

31 March 2021

[REDACTED]

Tēnā koe [REDACTED]

**Your Official Information Act request, reference: GOV-009411**

Thank you for your email 25 February 2021, asking for the following information under the Official Information Act 1982 (the Act):

1. *Could you please provide me with all information ACC holds about providing respite care to family members who care for children and/or other family members who have injuries covered by ACC.*
2. *Please provide me with any policies, procedures, or other information ACC considers, including how the need for respite care is assessed.*

**Respite/relief care**

Please find attached as an appendix ACC's policy and process documentation on respite/relief care, that fall within the scope of your request. On the final page of this letter is a list of the documents we are providing.

**Notes about the documents attached**

Please note that the staff named in the documents attached are subject matter contacts for internal queries. They are not staff who created or updated the policy.

*ACC takes privacy seriously*

Some staff names in the documents attached have been withheld to protect their privacy. This decision is made under section 9(2)(a) of the Act. In making this decision, we have considered the public interest in making this information available and have determined it does not outweigh the need to protect the privacy of these people.

**Who to contact**

If you have any questions, you can email me at [GovernmentServices@acc.co.nz](mailto:GovernmentServices@acc.co.nz)

If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or by phoning 0800 802 602.

Nāku iti noa, nā



Sasha Wood

**Manager Official Information Act Services**  
Government Engagement & Support

**List of documents contained in appendix 1:**

- Accident Compensation Act 2001 – 14 Attendant care
- Accident Compensation Act 2001 – 15 Child-care
- Accident Compensation Act 2001 – 17 Home help
- Attendant care payments Policy
- Miscellaneous topics about Home & Community Support Services for serious injury
- Non-contracted Attendant Care Service Page
- Non-contracted Relief Care Service Page
- Non-contracted Retention Payments and Non-contracted Coordination Fee Service Page
- Residential Support Service Page
- Set Up Home & Community Support Services – Non-contracted (1)
- Using natural supports Policy



## New Zealand Legislation

# Accident Compensation Act 2001

- **Warning:** Some amendments have not yet been incorporated
- This version was replaced on 23 December 2020 to make corrections to Schedule 1 clause 55(4) under section 25(1)(j)(iii) of the Legislation Act 2012.
- Previous title has changed
- with search matches highlighted

### 14 Attendant care

In deciding whether to provide or contribute to the cost of attendant care, the Corporation must have regard to—

- (a) any rehabilitation outcome that would be achieved by providing it; and
- (b) the nature and extent of the claimant's personal injury and the degree to which that injury impairs his or her ability to provide for his or her personal care; and
- (c) the extent to which attendant care is necessary to enable the claimant to undertake or continue employment (including agreed vocational training) or to attend a place of education, having regard to any entitlement the claimant has to education support; and
- (d) the extent to which household family members or other family members might reasonably be expected to provide attendant care for the claimant after the claimant's personal injury; and
- (e) the extent to which attendant care is required to give household family members a break, from time to time, from providing attendant care for the claimant; and
- (f) the need to avoid substantial disruption to the employment or other activities of household family members

Compare: 1998 No 114 Schedule 1 cl 44



## New Zealand Legislation

# Accident Compensation Act 2001

- **Warning:** Some amendments have not yet been incorporated
- This version was replaced on 23 December 2020 to make corrections to Schedule 1 clause 55(4) under section 25(1)(j)(iii) of the Legislation Act 2012.
- Previous title has changed
- with search matches highlighted

### 15 Child care

- (1) In deciding whether to provide or contribute to the cost of child care, the Corporation must have regard to—
  - (a) any rehabilitation outcome that would be achieved by providing it; and
  - (b) the number of the claimant's children and their need for child care; and
  - (c) the extent to which child care was provided by other household family members before the claimant's personal injury; and
  - (d) the extent to which other household family members or other family members might reasonably be expected to provide child care services after the claimant's personal injury; and
  - (e) the need to avoid substantial disruption to the employment or other activities of the household family members
- (2) The Corporation is not required to provide child care under this clause if it provides child care for the child under [clause 76](#).
- (3) The Corporation is not required to provide child care for a child to the extent that the child is being provided with attendant care, education support, or training for independence.
- (4) The Corporation is not required to pay for child care to the extent that child care continues to be provided after a claimant's personal injury by a person
  - (a) who lives in the claimant's home or lived in the claimant's home immediately before the claimant suffered his or her personal injury; and
  - (b) who provided child care before the claimant suffered his or her personal injury.

Compare 1998 No 114 Schedule 1 cl 45

Schedule 1 clause 15(2) amended, on 1 July 2005, by [section 60\(1\)](#) of the Injury Prevention, Rehabilitation, and Compensation Amendment Act (No 2) 2005 (2005 No 45)

Schedule 1 clause 15(3) amended, on 1 July 2005, by [section 60\(1\)](#) of the Injury Prevention, Rehabilitation, and Compensation Amendment Act (No 2) 2005 (2005 No 45)

Schedule 1 clause 15(4): amended, on 1 July 2005, by [section 60\(1\)](#) of the Injury Prevention, Rehabilitation, and Compensation Amendment Act (No 2) 2005 (2005 No 45).



New Zealand Legislation

# Accident Compensation Act 2001

- **Warning:** Some amendments have not yet been incorporated
- This version was replaced on 23 December 2020 to make corrections to Schedule 1 clause 55(4) under section 25(1)(j)(iii) of the Legislation Act 2012.
- Previous title has changed
- with search matches highlighted

## 17 Home help

- (1) In deciding whether to provide or contribute to the cost of home help, the Corporation must have regard to—
- any rehabilitation outcome that would be achieved by providing it; and
  - the extent to which a claimant undertook domestic activities before the claimant's personal injury and the extent to which he or she is able to undertake domestic activities after his or her injury; and
  - the number of household family members and their need for home help; and
  - the extent to which domestic activities were done by other household family members before the claimant's personal injury; and
  - the extent to which other household family members or other family members might reasonably be expected to do domestic activities for themselves and for the claimant after the claimant's personal injury; and
  - the need to avoid substantial disruption to the employment or other activities of the household family members; and
  - the impact of the claimant's personal injury on the contribution of other family members to domestic activities.
- (2) The Corporation is not required to pay for home help to the extent that home help continues to be provided after a claimant's personal injury by a person
- who lives in the claimant's home or lived in the claimant's home immediately before the claimant suffered his or her personal injury; and
  - who provided home help before the claimant suffered his or her personal injury.

Compare 1998 No 114 Schedule 1 cl 46

Schedule 1 clause 17(2) amended, on 1 July 2005, by section 60(1) of the Injury Prevention, Rehabilitation, and Compensation Amendment Act (No 2) 2005 (2005 No 45)

## Summary

### Objective

ACC does not pay for more than one type of care at the same time, and only pays for attendant care that is actually provided.

Owner



Expert



## Policy

### 1.0 Paying for different types of care

- a ACC should not pay for more than one type of care at the same time. For example, attendant care costs should not be incurred while the client is at school or receiving therapy, unless the carer is required to be in attendance for safety or carer training purposes.

Supervisory care may occur concurrently with home help or childcare tasks, or attendant care can be combined with other rehabilitation tasks, however, only one type of care would be paid for.

### 2.0 Paying only for the care provided

- a ACC only pays for attendant care that is actually provided. This means that ACC is not required to pay any member of a client's normal care team while the client is not receiving care from them.

**NOTE Example: In hospital**

A client goes into hospital for treatment, or for an unrelated illness. The hospital provides for all their attendant care needs during their stay. ACC does not pay the care team for care during this period.

**NOTE Example: Attending assessments or rehabilitation**

A client travels away from home to attend an assessment or receive a rehabilitation service and one member of the care team travels with them. ACC pays only for the care actually provided by the escort during travel and any ancillary services the client is eligible for.

**NOTE Example: Relief Care**

A client receives temporary attendant care, during a period of relief care, to give a family member carer a break from providing attendant care. During the period of relief care, ACC does not pay for the care arrangements that are normally provided by the family member.





The Sauce ▾



Search

## INTERVENTIONS

Assessments  
Behaviour Support Service  
Conductive Education  
Consumables  
Discharge planning  
Education Support  
Equipment  
Family & whānau support  
Home & Community Support Services

Is it the right response?  
Choosing a supplier  
Setting up payments  
When something changes  
Miscellaneous topics  
Requests for Attendant Care in Hospital

Home modifications  
Kaleidoscope  
Living my Life disability support  
Loss of Potential Earnings  
Lump sum & independence allowance  
Pharmaceuticals  
Residential Support  
Self-management  
Sports Rehabilitation Pathway  
Supported Activity programmes  
Supported Living  
Supported Employment  
Training for Independence  
Transition

# Miscellaneous topics about Home & Community Support Services for serious injury clients

0 people like this

Contact

Last review 12 Jun 2015

Next review 12 Jun 2016

Use the links below to access the topics on this page:

Different types of Home &amp; Community Support Services:

[Attendant care](#)[Home help](#)[Child care](#)[Night time care](#)[Respite care](#)[Natural Support](#)

Payments:

[Coordination fee](#)[Payments to carers](#)[Retention payments](#)[Public holidays](#)[Attendant care for clients in hospital](#)[Attendant care for children](#)[Why attendant care decisions have been challenged in the past](#)

## Different types of Home & Community Support Services

Home and Community Support Services is the collective term for assistance from another person.

