



# SERVICE SCHEDULE FOR VISUAL REHABILITATION SERVICE

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

## A. QUICK REFERENCE INFORMATION

### 1. TERM FOR PROVIDING VISUAL REHABILITATION SERVICE

The Term for the provision of Visual Rehabilitation Service for Child and Adult is the period from the date this Service Schedule is signed by both parties (“Start Date”) until the close of 31 October 2025 (“End Date”) or such earlier date upon which the period is lawfully terminated or cancelled.

### 2. SPECIFIED AREA AND SERVICE LOCATION

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### 3. SERVICE ITEMS AND PRICES

*Table 1: Service Items and Prices*

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
BL01	Assessment and Rehabilitation Plan	Assessment and report as specified. Includes travel less than 20km per return trip.	\$714.94	Per assessment
BL11	Rehabilitation	Rehabilitation Services as specified. Includes: <ul style="list-style-type: none"><li>• Rehabilitation training and therapy</li><li>• Case conferences</li><li>• Reassessment as required</li><li>• Travel less than 20km per return trip</li></ul>	\$142.99	Per hour
BL06	Equipment for Independence	Total equipment needs, requiring Claims Management prior approval.	Up to \$551.35	Per Client

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
BL07	Counselling	Counselling Services as specified in this Service Schedule in clause 5.8. Includes travel less than 20km per return trip.	\$142.99	Per hour
BL10	Progress or Completion Reports	Progress or Completion Reports as specified in Part B, clause 11.	\$142.99	Per report
BLTD10	Travel Distance	<p>A contribution towards travel:</p> <ul style="list-style-type: none"> <li>• For return travel via the most direct, practicable route; and</li> <li>• Where the return travel exceeds 20km</li> </ul> <p>Note 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 does not pay for the first 20km of travel and this must be deducted from the total distance travelled. If travel includes more than one client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>	\$0.70	Per km

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
BLTT5	Travel Time – First hour	<p data-bbox="708 331 1050 427">Paid for the first 60 minutes (or less) of total travel in a day where:</p> <ul data-bbox="708 443 1050 987" style="list-style-type: none"> <li data-bbox="708 443 1050 504">• The travel is necessary; and</li> <li data-bbox="708 519 1050 741">• The Service Provider travels via the most direct, practicable route between their base/facility and where the services are provided; and</li> <li data-bbox="708 757 1050 882">• The distance the Service Provider travels exceeds 20km return; and/or</li> <li data-bbox="708 898 1050 987">• The time the Service Provider travels exceeds 30 minutes</li> </ul> <p data-bbox="708 1048 1050 1270">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 data-bbox="708 1330 1050 1489">Note 2: If travel includes more than one Client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>	\$71.49	First hour

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
BLTT1	Travel Time – subsequent hour	<p data-bbox="708 331 1046 454">Paid for return travel time after the first 60 minutes in a day paid under BLTT5, where:</p> <ul data-bbox="708 472 1046 880" style="list-style-type: none"> <li data-bbox="708 472 1046 533">• The travel is necessary; and</li> <li data-bbox="708 551 1046 768">• The Service Provider travels via the most direct, practicable route available between their base/facility and where the services are provided; and</li> <li data-bbox="708 786 1046 880">• Additional travel time is required after the first hour of travel</li> </ul>	\$142.99	Per subsequent hours
		<p data-bbox="708 936 1046 1160">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 data-bbox="708 1216 1046 1440">Note 2: the first 60 minutes must be deducted from the total travel time and if travel includes more than one client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>		

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
BLT6	All other Travel	<p>Costs for return travel by ferry, taxi, rental car, public transport and parking when:</p> <ul style="list-style-type: none"> <li>Return travel is via the most direct, practicable route; and</li> <li>The return travel exceeds 20km</li> </ul> <p>Note 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 client (ACC and/or non-ACC) receives services, then invoicing is on a pro-rata basis.</p>	Actual and reasonable costs	Per trip

### 3.1 Price Review

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

- general inflation;
- changes in service component costs; or
- substantial changes in the market.

