



19 July 2024

Kia ora [REDACTED]

Your Official Information Act request, reference: GOV-033220

Thank you for your email of 20 June 2024, asking under the Official Information Act 1982 (the Act) for copies of all ACC's policies, principles, rules, process and/or guidelines relating to:

1. *section 50(1)(b) of the Accident Compensation Act 2001, including, but not limited to:*
 - a) *The information provided to a claimant under s.50(1)(b)(i).*
 - b) *The process(es) and steps ACC adopts to facilitate the claimant's access to entitlements under s.50(1)(b)(ii).*
2. *ascertaining whether a claimant is or may be entitled to weekly compensation or other entitlements, if that claimant is or may be unable to make a request for such entitlements themselves - whether due to their covered injuries or otherwise.*
For the avoidance of doubt, the information to be provided under request 2 includes, but is not limited to, information relating to:
 - a) *whether, and if so how, ACC ascertains whether a claimant may be unable to make a request for weekly compensation or other entitlement themselves;*
 - b) *what steps, if any, ACC takes if a claimant may be unable to make a request for weekly compensation or other entitlement themselves, to enable ACC to ascertain whether it is appropriate to investigate such potential entitlements for that claimant;*
 - c) *what steps, if any, ACC takes to decide whether to investigate, and to investigate, weekly compensation or other entitlement if the claimant is or may be unable to make a request for such entitlement themselves.*

Information provided to clients under section 50(1)(b)(i)

Claim acceptance letter

ACC sends the client a letter to confirm their claim has been accepted. This letter includes information about the types of support available and also advises the client to either call ACC or visit our website for further information. Please find a copy of this letter template attached to this response.

Recovery plan

Under section 75 of the AC Act 2001, ACC is required to develop a Recovery Plan in consultation with the client within 13 weeks of the acceptance of the claim for cover if the client is likely to need social or vocational rehabilitation after the 13 weeks have ended. The client can receive a copy of their Recovery Plan which states the goals and actions they have agreed with ACC to support their recovery. The plan could include entitlements which ACC has agreed to set up to help the client achieve their recovery goals.

Information is available on our website

- This page notes how clients can get help if they have been injured: <https://www.acc.co.nz/im-injured/what-to-do>.
- We provide information about covering or contributing to the cost of treatment here: <https://www.acc.co.nz/im-injured/what-we-cover/treatment-we-pay-for>.
- Types of financial support are linked to here: <https://www.acc.co.nz/im-injured/financial-support>.
- Other types of supports are linked to on this page: <https://www.acc.co.nz/im-injured/types-of-ongoing-support>.

Facilitating client access to entitlements under section 50(1)(b)(ii)

Information provided by health professionals

ACC makes assessments about whether entitlements are appropriate based primarily on medical information and advice provided by health professionals. Information submitted in the ACC45 claim form is used to determine the extent of a client's entitlements.

The information ACC requires from providers when lodging a claim is stated on our website here:

<https://www.acc.co.nz/for-providers/lodging-claims/lodging-a-claim-for-a-patient#completing-an-acc45-form>.

Medical certificates provided by general practitioners (GPs), nurse practitioners, and medical specialists also prompt ACC to consider if the client is eligible for weekly compensation. This webpage outlines this in more detail: <https://www.acc.co.nz/for-providers/treatment-recovery/issuing-medical-certificates>.

Pages 66 and 68 of the document *Accident Services – A guide for DHB and ACC staff* notes that public hospitals are required to supply information to ACC. This enables ACC to provide appropriate care and entitlements for a client's covered injuries when they are discharged. Appendix 1 on page 79 provides guidance on the transfer of funding responsibilities from acute care in public hospitals to ACC, as well as a process for resolving Health/ACC boundary issues. The document is publicly available here:

<https://www.acc.co.nz/assets/provider/accident-services-a-guide-for-dhb-and-acc-staff.pdf>.

Information is available on our website about making a request for an entitlement

The ACC webpages linked to above identify the types of support ACC can provide and how to apply for them (or contain links to pages stating this information).

Clients can also make a request for several types of support through MyACC. Our website provides further information about how MyACC can support access to entitlements: <https://www.acc.co.nz/im-injured/myacc/about-myacc#what-can-i-use-myacc-for>

ACC's processes to identify if a client requires entitlements

We have attached the operational resources which ACC uses to facilitate client access to entitlements under section 50(1)(b)(ii). Please note we have removed the names of staff from the documents as we consider them outside the scope of your request.

Welcome conversation

ACC holds a welcome conversation with clients after a claim is registered and allocated to an Assisted, Supported or Partnered recovery team. There is also a process for conducting a welcome conversation with clients with mental injuries in Partnered recovery teams.

This conversation is used to elicit information from the client about what supports they need to manage and recover from their injury. As per section 3.0(e) of *Conduct Welcome Conversation*, checking whether the client is eligible for weekly compensation is part of this process. By the close of the call, a client should be aware of what supports are available to them. Following the call ACC may set up appropriate supports for the client (section 5.0).

Recovery Plan

The information captured in the welcome conversation is used to create the client's Recovery Plan. As noted earlier in this response, and in the background section of the document *Create or Update Recovery Plan*, ACC needs to consider if the right supports are in place for the client when creating a recovery plan. Weekly compensation is identified as an entitlement to consider under section 6.0(d).

Ongoing conversations with ACC can facilitate access to entitlements

Whether the client is receiving the supports they need for their recovery is also considered in recovery check-in conversations. Under section 2.0(b) of *Conduct Recovery Check-in Conversation*, it notes that providers such as Social Workers can be nominated as a representative for the client.

Case conferences can identify the needs of clients with sensitive claims who have an accepted mental injury claim and are being actively supported in their recovery. As noted in section 4.0(e) of the *Integrated Services for Sensitive Claims (ISSC) Service Page* case conferences are held between the client, their provider and ACC to discuss the client's on-going needs.

If a client's condition is rapidly deteriorating

ACC staff follow the guidance on the page *Identify Claims for Rapidly Deteriorating Clients*. This is so they can apply the following:

- *Clients with rapidly deteriorating conditions Policy*
- *Escalate Permanent Injury Compensation application for a rapidly deteriorating client*

Support needs assessment

ACC makes referrals for support needs assessments when ACC needs to establish what supports would benefit the client.

If a client is unable to make a request for entitlements themselves

Information submitted by health professionals is also required to determine a client's eligibility to entitlements in cases where the client is unable to request entitlements themselves. The clinical information, claim form, medical certificate or other advice provided may indicate they are unable to make such a request. In that instance, ACC will work with the client and their support people to provide the support they need.

A client can authorise a third party to act on their behalf in all aspects of their claim, including requesting entitlements. As noted in *Conduct Welcome Conversation* and *Conduct Recovery Check-in Conversation* the person appointed to act for the client can communicate their needs to ACC. This is so ACC can carry out the actions and considerations noted in the above documents to provide appropriate entitlements to the client.

Authority to Act (ATA)

Documents concerning a client appointing an ATA are:

- *Advocates and holders of authority to act Policy*
- *Obtain Authority to Act*

Personal and Property Orders

For clients unable to manage their own affairs and likely to continue to receive entitlements, ACC may identify an application for a personal order or property order as an option to support a client.

We may have further information available

There may be further guidance available about helping a client access entitlements which is not covered in the documents identified. If you're acting for a client and have questions about their claim, please call us on 0800 101 996 to discuss this.

As this information may be of interest to other members of the public

ACC may decide to proactively release a copy of this response on ACC's website. All requester data, including your name and contact details, will be removed prior to release. The released response will be made available www.acc.co.nz/resources/#/category/12.

If you have any questions about this response, please get in touch

You can email me at GovernmentServices@acc.co.nz.

If you are not happy with this response, you can also contact the Ombudsman via info@ombudsman.parliament.nz or by phoning 0800 802 602. Information about how to make a complaint is available at www.ombudsman.parliament.nz.

Ngā mihi



Christopher Johnston
Manager Official Information Act Services
Government Engagement

[Date]

[Client full name]
[Client postal address]
[Client postal address]
[Client postal address]
[Client postal address]

Your claim number:	[Claim Number]
Your ACC45 number:	[ACC45 Number]
Date of your injury:	[Client date of accident]

Dear [Client title] [Client surname]

Your injury is covered by ACC

We've been notified of the injury you received on [Client date of accident]. We're sorry to hear of your injury and wish you well with your recovery.

Based on the information provided, we're pleased to confirm that we've accepted your injury for cover.

We've already contributed to the cost of your initial treatment by paying a fee to the treatment provider. If the amount we paid didn't cover the full cost, they may have asked you to pay a top-up or co-payment.

If your injury happened at work, please let your employer know. We'll also write to them about their responsibilities.

We're happy to answer your questions

Please call **0800 101 996** if you would like to talk about this decision. If you quote your claim number, [Claim Number], we'll be able to help you faster. We'll be happy to answer any questions or, if you have any concerns, work with you to resolve these.

If you're still not happy, you can ask us for more information about the different options we offer, including independent reviews. For reviews, you need to apply in writing within 3 months of our decision. Later applications may be accepted if factors outside your control stopped you from applying in time.

For more information about ACC see over or visit www.acc.co.nz.

Yours sincerely

ACC Client Service & Support

What happens if I need more treatment?

You can go back to your treatment provider if you need further treatment from them. As with the initial treatment, they may ask you for a co-payment.

Most treatment providers have limits on the number of treatments they can provide. If you need any additional treatments, your provider must ask ACC to approve the treatments before they provide them. They will explain this to you and again may ask you for a co-payment.

If your injury is more complex, your treatment provider may refer you to a specialist to help determine the extent of your injury or to develop a plan for your recovery. If the specialist believes you need further treatment, such as surgery, they'll send us a request for funding.

When we receive a request to fund further treatment, our staff, which includes medical professionals, will make sure it's needed for the injury we've covered, and not for another underlying condition. To help with this we'll ask your current and previous treatment providers for copies of your relevant medical records.

What happens if I need help at home because of my injury?

Most people are able to look after themselves following injury, possibly with the help of family members. In a small number of cases people may need extra help at home because of the restrictions caused by their injury. If this is the case for you, please call us on 0800 101 996.

What happens if my injury affects my ability to work?

Most people can carry on working following injury, although in some cases there may be limits on what they're able to do. Research shows huge benefits from recovering while being at work, if you can do so safely. In a small number of cases people can't work for a period of time. We can help with payments for loss of earnings as a result of a covered injury, but there are specific criteria. The inability to work, or restriction on what you can do, must be because of the injury that we've covered.

Your consent

To receive assistance from ACC, clients are legally required to authorise us to obtain any records that may be relevant to their claims. The claim form your treatment provider submitted is the legal authorisation for ACC to collect and disclose information relevant to your claim, to help us determine the assistance you should receive.

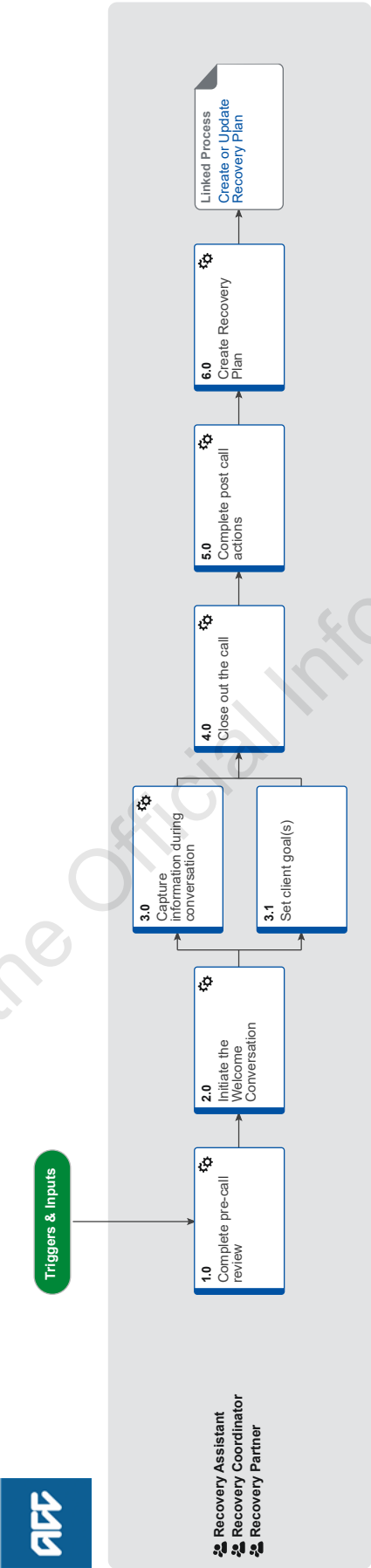
The Code of ACC Claimants' Rights

To help us help you, we use a code to guide how we work together. This Code of ACC Claimants' Rights (or 'Code') aims to make sure we provide you with a high standard of service by:

- treating you with dignity, respect, honesty and courtesy
- treating you fairly and listening to you and your views
- respecting your culture, values and beliefs
- welcoming any support people you bring with you
- communicating with you openly and honestly
- keeping you fully informed
- respecting your privacy, and letting you see and correct the information we hold about you
- respecting your right to complain.

Full Code

Above is a summary of the Code of ACC Claimants' Rights. You can ask us for a copy of the full Code or get a copy from our website www.acc.co.nz.



Summary

Objective

To help ACC understand what is important to our clients, and ensure they understand our role in their recovery so that our clients will feel listened to, involved, supported, and empowered.

By the close of the call, the client should understand:

- The purpose of the call
- ACC's role in their recovery
- How ACC will use their information
- What entitlements and supports are available to them.

Background

The Welcome Conversation is the first interaction we have with clients in the Assisted, Supported and Partnered teams following their injury event. After a claim is registered and has been matched to a team and allocated, we conduct a Welcome Conversation as part of the client on-boarding process.

A Welcome Conversation can also be conducted when we re-open a previously closed (Actioned) claim due to a new request for support. In these cases, due to the passing of time, the information in the original Welcome Conversation doesn't reflect the client's current situation.

Owner

Outside of Scope

Expert

Procedure

1.0 Complete pre-call review

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Check for other open claims.

New claims received for clients with other open claims are grouped with other claims and automatically assigned to the team that provides the highest level of management.

For additional information refer to the Client Welcome Conversation - Pre-call Review guidelines and the Having Recovery Team Transition Conversations guidelines and Hāpai Welcome Conversation Guide.

- Hāpai Welcome Conversation Guide
- ACC705 Knowledge resource
- NG GUIDELINES Client Welcome Conversation - Pre-call Review
- NG SUPPORTING INFORMATION Having Recovery Team Transition Conversations
- Recovery at Work Detailed Practice Support

- b** Check the likelihood that the client's needs relate to their covered injury.
- c** Determine if the request for weekly compensation or support at home is appropriate, based on the available evidence.
- d** Before conducting the Welcome Conversation, consider if the client is being supported by the right team.

NOTE What if you are unsure why a client may be considered to be in the wrong team?

Go to Transition Claim.

PROCESS Transition Claim

NOTE What if the client has a musculoskeletal injury to the knee, shoulder or lower back. Consider if the client meets eligibility for Integrated Care Pathways - musculoskeletal.

Go to 'Refer for ICPMSK' for more information.

PROCESS Refer for ICPMSK

NOTE What if the claim is for a Complex Mental Injury?

Go to Conduct CMI Welcome Conversation.

PROCESS Conduct CMI Welcome Conversation

NOTE What if the client is a resident of the Chatham Islands?

Ensure the claim has been allocated to one of the dedicated Chatham Islands Recovery Partners (currently Bruce Jackson and Anthony Brady). Refer to the "Assess and Fund Treatment and Rehabilitation for Residents of the Chatham Islands" process for reasons why this is important.

PROCESS Assess and Fund Treatment and Rehabilitation for Residents of the Chatham Islands

- e** Check if there is a delayed request for weekly compensation.

NOTE What if there is a delayed request for weekly compensation?

A delayed request for weekly compensation (DRWC) is:

DOFI = A request for weekly compensation received more than 90 days after the date of accident

DOSI = A request for weekly compensation received 28 days, or more, after the end date of the last period of incapacity (unless the below exceptions apply)

This process does not apply in the following situations, and weekly compensation can be set-up normally:

- If the DOSI date is still within 90 days following the date of the accident
- If the DOSI request for weekly compensation relates to ACC funded surgery (and there is no delay between surgery date and when the medical incapacity is issued).

NOTE: Ensure when considering this request the client has a covered injury, meets earner status and the incapacity is a result of the covered injury at DOFI.

NOTE: If the client meets criteria for DRWC the claim needs to be transitioned to Supported Recovery to be assessed and this process should be followed.

Go to Assess Delayed Request for Weekly Compensation.

PROCESS Assess Delayed Request for Weekly Compensation (DRWC)

- f** Check if there is a backdated weekly compensation request.

NOTE What if the request is backdated?

Go to Preparing and confirming a backdated weekly compensation request.

 **PROCESS** Assess a Backdated Weekly Compensation Request

- g** Check if the client is receiving Weekly Compensation on an existing open claim.

NOTE What if the client is receiving Weekly Compensation on an existing open claim?

Determine whether the covered injury on this claim is resolved, as weekly compensation will need to be transferred if it has resolved. If it's not clear confirm with a Clinical Advisor which claim the weekly compensation should be associated with. Go to the Seek Internal Guidance process, Activity 3.1 Request Written Guidance. Based on the guidance provided you may need to transfer the weekly compensation to a different claim.

 **PROCESS** Seek Internal Guidance

- h** Check if the claim was previously managed.

NOTE What if the claim was previously managed in Launchpad?

Consider if it is relevant to have a Welcome Conversation or Recovery Check-in depending on how long the claim has been closed.

From NGCM roll out - all claims previously managed in the Launchpad will have a read only LPRP sub-case in Eos. Review the LPRP to understand the client and claim information. The claim must now be managed from the Recovery Plan in Salesforce. Go to Create or Update Recovery Plan process.

 **PROCESS** Create or Update Recovery Plan

NOTE What if the claim was previously managed in Business as Usual?

If the claim has been transitioned from BAU you need to Create a Recovery Plan sub-case in Eos:

- From the ACC45 Claim, select the Activity tab
- Select Transfer to NGCM
- Select the Recovery Team your claim is in
- Select OK.

For more information regarding claims migration from BAU to NGCM refer to link below:

NOTE What if the client has another open claim with Escalated Care Pathways?

If the claim is not a musculoskeletal injury then the claim should continue to be managed by a Recovery Team Member. If it is for a musculoskeletal injury, contact the ICP Team via Genesys

V_CAD_Integrated_Escalated_Care_Pathway.

The ECP Team may contact the ECP Provider managing the other claim to see if they also need to manage the additional claim. If they are going to do this, they will create a general task in EOS to track the progress and outcome. While you are waiting for an outcome, you can partially complete the welcome conversation and arrange any urgent supports required e.g. home help. You should refrain from arranging rehab services, as the ECP Provider may be able to offer this as part of their services to the client.

If the ECP Provider needs to manage the additional claim, the ECP Team will update and transfer the claim to the ECP queue in EOS. If the Provider does not need to manage the additional claim, the ECP Team will update the task description to reflect this and close the general task.

NOTE What if the client has another claim open with Integrated Care Pathways?

Where a client has an Integrated Care Pathways (ICP) claim, all other claims should be managed by this team as well (With the exception of Assisted Mental Injury).

The ICP Team will usually identify and transfer other claims to their queue. If you notice an open claim where another claim is in Integrated Care Pathways, please transfer it to the 'Integrated Care Pathways - MSK' queue. Contact the ECP Team via Genesys:

V_CAD_Integrated_Escalated_Care_Pathway

 Claims Transition (Sharepoint)

- i** Check if there's a note in the Description field of the task advising the Welcome Conversation was paused.

To view information captured during a paused Welcome Conversation;

- go to the Close Out section of the Welcome Conversation
- Recovery Status Life Areas, or
- the Paused Welcome Conversation Transcript in Eos.

- j** Review Te Kete.

NOTE What do you need to consider if you're a Recovery Assistant?

Consider these key factors:

- Approved injuries
- There is no delayed request for weekly compensation
- Check the accident description and injury
- Check medical certificates injuries match approved diagnoses.

NOTE What if you are in the Partnered team?

Review the Customer Engagement for Partnered Recovery guidelines and consider:

- whether if it is possible to speak with the client in the first instance. Identify the most appropriate person to contact from the client's party record. It may be family/whanau or a safe contact.
- if your client is in hospital and you're unsure who to contact, speak with a clinical staff member in the first instance. Confirm the most appropriate contact person for the client.
- the best approach to the client conversation. The client's the situation and impact of the injury on the contact person.
- if it is appropriate to arrange weekly compensation without speaking to the client.

 Customer Engagement for Partnered Recovery

NOTE What if a face to face Welcome Conversation has been requested?

Assess the suitability of having a face to face meeting. Go to the process below, and refer to Client Face to Face Meetings guidelines to determine if a meeting is required.

 **PROCESS** Arrange Face to Face Client Meeting

- k** In the Claim Summary panel in Salesforce, check if the client has registered with MyACC.

NOTE What if the client has registered with MyACC?

Check if the client has requested Weekly Compensation and/or any supports post registration.

NOTE What if the client hasn't registered with MyACC?

When you contact the client, ask if they would like to register and manually resend an invite.

 **PROCESS** Invite Client to MyACC

- l** Review Te Kete or the Recovery Plan consent tab to confirm the client has provided consent to collect medical and other records.

NOTE What if the client hasn't provided consent?

Refer to the NG GUIDELINES Obtain Verbal or Written Authority to determine the type of consent required. Request this when you contact the client.

 ACC Guidelines to obtain verbal or written authority

- m** Confirm who you need to contact. There may be an Authority to Act (ATA) who is acting on the client's behalf.

- n** Check if the client has any existing language or cultural needs.

NOTE What if the client does have language or cultural needs?

To find resources to support a client with language and cultural needs, refer to the following documents.

 NG GUIDELINES Supporting the Diverse Needs of our Clients

 When to use an Interpreter Policy

 Working with an interpreter process

 Connecting Now - phone interpreting service for ACC

- o** Open the Welcome Conversation in Salesforce and select the relevant conversation.

- p** To prepare for the conversation, read the Client Welcome Conversation - During a call guidelines prior to contacting the client.

 Client Welcome Conversation - During a call

 Welcome Conversation - Supporting information

2.0 Initiate the Welcome Conversation

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Contact the client or ATA by their preferred method of communication.

NOTE What if you are unable to contact the client, ATA or alternative contact person?

Refer to the Welcome Conversation Call Attempts document.

 Welcome Conversation Call Attempts

- b** From Te Kete, confirm you are speaking with the right person by asking ACC's identity check questions. Record that you have performed the identity check as a contact on the claim.

 Identity Check Policy

- c** Verify and update the client's contact details.

NOTE What if you are provided updated or new information?

Update the client's Party Record

 **PROCESS** Update Client Party Records

- d** Confirm with the client or ATA it is a suitable time to complete the conversation.

NOTE What if the client advises they do not require any support?

Do not complete the Welcome Conversation and CLOSE the complete welcome conversation task. Closing the task instead of cancelling the task ensures the client receives a heartbeat request to provide feedback on their experience with ACC following this interaction.

NOTE What if client or ATA advises they are unable to have the conversation now?