### Attendant care

This refers to personal care tasks including; getting in and out of bed, showering, dressing, grooming tasks like shaving or teeth cleaning, using the toilet, cutting up food, help with eating and drinking, taking medications, and performing other health care procedures such as repositioning to prevent bed sores or suctioning (usually with training and supervision from a registered nurse).

Transport

Weekly Compensation

Whānau Ora Mo Ngā  
Whānau Haua Pilot**FAQ - Definition of Level 2 attendant care**

<b>Question</b>	<p>What is the difference between Attendant Care Level Two and Registered Nursing care? I find the definition around Attendant Care Level 2 very scanty in CHIPS and I would like further clarification.</p> <p>I am having problems with a care agency around what they will allow their Level Two carers to do, and what the agency deems to be care which can only be carried out by a Registered Nurse. This is come to light after the changes in the Registered Nurse delegation levels in June this year.</p> <p>I have seen some work done back in 2006 concerning draft for Guidelines for Attendant Care and Registered Nursing Requirements, but no new work or plans seem to be available.</p>
<b>Answer</b>	<p>Level 1 and Level 2 attendant care needs should be clearly specified (and justified) in the clients' Support Needs Assessment, and agreed to by ACC.</p> <p>If there are problems with contracted Home and Community Support Service agencies challenging the assessed attendant care needs that ACC has already agreed to fund, this should be referred to the local Relationship Manager.</p> <p>The document <a href="#">ACC1560 Social Rehabilitation Assessment Guidelines (703K)</a> provides useful definitions of Attendant Care Level 1 and Level 2, and Registered Nursing Care (refer to Chapter 4, page 36).</p>

**FAQ - Reducing dependance on attendant care**

<b>Question</b>	<p>Recently I was at a presentation given by someone from the NSIS, and they cited a case study where we reduced attendant care by \$41,000 a year by replacing it with a personal alarm.</p> <p>We have obviously got a better rehab outcome at a lesser cost - ostensibly a win-win. However, often the attendant care is going to family members and the saving is therefore a cut in household income.</p> <p>Do we encounter resistance to the rehab improvements when this happens?</p>
<b>Answer</b>	<p>Not when the situation is handled properly. Most family members don't get into providing attendant care for the income. They do it because either:</p> <ul style="list-style-type: none"> <li>• The client prefers it</li> <li>• Because they feel a responsibility to care for their family member</li> <li>• Because alternative carers are not available or have proved unreliable in the past</li> <li>• A combination of all the above reasons.</li> </ul> <p>The purpose of attendant care is to provide the client with human help to do what they are unable to do for themselves. The case study presented at the Technical Claims Managers' conference, cited a personal alarm as a technological alternative to attendant care. The alarm allowed the client to be independent around their home, and attendant care was no longer needed to do something the client could not do for themselves (that is, manage the risk of wandering off the property and getting lost).</p> <p>In this case the client's attendant carer (his wife) was happy that she no longer had to do this for him, as it freed her up to have some time to spend how she wanted. She also accepted that as she no longer needed to provide constant supervision, it would be wrong to expect payment for a service no longer provided.</p> <p>Changes, like those cited in the case study, are only made with the client and their carer's agreement and cooperation. Most clients and carers are willing to explore choices for increased independence and reduced dependence on human help. So far, the serious injury team has not faced the resistance the questioner refers to.</p>

[↑ Back to top](#)**Home help**

Refers to domestic care tasks including; making beds, doing laundry including ironing and folding clothes, vacuuming and dusting, cleaning toilets and bathrooms, cleaning windows, washing dishes, food preparation, cooking, and grocery shopping.

[↑ Back to top](#)



## Child care

Refers to out-of-school care of your client's children or children they have responsibility for.

All of the tasks described above are carried out during the day. Assistance provided at night is a separate consideration.


[↑ Back to top](#)

## Night time care

Two terms are used to distinguish between the frequency that assistance tasks are performed during night time hours:

1. **Sleepover** - when assistance is required for up to 3 times during the night
2. **Active nights** - when assistance is required for more than 3 times during the night (this can include constant help throughout the night on a regular and consistent basis, which means the carer must be fully awake and present throughout the night)

Meeting care needs during the night can get tricky when there are others living in the household with the client, and you need to decide whether the need should be met by the client's [natural supports](#).

 **Safety**

If the only need at night a person with a disability has is assistance with evacuating the premises in the event of a fire or earthquake, then this should be met through natural supports if there are others living in the household. If not, a paid carer will need to supply this service.

In the case of sleepover care, before deciding whether ACC should fund family or household members to supply the care to your client, you need to consider:

- Over what period of time is this care going to be provided to the client: only for a few days or for the rest of their life?
- Amount of disruption to their usual activities providing this care causes the carer (this includes sleeping).

In many instances the duration of the care, and the level of disruption to the family member's everyday life usually means the natural supports argument doesn't apply (that is family providing the care unpaid). However, the level of disruption also means it's often better for someone who's not part of the family or household to provide this care.

For similar reasons, continual care during the night should only be provided by someone who chooses to work a night-shift. It is unsafe and unlawful for someone to provide continual care at night and care during the daytime within the same 24-hour period. Access CHIPS advice on [night time care](#).

### FAQ - Night-time care by agency-employed family members

<b>Question</b>	Increasingly agencies are employing family members who the client previously employed to provide attendant care (a response to recent Withholding Tax changes). What rate do I pay these carers at for night-time care?	
<b>Answer</b>	<p>The fact the carer is a member of the client's family is a red herring. To decide the correct rate, follow the procedure below:</p> <ol style="list-style-type: none"> <li>1. Find out the type of night-time care provided:             <ol style="list-style-type: none"> <li>a. Intermittent direct assistance (care needed for less than 2 hours a night or on fewer than 4 separate times during the night), or</li> <li>b. Sleepover assistance (care needed more for than 3 hours in total a night or on 4 or more times during the night)</li> </ol> </li> <li>2. Find out who is employing the carer (that is by the client or by an agency)</li> <li>3. Who employs the carer is what decides the relevant rate to pay for the type of attendant care provided – see table below:</li> </ol>	
	<b>Type of night-time care</b>	<b>Carer employed by agency</b>
	Intermittent direct assistance	Contracted agency rate for number of hours care provided
		<b>Carer employed by client</b>
		Family rate for number of hours care provided (or other exceptional rate as agreed between the client and ACC)

Sleepover assistance	Contracted agency nightly sleepover rate	Family nightly sleepover rate (or other exceptional rate as agreed between the client and ACC)
<p>Access ACC policy advice about night-time care for clients assessed under the current legislation - <a href="https://www.legislation.govt.nz/information/publications/0000/0143/4/inf01434?ssSourceSiteId=308#P450_32717">INF01434?ssSourceSiteId=308#P450_32717</a></p> <p>A different approach applies to clients with CPI and grand-parented claims and claims dealt with under the Complex Personal Injury (CPI) regulations. Access ACC policy advice about CPI and grand-parented claims - <a href="https://www.legislation.govt.nz/information/publications/0000/0143/4/inf01434?ssSourceSiteId=308#P450_32717">INF01434?ssSourceSiteId=308#P450_32717</a></p>		

[↑ Back to top](#)

## Respite care

ACC prefers the term 'relief attendant care' and it only applies to family caregivers (including those providing support unpaid). The purpose of relief attendant care is to give family carers a break from care giving. It based on the needs of the client and their family caregivers.


ACC is able to fund:

- Relief attendant care to support family caregivers to take a break from care giving
- Crisis care (when the family carers are taken ill, hospitalised, or are unable to provide the care they normally provide due to some crisis).

The need for relief attendant care does not need to be assessed independently. If the client's need for attendant care has already been established and agreed, the Support or Service Coordinator should plan relief attendant care with the client and their family.

Relief attendant care should occur regularly throughout the year to avoid the potential for carer 'burn out' or crisis situations. For example, this could be a weekend every month or a week every three months, depending on the carer's needs. Support or Service Coordinators should discuss with the family how ACC can provide relief care. This could be provided by:

- An alternative private or agency caregiver who can come into the family home and provide the agreed hours of attendant care support
- The client going to an alternative carer's home – such as another family.
- The client being admitted to a residential facility.

Check out the booklet produced by carers advocacy group Carers NZ called " *time out: Ideas to help family, whanau and alga carers get the breaks they need*" (1733K).

Relief attendant care payments are based on your client's needs and whether their sources of natural supports are still available. Relief attendant care is paid at the rate appropriate to the person/organisation providing the care (that is, private/family rate, contracted agency rate, non-contracted agency rate).

Discuss any questions about how to package relief attendant care for a client and their caregivers with your Team Manager.

Access advice on CHIPS about [relief care](#).

### FAQ - Respite or relief care

<b>Question</b>	What is ACC's position on respite care?
<b>Answer</b>	<p>ACC does not fund a separate entitlement of "respite care" and does not fund a maximum period of this like the Ministry of Health does. ACC considers the client's needs over 24 hours/seven days a week and accepts periods of respite/relief may be needed during the year - especially when family members are providing the bulk of care and support.</p> <p>There are two situations that create the need for respite/relief care:</p> <ol style="list-style-type: none"> <li>1. <b>Family caregiver requires a break:</b> regular respite/relief care is encouraged if the client's usual caregiver is a family member. Respite/relief care is provided when the family caregiver(s) require a break or to be away. Breaks from care giving can be important so the family continues doing everyday family things and maintains the required standard of care without a build-up of stress, fatigue, or emotional problems.</li> <li>2. <b>Crisis care:</b> may be needed if the client's care arrangements break down without warning. Crisis care provides emergency funding for up to three days in contracted facilities and contributes to the</li> </ol>

rehabilitation outcome and safety of the client. The need for crisis care can be minimised by having an Individual Plan listing a variety of carers and periods of respite/relief care.

