



# SERVICE SCHEDULE FOR VOCATIONAL INDEPENDENCE OCCUPATIONAL ASSESSMENT SERVICE

CONTRACT NUMBER: \_\_\_\_\_

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## A. QUICK REFERENCE INFORMATION

### 1. TERM OF SERVICE SCHEDULE FOR VOCATIONAL INDEPENDENCE OCCUPATIONAL ASSESSMENT

- 1.1 The Term of this Service Schedule in respect of Vocational Occupational Assessment is the period from the date this Service Schedule is signed by both parties ("Start Date") until the close of 30 April 2025 (the "End Date") or such earlier date upon which the period is lawfully terminated. This is the final term of the Contract.

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

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### 3. NAMED SERVICE PROVIDERS (PART B, CLAUSE 5)

| First Name | Surname | Qualification<br>#1 | Qualification<br>#2 | Professional<br>Body | Registration<br>No. |
|------------|---------|---------------------|---------------------|----------------------|---------------------|
|            |         |                     |                     |                      |                     |
|            |         |                     |                     |                      |                     |
|            |         |                     |                     |                      |                     |
|            |         |                     |                     |                      |                     |
|            |         |                     |                     |                      |                     |

#### 4. SERVICE ITEMS AND PRICES (PART B, CLAUSE 10)

| Service Item Code | Service Item Description   | Service Item Definition  | Price (excl GST) | Pricing Unit |
|-------------------|--|--|------------------|--------------|
| VIOS1             | Vocational Independence Occupational Assessment (Standard)             | Assessment and report in accordance with Part B, clause 4.1. A standard Vocational Independence Occupational Assessment (VIOA) is undertaken unless the Client meets one the criteria for a complex assessment (see VIOC1).  | \$821.21         | Per Report   |
| VIOS1T            | Telehealth: Vocational Independence Occupational Assessment (Standard) | Telehealth: Assessment and report in accordance with Part B, clause 4.1. A standard Vocational Independence Occupational Assessment (VIOA) is undertaken unless the Client meets one the criteria for a complex assessment (see VIOC1).  | \$821.21         | Per Report   |
| VIOC1             | Vocational Independence Occupational Assessment (Complex)              | <p>Assessment and report in accordance with Part B, clause 4.1. Upon referral by ACC and Client meets one of the following criteria:</p> <ul style="list-style-type: none"> <li>• Dual Diagnosis/co-morbidity. Client has active mental health issues and/or a significant co-morbidity that impacts on the time required to complete and report on the assessment.</li> <li>• Serious Injury Profile of 1, 2, 3, 5, 6, 8, 10 or 13 (this includes Traumatic Brain Injury; Spinal Cord Injury with an ASIA Scale of A, B, C, D).</li> <li>• Sensitive Claim.</li> <li>• Alcohol and other Drug abuse issues</li> <li>• Communication issues i.e. English as a second language or difficulties with receptive or expressive communication.</li> </ul> <p>Note: if the Service Provider identifies, during a standard VIOA, the criteria for a Complex assessment, as above, they can recommend a Complex VIOA to ACC who can consider and approve this request.</p> | \$944.38         | Per Report   |
| VIOC1T            | Telehealth: Vocational Independence Occupational Assessment (Complex)  | <p>Telehealth: Assessment and report in accordance with Part B, clause 4.1. Upon referral by ACC and Client meets one of the following criteria:</p>   | \$944.38         | Per Report   |

| Service Item Code | Service Description  | Item | Service Item Definition  | Price (excl GST) | Pricing Unit                  |
|-------------------|--|------|--|------------------|-------------------------------|
|                   |  |      | <p>Dual Diagnosis/co-morbidity. Client has active mental health issues and/or a significant co-morbidity that impacts on the time required to complete and report on the assessment.</p> <p>Serious Injury Profile of 1, 2, 3, 5, 6, 8, 10 or 13 (this includes Traumatic Brain Injury; Spinal Cord Injury with an ASIA Scale of A, B, C, D).</p> <p>Sensitive Claim.</p> <p>Alcohol and other Drug abuse issues</p> <p>Communication issues i.e. English as a second language or difficulties with receptive or expressive communication.</p> <p>Note: if the Service Provider identifies, during a standard VIOA, the criteria for a Complex assessment, as above, they can recommend a Complex VIOA to ACC who can consider and approve this request.</p> |                  |                               |
| VIO105            | Occupational Assessment - Loss of Potential Earnings Section 105 |      | Assessment and report in accordance with Part B, clause 4.2.   | \$1,009.87       | Per Report                    |
|                   | Did not attend   |      | Client fails to attend scheduled appointment without giving one Business Day's prior notification to the Assessor. Assessor must notify ACC.   |                  | Two DNAs per Client Referral. |
| VIODNAS           | Standard VIOA  |      | Did not attend Standard VIOA   | \$328.48         |                               |
| VIODNAC           | Complex VIOA   |      | Did not attend Complex VIOA  | \$377.75         |                               |
| VIODNA1           | 105 VIOA   |      | Did not attend Loss Potential Earnings Section 105 VIOA  | \$403.95         |                               |