3.2 If we find that the factors we take into account have not had a significant impact on price, the prices will remain unchanged. If we provide a price increase, you must agree any adjustment in writing. The price increase will take effect from a date specified by us.

#### 4. RELATIONSHIP MANAGEMENT

**Table 2: Relationship Management**

Level	ACC	Supplier
Client	Recovery Team Member / Treatment & Support Assessor	Individual staff or operational contact
Relationship and performance management	Engagement and Performance Manager	Operational contact/ National Manager
Service management	Portfolio Team or equivalent	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 Specialist"  
 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 VISUAL REHABILITATION SERVICE**

### **1. PURPOSE**

The Service supports eligible Clients of all ages who are blind, deafblind or have significant visual loss, to maintain, regain or learn how to adapt and live with their blindness to enable their independence to the maximum extent practicable.

### **2. SERVICE OBJECTIVES**

2.1. We will measure the success of this Service based on the following objectives:

- 2.1.1. The Client is able to participate in their usual activities of everyday life, including work or school to their maximum extent practicable.
- 2.1.2. Services provided meet the timeliness and quality expectations stated in this service specification.
- 2.1.3. Clients report overall satisfaction with the Services provided.

### **3. SERVICE LOCATION**

3.1. The Service will be provided in a location that best meets the rehabilitation needs of the Client within the current best practice guidelines. This may be the:

- 3.1.1. Client's home, workplace or other appropriate community location; and/or
- 3.1.2. your facilities; or
- 3.1.3. by Telehealth where clinically appropriate.

### **4. SERVICE COMMENCEMENT**

4.1. Eligibility Criteria

You may provide Services to a Client who:

- 4.1.1. Requires services due to their covered personal injury; and
- 4.1.2. Is an Adult who:
  - 4.1.2.1. has 6/24 vision; or
  - 4.1.2.2. has less than 6/24 vision with corrective lenses as certified by a registered optometrist or a registered ophthalmologist; and



- 4.1.2.3. did not have 6/24 vision or less prior to the personal injury or a field of vision 20 degrees in the widest diameter or less as certified by a registered optometrist or registered ophthalmologist; and
  - 4.1.2.4. did not have a field vision 20 degrees in the widest diameter or less prior to personal injury; or,
  - 4.1.2.5. has a significant functional impact following vision loss; or,
  - 4.1.3. Is a Child who has 6/18 vision; or,
  - 4.1.4. Is a Child or Young Adult who is enrolled with the BLENNZ; and
  - 4.1.5. Is referred as set out in this Service Schedule.
- 4.2. Referral process
- 4.2.1. You may only accept referrals to the Service from us.
  - 4.2.2. We will identify appropriate Clients and make a referral to you for services when the criteria are met. Our referral will include the following information:
    - 4.2.2.1. Client name and contact details;
    - 4.2.2.2. ACC claim number and NHI number (where available);
    - 4.2.2.3. Purchase order number;
    - 4.2.2.4. Date of personal injury;
    - 4.2.2.5. Summary of available information including, but not limited to:
      - (a) Types of treatment or other interventions to date;
      - (b) Copies of relevant medical investigations or reports;
      - (c) Client's current work status;
      - (d) Details of any concurrent vocational rehabilitation programmes the Client is referred to, or expected to be referred to in the course of the Service;
      - (e) Current assistance provided to the Client, such as number of hours of Home Help.
    - 4.2.2.6. A copy of the existing Individual Rehabilitation Plan (IRP), which includes the Client's goals; and
    - 4.2.2.7. The Services and expected outcome(s) that we request you to provide.
  - 4.2.3. Within 2 Working Days of receiving the written referral from ACC, you will notify the referrer by email or telephone accepting or declining the referral.

- 4.2.4. We will not pay you for Services for a Client who has not been referred by us in accordance with this Service Schedule.

