabilitation Plan and;
 - 5.2.1.4.3. Set baselines to allow for measurement of the Client's progress towards milestones;

- 5.2.1.4.4. The Supplier may visit the inpatient setting for the purposes of planning and coordinating the transition of the Client from inpatient to the community, where practicable;
 - 5.2.1.5. The Key Worker or Attending Rehabilitation Professional must co-ordinate completion of the Rehabilitation Plan and submit this plan to ACC as soon as practicable, and within ten (10) business days of meeting with the Client.
 - 5.2.2. Rehabilitation Plans must be formulated for all Clients and sent to ACC.
 - 5.2.3. The Rehabilitation Plan will include:
 - 5.2.3.1. Details of the Client's current situation;
 - 5.2.3.2. The Client's objectives, goals and activities that are important for them to maintain;
 - 5.2.3.3. The outcomes to be achieved;
 - 5.2.3.4. Measures for each outcome stated in the referral;
 - 5.2.3.5. 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 provided to the Client;
 - 5.2.3.6. An outline of the method of delivery such as face to face in the Client's home, place of education etc. or via Telehealth.
 - 5.2.3.7. Where the TI Assessor identifies a need for MRES Simple List Equipment, they must provide sufficient rationale to support the injury related need. All MRES Simple List Equipment should be ordered by ACC Recovery Teams;
 - 5.2.3.8. Where it is identified that the Client may require MRES Standard, Complex or Non-list equipment, a single Discipline Assessment is required;
 - 5.2.4. Once ACC receives the Rehabilitation Plan, ACC will provide notification to the Supplier within three (3) business days to approve or decline the Rehabilitation Plan, or to request further information. If ACC requests additional information, the Supplier must submit this to ACC within three (3) business days, and ACC will then provide notification to the Supplier within three (3) business days to approve or decline the Rehabilitation Plan, or to request further information.
 - 5.2.5. The Supplier may, once the rehabilitation is underway, request an extension to the programme that is in excess of the programme limit. This request will be made on the Variation Report and outline the rationale for the extension, amended work plan and goal statements.
- 5.3. Delivery of Services
 - 5.3.1. The Services will be delivered, unless otherwise approved, within six (6) months from the date of referral.
 - 5.3.2. Services must be delivered as an interdisciplinary team (IDT). The Key Worker provides co-ordination of the interdisciplinary team members, and facilitates and coordinates the involvement of the Client, their family and other services provided to the Client.
 - 5.3.3. Training for Independence is a community based service. To achieve the goal of returning clients to their usual activities, the rehabilitation programmes will be delivered in the client's place of work or education, home, etc. as appropriate.
 - 5.3.4. 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.
 - 5.3.5. The Supplier will deliver the Services in accordance with the Rehabilitation Plan approved by ACC.

- 5.3.6. The Services provided must meet the specific functional needs of the Client and support the Client to achieve quality of life and community integration.
 - 5.3.7. The Supplier will ensure that outcomes will be measured using recognised objective clinical measures.
 - 5.3.8. The Supplier will maintain records of Clients' measurable pre and post rehabilitation levels of functioning.
 - 5.3.9. The outcome measurement tools used, will be standardised measurements selected by the supplier as appropriate to the Client's injury and rehabilitation needs.
- 5.4. Method of Delivery
- 5.4.1. The primary method of delivery is face-to-face.
 - 5.4.2. Once a risk assessment is undertaken and it is deemed appropriate Telehealth may be utilised to:
 - 5.4.2.1. Complete an initial consultation by the psychologist. A member of the multidisciplinary team must be physically onsite and available to the Client if the Client requests assistance.
 - 5.4.2.2. Provide on-going therapy services where it will meet the Client's need.
 - 5.4.3. Where services are provided using Telehealth Service Providers will comply with the current New Zealand Telehealth guidelines, regulations and standards and the Training for Independence Operational Guidelines.
- 5.5. Reporting
- 5.5.1. Variance Report
 - 5.5.1.1. The Supplier must complete a Variance Report during the Service at any time that progress is not being achieved against the steps/strategies/measures outlined or if timeframes are not being met as outlined in the initial Rehabilitation Plan.
 - 5.5.1.2. The Variance Report must be submitted on the template specified by ACC. The Variance Report must be completed in accordance with the Operational Guidelines.
 - 5.5.2. Did not Attend (DNA) Reporting
 - 5.5.2.1. The Supplier must inform the ACC within one business day of the Client's non-attendance and;
 - 5.5.2.2. A DNA report must be submitted on the template specified by ACC.
 - 5.5.3. Rehabilitation Completion Report
 - 5.5.3.1. A Rehabilitation Completion Report must be completed at the end of the Services. The Report must be submitted within ten (10) business days of the completion of the Rehabilitation.
 - 5.5.3.2. The purpose of the Rehabilitation Completion Report is to inform ACC of the outcomes of the agreed Rehabilitation outcomes and goals as set out in the Rehabilitation Plan.
 - 5.5.3.3. The Rehabilitation Completion Report will be submitted on the template specified by ACC. The Rehabilitation Completion Report must be completed in accordance with the Operational Guidelines.
- 5.6. Liaison with Other Providers
- 5.6.1. Liaison will be appropriate and should include but is not limited to:
 - 5.6.1.1. Case conference(s); and
 - 5.6.1.2. Teleconference(s).

