Vocational Rehabilitation Services

Draft – Under Review

Operational Guidelines

This is a living document and will be updated as required
Useful contacts and telephone numbers

Delivering VRS on ACC’s behalf is likely to involve you contacting a number of our teams. Here are their contact details.

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC Supplier Helpline</td>
<td>Ph: 0800 222 070 Email: <a href="mailto:providerhelp@acc.co.nz">providerhelp@acc.co.nz</a></td>
</tr>
<tr>
<td>ACC Client/Patient Helpline</td>
<td>Ph: 0800 101 996</td>
</tr>
<tr>
<td>Medical Fees</td>
<td><a href="mailto:medfees@acc.co.nz">medfees@acc.co.nz</a></td>
</tr>
<tr>
<td>Supplier registration</td>
<td>Ph: 04 560 5211 Email: <a href="mailto:registrations@acc.co.nz">registrations@acc.co.nz</a> Fax: 04 560 5213 Post: ACC, PO Box 30 823, Lower Hutt 5040</td>
</tr>
<tr>
<td>ACC eBusiness</td>
<td>Ph: 0800 222 994, option 1 Email: <a href="mailto:ebusinessinfo@acc.co.nz">ebusinessinfo@acc.co.nz</a></td>
</tr>
<tr>
<td>Health Procurement</td>
<td>If you have a question about your contract or need to update your details, please contact the ACC Health Procurement team: Email: <a href="mailto:health.procurement@acc.co.nz">health.procurement@acc.co.nz</a> Ph: 0800 400 503</td>
</tr>
<tr>
<td>Engagement and Performance Managers</td>
<td>Engagement and Performance Managers can help you to provide the services outlined in your contract. Contact the Supplier Helpline or Engagement and Performance Managers for details of the EPMs in your region.</td>
</tr>
<tr>
<td>ACC Vocational Rehabilitation Advisor</td>
<td>Contact the Supplier Helpline for details of the Portfolio Advisor for VRS.</td>
</tr>
</tbody>
</table>

Please report all health, safety and security risks or incidents in writing using the procedure on our website www.acc.co.nz/for-providers/report-health-safety-incidents.
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INTRODUCTION

Welcome to the Vocational Rehabilitation Services (VRS) Operational Guidelines. The purpose of these guidelines is to help Suppliers implement the requirements of the VRS service schedule. These operational guidelines should be read in conjunction with the following documents:

- Standard Terms and Conditions; and
- Service Schedule for VRS ('your contract').

If there is any conflict or inconsistency between these Operational Guidelines and the Service Schedule, the Service Schedule takes precedence.

These guidelines are a living document and will be updated in response to Supplier and client feedback, Supplier service delivery issues, and as part of ACC’s continuous improvement processes. You will be notified when each new version is issued and the latest version will be available by using the search function on the ACC website at www.acc.co.nz.

1. Vocational Rehabilitation Services

1.1. Purpose of the Vocational Rehabilitation Services

The purpose of VRS is to help a client to maintain employment, obtain employment or become ready for work following an injury.

VRS take into account the requirements of the Accident Compensation Act 2001 (the Act) and follow principles that are consistent with ACC’s wider claims management systems and international best practice.

1.2. Service principles

VRS are based on the following principles:

- Early intervention leads to faster recovery
- Services are provided with urgency and intensity to achieve optimal rehabilitation outcomes
- Rehabilitation and recovery is best achieved at work
- Employers have a key role
- Flexible services which can be tailored to meet the needs of clients
- Identification and removal of barriers to return to work is essential
- Multidisciplinary and collaborative – Suppliers use a multidisciplinary approach that encourages the client to actively participate in their vocational rehabilitation, and involves the employer, GP and any other health Supplier.
- Services are “outcomes based” - it is vital that all treatment and rehabilitation efforts are targeted towards outcomes which return the client to employment or independence.
- Good communication between ACC and the Supplier, employer, GP, and the client is a cornerstone to working collaboratively towards agreed outcomes.
• Suppliers positively represent ACC when dealing with clients, employers and other parties

Both Suppliers and case owners have a role to play in ensuring that services are delivered in accordance with these principles.

1.3. Multidisciplinary Team

Vocational Rehabilitation Suppliers use a multidisciplinary team approach to deliver VRS. The wider team includes the GP (or treating health practitioner), employer, case owner and any other rehabilitation Suppliers. The case owner plays a vital role in linking the wider team with the Vocational Rehabilitation multidisciplinary team.

The Supplier’s multidisciplinary team may consist of the following professionals:

• Occupational Therapist
• Physiotherapist
• Registered Nurse
• Medical Practitioner
• Psychologist
• Social Worker
• Career Practitioner
• Vocational Counsellor
• Any other relevant rehabilitation or treatment providers where barriers are identified and the case is identified as complex. For example, a dietician may be required in a more complex case.

2. Service overview and high level design

2.1. Service categories

VRS consist of the following services:

• Standalone Workplace Assessment - to gain information about the client’s pre-injury job, for example, where a client is unlikely to return to their pre-injury job and ACC needs information about their work tasks.
• Stay at Work Service - to rehabilitate clients to return to their pre-injury job
• Back to Work Service - for clients who are no longer employed to become “work ready”.
• Post Placement Support – to support a return to work for clients after a Back to Work service who have transitioned to the workforce
• Job Search Service – offered to clients to assist them to find employment where they are assessed as vocationally independent.
2.2. Overview diagram

The following diagram outlines the services and their outcomes. All clients enter at stage one and exit the service at the lowest level of service that meets their needs. More resource is available for clients who require more support once agreed between ACC and the Supplier.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Service Level</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stand Alone Work Place Assessment</td>
<td>Stage 1</td>
<td>Information gathered about pre-injury role. Client does not need Stay at Work Service</td>
</tr>
<tr>
<td></td>
<td>Stage 2</td>
<td>Return to same job, same employer</td>
</tr>
<tr>
<td></td>
<td>Stage 3</td>
<td>Return to modified job, same employer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Return to new job, same employer</td>
</tr>
<tr>
<td>Stay at Work</td>
<td>Stage 1</td>
<td>Fit for pre-injury role</td>
</tr>
<tr>
<td></td>
<td>Stage 2</td>
<td>Maximum employment participation</td>
</tr>
<tr>
<td></td>
<td>Stage 3</td>
<td></td>
</tr>
<tr>
<td>Back to Work</td>
<td>Stage 1</td>
<td>New job, new employer</td>
</tr>
<tr>
<td></td>
<td>Stage 2</td>
<td>Maximum employment participation</td>
</tr>
<tr>
<td></td>
<td>Stage 3</td>
<td>WorkReady, Vocationally Independent</td>
</tr>
<tr>
<td>Post Placement Support</td>
<td></td>
<td>Client is supported in their transition to employment</td>
</tr>
<tr>
<td>Job Search</td>
<td></td>
<td>Job search activities once vocational rehabilitation is complete</td>
</tr>
</tbody>
</table>

2.3. Outcome based service

The ACC VRS is an outcome based service. The focus is on helping the client to resume their pre-injury employment or providing support to ensure they are ready to resume new employment. Using the Results Based Accountability model, ACC measures:

- How much?
- How well did we do it?
- Is anyone better off?
The service schedule and these guidelines set out the key requirements for each service, however the service is not prescriptive in terms of programme content. ACC trusts Suppliers and providers to determine the appropriate amount and type of rehabilitation input required to achieve a return to work or work readiness.

ACC, through its performance monitoring, measures the quality of services delivered and outcomes achieved and uses this information to manage performance of Suppliers.

3. Relationships and communication

The rehabilitation partnership between the Supplier and the case owner is important to ensure the client’s rehabilitation outcomes are met. Suppliers, Providers and ACC staff will work together to rehabilitate the client and both parties will respect each other’s area of expertise. It is expected that:

3.1. Expectations for Suppliers

- Suppliers are responsible for ensuring all providers and sub-contractors understand the contract
- Suppliers are experts in the rehabilitation of injured clients and are responsible for achieving the service outcome for the client within the context of VRS (as defined in the service schedule)
- Suppliers, providers and any contractors or sub-contractors shall work together to form a multidisciplinary team where this approach will benefit the client in achieving the outcome objective.

The Supplier will nominate a person to be the main contact with ACC for each client. This person will:

- Send plans and reports to the case owner within the specified timeframes
- Ensure that services are delivered in a coordinated way within the optimum time frame to achieve the outcome
- Report progress to the case owner as agreed in the plan
- Contact the case owner in a timely manner if there is any change to the agreed plan
- Keep ACC informed of any issues with providing assessments or rehabilitation
- Ensure all services are carried out in accordance with the service schedule
- Inform ACC in a timely manner when any contact details change.

3.2. Expectations for ACC Case Owners

- Case owners are expert at managing the complex mix of entitlements, compliance relating to claims, rehabilitation and monitoring outcomes.
- Review and acknowledge receipt of reports provided within the specified timeframes
- Contact the Supplier to discuss and negotiate changes to the plan where appropriate
- Arrange any additional support, e.g. transport, that is agreed as necessary to support an early return to work
- Maintain contact with the client and the Supplier as appropriate.
• Arrange any case conferences if they are necessary
• The case owner is responsible for funding rehabilitation services to the extent that they are cost-effective, and likely to achieve the rehabilitation outcome.

4. Eligibility Criteria
ACC will determine client eligibility for vocational rehabilitation and the Supplier will accept or decline the referral depending on their capacity to deliver the services.

5. Referral process
5.1. Prior to making the referral
As part of their rehabilitation planning process, case owners will gather information and make a determination regarding the outcomes expected for the client, the complexity of the client's need for VRS and the expected duration of work incapacity.

