

29 September 2020

[REDACTED]  
[REDACTED]

Tēnā koe [REDACTED]

**Your Official Information Act request, reference: GOV-006561**

Thank you for your email of 1 September 2020, asking the following:

*Can you please provide me with a copy of the Policy / Process document for ACC's handling of Ancillary Services - Client taxi travel decision policy, Prior approval for ancillary services and Emergency transport policy?*

**Our response**

The relevant documents from ACC's ProMapp system are:

- *Ancillary services overview*
- *Client taxi travel decision policy*
- *Prior approval for ancillary services policy*
- *ACC 253 Request for prior approval*
- *Emergency transport policy*
- *Escort and support people policy*
- *Eligibility and thresholds for non-emergency transport*

Please find copies of these documents attached.

In our response of 22 September 2020, reference GOV-006462, we sent you two other related documents – 'Client travel arrangements' and 'Ancillary services and responsibility for payment'.

The staff named in the documents are subject matter contacts for internal queries only and are not the staff who created or updated the policy.

**Questions about our response**

If you have any questions or would like further details, please email me at [GovernmentServices@acc.co.nz](mailto:GovernmentServices@acc.co.nz).

Nāku iti noa, nā



Sasha Wood

**Manager Official Information Act Services**

Government Engagement & Support

# Ancillary services



# Ancillary services

## Summary

### Objective

Ancillary services are available to our clients to help them access or receive the rehabilitation and services they need to get better. Services are provided for and defined in:

- AC Act 2001, Schedule 1: Entitlements, clauses 3 and 11
- Injury Prevention, Rehabilitation, and Compensation (Ancillary Services) Regulations 2002.

Requests for ancillary services received before 1 April 2002 are dealt with under earlier legislation. See Transitional provisions.

We share responsibility for paying for ancillary services with district health boards (DHBs), depending on the type of assistance and when it is used.

Champion [REDACTED]

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## Summary

### Objective

Taxi travel is an ancillary service which is defined in the:

•AC Act 2001, Schedule 1: Entitlements, clauses 3 and 11,

and

•Injury Prevention, Rehabilitation, and Compensation (Ancillary Services) Regulations 2002.

When approving taxi travel we don't need to send a decision letter to the client every time.

However, you must discuss with clients whether they would like approval in writing when making your decision.

Owner



Expert



## Policy

### 1.0 Rules

- a** Contact the client to let them know the decision and ask how they would like to be notified when we're approving taxi services for them. We can notify them by:

- eTXT
- email
- letter.

If the client chooses eTXT or email, you must let them know their approval travel dates and the pre-approved taxi number. If the taxi vendor does not use pre-approved taxi numbers, give the client the purchase order number instead.


Use your discretion for sending a letter to long-term clients or clients with complex transport needs. These clients may prefer clearer communication about what has been approved.

To create the purchase order, see [How to set up a purchase order for a taxi or shuttle](#).

If you are sending a letter, use ANC03 - Non-Emergency Taxi Travel Approve - Claimant.

 [Send an eTXT](#)  
<http://thesauce/how-to/technology/applications-and-systems/send-an-etxt/index.htm>

 [Send an email from](#)  
<http://thesauce/team-spaces/eos-online-help/contact/email-toolset/send-an-email-from-eos/index.htm>

 [How to set up a purchase order for a taxi or shuttle](#).  
<http://thesauce/team-spaces/chips/treatment-rehabilitation/ancillary-services/reference/client-travel-arrangements/index.htm#How to set up a purchase order for a taxi or shuttle>


 [ANC03 - Non Emergency Taxi Travel Approve - Claimant.doc](#)

### 2.0 Decline decisions

- a** You must issue a written decision when you're declining taxis or providing a modified approval, ie an approval that's different to what the client has asked for.

Use the SER01 Decline service – client letter when declining a request, ensuring all relevant fields are filled in.

Use the ANC03 - Non Emergency Taxi Travel Approve - Claimant letter if you are providing a modified approval.