5.7. Case Conference

- 5.7.1. Where the Key Worker and/or Attending Rehabilitation Professional considers that liaison in addition to expected liaison is required, the Key Worker and/or Attending Rehabilitation Professional may, subject to sub clause 5.7.2, liaise with ACC, the Client's General Practitioner and/or other providers e.g. rehabilitation, treatment, educational, vocational, including, when appropriate, co-ordinated case discussions on the care of the Client ("Case Conference");
- 5.7.2. A Case Conference may be held if ACC has given its prior approval and must:
 - 5.7.2.1. Include all relevant Service Providers; and
 - 5.7.2.2. Discuss progress and address rehabilitation barriers and plan for ongoing management; and
 - 5.7.2.3. Case Conferences may include Teleconferences.

5.8. Relationship with Home and Community Support Services

- 5.8.1. 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.
- 5.8.2. The Supplier will follow the relationship protocol as described in the Operational Guidelines.

6. SERVICE EXIT

- 6.1. The service is complete for a Client when:
 - 6.1.1. The Client's agreed goals are met and ACC is satisfied with the Rehabilitation Completion Report; or
 - 6.1.2. All agreed Services have been delivered; or
 - 6.1.3. The Supplier has withdrawn Services with ACC's approval; or
 - 6.1.4. The Client has withdrawn from the Service; or
 - 6.1.5. ACC has withdrawn the Client from the Service.
- 6.2. The Supplier will provide copies of all information pertaining to the Client's Services to ACC on request.

7. SERVICE SPECIFIC QUALITY REQUIREMENTS

- 7.1. Service Quality
 - 7.1.1. The Supplier will perform the Services in accordance with the Training for Independence Services Operational Guidelines.
- 7.2. The Supplier must establish and maintain an interdisciplinary team, available in each district, of:
 - 7.2.1. Registered Psychologist; and
 - 7.2.2. Registered Nurse; and
 - 7.2.3. Occupational Therapist; and
 - 7.2.4. Physiotherapist; and
 - 7.2.5. Speech Language Therapist; and
 - 7.2.6. Counsellor; and
 - 7.2.7. Dietitian; and
 - 7.2.8. Social Worker.