Where the case owner decides that VRS is required to achieve the desired outcome, the case owner determines the type of service required based on the information available to them. This information includes the barriers to return to work and the duration and intensity of effort required for the client’s rehabilitation. The case owner will specify the target date for clients to achieve the agreed outcome on the referral.

The case owner will contact the client to discuss the proposed referral. In the case of a Stay at Work referral, the case owner will contact the employer and encourage the employer to be actively involved in the client’s rehabilitation.

5.2. Making the referral
Once the case owner has decided a VRS service is needed for their client, they make a referral using the ACC98 referral form. This will include the following information:

• Any relevant medical information (eg surgeon has recommended a hydrotherapy programme)
• Any relevant information about the place of employment that is known to the case owner (eg the employer has said that they have light duties available)
• Target date
• Barriers identified
• Outcome sought

5.3. Supplier acceptance of the referral
The Supplier is responsible for:
• Determining their capacity to provide a quality service in the required time frame
• Checking that the referral information is complete and contains all relevant information – and if not, returning it to the case owner with a request for specified additions.
• Notifying the case owner of their acceptance (or otherwise) of the referral within 24 hours of receiving the referral.
• Sending an email to the case owner advising the contact details of the Provider allocated the case and the details of the first appointment.
5.4. Target Date
The target date is the date by which the client is expected to achieve the overall outcome of the service. The case owner sets a realistic date taking into account the following factors, for example:

- Expected Claim Outcome (ECO) date
- Co-morbidities
- Relevant Psycho-social factors
- Surgery (or other planned treatments which may delay rehabilitation)

If the Provider has any information which could change this target date, they should note this in the initial report. For example, the client may not have given accurate information about their work type and the Supplier has more accurate information about work duties following the worksite visit.

5.5. What if the provider thinks the target date is unachievable?
If the provider concludes from the information available the expected target date does not truly represent the client’s situation, they can make a request to the case owner to reconsider the date. This request should include:

- The Target Date the provider considers to be realistic
- Information that supports this opinion (this may be information provided with the referral or new information identified at the initial or follow up appointments).

Such requests may be made:

- After the provider has met with and assessed the client, and in the case of the Stay at Work service, evaluated the work tasks. Requests to amend target date should occur at programme commencement and within one week of referral.

Within two working days of receiving a request, the case owner will advise whether or not they agree. If they agree to change the expected outcome or time frame, the case owner advises the provider, amends the referral details and amends the previous purchase order by:

- Deleting the original service item code and replacing it with the new code, and/or
- Amending the purchase order date range.

If the provider disagrees with the case owner’s decision relating to such a request, they may escalate their request to the case owner’s team manager.

5.6. Supplier Decline of Referral
Suppliers are expected to accept all referrals. Suppliers may decline a referral when there is a:

- Conflict of Interest - the Supplier should immediately notify the referring case owner
- Lack of Supplier capacity at the time of referral

ACC acknowledges that from time to time due to fluctuating referral volumes and Supplier availability, Suppliers may reach maximum capacity in local areas. Where the Supplier is unable to meet demand, they should immediately discuss this with the Branch Manager at the affected ACC sites, stating the services affected, reasons, and date they anticipate accepting referrals once again.
5.7. Developing a vocational rehabilitation plan

The provider develops a plan with the client and sends the plan to the case owner. ACC will share a copy with the client and other stakeholders if appropriate e.g. medical practitioner - these reports are not shared with employers as this is considered a privacy breach.

The provider will share a basic return to work plan with the medical practitioner to ensure signoff of the programme. If the client is undertaking a SAW programme, it is expected the employer is given information about the negotiated return to work programme in the workplace.

It is important that the start of services outlined in the service plan is not delayed, the provider should start delivering services as soon as possible.

The initial plan should include an agreed communication plan setting how and when the provider will keep the case owner informed of the client's progress, in addition to the formal progress reports, and their preferred method of communication (email or phone).

If the provider requires a change to the agreed plan (eg to the timeframe or to the agreed services) after it has been agreed to they must seek the case owner’s agreement. Within two working days of receiving such a request the case owner will contact the provider to discuss and reach agreement. The case owner will amend the purchase order.

5.8. Medical Clearance

- Approval from the client’s Medical Practitioner is required before entering the client into any work trial or cardiovascular activity. A medical certificate is not always required – a brief email to the GP outlining the proposal for the client to undertake a physical exercise programme and asking the GP to sign the form and send back if they agree will provide confirmation that the GP agrees with the work trial or cardiovascular activity.

The provider will liaise with the Medical Practitioner to gain approval for:
- The service plan, and confirm this clearance with the case owner
- Any proposed gym or activity programme that is not covered by the current medical certificate, before it commences
- Any work trial or simulated work activities not covered by the current medical certificate before the client undertakes these clearance for GP and certifying practitioners for more detailed information
- If an agreement cannot be reached on aspects of the Client’s certification, and a second opinion may be useful to reach an agreement, then the Vocational Medical Service may be considered. This could include a Vocational Medical Assessment (VMA) Case Conference, a Vocational Rehabilitation Review (VRR), or a Vocational Rehabilitation Review (VRR).

6. SERVICE DELIVERY

6.1. Standalone Workplace Assessment

A Standalone Workplace Assessment is sometimes requested when a client is unlikely to return to their pre-injury job and the case owner needs information about the client’s pre-injury job or workplace and work task requirements to help them with onward decision making.

A Standalone Workplace Assessment is not required for all clients who have lost their job but may be used in small number of circumstances for example: where the pre-injury...
job was unusual or had many different parts to it with varying degrees of physical demands.

The Standalone Workplace Assessment involves conducting an on-site workplace evaluation in order to document the range of employment tasks and activities. It must be done at the client’s pre-injury workplace. The client is not required to be present at the assessment, but will have been advised by the case owner that the assessment is to take place. The client can request to be present, but as an observer only.

The assessment is to be conducted using objective assessment tools and processes and be carried out in a safe manner.

6.2. Standalone assessment report
The Supplier will send the case owner a report which includes:

- The nature and type of the business; description of job tasks and corresponding physical demands for those tasks
- Frequency of those physical demands
- Psychosocial factors such as working alone and/or in isolated or rural area
- Cultural factors such as language barriers
- Details of the workplace environment eg: indoor, outdoor, noisy, chemical exposure
- Equipment required to be used or worn
- Other activities (including the classification of activity where it applies) and any applicable information that may be relevant to those activities, for example:
  - Driving - whether it is long distance, public responsibility driving, type of licence, day or night work etc
  - Cognitive activities - whether the role requires an ability to remember, focus and sustain attention, concentrate, undertake structured work activities, undertake mentally demanding tasks, multi-task, divide one’s attention, solve problems, control emotions, work autonomously, handle pressure of work or public demands, etc
  - Sensory activities - whether the role requires manually operating equipment at speed, fine hand/eye co-ordination, balance, etc.

The case owner will review the report to ensure that it is complete and informative. If further information is required the case owner will contact the Supplier within two working days of receiving the report.

The case owner is responsible for forwarding the assessment to the client and obtaining confirmation that it is an accurate record of their workplace and job tasks.

6.3. Stay at Work Services
The Stay at Work service is available for clients who are still employed in their pre-injury role. Often the client may not be working due to their injury or the client may have some restrictions preventing them from undertaking their usual employments tasks. The aim of the Stay at Work service is to assist clients in a sustainable return to their pre injury employment role.

All clients enter the Stay at Work service at stage 1. It is anticipated approximately 75% of clients will complete their vocational rehabilitation during either stage 1 or stage 2 of
the Stay at Work Services Clients with a highly complex situation may require further VRS under Stay at Work stage 3.

It is expected that Providers will deliver the right vocational rehabilitation at the right time in each individual case. For example more complex services may be required early in the delivery of rehabilitation, with a taper off as the client returns to work and independence. When progression to higher stages of SAW is requested a clear and strong rationale will be required.

6.4. Stay at Work Stage 1

Stage 1 is a package of services. Once a purchase order has been issued, the Supplier commences service delivery and provides services up to the resourcing available under stage 1 as per the Service Schedule.

6.5. Assessment of the client’s rehabilitation needs

Stay at Work includes an assessment of the client’s workplace. Following the meeting with the client and an assessment of their workplace, the client’s rehabilitation may take one of several pathways:

a) The provider may determine that the client can resume some work immediately or within a short time frame. In this case the provider will work with the client and the employer (if required) to develop a return to work plan and contact the medical practitioner to request an updated medical certificate.

b) The provider determines the client will likely be able to commence work or functional rehabilitation by a future date and develops a return to work plan. In this instance the client is unable to commence immediately due to medical certification (eg Fully Unfit) and the provider determines that the client is unable or unlikely to immediately obtain an amended certificate based on the information available. The proposed plan should be submitted to the medical practitioner for consideration as soon as practicable. The plan is submitted to the case owner. Vocational Rehabilitation is put on hold until the client is medically able to participate in functional or vocational rehabilitation.

c) If, following the next medical consultation, the client is issued with a Fit For Selected Work medical certificate (or agreement to participate in the programme), functional and/or vocational rehabilitation will commence. This pathway is common for patients under fracture clinic or specialist care. In this scenario the provider has an active role in liaising between the medical practitioner, the client, the employer and the case owner.

d) If during the delivery of the Stay at Work Service, the provider (or medical practitioner, or other treating provider) determines that the client is probably not likely to return to their pre-injury role, the provider should advise the case owner immediately. The case owner will then refer the client to an Initial Occupational Assessment (IOA).

6.6. Stay at Work Initial plan

The provider will send an initial Stay at Work plan that lists activities to be undertaken and time frames to achieve the outcome specified in the referral, within two working days of acceptance of the referral.