#### Travel and Accommodation

| Service Item Code | Service Description      | Item | Service Item Definition  | Price (excl GST) | Pricing Unit             |
|-------------------|--------------------------|------|--|------------------|--------------------------|
| VIOTT5            | Travel Time – first hour |      | <p>Paid for the first 60 minutes (or less) of total travel in a day where:</p> <p>the travel is necessary; and</p> <p>the Service Provider travels via the most direct, practicable route between their base/facility and where the services are provided; and</p> | \$73.06          | Per Hour or part thereof |

| Service Item Code | Service Description            | Service Item Definition   | Price (excl GST) | Pricing Unit             |
|-------------------|--------------------------------|---|------------------|--------------------------|
|                   |                                | <p>the distance the Service Provider travels exceeds 20km return; and/or</p> <p>the time the Service Provider travels exceeds 30 minutes.</p> <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: If travel includes more than one Client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>   |                  |                          |
| VIOTT1            | Travel Time – subsequent hours | <p>Paid for return travel time after the first 60 minutes in a day paid under VIOTT5, where:</p> <p>the travel is necessary; and</p> <p>the Service Provider travels via the most direct, practicable route available between their base/facility and where the services are provided; and</p> <p>additional travel time is required after the first hour of travel.</p> <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 Client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p> | \$146.12         | Per Hour or part thereof |
| VIOTD10           | Travel Distance                | <p>A contribution towards travel: for return travel via the most direct, practicable route; and where the return travel exceeds 20km.</p> <p>Note 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>   | \$0.78           | Per Kilometre            |



Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

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## **B. SERVICE SPECIFICATION FOR VOCATIONAL INDEPENDENCE OCCUPATIONAL ASSESSMENT**

### **1. SERVICE PURPOSE AND OBJECTIVES**

- 1.1. The purpose of this Service is to provide an occupational assessment report for ACC of Clients' suitability for work types by reason of experience, education or training, or any combination of those things. This is in accordance with Sections 107 and 108 of the Accident Compensation Act 2001. The report will contribute to ACC decision making.
- 1.2. In considering the suitability of the types of work, the Assessor must take into account, among other things, the Client's pre-incapacity earnings.
- 1.3. Clients referred by ACC for Vocational Independence Occupational Assessment (VIOA) will be receiving weekly compensation, will have completed their individual rehabilitation programme but will not yet be in employment for 30 hours or more per week. Note: there may be circumstances in which a Client is working for 30 hours or more per week, but their weekly earnings are less than their pre-injury earning capacity. These Clients are on abatement (still receiving weekly compensation) and may be referred for Vocational Independence Occupational Assessment.
- 1.4. The purpose of a Loss of Potential Earnings (LOPE) Section 105 assessment is to provide an occupational assessment report for ACC of a Client's suitability for work by reason of experience, education, or training or any combination of these things. This assessment is sometimes required to be retrospective over a certain period of time. This assessment will assist ACC in determining if the Client, because of a personal injury is or was unable to engage in work for which they are suited.
- 1.5. The objectives of the Service are:
  - 1.5.1. The Services are completed within the time frames set out in clause 0 for 90% of Clients.
  - 1.5.2. The reports are assessed by ACC as complete, accurate and of suitable quality to inform decision making.



## **2. SERVICE COMMENCEMENT**

### **2.1. Eligibility Criteria**

2.1.1. Criteria for access to the Services described in this Service Schedule are as follows:

2.1.1.1. The Client has had an occupational assessment which includes a comprehensive list of Work Types, prioritising those that most closely align with the Client's pre-injury Work Types, for which the Client is suited by reason of experience, education, or training (or any combination of these). Pre-incapacity earnings must be considered in this assessment; and

2.1.1.2. The Client has had a medical assessment to consider the consequences of the Client's Injury and make one recommendation per occupational choice to ACC as to whether the Client has capacity to engage in work for each of the Work Types identified as suitable by the occupational assessor, or whether further rehabilitation is required; and

2.1.1.3. The Client has completed the vocational rehabilitation programme(s) listed in their individual rehabilitation plan.