 [SER01 Decline service - client letter](#)

 [ANC03 - Non Emergency Taxi Travel Approve - Claimant letter.doc](#)

## Summary

### Objective

Some ancillary services need prior approval. These include most non-emergency transport and travel and accommodation arrangements for escorts and support people.

All publicly-funded health providers must check with their local ACC branch if they're not sure whether a client is eligible for costs of return journey transport. Refer to Reimbursing non-emergency travel costs.

Owner



Expert



## Procedure

### 1.0 Non-emergency transport

- a** Prior approval is needed for ACC to fund all non-emergency travel that involves:
- air transport
  - planned non-emergency transport by ambulance (NETBA)
  - client travel to an ACC branch/site
  - unscheduled transport, if the client is claiming for the actual cost of the travel.

The treatment provider or client must request prior approval, using the ACC253 Request for prior approval – Transport and accommodation assistance form.

We must respond to these requests within 24 hours. Refer to Managing prior approval for ancillary services.

 ACC253 Request for prior approval – Transport and accommodation assistance form

### 2.0 Non-emergency transport by ambulance

- a** Prior approval requests for NETBA must:
- be supported by robust evidence
  - come from the treatment provider, either verbally or by an ACC18 or letter.

Our prior approval is specified in the service schedule.

Approved transport includes return journeys.

If a case owner agrees that planned NETBA is appropriate, the branch medical advisor can review the case and provide the required clinical evidence in place of the treatment provider.

### 3.0 Escorts and support people

- a** We usually need prior approval for the specific transport costs for escorts and support people, except when:
- their eligibility to act as an escort or support person is accepted
  - the suitability of the transport arrangements is approved.

 Escorts and support people Policy

### 4.0 Alternative ways to receive ancillary services

- a** Prior approval is always needed for a client to receive an ancillary service in an alternative way.

The client's individual rehabilitation plan (IRP) must include the ancillary service and the level of our contribution.

- b** Regulation 17 allows for some flexibility in how ancillary services are provided, recognising that one size does not fit all and that some clients have complex needs.

**NOTE Example One:**

A client is in Burwood Hospital for a 12-week period. Their partner, who lives in Whangarei, is their support person. Under Regulation 13, the support person would be eligible for a maximum of:

- two nights' accommodation per week at the flat rate, ie \$115.10
- one return flight per week by air (non-emergency transport) at the lowest appropriate fare, eg \$644.00.

Our total liability is \$759.10 a week, with a total cost over 12 weeks of \$9,109.20.

Because of their work commitments, it isn't practical for the client's partner to travel between Whangarei and Christchurch every week. They ask if it is possible to stay longer, but less often.

We discuss the issue with the client and their doctor and are satisfied this would be in the client's best interests. Regulation 17 allows ACC to consider its contribution instead as:

- four nights' accommodation once every two weeks, ie \$230.20
- one return flight every two weeks, at a cost of \$644.00.

The total cost for each event is \$874.20, adding up to \$5,245.20 over a 12-week period.

Because we're satisfied that this alternative is in the best interests of the client, and have worked out that the maximum liability for this option is cost-effective, we can consider providing the ancillary service in an alternative way.

**NOTE Example Two:**

Following a serious car accident, a client from Kaitia requires a three-week intensive stay in Auckland Hospital. The client's partner will act as the support person. The maximum they are eligible for under Regulation 13 is:

- two nights' accommodation per week at the flat rate, ie \$115.10
- one return flight per week by air (non-emergency transport) at the lowest appropriate fare, eg \$510.60.

The total liability is \$625.70 a week, with a total cost over three weeks of \$1,877.10.

The partner asks if we can contribute towards accommodation for the full three-week period. Discussion with the client confirms this would be in the client's best interests. Regulation 17 allows us to consider our contribution instead as:

- 19 nights' accommodation, ie \$1,093.45
- one return flight at \$510.60.

The total cost to ACC for the three-week period is \$1,604.50.

Because we're satisfied that this alternative is in the best interests of the client, and have worked out that the maximum liability for this option is cost-effective, we can consider providing the ancillary service in an alternative way.

**NOTE Example Three:**

The client, a mother, requires a two-month stay in hospital. The client's husband will act as support person.