The plan includes:

- Assessment of the workplace
- Confirmation of the target date
• Client goals

• Activities to reach the desired outcome

• A communication plan – how often the Supplier and case owner will engage with other outside of formal reporting eg: phone, email etc.

The case owner will:

• Contact the Supplier to discuss any suggested changes to the plan within two days of receipt where the case owner wishes to discuss the plan

• Agree in collaboration with the Supplier of the frequency and best method of keeping them informed of progress, in addition to the formal reporting at the midpoint and programme completion

• Arrange any additional support that is agreed as necessary to support the client’s return to work, eg: transport.

Stay at Work activities includes:

• Visit to the client’s workplace. This should always happen unless there is an exceptional circumstance

• Complete an initial face to face interview with the client and their manager at the client’s workplace where appropriate.

• Identify the functional requirements of the client’s work, and their current functional limitations. Identify the obstacles or barriers currently preventing recovery at work in some capacity – taking into account the usual recovery timeframes for the client’s injury and the impact of the client’s individual health status. Promote actions to address those obstacles or barriers so that recovery at work can begin.

• Liaison with the certifying medical practitioner and the employer to obtain agreement of the return to work plan (including a partial return to work) which is consistent with the target date and injury related restrictions. The provider can contact the medical practitioner by phone, email or in person.

• Contact with any other relevant treatment provider, which may include negotiation of medical certification to support the proposed return to work plan

• Develop a return to work plan on the ACC7430 and send to the case owner.

• If the plan includes any strengthening or physical activity, the provider must seek approval from the client’s medical practitioner

• Provide the employer with a basic return to work plan if helpful.

• Identify any additional support the client may need to promote rehabilitation and early return to work and report this to the case owner.

• Monitoring of the return to work plan

• Regular contact with the employer to address barriers to return to work and maintain the employment relationship

• Provide updates to the case owner as defined in the initial report.

• Keep the case owner informed where progress is not as expected. Any non-compliance must be reported immediately.

• A multidisciplinary approach is always required in more complex cases.
• Modification of the work place environment including fitting or trial of equipment to facilitate a work trial or commence a return to work

• Simple psychological techniques to improve the client’s:
  o Coping strategies, promote adaptation to injury and its consequences, anxiety management
  o Management of low level pain which may be preventing the client from undertaking work
  o Motivation and an ability to set realistic personal goals

• A client-specific exercise and cardiovascular programme to address the client’s physical fitness for their pre-injury role

• Real or simulated work activities

• Supporting the client to maintain their work ethic

• Attendance at case conferences where required by the case owner.

6.7. Assessment of the client’s place of work

The purpose of visiting the client’s place of work is to:

• Gather information about a client’s progress following injury and their current functional ability

• Understand job demands and explore activities to include in a return to work programme.

• Engage with the employer. For example an interview with the employer may be undertaken to discuss alternative duties or accommodations available (if appropriate), or an alternate plan

• Modify the work place environment including fitting or trial of equipment.

6.8. Stay at Work Stage 2

Stay at Work stage 2 is for those clients who require more resources than those available in stage 1 to achieve the agreed rehabilitation outcome. Stage 2 SAW services build on services provided in stage 1 and focuses on complex issues, or any barriers to rehabilitation. Prior approval is not required for stage 2 services.

6.9. Stage 2 activities may include:

• Rehabilitation services to address functional or psychosocial barriers to return to work such as low level pain issues and related fatigue, a functional rehabilitation programmes to increase their general fitness and contact with other treatment providers, eg physiotherapists to ensure treatment aligns with the return to work plan

• Additional vocational rehabilitation that may include further workplace visits and more extensive monitoring, modification of the workplace or job tasks, fitting or trialling equipment

• Job maintenance activities, where the client is not fit for selected duties or there are no other duties available and the client is at risk of disengaging from their employment. For example supporting the maintenance of contact with their employer and colleagues, engaging in alternative work tasks such as working alongside colleagues, attending staff meetings and staff social activities
• Obtaining agreement of the medical practitioner to any proposed functional rehabilitation programme before undertaking it and liaising with the Provider of the functional programme on progress, where applicable

To transition to stage 2 resourcing, the provider sends a progress report with a summary of the interventions so far, progress the client has made towards goals to date, whether these goals are still reasonable or need updating, and a clinical rationale as to what further interventions are needed.

The provider then proceeds with delivering VRS under stage 2. The Supplier invoices ACC only for the actual amount of services or resources used during the delivery of Stage 2. It is not expected the maximum cap will be used for each case.

Providers are reminded that services are provided at the minimum level required to obtain the agreed outcome. If further treatment is required (eg: if physiotherapy treatment is required, then consider that physiotherapy be provided outside of the VRS contract).

6.10. Stay at Work Stage 3

Stay at Work stage 3 is for more complex clients who require more resources than are available in stages 1 and 2. For example, clients who have complex psycho-social situations; complications in their recovery from their injury; who require intensive multidisciplinary input from all members of the vocational rehabilitation team.

Stage 3 services require prior approval from the case owner. The provider must ensure the request is made at least 2 weeks prior to the completion of stage 2. This will ensure there is time for the case owner to consider the request and issue an approval.

6.11. Stage 3 - Prior Approval Process

The provider sends ACC an updated ACC 7430 report to the case owner detailing:

• How the resources allocated in stages 1 and 2 have been utilised
• The client’s progress towards the expected outcome
• Rationale why further services are required
• What services the Supplier will deliver under stage 3.
• Which members of the MDT will be working with the client, number of hours etc
• The target date to achieve the goals

The ACC7430 report is accompanied by a costing spread sheet which sets out the actual dollar amount requested. If it is agreed, the case owner advises the Supplier via email of the revised target date, the codes for the stage 3 services and advises the dollar amount for the specific services which have been approved.

6.12. Stay at Work - Service closure

Generally, closure of the service will occur shortly after the client achieves the expected outcome. In some cases, with agreement of the case owner, the provider may end the service when the client is completing the substantive tasks and/or hours associated with their pre-injury role. For example if the client is expected to resume all tasks in the near future and therefore does not require on-going monitoring by the Supplier.

Most often, return to work will coincide with the end of the current medical certificate or issuing of a “clearance” medical certificate by the relevant medical practitioner.
In cases where the client has resumed employment and is participating in a functional rehabilitation programme delivered by a provider, the service will end on completion of the functional input and once the main goals set for this aspect of the programme have been achieved.

A completion report is sent to the case owner shortly after the client has either:

1) Achieved the expected outcome within the target date
2) Completed the Vocational Rehabilitation Programme
3) Achieved independence

The Completion Report should state:
- Services provided
- Goals and outcomes achieved
- Any activities completed by the provider and/or client
- Whether the client has achieved a partial or full return to work
- If the client has not achieved an outcome of a full return to work or independence, then the reasons why and any recommendations for ongoing support
- General comments and whether there is any follow-up action required by ACC

6.13. Stay at Work Outcome Follow Up (VRS05)

When a client has returned to work as expected, the Supplier will follow up within six months to ensure the client’s return to work is successful and sustainable. The Outcome Follow Up may be conducted face to face or via a telephone call to the client.

The Supplier will notify the case owner (or local branch) when:
- The client has not sustained their employment; or
- The client is experiencing difficulties in their return to work which are related to their injury

The provider is not required to notify the case owner (or local branch) if the reason that the client has not sustained their employment is unrelated to their injury (e.g. pregnancy).

The Outcome Follow Up payment also covers any follow up surveys or monitoring which the Supplier is required to undertake as part of ACC reporting requirements once the client has returned to work.

7. Back to Work Services

Back to Work services are for clients who are not currently employed (they may have lost their job or are no longer able to work in their pre injury work type). Their goal may be to return to full or part time work. If this is not possible, then the outcome is achieved when the client is ready for work.

A client is considered ready for work when, following rehabilitation received, the client is reasonably expected to have the skills and function required to work in their pre injury work type, or one or more of the jobs identified in the Initial Medical Assessment to an entry level.
Referrals are received from the case owner on an ACC98 as set out in section 5
Commencing Services

7.1. Activities included in the Back to Work services

Back to Work services may include the following activities:

- Training or skill development specific to identified employment options (including literacy development, communication skills); outsourcing these if necessary (NB upon ACC approval, training can be funded outside the BTW programme using a Vocational Training code).
- Testing the suitability of job options and work types identified in the IOA and IMA
- Sourcing a trial of work with an employer and monitoring the success of the work trial including receiving objective feedback from the trial employer
- Assessing the suitability of a prospective work environment and ensuring the safety of the Client
- Modification of the prospective work place environment including notification to ACC of any requirements for workplace modifications, fitting or trial of equipment to facilitate a work trial or permanent work
- Initiate or attend case conferences
- Simple psychological techniques to improve the client’s:
  - Coping strategies, promote adaptation to injury and its consequences, anxiety management
  - Management of low level pain which may be preventing the client from undertaking work
  - Motivation and an ability to set realistic personal goals
- A client-specific exercise and cardiovascular programme to address the Client’s physical fitness for targeted work types.
- Obtain the agreement of the medical practitioner to any proposed functional rehabilitation programme which is not covered by the current medical certificate, before the programme starts
- Real or simulated work activities
- Job Brokerage - Suppliers need to have excellent linkages with employers, and promote employment opportunities generally.
- Notification to ACC of any requirements for workplace modifications
- Curriculum vitae preparation
- Interview preparation and techniques
- Teaching job search strategies and skills, including accessing the labour market, managing how the client discusses their injury with prospective employers, and supporting the client to maintain their work ethic
- The provider will report progress to the case owner at the end of each stage or more frequently if agreed or there are exceptions. Reports and other communication should clearly document how the client is progressing with work trials, motivation, compliance and any barriers or issues identified that are likely to impact on the vocational rehabilitation process.
7.2. Back to Work Initial Plan

The provider develops an action plan with the client and sends the plan to the case owner within two working days of acceptance of the referral. The plan is to include the right vocational rehabilitation at the right time in each individual’s case. Where higher stages of BTW are requested a clear and strong rationale is required.