2.1.2. Criteria for access to the LOPE Section 105 assessment described in this Service Schedule is as follows:

2.1.2.1. Was not in employment immediately before his or her incapacity commenced; or

2.1.2.2. was a potential earner; or

2.1.2.3. was a self-employed person who does not receive earnings but has purchased weekly compensation.

2.1.3. The assessment will be provided by the Supplier on receipt of a written Referral of a Client from ACC.

### **2.2. Referral Process**

2.2.1. Where possible, the Referral will contain the following information relating to the Client:

2.2.1.1. A copy of the Client's individual rehabilitation plan(s);

2.2.1.2. Case notes showing the progress of rehabilitation;

2.2.1.3. A copy of the Initial Occupational Assessment (IOA);

2.2.1.4. A copy of the ACC191A – Vocational Independence File Summary, Team Review and Quality Check;

2.2.1.5. A copy of the ACC191B – Vocational Independence – Client Quality Check;

2.2.1.6. A copy of the Client Curriculum Vitae (if available).

- 2.2.2. Where possible, the LOPE Section 105 assessment Referral will contain the following information relating to the Client:
  - 2.2.2.1. A copy of the Client's individual rehabilitation plan(s);
  - 2.2.2.2. Case notes showing the progress of rehabilitation;
  - 2.2.2.3. Any IOA that ACC has on file;
  - 2.2.2.4. The period of time during which you are to consider suitable employments for the Client;
  - 2.2.2.5. Details of the Client's history of employment;
  - 2.2.2.6. A copy of the Client Curriculum Vitae (if available).

### **3. SERVICE LOCATION OR SPECIFIED AREA**

- 3.1. The Services will be provided within the area specified in Section A, clause 2 of this Service Schedule.
- 3.2. Services will be provided in the Supplier's premises unless otherwise agreed with ACC.

### **4. SERVICE REQUIREMENTS**

- 4.1. The Supplier will ensure that the assessment for each Client will:
  - 4.1.1. identify paid jobs requiring a minimum of 30 hours per week; and
  - 4.1.2. identify jobs for which the Client is suited by reason of experience, education or training or any combination of these. The Assessor will identify and prioritize Work Types that most closely align with the Client's pre injury occupation; and
  - 4.1.3. in considering the suitability of the Work Types, must take into account the Client's earnings before the Client's incapacity; and
  - 4.1.4. include the ability for the Client to comment, make submissions and raise any issues or concerns; and
  - 4.1.5. include the Occupational Assessment Report in the format specified by ACC in accordance with the Operational Guidelines; and
  - 4.1.6. provide a Work Type Detail Sheet for each Work Type (6 digit) (in the format provided by ACC), outlining the functions and activities required for each Work Type (6 digit); and
  - 4.1.7. complete Section 1 of the Vocational Independence Recommendation Form (ACC 197); and
  - 4.1.8. be completed in accordance with the Operational Guidelines.

- 4.2. The Supplier will ensure that the LOPE Section 105 assessment for each Client will:
- 4.2.1. identify paid jobs requiring a minimum of 30 hours per week; and
  - 4.2.2. identify jobs for which the Client is suited by reason of experience, education or training or any combination of these to engage in without vocational restriction ("next day test"); and
  - 4.2.3. identify the period during which the Client was vocationally suited to each job identified in 4.2.2, and in the wider period in 2.2.2.4 above; and
  - 4.2.4. include the ability for the Client to comment, make submissions and raise any issues or concerns; and
  - 4.2.5. include the Occupational Assessment Report in the format specified by ACC in accordance with the Operational Guidelines; and
  - 4.2.6. provide a Work Type Detail Sheet for each Work Type (6 digit) (in the format provided by ACC), outlining the functions and activities required for each Work Type (6 digit); and
  - 4.2.7. be completed in accordance with the Operational Guidelines.