The maximum he is eligible for under Regulation 13 is:

- two nights' accommodation per week at the flat rate, ie 2 nights at \$57.55 = \$115.10
- one return flight per week by air (non-emergency transport) at the lowest appropriate fare, eg \$510.60.

Our total liability is \$625.70 a week.

The family has two children at home and the husband would find it very difficult to travel to the hospital weekly. He asks if we can pay for him and the two children to travel together once every three weeks. After discussion with the client's doctor we decide that it's not in the client's best interests to have family visit only once every three weeks.

Although there is no difference in costs to ACC between one support person travelling every week and three people travelling every three weeks, the latter would probably be more cost-effective because two of the support people would travel at the child rate.

However, the request would be declined because we don't think it's in the client's best interests. Instead, we could look at childcare options or look for other people, such as a grandparent, other family member or family friend, to act as a support person on the weeks that the client's husband can't travel.

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## 5.0 Criteria for waiving prior approval

- a** The need for prior approval can be waived when:
- there are legitimate reasons why prior approval is not sought
  - we would otherwise give prior approval.

**NOTE Examples:**

A client takes a scheduled flight to get a hospital x-ray based on their General Practitioner's recommendation. They couldn't get prior approval because our office was closed in the weekend.

A client needs to get a taxi to work before we accept the claim. We would have given prior approval if our office was open or once cover was granted.

**b** When we decide to waive prior approval you must:

- update Eos with the rationale
  - make sure the client knows that the waiver applies to this instance only
  - remind them that prior approval may be needed for future ancillary services, depending on the service.
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# Emergency transport Policy v2.0

## Summary

### Objective

Emergency transport is an ancillary service provided for and defined in:

- AC Act 2001, Schedule 1: Entitlements, clauses 3 and 11
- Injury Prevention, Rehabilitation, and Compensation (Ancillary Services) Regulations 2002, Regulations 6 and 15

Owner



Expert



## Policy

### 1.0 Rules

- a** Emergency ambulance services (EAS) must be dispatched through the Emergency Ambulance Communication Centres (EACC) and include transport by:
- road ambulance, including water ambulances
  - water vessels organised and invoiced by road providers for water rescues
  - air ambulance, either rotary wing (helicopter) or fixed wing (aeroplane).
- b** Ambulance providers must provide services that:
- are necessary
  - are timely
  - meet the required quality
  - go straight to the most appropriate treatment place of definitive care can be provided
  - respond to the threat of potential death or injury of a client
  - meet the definition of emergency transport agreed between ACC, the Ministry of Health and the ambulance sector.
- c** For road ambulance services, payment is per client (since 1 April 2012) regardless of the number of patients in the ambulance.
- For air ambulance services, payment is per transport not per client. If more than one client is transported in the same ambulance at the same time, we pay for one transport only, not the number of clients..

### 2.0 Eligibility criteria

- a** Clients are eligible for ACC-funded emergency transport under an EAS contract:
- when they suffer an ACC-covered injury
  - within 24 hours of suffering a personal injury or within 48 hours of being found after suffering a personal injury, whichever is later. Clients must not be charged a co-payment for this
  - for transport to a place of definitive care, such as an emergency department or accident and medical clinic
  - when urgent treatment, ie immediate response, is needed for their injury.

### 3.0 EAS contracts

- a** We contract with a range of EAS providers throughout New Zealand. The National Ambulance Sector Office (NASO) ([www.naso.govt.nz](http://www.naso.govt.nz)) manages all EAS contracts and implements the New Zealand Ambulance Service Strategy.

Contracted EAS providers must first and foremost take into account the medical status of the client when deciding levels of care for emergency ambulance services.

The method of emergency transport used must be necessary, in terms of the AC Act.

An ambulance must be crewed with suitably qualified ambulance officers/paramedics as outlined in NZS 8156.

- Contracts allow for emergency transport
- inter-hospital transfers (within the first 24 hours only)
- non-emergency transport by ambulance

- b** EAS providers may transport a support person, such as a family/whānau member, with the client if it is safe to do so. The provider cannot charge for this as an extra service.