The plan includes:

- The client’s goals
- Expected outcome
- Activities to be undertaken to achieve the outcome
- Target date
- An agreed communication plan which sets out the manner and frequency that the Supplier and case owner will keep in contact about the client’s progress
- Which members of the MDT will be working with the client

The plan needs to be consistent with referral information including the Individual Rehabilitation Plan, IOA and IMA and any other assessment information if provided. The plan will include goals, activities and incremental steps to support the outcome within the expected target date. The provider will share a basic plan with the certifying medical practitioner to ensure signoff of the programme.

ACC will share a copy of the full report with the client and other stakeholders if appropriate e.g. the medical practitioner. These reports are not shared with other stakeholders by the provider as this could cause a privacy breach.

Most clients who undertake a Back to Work service will have an IOA and IMA that has identified sustainable work types which are appropriate and suitable for the client.

Exceptions to this are:

- Clients who have lost their employment and are expected to regain capacity to undertake their previous work type, following a functional exercise programme led by a physiotherapist; or
- Clients who only require assistance with placement into a new role.

7.3. Back to Work stage 1

All Back to Work services are referred into Stage 1.

Back to Work services are tailored services which are planned and managed through a collaborative process between the case owner, the certifying medical practitioner, the provider and other contracted providers. The case owner will work with the client and their certifying medical practitioner to develop and agree the Client’s Individual Rehabilitation Plan. The provider will seek to obtain approval from the Client’s Medical Practitioner to clear the client for their pre-injury job where appropriate.

A Completion Report is submitted if the client has ceased vocational rehabilitation at this stage. The report will include details the activities completed and how they helped the client to achieve the outcome.

7.4. Back to Work Stage 2

These clients usually require a more extensive combination of functional and/or vocational rehabilitation delivered by a multidisciplinary team. Usually these clients have
more complex issues and barriers to rehabilitation and further resources are required to achieve the agreed rehabilitation outcome.

For most clients, an IOA and IMA will have been completed prior to progressing to Back to Work stage 2.

7.5. Progressing to Stage 2 Back to Work Services

Stage 2 of the Back to Work services does not require prior approval. The provider sends an update/progress report using the AC7431 form to the case owner and provides the services as outlined. The Progress report should outline:

- An overview of the client’s progress towards the expected outcome
- Goals and outcomes achieved including any partial or full return to work
- Any activities completed and how they have contributed to the client achieving the overall outcome
- Any changes to the client’s situation
- Rehabilitation goals
- Any new issues or barriers that have emerged which may affect the Client’s progress
- If the provider is coordinating other services, the progress report should also include any comments about these other services to date.

When the client achieves their expected outcome, a Completion report is submitted. If the client has not achieved their expected outcome, the Supplier sends an ACC7431 as early as possible but no less than two weeks before completion of stage 2.

7.6. Back to Work stage 3

Back to Work stage 3 services are for clients who require more resources than are available in stages 1 and 2 due to the complexity of the client’s needs. For example, clients who have complex psycho-social situations; complications in their recovery from their injury; who require intensive multidisciplinary input from all members of the vocational rehabilitation team.

7.7. Back to Work Stage 3 - Prior Approval Process

Stage 3 services require prior approval from the case owner. The provider sends an ACC 7431 form to the case owner at least 2 weeks prior to the completion of stage 2 to request extra services. They must detail the services which have been delivered and how the client is progressing along with a rationale why further services are required.

The provider should provide the following information in the progress report:

- How the resources were utilised in stages 1-2
- Progress to date
- Rationale why further services are required
- The outcome they are working towards
- Which members of the MDT are working with the client to achieve the outcome
- How many hours are required to complete the outcome
- Details of what services will be delivered to the client to achieve work readiness
What is the expected timeframe to achieve the goals

The ACC7431 is accompanied by a costing table which sets out the actual dollar amounts.

If approved, the case owner confirms the codes for the stage 3 services, the revised target date and the dollar amount which has been approved to deliver the approved services.

7.8. Work Trials

Work trials can be used to test a client’s capacity for work in an actual workplace. Work trials provide useful information for any subsequent medical assessments to determine capacity for work and further rehabilitation. They can also lead to permanent employment outcomes.

Provide a brief outline of any Work Trial to be undertaken and obtain medical clearance for the client to undertake a work trial.

The GP or certifying practitioner should complete the ACC5657 Confirmation of Work Trial and return it to the provider. The provider will confirm the clearance with the case owner.

The plan should be sent to the GP or certifying practitioner with the ACC124 Confirmation of Work Trial – vendor letter, and should contain:

1) A brief outline of the proposed work trial and job activities
2) Availability of work hours
3) Any other activity recommendations.

7.9. Work Trial Reporting

Following the work trial, the provider sends a report to the case owner setting out the following information:

- Confirmation of the hours worked by the client
- Detail of the tasks undertaken
- Details of the client’s motivation and inclusion of employer comments.
- Any barriers such as pain that arose and how these were addressed
- Details of any non-compliance
- Details of the client’s motivation and inclusion of employer comments.

It is helpful to the case owner if the provider reports the full range of activities the client has undertaken each day. This is best presented on a weekly timetable for the period of the work trial, including their activities such as work, participation in other rehabilitation such as exercise programme, vocational training and so on. This provides the case owner with a full picture of the Client’s overall level of participation. A client completed daily diary is recommended.

7.10. Determining whether the client is ready to return to work

ACC needs to see how the rehabilitation needs of the client have been addressed and that any barriers identified during rehabilitation, have been mitigated appropriately. Barriers may include: pain, psychological vulnerability and fatigue.

The role of the VRS provider in delivering Back to Work services is to document:

- Evidence of the identification of barriers
• Activities undertaken to address the barriers

• The Client’s response in demonstrating work readiness

Providers should show how rehabilitation has facilitated the adjustment of a client to be able to undertake work and complete a working week while managing residual symptoms and/or how rehabilitation has addressed loss of confidence in skill sets or and how the client has updated their skills.

Sources of information about the Client’s rehabilitation needs may include:

• Initial Occupational Assessment (IOA)

• Initial Medical Assessment (IMA) or a redacted version of this assessment

• Any additional assessments or clinical information

• Individual Rehabilitation Plan (IRP)

• Information on the referral form or from the case owner

• Client interview

“Work ready” means the client is reasonably expected to have the skills and function required to carry out their pre injury work type, or one or more of the jobs identified in the Initial Medical Assessment to an entry level and/or the client has immediate transferrable skills for one or more identified work types. A client who is determined to be “work ready” does not require any further vocational rehabilitation.

It is the role of the Vocational Independence Medical Assessor to determine a Client’s capacity for working 30 hours a week or more through the VIOA and VIMA assessments. (see section on Vocational Medical Services)

7.11. Back to Work Completion Report

The Back to Work Service is complete when the client has achieved work readiness or the provider identifies that the client has reached their maximum potential with Vocational Rehabilitation. The provider will send an ACC7431 service completion report to the case owner within two working days after completion of the service.

The Completion Report should state:

• Services provided

• Goals and outcomes achieved

• Any activities completed by the provider and/or client

• Whether the client has achieved a partial or full return to work

• Whether the client has demonstrated an ability to be work ready and suitable jobs identified

• If the client has not achieved the outcome of work readiness, the reasons why and any recommendations

• General comments and whether there is any follow-up action required by ACC

• Details about Post Placement Support where this is being provided to the client. This must include: frequency and nature of contact with the client, the timeframe the support will be delivered, and the frequency and method of providing the case owner with updates about the client’s return to work.
7.12. Back to Work Outcome Follow Up (VRB05)
When a client has returned to work the provider will follow up to ensure the client is managing and that their return to work has been sustainable. The Outcome follow up activity may be made via face to face or a telephone call with the client.

If the client has not sustained their employment for reasons related to their injury, the provider should email the case owner or local branch stating the reasons why the client has not sustained their employment.

The outcome follow up payment also covers any follow up surveys or monitoring which the provider is required to undertake as part of reporting requirements once the client has returned to work. This payment is not available for clients who did not transition to work.

7.13. Post Placement Support (VRB06)
Where the client has been placed in new employment as a result of the Back to Work service and vocational rehabilitation has been completed, the provider can continue to provide support to the client. This support should be provided to the client in the workplace. Post Placement Support can be used to support all clients, including those with a Serious Injury.

Post Placement Support requires prior approval from the case owner. The Completion report should clearly set out the purpose of the post placement support, the frequency the provider will visit the client and the timeframe required to support the client their return to work. The Completion report should be accompanied with a costing spread sheet which states the dollar amount.

Once approved, the case owner will enter the agreed amount into the Purchase Order and ensure the timeframes are extended cover the period of time this service will be delivered and emails the Supplier with confirmation of approval.

The provider sends updates about support provided to the client via email to the case owner as agreed in the completion report.

8. Vocational Medical Services
Vocational Medical Services are available to support providers and clients during VRS. Referral for these services will usually occur where expert medical advice is required to overcome any barriers identified. Note VMS are separate services to VRS.

A referral for VMS can be initiated when expert advice is required to assist with problem solving, overcoming barriers and planning rehabilitation. VMS is carried out by a medical practitioner who has completed additional training in occupational medicine. A referral may be arranged by the VRS Supplier, the case owner, the Client’s GP or treating Medical Practitioner.