## **5. SERVICE REQUIREMENTS**

- 5.1. You will provide high quality and effective assessment and rehabilitation for the referred Client within planned timeframes. You will provide:

- 5.1.1. an assessment and rehabilitation plan that
  - 5.1.1.1. identifies the Client's rehabilitation needs;
  - 5.1.1.2. describes the rehabilitation activities required to meet those needs;
  - 5.1.1.3. outlines goals that are specific, measurable, achievable, realistic and time framed (SMART);
- 5.1.2. rehabilitation that is adaptive and flexible to the needs of the Client;
- 5.1.3. an integrated approach to rehabilitation through the identification of other Services (including liaison arrangements) that require inclusion in the Client's rehabilitation plan;
- 5.1.4. a supportive rehabilitation that ensures Client participation; and
- 5.1.5. regular updates to us, as agreed, outlining the Client's progression towards their goals.

### **5.2. Assessment**

- 5.2.1. You will provide a comprehensive Rehabilitation Assessment which includes:
  - 5.2.1.1. explaining the purpose of the Service to the Client; and where appropriate to their whanau and other relevant people, including that the overall rehabilitation entitlement decisions are made by us;
  - 5.2.1.2. consideration of any specific questions, or outcome (s) specified by us;
  - 5.2.1.3. reviewing the background information provided with the referral including the expected outcomes;
  - 5.2.1.4. completing subjective and objective assessments to determine the Client's current level of visual impairment and current functional abilities;
  - 5.2.1.5. consideration of (without limitation) the Client's needs and goals in;
    - (a) Activities of Daily Living;

- (b) Orientation and Mobility;
- (c) Literacy and Communication;
- (d) Housing Modifications;
- (e) Equipment for Independence relating to vision;
- (f) Counselling;
- (g) Case conferences;
- (h) Regular assessment of the Client's progress.

5.2.1.6. A one-off Assessment and Rehabilitation Plan,

5.2.2. The Assessment may include a work or home visit to determine visual limitation within the Client's environment.

### 5.3. Telehealth

5.3.1. Services can be delivered by Telehealth, where clinically appropriate. Services delivered by Telehealth must:

5.3.1.1. have client or authorised representative consent, and with the option of an in-person meeting if the client prefers

5.3.1.2. be preceded by an initial risk assessment to ensure client safety

5.3.1.3. meet the same required standards of care provided through an in-person consultation

5.3.1.4. meet the requirements outlined in the standards/guidelines of the [insert health provider's relevant regulatory body] (If there is no regulatory body then insert the most applicable of either the NZ Medical Council or Allied Health Aotearoa NZ)

5.3.1.5. if there is a difference between what the regulatory body states and what is stated in this contract, then the contract conditions take precedence.

5.3.1.6. be provided to a Client residing in New Zealand by a provider residing in New Zealand at the time of the service provision.

5.3.2. The supplier will provide all equipment and technology necessary to deliver services by Telehealth and manage their own technical difficulties.

### 5.4. Rehabilitation Plan

5.4.1. Based on the Rehabilitation Assessment you will develop a Rehabilitation Plan with the Client that will describe the:

5.4.1.1. goals and outcomes to be achieved;

5.4.1.2. Services required to achieve those goals;

5.4.1.3. duration of the Service including commencement and completion dates;