## **5. SERVICE SPECIFIC QUALITY REQUIREMENTS**

### **5.1. Staffing Requirements**

- 5.1.1. Each Assessor will be named in Part A, clause 3 of this Service Schedule and must have:
  - 5.1.1.1. a tertiary qualification relevant to either vocational rehabilitation services, occupational assessments services or career development services (occupational therapy, physiotherapy, counselling, career development, psychology, social work, occupational health nurses, rehabilitation); and
  - 5.1.1.2. at least two years relevant experience (field work whilst studying is excluded) in providing vocational rehabilitation services, occupational assessments or career development and has demonstrated excellence in service provision and an ability to work effectively with ACC; and

- 5.1.1.3. current membership and/or annual practicing certificates from one of the following professional associations:

#### **Health Professional Service Providers Requirements**

| <b>Profession</b>      | <b>APC</b>  | <b>Professional Memberships</b>   |
|------------------------|---|---|
| Occupational Therapist | Registered with the Occupational Therapy Board of New Zealand (OTBNZ)   | Full member of Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa Inc (OTNZ-WNA)                          |
| Physiotherapist        | Registered with the Physiotherapy Board of New Zealand [PBNZ]   | Member of Physiotherapy New Zealand [PNZ]   |
| Registered Nurse       | Registered with the Nursing Council of New Zealand, with a Registered Nurse or Nurse Practitioner scope of practice | Full membership of the New Zealand Occupational Health Nurses Association (NZOHNA)                                  |
| Psychologist           | Registered with the New Zealand Psychologists Board [NZPB]  | Full membership of either NZ Psychological Society (NZPsS) or New Zealand College of Clinical Psychologists (NZCCP) |
| Social Worker          | Registered with the Social Workers Registration Board (SWRB)  | Member of Aotearoa New Zealand Association for Social Workers (ANZASW)  |

#### **Non-health Service Providers Requirements**

| <b>Profession</b>                    | <b>Registration</b>   |
|--------------------------------------|---|
| Career Practitioner                  | Fellow, Professional or Full member of the Career Development Association of New Zealand (CDANZ).   |
| Vocational Rehabilitation Counsellor | Full member of either the Australian Society of Rehabilitation Counsellors (ASORC); or the Rehabilitation Counselling Association of Australasia (RCAA) |

- 5.1.2. ACC will release to the Client upon request, the names of Suppliers with Assessors in the specific location of interest for the purpose of assisting Client choice of Supplier.

## 5.2. Timeframes

- 5.2.1. The Supplier will ensure that the time frames in Table 1 are complied with:

**Table 1- Timeframes**

| <b>Must...</b>   | <b>Within...</b>   |
|--|--|
| Decline the referral   | Two Business days of receiving it.<br>Note:<br>If the referral contains inadequate information, the Supplier may request further details from ACC.<br>The Supplier doesn't need to confirm the acceptance of the referral. |
| Notify ACC if they are unable to contact the Client                                    | Three Business days of accepting the referral.   |
| Commence the assessment  | Five Business days of accepting the referral.  |
| Notify ACC if the Client fails to attend a scheduled assessment                        | The same day the Client fails to attend.   |
| Complete the Vocational Independence Assessment report                                 | Ten Business days of receiving referral.   |
| Forward three copies of the completed Vocational Independence Assessment report to ACC | Ten Business days of receiving referral.   |

- 5.3. In addition to the requirements specified in this Contract, the Supplier will:

- 5.3.1. deliver the Services in accordance with the Operational Guidelines. If there is a conflict between the Operational Guidelines and this Service Schedule, the provisions of this Service Schedule take precedence.

## 5.4. Addition of Named Service Providers

- 5.4.1. The Supplier may, at any time during the Term of this Service Schedule for Initial Occupational Services, make a written request to ACC to add a Service Provider. The written request must include sufficient information for ACC to determine that the Service Provider meets the criteria listed in Part B, clause 5.1.
- 5.4.2. ACC may in its sole discretion accept or decline each such request, by providing written notification to the Supplier. Agreement to such a request may be made subject to conditions.
- 5.4.3. If a request is accepted under this clause, the provider shall be deemed added as a Service Provider from the date of ACC's written notification to the Supplier.

## **5.5. Removal of Named Service Providers**

- 5.5.1. The Supplier may, at any time during the Term of this Service Schedule for Initial Occupational Services, provide written notification to ACC that a Service Provider has ceased to be a Service Provider. The Service Provider shall be deemed to be removed from this Service Schedule, within 5 business days after receipt of the Supplier's notice by ACC.
- 5.5.2. ACC may, at any time during the Term of this Service Schedule for Initial Occupational Services, provide written notification to the Supplier that a Service Provider is to be removed from this Service Schedule. The Service Provider shall be deemed to be removed from this Service Schedule, within 5 business days after the Supplier's receipt of ACC's notice. ACC shall not issue such a notice arbitrarily.