8.1. Referrals initiated by the VRS Supplier
Where a referral for a Vocational Rehabilitation Review (VRR) is initiated by the VRS provider, they must inform the case owner. This is not to gain prior approval but to ensure that the referral initiated by the VRS is consistent with the rehabilitation plan that the case owner has organised for the client. Open communication between all parties involved in the rehabilitation programme is important. If the provider has not heard back from the case owner within 24 hours they can proceed with the referral.

When asking for advice under VMA, whether by phone or email, include:

- Name of client
- ACC claim number
- Name and contact details of the referrer
- Purpose of the referral.

The list of VMS provider and their contact details is available on acc.co.nz.

Each VRS Supplier is required to have in place a system that records the overall volume of VMS referrals, and the number of clients referred to each VMS Supplier, so that this can be monitored. Where a VRR or IMA has occurred recently, and further advice is required, referral should be made back to the same assessor.

The expert advice in VMS may occur in the following ways:

8.2. Vocational Medical Assistance (VMA)

This involves a single or multiple correspondences relating to specific query or a case conference between all parties involved in the Client’s rehabilitation. A referral may be initiated by VRS Supplier up to a total of five times before prior approval from ACC is required. Referrals may be made for a VMA Liaison (advice from an expert by phone or email) or a VMA Case Conference (phone and/or face-to-face meeting with support team).

8.3. Responsibilities when undertaking a VMA case conference:

To be eligible for this service, the VMS assessor must have previously examined the client eg for an IMA or VRR. The referrer who initiates the case conference, either the VRS Supplier or the case owner, is the person responsible for coordinating the VMA case conference. This includes:

- Arranging a time, if possible, that suits all parties involved in the rehabilitation programme
- Chairing the discussion
- Circulating a note, following the conference, that summarises the discussion including a list of actions/next steps.

The provider is required to explain to the client the purpose of obtaining an opinion from the VMS Assessor. Specifically, the VRS provider should explain to the client what information will be sent and what questions are being asked and why.

The provider has a responsibility to ensure that the client is eligible for the service before making the referral. If there’s uncertainty around how many previous VMS referrals have been made the provider should contact the case owner.

Case conferences will ideally occur with parties present in person, however, there may be occasions where some or the majority of parties attend by phone or internet link. Time spent by the VRS provider making the referral, reviewing the incoming information, arranging any actions as well as attending any case conferences is funded out of the allocation within the stages. ACC funds the input of the medical assessor regardless of who makes the referral, eg ACC, the VRS provider or GP. In complex tailored programmes where there are more than 2 case conferences, ACC will consider fee for service hours on a case by case basis.

8.4. Vocational Rehabilitation Review (VRR)

Case owners, general practitioners (GPs) and VRS provider can request a VRR when they need a clinical assessment and accurate description of the Client’s fitness for work and suitability to commence or progress their return to work programme.

A VRR involves a face to face assessment and examination by an occupational and/or rehabilitation medicine specialist (VMS assessor) including contact with relevant treatment and rehabilitation parties (eg the client’s GP, employer, VRS provider).
VRR referrals should be completed using the ACC6245 Supplier referral for Vocational Rehabilitation Review. A referral can be initiated by a VRS provider up to three times before prior approval from ACC is required.

8.5. Clients Who Do Not Attend (DNA) scheduled VMS appointments

If a client fails to attend a scheduled appointment, the provider must contact the client immediately and email the case owner within 24 hours and advise of the Client’s stated reason for non-attendance. If the client has a genuine reason for non-attendance, the provider may make another appointment.

9. Other Services being concurrently delivered

VRS may be supplied concurrently with other treatment or rehabilitation services (for example Concussion Services or Pain Management Service), the case owner will ensure that the VRS are appropriately coordinated. The VRS provider should be in regular communication with other service Suppliers to ensure that the client is receiving coordinated rehabilitation and consistent messaging about their treatment and rehabilitation.

The provider and case owner should co-ordinate appointments to minimise client non-attendances.

9.1. Pain Management

Some pain management services may be delivered within VRS. For example, strengthening, graduated exercise programmes. Where the client has chronic pain and has a number of barriers to rehabilitation, a referral into Pain Management Services may be considered.

9.2. Concussion Services

Where a client has suffered a brain injury, the Concussion Service is the lead Supplier until the Client’s cognitive symptoms have improved and it is determined that the client is medically able to participate in Vocational Rehabilitation.

9.3. Regulation Physiotherapy

Clients who are undertaking physiotherapy under regulations may continue with their physiotherapist. The provider must liaise with that physiotherapist to ensure that the client is receiving consistent messaging about their treatment and rehabilitation.

9.4. Non ACC treatment

When a client is participating in other non ACC treatment or rehabilitation (eg the client may be seeing a herbalist). These other treatments may run alongside vocational rehabilitation but are separate.

10. Job Search Service

Job Search sits outside VRS and is offered to clients once the Vocational Rehabilitation has been completed. Job Search is designed to provide additional support to help clients seek and secure employment three month period before their entitlement to weekly compensation ends.

The provider will be provided with a copy of the Client’s VI06 Claimant notification of compensation cessation which outlines the identified work types that are suitable for the client.

Job Search activities may include:

- Development of a job search plan that matches the Client’s skills and work types identified as suitable
• Development or modification of curriculum vitae
• Teaching job search strategies and skills, including accessing the labour market
• Preparing for interviews and interview techniques
• Providing job seeking advice.
• Connecting the client with employers and/or actively working with employers to identify suitable employment
• Acting as an intermediary with these employers on behalf of the Client
• Facilitating a positive and durable employment outcome for the Client
• Completion of job applications, motivational coaching and follow up to ensure the job placement is durable.

11. Reporting

ACC will receive reports from the provider electronically, in the required format or template. Providers may also be required to complete outcome tools to measure specific outcomes. Organisational reporting will also be submitted to ACC on a regular basis. Details of the required Supplier reporting can be found in the Service Schedule.

11.1. Supplier Responsibilities for Reporting

• Progress reports are submitted to the case owner at the point of upgrade between each stage or more frequently if there are exceptions such as non-compliance or events which may affect the Client’s achievement of the expected outcome by the Target Date.
• The case owner may also request more frequent updates to keep up to date with their Client’s vocational rehabilitation progress. The provider and case owner will agree on the frequency and method of keeping in touch outside of the VRS reporting requirements.
• Action plans are updated whenever there is an agreed change in the dates of service delivery – The provider should clearly indicate new updates (eg by using a different colour) so that the case owner can easily identify the latest update.
• Where Stage 3 resources are required, the provider will send the progress report at least two weeks prior to the end of stage 2.
• A written completion report is sent to the case owner within two working days of completion of the service using a standard ACC template. This report should also outline if there is any follow-up required by ACC. For example:
  • If the client has returned to partial pre-injury duties or pre-injury hours, ie there are one or two normal job tasks that they are unable to perform at this stage of their recovery (eg lifting a particularly heavy object) but there is an expectation that they will be able to resume undertaking these tasks when they have fully recovered, the Supplier will provide the time frame for resuming these full pre-injury work tasks
  • Any instances of non-compliance must be reported to the case owner immediately, along with any problems with delivery of the proposed plan.

11.2. Supplier record keeping

The provider is required to maintain their own records of client progress according to their own professional standards in addition to ACC reporting requirements. These
records are to be made available to ACC upon request. Situations where records are likely to be requested include when:

- Further information is required by ACC, eg for a medical case review or vocational independence decision
- ACC has conflicting information and would like to review a Supplier’s source documents.

12. Timeframes

12.1. Reaching agreement on outcomes, timeframe, service provision

If the provider requires a change to the agreed plan (eg to the timeframe or to the agreed services provided), the provider will seek the case owner’s agreement. Within two working days of receiving such a request the case owner will advise whether or not they agree. If a change to the purchase order is required, the case owner will amend the previous purchase order by approving any new codes or amending the purchase order date range.

Equally a case owner may query with the timeframes or planned vocational rehabilitation interventions and may contact the provider to query and/or renegotiate the timeframes or planned activities. It is expected that good communication and collaboration will result in a plan which best meets the rehabilitation needs of the Client.

12.2. Table 2 - Timeframes for Reporting and Requests

<table>
<thead>
<tr>
<th>Request</th>
<th>Supplier</th>
<th>Case Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplier accepts referral and sends email to case owner accepting referral</td>
<td>Within 24 hours of receipt</td>
<td>-</td>
</tr>
<tr>
<td>Assessment and Plan sent to case owner</td>
<td>Within 2 working days of acceptance</td>
<td>Advises Supplier if they agree with the plan within 2 working days</td>
</tr>
<tr>
<td>Progress Report</td>
<td>Required when progressing from stage 1 to stage 2</td>
<td>-</td>
</tr>
<tr>
<td>Request for change to agreed plan</td>
<td>As early as possible</td>
<td>Within two working days of receiving a request, the case owner will advise whether or not they agree.</td>
</tr>
<tr>
<td>Timeframe for requests for stage 3 resources</td>
<td>As early as possible but no less than 2 weeks prior to the completion of stage 2</td>
<td>Within two working days of receiving a request, the case owner will advise whether or not they agree.</td>
</tr>
<tr>
<td>Timeframe for requests for additional resources under exceptional circumstances</td>
<td>As early as possible but no less than 2 weeks before the end of stage 3</td>
<td>Within two working days of receiving a request, the case owner will advise whether or not they agree.</td>
</tr>
<tr>
<td>DNA - client fails to attend appointment. Supplier to contact case owner</td>
<td>Within 24 hours</td>
<td>-</td>
</tr>
</tbody>
</table>
Where the Supplier or provider is unable to meet the time frame above, they should inform the case owner and confirm the date they can expect to receive the plan.