- 5.4.1.4. other Services to be delivered concurrently to the Client;
      - 5.4.1.5. regular monitoring and recording of the Client's progress.
    - 5.4.2. If the outcome(s) vary from that specified in the Referral, the Service Provider must discuss and obtain agreement from our Provider Service Delivery staff.
    - 5.4.3. You will ensure the Client understands:
      - 5.4.3.1. the expectations of their rehabilitation;
      - 5.4.3.2. their responsibility for their own rehabilitation;
      - 5.4.3.3. that relevant parts of the Assessment and Rehabilitation Plan may be made available to rehabilitation professionals.
    - 5.4.4. You will provide a copy of the Rehabilitation Plan in the template agreed with us.
- 5.5. Rehabilitation
  - 5.5.1. You will provide:
    - 5.5.1.1. rehabilitation and training to meet the Client's needs and agreed outcomes;
    - 5.5.1.2. regular Assessments of the Client's progress toward their goals;
    - 5.5.1.3. regular progress updates throughout the rehabilitation as agreed with us;
    - 5.5.1.4. case conferences as and when required and as agreed with us;
    - 5.5.1.5. an updated Rehabilitation Plan when further Services are required;
    - 5.5.1.6. a completion report on discharge.
- 5.6. Requests for Further Rehabilitation Services
  - 5.6.1. You may request our approval to provide further Rehabilitation Services to a Client in respect of the same personal injury, no later than two weeks prior to completion of the Services.
  - 5.6.2. Any such request for approval must be submitted to us prior to commencement of any further Services and must include the following information:
    - 5.6.2.1. what the initial rehabilitation Services have achieved to date;
    - 5.6.2.2. why additional rehabilitation Services are needed;

- 5.6.2.3. the functional objectives and how they will be achieved; and
  - 5.6.2.4. the recommended number of hours required.
- 5.6.3. We will provide a written decision on acceptance or decline the request to you and the Client within two weeks of the request.
- 5.7. Case Conference
  - 5.7.1. The purpose of the Case Conference is to address problems and/or barriers and to discuss the next steps in the Client's rehabilitation.
  - 5.7.2. A Case Conference is an arranged meeting between relevant stakeholders for the purpose of reviewing the Client's rehabilitation plan/goals.
  - 5.7.3. The Case Conference must have our prior approval and will include:
    - 5.7.3.1. Client attendance, involvement of family members when appropriate;
    - 5.7.3.2. relevant Service Providers and (if applicable), the employer;
    - 5.7.3.3. identification of clear functional goals, proposed interventions based on clear rationale and evidence-based practice principles;
    - 5.7.3.4. reason why further sessions are necessary; and
    - 5.7.3.5. further service / rehabilitation strategy to be used.
  - 5.7.4. You will make brief notes on outcomes and recommendations made following the Case Conference and report these to us within 5 working days of the Case Conference.
  - 5.7.5. Discussion with us or the Client's Service Provider alone is not considered a teleconference or a Case Conference.
- 5.8. Counselling component
  - 5.8.1. The purpose of the Counselling component is to provide the Client with ways to deal with and adapt to, stress and trauma associated with blindness and visual impairment.
  - 5.8.2. The counselling services provided may include counselling in the following areas:
    - 5.8.2.1. depression and grief resulting from blindness or visual impairment;
    - 5.8.2.2. emotional, social, behavioural and cognitive impacts resulting from Blindness or Visual Impairment;
    - 5.8.2.3. the development of future coping strategies;

- 5.8.2.4. impact of loss of sight on sexuality;
  - 5.8.2.5. anger management;
  - 5.8.2.6. motivational skills; and
  - 5.8.2.7. assertiveness training.
- 5.8.3. Each Client may be provided with up to a maximum of twenty hours of counselling with prior approval from us.
- 5.9. You will use forms prescribed by us in the Visual Rehabilitation Service Operational Guidelines.
- 5.10. You must provide Services in accordance with a current purchase order from us that specifies the agreed assessment and rehabilitation services to be provided.
- 5.11. You must deliver services efficiently and effectively to meet the needs of the Client and within the timeliness requirements described in Clause 6.3 Table 3.
- 5.12. Equipment for Independence
  - 5.12.1. The purpose of this component is to provide the Client with items that assist optimal independent functioning that relate directly to the vision impairment.
  - 5.12.2. Equipment for Independence covers manufactured items that are likely to assist the Client to undertake activities of daily living that have been impaired by their limited vision and may be identified as cost-effective alternatives to the delivery of other supports.
  - 5.12.3. The Equipment for Independence options required by each Client will be determined by you and specified in the Assessment.
  - 5.12.4. You will not provide equipment covered by the Assistive Technology Service Schedule but will assist with the introduction and any required training as agreed with ACC and the Assistive Technology supplier.
  - 5.12.5. Examples of Equipment for Independence which we may purchase under this Service Schedule are set out in **Appendix A**.
  - 5.12.6. Where the total cost of Equipment for Independence required by the Client exceeds \$450.00 excluding GST you will provide us with the price of each equipment item and obtain approval prior from us before purchasing the recommended items.
  - 5.12.7. If we agree, we will send a written acceptance, allowing you to purchase the recommended items.
  - 5.12.8. The Equipment Service is completed when the requested item has been dispatched to the Client.