7.3. Each member of the interdisciplinary team must meet the relevant requirements in the table below:

Table 3 – Provider Competencies and Qualifications

Staffing Type	Qualifications/Membership	Expertise/Competencies
Registered Psychologist	A current annual practising certificate from the relevant registering authority; and Professional association membership of at least one of the following: <ul style="list-style-type: none"> NZ Psychological Society NZ College of Clinical Psychologists, or An International professional body acceptable to ACC 	<p>Experience</p> <ul style="list-style-type: none"> Demonstrated post-graduate clinical expertise working in rehabilitation of Adults with Traumatic Brain Injuries over three years where this group makes up equivalent to a minimum of 50% of a full time caseload; and Demonstrated post-graduate expertise in community based rehabilitation, over three years where this makes up equivalent to a minimum of 50% of a full time caseload (this expertise may be gained concurrently); and <p>Training and Supervision</p> <ul style="list-style-type: none"> Ongoing attendance at appropriate post-graduate training courses/conferences relevant to Adults with Traumatic Brain Injuries and community based rehabilitation for a minimum of two days per year; and Regular face to face clinical supervision of at least once a month and as required by professional body and HPCA Act <p>Rehab Professionals working towards meeting these requirements</p> <ul style="list-style-type: none"> Where a Rehab Professional does not meet the Experience criteria, but fully meets the Training qualifications criteria, and attends Supervision at least once a month provided by a Rehab Professional who <i>does</i> meet the above criteria, that Rehab Professional may provide services under this contract if evidence can be provided demonstrating the Rehab Professional is working <i>towards</i> the Experience criteria as set out above.
Registered Nurse	A current annual practising certificate from the relevant registering authority	
Occupational Therapist	A current annual practising certificate from the relevant registering authority	
Physiotherapist	A current annual practising certificate from the relevant registering authority	
Dietitian	A current annual practising certificate from the relevant registering authority	
Speech Language Therapist	Membership with the New Zealand Speech Language Therapists Association	
Counsellor	Registration with ACC as a counsellor under regulations for mental injury caused by physical injury	
Social Worker	A current annual practising certificate from the relevant registering authority	

7.4. Rehabilitation Coaches

7.4.1. 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:

- 7.4.1.1. Be an expert within their field and be required for a specified and agreed area of Client's needs; or
- 7.4.1.2. Have experience in the relevant area required and agreed as a part of a Training for Independence Rehabilitation Plan; and
- 7.4.1.3. Have regular documented supervision from a Rehabilitation Professional; and
- 7.4.1.4. Undertake ongoing training in the area of expertise and/or rehabilitation; and
- 7.4.1.5. Hold and maintain professional body membership where such a body exists for the relevant profession.

7.5. Key Worker

7.5.1. For each Client receiving Training for Independence Services from two (2) or more disciplines, the Supplier shall nominate one (1) of the Attending Rehabilitation Professionals as the Key Worker. The Key Worker will work with the Client, 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, family and ACC. Other primary responsibilities of the Key Worker are:

- 7.5.1.1. Liaison with ACC;
- 7.5.1.2. Coordination of Training for Independence Services provided to the Client;
- 7.5.1.3. Coordination of interdisciplinary team in setting goals and reporting on progress and milestones;
- 7.5.1.4. Ensuring that the Services provided to the Client comply with this Service Schedule and the Training for Independence Services Operational Guideline;
- 7.5.1.5. Administration related to monitoring the quality of services provided;
- 7.5.1.6. Coordination of Client reporting including completion of the Training for Independence Rehabilitation Plan, Progress and Variance Reports, and Completion Reports;
- 7.5.1.7. Ensuring timeframes are met and reports are completed accurately;
- 7.5.1.8. Monitoring Client satisfaction;
- 7.5.1.9. Managing relationships with other providers of services to the Client for consistency and efficacy of rehabilitation;
- 7.5.1.10. Notifying ACC within one (1) business day of any non-attendance;
- 7.5.1.11. 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; and
- 7.5.1.12. Monitoring the Client and notifying ACC of any issues or concerns, and recommending other Services such as Psychological Services or advocacy the Client may require; and
- 7.5.1.13. Administration related to the upkeep of Supplier reports to enable ACC to measure Supplier performance against the requirements in this Service Schedule.

7.6. Service Timeframes

7.6.1. The Supplier will meet the following timeframes in delivering the Services:

Table 4 – Service Timeframes

Requirement	Applicable Timeframe
If the Referral is declined, notify ACC	Within three (3) business days of receiving the Referral
Make contact with 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

Requirement	Applicable Timeframe
Deliver Services	Within a period of: up to three (3) months from the date of acceptance of referral for non-Serious Injury Clients up to six (6) months from the date of acceptance of referral for Long Term Clients.
Submit Variance Report	When variation occurs
Submit Completion Report	Within ten (10) business days of completing the Service

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

8. EXCLUSIONS

8.1. The following Services are excluded from Training for Independence Services:

- 8.1.1. Single discipline Psychological Services;
- 8.1.2. Single discipline Counselling Services;
- 8.1.3. Single discipline Physiotherapy Services;
- 8.1.4. Vocational Rehabilitation Services;
- 8.1.5. Recreation activities;
- 8.1.6. Treatment Services;
- 8.1.7. Advocacy on behalf of Clients for or with any agency;
- 8.1.8. Membership fees for any club or organisation including Gym Memberships;
- 8.1.9. Any Services for a Client who does not meet the relevant eligibility criteria;
- 8.1.10. Social Rehabilitation Assessments;
- 8.1.11. Pain Management Service;
- 8.1.12. Provision of Integrated Home and Community Support Services;
- 8.1.13. Living My Life Service;
- 8.1.14. Assessment of treatment needs;
- 8.1.15. ACC funded rehabilitation in a residential rehabilitation facility.