### 12.3. Placing VRS on hold

A case owner or provider may place a client’s vocational rehabilitation on hold for a period of time. Possible reasons why a case may go on hold:

- Work place assessment has been completed but rehabilitation is not able to commence for a period of time. This situation may arise when there is early engagement with the employer but it is too early for the client to engage in their rehabilitation.
- Injury too acute
- Exacerbation of the covered injury
- Unexpected treatment for covered injury (e.g. very minor surgery)
- New injury
- Equipment is needed for a safe return to work
- Exceptional personal circumstances.

For any cases which need to be placed ‘on hold’, the following criteria will apply:

- A maximum of 1 ‘on hold’ per claim
- The time applied to the ‘on hold’ must be for a minimum of 4 weeks and a maximum of 3 months.

In exceptional circumstances where more than one ‘on hold’ or a term outside the agreed parameters is required, please discuss this with the case owner and/or the local Engagement and Performance Manager.

### 12.4. How to place a case on hold

When a provider requests to place a case on hold, the provider:

- Makes a phone call to the case owner to discuss the request
- Follows up the phone call with an email to the case owner stating the date the case will be put on hold, the timeframe for how long the case will be put on hold and the reason why the case is being put on hold. It is important that the duration the case is placed on hold is documented. This enables the total claim duration to be accurately measured.

The responsibility for monitoring the claim transfers to the case owner when a claim is placed on hold. The case owner will:

- Confirm the result of this discussion by email and adjust the purchase order end date.
- Maintain contact with the treating health practitioner and employer during the time the case is on hold.

In cases where it is not clear when the service can recommence, the case owner will provide a review date when they will contact the Supplier for an update.
12.5. Recommencing Vocational Rehabilitation after a claim has been on hold
When a client resumes their VRS after being on hold, the client re-commences their vocational rehabilitation where they left off. The service does not start from the beginning again. The same process is followed if the claim is put on hold again.

The total duration of VRS will be measured from the start to the end of services – minus the period/s the case was put on hold.

12.1. Serious Injury Timeframes
Pacing is important for clients who have suffered a Serious Injury and these clients may require a longer period of Vocational Rehabilitation. Housing modifications and transport needs may need to be considered prior to the commencement of Vocational Rehabilitation.

12.2. Stopping an assessment
If for some reason, such as your safety or an inability to obtain a history you consider that the assessment may not be able to continue, discuss the situation with the client only if it is safe to do so and try and resolve the situation.

If despite discussion you are unable to reach a resolution and feel that the assessment should not or cannot continue, you should explain this to the client and terminate the assessment. Notify the Client’s case owner as soon as possible and fully document the reasons for the termination of the assessment in your report.

13. Equipment provision
ACC guidelines for the provision of equipment to support a Client’s return to work are outlined in the MRES Operational Guidelines


Some personal items (e.g. protective clothing, safety boots) may be a requirement for a client to return to work. The case owner will consider the employer’s responsibility (where there is one) to provide these items. Where ACC has agreed to supply the item(s), the funding options available include:

- The client purchases the item, ACC considers reimbursement
- ACC arranges provision of item directly via a contracted equipment Supplier
- If the item costs less than $60 (excl GST), the Supplier delivering the service purchases the item and ACC reimburses the Supplier using the EU60 code.

14. Sub-contracting
VRS is provided through a lead Supplier model which means from time to time, the Supplier will contract or subcontract services to facilitate the client’s vocational rehabilitation outcome and/or meet the client’s unique identified needs.

A subcontractor is a person, business, company or organisation contracted by the Supplier to deliver or perform part of your obligations under this contract. A person engaged on a contract for services who performs the tasks of an employee is not considered a subcontractor.
Examples may include:

- Provider delivering training or skill development specific to identified employment options (including literacy development, communication skills) may utilise support personnel such as coaches, teachers or tutors with specific subject matter expertise.

When services are subcontracted, the Supplier retains responsibility for ensuring that the learning programme is specific to client needs and progress is monitored. The Supplier must also ensure the subcontractor meets the requirements as set out in Appendix A Skills, Requirements, Competencies.

- These services can’t include ACC contracted services. Those services that are normally provided by ACC contracted Suppliers must be facilitated through the case owner via the usual assessment and approval process.

- Consideration must also be given to whether the additional services being proposed for inclusion in a tailored service are of a type that can be provided under ACC legislation.

- There is no fee for service payable for clients who do not attend an appointment under the allowable fee for service billing.

It is also important to consider community services that can provide free training/up-skilling, which clients can complete independently as part of their tailored plan, eg free community computer courses or literacy courses.

### 14.1. Retraining and funding other services

A client may require other services not normally included within either a Stay at Work or Back to Work plan to support the Client’s programme of rehabilitation. It is the responsibility of the provider to determine what additional services are required for the client to achieve work readiness and list this information in the final section of the Client’s Back to Work plan.

Where the required additional treatment focused services have existing ACC contracts (eg counselling, pain management education), the provider may refer the client directly to this service. Alternatively, the case owner may arrange a separate referral to an appropriate provider.

For other services, ACC will consider funding the service on a non-contracted basis. Following approval from the case owner, it is the responsibility of the VRS provider to identify and make contact with the training provider, instruct them on what services are required, and monitor completion of the service. ACC will contact the training Supplier directly with details about how the intervention will be funded by ACC.

Examples include:

- Computing training
- Numeracy/literacy assessment and education
- Customer service and point of sale training
- First aid/health and safety courses
- Industry specific courses
- Licenses and associated training
- Dietary support advice
• Cultural support.

**There are three options to fund service elements outside the package. In order of preference these are:**

1. Purchase order raised direct with training provider delivering service locally
2. Purchase order raised with sub–contracting agency who is coordinating the training
3. Purchase order raised with VRS Supplier to whom local provider is connected.

15. **Supplier performance and monitoring**

Evaluation of Supplier Performance is essential to ensure clients receive quality services in a timely manner and that agreed outcomes are achieved. Suppliers can expect to receive quarterly reports that track performance. Details of Supplier performance measures are set out in the service schedule.

Engagement and Performance Managers (EPMs) will meet at least quarterly with Suppliers. Suppliers must collate the required performance data into the format requested by ACC. This will enable the EPM to produce reports which will be shared with Suppliers and the ACC Portfolio team to enable performance monitoring and feed into continuous improvement of the services.

Outside of the required reporting schedule, EPMs may meet with Suppliers as arranged between the parties to discuss any issues which have been escalated to the EPMs from ACC, clients, employers, other health providers or other stakeholders. Suppliers are encouraged to raise any issues in relation to meeting their performance requirements with the EPM in the first instance.

**Supplier performance is measured on:**

• Services Delivered – client outcomes, duration, cost.
• Reporting - timeliness and quality
• Client satisfaction, Employer satisfaction, Client Self Efficacy
• Organisational capability and staff qualifications and experience

15.1. **Services Delivered**

Service Delivery measurements include client outcomes and duration of time taken to achieve the outcome. These results are measured against the complexity of the clients. Client complexity is measured on a 1-10 rating. Client complexity rating scores will be available to Suppliers as part of the quarterly performance data - alongside the other service delivery results to provide context to the complexity of claims referred to Suppliers.

EPMs will make the results available to each Supplier at the scheduled meeting. Suppliers will be able to see their results benchmarked against other Suppliers, but will only be able to identify their own results.

<table>
<thead>
<tr>
<th>Performance Measure – Service Delivery</th>
<th>Who</th>
<th>How collected</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Outcomes</td>
<td>ACC</td>
<td>ACC Data warehouse/Portal</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Declined referrals</td>
<td>Supplier</td>
<td>EPM</td>
<td>30 June &amp; 31 Dec</td>
</tr>
</tbody>
</table>
15.2. Reporting

Timeliness is important to ensure that services are delivered in a timely manner. Where Suppliers are not able to meet the reporting timeframes, or are not able to accept a claim within the timeframe specified in the contract, the Supplier should ensure that the reasons are documented in their records. Similarly, where clients do not attend appointments, Suppliers should note that they have notified the case owner in their records. A review of client reports for purposes of quality checking and to gather timeliness data will be conducted by the EPMs at least annually.

<table>
<thead>
<tr>
<th>Performance Measure - Reporting</th>
<th>Who</th>
<th>How collected</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report quality</td>
<td>ACC</td>
<td>Supplier sends report to EPM</td>
<td>31 August</td>
</tr>
<tr>
<td>Timeliness (referral acceptance, reports, DNA, changes to plan)</td>
<td>Supplier</td>
<td>Portal/ Supplier records – EPM undertakes quality review</td>
<td>Continuous</td>
</tr>
</tbody>
</table>

15.3. Surveys - Client satisfaction, Employer satisfaction, Client Self Efficacy

ACC will provide Suppliers with the survey questions which must be offered to all clients and employers. A document setting out the guidelines for the survey must accompany the survey given to clients and employers. Although it is mandatory that all clients and employers are offered the survey, their participation in the survey is voluntary.

Suppliers are responsible for administering and collecting the surveys and collating the results into a form which can be reported back to ACC. ACC will provide Suppliers with a template on which each Supplier will enter their collated results. EPMs will collect the collated results from each Supplier and will make the results available to each Supplier at the next meeting. Suppliers will be able to see their results benchmarked against other Suppliers, but will only be able to identify their own results.