5.12.9. You will:

- 5.12.9.1. understand the specialised disability Equipment market and needs of Equipment users;
- 5.12.9.2. ensure timely supply of Equipment to us or Clients;
- 5.12.9.3. negotiate the best price for the Equipment item;
- 5.12.9.4. make all reasonable enquiries as to the availability of manufacturers' guarantees (Consumer Guarantees act 1993 Act) and spare parts for Equipment for Independence supplied.

5.13. Replacements and Repairs

- 5.13.1. All Equipment is subject to a twelve month guarantee by you against damage caused during delivery and defective materials or workmanship. If a guarantee claim is made in respect of an Equipment item during this period, you will be responsible for the costs of promptly repairing or replacing that item, for providing a temporary item during such period of repair or replacement, and any associated collection and delivery costs.
- 5.13.2. All replaced parts in a repaired or reissued item will become subject to a twelve month guarantee in the same terms as above.
- 5.13.3. You will maintain appropriate replacement insurance of the equipment at all times while the equipment is under its control or is in transit, until delivery to the requested site.

5.14. Purchase Order

You will provide Services to a Client in accordance with a purchase order provide by us.

5.15. Reporting

Assessment & Rehabilitation Plan (ARP)

- 5.15.1. You will submit the plan as specified in this Service Schedule or as agreed with us.
- 5.15.2. The plan will:
  - 5.15.2.1. recommend what, if any, services the Client should receive;
  - 5.15.2.2. summarise the information collected during Services where the information has not already been provided, such as:
    - The Client's medical, psychological and social history; and

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

5.15.3. We will respond to you within two Working Days of receiving a fully complete Rehabilitation Plan requesting further Services.

## 6. SERVICE SPECIFIC QUALITY REQUIREMENTS

### 6.1. Service Providers Qualifications and Experience

- 6.1.1. You will ensure that all Service Providers are competent, appropriately experienced, trained, and qualified to provide the Services specified in this Service Schedule.
- 6.1.2. You will have a system that identifies and monitors competency levels, training needs and compliance with training requirements by Service Providers to ensure that all requirements in this Service Schedule are met.
- 6.1.3. The following table outlines the qualifications and experience required of Service Providers engaged by you. For full details of the criteria refer to the Visual Rehabilitation Service Operational Guidelines.

**Table 1: Summary of Service Provider Qualifications and Experience**

Function	Qualification and Experience
Adaptive Technology and Communications	<ul style="list-style-type: none"> <li>• Qualification in Adult Education and Training; or</li> <li>• National Diploma in Adult Education and Training Level 6; or</li> <li>• Bachelor of Applied Science (Computer Science); or</li> <li>• Diploma in Business Computing</li> </ul>
Activities of Daily Living	<ul style="list-style-type: none"> <li>• A recognised qualification that includes rehabilitation and training in activities of daily living for people with a vision impairment; or</li> <li>• demonstrates applied learning that are accepted as Recognition of Prior Learning (RPL) relative to professional standards; or</li> <li>• be in the process of undertaking, specialist training that leads to a recognised qualification in vision habilitation/Rehabilitation</li> </ul>
Literacy and Communication	<ul style="list-style-type: none"> <li>• A recognised qualification that includes Communication and Technology for people with vision impairment; or</li> <li>• have successfully completed an appropriate qualification; or</li> <li>• demonstrate applied learning that are RPL accepted relative to professional standards; or</li> <li>• be in the process of undertaking, specialist training that leads to a recognised qualification in Vision Habilitation/Rehabilitation.</li> </ul>