### **Methods of providing respite/relief care**

Respite/relief attendant care can be provided in the following ways:

- Client can be admitted to a residential facility to receive the care
- An alternative caregiver can come to the client's home to provide the care
- Client can go to an alternative provider's home, such as another family

Going to an alternative provider's home involves some extra considerations, such as how well the environment is set up to meet the client's needs and the availability of natural supports - especially at night time and in the context of supervision for safety.

### **Assessment of need for respite/relief care**

The Support Needs Assessment (SNA) should give the following information to help ACC to determine an appropriate amount and level of respite/relief care:

- The level of attendant care needed to meet the client's needs.
- The most appropriate options for delivering the attendant care
- If the client's family wishes to be involved in the care team, the SNA should also contain advice about:
  - How much attendant care can safely be provided by the family
  - The times when an alternative caregiver should be used
  - The family's need to have a break, including information about duration, frequency, and the options for care to be provided during those breaks.

### **Amount of respite/relief care**

There is no limit on the amount of respite/relief care able to be provided. However, the amount of respite/relief care is determined by advice provided in the Support Needs Assessment and other information gathered.

The amount of respite/relief care per year should be recorded on the client's Individual Plan.

### **Rates**

There are no specific hourly rates for respite/relief care.

- If the client chooses to use agency care whilst family carers are absent, agency rates apply
- If the client chooses to go into a residential setting for respite/relief care, residential rates apply (with prior and agreed approval from ACC)
- If the client chooses to go to an extended member of the family for respite/relief care, private/family carer rates apply.

The family member(s) having a break are not entitled to attendant care payments for the period of respite/relief. They are only entitled to payment for care they actually provide.

### **Setting expectations about respite/relief care**

Respite/relief is no different to the client's normal attendant care entitlement. The only difference is that it is provided by someone other than the client's usual caregiver. Information and advice from the Support Needs Assessment determines the amount of respite/relief per year needed.

It is not possible for one person to safely provide 24-hour hands-on care by themselves.

If the client's family members are providing the care, establish which people will provide what care and at which times in the week. Ideally there should be a variety of carers, to minimise the need for periods of respite/relief. Strongly advise family member caregivers to register with a contracted agency, to form part of the care team, so that they can:

- Access regular support and supervision.
- Not solely bear the brunt of the client's care.
- Have back-up arrangements in case of sickness or other reasons.

## Natural support

Natural supports include family members, friends, neighbours, community/social groups, schools and church who are readily available and reasonably easy to access for a client requiring help in the home and community.

### HCSS provided by natural supports

ACC's support should complement, not replace, the support provided by a client's natural support networks.

Family, friends, flatmates, neighbours or community groups may naturally provide help in the course of usual family, household, friendship or community activities. There is no need for paid support during the times that help is naturally provided.

When an assessor identifies the need for Home and Community Support Services (HCSS) and ACC agrees that there are no alternative options for meeting the client's needs, ACC's support package takes into account what can be reasonably provided by a client's natural support networks. The final package could include a mix of family and non-family provided care, a mix of contracted and non-contracted care, as well as regular relief care to give a household family member a break from caring for the client. The aim is to meet the client's injury-related needs while maintaining and supporting the client's family relationships.

### Paying for support provided by a client's natural supports

ACC is required by law to consider how much HCSS can reasonably be provided by family members on an unpaid basis. See [Reasonable for family to provide](#) for more specific guidelines. Use the following scenarios to determine whether to pay for help provided by a client's natural supports.

#### Scenario

Support is willingly provided by a capable person in the course of ordinary family, household, friendship, or community activities. For example:

- The client's sister drives the client to and from medical appointments without significant disruption to her usual activities
- A friend takes the client to the movies and provides supervision at the same time (this does not include a paid carer who has become a friend)
- A flatmate sleeps overnight and provides supervision at the same time
- A church group has a roster to transport the client and sit with them at a church service
- A neighbour is willing to bring in the washing while the client recovers

ACC does not pay for funded support in this instance as there is no identified need for extra support. ACC reviews the client's needs regularly.

#### Scenario

Support is provided outside of the course of ordinary family, household, friendship or community activities. For example:

- A non-family member moves into the client's house to care for and supervise the client
- The client engages a private caregiver to provide home help
- The client has no capable, available or willing natural supports

ACC pays for support to be provided.

Consider the length of time that support may be needed. It may not be reasonable for ACC to rely on naturally provided support continuing on a long-term basis such as neighbours and friends bringing meals to a client who has a long-term or permanent injury. This type of support is probably only reasonable for a short length of time while the client is recovering.

ACC cannot expect help to be provided just because the client has a neighbour or friend who does not work during the day. This would depend on the neighbour's relationship with the client, their availability, capability and willingness to help. However, ACC should explore whether it is appropriate for the neighbour or friend to help. ACC's paid support then 'fills the gap' between the client's needs and what their family and friends can reasonably help out with.

### Reasonable for family to provide

Schedule 1, Clauses 14, 15 and 17 of the Accident Compensation Act 2001 require ACC to consider how much Home and Community Support Services can reasonably be provided on an unpaid basis by family members without significant disruption to their everyday activities.



holiday (except in very rare and exceptional circumstances that you must confirm with National Panel first).

ACC does not pay a retention fee to private/family carers when another caregiver or agency is providing relief care, or when the client is overseas on holiday. Access advice on CHIPS about [retention payments](#).

[↑ Back to top](#)

## Public holidays

### FAQ - Paying time and a half on public holidays

<b>Question</b>	<p>My client's father has asked why ACC does not pay time and half for their private providers on public holidays.</p> <p>I am aware we don't pay but cannot find justification in CHIPS. Given my response may lead to a review being submitted I wish to have the correct response</p>
<b>Answer</b>	<p>ACC is not the employer of private carers (the client is).</p> <p>Any decision to pay carers above their usual hourly rate on public holidays is for the employer to make, not ACC. How the employer funds the higher hourly rate is their responsibility.</p> <p>ACC makes a contribution to the cost of clients' care. However, it is the client's responsibility to ensure all legal and other obligations arising from the employment arrangements they have with their carers.</p> <p>Further information If you want to know more about attendant care payments, ask your Team Manager or refer to the following section on CHIPS: <a href="#">Attendant care payments</a>.</p>

[↑ Back to top](#)

## Attendant care for clients in hospital

ACC only pays for attendant care that is actually provided.

This means that ACC does not provide payment to any member of a client's normal care team while the client is not receiving care from them, such as when a client goes into hospital to receive treatment (the hospital normally provides for all their attendant care needs during their stay and ACC does not pay the care team for care during this period).

Access advice on CHIPS about [attendant care payments](#).

### FAQ - Attendant care in hospital

<b>Question</b>	<p><b>Does ACC pay carers while a client is in hospital?</b></p> <p>I've just had a Spinal Unit review back recommending that ACC fund my client's usual care while he is in hospital for removal of kidney stones.</p> <p>I rang the contact person at the Spinal Unit to advise that ACC does not fund attendant care while someone is in hospital, as this is already bulk-funded. The person at the Spinal Unit told me that ACC can do this on a case-by-case basis, as people with high-level tetraplegia have specific needs and without their usual and familiar carers they will not get the appropriate care (ie bowel care, supervision, hygiene, regular assistance with fluid intake, feeding, positioning). Is this true?</p>
<b>Answer</b>	<p>If a District Health Board (DHB) hospital is unable to meet a client's complex need, they may request funding for some care from ACC. This request will come from the DHB, not the family/client. ACC already funds DHB's to provide acute cares which includes any care the person requires while they are in hospital or a spinal unit. See <a href="#">this page on attendant care in hospital</a> for further information</p> <p><b>Retention payments</b></p>



Clients anticipating a long stay in hospital are sometimes worried about retaining the services of their care team. This should not be a concern if the care team are employed by an agency, as the agency should be able to find alternative work for the carers and ensure a suitable care team is available when the client comes out of hospital (see also the Operational Notice on Retention payments).

In exceptional circumstances, ACC can make payments to retain the services of private or family carers, if those carers cannot guarantee being available when the client comes out of hospital. Retention payments must be negotiated on a case-by-case basis (as a guide, 50% of the hours they are currently getting is reasonable).

Because this is an exceptional circumstance, you must refer your proposal to the National Panel .

#### Further information

If you want to know more about attendant care and other Home & Community Support Services, talk to your Team Manager.