- 1) Send the client our contact details via e-text for them to call us when appropriate.
 - 2) Cancel the welcome conversation
 - 3) Move the claim into actioned cases
- When the client or the ATA calls back the claim can be reopened.

NOTE What if client or ATA advises during the conversation they are unable to continue?

- 1) Agree with the client or ATA a preferred date to call back.
- 2) Select Pause.
- 3) In the Schedule Callback popup window, enter the preferred Callback Date, the reason for the callback and information requirements for the next call.
- 4) Select Save.
- 4) Complete To Do List actions that can be done now.

A new Welcome Conversation task will be created for the callback, a 'Paused Welcome Conversation' transcript document will be generated on the ACC45 and a contact will be created on the Recovery Plan.

NOTE What if the client requests to continue the conversation face to face?

Assess and determine the suitability of a face to face meeting. G to Arrange Face to Face Client Meeting.

 **PROCESS** Arrange Face to Face Client Meeting

- e Start with the 'Intro' tab of the Welcome Conversation to progress the client led conversation.

NOTE What if a client mentions self-harm or suicide?

Refer to NG GUIDELINES Managing Threat of Self-harm Calls for guidance.

 NG GUIDELINES Managing Threat of Self-harm Calls

- f Determine and obtain verbal authority to collect medical records about the client if needed.

NOTE How do you determine if you need to obtain authority to collect medical and other records?

In Salesforce, the Introduction section of the Welcome Conversation will display the Consent section. This indicates that you need to obtain consent.

You can obtain consent verbally, for more information regarding consent refer to the process below:

 **PROCESS** Obtain Client Authority to Collect Information

- g Discuss Client's Rights and Responsibilities and confirm that the client understands these'.

NOTE How do you determine if you need to discuss sending the ACC165 Client Rights and Responsibilities?

In Salesforce, the Introduction section of the Welcome Conversation will display the Clients Rights and Responsibilities section if the client does not have an active Client's Rights and Responsibilities Indicator.

If the client is only needing one off support and will be closing the claim after the conversation, we do not need to send the ACC165 Client Rights and Responsibilities.

If the client is having ongoing supports, advise the client that you need to share with them information about their rights and responsibilities and confirm they understand these. Check how the client would like to receive this information (eg, email, post) and note this in the Rights and Responsibilities section of the Welcome Conversation.

These tasks need to be manually created see 5.0 Complete post call actions'

- Post or email the ACC165
- Follow up reminder set for 10 working days to follow up with the client if not received
- Activate Client Rights and Responsibilities Indicator once form signed and returned
- Follow up reminder task set for 11 months to review ongoing ACC165 requirement

What if the client doesn't return the ACC165?

It's important the client acknowledges their rights and responsibilities, so it's important you record this as a contact on the clients claim, and it's been recorded the form has been sent to the client.

 ACC165 Declaration of rights and responsibilities

- h Follow up on any queries we may have with the client during the Welcome conversation and make an assessment if the need is likely to be injury related.

NOTE What to do if a client has requested support and ACC needs to confirm responsibility for this?

It is reasonable not to pay for the support until a decision has been made. However, if a client is currently receiving support, ACC must continue to pay for this while assessing the claim. Refer to the policy - When to Review Cover and Entitlements Policy.

 **PROCESS** When to Review Cover and Entitlements Policy

3.0 Capture information during conversation

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a Capture information collected at each stage as you work through the Welcome Conversation. You must only add in information that is discussed with the client.

 Identify Claims for Rapidly Deteriorating Clients

NOTE Where is key information captured?

Key information from the Welcome Conversation will be captured automatically in the appropriate life area note.

The fields in the Welcome Conversation that will be automatically captured are denoted by a paired asterisk symbol (**).

 Flags and Obstacles

 Medical Certification for non-Serious Injury claims Policy

b Add actions to be completed after the conversation has ended to the To do List:

- Select New on the To Do List
- Complete the Subject field or select an option from the Standard Subjects field
- Record information which will enable you to complete the post call action

c Capture the client's employment and income status.

 Add an employer participant

NOTE What if the client is self-employed?

There are rules and criteria required to confirm your client's employment status and eligibility for weekly compensation. For more information refer to the policy below:

 Confirm Self-Employed Person is an Earner Policy

NOTE What if your client is unable to provide all their payment information during the call?

- Let your client know that we won't be able to proceed with setting up payments until we have all the information. Ask that they either call/email in the missing information or submit it via MyACC.
- Continue the Welcome Conversation and override the warning message during the close out to complete the Welcome Conversation.
- Complete all appropriate actions on your To-Do list and create the Recovery Plan.
- Set a Reminder task (linked to the 'Other' life area) for a week later explaining that the Weekly Compensation Setup Task needs to be sent to Payments once missing information is received (task should also clearly state which information is needed).

NOTE What if the Client advises you they have resigned, been terminated or received redundancy?

Refer to information link below for guidance.

NOTE What if an employer has made payment of holiday and/or sick pay during a period the client is unable to work?

Refer to Manage Abatement in EOS section 2.0 for guidance.

 **PROCESS** Abate Weekly Compensation - Simple requests

 Client resigns, loses job / termination, is made redundant

d Check if the Employer is an AEP participant to determine if the claim needs to be managed by a TPA or employer. Refer to the following lists:

- Accredited Employer list for work related claims
- Participating Accredited Employers for non-work related claims

 Participating Accredited Employers (Non-work claims only)

 Accredited Employer list for work related claims

NOTE What if the employer is a registered AEP participant and the client's injury is related to work?

Check if the client has a MyACC account. If yes, this will need to be deactivated. Go to 'MyACC for Client' Activity 5.0 (c) for instructions on how to do this.

Advise the client their claim will be managed by their employer's Third Party Administrator and someone will be in touch with them soon. If required, let the client know their MyACC account will be deactivated due to their account being managed by their employer.

Follow the process link to 'Transition Claim to an Accredited Employer'.

NB: Clients are not able to opt out of AEP for work related claims, only for non-work related claims.

This process ends.

 **PROCESS** Identify and Transfer Work-Related Injury Claim to Accredited Employer (AE)

NOTE What if the employer is a registered AEP participant and the client's injury is not related to work?

 **PROCESS** Identify and Transfer Non-Work-Related Injury Claim to Third-Party Administrator (TPA)

 Transfer a claim

e Check if the client is eligible for Weekly Compensation. Refer to:

- Eligibility criteria for weekly compensation policy, and
- Client Welcome Conversation Weekly Compensation and Employment guidelines.

 Eligibility Criteria for Weekly Compensation Policy

 NG GUIDELINES Client Welcome Conversation - Weekly Compensation and Employment

NOTE What if the client is not entitled to Weekly Compensation?

Advise the client, and send the SPD999 Decline Entitlement letter with the ACC255 Working Together factsheet. Record the decision as a contact in Salesforce. Go to the Recovery Plan and update the vocational life area with a note of the decision and the rationale.

NOTE What payment information will be visible in the Welcome Conversation?

If the client already has an IRD number and bank account number, this will display in the financial details section. You can override the IRD or bank account number if these have changed. On completion of the Welcome Conversation, the IRD number, bank account number, and tax code will be automatically updated in Eos.

NOTE What if the client has requested Weekly Compensation via MyACC?

Check the 'MyACC Weekly Compensation Request' task to confirm that you have the correct contact details for their Direct Manager and Pay-roll contact.

If not, then collect this information as part of the Work and Work Planning section. You can also add a

To-Do List item to update the employer contact details following the call.

NOTE What if you receive a request for a Lump sum payment or Independence Allowance (LSIA)?

- Advise the client they are eligible to apply, and an application pack will be sent to them.
- Create a 'Send LSIA application pack task'. This will automatically route to the Treatment & Support team to generate and send to the client.

For further information refer to send a permanent injury process below

 **PROCESS** Send a Permanent Injury Compensation application pack

- f** Advise the client that it's likely we will contact their employer so we can all work together to prepare their recovery plan, to return them to work at the right time in the right way. Confirm that the client is OK with this and that they are comfortable with us discussing their claim with their employer.

Once you have informed the client about ACC contacting their employer advise them that the employer does not need to see a copy of their Recovery Plan. Also, the employer does not have the right to review the Recovery Plan.

Check all auto-populated fields and remove data as necessary.

-  Individual Rehabilitation Plan Policy
-  AC Act 2001, Schedule 1, Clause 7 - Preparation of individual rehabilitation plan
<http://www.legislation.govt.nz/act/public/2001/0049/lat>

NOTE What if the client is uncomfortable to include the employer in the development of their Recovery Plan?

You will need to discuss further with the client to explore their hesitance and negotiate a solution. Take a common sense approach for dealing with this situation considering the client's right for privacy (section(7)1 of the Privacy Act).

- g** Advise client that we want to ensure we have the right health professionals involved in the preparation of their recovery plan. Therefore, we need from the client the contact details (if known) of their Lead Health Practitioner and any other Health Practitioner they want us to invite to participate in the preparation of their Recovery Plan. Advise the client the health professionals do not need to see a copy of their Recovery Plan and they also do not have the right to review.

-  Individual Rehabilitation Plan Policy
-  AC Act 2001, Schedule 1, Clause 7 - Preparation of individual rehabilitation plan
<http://www.legislation.govt.nz/act/public/2001/0049/lat>

3.1 Set client goal(s)

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Set a recovery goal and agreed target date with the client.

NOTE What target date should you set?

Target dates should be agreed with the client during your conversation with the client and based on the Expected Claim Outcome (ECO) or the treatment providers recommendation eg a medical certificate, surgery notes, General Practitioner (GP) notes or an intervention completion report (ie housing modifications, transport for independence).

The client should be reassured that this is an estimated date based on the information we have about their injury.

NOTE What if the employer is a registered AEP participant and the client's injury is non-work related?

Check the following criteria is met:

- If the client has had a non-work injury (Fund code: Earners, Motor Vehicle, Treatment Injury and Residual - if client was an earner at DOI)
- Cover has been accepted
- The client has more than 7 days incapacity
- The client was an Earner at DOI
- The client is currently employed by a Participating Accredited Employer

If the criteria is met then go to Transfer Claim to Accredited Employer (AE) or Third-Party Administrator (TPA) Service. This process ends.

If the criteria is not met then continue with the Welcome Conversation.

 **PROCESS** Identify and Transfer Work-Related Injury Claim to Accredited Employer (AE)

NOTE What do you do if you are a Recovery Partner?

It may not be suitable to set a recovery goal with your client at this time. When the time is right, refer to Create or Update Recovery Plan.

 **PROCESS** Create or Update Recovery Plan

4.0 Close out the call

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Determine the next key milestone and stage in the client's recovery journey. Then schedule the first Recovery Check-in conversation.

NOTE What is a Milestone?

Milestones are significant changes and achievements in the client's recovery pathway.

When considering an appropriate milestone, consider the wider context of the client's recovery eg their work type – a sedentary worker's Recovery Check-in may be at a different stage when compared with that of someone in a heavy work-type occupation.

- When is the next significant change in the client's recovery likely to occur (eg increased independence, noticeable strengthening, a phased return to work duties).
- When is it likely that the client's needs will change significantly?

NOTE What should you consider?

When considering an appropriate milestone think about the wider context of the client's recovery, eg regarding work type - a sedentary worker's Recovery Check-in may be at a different stage when compared with someone in a very heavy work type. An example could be going from non-weight bearing to weight bearing.

PROCESS Conduct Recovery Check-in Conversation

Milestone Timing Examples:

WHEN	WHY
Client was using crutches and a moonboot can now weight bear	Client is now able to start strengthening
Client should be ready to get back into work, based on a specialist report	Begin planning on what a return to work would look like for this client
At completion of a programme (e.g. Concussion Services) and the report suggests further needs	Understand progress and plan for the next recovery period
Client's injury-state dramatically changes (e.g. injury complicated with infection, bone not healing)	Impacts on what we have previously planned, it is likely that we will need to understand the new recovery pathway and plan accordingly
Report has unexpected recommendations (e.g. report advises longer recovery timeframe based on new information impacting recovery)	

What isn't a milestone?

A new medical certificate within the expected recovery period which we were anticipating	We'd like to know how a recent appointment went (i.e. how was their physiotherapy appointment this morning)
We need to check on some details (i.e. whether a client still needs taxis)	Compliance discussions – these can be treated as Actions to ensure compliance in recovery.



Milestone Timing Examples.PNG

NOTE What is a stage?

Injury recovery can proceed through four key stages, acute, rehab, adaption and stable. Healing can progress backward or forward depending on internal and external factors.

- Rehab – The period of treatment that is needed to enhance and restore functional ability and quality of life after an injury. This tends to be the longest of the stages and includes a client's gradual return to work – a critical component of rehabilitation and recovery.
- Adaptation – We support our clients to adapt to changes that will help them with their recovery. For some clients, we might be enhancing existing skills and knowledge to adapt to a new vocation after an injury, and supporting them towards Vocational Independence.
- Stable – We continue to support our client when their injury is stable, and we expect little further change in their recovery status. We consider if they need ongoing management or if we should close their claim.

- b** Make sure you have gathered all the information you need in the Welcome Conversation.

- c** Ask the client if they would like a copy of the printed Recovery Plan before they agree to the actions discussed. Check the client has verbally agreed to the recovery plan goals and actions that you've put in place. Note their agreement to the actions in the close out text box.

NOTE What if the client doesn't provide verbal agreement to an intervention or the plan we have identified as being reasonably required?

Confirm with the client:

- how they want to receive a copy of their Recovery Plan so they can review it
- a suitable timeframe for them to review their Recovery Plan
- a date to finalise the Recovery Plan.

We must give the client a reasonable timeframe to review and agree to a Recovery Plan. It's expected that a client is given 10 working days but a longer timeframe may be appropriate in some cases. They can also seek support from their Lead Health Practitioner, other Health Practitioner, other support person(s), or employer to participate in the development of their Recovery Plan

Once the client has received the Recovery Plan, they can:

- phone us to discuss their Recovery Plan and/or provide verbal agreement
- send their Recovery Plan back via email or post with feedback and/or agreement.

If you haven't heard from the client, phone them to finalise the plan. If you don't reach agreement during this conversation, advise the client that you will send them a decision finalising the plan.

- d** End the call with the client.
- e** Once all responses in the Welcome Conversation have been captured, click Save from the Close Out tab.

NOTE What happens automatically in Eos when you've completed the Welcome Conversation?

A Welcome Conversation transcript is created and a contact is added to the Recovery Plan. If applicable, the following is updated in the relevant Eos fields:

- Bank account, IRD number and Tax code
- verbal consent.

- f** If your client is a worker, let them know you would like to speak to their employer next.

5.0 Complete post call actions

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Work through the actions in the To Do List. Complete the actions that must be done at that time. In Salesforce, click Launch Eos Claim on the Welcome Conversation task to open the Eos claim. Check you have the correct claim number.

NOTE What if you can't complete an action in the To Do List now?

To Do List actions that remain open will be automatically transferred to the Recovery Plan as an 'Action to be followed up' on the specified Target Date. Salesforce will create the relevant task in Eos.

NOTE What if you need clinical information to help complete the client's recovery plan?

Go to Request Clinical Records.

 **PROCESS** Request Clinical Records

NOTE What if you need to set up supports for the client?

If you need to set up:

- social supports for the client, go to Manage Social Interventions / Supports web link.
- vocational supports for the client, go to Manage Vocational Interventions / Supports web link.

 Supporting clients with Social Needs

 ACC705 Knowledge resource

 Manage Social Interventions / Supports

 Vocational Services Roadmap

 Manage Vocational Interventions / Supports

NOTE What if you need to Assess and Fund treatment?

Go to the Manage Treatment Interventions processes.

 Manage Treatment Interventions / Supports

NOTE What if you need internal advice to determine next steps of the client's recovery?

Go to Seek Internal Guidance process.

 **PROCESS** Seek Internal Guidance

b Email the client their ACC165 Declaration of rights and responsibilities form.

Use the Client Legislative Rights and Responsibilities guidelines for templates.

 Add (generate) a word document from a template (sharepoint.com)

NOTE What if the client wants the form to be posted?

Arrange for a Recovery Administrator to post the form to the client.

- Make sure the client has a valid postal address.
- Send a 'Send Letter' task to the Recovery Administration department queue.

 ACC165 Declaration of rights and responsibilities

 NG GUIDELINES Client Legislative Rights and Responsibilities

c Check and update the fund code, if applicable.

NOTE How do you update the fund code?

Go to the Review and Update a Fund Code process for instructions on how to update a fund code. Once you have updated the fund code, return to this process and continue with the below tasks.

d In Eos Recovery Plan subcase, send the Contact Details Notification to the client.

NOTE What if there is no Recovery Plan subcase in Eos?

If there is no Recovery Plan subcase in Eos, you need to create one.

- From the ACC45 Claim, select the Activity tab
- Select Transfer to NGCM
- Select the Recovery Team your claim is in
- Select OK.

Also note that, you need to update the consent information in Eos.

Refer to document below:

 Create a Notification - System Steps

e In Eos, add consent if you have obtained verbal consent during the welcome conversation.

NOTE How do you add add consent in Eos?

Refer to system steps below.

 Add Client Consent

NOTE What if you need to update the client's preferred payment notification?

Refer to system steps below.

 Update the payment notification method

6.0 Create Recovery Plan

Recovery Assistant, Recovery Coordinator, Recovery Partner

a Click Create Recovery Plan.

NOTE What is automatically populated in the Recovery Plan?

The Recovery Plan will be automatically populated with the following, if applicable:

- Key information from the Welcome Conversation will be captured automatically in the appropriate life area note. The fields in the Welcome Conversation that will be automatically captured are denoted by a paired asterisk symbol (**).
- Any open To Do List actions
- Recovery Goal
- Recovery Check-in action

b From Te Kete, navigate to the Recovery Plan. You may need to add some actions manually, eg agreed interventions.

NOTE What if you are unsure how to manually add actions?

Go to Create or Update Recovery Plan.

 **PROCESS** Create or Update Recovery Plan

c In Salesforce, enter information into the appropriate life area.

NOTE What information is important to capture in the Recovery Status Life Areas?

Refer to the Life Areas section of the Recovery Management Guideline.

NOTE What if you need to edit or delete a life area note?

You can edit or delete life area notes that you create, as long as this is done on the same day that you have created the note. Team leaders can still edit or delete notes at any time.

 NG GUIDELINES Recovery Management

NOTE What if you add notes relating to another client by mistake?

Email your Recovery Leader:

- ask them to remove the incorrect information from the Life Area notes in Salesforce
- identify what information needs to be removed
- refer to the claim number.

d Add a note in the Recovery Check-in to check that the client has completed the ACC165, and to send an ad-hoc notification if they have not returned the completed form.

NOTE What if the client doesn't return the ACC165?

It's important the client acknowledges their rights and responsibilities, so it's important you record this as a contact on the client's claim, and it's been recorded the form has been sent to the client.

- e Invite the client's Lead Practitioner and/or other Health Practitioner identified by the client to participate in the planning of the client's Recovery Plan.

NOTE How do you contact the Lead Practitioner and/or other Health Practitioners?

You can contact them by phone, email or by generating the RPL02 Invitation to participate in rehab plan - Vendor letter in Eos and send to the practitioner(s).

- f In Salesforce, review the Employer Welcome Conversation action located on the Recovery Plan before making contact with the employer. Once you are ready and the client has agreed that you can speak with their employer, conduct an initial conversation with the client's employer. Ensure you do not discuss any sensitive client information to the employer.

 Welcome Conversation - Supporting information

NOTE What if you need to add the client's employer as a participant?

Refer to NG Guidelines Employer Conversation.

 NG Guidelines Employer Conversation

NOTE What if you're unable to contact the employer?

Assisted only - Before attempting the Initial Employer Welcome Conversation, utilise the text message below, to make the employer aware of the pending phone call you will be making shortly.

To send text message, use outlook. For example:

From: assistedrecovery@acc.co.nz
To: 1234567@etxt.co.nz
Subject: Kia Ora. ACC team member will be ringing you within the next 5-10 minutes to discuss your employee who sustained an injury. If you are unable to answer at this time, please call us back on 0800 222 435. Quote: (**ADD ACC45 number**) Please do not reply via text.

If you are unable to reach the employer on your first attempt, send the below email, and close the employer welcome task. If no email on file then update your task with attempts move with the claim to the managing cohort.

Move the claim into the selected cohort (the Initial Employer Welcome Conversation will then pull into this cohort's department) for them to manage the claim and complete the second Employer Welcome Conversation attempt.

Supported and Partnered only - If you are unable to reach the employer on your first attempt, leave voicemail message if appropriate. Extend the Employer Welcome Conversation task out for three additional days (unless urgent). Note in the task description that this is the first attempt to contact the employer.

Second attempt in three days: Confirm Employer contact details are correct with the client or by checking the Employer Party Record and attempting other work contacts where possible. If there is a mobile number, send the following text 'Please contact us about your employee [ACC45 No]'. DO NOT disclose other client information in the text. In the task description note you have attempted to contact the employer on [mobile number] and sent an etxt. Push out the task for another 5 days.

Third attempt in five days: leave voicemail message and cancel the Employer Welcome Conversation Action with an outcome to note the unsuccessful attempts. Contact the client to advise you have not been able to make contact with their employer and ask them to liaise with them.

NOTE **How to send an email to the employer when contact has not been made - Assisted Recovery only**

Generate an email to the employer from EOS using the EOS email function and then copy and paste below template into the email - this will include the claim number and client name. Please ensure you have updated the bracketed areas to match the employer and the client.

Kia ora (employer's name)

We are keen to chat with you about your employee, who has recently had an (work) injury. We attempted to call (employer contact) on (phone number) on (date), but haven't had any luck making contact, so we are following up with this email.

ACC's role is to support your employee during their recovery from injury. You also have an important role to play as the injured person's employer, in supporting them to recover at work, where possible.

We would be pleased if you could confirm for us the following:

The employee worked for you at the time of the accident and still works for you currently.

- Who is the right person in your business to talk with about (injured employee's name) recovery at work opportunities?
- Is there anything you think would be beneficial for ACC to know about (injured employee's name) (or your business) that might impact on their recovery?
- Have you had a conversation with (injured employee) about the injury and how you might support them with recovery at work? (i.e. alternative or suitable duties; modifying tasks/environment/ hours to allow the person to work safely within any functional restrictions as they recover)

There are a number of ways ACC can help you to support your employee as they recover from their injury. Please reply to this email, or give us a call on 0800 101 996, so we can explore this further.

You can also find useful conversation guides and information about how to support your employee to recover at work on our website here: <https://www.acc.co.nz/for-business/supporting-your-injured-employee-to-recover-at-work/>.

Now also might be a good time to register for MyACC for Business – where you can keep track of your levies, payments and work injury claims from your own device. Register here <https://business.acc.co.nz/login/register>.

NOTE **What if the employer's email address is unverified?**

You can still send the template email (see note above) to the employer even if the email address is not verified as long as the client has given that email address to us. If the email address is wrong, then it is considered a third party data loss, and not a privacy risk for recovery teams.

If you do not have an email address from the client and are attempting to use a non verified email address from the party level of the employer this will need to be verified before sending the email.

You must remove the ACC ID from the subject line when sending emails to unverified employer email addresses.