<b>Function</b>	<b>Qualification and Experience</b>
Orientation and Mobility	<ul style="list-style-type: none"> <li>an appropriate tertiary qualification in a related health or disability field and have completed or are in the process of undertaking specialist training which leads to a recognised qualification in Vision Habilitation/Rehabilitation with a focus in Orientation and Mobility.</li> </ul>
Counselling	<ul style="list-style-type: none"> <li>Counsellors will be a member of one of the following associations unless ACC approves otherwise: <ul style="list-style-type: none"> <li>New Zealand Association of Counsellors; or</li> <li>New Zealand Christian Counsellors Association; or</li> <li>Social Workers Registration Board of Aotearoa New Zealand.</li> </ul> </li> <li>AND Counsellors must have: <ul style="list-style-type: none"> <li>a minimum level 6 qualification in a counselling related subject and be working towards a level 7 (or supervised by suitably experienced and qualified staff) unless ACC approves otherwise.</li> </ul> </li> </ul>
Adult & Children's Rehabilitation	<ul style="list-style-type: none"> <li>Post graduate Diploma in educating students with a Vision Impairment Bachelor of Health Science/ Physiotherapy</li> <li>Bachelor of Health Science/ Occupational Therapy</li> <li>Post graduate diploma in Occupational Therapy</li> </ul>

6.2. You will have a documented policy for identification and management of vulnerable clients which will comply at a minimum with ACC guidelines (provided by ACC from time to time). The Supplier will provide the policy to ACC on request.

### 6.3. Service and Reporting Timeframes

6.3.1. The following table outlines the timeframes and responsibilities for delivering the Service.

6.3.2. If you are unable to meet the timelines stated in the table below, you will contact us to either:

6.3.2.1. negotiate an alternative timeframe; or

6.3.2.2. allow the us to retract the referral.

**Table 2: Service Timeframes**

<b>Situation</b>	<b>Timeframe</b>
Service Duration	<p>You will provide Services within the timeframes agreed in the plan.</p> <p>You will notify us immediately you become aware that the timeframes agreed will not be meet.</p>
Notification of an acceptance or decline of a Referral	You will notify us within two Working Days from the date you received the referral.

<b>Situation</b>	<b>Timeframe</b>
Submission of Client Assessment and Rehabilitation Plan	You will submit to us within five Working Days of the need for further services being identified.
Submission of Client Service Outcome and Discharge Report	You will submit to us within five Working Days of completion of the agreed services and/or Service Exit.
Where the Client does not attend and does not notify you	You will notify us by email within on the same day of the missed appointment.

#### 6.4. Operational Guidelines

- 6.4.1. Both parties will operate this Service within the agreed guidelines as described in the Visual Rehabilitation Service Operational Guidelines available on our website.
- 6.4.2. Substantial amendments to the Operational Guidelines, where required, will be made in consultation with you.
- 6.4.3. Where there is an inconsistency or conflict between the Operational Guidelines and this Service Schedule, the provisions of the Service Schedule will take precedence.

### 7. SERVICE EXIT

- 7.1. The Service is complete for a Client when:
  - 7.1.1. The Client has an improved ability to function all the areas assessed; or
  - 7.1.2. The Client has withdrawn from the Service; or
  - 7.1.3. We have withdrawn the Client from the Service; or
  - 7.1.4. The Client has received all approved Services and no further Services have been approved; or
  - 7.1.5. The last date of the purchase order has passed; or
  - 7.1.6. The Client has died.

### 8. EXCLUSIONS

- 8.1. The following services are not included in the Visual Rehabilitation Service:
  - 8.1.1. Transport of the Client to and from the clinic or place of Service;
  - 8.1.2. Service Provider travel to and from their residence or normal place of business to another place of their business;

- 8.1.3. Social rehabilitation assessments;
- 8.1.4. Training for Independence;
- 8.1.5. Vocational rehabilitation services, where there is an identified need for long-term support;
- 8.1.6. Long-term clinical psychological therapy;
- 8.1.7. Rehabilitation equipment not related to the Client's vision impairment;
- 8.1.8. Assistive Technology equipment the same or similar to that outlined in Appendix B as an example.