[↑ Back to top](#)

## Attendant care for children

<b>Question</b>	<p>Where can I find guidance about ACC funding attendant care in the situations outlined below:</p> <ul style="list-style-type: none"> <li>• <a href="#">If the child is sick</a> (unrelated to their injury).</li> <li>• <a href="#">If the child is in hospital</a></li> <li>• <a href="#">Parent or caregiver taking their child to medical appointments</a></li> <li>• <a href="#">When the parent providing attendant care has an injury, do we pay for another carer on top of their current care?</a></li> </ul>
<b>Answer</b>	<p>If a child is sick and the illness is unrelated to their injury, you need to consider parental responsibility and the scope of the legislation.</p> <ul style="list-style-type: none"> <li>• A parent has legal responsibilities in relation to a child under the age of 14 years</li> <li>• If the need is not related to the child's personal injury then there is no basis for ACC to pay for attendant care.</li> </ul> <p>If the parent or caregiver taking their child to medical appointments, normal parental responsibility needs to be considered. If the need is not due to the personal injury, then there is no basis for ACC to pay for attendant care.</p> <p><b>Does ACC fund attendant care when a child is sick, and the illness is unrelated to their injury?</b></p> <p>Normal parental responsibility needs to be considered.</p> <ul style="list-style-type: none"> <li>• If the child is sick and the sickness is related to the child's injury, then ACC pays for attendant care</li> <li>• If the need is not related to the personal injury then there is no basis for ACC to pay for attendant care</li> </ul> <p>Refer to the <a href="#">Home &amp; community support services (HCSS) Attendant care section: Deciding whether to provide attendant care.</a></p> <p><b>Does ACC fund attendant care when a child is in hospital?</b></p> <p>ACC is only liable to pay for attendant care that is actually provided. This means that ACC does not provide payment to any member of a client's normal care team while the client is not receiving care from them, such as when a client goes into hospital to receive treatment (the hospital normally provides for all their attendant care needs during their stay and ACC does not pay the care team for care during this period). Refer to the <a href="#">Home &amp; community support services (HCSS) Attendant care section: Payment only for care provided (retention payments).</a></p> <p><b>Does ACC fund attendant care for a parent or caregiver taking their child to medical appointments?</b></p> <p>Normal parental responsibility needs to be considered. If the need is not due to the personal injury, then</p>

there is no basis for ACC to pay for attendant care. Refer to the [Home & community support services \(HCSS\) Attendant care section: Deciding whether to provide attendant care](#).

### **When the parent providing attendant care has an injury, does ACC fund another carer on top of their current care?**

ACC does not provide payment to any member of a client's normal care team while the client is not receiving care from them. ACC will pay for relief care, but no payment is to be made to the parent (as carer) except for actual care provided. Refer to the [Home & community support services \(HCSS\) Attendant care section: Relief attendant care](#).

#### **FAQ - Attendant care versus teacher aide funding**

<b>Question</b>	In the school setting, what are the current guidelines around when to pay for attendant care and when to pay teacher aide?
<b>Answer</b>	<ul style="list-style-type: none"> <li>• Home &amp; community setting = Attendant care</li> <li>• School or early childhood setting = teacher's aide or Education Support Worker</li> </ul> <p>Access ACC's policy advice about <a href="#">Providing educational support (teacher aide) to assist educational participation</a></p>

[↑ Back to top](#)

## **Why attendant care decisions have been challenged in the past**

Historically decisions about attendant care got challenged a lot – usually because in someone's opinion ACC wasn't funding enough hours of care or paying a high enough hourly rate.

In 2008 ACC started using the Support Needs Assessment to objectively measure an adult's need for assistance with tasks of daily living. Around the same time ACC has also started using international benchmarks for determining the correct amount of attendant care (FIM Guidelines and Spinal Cord Injury Guidelines). Using evidence-based assessment tools and benchmarks has taken much of the subjectivity out of ACC's decision-making.

### **Children**

In 2009 ACC introduced the Child & Youth Support Needs Assessment for babies and children. It incorporates a child-specific version of the Functional Independence Measure (WeeFIM) and the Inventory for Agency and Client Planning (ICAP) that helps identify developmental delays caused by brain injuries. Assessors use evidence they've gathered via the Child & Youth Support Needs Assessment in combination with reports from GPs, medical specialists, and neuropsychologists to give advice on strategies for managing common brain injury symptoms such as seizures, poor executive function (planning), lack of initiation, memory loss, and fatigue.

It is important to separate the support needs for severely disabled babies and children from the basic human needs all children have, that are met by everyday parenting. A contentious area with severely disabled children can be "supervision". This refers to the observation and prompting they need to complete ordinary activities like getting dressed or eating. It can also refer to safety precautions or actions needed when the child has a seizure or fit.

Unlike the situation with adults, there are no international benchmarks or guidelines about how many hours of assistance from another person (parent) are an appropriate response. Sometimes parents and guardians disagree with the assessor's advice about their child's needs for supervision, often citing the assessor's lack of understanding of their child's unique circumstances. You can minimise the chances of this happening by making sure parents/guardians know what to expect during the assessment and are prepared with all the medical and specialist reports they feel are necessary. Assessors need to play their part by making sure parents/guardians feel able to contribute during the assessment.

Learn more about [good practice around assessments](#).

#### **FAQ - Changes in attendant care hours**

<b>Question</b>	How do we respond to clients about changes in assessment tools and a resulting change in attendant care hours? Recently a parent said to me "Overall our son's condition remains similar, if not more complex, to
-----------------	---



## INTERVENTIONS WORK TASKS

Assessments  
 Behaviour Support Service  
 Conductive Education  
 Consumables  
 Discharge planning  
 Education Support  
 Equipment  
 Family & whānau support  
 Home & Community Support Services  
 Home modifications  
 Kaleidoscope  
 Living my Life disability support  
 Loss of Potential Earnings  
 Lump sum & independence allowance  
 Pharmaceuticals  
 Residential Support  
 Self-management  
 Sports Rehabilitation Pathway  
 Supported Activity programmes  
 Supported Living  
 Supported Employment  
 Training for Independence  
 Transition  
 Transport  
 Weekly Compensation  
 Whānau Ora Mo  
 Ngā Whānau Hau Pilot

90-day plans  
 Authority to Act  
 CPI claims  
 Delegations  
 Discharge planning  
 EOS tips  
 Extended discretion  
 Higher rates for attendant care  
 Inactive claim  
 InFact Dashboards for serious injury  
 Medical Certificates  
 Newly injured client  
 Overseas clients  
 Panels  
 Planning  
 PPPR Act orders  
 Prison (client in...)  
 Privacy  
 Profiling serious injury claims  
 Reviews  
 Supplier search  
 Transfer claim  
 Vocational Independence  
 Workload planning  
 Complex Claims

## STREAMS

Child & Youth  
 Employment  
 Building Independence  
 Maintain Independence  
 Senior Support

## Resources

Client resources  
 Customer satisfaction  
 FAQ answers  
 FID tool  
 Forms & letters  
 News stories  
 Operational notices  
 Process maps  
 Reference library  
 Strategic projects  
 Success stories  
 Team details  
 Training resources  
 Liability and why it matters for ACC  
 Changing Places  
 I need help!  
 Mana Whaikaha  
 MidCentral Enabling Good Lives  
 Training Courses

## Other sites

[acc.co.nz](http://acc.co.nz)  
[me@ACC](mailto:me@ACC)  
 CHIPS  
 ACCtivate  
 Careers at ACC (Applicants)  
 Grow@ACC  
 ACC image library  
 HR Recruit (Managers only)  
 OK2Say  
 ACC Business Rules Portal  
  
 ©2021 ACC.  
 All Rights Reserved.  
 Need help?

## Summary

### Objective

Attendant care helps clients achieve a maximum practicable level of independence in their daily lives following an injury. Before providing attendant care, all other options to meet the client's needs should be explored.

Other options may include, but are not limited to:

- provision of aids and appliances
- rehabilitation equipment and housing modifications
- training for independence services.

### Background

ACC acknowledges that not all clients want to work with IHCS contracted providers. In these situations clients can opt for non-contracted private care arrangements that will help them to achieve a maximum practicable level of independence in their daily lives following their injury.

Owner [REDACTED]

Expert [REDACTED]

## Procedure

### 1.0 Introduction

- a Attendant care aims to help clients achieve a maximum level of independence in their daily lives. Before providing attendant care, all other options to meet the client's needs should be explored.

Other options may include, but are not limited to:

-  [Aids and appliances \(CHIPS\)](#)
-  [Managed Rehabilitation Equipment Service \(MRES\) Service Page](#)
-  [Housing Modifications Policy](#)
-  [Training For Independence Services Service Page](#)





### 2.0 Types of attendant care

- a Attendant care includes:
  - personal care, eg help with basic needs such as moving, bathing, feeding and toileting
  - assisting with the cognitive tasks of daily living, eg communication, orientation, planning, and completing tasks
  - protecting the client from further injury in their ordinary environment
  - training a person to provide attendant care, if we agree to fund the training, see Carer training
  - relief or respite care to give a break to family members who are providing attendant care for a client.

Attendant care can be classified into four types:

- Level 1 care (basic care)
- Level 2 care (complex care)
- Supervisory care
- Overnight care including sleepover care.

For complex or long-term injuries a Social rehabilitation assessment is required.

-  [Non-contracted Carer Training Service Page](#)
-  [Non-contracted Supervisory Care Service Page](#)
-  [Social Rehabilitation Assessment Service Page](#)
-  [Non-contracted Overnight Care Service Page](#)

### 3.0 Assessing the level of care a client requires

- a** An SRNA assessment will recommend the level of care required to complete the tasks and the duration of the care. The assessor will also identify the mix of care required.

When level 2 care (complex care) is only required for a proportion of the total assessed attendant care, the same carer can provide level 1 (basic) and 2 (complex) care if they have the appropriate qualifications for level 2.

Recovery team managers must ensure that any level 2 care recommended meets the criteria for level 2 attendant care. If not, the issue must be reviewed with the assessor and any changes must be documented.

The non-contracted carer /provider needs to contact the recovery team manager if they have any concerns about the approved level of care.