NOTE **How do you create the Employer Welcome Conversation?**

From the Salesforce Recovery Plan:
Actions > Create New Action? > Employer Welcome Conversation > Next > Conduct Employer Welcome Conversation OR Schedule Future Employer Welcome Conversation.

Additionally, the Employer Welcome Conversation will automatically create on the Recovery Plan if the Client/Representative has given permission for ACC to make contact with their Employer. Ensure the 'Contact Employer' item is open in the To-do list from the Welcome Conversation when you use [Create Recovery Plan].

NOTE **What do you need to consider as you complete the Employer Welcome Conversation?**

- Capture information collected and agreed as you work through the conversation.
- Save the conversation once all required information is recorded.
- Add To Do List items to capture post call actions, then complete these actions following the call.
- Any To Do List actions that remain open will be automatically transferred to the Recovery Plan when click Transfer To Do List.

NOTE **How do you complete the Employer Welcome Conversation?**

- 1) Review your notes and tidy as needed so that the record of the conversation is clear and accurate as to what was discussed.
- 2) Ensure the mandatory fields (these will be bolded) have information entered into them before pressing the 'Save Conversation' button.

- g Arrange to send your client a copy of their Recovery Plan if required.

NOTE **How do you generate a copy of the Recovery Plan for the client?**

Click Send PDF to Eos on the Salesforce Recovery Plan.
Result: This will generate ACC7979 form.

NOTE **What if the client wants the Recovery Plan sent to them by email?**

Follow the Emailing from Eos – System Steps.

 NGCM - FINAL Emailing from Eos - System Steps

NOTE What if the client wants the Recovery Plan sent to them by mail?

Refer to the NG GUIDELINES Sending Letters in NGCM.

h Close the NGCM Client Welcome Conversation task.

 Send letters from Client Recovery and Claims Assessment

i Transition the claim to the correct Recovery Team or Assisted Recovery cohort.

NOTE What if the claim needs to be transitioned to another Recovery Team?

 **PROCESS** Transition Claim

NOTE What if the claim needs to be transitioned to another Assisted Recovery cohort?

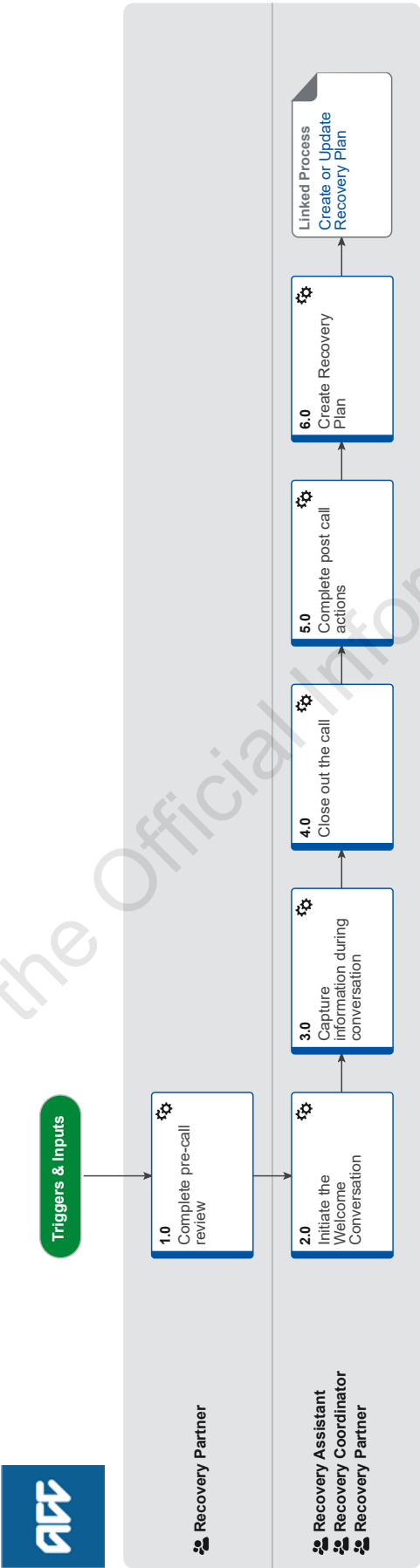
 Transition Guidelines Between Assisted Recovery Cohorts

 Assisted Transitions Criteria

NOTE What if the claim needs to be closed?

 **PROCESS** Close claim

 **PROCESS** **Create or Update Recovery Plan**
Recovery Assistant, Recovery Coordinator, Recovery Partner



Summary

Objective

To confirm what is important to our clients, and ensure they understand our role in their recovery so that our clients will feel listened to, involved, supported, and empowered.

By the close of the call, the client should understand:

- The purpose of the call
- ACC's role in their recovery
- How ACC will use their information
- What entitlements and supports are available to them.

Background

The Complex Mental Injury (CMI) Welcome Conversation is the first interaction we have with clients in Partnered teams following their injury event. After a claim is registered and has been matched to Recovery Partner, we conduct a CMI Welcome Conversation as part of the client on-boarding process.

A CMI Welcome Conversation can also be conducted when we re-open a previously closed (Actioned) claim due to a new request for support. In these cases, due to the passing of time, the information in the original CMI Welcome Conversation doesn't reflect the client's current situation.

Owner

Outside of Scope

Expert

Procedure

1.0 Complete pre-call review

Recovery Partner

- Check for other open claims and check for any duplicate claims.

NOTE What if the client has other active claims?

Look at the open claims and consider the 'whole person' recovery approach. Confirm the client is being supported in the correct team before proceeding with the Welcome Conversation. In most cases the client will be case managed at the highest level based on the client needs and this should be discussed with the client before the claim is transitioned to another team.

Refer to the Complex Mental Injury Welcome Conversation - Pre-call Review guidelines and Having Recovery Team Transition Conversations guidelines.

NG SUPPORTING INFORMATION Having Recovery Team Transition Conversations

NG GUIDELINES: CMI Welcome Conversation

NOTE What if the client has another claim(s) being managed by a different Recovery Team, AEP or TPA?

Consider if this claim should be transitioned.

Go to Transition Claim process.

PROCESS Transition Claim

NOTE What if the client is receiving Weekly Compensation on an open claim?

Based on the information you have, determine if the client meets the eligibility criteria for weekly compensation. Complete the Welcome Conversation. If you're unsure to seek guidance to confirm the eligibility and confirm the claim it should be linked to.

Go to Seek Internal Guidance process.

PROCESS Seek Internal Guidance

NOTE What if there is a duplicate claim?

Refer to the Identify and Link Duplicate Claims:: Complex M.I process.

PROCESS Identify and Link Duplicate Claims :: Identify and link duplicate Sensitive claims

NOTE What if there is a request for Weekly Compensation (Sensitive Claim)?

Start the process of assessing weekly compensation entitlement for sensitive claims.

Go to Assess Weekly Compensation for Sensitive Claims

PROCESS Assess Weekly Compensation for Sensitive Claims

NOTE What if there is a request for weekly compensation?

Refer to the Set Up weekly compensation process

PROCESS Request Set Up of Weekly Compensation Payments

- Check if the claim was previously managed.

NOTE What if the claim was previously managed in Launchpad?

Consider if it is relevant to have a Welcome Conversation or Recovery Check-in depending on how long the claim has been closed. From NGCM roll out - all claims previously managed in the Launchpad will have a read only LPRP sub-case in Eos. Review the LPRP to understand the client and claim information. The claim must now be managed from the Recovery Plan in Salesforce. Go to Create or Update Recovery Plan process.

PROCESS Create or Update Recovery Plan

NOTE What if the claim was previously managed in Business as Usual?

If the claim has been transitioned from BAU you need to Create a Recovery Plan sub-case in Eos:

- From the ACC45 Claim, select the Activity tab
- Select Transfer to Next Gen
- Select the Recovery Team your claim is in
- Transfer the claim into your name
- Select OK.

For more information regarding claims migration from BAU to NGCM refer to link below:

Claims Transition (Sharepoint)

- c** Check if there's a note in the Description field of the task advising the Welcome Conversation was paused.
To view any information captured during a paused Welcome Conversation, refer to:
- the Close Out section of the Welcome Conversation
 - the Recovery Status Life Areas, or
 - the Paused Welcome Conversation Transcript in Eos.
- d** Confirm that there is a Recovery Plan subcase in Eos.

NOTE What if there is no Recovery Plan subcase in Eos?

If there is no Recovery Plan subcase in Eos, you need to create one.

- From the ACC45 Claim, select the Activity tab
- Select Transfer to Next Gen
- Select the Recovery Team your claim is in
- Transfer the claim into your name
- Select OK.

- e** Review Te Kete.

NOTE What should you be reviewing?

Review the Customer Engagement for Partnered Recovery guidelines and consider:

- It may not be possible to speak with the client in the first instance. It may be family/whanau or a safe contact. Identify the most appropriate person to contact from the client's Party Record.
- If your client is in hospital and you're unsure who to contact, speak with a clinical staff member or treating provider in the first instance. Confirm the most appropriate contact person for the client.
- Identify the best approach to the client conversation, considering the situation and impact of the injury on the contact person.

 Customer Engagement for Partnered Recovery

- f** Confirm who you need to contact, ensure you have checked the relationship of the safe contact to the client. There may be an Authority to Act (ATA) in place who is acting on the client's behalf.

NOTE What if the client is under 16 years old and you need to identify the guardian/safe contact?

Refer to the NG C&A Gillick Competence below for more information.

 NG C & A Gillick Competence

NOTE What if the client is 14-15 years old and wants to manage their own claim?

Confirm your client is Gillick competent, refer the NG C&A Gillick Competence above for more information.

NOTE How do you identify guardianship/safe contact information?

Refer to [Identify Safe Contact] process.

 **PROCESS** Identify Safe Contact for Child Clients

NOTE What if a face to face Welcome Conversation has been requested?

Assess and determine the suitability of a face to face meeting. Go to Arrange Face to Face Client Meeting process.

 **PROCESS** Arrange Face to Face Client Meeting

- g** Check the ACC45 form or Sensitive claim engagement form to determine if the client has sustained a physical injury and/or mental injuries from sexual abuse.

NOTE What other information needs to be checked on an engagement form?

For further information regarding the engagement form and contacting clients with Sensitive Claims refer to the document and policy below:

 Review engagement form

 Contacting sensitive claims clients Policy

NOTE What if the client has sustained both physical and mental injuries from sexual abuse?

An additional claim must be lodged for the physical injury:

- Complete the Referral for Additional Claim Lodgement form.
- In section 'Transfer Claim To', write 'Partnered Team - [Recovery Team Member]
- Email the completed form to either Hamilton.Registration@acc.co.nz or Dunedin.Registration@acc.co.nz.

 Referral for New Claim Lodgement

- h** Check if the Date of Accident matches the date of the client's first consultation (Engagement form) with their treating provider.

NOTE What if the dates don't match?

- Update the Date of Accident to match the date of the client's first consultation either from the ACC45 or the Engagement form

- Add a contact with the following rationale for the change:

"I have updated the date of accident on the claim based on the information provided in the ACC45. The ACC45 indicates that the first date the client received treatment is XXX. This is in line with Section 36 of the Accident Compensation Act 2001 where the date of accident is the date the client first received treatment, rather than the event date. This can be updated at a later date, if appropriate, if further information comes to light."

See information link below for steps on managing basic claim details.

 Manage basic claim details

- i** In the Claim Summary panel in Salesforce, check if the client has registered with MyACC.

NOTE What if the client has registered with MyACC?

Check if the client has requested any supports or reimbursements.

NOTE What if the client hasn't registered with MyACC?

When you contact the client, ask if they would like to register and manually resend an invite.

 **PROCESS** Invite Client to MyACC

- j** To check what type of Authority to collect medical and other records the client has provided, Review Te Kete or the Recovery Plan consent tab. Refer to the NG Guidelines Obtain Verbal or Written Authority.

NOTE How do you obtain authority to collect medical and other records?

Consent for Authority to collect medical and other records is obtained by the use of the ACC6300 form. This is obtained via the treating provider,

 **PROCESS** Obtain Client Authority to Collect Information

- k** Check if the client has any existing language or cultural needs.

NOTE What if the client has language or cultural needs?

To find resources to support a client with language and cultural needs, refer to the following documents.

-  NG GUIDELINES Supporting the Diverse Needs of our Clients
-  When to use an Interpreter Policy
-  Working with an interpreter process
-  Connecting Now - phone interpreting service for ACC

- l** In Salesforce, select the Partnered Client or Partnered Whanau MI Welcome Conversation.

- m** Read the CMI Welcome Conversation - During a Call guidelines before moving to the next activity in this process to ensure you are prepared before making the call.

-  NG GUIDELINES: CMI Welcome Conversation

2.0 Initiate the Welcome Conversation

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Contact the relevant contact person by their preferred method of communication.

NOTE What if you are unable to contact the client?

Refer to the Welcome Conversation Call Attempts information sheet.

If the client is not engaged in treatment and the cover status is held;
If you are unable to contact the client after completing all contact attempts, including via the treating provider (if appropriate):

- Update the task description with: Unable to contact client, closing claim.
- Cancel the NGCM – Welcome Conversation task.
- If the task is assigned to you in Salesforce, select Close Tab and “Task cannot be closed in Salesforce”.

“Our ability to approve claims has been set out in ACC’s legislation. We’ve said we’re unable to approve your claim, this does not mean we are saying that what you have experienced has not affected you, or that what is happening to you is unimportant, only that we can’t cover it.”

Add a contact action in Salesforce documenting your decision. Refer to Issue Recovery Decision process. Follow the Close Claim process once your decision is documented.

If the client is engaged in treatment and the cover status is held, do not decline or close the claim, contact the lead provider and advise you have been unable to contact the client and if they could please pass on your contact details to the client. Liaise via the lead provider until such time as the client contact you.

-  **PROCESS** Close claim

-  Welcome Conversation Call Attempts

- b** From Te Kete, complete the relevant security questions to confirm you’re speaking with the right person. Record that you have performed the security questions. Verify and update the client’s contact details.

-  Security Questions (CMS)

- c** Confirm with the client or ATA that it is a suitable time to complete the conversation.

NOTE What if the client or ATA advises they're unable to have the conversation now or during the conversation they're unable to continue?

Complete the following:

- Capture agreed actions in the tool and arrange an alternative time to call them back.
- Update the target date in the Welcome Conversation task with this date.
- Add a note in the description field of the task stating the conversation was paused.

-  NG GUIDELINES Recovery Management

NOTE What if the client requests to continue the conversation face to face?

Go to the process below, and refer to Client Face to Face Meetings guidelines to determine if this is appropriate.

-  **PROCESS** Arrange Face to Face Client Meeting

- d** Start with the Introduction section of the Partnered Client or Partnered Whanau MI Welcome Conversation.

NOTE What if a client mentions self-harm or suicide?

Refer to NG GUIDELINES Managing Threat of Self-harm Calls for guidance.

-  NG GUIDELINES Managing Threat of Self-harm Calls

NOTE What if during the Welcome Conversation your client needs to be considered for transition to a different Recovery Team?

Go to Transition Claim

-  **PROCESS** Transition Claim

3.0 Capture information during conversation

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Capture information collected and agreed actions at each stage in the tool as you work through the Welcome Conversation. You must only add in information that is discussed with the client.

- b** Capture information the client has provided about their employment and income status.

NOTE What if the client is self-employed?

There are rules and criteria required to confirm your client’s status and therefore their eligibility for weekly compensation. For more information refer to the policy below:

-  Confirm Self-Employed Person is an Earner Policy

NOTE What happens if the client does not have all their payment information during the call?

Let your client know that we won’t be able to proceed with setting up payments until we have all the information. Ask that they either call/email in the missing information or submit it via MyACC.

- c** Check if the Employer is an AEP participant to determine if the claim needs to be managed by a TPA or employer. Refer to the following lists:

- Accredited Employer list for work related claims
- Participating Accredited Employers for non-work related claims

 Participating Accredited Employers (Non-work claims only)

 Accredited Employer list for work related claims

NOTE What if the employer is a registered AEP participant and the client's injury is related to work?

Check if the client has a MyACC account. If yes, this will need to be deactivated. Go to 'MyACC for Client' Activity 5.0 (c) for instructions on how to do this.

Advise the client their claim will be managed by their employer's Third Party Administrator and someone will be in touch with them soon. If required, let the client know their MyACC account will be deactivated due to their account being managed by their employer.

Follow the process link to 'Transition Claim to an Accredited Employer'

NB: Clients are not able to opt out of AEP for work related claims, only for non-work related claims.

This process ends.

 **PROCESS** Identify and Transfer Work-Related Injury Claim to Accredited Employer (AE)

NOTE What if the employer is a registered AEP participant and the client's injury is non-work related?

If the following criteria is met the claim will need to be transitioned to TPA Support, otherwise continue with this process.

- If the client has had a non-work injury (Fund code: Earners, Motor Vehicle, Treatment Injury and Residual - if client was an earner at DOI)
- Cover has been accepted
- The client has more than 7 days incapacity
- The client was an Earner at DOI
- The client is currently employed by a Participating Accredited Employer

Check if the client has a MyACC account. If yes, this will need to be deactivated. Go to 'MyACC for Client' Activity 5.0 (c) for instructions on how to do this.

Advise the client their claim will be managed by their employer's Third Party Administrator and someone will be in touch with them soon. If required, let the client know their MyACC account will be deactivated due to their account being managed by a TPA.

NB: Clients are able to opt out if their claim is a non-work related and ACC can continue to manage their claim. Continue with this process.

Create a 'NGCM-General task' on the claim and state the client's AEP employer. Transfer the claim to the TPA support department queue. This process ends.

 Transfer a claim

- d** Check if the client is eligible for Weekly Compensation. Refer to:

- Eligibility criteria for weekly compensation policy, and
- Client Welcome Conversation Weekly Compensation and Employment guidelines.

 Eligibility Criteria for Weekly Compensation Policy

 NG GUIDELINES Client Welcome Conversation - Weekly Compensation and Employment

NOTE What if the client wants to apply for Weekly Compensation (Sensitive Claim)?
Start the process of assessing weekly compensation entitlement for sensitive claims.

Go to Assess Weekly Compensation for Sensitive Claims

 **PROCESS** Assess Weekly Compensation for Sensitive Claims

NOTE What if the client has requested Weekly Compensation via MyACC?

Check the 'MyACC Weekly Compensation Request' task to confirm that you have the correct contact details for their Direct Manager and Pay-roll contact.

If not, then collect this information as part of the Work and Work Planning section. You can also add a To-Do List item to update the employer contact details following the call.

NOTE What if the client is not entitled to weekly compensation?

Advise the client, and send the SPD999 Decline Entitlement letter with the ACC255 Working Together factsheet. Record the decision as a contact in Salesforce. In the Recovery Plan, update the vocational life area with a note of the decision and the rationale.

Go to Issue Recovery Decision process for further guidance.

 **PROCESS** Issue Recovery Decision

NOTE What if you receive a request for a Lump sum payment or Independence Allowance (LSIA)?

Create a 'Send LSIA application pack task'. This will automatically route to the Treatment & Support team to generate and send to the client.

If the client has a held or declined claim, they are not eligible until cover is accepted.

For further information refer to the link below.

 Independence allowance & lump sum (IALS)

- e** Discuss employer contact and involvement with the client.

NOTE What do you need to advise the client in regards to you contacting their employer?

Advise the client that it's likely we will contact their employer so we can all work together to prepare their recovery plan, to return them to work at the right time in the right way. Confirm that the client is OK with this and that they are comfortable with us discussing their claim with their employer.

Once you have informed the client about ACC contacting their employer advise them that the employer does not need to see a copy of their Recovery Plan. Also, the employer does not have the right to review the Recovery Plan.

NOTE What if the claim is a sensitive claim?

Where there is a sensitive claim we must follow directions by the client and not involve the employer unless requested to do so. Ensure you do not show any sensitive client information to the employer.

Check all auto-populated fields and remove data as necessary.

 Individual Rehabilitation Plan Policy

 AC Act 2001, Schedule 1, Clause 7 - Preparation of individual rehabilitation plan
<http://www.legislation.govt.nz/act/public/2001/0049/lat>

NOTE What if the client is uncomfortable to include the employer in the development of their Recovery Plan?

You will need to discuss further with the client to explore their hesitance and negotiate a solution. Take a common sense approach for dealing with this situation considering the client's right for privacy (section(7)1 of the Privacy Act).

- f** Discuss additional Health Practitioner contact and involvement with the client.

NOTE What do you need to advise the client about contacting their other Health Practitioners?

Advise client that we want to ensure we have the right health professionals involved in the preparation of their recovery plan. Therefore, we need from the client the contact details (if known) of their Lead Health Practitioner and any other Health Practitioner they want us to invite to participate in the preparation of their Recovery Plan.

Advise the client the health professionals do not need to see a copy of their Recovery Plan and they also do not have the right to review.

 Individual Rehabilitation Plan Policy

 AC Act 2001, Schedule 1, Clause 7 - Preparation of individual rehabilitation plan
<http://www.legislation.govt.nz/act/public/2001/0049/lat>

- g** Set a Recovery Goal, agreed target date and rationale with the client.

NOTE What target date should you set?

Target dates should align to available information or reports submitted by providers eg Wellbeing Plans, an indication is given about how long treatment will be needed and should be the overall target date for recovery.

If the client is attending an assessment before treatment commences, the target date should be set for when ACC can expect this service to end and an outcome of the assessment is achieved. The client should be reassured that this is an estimated date based on the information we have about their injury.

NOTE What should you include in your rationale?

The rationale should explain what information the current target date is based on.

NOTE What if it is not appropriate to set a recovery goal at this time?

It may not be suitable to set a recovery goal with your client at this time. When the time is right, refer to the process below.

 **PROCESS** Create or Update Recovery Plan

4.0 Close out the call

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Determine how the client wants to be contacted in the future. Phone, Text or Email.

 Update Client Party Records

- b** Determine the next key milestone and stage in the client's recovery journey. Then schedule the first Recovery Check-in conversation.

NOTE What is a Milestone?

Milestones are significant changes and achievements in the client's recovery pathway.

When considering an appropriate milestone, consider the wider context of the client's recovery eg their work type – a sedentary worker's Recovery Check-in may be at a different stage when compared with that of someone in a heavy work-type occupation.

• When is the next significant change in the client's recovery likely to occur (eg increased independence, a phased return to work duties).

• When is it likely that the client's needs will change significantly?

Milestone Timing Examples:

WHEN	WHY
Client was using crutches and a moonboot can now weight bear	Client is now able to start strengthening
Client should be ready to get back into work, based on a specialist report	Begin planning on what a return to work would look like for this client
At completion of a programme (e.g. Concussion Services) and the report suggests further needs	Understand progress and plan for the next recovery period
Client's injury-state dramatically changes (e.g. injury complicated with infection, bone not healing)	Impacts on what we have previously planned, it is likely that we will need to understand the new recovery pathway and plan accordingly
Report has unexpected recommendations (e.g. report advises longer recovery timeframe based on new information impacting recovery)	

What isn't a milestone?

A new medical certificate within the expected recovery period which we were anticipating	We'd like to know how a recent appointment went (i.e. how was their physiotherapy appointment this morning)
We need to check on some details (i.e. whether a client still needs taxis)	Compliance discussions – these can be treated as Actions to ensure compliance in recovery.