## **9. LINKAGES**

- 9.1. You 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:
  - 9.1.1. Vocational services;
  - 9.1.2. Employers;
  - 9.1.3. Specialist assessment services;
  - 9.1.4. Specialist rehabilitation services;
  - 9.1.5. Medical and surgical services and primary health care providers;
  - 9.1.6. Carers and carer support programmes;
  - 9.1.7. Other ethnic and community health resources;
  - 9.1.8. Education sector;
  - 9.1.9. Māori health providers;
  - 9.1.10. Māori Liaison Services
  - 9.1.11. Other appropriate ethnic and cultural groups;
  - 9.1.12. Government departments and agencies such as Police, Work and Income, Ministry of Social Development, Housing NZ, Ministry of Health, Ministry of Justice;
  - 9.1.13. Community based rehabilitation providers e.g. Stay at Work, Training for Independence Services.
  - 9.1.14. Our equipment Supplier under the Management of Rehabilitation Equipment.
  - 9.1.15. Our Assistive Technology Supplier.

## 10. PERFORMANCE REQUIREMENTS

- 10.1. The performance monitoring process is described in detail in the Visual Rehabilitation Service Operational Guidelines.
- 10.2. Your performance will be measured against targets that are reviewed and set annually in consultation with you and in accordance with Table 3 below.
- 10.3. Your performance will be measured against indicators including cost against outcome and risk as follows:
  - 10.3.1. Cost will include Visual Rehabilitation Service costs and other of our costs such as
    - 10.3.1.1. Weekly compensation
    - 10.3.1.2. Vocational and other rehabilitation costs
    - 10.3.1.3. Outcomes will be measured against pre-injury functionality and will take into account Client complexity.
    - 10.3.1.4. Client satisfaction will be measured in the method described in the Visual Rehabilitation Service Operational Guidelines.

**Table 3: Performance measurement**

Performance Area	Performance measure	Target	Data Source
Rehabilitation Outcome	Clients report an improvement in their ability to participate.	Set Annually	Supplier Client level reporting of completed / discharges clients.
Customer Service	Clients return a satisfaction survey  Clients are satisfied or very satisfied with the service received		

## 11. REPORTING REQUIREMENTS

- 11.1. You will submit an annual report covering no less than the following topics
  - 11.1.1. Summary of Clients numbers (ACC/MoH/Other)
  - 11.1.2. Issues and resolutions
  - 11.1.3. Summary data of all standardised measures
  - 11.1.4. Evaluation of Client outcomes in terms of changes in function, cost and participating based on case mix severity
  - 11.1.5. Client satisfaction survey results

- 11.1.6. Quality Improvement plans
- 11.2. For the purposes of monitoring the service objective (Part B, clauses 11.1.1 to 11.1.3) you will submit patient level discharge data to us annually via an electronic MS Excel spreadsheet in the reporting template provided.
- 11.3. The annual report and the Client discharge summary will be submitted no later than 1 August each year.

## **12. RELATIONSHIP MANAGEMENT**

### **12.1. Operational Contact**

During the Term of this Service Schedule you will nominate a person to be the main operational contact for us who will have primary responsibility for relationships with us and the operation of this Service on a day to day basis. The main contact shall:

- 12.1.1. Be proactive in informing us of issues with the provision of Services as outlined;
  - 12.1.2. Raise issues and suggest solutions regarding this Service;
  - 12.1.3. Ensure that the Service is operated in accordance with this Service Schedule;
  - 12.1.4. Represent you in discussions on service performance;
  - 12.1.5. Ensure that we are advised promptly when contact details specified in Part A clause 5 change.
- 12.2. To ensure the continuing effective operation of the service, formal working relationships will be maintained as defined in Part A Table 2.