The recovery team member can request a further assessment to support changes to the original SRNA or discuss with a Practice Mentor if they feel the request is reasonable.

- b** Level 1 attendant care covers all basic personal care activities that can be provided by support workers. It is often provided in conjunction with Home help.

 [Non-contracted Home Help Service Page](#)

- c** Level 2 attendant care requires more training and expertise. This level of care is delivered to clients who meet all of the following criteria:
- client has serious or complex injuries
  - the care required is more complex, such as ventilator care, complex bowel and bladder management, or managing challenging behaviour in a brain-injured client
  - carers require more training or expertise, eg an enrolled nurse with a current Annual Practising Certificate or an experienced caregiver with training in the specific tasks
  - the supervision and direction of a registered nurse is required.
- d** Supervisory care may be provided to:
- remind the client to complete physical and cognitive tasks
  - protect the client from further injury
  - ensure the client does not harm others or damage property.

 [Non-contracted Supervisory Care Service Page](#)

- e** Overnight care includes continual attendant care and sleepover care. An SRNA will identify when this is needed

 [Non-contracted Overnight Care Service Page](#)

- f** Attendant care can be provided to clients who are overseas in certain situations.

 [Providing Attendant Care Overseas Service Page](#)

---



## Summary

### Objective

If family members are providing a significant level of attendant care, we can provide relief care, or respite care, to help maintain both the client's and the family member's health and safety.

Relief care is provided to give family members who are providing significant levels of care a break, as it is not possible for one person to safely provide 24-hour hands-on care by themselves. It is against the Health and Safety in Employment Act 1992 for any carer, whether employed by an agency or as a family or private carer, to work hours that could put others or their own health and safety at risk.

Owner [REDACTED]


Expert [REDACTED]

## Procedure

### 1.0 Introduction

- a When family members are providing a significant level of attendant care, ACC can provide relief care, or respite care, to help maintain both the client's and the family member's health and safety.

Relief care is provided to give family members who are providing significant levels of care a break, as it is not possible for one person to safely provide 24-hour hands-on care by themselves. It is against the Health and Safety in Employment Act 1992 for any carer, whether employed by an agency or as a family or private carer, to work hours that could put others or their own health and safety at risk.

 Health and Safety in Employment Act 1992  
<http://www.brookersonline.co.nz/databases/modus/lawpart/statutes/ACT-NZL-PUB-Y.1992-96?tid=6373376&si=1878974479>

**NOTE** Private carers working excessive hours

---

### 2.0 Types of relief care

- a The two types of relief care are:
  - family caregiver requires a break
  - crisis care.

---

### 3.0 Family caregiver requires a break

- a Relief care is encouraged if the client's usual caregiver is a family member. Relief care is important to ensure that family can maintain the required standard of care without a build-up of stress, fatigue or emotion.

If the client chooses to use agency care while family carers are absent, agency rates apply.

Family members having a break are not entitled to attendant care payments for the period of relief care.

---

### 4.0 Crisis care

- a Crisis care might be needed if the client's care arrangements break down without warning. Crisis care provides emergency funding for up to three days in contracted facilities and contributes to the rehabilitation outcome and safety of the client.

The need for crisis care can be minimised by having a plan listing a variety of carers and periods of relief care.

---


## 5.0 Planning for relief care

- a Recovery Team Members need to encourage clients who are receiving attendant care from a family member to have a plan in place for relief care. This will ensure that their care will continue should a family caregiver need a break or be unexpectedly unavailable.

If your client is receiving more than 10 hours of attendant care a week for more than 12 weeks then they should be offered the 'Setting up and Managing Your Private Care' resource. Clients and carers can use this booklet to identify:

- who their care team is
- who or which agency will provide their relief care
- emergency contact details for whanau/family/friends.

'Note: If your client is receiving less than 10 hours of attendant care a week for less than 12 weeks, but you think it may reduce the risks associated with their non-contracted care, please offer these resources to your client

 ACC7024 Setting up and managing private care

---

## 6.0 Amount of relief care

- a The amount of relief care available is determined by the client's assessed needs and is no different to the client's normal attendant care entitlement. There is no limit on the amount of relief care we can provide, but the amount predicted per year should form part of the Recovery Plan based on the social rehabilitation assessment.

---

## 7.0 Methods of providing relief care

- a Relief care can be provided by:
  - admitting the client to a residential facility to receive care
  - having an alternative caregiver come to the family home to provide care
  - sending the client to an alternative provider's home.

---

## 8.0 Expectations

- a Setting expectations about relief care

ACC will:

- advise carers of the amount of predicted relief care per year, based on the social rehabilitation assessment
- establish the mix of care and the care team. Ideally there should be a variety of carers to minimise the need for periods of relief care
- strongly advise family caregivers to include a contracted agency as part of the care team, so that they can:
  - access regular support
  - share the client's care
  - have back-up arrangements in case of sickness or other reasons.

The family should advise ACC as soon as possible if they require a break outside that predicted in the assessment.

More information about the importance of planning for and organising a respite break can be found in the Carers NZ resource Time Out or on their website <http://www.carersair.net.nz>

 Carersair  
<http://www.carersair.net.nz/>

---

## 9.0 Retention payments

- a Refer to Non-contracted Retention Payments Service Page for information about payments made to retain the services of a carer while a client is in hospital or respite care.

 Non-contracted Retention Payments Service Page

## Summary

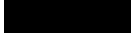
### Objective

Retention payments are payments made to retain the services of a carer while a client is in hospital or respite care.

Retention payments do not apply to agency caregivers. ACC expects that caregivers will receive other work from the agency while the caregiver is not providing care to the client.

A Coordination fee can be paid for clients to cover the client for the time spend organising their care team. The Coordination fee payment does not apply to agency caregivers.

Owner



Expert



## Procedure

### 1.0 Introduction

- a Retention payments are payments made to retain the services of a carer while a client is in hospital or respite care.

Retention payments do not apply to agency caregivers. ACC expects that caregivers will receive other work from the agency while the caregiver is not providing care to the client.


- b A coordination fee is a payment that is made to cover the client for time spend organising their care team. The Coordination fee payment does not apply to agency caregivers.

### 2.0 Coordination Fee

- a The following criteria apply:

- client has a serious injury; and
- client has three or more private carers who are not household family members.

The coordination fee payment is equal to three hours of Level 1 attendant care per week.

 Non-contracted IHCS codes and rates (includes co-ordination fee)

 Miscellaneous topics about Home & Community Support Services for serious injury clients (The Sauce)

### 3.0 Retention Payments - Paying members of a care team

- a Although ACC is not required to pay members of a care team during interruptions to the normal routine of care, we sometimes receive requests for a retention payment for care team members.

These requests usually relate to care team members who are employed specifically to provide care to the client, but who cannot guarantee they will be available to continue care if they receive no payments during a period of interruption. A retention payment is used to ensure the care provider is available to continue the normal routine of care when it resumes.

**NOTE** Examples:

### 4.0 Retention Payments - Payment rate

- a ACC can consider and pay for retention requests if that is the most practicable and cost-effective way to meet a client's rehabilitation needs. The payment rate should be negotiated on a case-by-case basis and should be less than the payment rate for the normal care provided.

All requests for retention payments should be discussed with a Team Leader before approval.

### 5.0 Retention Payments - Serious injury clients

- a For serious injury clients, retention payments can be approved by a Recovery Team Member if the normal level of attendant care provided is within their delegation, otherwise Team Leader approval is required.

 Non-contracted Relief Care Service Page

## Summary

### Objective

The Residential Support Service provides care for clients who require placement in a residential facility because they are unable to live independently in the community. Some clients require rehabilitation while they are in residential care so that they can return to independent living and for other clients the residential service facility may be their home for life.

Owner [REDACTED]

Expert [REDACTED]

## Procedure

### 1.0 Entry Criteria

**a** A client is eligible for this service if they:

- Have an injury that has been accepted for cover by ACC; and
- Require the residential care primarily due to that covered injury; and
- Are either ready for rehabilitation; or

Will be able to participate in active rehabilitation after a period of convalescents in residential care; or

- Due their the covered injury, are unable to live independently in their own home (or usual place of residence)

### 2.0 Who is the service for?

**a** Residential Support Service is provided to a wide range of clients who require residential care. The requirement for residential care could range from up to 6 weeks for interim care or the requirement could be a home for life.

**NOTE** Crisis care is not a service provided under this contract.

**b** Clients who require short term care could include:

- Clients who require temporary accommodation (eg waiting for housing modifications)
- Clients who usually live in a aged care facility and require a higher level of care (eg hospital level care until they recover from their injury and return to their usual rest home level of care)
- Respite/Relief Care - Clients who require a short placement to give their usual caregivers a break from caregiving duties
- Interim Care - Clients who have been discharged from a DHB but require short term residential care until they undergo further medical intervention. Interim care is for a period of up to six weeks until the client is able to participate in further rehabilitation - refer to Interim Residential Care



Interim Residential Care

<https://go.promapp.com/accnz/Process/cf5e23ff-5693-463c-a7c7-50bc41860ac6>

**c** Clients who require medium term care could include:

- Clients who require up to 6 months residential care while they receive rehabilitation and will then transition back to home or to their previous place of residence. The goal for these clients is to return to independence. Sometimes after a period of rehabilitation, the client is re-assessed and it is determined that they require long term care.