<table>
<thead>
<tr>
<th>Performance Measure - Surveys</th>
<th>Who</th>
<th>How collected</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client satisfaction</td>
<td>Supplier</td>
<td>EPM</td>
<td>31 August</td>
</tr>
<tr>
<td>Client self efficacy</td>
<td>Supplier</td>
<td>EPM</td>
<td>31 August</td>
</tr>
<tr>
<td>Employer satisfaction</td>
<td>Supplier</td>
<td>EPM</td>
<td>31 August</td>
</tr>
</tbody>
</table>

15.4. Organisational Capability, Staffing Qualifications and competencies

Suppliers are also expected to ensure that all service providers meet ACC’s skills and competency requirements as set out in Appendix A of this document. This includes employees, contractors and sub-contractors.
Providers delivering a client specific exercise and cardiovascular programme to address the Client’s physical fitness for work may utilise support personnel such as physical trainers, gym instructors, pool attendants and coaches to support the programme. Please see clause 2.7 of the attached document.

In addition to meeting these requirements, the Supplier should match the Supplier to the Client’s needs, for example, achieving a good cultural match, ensuring services are delivered by the most highly skilled and qualified Supplier for more complex clients.

<table>
<thead>
<tr>
<th>Performance Measure – Organisation and Staffing Skills and Competencies</th>
<th>Who</th>
<th>How collected</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality plan and Continuous Improvement</td>
<td>Supplier</td>
<td>EPM</td>
<td>31 August</td>
</tr>
<tr>
<td>Staff and contractor turnover</td>
<td>Supplier</td>
<td>EPM</td>
<td>30 Feb &amp; 31 August</td>
</tr>
<tr>
<td>Qualifications and experience</td>
<td>Supplier</td>
<td>EPM</td>
<td>30 Feb &amp; 31 August</td>
</tr>
</tbody>
</table>

15.5. Supplier Days
Supplier meetings are an opportunity for ACC and Suppliers to share information and work together to enhance and improve service delivery to clients. Supplier days will be held at least annually and are held either in: Auckland, Wellington or Christchurch. At least one representative from each Supplier is expected to attend.

16. Working with clients who may pose a health and safety risk
ACC may not always have access to detailed information concerning a client’s history, but if a client has been identified as posing a risk, the case owner will be able to provide information relevant to your role in managing the claim to help you mitigate health and safety risks to service providers and others.

ACC clients who meet two or more of the following criteria are considered to pose a potential risk to safety, and will have a Care Indicator activated by ACC:

- Have continued to demonstrate intimidating and/or offensive behaviour (e.g. body language and verbal dialogue has made employees feel unsafe)
- Been abusive, verbally or in writing
- Made racist or sexist comments
- The current actions being undertaken on their claim by ACC are known to have caused, or are expected to cause a significantly negative response from the client. For example, Prosecution, Fraud Investigation, cessation of Weekly Compensation, etc.
Clients who meet any one of the following more serious criteria are also considered a hazard and will also have a Care Indicator activated:

- Have been or are physically violent (this unacceptable behaviour may not have occurred directly towards ACC employees)
- Have a history of violence or aggressive behaviour, have known convictions for violence
- Made threats previously against ACC, ACC employees or agents acting on ACC’s behalf
- Intimidated an employee through written abuse or verbal abuse (face-to-face or over the telephone) to the extent they felt unsafe
- Exhibited homicidal ideation.

16.1. Communication regarding care indicated clients

The case owner of a care indicated client will advise you in writing, either:

- Prior to your initial contact with the client, or
- If you are already providing services to the client, as soon as possible when ACC receives new information about client risk.
- If you make a decision that a security guard is required because of concern about your own or your employees’ safety please contact the case owner to arrange the security guard. Guards can be arranged at any initial or subsequent assessment.
- Please report any threatening behaviour to the police immediately if you feel that it is warranted in the circumstances and advise ACC and any other parties that are at risk as soon as possible.
- All threats by ACC clients or their representatives must be reported to ACC in writing using the online form on our website. We ask that you report these to us so that we can do our part to protect the safety of our staff and other providers that are working with the client.

16.2. Stopping an assessment

Your safety is the highest priority and any assessment should be terminated if the client, or their representatives cause you to feel threatened or unsafe.

If you choose to continue with assessment of a care indicated client, and wish to employ a security guard then please contact the case owner.

Notify the client’s case owner as soon as possible and fully document the reasons for the termination of the assessment in your report. Please report to ACC in writing using the online form on ACC’s website.

16.3. Reporting health and safety risks and incidents

Health and safety risks and incidents including notifiable events (as defined by WorkSafe); threats and other health and safety risks must be reported to ACC using the procedure and online form on our website https://www.acc.co.nz/for-providers/report-health-safety-incidents.
17. Payments and Invoicing

17.1. Electronic invoicing

Invoicing requirements are set out in the service schedule. ACC will set up one account per Supplier for payment of invoices. This means there is one Supplier identification, one address for all correspondence (ie purchase orders and remittance advices) and one bank account number per Supplier.

This requirement is to enable transparency of transactions for monitoring purposes by ACC.

Where a Supplier delivers services across multiple regions or sites, and has a requirement to identify the activities at these regions or sites, Facility Identification numbers can be provided by ACC. The eBusiness support team on 0800 222 994 (select option 1) can assist with setting this up.

Please refer to Information on ACC’s website about minimum computer specifications required and how to invoice on line. acc.co.nz/how to invoice ACC

17.2. Purchase orders

The case owner approves services on a purchase order which states the code and timeframe for the service which has been approved.

The case owner will amend the purchase order if the dates for the delivery of the service change, (for example additional services are approved and/or where a claim has been put on hold) or additional services require prior approval.

17.3. Services which require prior approval

The case owner will amend the purchase order and add new codes where additional services are required which require prior approval.

For example:

- Stage 3 services - This will remain under the same purchase order number with the start date of the stage 3 service
- Exceptional circumstances
- Post placement support
- Job Search
- Standalone Workplace Assessment
- Employment Outcome Payments (as described in 5.17 of your contract)

Once the purchase order has been updated, the case owner will email confirmation to the Supplier of these agreed service item codes, the dollar amount approved and the dates that the service will be delivered within.

17.4. Exceptional Circumstances

In rare situations there may be exceptional circumstances which require more resources than are available in the combined resources of stages 1-3, to achieve the vocational rehabilitation outcome for the Client, the Supplier may apply to the case owner for more resources under “Exceptional Circumstances”.

All requests for additional funding under Exceptional Circumstances require the ACC case owner to obtain ACC’s Team Manager approval.
Examples of Exceptional Circumstances
- Client has suffered significant re-aggravation of injury
- Highly complex clients who require a long duration of vocational rehabilitation (for example, serious injury clients).

17.5. Services which do not require prior approval
Services which may be invoiced without the code appearing on the purchase order include:
- Stay at Work/Back to Work stage 2
- Outcome follow up (as described in 5.10 of your contract)

17.6. Costing Table
Where additional VRS services are requested, the Supplier must complete a costing table which sets out:
- How the previous resources were utilised. For example: When resourcing under stage 3 is requested, the Supplier sets out how the resources at stage 1 and 2 were utilised.
- Itemised services requested - hours and cost
- The rates set out on the costing table are GST inclusive

The case owner enters the dollar amount approved into the purchase order

17.7. Table 7 – Showing when Prior Approval and Costing table is required

<table>
<thead>
<tr>
<th>Service Item</th>
<th>Service Item Code</th>
<th>Prior Approval Required</th>
<th>Costing table Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standalone Workplace Assessment</td>
<td>VR01</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Stage 1 Stay at Work or Back to Work</td>
<td>VRS11, VRB01</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Stage 2 Stay at Work or Back to Work</td>
<td>VRS12, VRB02</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Stage 3 Stay at Work or Back to Work</td>
<td>VRS13, VRB03</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Exceptional Circumstances</td>
<td>VRS14, VRB04</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Outcome follow up</td>
<td>VRS05, VRB05</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Post Placement Support</td>
<td>VRB06</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Job Search</td>
<td>VRJ02</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
17.8. Pricing schedule explanation

The prices set out in the service schedule includes direct and indirect staff time, overheads such as administration, information systems, travel costs and return on investment.

Where the pricing unit is a package price, this is a single fee that may be invoiced following completion of the service for a client. There is no provision for any other payment (eg do not attend fees). Part payments will not be made.

Where fee for service payments are applicable:

- The maximum number of hours is detailed in the plan and approved by the case owner
- There is no provision for payments where a client does not attend services which are contracted on a fee for service basis
- ACC does not pay pool passes or gym fees

17.9. Travel costs

Vocational Rehabilitation Suppliers are expected to provide the full suite of VRS within the region they hold the contract for.

Suppliers may invoice for travel for the Standalone Workplace Assessment only. Suppliers should send the invoice for travel together with the invoice for the Standalone Workplace assessment. If the workplace assessment is conducted over a series of visits to the workplace, the Supplier should send one invoice at the completion of the workplace assessment and itemise all the travel costs. This allows the payments team to confirm that the travel was for the purpose of the Standalone Workplace Assessment.

17.10. Timing of invoicing and payments

The Supplier bills ACC at the end of each service. For example: at the completion of Stage of the Stay at Work 1 service, another invoice is sent at completion of stage 2 service.

Where funding under exceptional circumstances has been requested, the invoice is sent at the completion of VRS provision. Outcome payments are invoiced at the completion of services and no further contact or follow up is required with the client.

It is important for Suppliers to include the date of the service as these dates will be utilised to measure various durations as part of monitoring.

Note that a Supplier must bill for all services in a timely manner. This should always be within one month of the completion of services for each client. Late billing will interfere with service monitoring and disadvantage Suppliers.

ACC also reserves the right not to pay invoices which are dated more than 12 months after the completion of services.