We pay emergency air ambulance transport providers, under Regulation 6(5), the costs of:

- flying the aircraft from its base to the place where the client is collected
- transporting the client
- flying the aircraft from the place where the client is offloaded back to the aircraft's base.

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### 4.0 Client payments

- a** We don't pay for emergency ambulance services outside the 24-hour timeframe.

For ambulance transport not covered by ACC, providers may invoice the client, for example, for a part-charge. ACC is not liable to pay this invoice or reimburse the patient for paying the invoice.

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### 5.0 What is not included

- a** Emergency transport does not cover transport home after treatment at an emergency department or clinic. If a client is admitted to hospital, their transport home would come under the DHB/PHAS funding criteria. However, we may approve transport home if the client was eligible under the non-emergency transport regulations. See Eligibility and thresholds non-emergency transport.

- b** We are not liable to pay emergency ambulance transport costs if:

- the client dies before the transport reaches them or if the ambulance does arrive and the client subsequently dies at the scene
- the transport provider attends the call but does not transport the injured person, eg the person does not actually need urgent treatment, or the call is a hoax
- ACC does not subsequently approve cover for the claim, eg a person needs transport, but not for an accident-related injury.

- c** We are not liable for the cost of any time spent by emergency air ambulance transport:

- searching for the client
- on parts of the aircraft's route not related to the emergency ambulance transport of the client.

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### 6.0 Exceptions

- a** We can approve the cost of EAS when the contracted provider offers a more advanced means of transport and care than the client's condition strictly requires. However, we may need more information from the provider before accepting the cost of such transport.

**NOTE Example**

A client with a broken ankle is located on a bush track or mountainside. They do not require urgent treatment and their condition is unlikely to deteriorate and therefore they do not meet the eligibility requirements for emergency transport. However, their location is inaccessible by any means other than helicopter.

- b** We can also approve the payment of transport where using the normal means would've caused a delay that meant the client's condition deteriorated.

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## Summary

### Objective

Use this guidance when determining eligibility for, and ACC's contribution towards, an escort or support person's transport and accommodation costs.

1. Escorts
2. Transport provider requirements for escorts
3. Accommodation costs for escorts
4. Travel and accommodation costs for support persons
5. Maximum payable for support person for adult client
5. Costs we will pay escorts and support persons
6. When ACC does not contribute to transport costs
7. Link to Injury Prevention, Rehabilitation, and Compensation (Ancillary Services) Regulations 2002

### Background

We may pay a client's escort or support person a contribution towards their transport and accommodation costs. In most cases they're eligible for the same types and levels of help with non-emergency transport as a client.

The type and amount of transport and accommodation assistance that ACC can provide for clients, their escorts and support persons is specified in the Injury Prevention, Rehabilitation, and Compensation (Ancillary Services) Regulations 2002. You can find the links to the Regulations at the bottom of this page.

Owner



Expert



## Policy

### 1.0 Escorts

- a** ACC is responsible for decisions on payment for travel and accommodation assistance for an escort, but only when an escort is accompanying the patient in non-emergency transport to treatment or rehabilitation that is not part of public health acute services.
- b** ACC is liable for escort costs for non-emergency transport under the following circumstances:
- the injured person is under 18 years of age; or
  - the medical condition of the injured person is such that he or she needs an escort; or
  - the person or organisation providing the transport that is used requires the injured person to be escorted, and
  - the purpose of the client's travel meets requirements for ancillary services
  - the transport involved meets the general eligibility criteria for all non-emergency transport
  - both the travel starting point and destination point are within New Zealand
  - the person has prior approval to travel with the client as an escort.

#### NOTE Example

A seriously injured client is accompanied by a health professional who is responsible for their healthcare and personal needs during the travel period.

- c** Our contracts with ambulance service providers, both emergency and non-emergency, allow for escorts to travel in the vehicles at the service provider's discretion.