**d** Clients who require long term care could include:

- Clients who require long term residential care following a multi trauma complex injury and have high and complex needs
- Clients who require long term home for life care - due to their injury

**NOTE** The majority of clients are aged over 65yrs and the majority of care facilities are aged care rest home and aged care hospital facilities.

### 3.0 Referral Process

**a** Clients with complex injuries

- ACC makes a referral for a Support Needs Assessment (SNA)
- The SNA may recommend residential care

**b** A client may require additional support for their injury-related needs, eg admission into the hospital wing of the facility where they already reside due to their need for a higher level of care for their covered injury. This is usually temporary and funding will depend on their injury and pre-injury needs.

If the client's current facility is not able to provide the individual services the client needs, you must arrange a new facility

**c** Clients requiring long term residential support


- ACC makes a referral for a Support Needs Assessment (SNA)
- The SNA may recommend residential care



Arrange Support Needs Assessment (SNA)


<https://go.promapp.com/accnz/Process/Minimode/Permalink/n5tluZmedbH3d6namC5dx>

## 4.0 Residential Support - Service Schedule


 [RSS Residential Support.SS.2019.pdf](#)

---

## 5.0 Individual Residential Support - Service Schedule

 [Individual Residential Support - Service Schedule](#)

- a** We do not develop an Individual Contract if the support is for under approximately 13 weeks

 [ACC4237 Contract Request Form RSS-I.docx](#)

---

## 6.0 Funding

- a** We do not develop a contract with the provider if the client has other health or age-related conditions. Instead, the provider must meet the standards set out in their contract with the Ministry of Health. We pay all residential support costs if 100% of the client's needs are related to the injury.

Where a client has significant pre-existing health conditions that the DHB has been providing funding for, the DHB continues to provide that funding and we contribute for the injury related needs as a dual funding.


If the need is short term (under approximately 13 weeks), we will fund residential support based on the assessed health and the injury related need.

There may be support needed in addition to the cost for the daily bed rate, eg physiotherapy. In these cases a referral to physiotherapy under regulations, or a referral to other services such as: Training for Independence or Behaviour Support Services may be appropriate

---

## 7.0 Key contacts

- a** View the reference page DHB Health of older people (HOP) portfolio managers for further information.

 [DHB Health of older people \(HOP\) portfolio managers \(CHIPS\)](#)

---

## 8.0 Consultation

- a** You must fully involve the client and/or their support person, family or whānau when deciding on residential support. This means:


- consulting them when first recommending residential support
- giving them the opportunity to visit potential residential facilities prior to admission
- involving them in the assessments.


The residential support must meet the needs identified in the hospital discharge report and any medical reports.

The residential support programme should run no longer than the time identified to achieve the outcomes on the DHB discharge report or in the case of a contracted provider, on the ACC1155 Report - residential support (RRS).

Refer to Guide for social rehabilitation decision making tool when deciding whether to fund residential rehabilitation.


Guide for Social Rehabilitation Decision-making Tool (CHIPS)

 [ACC1155 Residential support](#)

 [Guide for Social Rehabilitation Decision-making Tool \(CHIPS\)](#)

---

## 9.0 Alternative services


 [TBIRR Approvals Service Page - residential support in Traumatic Brain Injury Residential Rehabilitation \(TBIRR\) when a client's most significant injury is a traumatic brain injury](#)


 [Non Acute Rehabilitation](#)  
<https://go.promapp.com/accnz/Process/Minimode/Permalink/DXalsYUTqykuq5KXiEIx4I>


 [Temporary Accommodation Spinal Services](#)  
<https://go.promapp.com/accnz/Process/Minimode/Permalink/Ge4CU2wbeB4cqezSE9g9q8>

---

## 10.0 Service details

 [Providing Residential Support Services \(CHIPS\)](#)

 [Temporary Accommodation Spinal Services Service Page](#)

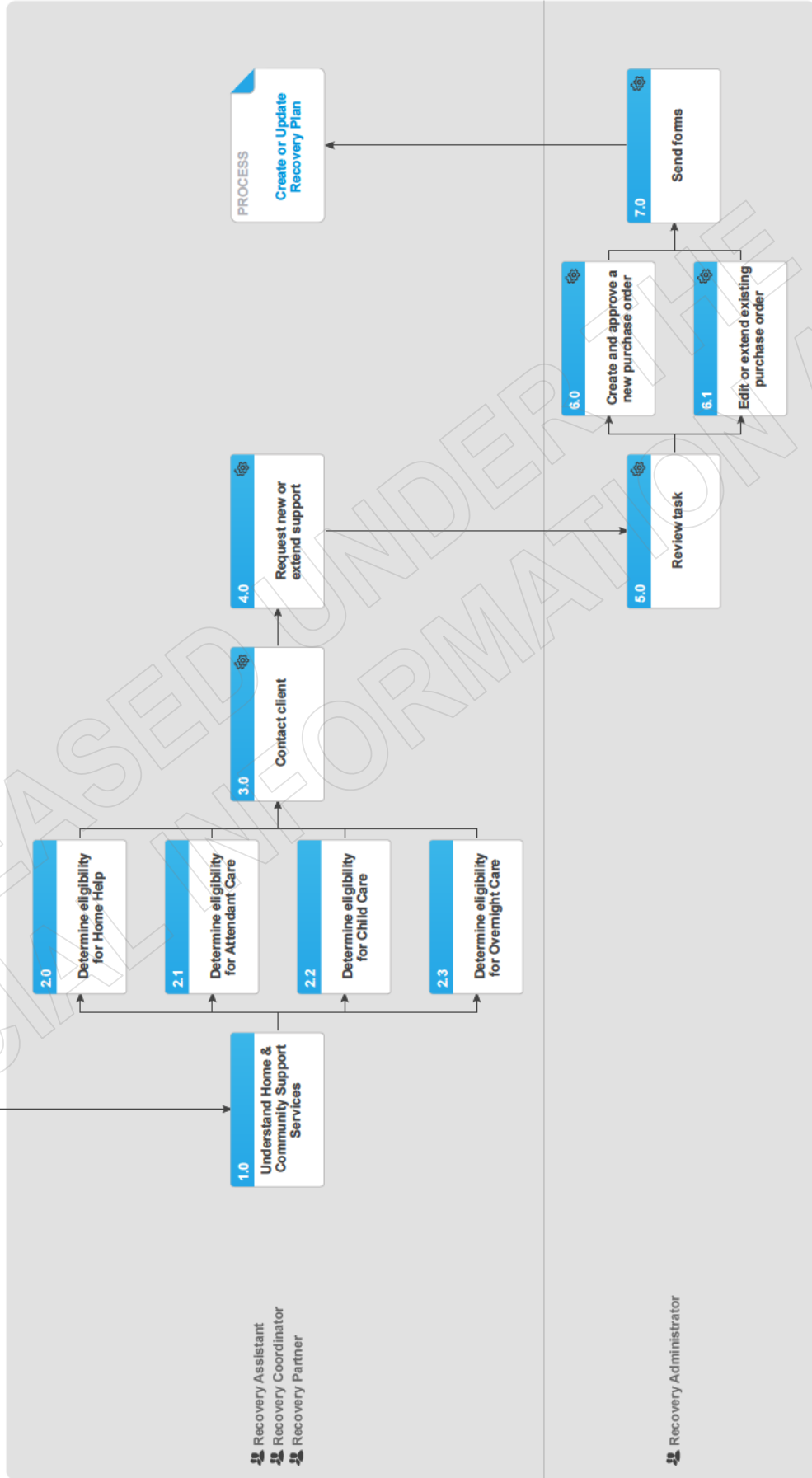
 [Client Reports from Suppliers Service Page](#)

RELEASSED UNDER THE  
OFFICIAL INFORMATION ACT



# Set Up Home & Community Support Services - Non-contracted

v19.0



## Summary

### Objective

This covers non-contracted, private contractors and family support for Non-contracted Home & Community Support Services.

The objective of this process is to set up home help, Attendant Care, Childcare, Delivered Meal services and Overnight care to support the client with everyday living activities after their injury.

### Background

Non-contracted HCSS are for clients that want to have their services provided by a friend, family, whanau or agency that does not have contract with ACC.

A client can choose to have a mix or all of their services using contracted or non-contracted providers, and there are benefits and disadvantages to both. A resource called Deciding who'll provide your paid care and support has been developed to assist clients when making this choice. It should be discussed with and sent to the client if necessary, so they can make an informed decision.

Non-contracted Home and Community Support Services (HCSS) give clients the ability to find their own services to support their rehabilitation. These may include:

- Home help
- Attendant care
- Childcare
- Delivered meal services
- Emergency backup service
- IHCS urgent support

Owner



Expert









## Procedure

### 1.0 Understand Home & Community Support Services


Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** To understand the type of Home & Community Support Services available to your client, refer to the following Policy and Service Pages.

-  Non-contracted Home and Community Support Services (HCSS) Service Page
-  How to assess short-term HCSS needs Policy  
<https://go.promapp.com/accnz/Process/b6337a4f-7f7e-4812-bde3-5bb4d3ead2a1>
-  Short-term HCSS Service Page  
<https://go.promapp.com/accnz/Process/e183093c-6613-4910-aefc-0761250f3a4e>
-  Assessing Overseas Clients For Non-contracted Care Service Page  
<https://go.promapp.com/accnz/Process/Minimode/Permalink/F8RjwPhqTRM823PIb61gLY>
-  Non-contracted Retention Payments and Non-contracted Coordination Fee Service Page  
<https://go.promapp.com/accnz/Process/Minimode/Permalink/HGC3C4CqMiJdZdwSZJbm01>
-  Non-contracted HCSS providers  
<https://go.promapp.com/accnz/Process/7a1a187d-c6a1-4d50-90f1-8be8e283f8bf>

- b** Consider whether family members might reasonably be expected to provide home help, attendant care or child care for the client. Refer to Using Natural Supports Policy and links to Supervisory Care within this policy.