Milestone Timing Examples.PNG

NOTE What is a stage?

Injury recovery can proceed through four key stages, acute, rehab, adaption and stable. Healing can progress backward or forward depending on internal and external factors.

- **Rehab** – The period of treatment that is needed to enhance and restore functional ability and quality of life after an injury. This tends to be the longest of the stages and includes a client's gradual return to work — a critical component of rehabilitation and recovery.

- **Adaptation** – We support our clients to adapt to changes that will help them with their recovery. For some clients, we might be enhancing existing skills and knowledge to adapt to a new vocation after an injury, and supporting them towards Vocational Independence.

- **Stable** – We continue to support our client when their injury is stable, and we expect little further change in their recovery status. We consider if they need ongoing management or if we should close their claim.

c Discuss Client's Rights and Responsibilities if needed.**NOTE How do you determine if you need to discuss sending the ACC165 Client Rights and Responsibilities?**

In Salesforce, the Close-out section of the Welcome Conversation will display the Clients Rights and Responsibilities section if the client does not have an active ACC165.

Advise the client that you need to share with them information about their rights and responsibilities and confirm they understand these. Check how the client would like to receive this information (eg, email, post) and note this in the Rights and Responsibilities section of the Welcome Conversation.

To-Do List items will be automatically created for the following:

- Post or email the ACC165
- Follow up reminder set for 10 working days to follow up with the client if not received

 ACC165 Declaration of rights and responsibilities

NOTE What if the client doesn't return the ACC165?

It's important the client acknowledges their rights and responsibilities, so it's important you record this as a contact on the clients claim, and it's been recorded the form has been sent to the client.

d Make sure you have gathered all the information you need in the Welcome Conversation.**e Advise the client that they are able to request a copy of their Recovery Plan at any time.****NOTE What if the client doesn't provide verbal agreement to an intervention or the plan we have identified as being reasonably required?**

Confirm with the client:

- how they want to receive a copy of their Recovery Plan so they can review it
- a suitable timeframe for them to review their Recovery Plan
- a date to finalise the Recovery Plan.

We must give the client a reasonable timeframe to review and agree to a Recovery Plan. It's expected that a client is given 10 working days but a longer timeframe may be appropriate in some cases. They can also seek support from their Lead Health Practitioner, other Health Practitioner, other support person(s), or employer to participate in the development of their Recovery Plan

Once the client has received the Recovery Plan, they can:

- phone us to discuss their Recovery Plan and/or provide verbal agreement
- send their Recovery Plan back via email or post with feedback and/or agreement.

If you haven't heard from the client, phone them to finalise the plan. If you don't reach agreement during this conversation, advise the client that you will send them a decision finalising the plan.

f End the call with the client.**5.0 Complete post call actions**

Recovery Assistant, Recovery Coordinator, Recovery Partner

a Complete the actions agreed with the client.**NOTE What if you can't complete an action in the To Do List now?**

Any To Do List actions that remain open will be automatically transferred to the Recovery Plan as an 'Action to be followed up' on the specified Target Date. Salesforce will also create the relevant task in Eos.

NOTE What if you need clinical information to help complete the client's recovery plan?

Go to the process below.

 **PROCESS** Request Clinical Records

NOTE What if you need to set up weekly compensation for the client?

Go to the process below.

 **PROCESS** Request Set Up of Weekly Compensation Payments

NOTE What if you need to set up supports for the client?

If you need to set up:

- social supports for the client, go to Manage Social Interventions / Supports web link.
- vocational supports for the client, go to Manage Vocational Interventions / Supports web link.

 Manage Social Interventions / Supports

 Manage Vocational Interventions / Supports

NOTE What if you need to Assess and Fund treatment?

Go to the Manage Treatment Interventions web link.

 Manage Treatment Interventions / Supports

NOTE What if you need guidance on next steps of the client's recovery?

Go to Seek Internal Guidance process.

 **PROCESS** Seek Internal Guidance

- b** If applicable, email the client their ACC165 Declaration of rights and responsibilities form.
Use the Client Legislative Rights and Responsibilities guidelines for templates.
- c** Check and update the fund code, if applicable.

NOTE How do you update the fund code?

Go to the Review and Update a Fund Code process for instructions on how to update a fund code. Once you have updated the fund code, return to this process and continue with the below tasks.

 **PROCESS** Review and Update a Fund Code

-  ACC165 Declaration of rights and responsibilities
-  NG GUIDELINES Client Legislative Rights and Responsibilities

NOTE What if the client wants the form to be posted?

Arrange for a Recovery Administrator to post the form to the client.

- Make sure the client has a valid postal address.
- Send a 'Send Letter' task to the Recovery Administration department queue.

- d** In Eos Recovery Plan subcase, send the Contact Details Notification to the client.

- d** Invite the client's Lead Practitioner and/or other Health Practitioner identified by the client to participate in the planning of the client's Recovery Plan.

NOTE How do you contact the Lead Practitioner and/or other Health Practitioners?

You can contact them by phone, email or by generating the RPL02 Invitation to participate in rehab plan - Vendor letter in Eos and send to the practitioner(s).

- e** In Salesforce, review the Employer Welcome Conversation action located on the Recovery Plan before making contact with the employer. Once you are ready and the client has agreed that you can speak with their employer, conduct an Employer Welcome Conversation with the client's employer. Ensure you do not discuss any sensitive client information to the employer.

 NG Guidelines Employer Conversation

NOTE What if you're unable to contact the employer?

If you are unable to reach the employer on your first attempt, leave voicemail message if appropriate. Extend the Employer Welcome Conversation task out for three additional days (unless urgent). Note in the task description that this is the first attempt to contact the employer.

Second attempt in three days: leave voicemail message if appropriate. Confirm Employer contact details are correct by checking the Employer Party Record and attempt other work contacts where possible. Push out the task for another five days.

Thirds attempt in five days: leave voicemail message and close task after updating the description and adding a contact to note the unsuccessful third call attempt. If you are unable to make contact to establish recovery expectations, contact Recovery Support for guidance.

 **PROCESS** Seek Internal Guidance

NOTE How do you create the Employer Welcome Conversation?

From the Salesforce Recovery Plan:

Actions > Create New Action? > Employer Welcome Conversation > Next > Conduct Employer Welcome Conversation OR Schedule Future Employer Welcome Conversation.

Additionally, the Employer Welcome Conversation will automatically create on the Recovery Plan if the Client/Representative has given permission for ACC to make contact with their Employer. Ensure the 'Contact Employer' item is open in the To-do list from the Welcome Conversation when you use [Create Recovery Plan].

6.0 Create Recovery Plan

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Click Create Recovery Plan.
Result: The Recovery Plan will be automatically populated with the following, if applicable:
 - any open To Do List actions
 - recovery goal
 - Recovery Check-in action
- b** From Te Kete, navigate to the Recovery Plan. You will need to add some actions manually, eg agreed interventions.

NOTE How do you add actions manually to the Recovery Plan?

Go to the process below.

 **PROCESS** Create or Update Recovery Plan

- c** In Salesforce, enter information into the appropriate life area.

NOTE What information is important to capture in the Life Areas?

Refer to the Life Areas section of the Recovery Management Guideline.

 NG GUIDELINES Recovery Management

NOTE What if you add notes relating to another client by mistake?

You can edit or delete life area notes that you create, as long as this is done on the same day that you have created the note.

Team leaders can edit or delete notes at any time.

NOTE How do you complete the Employer Guided Conversation?

- 1) Review your notes and tidy as needed so that the record of the conversation is clear and accurate as to what was discussed.
- 2) Add To Do List items to capture post call actions, then complete these actions following the call.
- 3) Use the 'Transfer To Do List Items' to transfer any actions that cannot be done now to the Recovery Plan.
- 4) Ensure the mandatory fields (these will be bolded) have information entered into them before pressing the 'Save Conversation' button.

- f** Arrange to send your client a copy of their Recovery Plan if required.

NOTE How do you generate a copy of the Recovery Plan for the client?

Click Send PDF to Eos on the Salesforce Recovery Plan.
Result: This will generate ACC7979 form.

NOTE What if the client wants the Recovery Plan sent to them by email?

Follow the Emailing from Eos – System Steps.

-  NGCM - FINAL Emailing from Eos - System Steps

NOTE What if the client wants the Recovery Plan sent to them by mail?

Refer to Send letters from Client Recovery and Claims Assessment.

-  Send letters from Client Recovery and Claims Assessment

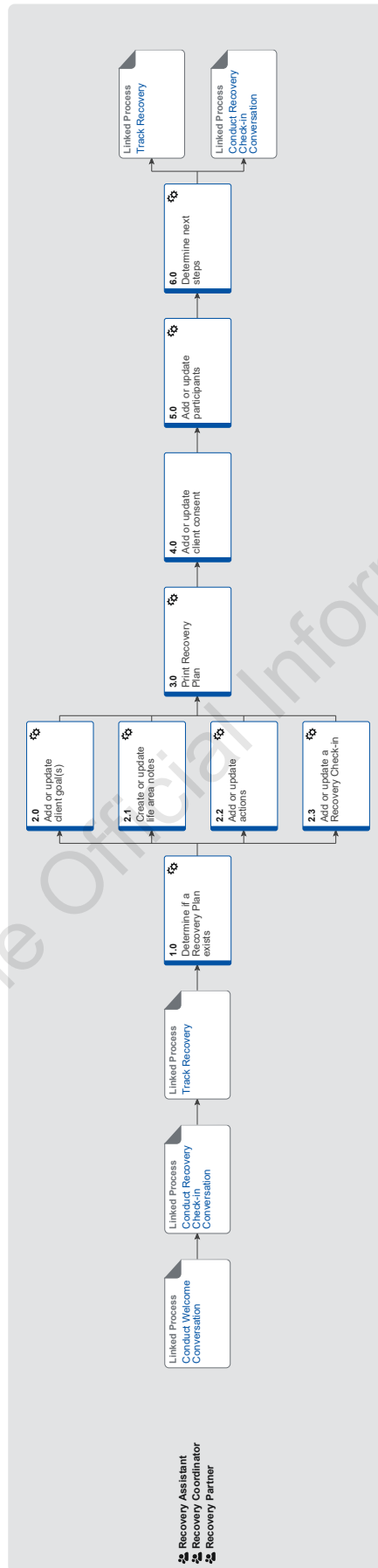
- g** Close the NGCM Client Welcome Conversation task.



PROCESS

Create or Update Recovery Plan

Recovery Assistant, Recovery Coordinator, Recovery Partner





Summary

Objective

To capture information in the client's Recovery Plan gathered during the Welcome Conversation, Recovery Check-in, or at any time new key information is received. The actions we add to the Recovery Plan are agreed with the client.

Background

Recovery Plans are fundamental to the effective and proactive end-to-end management of claims. Having a Recovery Plan ensures consistency in the set up and support of a client and their recovery.

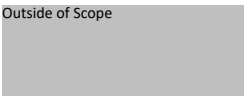
It provides a clear and concise snapshot of what has / is currently happening on the claim, ensures the client receives the right support from ACC at the right time and in the right way, and enables us to have client interactions that are proactive, and outcome focused.

A Recovery Plan must also identify any obstacles and how to address these.

The benefits of a Recovery Plan are:

- Consistency in claim set-up and management
- Provides a clear and concise snapshot of what has and is currently happening on the claim
- Ability to understand the client's situation quickly, and build rapport easily
- Allows ACC to develop a relationship with the client
- Client receives the right support from ACC at the right time and in the right way
- Clients have a fit for purpose level of service
- Client interactions are pro-active and outcome focussed, not process driven
- Claim outcomes guided by Expected Claim Outcome (ECO) with agreed expectation and date

Owner



Expert

Procedure

PROCESS **Conduct Welcome Conversation**
Recovery Assistant, Recovery Coordinator, Recovery Partner

PROCESS **Conduct Recovery Check-in Conversation**
Recovery Assistant, Recovery Coordinator, Recovery Partner

PROCESS **Track Recovery**
Recovery Assistant, Recovery Coordinator, Recovery Partner

1.0 Determine if a Recovery Plan exists

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** From Te Kete in Salesforce, navigate to the client's Recovery Plan.
If the Recovery Plan is in Salesforce, go to Activity 2.0 Review Recovery Plan.
If you receive an error message that the Recovery Plan does not exist in Eos, go to next step.
- b** Create a Recovery Plan sub-case in Eos:
- From the ACC45 Claim, select the Add Activity tab
 - Select Transfer to NGCM
 - Select the Recovery Team your claim is in
 - Select OK.

NOTE What if you are a Recovery Coordinator or Recovery Partner?

If the claim is in your name and you transfer to NGCM, you will need to then transfer the claim back into your name.

NOTE What if a duplicate claim exists?

In Eos, label the claim as duplicate and any relevant data they hold, such as contacts, tasks or documents must be transferred to the master claim.

Go to Identify and Link Duplicate Claims: Standard process.

PROCESS Identify and Link Duplicate Claims :: Not triggered by information requirement

NOTE What if a Launch Pad Recovery Plan (LPRP) subcase exists?

From NGCM roll out, all claims previously managed in the Launchpad will have a read only LPRP and must be managed from the Recovery Plan in Salesforce. Review the information on the LPRP to understand the client and claim information.

When a closed claim previously managed in the Launch Pad is reopened, a Recovery Plan sub-case should be automatically created when it is transferred from NGCM-Actioned Cases to one of the Recovery Teams.

2.0 Add or update client goal(s)

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Read the guidelines below for further information about Recovery Management and completing a Recovery Plan.
- NG GUIDELINES Recovery Management
- b** In Salesforce, add a Recovery Goal by Selecting 'Goals' > 'Create New Goal?' > 'Recovery Goal' > 'Next'.

NOTE What are the Recovery Goal options?

All client's in Assisted, Supported and Partnered must have a Recovery Goal. Either:

- Be able to look after myself
- Be independent with some help
- Get back to school
- Manage my life
- Regain my independence
- Return to an alternative work type
- To live my best life
- Return to my pre-injury role
- Work and manage my life

- c** Set the Target Date and record a Rationale for the Recovery Goal.

NOTE What target date should you set?

Target dates should be agreed with the client during your conversation with the client and based on the Expected Claim Outcome (ECO) or the treatment providers recommendation eg a medical certificate, surgery notes, General Practitioner (GP) notes or an intervention completion report (ie housing modifications, transport for independence).

For clients who are engaged in ACC funded treatment for mental injury, target dates should align to available information or reports submitted by treating providers e.g. in Wellbeing Plan, an indication is given about how long treatment will be needed for and this should be the overall target date for recovery.

Recovery goals are only set once a cover decision has been made therefore it may not be suitable to set a recovery goal with your client at this time.

NOTE What should you include in the rationale?

What the Recovery Goal target date is based on.

- d** Personal Goal(s) are optional and are used to personalise the Recovery Plan for the client.

NOTE What are examples of a Personal Goal?

- Be able to walk the dog
- Be able to run 5 kms.

NOTE How do you add a Personal Goal?

Select 'Goals' > 'Create New Goal?' > 'Personal Goal' > 'Next'.

- e** Update a Recovery Goal when the target date is reached or the goal has been achieved as agreed with the client.

NOTE What if the Recovery Goal is only partially achieved by the target date?

Confirm the Recovery goal is still relevant and set new target date as agreed with the client.

NOTE What if the Recovery Goal is no longer relevant?

Update outcome to indicate that the Recovery Goal is no longer relevant. Add a new Recovery Goal. For example, the client can no longer return to their pre-injury role, however they may be able to return to a job with lighter duties. If you are unsure about the creating new Recovery Goal(s) go to Seek Internal Guidance process.

 **PROCESS** Seek Internal Guidance

NOTE What information is important to capture in the Life Areas?

Refer to the Life Areas section of the Recovery Management Guideline.

NOTE What information is important to capture in the Life Areas for Hāpai clients?

Refer to the Life Areas section of the Recovery Management Guideline, however, use the below information to complete the following life areas sections in Salesforce.

Cultural

- Is karakia requested (upload copy if appropriate)
- Iwi affiliation if appropriate
- Kawa if specific is requested – detail
- Cultural support required? M&CC Team or Kaumatua – details
- Rongoā details (PO) and expiry

 NG GUIDELINES Recovery Plan Baseline

 NG GUIDELINES Recovery Management

NOTE What if you add notes relating to another client by mistake?

You can edit or delete any life areas that you create as long as you do so on the same day it was created.

If you are wanting to change any life area notes at a later date you will need to email your Recovery Leader:

- ask them to remove the incorrect information from the Life Area notes in Salesforce
- identify what information needs to be removed
- refer to the claim number.

2.2 Add or update actions

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** In Salesforce, assess information captured and consider the actions required to help the client achieve their next milestone and overall Recovery Goal.

- b** Click Action to add or update actions to the relevant life area.

NOTE What are agreed actions?

- reminders
- contacts
- agreed Interventions.

For more information, refer to the Actions section of the Recovery Management Guide.

 NG GUIDELINES Recovery Management

- c** Add or update an Agreed Intervention on the Recovery Plan.

 Identify Claims for Rapidly Deteriorating Clients

2.1 Create or update life area notes

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** In Salesforce, enter information into the appropriate life area.

NOTE How do you add or update an agreed intervention?

To add an Agreed Intervention:

- 1) On the Recovery Plan, in Salesforce, select 'Actions' > 'Create New Action?' > 'Agreed Intervention'.
- 2) Select the appropriate agreed intervention based on the life area it aligns with and the specific name before selecting 'Next'.
- 3) Complete the required fields before selecting 'Next'.

To edit an Agreed Intervention:

- 1) On the Recovery Plan, in Salesforce, click on the agreed intervention once to open the 'View / Edit Agreed Intervention' window.
- 2) Update appropriately then select 'Next'.

NOTE What date should you set the 'Expected Outcome Date' to?

This should be set to the date that we anticipate receiving the completion/assessment report related to the agreed intervention.

NOTE What could you include in the 'Next Action / Referral Details' field?

Include information in this field that will provide context to the referral:

- The purpose of the assessment
 - Name of the provider or vendor
 - Date, time and location of assessments
 - Purchase order number, end dates and updates
 - Expected outcome / Next steps - i.e. expecting a reduction in home help needs
- Understanding next steps when the agreed intervention is completed

To automatically copy the information from this field to the Life Area select the 'Copy to Life Area' tick box. You will be able to edit this life area note as long as you do so on the same day you created it.

NOTE What if the client is receiving ISSC support?

Upon receipt of the Early Planning Report, consideration needs to be given to the recovery stage the client is proceeding with:

- If the client is proceeding with Supported Assessment, a 'Mental Injury Assessment' or 'Psychiatric Services' Agreed Intervention should be added to the Recovery Plan.

- What date should you set this 'Expected Outcome' to?

An agreed intervention of 'mental injury assessment' or 'Psychiatric Services' should be added which goes 5 months from the last face to face session indicated within the early planning report, or the date in which ACC should expect the report to be completed and have been sent to ACC (often this is identified within the early planning report as well).

- If the client is proceeding with Support to Well-being (short-term), no Agreed Intervention is required until receipt of the Completion Report, at which point the Agreed Intervention of 'Therapy' should be added. This should include the date the service concluded and the outcome that has been achieved.

NOTE What if a client has agreed to participate in an Agreed Intervention during the phone call?

If your client has verbally agreed to participate in treatment, support and assessments, you must record this as a contact in Salesforce.

Be specific about each intervention and the client's agreement to that specific intervention; this helps to marry the discussion to the intervention and the client's agreement to engage in it.

For example: Work ready programme: Cath agreed to attend from 4/7/19 to improve her fitness for work and on completion commence GRTW early August.

NOTE What if the client wants to agree to the Agreed Intervention in writing rather than verbally?

- 1) Add Agreed Intervention in Salesforce, ticking the Sent for Agreement box.

- 2) Once you have finished filling out Recovery plan, generate copy of Recovery Plan and send to client as per section 3.0 below.

NOTE What should you do when you're assigned a 'Follow-up Recovery Plan Action: Agreed Intervention' task?

- 1) In Eos or Salesforce, check the tasks and documents on the claim to see if we have received the report about the Agreed Intervention.
- 2) In Outlook, check your personal or shared inbox to see if we have received the report about the Agreed Intervention.

If report has been received, go to the 'What if you need to record an outcome for an agreed intervention?' note below or 'How do you add or update the agreed intervention to the Recovery Plan?' note.

If report has not been received:

- 1) Check if there has been any correspondence from the provider.

- 2) Contact the provider to follow-up if appropriate.

- If you have spoken to the provider or received correspondence advising there needs to be a new date for the Agreed Intervention (for example, extension required, time to send the report required), set the new due date as per request.

- If you have attempted to speak to the provider and there is no correspondence or updates, set a new expected outcome date for when you expect to hear back from the provider with an update.

NOTE What if you need to record an outcome for an agreed intervention?

If the agreed intervention is completed, open the agreed intervention by clicking the action once from the Recovery Plan in Salesforce. Select 'Complete' then set an appropriate 'Outcome Date'. The Outcome Summary will be automatically populated and will be editable to make any necessary adjustments.

If the agreed intervention can no longer be achieved (ensure a record of the conversation has been saved noting who you spoke with and the reason(s) for this change) then you can select 'No Longer Relevant' on the agreed intervention then 'Next'. This will remove the agreed intervention from the clients Recovery Plan in Salesforce and however it will still appear on the printable Recovery Plan.

If the agreed intervention has been added in error, you can select 'Cancel' on the agreed intervention then 'Next'. This will remove the agreed intervention from the clients Recovery Plan in Salesforce and from the printable Recovery Plan.

 NG GUIDELINES Agreed Interventions

d Add or update a Reminder Action on the Recovery Plan.

NOTE What are reminders used for?

Reminders are used as a prompt for a Recovery team member do something e.g. send notifications to clients, set up some supports in the future or extend a support when it is due to expire. When a Medical Certificate is about to expire there is an automatic notification set 7 days before expiry. However, if your client has requested to stop notifications, it may be appropriate to use a contact action to discuss this with them.

NOTE What notifications can you send to a client?

Refer to the Client Notifications section in the Recovery Management guide.
Refer also to the Manual Notification Types list in the Create a Notification system steps.

 NG GUIDELINES Recovery Management

 Create a Notification - System Steps

NOTE How do you update a reminder?

From the Recovery Plan, in Salesforce, click the reminder action once and update appropriate before selecting 'Next'.

e Add or update a Contact Action on the Recovery Plan.
When you add a contact, this creates a task to contact a key participant.
We must add an outcome summary to the contact action when we have completed a conversation with a key participant.

NOTE What if the participant you were trying to contact is not available?

If a contact action already exists for this call, click the action once then update the description to include the date of this contact attempt and reschedule to an appropriate date to attempt the call again.

If a contact action doesn't exist for this call, create a new contact action by selecting 'Actions' > 'Create New Action?' > 'Contact' > 'Next' > 'Schedule Future Dated Contact'. Select a 'Contact With' option, add who needs to be contacted and why into the 'Description' field then choose a due date before selecting 'Next'.

NOTE What if the client calls and asks for their Recovery Coordinator to call them back?

Create a new contact action by selecting 'Actions' > 'Create New Action?' > 'Contact' > 'Next' > 'Schedule Future Dated Contact'. Select a 'Contact With' option, note the reason for call back and who and how to contact them in the 'Description' field then choose a due date before selecting 'Next'.