## **6. SERVICE EXIT**

- 6.1. The VIOA Services for a Client are deemed to be completed when a satisfactory Vocational Independence Occupational Assessment Report (ACC 195); Work Type Detail Sheets (ACC 196), and Section 1 of the Vocational Independence Recommendation Form (ACC 197) are received and accepted by ACC.
- 6.2. The LOPE Section 105 Assessment for a Client is deemed to be completed when a satisfactory Section 105 Report is received and accepted by ACC.

## **7. EXCLUSIONS**

- 7.1. Other Vocational Rehabilitation Assessments and Services are not to be provided under this Service Schedule. If other services are deemed relevant, then ACC referral process must apply for those services.

## **8. LINKAGES**

- 8.1. The Vocational Independence Occupational Assessment is followed by the Vocational Independence Medical Assessment. These are assessment tools for establishing a Client's Vocational Independence. The Initial Occupational Assessment, Initial Medical Assessment and other rehabilitation interventions are pre-requisites for the Vocational Independence Occupational Assessment. Following a Vocational Independence Occupational Assessment and the Vocational Independence Medical Assessment the Client will have the option of participating in a Transitional Job Search Programme upon referral by ACC.

## **9. REPORTING, QUALITY AND PERFORMANCE REQUIREMENTS**

- 9.1. The Supplier will monitor and manage the quality and performance of the Service by:
  - 9.1.1. participating in any peer review and/or quality processes implemented by ACC from time to time to time;

- 9.1.2. advising ACC of any issues the Supplier has in relation to the Assessment process;
  - 9.1.3. providing a full response to any enquiry or request for information by ACC, when reasonably requested by ACC;
  - 9.1.4. providing the reporting requirements information outlined in clause 9.2. to ACC when requested, no more frequently than once a year.
- 9.2. Reporting Requirements
- 9.2.1. This Contract requires the Supplier to supply ACC results against a number of contract monitoring measures to demonstrate that the Supplier is providing a quality service and complying with the Service Specifications. This will be requested no more frequently than once a year and can include but is not limited to:
    - 9.2.1.1. Services that meet the Service timeframes outlined in clause 5.2;
    - 9.2.1.2. Results of customer satisfaction surveys;
    - 9.2.1.3. Number, type and outcome of complaints;
    - 9.2.1.4. Qualifications, professional membership details and relevant professional development for each Named Provider on this Contract.

## **10. PAYMENT AND INVOICING**

- 10.1. ACC agrees to pay the applicable prices set out in Part A, clause 4 of this Service Schedule, for services in accordance with this Service Schedule.

## **11. TELEHEALTH**

- 11.1. Services can be delivered by Telehealth, where clinically appropriate. Services delivered by Telehealth must:
  - 11.1.1. have Client or authorised representative consent (recorded in the clinical notes), and with the option of an in-person meeting if the Client prefers;
  - 11.1.2. be preceded by an initial risk assessment to ensure Client safety;
  - 11.1.3. meet the same required standards of care provided through an in-person consultation;
  - 11.1.4. have clinical records that meet ACC and professional body requirements;
  - 11.1.5. meet the requirements outlined in the standards/guidelines of the relevant regulatory body. If there is a difference between the regulatory body statements and what is stated in this contract, then the contract conditions take precedence;

- 11.1.6. have both the Client receiving the Telehealth service, and the provider delivering the Telehealth service, physically present in New Zealand at the time the service is provided.

## 11.2. Service Requirements

- 11.2.1. The supplier will provide all equipment and technology necessary to deliver services by Telehealth and manage their own technical issues.

## 12. GLOSSARY

**“Assessor”** has the same meaning as “Named Provider” and “Service Provider” listed in Part A, clause 3 approved by ACC to carry out Assessment Services under this Service Schedule;

**“Work Types”** means all types of work available in NZ, for which the Client is suited by reason of their experience, education or training, or any combination of these;

**“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.

For this Service Schedule, Telehealth relates to real-time videoconferencing interactions and telephone consultations. Telehealth excludes electronic messaging, e.g. texts and emails.

A Telehealth consultation is to replace an in-person visit, it does not include a quick triage or check-in phone calls (unless specified)."

**“In-person”** means the provider and Client are physically present in the same room.”<sup>1</sup>

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<sup>1</sup> Medical Council of New Zealand Statement on telehealth 31 March 2020.