## **13. PAYMENT AND INVOICING**

- 13.1. We agree to pay the prices set out in Part A, Table 1: Service Items and Prices as per the prior approved purchase order for Services provided in accordance with this Service Schedule.
- 13.2. You are entitled to raise a separate GST invoice for each Client following the completion of each service item. To ensure efficient payment processing by us, each invoice will contain information consistent with that received in our purchase order which initiated the Service, particularly with regard to service codes.

## 14. DEFINITIONS AND INTERPRETATION

In this Agreement, unless the context otherwise requires:

“**ACC Client Services Staff**” means a person engaged by us as Client Services Staff for a Client or the person who from time to time is the claims manager in relation to a Client’s entitlements, and may also include other authorised ACC personnel.

“**BLENNZ**” means The Blind and Low Vision Education Network New Zealand.

“**Designated Portfolio Advisor**” means the position of responsibility identified to manage the operation of the programme.

“**Equipment**” means all the equipment listed in Appendix A

“**Operational Guidelines**” and “**Visual Rehabilitation Service Operational Guidelines**” means the operational document provided by ACC (developed in consultation with you, as updated from time to time, that describes the Service expectations and processes in greater detail to support the delivery of Services.

“**Rehabilitation**” and “**Vision Rehabilitation**” means the provision of therapy, coaching, training and advice provided by qualified providers that is intended to improve the client’s function, independence and quality of life.

“**Telehealth**” means the use of information or communication technologies to deliver health care when clients and care providers are not in the same physical location<sup>1</sup>. For this Service Schedule, Telehealth relates to real-time videoconferencing interactions and telephone consultations. Telehealth excludes electronic messaging eg texts and emails. A telehealth consultation is to replace an in-person visit so it does not include a quick triage or check-in phone calls (unless specified).”

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<sup>1</sup> Adapted from the New Zealand Telehealth Forum definition: <https://www.health.govt.nz/about-ministry/leadership-ministry/expert-groups/new-zealand-telehealth-forum>.

## **APPENDIX A - ITEMS FOR THE EQUIPMENT FOR INDEPENDENCE COMPONENT OF REHABILITATION SERVICES**

1. Adaptive Technology including Training and Installation
2. Bold Line Pads
3. Braille Board Games
4. Braille Clock
5. Braille Electronic Display
6. Braille Electronic Note Taker
7. Braille Embosser
8. Braille Labellers and Tape
9. Braille Label Sheets
10. Braille Mechanical Writing Equipment
11. Braille Paper
12. Braille Playing Cards
13. Braille Slate and Stylus
14. Braille Timer
15. Braille Watch
16. White Canes
17. Cane Tips
18. Portable Video Magnifier
19. Hand-held video magnifier
20. Digital Voice Recorder
21. Daisy (Digital Audio Devices)
22. Electronic Voice organisers
23. Environmental Modifications, e.g. Illumination Levels
24. Felt Tip Markers
25. Glare Resistant Glasses
26. Hand Magnifiers
27. Large Print Dymotape Labellers and Tape
28. Large Print Telephones
29. Low Vision Clock
30. Low Vision Watch
31. Magnifying Lamps
32. Monoculars
33. Deafblind Communication Devices and Applications
34. Self Threading Needles
35. Signature Templates
36. Slate and Stylus
37. Stand Magnifiers
38. Talking Clock
39. Talking Microwaves
40. Talking Scales (kitchen or bathroom)
41. Talking Tape Measure
42. Talking Watch

43. Free Standing Task Lighting
44. Training Package for Key-Boarding Skills
45. Writing Frames



## **APPENDIX B – ASSISTIVE TECHNOLOGY NOT PROVIDED IN THIS CONTRACT**

1. Desktop Video Monitor
2. Electronic Mobility Devices
3. Digital devices, peripherals and accessories, including desktop and mobile hardware
4. Multifunctional printers
5. Adaptive software including screen readers, screen magnification and synthetic voices Deafblind Communication Devices and Applications