NOTE What if you entered a contact in error?

You will be able to edit a completed contact as long as you do so on the same day that you created it. From the Recovery Plan, in Salesforce, select the 'Completed' Toggle to view completed items on the Recovery Plan timeline. Locate the contact action that you need to edit and click it once to open the 'View / Edit Contact' window. The Outcome Summary field will now be editable and when updated and 'Next' is selected, the associated contact in Eos will reflect the changes.

If the contact was identified as incorrect after 24 hours then a ticket needs to be lodged with the Service Desk to have the contact removed in salesforce.

NOTE What if you capture additional information about the client during conversations with participants?

Add the new information to the appropriate Life Area on the Recovery Plan.

 NG GUIDELINES Recovery Management

NOTE Do Supports appear on the Recovery Plan?

Supports such as ancillary are not entered as actions on the Recovery Plan, they are tasks which go to Admin. Supports can be viewed from Te Kete or the Recovery Plan screen.

NOTE What if you need to set up Supports for your client?

Go to Activity 6.0 Determine next steps.

2.3 Add or update a Recovery Check-in

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** In Salesforce, determine the milestone.
Schedule Recovery Check-ins at key milestones and stages in the client's recovery journey.

NOTE What should you consider?

When considering an appropriate milestone think about the wider context of the client's recovery, eg regarding work type - a sedentary worker's Recovery Check-in may be at a different stage when compared with someone in a very heavy work type. An example could be going from non-weight bearing to weight bearing.

 **PROCESS** Conduct Recovery Check-in Conversation

NOTE What is a Milestone?

Milestones are significant changes and achievements in the client's recovery pathway.

When considering an appropriate milestone, consider the wider context of the client's recovery eg their work type – a sedentary worker's Recovery Check-in may be at a different stage when compared with that of someone in a heavy work-type occupation.

- When is the next significant change in the client's recovery likely to occur (eg increased independence, noticeable strengthening, a phased return to work duties).

- When is it likely that the client's needs will change significantly?

Milestone Timing Examples:

WHEN	WHY
Client was using crutches and a moonboot can now weight bear	Client is now able to start strengthening
Client should be ready to get back into work, based on a specialist report	Begin planning on what a return to work would look like for this client
At completion of a programme (e.g. Concussion Services) and the report suggests further needs	Understand progress and plan for the next recovery period
Client's injury-state dramatically changes (e.g. injury complicated with infection, bone not healing)	Impacts on what we have previously planned, it is likely that we will need to understand the new recovery pathway and plan accordingly
Report has unexpected recommendations (e.g. report advises longer recovery timeframe based on new information impacting recovery)	

What isn't a milestone?

A new medical certificate within the expected recovery period which we were anticipating	We'd like to know how a recent appointment went (i.e. how was their physiotherapy appointment this morning)
We need to check on some details (i.e. whether a client still needs taxis)	Compliance discussions – these can be treated as Actions to ensure compliance in recovery.



Milestone Timing Examples.PNG

NOTE What is a stage?

Injury recovery can proceed through four key stages, acute, rehab, adaption and stable. Healing can progress backward or forward depending on internal and external factors.

- Acute – This is the initial response stage following an accident, in which activity focuses on stabilising the injury and treating any inflammation (irritation, swelling or pain).

- Rehab – The period of treatment that is needed to enhance and restore functional ability and quality of life after an injury. This tends to be the longest of the stages and includes a client's gradual return to work – a critical component of rehabilitation and recovery.

- Adaptation – We support our clients to adapt to changes that will help them with their recovery. For some clients, we might be enhancing existing skills and knowledge to adapt to a new vocation after an injury, and supporting them towards Vocational Independence.

- Stable – We continue to support our client when their injury is stable, and we expect little further change in their recovery status. We consider if they need ongoing management or if we should close their claim.

- Close Claim; we have now considered it is ok to close the claim from active management and are closing the claim (refer to the closed claim page for criteria)

 Close Claim - Promapp Page

<https://au.promapp.com/accnz/Process/ac14995c-28>

b From the Recovery Plan, in Salesforce, click the Recovery Check in action once and update the description and date as required before selecting 'Next'.

When the Recovery Plan is created from the Welcome Conversation, a Recovery Check-in will automatically be added to the Recovery Plan timeline.

NOTE What relevant information do you need to include?

When completing a Recovery Check-in with the client/ATA, enter:

- your next Recovery Check-in
- things to consider during the next Recovery Check-in (ie, the key milestone, etc which you will add into the conversation).

NOTE What if the claim is of a serious or sensitive nature?

Usually Partnered Recovery clients sustain life changing injuries. These clients and their support networks (family, whanau and others) require intensive support while they remain in rehabilitation facilities and when they have returned to their communities.

The Recovery Partner will cover the client's transition from acute care to active rehabilitation, part of which includes gathering information from multiple parties including employers, social workers and other entities.

3.0 Print Recovery Plan

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** In Salesforce, generate a copy of the Recovery Plan for the client if required.

NOTE How do you generate a copy of the Recovery Plan?

Click Send PDF to Eos on the Salesforce Recovery Plan.

Result: This will generate ACC7979 form

- b** Arrange to send your client a copy of their Recovery Plan.

NOTE What if the client wants the Recovery Plan sent to them by email?

Follow the Emailing from Eos – System Steps.

 NGCM - FINAL Emailing from Eos - System Steps

NOTE What if the client wants the Recovery Plan sent to them by mail?

1) Create a RPL04 letter and Working Together - Kōrero mai (ACC255) to accompany the Recovery Plan.

2) Follow the Send Confidential Information by Courier using Pre-alert process.

 **PROCESS** Send Confidential Information by Courier using Pre-alert

NOTE What if you need to send a copy of the finalised Recovery Plan to the client as the client has not agreed their Recovery Plan at finalisation date?

- In Salesforce, add a note that the Recovery Plan is regarded as 'agreed under Clause 8 of Schedule 1 Agreement to plan without the client's actual agreement'.

- Create a copy of the Recovery Plan.

- Create a copy of the RPL08 Deemed plan after mediation – client letter to the client explaining that the IRP is regarded as agreed. Include a clear rationale for why that measure has been taken.

- Note on the Recovery Plan being sent to client 'Regarded as finalised'.

- Send the Recovery Plan to the client using the method the client agreed to have the initial Recovery Plan sent to them - post or email.

 RPL08 Document Template

4.0 Add or update client consent

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Add the client's verbal authority to collect information to the Recovery Plan tab if obtained during the conversation.

NOTE How do you add the client's verbal authority to collect information?

Follow the Add, Edit, or View Client Consent system steps.

 Add Edit or View Client Consent

NOTE What if the client does not provide verbal authority to collect information?

Go to the process below.

 **PROCESS** Obtain Client Authority to Collect Information

NOTE What if the client withdraws their authority to collect information?

At any stage a client can decline or withdraw their authority. Go to the process below for further information.

 **PROCESS** Decline or Withdraw Client Authority to Collect Information

5.0 Add or update participants

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** In Eos, add participants to the ACC45 level, including contact details for the main contact person/people for the client's recovery.

 Manage Participants

- b** Ensure you remove participants that are no longer involved in the client's rehabilitation.

6.0 Determine next steps

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Assess the information in the Recovery Plan and determine if the next step is clear and obvious.

NOTE Who are the key participants a contact could be with?

- Contact with Advocate
- Contact with Claimant
- Contact with Employer
- Contact with Family/Whanau
- Contact with Provider

NOTE What if you need internal advice to determine next steps of the client's recovery?

Go to the process below.

 **PROCESS** Seek Internal Guidance

NOTE What if you need clinical information to help complete the client's recovery plan?

Go to the process below.

 **PROCESS** Request Clinical Records

NOTE What if you need diagnosis(es) and the cause of a client's injury or current condition clarification as well as recommendations for further investigations, treatment or rehabilitation?

Go to Arrange Medical Case Review (MCR) Assessment process.

 **PROCESS** Arrange Medical Case Review (MCR) Assessment

- b** Consider if your client needs to be transitioned to another team as your client is either tracking ahead or behind their Recovery Plan.

NOTE What if your client needs to be transitioned to another team?

Go to Transition Claim process.

 **PROCESS** Transition Claim

- c** Consider if an assessment to gather more information about the client's injury or recovery needs is required.

NOTE How do you arrange the assessment?

Go to the relevant web link below, then select the assessment process.

 Manage Social Interventions / Supports
<https://go.promapp.com/accnz/Process/Group/fde99c>

-  Manage Vocational Interventions / Supports
<https://go.promapp.com/accnz/Process/Group/ff8eb01>
-  Manage Treatment Interventions / Supports
<https://go.promapp.com/accnz/Process/Group/1bbffb>
-  Manage Ancillary Services
<https://go.promapp.com/accnz/Process/Group/0846c>

- d** Determine the type of support required for your client and confirm their eligibility.
Consider our Decision-making principles in the Recovery Management Guide.
To find details about how to create tasks for other types of financial supports, search for the support type in Promapp (eg lump sum independence allowance, HCSS payments).

-  NG GUIDELINES Recovery Management

NOTE What if you need to set up supports for the client?

If you need to set up:

- social supports for the client, go to Manage Social Interventions / Supports web link.
- vocational supports for the client, go to Manage Vocational Interventions / Supports web link.

-  Manage Social Interventions / Supports
<https://go.promapp.com/accnz/Process/Group/fde996>

-  Manage Vocational Interventions / Supports
<https://go.promapp.com/accnz/Process/Group/ff8eb01>

NOTE What if an assessment to fund treatment is required?

Go to Manage Treatment Interventions / Supports web link.

-  Manage Treatment Interventions / Supports
<https://go.promapp.com/accnz/Process/Group/1bbffb>

NOTE What if you need to set up weekly compensation for the client?

Go to the process below.

-  **PROCESS** Request Set Up of Weekly Compensation Payments

NOTE What if you need to maintain an existing weekly payment for the client?

If you're updating existing weekly compensation, go to the process below.

-  **PROCESS** Maintain Weekly Compensation

NOTE What if you need to reinstate Weekly Compensation?

In Eos, at ACC45 level, complete the reinstatement information in the Non Standard WC Setup Eform, (documents tab, stand alone eform category). Then create a Setup weekly comp Entitlement task (the eform is linked automatically). The task auto routes to the Centralised Weekly Compensation queue.

- e** Determine if your client is unlikely to be able to return to their pre-injury occupation due to their injury, or if they are vocationally independent.

NOTE How do you arrange an IOA to identify the types of work that may be appropriate for the client?

Go to Arrange Initial Occupational Assessment process.

-  **PROCESS** Arrange Initial Occupational Assessment (IOA)

- f** Determine if you are waiting on information from the client's Lead Health Practitioner and/or other Health practitioners in the planning of the client's Recovery Plan.

- g** Determine if you are waiting on information from the client's employer to help with the planning of the client's Recovery Plan.

-  Recovery Plan Policy

- h** Determine if your client no longer needs support.

NOTE What if the client has confirmed they don't require any supports?

Go to Stop Supports process.

-  **PROCESS** Stop Supports

 PROCESS

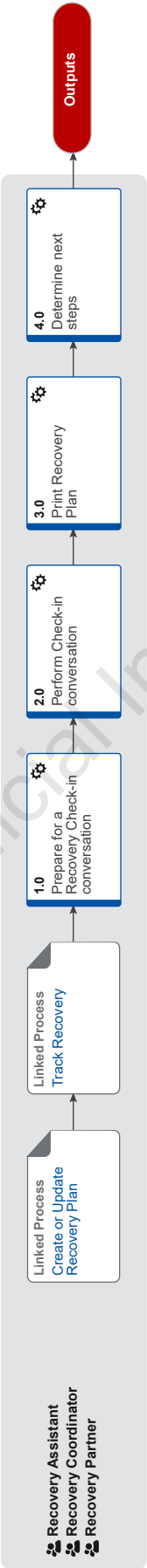
Track Recovery

Recovery Assistant, Recovery Coordinator, Recovery Partner

 PROCESS

Conduct Recovery Check-in Conversation

Recovery Assistant, Recovery Coordinator, Recovery Partner



Summary

Objective

To identify when key recovery milestones have been achieved, and to gather information to ensure the client has the right level of support from us to reach the next milestone toward their recovery goal during the Recovery Check-in conversation.

Background

The Recovery Check-in conversation framework has been created to support our new ways of working, ensuring we have quality conversations and are contacting our clients at the right time, for the right reasons, and in the right way – every time.

During Recovery Check-in conversations, we identify any outcomes to current goals and actions since the previous Recovery Check-in, and add new goals and actions. We then update the Recovery Plan and check the client is still being supported by the best team for their needs, and finally set up the next Recovery Check-in (unless the client has reached their final Recovery Check-in point).

It also helps us identify when a client's recovery is not tracking as planned and to proactively remind clients of agreed key target dates within their recovery plan.

Recovery Check-ins provide a conversational framework to ensure our clients' needs are met and that they have a consistent experience with ACC. When successfully conducted and accurately recorded, ACC will have additional information for a particular client including:

- how they are feeling about progress towards their recovery and their level of confidence towards reaching their goals
- at what point they see themselves on their recovery path in terms of next steps, rehabilitation, treatment and progress towards their goals
- what support the client needs from ACC.

Owner

Outside of Scope

Expert

Procedure

 **PROCESS** **Create or Update Recovery Plan**
Recovery Assistant, Recovery Coordinator, Recovery Partner

 **PROCESS** **Track Recovery**
Recovery Assistant, Recovery Coordinator, Recovery Partner

1.0 Prepare for a Recovery Check-in conversation
Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** In Salesforce, check the timing of the Recovery Check-in conversation.

NOTE **When should a Recovery Check-in conversation be scheduled?**

- The timing of any Recovery Check-in conversation should align to a key milestone in the client's recovery.

This is primarily based on whether we think we can add value to the client's recovery – we'll contact them when they reach a recovery milestone to determine what level of support they need to reach their next milestone.

- If it's not the right time to have a Recovery Check-in task:
 - For claims in Assisted team, change the target date for the Recovery Check-in task and transfer the task back into the Assisted Recovery Department queue.
 - For claims in the Supported or Partnered team, change the target date for the Recovery Check-in task.

EXCEPTION: For claims where we are not providing any entitlement or intervention as there is no cover or claims that are open to complete a review process a Contact Action Task should be on the claim to ensure the client is kept updated about the progress and next steps are monitored.

 Examples of key milestones for Recovery Check-ins

NOTE **What factors can determine the number and frequency of Recovery Check-in conversations?**

The timing for each Recovery Check-in is unique for each client, based on an assessment of all currently available key information, which means that some clients may need more or less Recovery Check-in conversations than others.

For example, if a client's recovery is steadily on track, and there is no evidence of any obstacle to their recovery and they seem to be progressing well – then only a minimal number of Recovery Check-in conversations may be needed. Conversely, a client who has multiple or more complex injuries will likely require more Recovery Check-in conversations.

NOTE **What if the client initiates contact before a scheduled Recovery Check-in?**

If it is appropriate to have the Recovery Check-in now, go to 2.0 Perform Check-in conversation.

b Determine the purpose of the conversation.

When planning a Recovery Check-in conversation, be very clear on which milestone you plan to discuss and the stage of the client's recovery.

 Recovery Check-in - Supporting Information

NOTE What if you have received new or additional diagnosis before conducting a recovery check-in?

- 1) Check if the lodgment notes are on file such as medical certificates in Eos Incapacity tab.
- 2) Have a robust conversation with the client to clearly determine the mechanism of the injury if additional information is received.
- 3) Issue a decision promptly. If unable, contact medical hotline following Seek Internal Guidance process if needed.
- 4) Send a CVR30 Time extension Advise – Claimant letter if you need more time to assess the claim.

 **PROCESS** Seek Internal Guidance

NOTE What if you need to discuss a recent medical certificate relating to subsequent incapacity?

Perform a subsequent Welcome Conversation.

If the client requires Weekly Compensation and they are eligible, complete the Weekly Compensation section of the subsequent Welcome Conversation in Salesforce. You will only need to complete the Weekly Compensation section, and override the other mandatory questions once you have selected "Save" in the close-out section. The Welcome Conversation transcript will be automatically sent to Eos.

Once you have all the information for weekly compensation, Go to 'Request Set Up of Weekly Compensation Payments'.

For more information about subsequent incapacity, refer to the policy below.

 **PROCESS** Request Set Up of Weekly Compensation Payments

 Subsequent Inability to Work (Subsequent Incapacity)

NOTE What other key factors should you consider before conducting a Recovery Check-in conversation?

- Does any new information (reports, action updates, or other conversations), mean that the timing is no longer appropriate for this Recovery Check-in?
- Is the client's recovery still underway as planned?
- Is there anything you can do at this point to improve the client's journey?

NOTE What if the client has been transitioned from another team or recovery team member?

- Conduct a claim review using the Transitioned Client Claim Review page.

 Transitioned Client Claim Review

NOTE What if the client has been transitioned from Enabled?

You will need to discuss and agree with the client an overall Recovery Goal, actions and set up their Recovery Plan. Go to Create or Update Recovery Plan process.

 **PROCESS** Create or Update Recovery Plan

NOTE What if you need to prepare for a CMI Recovery Check-in conversation?

Refer to the CMI Recovery Check-in Conversation guidelines to help you have a Recovery Check-in conversation with a provider and/or an Assisted Complex Mental Injury (CMI) client.

 CMI Recovery Check-in Conversation guideline

NOTE What if you need to prepare for a CPI or a Long term stable Recovery Check-in conversation?

Refer to the CPI and Long term stable Recovery Check-in Conversation guidelines. These guidelines are for Complex Physical Injury (CPI) clients who are in:

- the Partnered Recovery team, or
- those clients who have transitioned from Partnered Recovery to the Assisted Recovery team.

Review the claim so you have the knowledge of the client's circumstances before making the call. The language we use when talking with clients who have sustained a lifelong injury should reflect that.

For example, it is not appropriate to ask someone with a permanent disability how their recovery is progressing. If in doubt or unsure, talk to the Team Leader or Practice Mentor.

 NG GUIDELINES: CPI Recovery and Long Term stable Check-in Conversation

- C** Determine the correct (or best) person to have the conversation with.

NOTE How do you determine the correct or best person?

When planning a Recovery Check-in conversation, it is important to first identify the most appropriate person to conduct the conversation with (and check if there is a safe contact and their relationship they have to the client) and also to be very clear on which milestone you plan to discuss.

Recovery team members need to determine who should be involved and which conversation guide to use.

The preferred option may be a case conference with the provider and the client.

NOTE What factors should you consider when planning your approach on the type of conversation to pursue in the Recovery Check-in conversation?

- Complex Physical Injury claims – many conversation variations are available for these injury types, including situations where the client has returned to work on a part-time basis, (which is a significant achievement and milestone point)
- Sensitive claims – which may require manual set up along with pre and post cover workaround options.
- The early planning of stages linking to ISSC engagement or the most recent documentation. Review cover status (ie is there an assessment pending)
- If you're in Partnered, consider the following aspects of their lives – where they live, the support needed to live independently, their confidence in living an every day life, support in their community and the support people around them, and if anything has changed.

NOTE What if the client is only able to communicate via email?

It is always best practice to conduct a recovery check in via phone so that we are able to gather as much information as possible to confirm the recovery is on track or to consider what additional services we may need to discuss. However, in exceptional circumstances, there will be some clients who are only able to communicate via email. This could be due to a range of factors such as:

- A client who lives overseas
- A client who has a hearing impairment
- An already established management plan which means they are unable to call ACC, or
- Because this has been identified as the only appropriate method to communicate with the client.

If you are considering recovery check ins via email for a client and they do not match this exceptional criteria, consult your team leader in conjunction with a practice mentor prior to using this method. Once confirmed, record the rationale in the Engagement life area.

2.0 Perform Check-in conversation

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Open the relevant guidelines to refer to during the Recovery Check-in conversation.

 Recovery Check-in - Supporting Information

NOTE What are the guidelines for a CMI Recovery Check-in Conversation?

Refer to NG GUIDELINES CMI Recovery Check In Conversation guidelines to help you have a Recovery Check-in Conversation with:

- a provider, and/or
- an Assisted Complex Mental Injury (CMI) client.

NOTE What if the purpose of the conversation is due to an assessment on a re-opened claim?

Tailor the Recovery Check In conversation to the clients current circumstances.

The purpose of this conversation is not to agree Recovery Goals or agree further Recovery Check Ins. These are not required while the request is being assessed. Advise the client what the next steps are and agree a date for your next contact.

In Salesforce, create a Reminder or Contact action on the claim, ensure the target date is the date agreed with the client. Go to Activity 4.0 Determine next steps.

 CMI Recovery Check-in Conversation guideline

- b** In Salesforce, establish contact with the client or relevant stakeholder, the provider or the participant and confirm you are speaking with the right person by asking ACC's identity check questions.

 Identity Check Policy

NOTE What if you can't establish contact?

1) Attempt a maximum of two contacts over two full working days before leaving a voicemail or sending a notification to request client contact.

2) If you are unable to reach the client, extend the task for an additional two working days and note in the task description that this is the second attempt to contact the client.

3) On the task due date and if there has been no response from the client to the voicemail or notification, send the CM04 - Advise client that you were unable to reach them by phone letter. The CM04 letter will be populated with client injury details, however you need to update the letter as follows:

'We recently tried to contact you about your injury that happened on [date of accident auto]. I tried calling you to talk about how we may be able to help you recover from your injury/injuries, but haven't managed to get in touch. It would be good to hear from you on how you are progressing or discuss what other support we could offer, please give me a call or email me to arrange a convenient time for me to call you back.'

4) Extend the task date as appropriate to take into account postal delivery and note in the task description this is the third attempt to contact the client and the CM04 letter has been sent.

5) On the task due date and if there has been no contact from the client and they are continuing to receive support, seek internal guidance to determine next steps.

6) If you're in Partnered and no contact is made with the client after 3 attempts, you must contact the provider, GP or other verified contact on the claim.

 **PROCESS** Seek Internal Guidance

NOTE What if you're unable to contact a CPI client?

Follow the instructions as detailed in the [What if you can't establish contact?] note above. In the CM04 letter, update with the following:

We recently tried to contact you to see how you are managing your injury and if you need any additional assistance from ACC. If you would like to discuss your ongoing needs to assist your recovery, please call us on the number below.

 What to say in a voicemail message

 Decline Entitlement When Client is Non-compliant Policy

 CM04 Advise claimant that you were unable to reach them by phone

NOTE How can you confirm client contact details?

Consider the following:

- details on the ACC45
- latest ACC18
- contact the client's treating provider
- contact the client's employer.

NOTE What if they are reluctant or not comfortable to directly participate in a Recovery Check-in conversation?

In some cases, providers such as Social Workers can be nominated as a representative in situations where the client doesn't want to talk to ACC directly - for example, a complex physical injury case.

NOTE What if the client advises they are unable to have the conversation now or during the conversation they are unable to continue?

1) If possible, agree the next actions with the client and an alternative time to call back that suits them.

2) Update the target date in the task with this date.

3) Add a note in the description field of the task advising the conversation was paused, noting the components that weren't completed.

NOTE What do you need to consider before arranging a face-to-face conversation?

Go to Arrange Face to Face Client Meeting process.