17.11. Table 8 – When to invoice

<table>
<thead>
<tr>
<th>Service provided</th>
<th>When to invoice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay at work/Back to Work stages 1-3</td>
<td>End stage 1; end of stage 2; end of stage 3</td>
</tr>
<tr>
<td>Standalone Workplace Assessment</td>
<td>End of service provision</td>
</tr>
<tr>
<td>Exceptional code</td>
<td>End of VRS</td>
</tr>
<tr>
<td>Outcome follow up</td>
<td>After follow up with client</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Post placement support</td>
<td>After each support intervention delivered</td>
</tr>
<tr>
<td>Job Search</td>
<td>End of service provision</td>
</tr>
<tr>
<td>Employment outcome payments</td>
<td>After client has completed 14 continuous weeks of employment.</td>
</tr>
</tbody>
</table>

17.12. **Back to Work Employment Outcome Payments (full or part time VR10, VR11)**

ACC will pay the Supplier an outcome payment where ACC considers sustainable, full-time employment has been achieved and full independence from ACC has been established (or part-time employment for a client who ACC considers is not able to return to full-time work) and this outcome is a direct and immediate result of the Back to Work Service.

A client is determined to have returned to work on the first date the client is physically in the workplace undertaking duties for which they are paid by the employer. Sustainable employment is measured as 14 weeks continuous employment from the commencement of the employment.

- Full-time employment is defined as: 30 hours or more per week
- Part-time employment is defined as: 5-29 hours per week. A return to part-time employment must have the prior agreement of the case owner

The Supplier will contact the client 14 weeks after the commencement of the Client’s employment. If the client meets the criteria, the Supplier may invoice ACC for the outcome payment. The Supplier must provide a summary to the case owner via email to provide evidence that the client has sustained their return to work. The email should include:

- Name of employer
- Work type
- Role and how long has the client been in the role
- How many hours per week
- Whether there are any injury related issues

18. **Working with ACC**

18.1. **ACC Branches**

Clients who require more assistance are triaged based on the ACC Claims Management Service Delivery Model. Risk factors are assessed and clients are triaged into the following management streams:

- No significant risk factors requiring case management and a brief early intervention service is required - the client will be managed by the Short Term Claims Centre
- Few barriers or flags to returning to work and no significant risk preventing a prompt return to work - the client will be managed by the Short Term Claims Centre
• Significant barriers to rehabilitation and return to work - the client will be managed by the Branch

• Long term vocational rehabilitation needs, serious injury or sensitive claims - these will be managed through the respective specialised claims management teams

18.2. Resolving issues (escalation process)

Providing excellent service to our Suppliers and Providers is important. If a case owner is unhappy about an aspect of the service provision to a client, the case owner will raise the issue with the Supplier or Provider delivering the service. Where requested, the Supplier will consider changing the provider who has been assigned to work with the client.

Providers should contact the ACC case owner in the first instance if there are any concerns or matters requiring clarification. Examples could include:

• Poor or inadequate information in the referral
• You require verbal instructions to be put into writing
• You need a change to a purchase order (e.g. more time, units, date change)
• Prior approval is required
• Clarification of requirements, or expectations have changed

• Issues between treatment Providers. For example where a client is engaging in treatment services (outside of RS Services) which are offering inconsistent advice and treatment to the SCI Service providers.

When a Provider or Supplier raises an issue with ACC about a case managed claim, and the issue is not able to be resolved directly with the case owner, it may need to be escalated to a senior staff member, e.g. a team manager, ACC Engagement and Performance Manager or Portfolio Advisor.

If the issue cannot be resolved by a Team Manager, Engagement and Performance Manager or Branch Manager and Portfolio Advisor you must follow line management escalation processes for that issue, e.g. escalate the issue to an Area Leader, Health Procurement Support manager. This is especially important for any issue with the potential to be high risk, involves risk to a client, or risk to ACC’s reputation. (Please see list of contacts at beginning of this document).

If there has been a high risk or adverse event, such as a:

• Privacy breach
• Personal or client harm or safety issue
• Contract breach
• Media risk

The Provider or Supplier must tell ACC immediately by either:

• Contacting the Engagement and Performance Manager
• Contacting the Provider Helpline on 0800 222 070.

It is important to make contact and not just leave a message. For issues not able to be resolved using the process outlined above please refer to ACC’s website and/or your Standard Terms & Conditions http://www.acc.co.nz/for-Providers/resolving-issues/index.htm
### 19. Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACC case owner</strong></td>
<td>The term refers to the person responsible for the client’s case at ACC and represents a number of roles depending on where the claim is being managed.</td>
</tr>
<tr>
<td><strong>Client</strong></td>
<td>The injured person receiving one of the VR services.</td>
</tr>
<tr>
<td><strong>Expected Claims Outcome (ECO)</strong></td>
<td>The ECO date is a guide which sets a target date based on the date the client is expected to have completed rehabilitation and is based on a set of values taken from ACC data relating to New Zealanders and their recovery from injury. The ECO is set taking into account Injury diagnosis, Work type, Age of Client, Previous claim history. The ECO date is one of the factors that contribute to determining the service outcome date. Other factors may be taken into account such as surgery and the Client’s comorbidities.</td>
</tr>
<tr>
<td><strong>Family / Whānau</strong></td>
<td>People related to the injured person such as a wife, husband, daughter, son, grandchild, etc. This can be whoever the client defines as family with the appropriate responsibilities that may entitle.</td>
</tr>
<tr>
<td><strong>Individual Rehabilitation Plan (IRP)</strong></td>
<td>This document is developed by ACC with the client. This is separate from the VRS Plans referred to above.</td>
</tr>
<tr>
<td><strong>Key worker</strong></td>
<td>The key worker is a provider with specific responsibilities for an individual client as outlined in this operational guideline. The key worker assumes the operational responsibility for the delivery of services to the assigned client on behalf of the Supplier.</td>
</tr>
<tr>
<td><strong>Multidisciplinary team (MDT)</strong></td>
<td>A group of health care and rehabilitation professionals from diverse fields who work together in a coordinated way to achieve agreed common goals for the client.</td>
</tr>
<tr>
<td><strong>Provider / Service Provider</strong></td>
<td>The provider delivers the service and is face to face with the client. They may also be a Supplier. Their professional qualifications are outlined in the service specification and this operational guideline.</td>
</tr>
<tr>
<td><strong>Supplier</strong></td>
<td>The Supplier is the legal holder of the contract and has the full and final responsibility for the delivery of the service. The Supplier can also be a service provider and/or the employer of service providers. The Supplier holds the overall responsibility for service delivery under the VRS contract therefore in this document, “Supplier” may at times refer to functions undertaken by the Provider of the service who does not hold the contract.</td>
</tr>
<tr>
<td><strong>VRS Plan</strong></td>
<td>The term means the plan that the Supplier has agreed with the client and case owner and includes the vocational rehabilitation activity. The plan also sets out agreed outcomes, the target date and timeframes. The communication plan with the case owner is also included.</td>
</tr>
</tbody>
</table>
20. Appendices

23.1 Skills and Competency Requirements

23.2 Internship Guideline and National Standards

23.3 Forms required for this service
These provider forms are interactive. They have expanding data fields to fit the information entered and can be filled out online. They are available online https://www.acc.co.nz/resources/

- ACC98 Referral for VRS
- ACC7430 SAW Report
- ACC7431 BTW report
- ACC6245 Referral for Vocational Medical Review
- ACC5945 Outcome of Workplace Assessment

23.4 Codes for VRS

<table>
<thead>
<tr>
<th>Service Item Code</th>
<th>Service Item Description</th>
<th>Service Item Definition in Service Schedule</th>
<th>Price (excl. GST)</th>
<th>Pricing Unit</th>
</tr>
</thead>
</table>
| VR01              | Standalone Workplace assessment               | As described in Part B, Clause 5.5          | $365.25           | Package Price
| VRS11             | Stay at Work Stage 1                          | As described in Part B, Clause 5.7          | $602.85           | Package Price (Maximum 1 per claim)
| VRS12             | Stay at Work Stage 2                          | As described in Part B, Clause 5.8          | $964.56           | Maximum payment or part thereof per claim
| VRS13             | Stay at Work Stage 3                          | As described in Part B, Clause 5.9          | $2,531.97         | Maximum payment or part thereof per claim

- See table below
<table>
<thead>
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<th>Code</th>
<th>Description</th>
<th>Details</th>
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<td>VRS14</td>
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<td>Maximum payment or part thereof per claim</td>
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<td>VRS05</td>
<td>Outcome follow up</td>
<td>As described in Part B, Clause 5.10</td>
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<td>VRB05</td>
<td>Outcome follow up</td>
<td>As described in Part B, Clause 5.10</td>
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<td>Outcome Payment</td>
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| VRTD4 | Travel Distance greater than 100km | A contribution towards travel costs where return travel:  
- is via the most direct, practicable route from the facility, base or provider’s home (whichever is closest); and,  
- exceeds 100 km in total for the assessment or package being delivered.  
Note: travel distance is only payable for travel required for service item code VR01 | $0.62 | Per km |
| VRTT7 | Travel Time when the return journey is greater than 100km | A contribution towards travel costs where return travel:  
- is via the most direct, practicable route from the facility, base or provider’s home; and  
- exceeds 100km in total for the assessment or package being delivered.  
Note: travel time is only payable for travel required for service item code VR01. | $94.68 | Per package |

Notes:  
- All prices are inclusive of travel costs incurred by the Supplier, with the exception of worksite assessment (Service item code VR01) as specified above.  
- ACC will not make any additional payment for Clients who do not attend appointments.