9. LINKAGES

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

9.2. The Supplier will demonstrate maintenance of effective links and operating relationships with:

- 9.2.1. ACC;
- 9.2.2. The Clients family/whanau and care/support team as appropriate;
- 9.2.3. Providers of other services to the Client including Integrated Home and Community Support Services, Supported Employment, Supported Living and General Practitioner where necessary;
- 9.2.4. Community organisations involved with the Client;

9.2.5. Educational institutions and organisations.

9.3. 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:

9.3.1. Drug and Alcohol services;

9.3.2. Mental health services;

9.3.3. Education sector;

9.3.4. Maori health providers;

9.3.5. Other appropriate ethnic and cultural groups;

9.3.6. Government departments and agencies such as Police, Work and Income, Ministry of Social Development, Housing NZ, Ministry of Health, Ministry of Justice;

9.3.7. Disability consumer groups such as the Brain Injury Association of New Zealand (BIANZ);

10. PERFORMANCE REQUIREMENTS

10.1. The performance requirements for the Services are:

10.1.1. Clients meet the goals set out in their rehabilitation plan

10.1.2. Clients progress is measured via a validated and standardised tool as selected by the Supplier to monitor client progress

10.1.3. Clients have a reduced need for further rehabilitation and other ACC funded Services such as Home and Community Support Services;

10.1.4. Prevention of secondary injury and any preventable injuries (eg pressure injuries) and/or deterioration to the Client's covered injury;

10.1.5. Services are responsive to the cultural needs of Clients

10.1.6. Clients are satisfied with the services that they have received from the Supplier as evidenced by Satisfaction Surveys carried out by the Supplier and results are utilised to make service improvements as appropriate;

10.1.7. Clients receive the Services within the timeframes as set;

10.1.8. Services delivered are cost effective when compared with costs of services provided by other Suppliers for delivering comparable services to comparable client groups.

10.2. The Supplier will meet the performance measures set out in Table 5 in providing the Services:

10.3. The Performance Measures will be monitored and feedback provided as detailed in the Operational Guidelines.

Table 5 – Performance Measures

Performance Area	Performance Measure	Target
Client outcomes	Number of TI or community rehabilitation Clients that have returned for the same covered injury within six (6) months of the Client exiting the TI programme.	< 15%
Client satisfaction	Client satisfaction survey is sent to all Clients at completion of their rehabilitation programme	100%
Time Frames	Number of Services that have been delivered within the contractual timeframes, including service duration	100%

11. PAYMENT AND INVOICING

- 11.1. ACC will pay for Services provided in accordance with this Service Schedule at the rates set out in Part A, clause 4.

12. DEFINITIONS AND INTERPRETATION

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

“Attending Rehabilitation Professional” means a registered psychologist, registered nurse, occupational therapist, physiotherapist, speech language therapist, psychologist/counsellor, Dietitian or social worker who is providing Services to an ACC Client either as a single discipline or as part of a multi-disciplinary team.

“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 (TLA).

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

- (a) Communication
- (b) Domestic activities
- (c) Educational participation
- (d) Financial management
- (e) Healthcare
- (f) Hygiene care
- (g) Mobility
- (h) Motivation
- (i) Safety management
- (j) Sexuality
- (k) Cognitive tasks of daily living, such as orientation, planning and task completion
- (l) 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.

“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.

“Long Term Client” means a Client who as a result of their covered injury, have a significant impairment or disability and require substantial support.

“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” means a process of active change and support with the goal of restoring, to the extent provided under section 70, a Client’s health, independence, and participation; and comprises treatment, social rehabilitation, and vocational rehabilitation (Section 6, AC Act).

“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.