 **PROCESS** Arrange Face to Face Client Meeting

NOTE What if the description in the task advises the recovery check in is to be conducted over email?

Confirm the following before creating the email:

- Check that the client's situation has been identified as being suitable to recovery check ins via email (see Activity 1.0c and the Engagement life area).
- Check that the client's email address has been verified.
- Consider what the milestone is and whether the timing is still correct. Review Te Kete, the Recovery Plan actions and life area notes along with recent contacts and documents before proceeding.

The description field should indicate if there are specific questions that need to be asked during this recovery check in. If not, consider the questions that are in the salesforce guided conversation (by double clicking the action) and tailor these to the client's current circumstances. I.e:

- Do we need to review progress towards the recovery goal? (With Partnered Physical Injury clients or Long Term Service Clients this may not be appropriate)
- Do we need to review progress of treatment?
- Do we need to review progress of social supports?
- Do we need to review progress of vocational supports?
- Are there any agreed interventions that have now been completed and have they achieved the intended outcome?
- Is there anything else we can do to help progress the recovery path for this client?

Once the email has been sent, edit the recovery check in action in Salesforce and note in the change reason that an email has been sent then move the due date out a week to allow the client to reply before we follow up.

NOTE What if the Client advises you they have resigned, been terminated or received redundancy?

Refer to information link below for guidance.

 Client resigns, loses job / termination, is made redundant

- C** From the Recovery Plan, open and complete the Recovery Check-in Conversation. Use the To Do List to record post call actions.

NOTE What if the recovery check in was conducted via email?

Consider whether we need further information/agreement from the client prior to completing the recovery check in action in Salesforce. If we need more information, request this from the client by replying to their email and then edit the recovery check in action in Salesforce that a reply email has been sent then move the due date out a further week to allow the client to reply before we follow up.

If all actions have been completed/agreed to and we have advised the client of their next recovery check in date, complete the next steps

- 1) Ensure all emails are filed away and the properties have been updated accordingly.
- 2) Set up/edit any supports or requests that were requested/agreed to.
- 3) Update the recovery plan in salesforce with key information from this interaction.

NOTE How does the Recovery Check in conversation interact with the 'Active Employment' claim indicator in Eos?

If the indicator has been applied to the claim, the Employment Details section will show the existing status and any details entered into the indicator description. You can change those fields if the client's employment situation has changed. The indicator will be updated in Eos when the conversation is completed.

If the indicator does not exist on the claim, you'll have the ability to create it from within the Employment Details section.

(Note: The 'Active Employment' claim indicator is only intended for client's who receive income as employees.)

NOTE What if you receive a request for a Lump sum payment or Independence Allowance (LSIA)?

- 1) Advise the client they are eligible to apply, and an application pack will be sent to them.
- 2) Create a 'Send LSIA application pack task'. This will automatically route to the Treatment & Support team to generate and send to the client.

For further information refer to the link below.

-  Identify Claims for Rapidly Deteriorating Clients
-  Independence allowance & lump sum (IALS)

- d** Discuss Client's Rights and Responsibilities if needed.

NOTE How do you determine if you need to discuss sending the ACC165 Client Rights and Responsibilities?

In Salesforce, the Recovery Check-in Conversation will display the Clients Rights and Responsibilities section if the client does not have an active Client's Rights and Responsibilities Indicator.

Advise the client that you need to share with them information about their rights and responsibilities and confirm they understand these. Check how the client would like to receive this information (eg, email, post) and note this in the Rights and Responsibilities section of the Welcome Conversation.

To-Do List items will be automatically created for the following:

- Post or email the ACC165
- Follow up reminder set for 10 working days to follow up with the client if not received

In Salesforce, create 'Follow up reminder task' to activate Client Rights and Responsibilities Indicator once form signed and returned.

- Create Follow up reminder task set for 11 months to review ongoing ACC165 requirement. If no ongoing requirement is determined, turn off the indicator.

NOTE Where can you find more information about Recovery Check-in?

Refer to the Recovery Check-ins section of the Recovery Management Guide.

 NG GUIDELINES Recovery Management

NOTE Where can you find more information about scheduling a Recovery Check-in?

Go to Create or Update Recovery Plan process, then refer to Activity 2.3 Add or update a Recovery Check-in.

 **PROCESS** Create or Update Recovery Plan

NOTE What if this is the final Recovery Check-in?

Refer to Close Claim process.

 **PROCESS** Close claim

- e** Finish the call with the client, ensuring you've gathered all the information you need and the client verbally agrees to the updated information for their Recovery Plan.

NOTE What if the client doesn't provide verbal agreement to an intervention or the plan we have identified as being reasonably required?

Confirm with the client:

- how they want to receive a copy of their Recovery Plan so they can review it
- a suitable time for them to review their Recovery Plan. We must give them a reasonable time to review and agree to a Recovery Plan. It's expected that a client is given 10 working days but a longer timeframe may be appropriate in some cases. They can also seek support from their Lead Health Practitioner, other Health Practitioner, other support person(s), or employer to participate in the development of their Recovery Plan
- a date to finalise the Recovery Plan
- they can seek advice from their Lead Health Practitioner, other Health Practitioner, other support person(s), or employer to help with the preparation of their Recovery Plan
- they can phone us to discuss their Recovery Plan and/or provide verbal agreement of their Recovery Plan
- they can send their Recovery Plan back via email or post with feedback and/or agreement
- we'll follow up with them before the finalisation date agreed if we've not heard from them
- if we don't reach an agreement at the finalisation date, we'll send them copy of the Recovery Plan again with a decision advising the client the Recovery Plan has been finalised as 'agreed'.

- f** In Salesforce, work through the actions in the To Do List. Complete the actions that must be done at that time.

NOTE What if you are unable to complete an action?

Click the 'Transfer To Do Items' button.

This will automatically transfer the open item to the Recovery Plan as an 'Action to be followed up' on the specified Target Date.

- g** If you are unable to complete an action, click the 'Transfer To Do Items' button. This will automatically transfer the open item to the Recovery Plan as an 'Action to be followed up' on the specified Target Date.

NOTE What happens automatically in Eos when you've completed the Recovery Check-in Conversation?

A Recovery Check-in Conversation transcript is created and a contact is added to the Recovery Plan. Note that due to a system error it is currently saved as a 'decision letter' with the description as 'mailhouse letter'. A fix for this is pending, in the meantime the contact must be manually amended.

3.0 Print Recovery Plan

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** If the client has requested a copy of their Recovery Plan, confirm how they want to receive this.

Ensure that the client has agreed to each specific intervention in the Recovery Plan. Agreement to interventions must be evidenced in contact notes either following discussions with the client/ATA or email. This means that the client's signature is not required on the printed Plan.

An employer must be given an opportunity to participate in the preparation of the Recovery Plan, however it does not mean they need to see a copy of the plan. Ensure you do not show any sensitive client information to the employer. Check all auto-populated fields and remove data as necessary. Where there is a sensitive claim we must follow directions by the client and not involve the employer.

- b** Generate a copy of the Recovery Plan for the client.

NOTE **How do you generate a copy of the Recovery Plan?**

Click Send PDF to Eos on the Salesforce Recovery Plan.

Result: This will generate ACC7979 form.

- c** Arrange to send the client a copy of their Recovery Plan.

NOTE **What if the client wants the Recovery Plan sent to them by email?**

Follow the Emailing from Eos – System Steps.

-  NGCM - FINAL Emailing from Eos - System Steps

NOTE **What if the client wants the Recovery Plan sent to them by mail?**

Refer to Send letters from Client Recovery and Claims Assessment.

-  Send letters from Client Recovery and Claims Assessment

4.0 Determine next steps

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** In Salesforce, create or update the plan with the new information or outcome of the conversation.

NOTE **How do you create or update the Recovery Plan?**

Go to Create or Update Recovery Plan process.

-  **PROCESS** Create or Update Recovery Plan

- b** Assess the information in the Recovery Plan and determine if the next step is clear and obvious.

NOTE **What if you need internal advice to determine next steps of the client's recovery?**

Go to Seek Internal Guidance process.

-  **PROCESS** Seek Internal Guidance

NOTE **What if you need clinical information to help complete the client's recovery plan?**

Go to Request Clinical Records process.

-  **PROCESS** Request Clinical Records

- c** Consider if your client needs to be transitioned to another team as your client is either tracking ahead or behind their Recovery Plan.

NOTE **What if your client needs to be Transitioned to another team?**

Remember to align the due date for Recovery Check-in conversations with key milestones. Go to Transition Claim process.

-  **PROCESS** Transition Claim

- d** Arrange an assessment to gather more information about the client's injury or recovery needs.

NOTE **How do you arrange the assessment?**

Go to the relevant web link below, then select the assessment process.

-  Manage Social Interventions / Supports
<https://go.promapp.com/accnz/Process/Group/fde99c>
-  Manage Vocational Interventions / Supports
<https://go.promapp.com/accnz/Process/Group/ff8eb01>
-  Manage Treatment Interventions / Supports
<https://go.promapp.com/accnz/Process/Group/1bbffb>
-  Manage Ancillary Services
<https://go.promapp.com/accnz/Process/Group/0846c>

- e** Determine the type of support required to help your client to achieve their recovery goal(s) and confirm their eligibility. Consider our Decision-making principles in the Recovery Management Guide.

To find details about how to create tasks for other types of financial supports, search for the support type in Promapp (eg lump sum, independence allowance, HCSS payments).

-  NG GUIDELINES Recovery Management

NOTE **What if you need to set up supports for the client?**

If you need to:

- set up social supports for the client, go to Manage Social Interventions / Supports web link.
- set up vocational supports for the client, go to Manage Vocational Interventions / Supports web link.
- respond to a treatment request, go to Manage Treatment Interventions / Supports web link.

-  Manage Social Interventions / Supports
<https://go.promapp.com/accnz/Process/Group/fde99c>
-  Manage Vocational Interventions / Supports
<https://go.promapp.com/accnz/Process/Group/ff8eb01>
-  Manage Treatment Interventions / Supports
<https://go.promapp.com/accnz/Process/Group/1bbffb>

NOTE **What if you need to set up Weekly Compensation?**

Go to the process below.

-  **PROCESS** Request Set Up of Weekly Compensation Payments

NOTE **What if you need to reinstate Weekly Compensation?**

In Eos, at ACC45 level, complete the reinstatement information in the Non Standard WC Setup Eform (documents tab, stand alone eform category). Then create a Setup weekly comp Entitlement task (the eform is linked automatically). The task auto routes to the Centralised Weekly Compensation queue.

-  Add a Non standard WC set up Eform

- f** Depending on where your client is at, consider the following.

NOTE What if your client is unlikely to be able to return to their pre-injury occupation due to their injury?

Go to Arrange Vocational Assessment web link, and then select these processes:

- Arrange Initial Occupational Assessment process, and
- Arrange Initial Medical Assessment process.

NOTE What if your client is undertaking IOA/IMA, VIOA/VIMA (Voc independence pathway)?

If your client is undertaking Initial Occupational Assessment/Initial Medical Assessment (IOA/IMA), Vocational Independence Occupational Assessment/Vocational Independence Medical Assessment (VIOA/VIMA), then arrange to send your client a copy of their Recovery Plan, requesting their signature to confirm the agreed interventions. Go to Activity 3.0 Print Recovery Plan.

NOTE If the client will need ongoing and extensive support consider if they are suitable for Serious Injury profiling

 **PROCESS** Refer for a Serious Injury Profile

g Determine if your client no longer needs support.

NOTE What if the client has confirmed they don't require any supports?

Go to Stop Supports.

 **PROCESS** Stop Supports

Summary

Objective

The Integrated Services for Sensitive Claims (ISSC) is for people seeking therapy for the impacts of sexual abuse and assault. It comprises a range of service types (see Integrated Services for Sensitive Claims Services Service Page for more detail) that can be tailored to meet a client's needs.

Owner

Outside of Scope

Expert

Procedure

1.0 Service overview

- a The ISSC service has five key stages.
- b Engagement, which includes Getting Started and Early Planning. These two services run together to allow a client to develop a relationship with their provider and decide what direction they want their treatment to go in.
- c Support to Wellbeing (short term), which is for short term treatment, without having an assessment for cover. If a client chooses this service we'll decline their claim but let them know their claim can be reopened later if they need further support.
- d Supported Assessment, in which the client is supported through the assessment of mental injury. This service is used to consider cover for a mental injury caused by sexual abuse and to provide broad treatment recommendations about ongoing support
- e Support to Wellbeing which is for clients with an accepted mental injury claim and includes a range of services to help the client achieve their desired outcomes, including one-to-one therapy and group-based therapies. Clients and providers together develop a Wellbeing Plan, and providers update ACC regularly through progress reports and case conferences.
- f Maintaining Wellbeing which focuses on client self-management and easy access to sessions to maintain gains made after active therapy ends, over 3 years from the end of therapy.
- g If the client is ineligible for cover, we can offer them two sessions of Support for Next Steps
At any stage across the service we can offer clients support services in the form of Social Work, Whānau Support, Cultural Advice and/or Active Liaison.

Clients may also access group based therapy. This focusses on helping clients develop specific skills that form the focus of the group, eg an anger management group will focus specifically on the development of anger management skills.

2.0 Service objectives

- a The following objectives underpin the integrated services:
 - Client-centricity – Suppliers, providers and ACC will deliver these services collaboratively, with the client at the centre.
 - Flexibility – Clients will be offered flexibility in how they access and engage with services, and how they progress through the services.
 - Diversity – The services will acknowledge and accommodate the diversity of clients, and the influences of culture, ethnicity, gender, age, etc., as well as the needs of their whānau.
 - Appropriateness – The model will feature checks and balances to make sure the services provided are both clinically-appropriate and client-appropriate.
 - Responsiveness – Services must acknowledge and support the many ways that clients need to engage and be responsive to the need for immediate access and changing needs over time.
 - Safety – The service will recognise that “the safety of the client and relevant others is paramount throughout the therapy process”.

3.0 Entering the service

- a The ISSC service has an open referral policy. Clients can access the service directly or they can be referred by someone else. Clients who initially visit a GP or approach a provider without an ISSC contract may have an ACC45 lodged on their behalf. These clients can either be referred to a supplier by us or find the supplier they wish to work with themselves via the Find Support website.
 Find Support website
<https://findsupport.co.nz/>

4.0 Key features

- a Client engagement form

Contracted providers use an engagement form rather than the ACC45. The Client Engagement Form is an electronic claim form which gives us the information we need at the start of the claim, eg an indication of date or date range of event, risk factors, any issues that we may be able to help with, and most importantly safe contact information for the client. This form cannot be submitted without all required fields being completed.

- b Lead provider

While using the service, the client will have a lead provider who'll be their key point of contact. The lead provider may carry out the Supported Assessment or it may be done by another provider. In this case the lead provider may also attend the Supported Assessment sessions to provide support and consistency of service to the client.

c Therapist search website

The ISSC is supported by the external website findsupport.co.nz. One important part of this site is the Therapist Search, which potential clients can use to identify a therapist to meet their needs. Searches can be tailored by region, district, therapist gender, experience, cultural experience and language. ACC can also use a version of the site to refer the client to a suitable supplier.



Find Support website

<https://findsupport.co.nz/>

d Returning clients

Clients returning to ACC and using an existing claim are regarded as a 'returning client'. The client may have never received therapy or support or alternatively they may have completed a course of treatment. In order to trigger a new 'period of engagement', the provider will need to complete a new engagement form as part of the Getting Started service.

e Case conferencing

To reduce the amount of time providers spend report writing, the ISSC uses case conferencing to update us on the progress clients make under their Wellbeing Plan.

During a case conference the provider, the client, and ACC collectively discuss progress and the client's ongoing needs. Other parties, for instance GP, social worker, Oranga Tamariki case coordinator, can attend the case conference as appropriate and with client consent.

Providers should indicate tentative case conference dates in the Wellbeing Plan. Three weeks before, the Recovery Partner or Team member should call the provider to confirm a date and time for the case conference. The agenda of the case conference may be agreed between the provider and ACC at this time. The case conference can normally be incorporated into the scheduled face-to-face session between the client and their provider.

It's important that the client sees that the provider and ACC have a shared view on the client's recovery. If the provider has concerns about the client participating in the case conference, they can talk to the Recovery Partner or Team member about this. If the client opts to not attend, the Case Conference should proceed as planned.



Identify Claims for Rapidly Deteriorating Clients

Introduction

Audience: Cover Assessors, Recovery Team Members, Treatment & Support Assessors

Summary: To determine and confirm if a client has a rapidly deteriorating condition.

A person who has terminal illness and their clinical condition becomes worse in some way and changes quickly, is termed as having a rapidly deteriorating terminal condition.

The rapidly deteriorating client's policy ensures that Permanent Injury Compensation application packs and Independence Allowance (IA)/Lump sum entitlements are processed with urgency where a client has a covered injury that makes them eligible for permanent injury compensation and has a condition (either covered or not) that is recognised as imminently fatal.

Some conditions are more obvious than others. If you're unsure about a condition's likely impact, please refer to Clinical Services, or a Technical Specialist, for advice.

^ Know when to apply the Rapidly Deteriorating Conditions Policy

Who lodged the claim? If it was lodged by a hospice care provider, then the client is at end-of-life stage with a terminal condition and the rapidly deteriorating conditions (RDC) policy should be initiated.

When talking to the client over the phone, do they appear fatigued or unable to continue with the call because they are too unwell? If cover is being investigated for the following, the RDC policy will need to be initiated:

- Mesothelioma

- Asbestos related lung cancer
- Failure to diagnose or provide treatment in a timely manner causing disease progression (treatment injury), usually cancer

If you are investigating cover and it is likely that the client would be eligible for permanent injury compensation, and the client has an underlying illness that is imminently fatal, then the RDC policy should be initiated.

If the client already has cover for an injury that makes them eligible for permanent injury compensation (eg loss of limb due to an accident or treatment injury) and it becomes known that they are also suffering from a terminal illness (eg end stage renal failure), then the RDC policy should also be initiated for their covered injury.

^ Language and key terms to look out for

Often when a client has a rapidly deteriorating condition there are key terms and phrases that are used that you should keep a look out for in the client's medical notes, conversations with the client, spouse, caregiver or medical practitioner that will indicate if you should initiate the RDC policy.

Some of these key terms / phases are:

- Terminal
- Acute illness with a poor prognosis
- Advanced condition with a poor prognosis
- Hospice care or hospice supports required
- Life expectancy of...
- Receiving palliative care
- Critical care
- Dying
- End of life or end stage

^ Important links

[Clients with rapidly deteriorating conditions Policy, Nintex Process Manager \(promapp.com\)](#)
[Escalate Permanent Injury Compensation for rapidly deteriorating client](#)

Page Details

Content Owner

Outside of Scope

Content Experts

Outside of Scope

Topic

ACC: Rehabilitation and Treatment

Information Type

Guidance

Relates To

Internal

Archived

No

Released under the Official Information Act 1982

Summary

Objective

Since 2004, ACC has provided application packs and processed Independence Allowance (IA)/Lump sum entitlements with more urgency where a client's covered injury is recognised as imminently fatal.

This policy also applies where a client has a rapidly deteriorating condition that is not covered by ACC, but their covered injury may make them eligible for permanent injury compensation.

Some conditions are more obvious than others. If you're unsure about a condition's likely impact, please refer to Clinical Services, or a Technical Specialist, for advice.

Owner

Outside of Scope

Expert

Policy

1.0 'Rapid Assessment' IA/Lump sum application process

- a The IA/Lump sum team can prepare the claim(s) file records for the assessment process while the claim for cover for the terminal condition is still being considered. This will reduce any delay between cover acceptance and the assessment outcome. While the cover decision is being finalised, or has been declined due to cover timeframes but is still being investigated, the IA/Lump sum team can request a provider to complete (where possible) an assessment based on the medical documents, without the need to see the client in person and without the need for an ACC554. Sometimes this assessment can be carried out by an appropriately qualified MA.

See Assessments on medical records.

- b Where a covered injury is potentially eligible for lump sum compensation and the client has a non-covered terminal condition, the team can also prepare the claim(s) file records for the assessment process and request an 'on the papers' assessment under urgency. An ACC554 is not required to initiate this process if we have been made aware that a client is terminally ill.

-  Assessment
<https://go.promapp.com/accnz/Process/22af356b-125>
-  Assessing lump sum or independence allowance for rapidly deteriorating terminal conditions

2.0 Eligible conditions

- a This rapid assessment process is relevant particularly in cases of work-related gradual process disease or infection (WRGPDI), asbestos-related diseases, eg mesothelioma, lung cancer, and where diagnosis is often very late in the disease's progression. However, it's not restricted to those conditions. Allowing an assessment prior to cover determination will protect the client's interests, without raising expectation that the cover decision outcome will be positive. Any injury condition, which has an obvious potential to be fatal, should be considered under the rapid assessment process. These Guidelines must be carefully followed.

3.0 What to consider

- a If you're managing a claim for cover or managing a client for any other purpose, you need to ensure you consider the impact of the client's conditions (and any extended cover time frames), on the client's ability to apply and be assessed for entitlements.

When sending an acknowledgement, either by letter and/or phone, for cases that appear imminently fatal, you should include proactive reference to the other entitlements which may be available. Section 50 (1) (b) (ii) of the Accident Compensation Act 2001 requires the Corporation to "...facilitate the claimant's access to those entitlements".

NOTE: Great care must be taken to keep the client aware that the streamlined process does not presuppose the outcome of the application or the assessment. Letters of acknowledgement may need to be amended appropriately.

Client privacy is not breached if information is disclosed to a third party for the purposes of determining entitlements, even before cover is established.

4.0 How to arrange an application for IA or Lump sum

- a See how to generate an application.

Throughout the process the IA/Lump sum team will keep the current case owner updated on the progression of the application, assessment and decision.

-  Generating an Independence Allowance or Lump Sum application

5.0 Deceased clients

- a Under ACC's legislation, a client must be alive when assessed for Lump Sum compensation. This has been confirmed by the District Court. See rules for Deceased clients. The rules for assessing the impairment for an Independence Allowance differ from those for Lump Sums.

6.0 Lump sum compensation

- a To be eligible for a lump sum, the deceased client must have been assessed prior to their death and all of the following must apply:

- the client suffered a personal injury for which they have cover
- the client survived the injury for no fewer than 28 days
- the assessment established that the client's injury resulted in a whole person impairment (WPI) of 10% or above.