**NOTE** What if you have determined using Natural Supports is appropriate for your client?

-  Using Natural Supports Policy

### 2.0 Determine eligibility for Home Help


Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Review the request for home help and claim to understand the client's current circumstances.

**b** Consider the following before providing home help:

- any rehabilitation outcome that would be achieved by providing it; and
- the extent to which a client undertook domestic activities before the client's personal injury and the extent to which he or she is able to undertake domestic activities after his or her injury; and
- the number of household family members and their need for home help; and
- the extent to which domestic activities were done by other household family members before the client's personal injury; and
- the extent to which other household family members or other family members might reasonably be expected to do domestic activities for themselves and for the client after the client's personal injury; and
- the need to avoid substantial disruption to the employment or other activities of the household family members; and
- the impact of the client's personal injury on the contribution of other family members to domestic activities

**NOTE** What if the client is receiving home help but their private carer/family member is currently unavailable or requires a period of respite?

 IHCS – Urgent Support Service Page

**c** Check the client's request aligns to the following domestic activities:

- grocery shopping for food, cleaning products and similar necessities
- meal preparation and cooking
- cleaning, including kitchen surfaces and dishes
- bathroom and laundry
- vacuuming and mopping floors
- dusting
- bed making
- rubbish disposal.

For further information refer to the following home help Policy and Service Pages.

 Purpose of Home Help Policy

 Non-contracted Home Help Service Page

**NOTE** What if the request is not for one of these activities?

---

## 2.1 Determine eligibility for Attendant Care

### Recovery Assistant, Recovery Coordinator, Recovery Partner

**a** Review the request for attendant care and claim to understand the client's current circumstances.

**b** Consider the following before providing attendant care:

- any rehabilitation outcome that would be achieved by providing it; and
- the nature and extent of the client's personal injury and the degree to which that injury impairs his or her ability to provide for his or her personal care; and
- the extent to which attendant care is necessary to enable the client to undertake or continue employment (including agreed vocational training) or to attend a place of education, having regard to any entitlement the client has to education support; and
- the extent to which household family members or other family members might reasonably be expected to provide attendant care for the client after the client's personal injury; and
- the extent to which attendant care is required to give household family members a break, from time to time, from providing attendant care for the client; and
- the need to avoid substantial disruption to the employment or other activities of household family members

**NOTE** What if the client is receiving attendant care but their private carer/family member is currently unavailable or requires a period of respite?

 IHCS - Urgent Support Service Page

<https://go.promapp.com/accnz/Process/2e795b3a-744c-471d-a36e-56ca34f3a412>

**c** Check the client's request aligns to the following activities:

- personal hygiene, grooming, toileting, transfers and mobility
- cognitive tasks of daily living such as communication, orientation, planning and completing tasks
- avoiding further injury in their ordinary environment
- relief or respite care to give a break to family members.


For further information refer to the following Attendant Care Policy and Service Pages.


**NOTE** What if the request is not aligned to one of these activities?


 Purpose of Attendant Care Policy

 When to Provide Attendant Care Policy

 Attendant Care Payments Policy

 Non-contracted Attendant Care Service Page

 Providing Non-contracted Attendant Care Overseas Service Page

 Non-contracted Supervisory Care Service Page

**NOTE** What if the request doesn't align to these activities?

**d** If your client has requested higher rates for attendant care, an increase or extension of an approved higher rate or has indicated difficulty in finding or keeping good carers as they believe the standard rate is not enough consider the following exceptional circumstances:

- what is the reason for requesting a higher rate?
- has the client considered contracted provider care?
- if so, what is their experience?
- if they are not willing to consider a contracted provider, what are their reasons?
- is there a shortage or unavailability of contracted providers in the geographical region?
- does the client have complex needs requiring a higher rate for necessary services?
- if they employ a private care team, could these carers become employees of a contracted provider? This allows the client to retain control while the contracted provider takes over responsibility for training, payment, administration.

**NOTE** What if the client is in exceptional circumstances for care?

---

## 2.2 Determine eligibility for Child Care

Recovery Assistant, Recovery Coordinator, Recovery Partner

**a** Review the request for child care and claim to understand the client's current circumstances.

**b** Consider the following before providing child care:


- any rehabilitation outcome that would be achieved by providing it; and
- the number of the client's children and their need for child care; and
- the extent to which child care was provided by other household family members before the client's personal injury; and
- the extent to which other household family members or other family members might reasonably be expected to provide child care services after the client's personal injury; and
- the need to avoid substantial disruption to the employment or other activities of the household family members.

**c** Check the child meets the definition of a child:

- under age 14 or under age 18 and needing care because of a physical or mental condition (Under the Accident Insurance Act 1998, this was age 21)
- either one or more of the following:
  - a natural child of the client
  - an adopted child of the client
  - a child of the client's spouse, for whom the client acts as a parent
  - a child who ordinarily lives with the client, is raised as a child of the client, and for whom the client acts as a parent. (This can include a foster child.)

For further information refer to the following Child Care Policy and Service Pages.

 Whether to provide childcare Policy

 Purpose of Childcare Policy

**NOTE** What if the child does not meet the definition of a child?

**NOTE** What if the request for care is for a child who has an injury?

---

## 2.3 Determine eligibility for Overnight Care

Recovery Assistant, Recovery Coordinator, Recovery Partner

**a** Review the request for Overnight Care.

**b** Consider the following before providing overnight care:

- other options have been considered eg. specialised beds, environmental controls, security alarms, Companion Care phones
- if there risks to the health and safety of the client if a family member provides overnight care
- any rehabilitation outcome that would be achieved by providing it; and
- the extent to which household family members or other family members might reasonably be expected to provide attendant care for the claimant after the client's personal injury; and
- the extent to which attendant care is required to give household family members a break, from time to time, from providing attendant care for the client; and
- the need to avoid substantial disruption to the employment or other activities of household family members

**c** Check the clients request aligns to one of the definitions for overnight care:

- Continual attendant care - this is when the client needs direct injury-related assistance throughout the night on a regular and consistent basis. Continual attendant care requires the carer to be fully awake for the entire shift.
- Sleepover care - is when a client needs someone in the house overnight as they have been assessed as unsafe to be left alone, due to the nature of their injury. The client may also require sporadic care throughout the night. Sleepover care usually covers the hours after the client is settled in bed until immediately before they wake or are attended to in the morning. ACC generally does not pay for sleepover care provided by family members where no direct assistance is needed while the client is asleep. This includes family members employed by contracted agencies.
- Sporadic care is when a carer needs to briefly help a client with their injury-related needs. Unlike continual attendant care, the carer does not need to remain awake overnight, but they need to get up and help the client when necessary. Sporadic care includes situations where there is a temporary change in the client's condition, eg additional help needed for a urinary tract infection, chest infection or other period of ill-health. A reassessment may be required if the client requires sporadic care on a frequent basis, eg seven days a week over a long-period of time. Alternative options should be explored to improve the client's sleep patterns, eg a continence assessment.

**NOTE** What if the request does not align with one of these definitions?

---

### 3.0 Contact client


Recovery Assistant, Recovery Coordinator, Recovery Partner

**a** Confirm you are speaking with the right person by asking ACC's identity check questions.

 Identity Check Policy

**b** Advise the client their request for support has been approved. Discuss the approved support, hours approved and the time-frame that has been approved.

**NOTE** What if the request has been declined?

 Client Legislative Rights and Responsibilities Policy

**NOTE** What if the client requests a contracted provider?

**c** Discuss how they decide who will care for them. Refer to ACC7023 Deciding who will care for you.

 ACC7023 Deciding who will care for you

**d** Advise the client that payments made will have tax deductions taken out of them prior to the client or carer receiving the payment. Your client must be made aware that payments will exclude GST.

Rates can be found in 'Non-contracted HCSS hourly rates' Service Page.

 Non-contracted HCSS Hourly Rates Service Page

**e** ACC can pay the client or the carer directly as weekly in arrears or as continuous payment.

**NOTE** What if you have determined the client can be paid by continuous payment?

**NOTE** What if the client has chosen for the carer or non-contracted agency to be paid weekly in arrears?

**NOTE** What if the client has chosen to be paid directly?

**f** Check if the client want their private carer/family member to be paid the GST inclusive hourly rate?

**NOTE** What if the client has chosen for the carer or non-contracted agency to be paid weekly in arrears?

**g** In Salesforce, record your conversation with the client as a contact on the claim.

---


### 4.0 Request new or extend support

Recovery Assistant, Recovery Coordinator, Recovery Partner

**a** In Eos, generate a new or extend "NGCM Entitlement request" task under 'add activity'. For further information refer to 'Referring Tasks to Recovery Administration - Principles'.