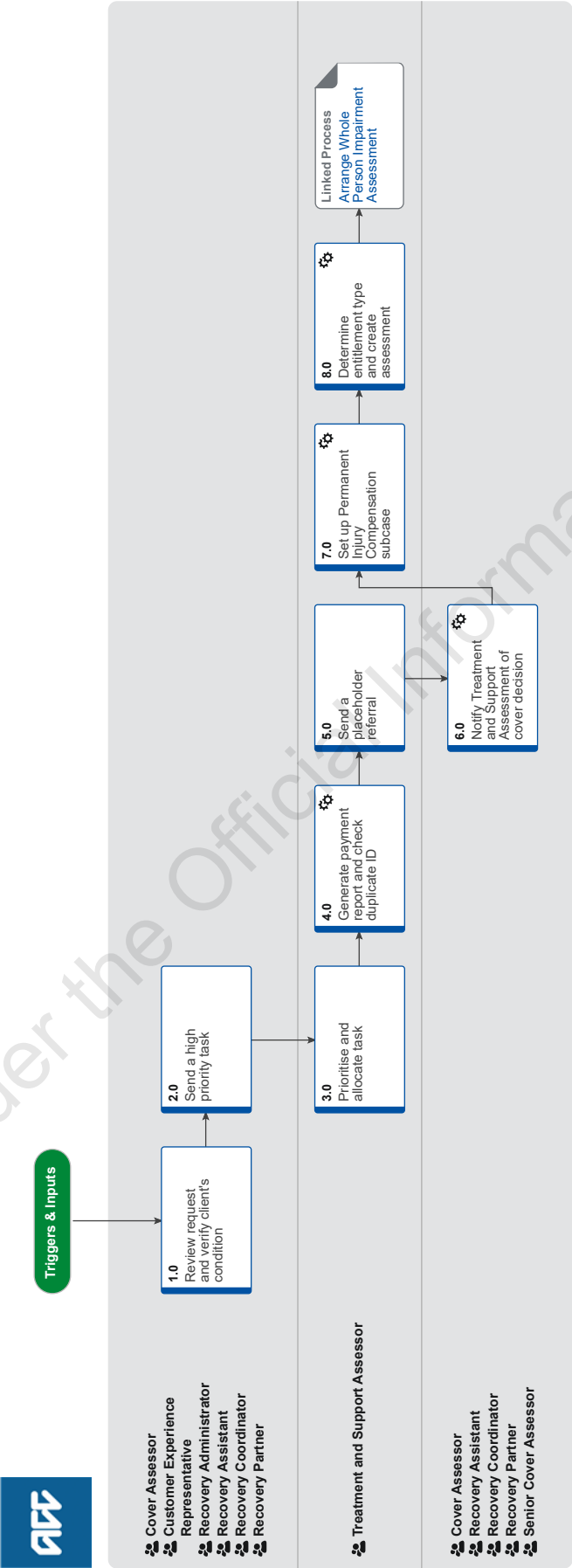
Use of the streamlined 'rapid assessment' policy, doesn't impact on the way ACC makes its cover decisions on other claims, or on the way other entitlements are assessed.

-  Lump sum eligibility requirements

Released under the Official Information Act 1982

Escalate Permanent Injury Compensation application for a rapidly deteriorating client

v9.0



Escalate Permanent Injury Compensation application for a rapidly deteriorating client v9.0



Summary

Objective

To assess whether you need to fast track a Whole Person Impairment assessment for clients with an imminent terminal condition, and are rapidly deteriorating, or send a Permanent Injury Compensation application pack to the client to complete and return.

Background

When a client makes a claim for a Lump Sum / Independence Allowance entitlement they must first request and complete the Permanent Injury Compensation application pack documentation.

ACC is able to fast track the Whole Person Impairment assessment process if the client has been assessed with an imminent terminal condition, and are rapidly deteriorating condition.

ACC can request an assessment of the client's impairment based on the medical documents available rather than the client seeing an assessor. This will enable ACC to pay the client more quickly if they are eligible for an entitlement.

Owner

Outside of Scope

Expert

Procedure

1.0 Review request and verify client's condition

Cover Assessor, Customer Experience Representative, Recovery Administrator, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Determine that the client has a rapidly deteriorating condition by checking the client's injury diagnosis. Refer to the 'Clients with rapidly deteriorating conditions Policy' for more information.

- Identify Claims for Rapidly Deteriorating Clients
- Clients with rapidly deteriorating conditions Policy
- Rapidly deteriorating terminal conditions

NOTE What if the client is not considered to have a rapidly deteriorating condition?

The client must submit an application. Follow the "Send a Permanent Injury Compensation application pack" process.

PROCESS Send a Permanent Injury Compensation application pack

- PIC01 Application for Permanent Injury Compensation

2.0 Send a high priority task

Cover Assessor, Customer Experience Representative, Recovery Administrator, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Contact the client or their contact person by phone to explain the process for assessment and the requirements for eligibility, in particular three part test from 'Clause 54 of Schedule 1, AC Act 2001.'

- Identity Check Policy
- Clause 54. Schedule 1, AC Act 2001
<http://www.legislation.govt.nz/act/public/2001/0049/lat>

- b** Validate the client's address to ensure this is up to date.

- View or maintain party address details

- c** Send a Rapidly deteriorating task to the "Centralised Permanent Injury Compensation - Requests" queue.
- Edit the task and note any relevant details to the rapidly deteriorating circumstances of the client.
 - If you are unsure call the Treatment & Support Assessment PIC Hunt Line (ext 50104) to alert them to the task.

3.0 Prioritise and allocate task

Treatment and Support Assessor

- a** Determine if an urgent impairment assessment should be arranged.

NOTE When should an urgent impairment assessment be arranged?

If the client's condition is rapidly deteriorating and it is likely that they may die before being able to attend an impairment assessment under normal circumstances, an urgent impairment assessment should be arranged. The client does not need to submit an application.

NOTE What if the impairment assessment is not urgent?

The client must submit an application. Follow the "Send a Permanent Injury Compensation application pack" process.

PROCESS Send a Permanent Injury Compensation application pack

- PIC01 Application for Permanent Injury Compensation

- b** Edit task description and enter '#Rapid'.

- c** Prioritise and allocate task to a Treatment and Support Assessor to action. If it is marked URGENT and it has a priority flag of High, this must be actioned immediately on receipt.

4.0 Generate payment report and check duplicate ID

Treatment and Support Assessor

- a** In Eos, locate the client's Party ID.

- b** In InFact, generate a '4.09 Lump Sums and Independence Allowance Payment Report' which will show the clients compensation history for Lump Sum / Independence Allowance entitlements. Save the document to a secure location as you will need to upload this to Eos later.

- InFact

- c** Check the clients overpayment summary for outstanding overpayments.

NOTE What if the client has outstanding overpayments?

Contact Payments (for Eos debt) or Collections and Recoveries (for Oracle debt) and confirm whether the overpayment should be recovered if the client is eligible for PIC.

- View overpayment information

- d** Check if client has a duplicate party/deleted party ID.

NOTE How do you check if a client has a duplicate party/deleted party ID?

In Eos, complete Party Searches as follows:

- Initials of the clients first and last name with date of birth
- Initials of alternate names indicated in forms and medical records with date of birth
- NHI number
- IRD number
- Consider reasonable alternative names e.g. nicknames and English/non-English versions

NOTE What if there is a duplicate ID?

Create an Action Client Duplicate task and complete the requested fields, this will route to the correct queue automatically.

NOTE What if there is a deleted party ID which still has claims/documents?

Create an Action Client Duplicate task and complete the relevant fields, this will route to the correct queue automatically.

5.0 Send a placeholder referral

Treatment and Support Assessor

- a** Select an assessor who accepts referrals for Rapidly Deteriorating assessment.

-  Pricing - Impairment Assessments
-  List of Impairment Assessors

- b** Email the assessor the client name and claim number.

NOTE What do you need to include in the email?

In the body of the email advise the assessor:

- We have a request for impairment assessment for a rapidly deteriorating client
- The diagnosis that ACC has been requested to cover
- We will let them know when a cover decision has been made and forward any additional relevant information at that time

- c** 'File away' the email contact with the assessor.

-  File an inbound email

6.0 Notify Treatment and Support Assessment of cover decision

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner, Senior Cover Assessor

- a** In Eos, create a 'Rapidly deteriorating task'.

NOTE What do you include in the task?

- Edit the task and note any relevant details to the rapidly deteriorating circumstances of the client.

- b** Transfer the task to the Treatment & Support Assessor who holds the existing rapid assessment task.

NOTE What do you do if the task is unallocated?

Transfer the task to the "Centralised Permanent Injury Compensation - Requests" queue.

- c** Contact the Treatment & Support Assessor by second method to advise of the cover decision.

NOTE What if the Treatment & Support Assessor is away?

Contact the Hunt Line on 50104 to have the work urgently reallocated.

7.0 Set up Permanent Injury Compensation sub-case

Treatment and Support Assessor

- a** In Eos, determine the appropriate ACC45 that the claim should be managed from. This claim will be used to administer all Lump Sum / Independence Allowance activities, including the subcase.

NOTE What if there is a sensitive claims component to the assessment?

Manage the request on the sensitive claim, or where multiple sensitive claims exist, the 'master' claim, i.e. the oldest claim or claim where assessment previously applied.

NOTE What if client has been assessed for this entitlement previously?

- If new request is lump sum then work on the same claim as previous. If the previous lump sum payment was paid through Pathway you will need to capture the assessment details on the PIC subcase prior to the reassessment. See the 'Migrate Lump Sum details paid through Pathway' system steps linked below.
- If new request is for combined Independence Allowance then work from the same claim as previous.
- If new request is for a single Independence Allowance then work from the claim the ACC554 is for, i.e. the previously assessed claim if this is to be assessed this time.

Previously-assessed injuries must be included in a reassessment of the entitlement.

-  Migrate Lump Sum details paid through Pathway

NOTE What if the client has not been assessed for this entitlement previously?

If the request is for one physical claim always manage on the applicable claim.

If the request is for multiple claims choose a claim that:

- relates to the highest impairment, or
- is currently managed, or
- has had surgery, or
- is the oldest claim listed.

- b** Set up the Permanent Injury Compensation subcase on the appropriate claim.

-  Add or edit an ISSC rehab action

NOTE What if multiple claims need to be included in the assessment?

- Link the additional claims to the subcase

-  Linking a Claim to PIC Subcase

NOTE What if the automatic injury description from the injury code is not accurate?

- Edit the Injury Details with the correct description

-  Update Injury Details on a PIC Subcase

- c** In the Permanent Injury Compensation subcase, start the 'Pre-Assessment' task.

8.0 Determine entitlement type and create assessment instance

Treatment and Support Assessor

- a** In Eos, complete the 'Determine Entitlement Type' E-form. When saved, Eos will generate an Impairment Assessment instance in Eos for the relevant entitlement type.

 Update Permanent Injury Compensation Entitlement Details

NOTE What if an assessment has already been completed and a reassessment is required?

You can create a reassessment instance in Eos by using the 'copy' function on the previous assessment instance. Refer to the 'Use copy function to create reassessment' system step.

 Use copy function to create reassessment

 PROCESS

Arrange Whole Person Impairment Assessment

Treatment and Support Assessor

Summary

Objective

ACC contracts with suppliers to assess the needs of clients with Complex Physical Injuries. The Support Needs Assessment (SNA) is a detailed assessment of a client's support needs, strengths and capabilities and recommends a range of options to address those needs.

The SNA assessment is also used for Retrospective Personal Support Assessments.

Background

SNA assessments provide detailed, balanced and evidence-based information about a client's support needs, strengths and capabilities.

Owner

Outside of Scope

Expert

Procedure

1.0 Who is this service for?

- a Support Needs Assessment Services inform the development and implementation of an Individualised Plan for Clients with multiple physical, sensory and/or cognitive disabilities.

2.0 Purpose of a Support Needs Assessment (SNA)?

- a The purpose of the SNA is to help ACC understand the client's injury related needs and identify a range of options to address those needs. These may include:
 - Use of Natural Supports
 - Community or other support groups available in the client's local region
 - ACC funded services
- b The SNA will help us to understand the clients day to day life so that we can identify what support is required.
- c ACC's decisions are based on the advice in the assessment and what we know of the client and their individual situation. Having objective information from the assessment helps when communicating with the client and their family about what services will be provided. And also helps to measure whether existing services which have been put in place have been effective in increasing the client's independence.

3.0 When to refer for an SNA

- a You should consider referring for a SNA for a client who has multiple physical, sensory and/or cognitive disabilities, when:
 - A Recovery Plan advises an SNA is needed; or
 - A previous assessment recommends a SNA
 - Post-discharge, before a return home; or
 - A change in what the client can do for themselves (eg housing modifications have been completed and client can now prepare meals, independently shower themselves etc); or
 - The carer is no longer available; or
 - The family want higher rates to be paid for attendant care; or
 - The client or family request a change in the level of care and supports; or
 - The client has returned to living in the community following acute care; or
 - The client has never had an SNA and it would be beneficial to understand their needs.

4.0 Refer for a SNA

- a It is important that the referral is clear about why we are asking for a SNA. This will help make sure the Assessor covers the required information in the assessment. For example: we want to understand whether the client's needs have increased/decreased, or the client is being discharged from residential care and we need to know what the client's support needs will be in the community, or a request to change funding of Residential Care.
- b Send all the relevant information to the Assessor about the accident details, who is important to the client, recovery to date, and the goals of the client and family. Ensure you let the assessor know if there are any significant issues such as mental health, drug and alcohol, other comorbidities etc.

NOTE How much information do you send? How do you know what documents are relevant?

Send only the most recent reports, hand written or ward notes are usually not relevant

- You don't need to send all the reports, eg if there is a Training for independence package etc, just send the most recent report as it has all the information you need
- Think about any interventions that have affected the client's independence since the last SNA, send only completion reports
- If the client has a brain injury the latest neuropsychological assessment is helpful, even if it wasn't completed since the last report.
- If the client has a Spinal Cord Injury and has had an outreach appointment, send the report from this
- If the client has a package of care through an agency, the support plan is relevant as it details how they work with the client
- If unsure, please check with your team leader or practice mentor
- Make sure that you are reviewing documents before you are adding them to the document group, be sure not to send double ups or outdated information and remember, even if the notes are about your client, if they are not needed for the assessment or not relevant then it could be considered a privacy breach.

- c** When filling out the referral form make sure you include the following information:
- Whether the client is managed by the Remote Claims Unit
 - Current ACC funding and frequency of services eg hours per week of home help or child care client is currently receiving
 - Whether the client has any specific communication aids eg alternative communication systems
 - Wellbeing section – Does client have co-morbidities such as obesity, diabetes, at risk of homelessness, Drug & Alcohol substance abuse

- d** Before the assessment, make sure the client, their family and their support network are prepared. Firstly, talk with your client and their family about:
- What a SNA is, and why it is being done – the assessment will help ACC understand the client's current needs and identify a range of options to provide support. The assessment may take 1 to 2.5 hours and uses recognised evidence based tools to provide objective evidence of the need for support.
 - Who will be doing it - Assessors use their skills and expertise in working with clients with a disability. Assessors are a neutral third party who are engaged by ACC but the assessor does not make funding decisions
 - What is going to happen afterwards – the Assessor will write a report to ACC which will inform ACC's decision making. Let the client know when you will be back in touch with them to discuss the recommendations. Make sure you involve the:
 - Client and their family
 - Care Team
 - GP/Doctor
 - Support network
 - School (if child or young person)

- e** Encourage the client and their family to prepare for the assessment by making some notes about their daily routines:
- What they do each day / week and how long it takes
 - The tasks or activities around the house and community or work/school that are challenging
 - Where they go
 - What they need help with
 - What and who is important to them
- f** If the client has had previous SNA assessments, ask how they found their previous SNA experience - this will identify any gaps or if a change in approach is required. Where the client has gained greater independence, focus on the positive impact of the strategies which have been put in place.

5.0 What we should expect from a SNA report

- a** The Assessor uses the following internationally recognised objective tools to identify the client's needs and to determine the client's level of function and abilities:
- Functional Independence Measure (FIM) – measures the severity of a disability.
 - WeeFIM is a Functional Measure designed for children
 - Functional Assessment Measure (FAM) specifically addresses the major functional areas (eg cognitive, behavioural, communication, community functioning)
 - Lawton's Instrumental Activities of Daily Living (IADL) used for older adults to assess ability to live independently in the community
 - Inventory for client and agency planning (ICAP) assesses child's abilities and need for assistance. ACC is responsible for the difference between the chronological age versus the developmental age of the child
 - Overt Behaviour Scale (OBS) used for clients with a Traumatic Brain Injury to measure challenging behaviours

NOTE What if a client has pre-existing conditions and diagnoses?

The report may identify pre-existing medical conditions because they can affect the client's functioning and recovery and funding. ACC only funds injury-related costs, but we can share costs with another agency.

- b** Below is an example of a well written ACC4202 Support Needs Assessment

 Support Needs Assessment Knowledge Resource

6.0 What if you need to request more information from the Assessor?

- a** You may need to request more information from the assessor when:
- All the people you asked to have input have not been given the opportunity to participate. Or the assessment is done in only one of the environments the client engages in (eg the school)
 - The assessment does not fit with what you know about the client and their situation and services provided to date
 - The assessor does not provide a range of options to meet identified needs
 - There are gaps in the assessment eg the report does not clearly separate the client's pre-existing conditions. (ACC only funds the injury related costs but may share costs with another agency). It is important that pre-existing conditions are included in the assessment as they can affect the client's function and recovery.
- b** Use the SNA feedback form to seek further information from an Assessor regarding information provided in the recent SNA

 SNA Feedback Form

7.0 Making Decisions about strategies for meeting the client's needs

- a** Firstly, review the information in the Support Needs Assessment regarding the identified client's needs and guidance on various strategies to meet the client's needs. Secondly, review the client's Recovery Plan, previous services received and outcomes achieved to date. Thirdly, decide strategies for meeting the client's needs based on the:
- Client's goals and aspirations
 - The client's natural family supports
 - Supports and services in the local community
 - Range of ACC-funded responses
- ACC does not fund lawnmowing, gardening or home maintenance
- b** Our decision-making regarding funded strategies must be consistent with:
- Legislation
 - Evidence provided in the SNA
 - FIM guidelines
 - Client and family circumstances
- Check:
Does the response support the client to achieve their goals?
Is this the most cost effective option?

NOTE When do you need to seek Guidance?

You should seek guidance when:

- Recommended support is much higher or much lower than the FIM or Spinal Guidelines
- Recommendations do not fit with the client's circumstances
- Recommendations do not provide guidance for a reduction in support (if this was expected), or next steps towards the client's independence (eg after the client has completed a Training for independence programme)

NOTE Do you need to attend the Support Needs Assessment Guidance Group (SNAGG)?

The SNAGG is a panel which can help you understand the SNA and determine the next steps for your client. SNAGG is compulsory for all RTMS who have not achieved SNA competency. RTMs and their Team Leader must attend the panel for each new SNA assessment report received.

To make a booking, follow step 8.0 Arrange Support Needs Assessment

 Arrange Support Needs Assessment

8.0 Supplier requests additional funding

- a** The Supplier may invoice using service item code ASI06 for up to an additional 6 hours. ASI06 does not require approval from ACC.

If the assessment is exceptionally complex and exceeds 18 hours for an adult or 22 hours for a child and youth assessment, the Supplier may request up a further 6 hours (on top of the ASI06) . If you approve this request, use service item code ASI07. The decision to approve/decline these additional hours under ASI07 sits with the Recovery Team Member. You may wish to seek support from your Team Leader or Functional Specialist if needed.

At times, the Assessor may require a second person to attend the assessment to manage any risk situations. If you agree, you may approve this request for a second assessor to attend the assessment for up to 3 hours using Service Item Code ASI08.

9.0 Implementing Decisions

- a** Advise the client that you would like to set up an appointment to discuss the assessment with them and their family.
- b** Before meeting with your client, be prepared by carefully reading the assessment and thinking about how to respond to the client's questions. Discuss the assessment report with the client and their family and include:
- The injury related needs identified in the assessment
 - The options for meeting those needs
 - How will we know whether the supports are meeting the client's needs eg another SNA in the future may be needed
 - Whether the supports will be implemented gradually or may reduce gradually
- c** At the meeting with your client and their family focus on the client's achievements and progress towards independence. Consider:
- Is everyone affected ready to make the changes?
 - Is everyone supportive of the proposed changes?
 - A backup plan if needed - eg substitutes for attendant care, or home help etc
 - What support is needed to implement the changes
 - Is everyone who is part of this plan involved in the decisions?

Acknowledge that there may be financial implications for the family and consider different ways the changes can be made eg: If equipment or another service is required, agree on a graduated decrease rather than an immediate stop.

After the meeting, make sure you fully document what was agreed by whom, update the client's Recovery Plan and add any reminder actions.

10.0 Relevant links and documents

-  Arrange Support Needs Assessment
-  Support Needs Assessment (SNA) Operational Guidelines

Summary

Objective

Clients can give ACC permission to discuss their claims with a third party by giving them the authority to act on their behalf.

Owner

Outside of Scope

Expert

Policy

1.0 Recording a request

- a** You must record the name of the person or organisation asking for authority to act in Eos.

2.0 Who can be given authority to act

- a** A third party can be:
 - a relative, friend or other individual
 - an advocacy organisation
 - an individual acting in a professional capacity
 - a law firm
 - an organisation who has legal authority to act on behalf of the client, eg one that has power of attorney, guardianship.

3.0 What claims an authority to act covers

- a** An authority to act can cover:
 - a single aspect of a claim
 - the duration of a single claim
 - the duration of all existing claims.

4.0 Change to authority to act for future claims

- a** An authority to act doesn't cover claims in the future. We have changed our past policy, where an authority to act could include any future claims.

Now clients or their representatives must apply for an authority to act for new claims.

5.0 Authorisation documents – non-lawyers

- a** The client must give us a valid document granting authority to act. It can be either:
 - an ACC5937 Authority to Act (137k) - this must have the advocate's name, either the person or organisation, in the 'full name' field and 'advocate' in the relationship field.
 - a letter signed by the client.
 - an email sent by the client from a verified email address, with a PDF file containing evidence that they want someone to act on their behalf.
 - a legally-binding advice such as a Court issued welfare guardianship order, power of attorney document, personal property order or a letter from a law firm.

6.0 Authorisation documents - lawyers and tax agents

- a** ACC trusts that lawyers and tax agents are legitimate in their representation role, as they have their own professional standards to meet. This means we don't have to check with the client if the law firm or tax agent is acting on the client's behalf.

Lawyers and tax agents must send us a document showing their authority to act on the client's behalf. This document can be:

- a letter written on their firm's branded notepaper
- an email with a signature showing they are a tax agent or in a law firm.

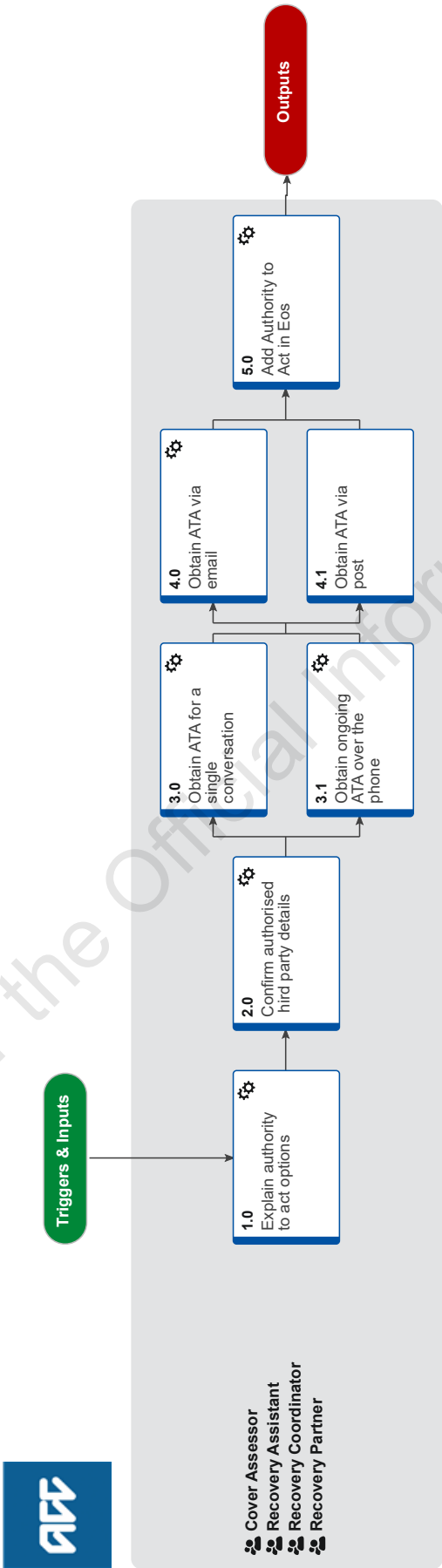
 ACC5937 Authority to act - Client

7.0 Authorisation - Deceased clients

- a** Any existing Authority to Act ceases to have effect with the death of a client. Where a client has passed away ACC needs to determine who the client's personal representative is. This will either be the executor under the client's will, or if there is no will, the appointed administrator of the estate. ACC can deal directly with the executor or administrator, or that individual can authorise another person to deal with ACC.

NOTE What happens if there is no executor or administrator?

Where a person dies without significant assets, they are unlikely to have an executor or administrator. We can discuss administrative matters with the deceased client's closest relative for the management of entitlements payable on the claim; however they do not have the right to access the client's health information. For assistance, please contact the Privacy Team.



Summary

Objective

To obtain an Authority to Act (ATA) enabling a third party to act on the client's behalf in relation to a single ACC claim or all a client's claims.

Background

An ATA is the permission that a client gives for a third party to make relevant contact with ACC about the client's claim. ACC must have permission from the client before we can discuss a client's claim with them. For ongoing authority, ACC must receive this in writing from the client.

ACC trusts that lawyers and tax agents are legitimate in their representation role. ACC is not required to check with a client if the law firm or tax agent is acting on the client's behalf.

A third party may be:

- a relative
- friend or other individual
- a Kaumātua
- an advocate
- lawyer
- tax agent.

Privacy Note - It is considered a breach if any staff member divulges any personal information about a client where there is no signed ATA form, or letter, on file from the client indicating their preference of ATA consent.

As a rule staff should not be relying on the verbal consent long term, and especially if that verbal consent is several years old.

Owner

Outside of Scope

Expert

Procedure

1.0 Explain authority to act options

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

- Contact the client to discuss the option of adding an Authority to Act (ATA).
- Explain to the client that an ATA gives a third party:
 - the ability to discuss information about the client's claims
 - change the client's information such as bank account and contact details
 - authority until the client informs ACC that it is to be removed.
- Confirm with the client they would like to have an authority person act on their behalf.

NOTE What if your client is under the age of 16?

- You need to determine who holds guardianship, if the guardian is not the parent, you need to obtain proof of guardianship. Once guardianship is confirmed review and update claim party records to ensure that letters and other communication go to the guardian or parent.

- Consider if your client is determined Gillick competent, if yes you do not need to obtain Authority to act. For more information regarding Gillick competence refer to the link below.

NG C & A Gillick Competence

NOTE What if the client doesn't wish to add an authority to act?

This process ends.

NOTE What if a third party is asking to get an ATA on a client's account?

Advise the third party that ACC will need the ATA in writing from the client before we can discuss information regarding their claim. This can be via:

- an ACC5937 Authority to act - Client form signed by the client
- an email giving authority from the client's authorised email address
- a letter giving authority signed by the client
- a legally binding document, such as a power of attorney (POA)

NOTE What if the Power of Attorney document states "this document becomes effective only if the client is mentally incapacitated"

If the POA only comes into effect when the client no longer has the capacity to consent for themselves, we just need something in writing from a medical practitioner before we can use the POA as ATA. Even just an email from the client's GP will suffice.

If the client can consent, they are the one who need to sign it off for us.

NOTE What if the ATA is requesting an information request?

Information requests from an ATA MUST have written consent from the client or we MUST have written authority on file. Verbal consent is not sufficient for Privacy Act requests as they are not imperative to the management and progress of a claim.

NOTE What if a client or third party advises there is a Power of Attorney to manage welfare or affairs for the client?

Ask the client or third party to send a copy of the Power of Attorney to:

- claims@acc.co.nz
- ACC Hamilton Service Centre, Po Box 952, Hamilton 3240
- ACC Dunedin Service Centre Po Box 408 Dunedin 9054.

NOTE What if the ATA is for a lawyer or a tax agent?

Inform the client that ACC can accept the following from a lawyer or tax agent to have authority:

- A letter written on their firm's branded note-paper
- An email with a signature showing they are a tax agent or in a law firm.

NOTE What if it's not clear if the lawyer or tax agent authority is for a single claim or multiple claims?

Contact the lawyer or tax agent and ask them to confirm this in writing.

NOTE What if the client only wants to give the ATA for specific parts of their claim(s)?

Ask the client to add any conditions to the ATA document.

NOTE Does the ATA for all claims, move onto any new claims?

If the ATA is given to all claims (you have that in writing) then it would be reasonable to believe the ATA is for the current claim and any claims before it. If a new claim comes in then the ATA should NOT extend to that claim unless the client has confirmed this.

Contacting the client and reconfirming if they are okay for the ATA to extend to the new claim is the best option. This can be by asking them to resign the form or by calling and getting verbal confirmation (either is fine). If you get verbal confirmation make sure you make a good contact in the claim to reflect this.

NOTE What if the client is unable to provide authority?

There are situations where we can work with a client's representative if they are unable to give an ATA. ACC are considered a health agency, therefore we are bound by the Health Information Privacy Code (HIPC) as well as the Privacy Act. The HIPC has provisions to help navigate these situations. Under the HIPC, a representative is defined as:

Representative, in relation to an individual, means:

- (a) Where the individual is dead, that individual's person representative:
- (b) Where the individual is under the age of 16 years, that individual's parent or guardian: or
- (c) Where the individual, not being the individual referred to in paragraphs (a) or (b), is unable to give his or her consent or authority, or exercise his or her rights, a person appearing to be lawfully acting on the individual's behalf or in his or her interests.

In these circumstances, when setting up entitlements or when there is a completion of initial claim actions, there is an option of dealing with someone who we reasonably believe is acting in the client's best interests. However, this doesn't mean they have the same rights as someone with full ATA authorisation from the client, EPOA, or PPPR.

We can't work with the representative purely based on the HIPC on a long-term basis, the following are options you could raise earlier on in setting up a claim:

- 1 - ATA - The client could sign an ATA when they are able to.
- 2 - EPOA (Enduring Power of Attorney) or POA (Power of Attorney) - you've already noted that there isn't one in this case, but in some cases the client's representative may have this.
- 3 - Protection of Personal and Property Rights Act - Welfare/Property Guardian.

An EPOA for personal care and welfare can only be used when the donor has been declared as mentally incapable - usually via a medical certificate, and that this is referred to as 'invoking' the EPOA. There are different rules for property EPOA's and these can either come into effect immediately once they are signed or once the donor is mentally incapable, as it depends on what the donor chooses at the time the EPOA is drafted.

NOTE What should you do if you have been asked to remove an ATA on claim?

The declaration on the ACC5937 states - "I understand I can write to or call ACC at any time to cancel this authority, and ACC will only cancel this authority if I ask them to in this way. Cancellation will not be effective until received by ACC."

If the client has asked us to remove an ATA from their claim or ALL claims. You can do this by either:

- amend the contact on the claim/party record with the ATA details.
 - Write in front of it that this has been cancelled and they are no longer the ATA on this claim, or ALL claims.
 - Remember to put in your contact a date and how the client ask us to remove this ATA.
- OR
- In the Maintain Roles area.
 - 1) Go into the claim's General tab, scroll down to [Participants] on the right-hand side click on [Maintain Roles].
 - 2) Scroll and click on the Party you wish to remove.
 - 3) On the right-hand side click [Remove].
 - 4) Click Edit, Select Authority to Act Removed from the role drop down.
 - 5) Add a note in the description field.
 - 6) Add an end date.
 - 7) It will then ask you if you are sure - say YES.
 - 8) Click [OK] to go back to the General screen.

If the client has emailed or sent in a letter to us asking for this to be done – file this away to the claim/Party Record. If they have asked us over the phone, put a clear contact in the claim/party record.

How to remove an Authority to Act at a Party Level:

- 1) Go to party record.
- 2) Click on relationships tab.
- 3) Select the authority to act relationship you need to remove.
- 4) Click Remove.
- 5) To confirm remove click [yes].

Confirm the client's contact details belong to them and not the ATA when removing the ATA

NOTE What kinds of ATA can we accept?

Any form of written authority can be any accepted as long as it clearly identifies the client, the agent, which claims are covered and if there is an end date for this authority. (Email, letter, ACC5937 are all acceptable written forms)

NOTE Is the authority to act (ATA) still valid if the claim hasn't been actively managed for over 12 months?

Where we have not been actively managing a claim for 12 months or longer and there is an Authority to Act on file, we should confirm with the client if this Authority is still valid before communicating with the ATA.

NOTE What if the lawyer/advocate is not a registered vendor in eos

Please inform them to complete the acc111 and email it to registrations@acc.co.nz

 Advocate Communications Policy

2.0 Confirm authorised third party details

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** In Eos, add a Contact with the following information about the third party:
 - Full name
 - Date of birth
 - Full postal address
 - Name of the organisation they work for (if applicable)
 - Single or ongoing authority.If applicable, add ATAS expiry date ie ATA expires 24 April 2020.
- b** Confirm if the client wants the authority to be for a single phone conversation or ongoing authority.
 - Go to Activity 3.0 to obtain ATA for a single conversation
 - Go to Activity 3.1 to obtain ongoing ATA over the phone.

3.0 Obtain ATA for a single conversation

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Gain authority directly from the client to speak to the authorised party for one phone call.
- b** In Salesforce, add a contact to record the conversation with the client.
- c** This process ends.

3.1 Obtain ongoing ATA over the phone

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Read the client the following ATA statement and ask the included questions:

"At ACC, allowing someone to act on your behalf lets them access your personal information, such as health and payment information; and change personal information on your behalf, such as your bank account and address. While this can start from today, we will need you to formally confirm the arrangement. I can send you an email with the form we need or I can post you the form to be completed. If you want to stop the person from acting for you, you just need to let us know.

- Do you have any questions relating to this authority? YES or NO
- Are you happy to go ahead with the authority? YES or NO
- Would you like this person to have Authority on this claim only or across all your claims with ACC? ALL CLAIMS/THIS CLAIM ONLY (DELETE ONE)
- Client name:
- Authority to Act name:
- Authority to Act contact details:
- Where would you like us to send future correspondence?"

NOTE What if the client doesn't want to grant the authority?

This process ends.

- b** In Salesforce add a Contact and copy the ATA statement, along with the client's responses to the questions.
- c** Confirm how the client would like the ACC5937 Authority to act - Client form sent to them:
 - Via email - Go to Activity 4.0
 - Via post - Go to Activity 4.1

NOTE Does verbal authority cover all claims?

Verbal authority should not be used to cover all claims, only the actively managed claim.

NOTE Getting written authority after verbal authority

Verbal authority should be a temporary measure while we wait for written authority to be obtained to ensure we do not compromise our service while still upholding the Privacy Act. We need to advise the client of this at the time of obtaining verbal authority. Verbal authority does not expire but we need to follow up on obtaining written confirmation at every point of contact to ensure that we have taken all reasonable steps to obtain written authority.

 Advocate Communications Policy

4.0 Obtain ATA via email

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** In Eos, send the following email template to the client's verified email address. Attach an ACC5937 Authority to act - Client form to the email.

"At ACC, allowing someone to act on your behalf lets them access your personal information, such as health and payment information; and change personal information on your behalf, such as your bank account and address. If you agree to providing someone Authority to Act on your claim, please read the included ACC5937 Authority to act - Client form, and respond to this email to provide details of your Authority to Act and confirm you agree.

Please respond with the following details:

- Are you happy to go ahead with the authority?
- Would you like this person to have Authority on this claim only or across all your claims with ACC? ALL CLAIMS/THIS CLAIM ONLY (DELETE ONE)
- Client name:
- Authority to Act name:
- Authority to Act date of birth:
- Authority to Act contact details:
- Where would you like us to send future correspondence?

Alternatively you can complete the form and return it to ACC at:
PO Box 952,
Hamilton 3240.

The person you nominate will be able to act on your behalf and access your information until you request that the authority is removed.

If you have any questions about providing someone Authority to Act on your behalf, you can contact ACC on 0800 222 435 (0800 ACC HELP)."

 ACC5937 Authority to act - Client

NOTE What if the client doesn't have a verified email address?

Go to the Update Client Details on Party Record process to verify their email address.

 **PROCESS** Update Client Party Records

NOTE What if the client has asked for the email to go to the ATA?
If the client doesn't have an email address follow the process under 4.1 to post the ACC5937 to the client.

Once we have the complete form back and the ATA has an email address, follow the process to verify their email address so you can email them from your clients claim.

 Advocate Communications Policy

4.1 Obtain ATA via post

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Send a NGCM - Send Letter task to Recovery Administration to request an ACC5937 Authority to act - Client form to be posted to the client.

NOTE What if I'm a Cover Assessor or Customer Service Representative?
Print the ACC5937 Authority to act - Client letter yourself and post to the client.

 ACC5937 Authority to act - Client

5.0 Add Authority to Act in Eos

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Receive the signed ACC5937 Authority to act - Client form via email or post.

NOTE What if the ATA hasn't been returned and a third party calls?
Check the claim for the authority obtained. If the authority was for one conversation, you will need to contact the client again to obtain the authority. A signed ACC5937 or other written confirmation giving authority to act must be provided by the client to allow continued authority. Another person's claim information cannot continue to be discussed until verbal or written agreement has been obtained from the client.

- b** in Eos, upload the ACC5937 Authority to act - Client form to the client's:
- claim if the authority is for one claim ONLY
 - Party Record if the authority is for ALL current claims.

- c** Add the ATA Participant at claim level using the Manage authority to act relationships system steps below.

 Manage authority to act relationships

NOTE What if you need to add a Power of Attorney?
Follow the instructions in the [Manage authority to act relationships] systems steps. In the [Add Party Case Role] select [Power of Attorney]. In the description add one of the following:
PPPR Welfare Guardian
PPPR Property Manager
PPPR Welfare Guardian
Add the expiry date of the order

NOTE What if the ATA is for all claims?
In the description free text box, write "The Authority to Act is for all current claims before [Today's date]".

NOTE What if the ATA has an expiry date?
In the description free text field add [ATA expires [date]]
In Salesforce, add a reminder task to end the ATA participant.

NOTE What if the authorised party is an advocate or lawyer?

Advocates should be added as a vendor. Enter the Role as 'Advocate' and the Party Type as 'Advisor'. Do not use the third party's Personal Party record.

NOTE What if the authority is for an individual, such as a spouse or family member?

Load as Authority to Act and link to their existing record.
See Manage authority to act relationships on Te Whāriki.

NOTE What if the client requests a condition on the ATA?

Load a future dated Contact in Eos that highlights the condition to the ATA. This will need to be removed if the ATA changes in the future.

NOTE What if you can't find the ATA person's details in Eos?

If you are unable to find the ATA's party record in the system. You will need to contact the ATA and get more information to see if that helps you find them in Eos.

If you are still unable to locate them follow the system steps above under 5 C (Manage authority to act relationships). Step 6 has a link to the page "Add a Party".

NOTE - It is important to confirm a record does not already exist to ensure that a duplicate party record is not created.

NOTE Can you add the ATA's details as the clients details on their party record?

The ATA's contact details should not be added as the client's.

NOTE What if an authority to act wants to remove themselves as an ATA

An ATA can remove themselves at any time, but under no circumstances can an ATA add themselves back on. This will need to be done through the correct channels and have the appropriate documentation signed by both parties.



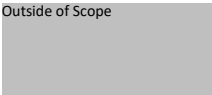
Summary

Objective

The following rules apply to adult clients over 18 who are receiving case management and are likely to continue receiving it. They may find it difficult to manage their own affairs.

These rules do not apply to clients receiving rehabilitation or entitlements for a short period only.

Owner



Expert

Policy

1.0 Clients unable to manage their affairs

- a If a client is no longer able to make decisions for themselves, relatives and others can apply to the Family Court under the Protection of Personal and Property Rights Act 1988 (PPPR Act) to make a personal order or property order for the client. Alternatively, the Court can be asked to appoint a welfare guardian or property manager to make decisions for the client.

2.0 Criteria for creating an order

- a For a personal or property order to be created the person must generally satisfy the criteria in the attached table.

Type of order	Criteria
Personal	The person must: • be 18 years or over, or be married or previously married if under 18 • be normally resident in New Zealand • completely lack the capacity to make or communicate decisions about their own personal care
Property	The person: • must completely or partly lack the competence to manage their property affairs • can be of any age



Criteria for creating an order.PNG

3.0 Who can apply for an order?

- a ACC cannot make an application for a personal or property order. The application could be from
 - a person who can't fully make decisions about their own care
 - a relative or attorney of the person who can't fully make decisions about their own care
 - a social worker employed under the Oranga Tamariki Act 1989
 - a medical practitioner or doctor
 - a representative of any non-profit group that provides services and facilities for the welfare of people to which the Protection of Personal and Property Rights Act 1988 applies
 - the superintendent, licensee, supervisor or person in charge, if the person is a patient or a resident of a hospital, rest home or residential disability care facilityThe application can also be made by any other person with the court's permission. The client and their representative should contact a local Family Court for advice on making an application or who can apply - See Powers to make decisions for others | New Zealand Ministry of Justice



Powers to make decisions for others
<https://www.justice.govt.nz/family/powers-to-make-de>



Protection of Personal and Property Rights Act 1988
<https://legislation.govt.nz/act/public/1988/0004/latest/>



Oranga Tamariki Act 1989
<https://www.legislation.govt.nz/act/public/1989/0024/l/>

4.0 Identifying the option of application

- a Recovery Team Members (Assisted, Supported and Partnered) must be careful when identifying the option of applying for a personal or property order. The Court regards making a personal or property order for someone as a serious step.

You must understand and carefully consider the criteria for creating an order before discussing the option of an application with a client or their representative.

You must focus on the client's ability to make decisions about their personal or property affairs, not the quality of those decisions. That is, focus on whether the client can understand the nature of their decisions and foresee the consequences, not whether the client makes decisions that an average person would or would not make.

5.0 Clients with a new traumatic brain injury

- a We must wait at least three months for the new traumatic brain injury (TBI) to stabilise before identifying the option of applying for a personal or property order.

The one exception to this rule is where you have serious concerns about the client's personal welfare or property affairs, eg the client's ability to manage a lump sum that is due to be paid. In these cases you may need to identify the option of an application sooner.

6.0 Information about personal and property orders

- a The Recovery Team Member (Assisted, Supported or Partnered) can give the client and their representative the following information, if practicable:

- SIIS1 Personal and property orders (97K) information sheet
- The Protection of Personal and Property Rights Act 1988 booklet, available from a local Family Court.

The client or their representative can contact a local Family Court for more information about personal and property orders.



SIIS1 Personal and property orders

7.0 Enduring Power of Attorney

- a** A client might have appointed someone (called an attorney) to make decisions for the client, just in case the client ever became unable to make his or her own decisions, under a document called an enduring power of attorney. This gives the client more control over what happens than when someone else applies for a personal or property order after the incapacity begins. An attorney can make minor decisions about the client's personal care on the attorney's own judgement. To make decisions about the client's property, or significant decisions about the client's personal care, the attorney needs a health practitioner (who can be a GP or a relevantly qualified specialist) or a court to certify the client's incapacity. The PPPR Act provides for two types of enduring power of attorney (EPA) – one that is made when the client already lacks mental capacity, and the other which applies while the claimant is still mentally capable. In both cases ACC needs to see the enduring power of attorney. For the first type of EPA (not for the second) ACC also needs to see a certificate confirming mental incapacity before dealing with the attorney on the client's behalf.
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8.0 Application costs

- a** Before agreeing to any costs, ask for an indication of the amount of costs likely to be incurred. If this figure exceeds \$5,000 you must seek advice from Technical Services before proceeding. We can contribute towards the costs of an order application, or to bring an enduring power of attorney into effect, if both:

- the client is receiving and likely to continue to receive case management in the foreseeable future
- the client is 18 years or older.

We do not contribute towards the ongoing costs of the order.

We'll consider each request to pay costs on a case-by-case basis, regardless of whether an order is made or not.

We'll contribute towards the following costs relating to an application:

- specialist report. This includes a neuropsychological, psychiatric or geriatric report, if one has not already been obtained
- other medical report. We pay the client's medical practitioner a set rate of \$140 per hour to complete the report, or a proportion of that amount if the report is completed in less than an hour
- legal fees. These will vary depending on the work involved in making an application. A typical range is between approximately \$750 and \$3,000 but is not limited to these amounts. These amounts are based on private solicitor and Public Trust charges and are a guide only. If there is uncertainty about the legal fees, ask for a breakdown of costs.

We will not pay for:

- commission, expenses and other charges incurred by the Public Trust or Māori Trustee if they are the property manager
- ongoing expenses incurred by the client's welfare guardian, property manager or property administrator.

Always get original receipts or invoices and, if necessary, ask for a breakdown of the costs.

ACC will contribute towards the costs of a medical certificate to bring an enduring power of attorney into effect. It can also contribute to legal fees if it is necessary to apply to a court.

9.0 Payment code

- a** Costs related to an application should be paid under the payment code SIPPO: Legal Costs for Property and Personal Order Applications.
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10.0 Renewing an order

- a** The Court usually sets a date on which the order will end or be renewed. We do not apply to renew an order or decision.

We'll consider contributing towards the costs of making an application to renew an order or decision, on a case-by-case basis where:

- the client is receiving ongoing entitlements such as rehabilitation or weekly compensation
- an order is required for ACC to administer the claim, ie there needs to be someone with authority to act on the client's behalf when it relates to their ongoing rehabilitation and payments.

We expect that the cost of renewing an order will be less than the initial costs because the Criteria for creating an order have already been met. You must ask the property manager to get a cost estimate before agreeing to a contribution from ACC.

11.0 Monitoring an order

- a** You must check in on a six-monthly basis to ensure that the client or their representative have no concerns with the administration of the Orders. If there are concerns, you should seek advice from Technical Services.

12.0 Payments to Children

- a** We have a separate policy for payments to children. For more information, see either:
 - Who to pay, 'Payments for children under 16 years'
 - Single payment option, 'Special cases', if you need information about the independence allowance single payment option for a child under 18 years.

 Who to pay Policy

 Single Payment Option Policy

13.0 Youths with an intellectual disability or cognitive impairment

- a** The PPPR Act also applies to parents of children who have an intellectual disability or cognitive impairment rendering them unable to make decisions for themselves once they turn 18. Until a child reaches 18, parents as guardians can make decisions on behalf of their children. Once a child turns 18, Section 28 of the Care of Children Act 2004 says parents cease to be guardians. This means parents no longer make decisions for their children.

The Recovery Team Member must provide families with this information before a child's 18th birthday.