**NOTE** What if you have determined the client can be paid by continuous payment?

 Creating Entitlement Requests Tasks - System Steps


 Referring Tasks to Recovery Administration - Principles


**b** Using the drop down boxes select the type of care, whether it is a new or extension and the type of carer.


**c** Complete the mandatory fields in the e-form.

**d** Add or link the following information in the e-form (if applicable):

- written or hotline guidance received
- provide details of unusual circumstances and/or special requirements
- the carer or non-contracted agency
- purchase order codes
- client's payment preference
- forms the client is required to complete
- state if your client has a care indicator. Refer to 'Disclosure of care indicator information to third parties' policy for information about when this needs to be shared.


 NG GUIDELINES Purchase Order Details - HCSS Home Help

 NG GUIDELINES Purchase Order Details - Attendant Care

 NG GUIDELINES Purchase Order Details - HCSS Childcare

 NG GUIDELINES Purchase Order Details - HCSS Overnight care

**NOTE** What if the payments are going to be made by continuous payments?

 Disclosure of Care Indicator Information to Third Parties Policy

**e** Consider the timing of the task. The tasks route to the Recovery Administration team with an SLA of 24 hours.

**NOTE** What if the request is urgent and needs to be completed that day?

**NOTE** What if the request is required in the future?

---

## 5.0 Review task

### Recovery Administrator

**a** Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.

**NOTE** What if the request is to set up a continuous payment?

**b** Check the task provides the following information:

- the carer or non-contracted agency
- purchase order code
- the clients payment preference
- which letter(s) and forms need to be sent

**NOTE** What if there is information missing?

 NG PRINCIPLES Working in the Administration Team

**c** Check if the task is for a new support or an extension.

**NOTE** What if the request is to edit or extend an existing purchase order?

---

## 6.0 Create and approve a new purchase order

### Recovery Administrator

**a** In Eos, generate a purchase order using the entitlement type Home Help/Attendant Care.

 Creating purchase orders using general + QE

**b** Based on the type of carer generate the appropriate letters and forms by selecting 'add documents':

**NOTE** What if the client has chosen a private carer?

**NOTE** What if the client has chosen a non-contracted provider/agency?

**NOTE** What if the Vendor hasn't been added as a participant?

 Manage Participants (Eos Online Help)

---

## 6.1 Edit or extend existing purchase order

### Recovery Administrator

**a** Open the NGCM - New Home Help/Attendant Care task using 'do task':

- In Eos, click on "Search for a claim"
- Select the "Purchase Order / ACC32 Number" tab and paste the purchase order number into the purchase order number box
- Select "Open"

**NOTE** What if you are extending/adding new hours/dates/codes to a current purchase order?


**NOTE** What If there are multiple PO codes?

**NOTE** What if the code, hours and frequency remains the same?



**b** Approve the Purchase Order.

**NOTE** What if you do not have the delegation to approve the Purchase Order?


 Request Authorisation for a Purchase Order - System Steps

**NOTE** What if you get a limited payment error message when authorising the amended Purchase Order?

**c** Based on the type of carer generate the appropriate letters and forms by selecting 'add documents':


**NOTE** What if the client has chosen a private carer?

**NOTE** What if the client has chosen a non-contracted provider/agency?

 Admin Template - HCS03 Home and community support services approved private carer - PO - client

 Admin Template - Weekly Care Summary - PO - Client

 Admin Template - HCS06 Home and community support services approved non-contracted agency PO - vendor

 Admin Template - HCS07 Home and community support services approved non-contracted agency - Client


---


## 7.0 Send forms

### Recovery Administrator

**a** Complete the documents and convert them into non-editable PDFs.

**b** Perform privacy checks. Check the documents are accurate, do not contain any third-party information and do not contain any other information that needs to be withheld. Refer to Inbound and Outbound Document Checks.

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

 NG GUIDELINES Sending Letters in NGCM

**c** Check the client's preferred method of communication in the party record. Consider the policy below.

 Email and Instant Messaging Policy


**NOTE** What if this is for a sensitive claim?

 View a safe contact (Eos Online Help)

**d** Based on the type of carer send the appropriate letters and forms.

**NOTE** What if the client has chosen a private carer?

**NOTE** What if the client has chosen a non-contracted provider/agency?

 NGCM - FINAL Emailing from Eos using a Template - System Steps

**e** In Salesforce, close the assigned referral task.

---

## PROCESS

### Create or Update Recovery Plan

Recovery Assistant, Recovery Coordinator, Recovery Partner

---

## Summary

### Objective

Natural supports include family members, friends, neighbours and community, church, social and school groups who are readily available and reasonably easy to access for a client requiring help in the home and community.

Family members are a subgroup of the client's natural support network. AC Act 2001, Schedule 1 Clause 14, Clause 15 and Clause 17, require ACC to consider how much Home and Community Support Services (HCSS), including home help, childcare or attendant care, can reasonably be provided on an unpaid basis by household family members, or other family members, without significant disruption to their employment and everyday activities. Family members are related to the client either by blood, marriage (or civil union or a de facto relationship) or adoption. A household family member is a family member who lives in the same house as the client. A friend or flatmate living with a client is not considered a household family member.

Owner









Expert



## Policy

### 1.0 Further information

-  What is reasonable for family members to provide without payment?  
<http://thesauce/team-spaces/chips/treatment-rehabilitation/social-rehabilitation/reference/what-is-reasonable-for-family-to-provide-without-payment/index.htm>
-  Payment for supervision by natural supports  
<http://thesauce/team-spaces/chips/treatment-rehabilitation/social-rehabilitation/reference/payments-/payment-for-supervision-by-natural-supports/index.htm>
-  Supervisory care  
<http://thesauce/team-spaces/chips/treatment-rehabilitation/social-rehabilitation/service/home--community-support-services-/contracted-hcss-187/attendant-care--187/supervisory-care/index.htm>
-  Supervisory care examples  
<http://thesauce/team-spaces/chips/treatment-rehabilitation/social-rehabilitation/reference/home-community-support-services/supervisory-care-examples/wpc110544?ssSourceSiteId=null>
-  When to provide home help  
<https://go.promapp.com/accnz/Process/b54cb5c2-3b61-4d69-9e0e-3ec0b83d9a6e>
-  Whether to provide childcare  
<https://go.promapp.com/accnz/Process/a8c6e1b2-bc32-43f8-8e2f-8099935b0924#>

### 2.0 Integrated Home and Community Support (IHCS) provided by natural supports

- a** ACC's support should complement, not replace, the support provided by a client's natural support networks.

Family, friends, flatmates, neighbours or community groups may naturally provide help in the course of usual activities. There is no need for paid support during the times that help is naturally provided. For example, a neighbour may bring in a client's washing.

-  Using Natural Supports Policy

### 3.0 How appropriate is it for neighbours and friends to provide natural support?

- a** Consider the length of time that support may be needed. It may not be reasonable for us to rely on naturally provided support continuing on a long-term basis, eg neighbours and friends bringing meals to a client who has a long-term or permanent injury. This type of support is probably only reasonable for a short length of time while the client is recovering.

We cannot expect help to be provided just because the client has a neighbour or friend who does not work during the day. This would depend on the person's relationship with the client, their availability, capability and willingness to help. However, we must explore whether it is appropriate for the neighbour or friend to help. Our paid support then fills the gap between the client's needs and what their family and friends can reasonably help out with.

#### 4.0 What is reasonable for family members to provide?

- a** The AC Act 2001 requires ACC to consider how much IHCS can reasonably be provided on an unpaid basis by household family members, or other family members, without significant disruption to their employment and everyday activities. See What is reasonable for family to provide without payment

If family members provide some support without payment, we must consider whether to pay for:

- additional support from a family member where it is not reasonable to expect the care to be provided on an unpaid basis, and the family member is willing to provide care
- additional support through a contracted provider or a non-family member in order to meet the client's total assessed needs
- relief care to give a household family member a break from providing care.

If it is not reasonable for family to provide unpaid support, consider whether the family member wants to provide any care and, if so, how appropriate this is in relation to the client's goals and rehabilitation outcome.

If the family member wants to provide care, and it is appropriate for them to do so, we would pay for:

- the appropriate level of care provided by the family member
- any additional assessed support provided by a contracted provider, non-family carer or private carer
- any necessary relief care to give a household family member a break from providing care.

If the family member does not want to provide any care, we will pay a contracted provider or non-family carer to provide the support.

---

#### 5.0 Paying for care provided by a client's natural supports

- a** If the natural support concerns family members, see What is reasonable for family to provide without payment.

Use the attached tables to determine whether to pay for help provided by a client's natural supports.

 Paying for care provided by clients natural support2.PNG

 Paying for care provided by clients natural support.PNG

 What is reasonable for family members to provide without payment?

<http://thesauce/team-spaces/chips/treatment-rehabilitation/social-rehabilitation/reference/what-is-reasonable-for-family-to-provide-without-payment/index.htm>

---

#### 6.0 Payment rates

- a** For the appropriate payment rate, see Attendant care and Payment for supervision by natural supports

 Attendant care

<https://go.promapp.com/accnz/Process/bbe080d7-5c29-4e9a-be4b-532401a572ee>

 Payment for supervision by natural supports

<http://thesauce/team-spaces/chips/treatment-rehabilitation/social-rehabilitation/reference/payments-/payment-for-supervision-by-natural-supports/index.htm>

---

#### 7.0 Reviewing the client's situation

- a** The level of natural support, or support that can be integrated into a family member's usual household or family activities, and employment, can change over time.

We must review the client's needs and circumstances at appropriate intervals to see whether:

- it is still reasonable for family to provide the same level of support without payment
- more or less additional support is needed.

We should advise the client or family to contact us if their circumstances change or they feel that they need further support.