### 2.0 Transport provider requirements for escorts

- a** Transport providers can stipulate that an escort is:
- physically and mentally able to help
  - at least 16 years old
  - able to help the client get to and from their seat, ie physically strong and with a knowledge of how to lift someone safely
  - able to help feed, give medication and attend to personal toileting needs.
- b** Commercial air transport providers can request an escort for a client if the client:
- can't communicate with cabin crew
  - can't help themselves evacuate the aircraft in an emergency situation
  - is one of a large number of passengers with disabilities on one flight
  - is travelling on a small aircraft and can't physically help airline staff get them in and out of the seat.

### 3.0 Accommodation costs for escorts

- a ACC pays accommodation costs for escorts for as long as the availability of transport services prevents the escort returning home.
- b Prior approval should be sought from ACC to check if escort costs can be paid.

**NOTE Example**

A parent acts as escort for their child, the client, during a two-day extensive assessment in another city. They can travel by car to and from the assessment but need overnight accommodation. The client and escort stay in a motel room and receive the rate set out in the regulations.

- c We pay eligible escorts the flat rate set out in Regulation 14, regardless of the actual accommodation cost, how many people are involved or whether they stay at the same or different locations.
- d ACC do not pay accommodation costs for an escort if they are sharing the accommodation with the claimant.

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### 4.0 Travel and accommodation costs for support persons

- a ACC is responsible for decisions on payment for travel and accommodation assistance for support persons, but only when a support person is visiting a claimant who is receiving ACC-approved inpatient or residential rehabilitation that is not a public health acute service.
- b If the claimant is aged 18 years or older, ACC pays the regulated amounts for up to one return journey and two nights' accommodation per week, if the support person would have to travel over 80 kilometres in a one-way journey to visit the claimant.
- c If the claimant is under the age of 18 years, the claimant travel rules apply to support person travel (i.e. Regulations 7 to 11 and 14).
- d ACC pays accommodation costs for support persons for as long as the availability of transport services prevents the support person returning home (or up to a maximum of two nights' accommodation per week if the claimant is aged 18 years or older).

**NOTE Example**

A support person from the Chatham Islands travels to visit an adult client during inpatient rehabilitation in Auckland. The next available flight back to the Chatham Islands is not until the next day. The support person stays with a friend and is eligible for the accommodation rate set out in the regulations.

- e Prior approval should be sought from ACC to check if support person costs can be paid.
- f We pay eligible support people the flat rate set out in Regulation 14, regardless of the actual accommodation cost, how many people are involved or whether they stay at the same or different locations.
- g ACC does not pay accommodation costs for a support person if they are sharing the accommodation with the claimant or escort.
- h The client's Individual Rehabilitation Plan (IRP) must include the support person's name and what contribution they will make to the client's rehabilitation.

The support person must meet the relevant thresholds specified in Regulations 7 to 11, 13 or 14.

- i Services not approved for the purpose of support person assistance are:

- acute services (DHB responsibility)
- routine assessment or reassessment (day or residential)
- long term residential support or care, such as 'home for life' residential care.

- j You may ask a Technical Specialist for advice if it's not clear that the client's rehabilitation is ACC-approved, or there are unusual circumstances.
- k The role of the support person is not intended to apply to friends or family wishing only to visit the client rather than help them achieve a rehabilitation outcome.
- l Case managers must always use their discretion to work out if the support person is 'necessary and appropriate to assist in achieving a rehabilitation outcome'.

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### 5.0 Maximum payable for support person for adult client

- a If the client is aged 18 or over a support person can only claim for a maximum of one return journey per week and no more than two overnight stays per week. We pay eligible escorts or support people the flat rate set out in Regulation 14 regardless of the actual accommodation cost, how many people are involved or whether they stay at the same or different locations.

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### 6.0 Costs we will pay escorts and support persons

- a The amount of transport and accommodation assistance that ACC can provide for clients, their escorts and support persons is specified in the Injury Prevention, Rehabilitation, and Compensation (Ancillary Services) Regulations 2002. You can find the links to the Regulations at the bottom of this page.

- b** For payment purposes, a person cannot be both an escort and a support person at the same time. If they act in both roles we consider them to be either an escort or a support person only.
- c** You must always think about options for the most cost-effective way of providing ancillary services, especially if the escort or support person is travelling regularly. Regulation 8 sets out the rate we pay for non-emergency transport in a private motor vehicle, but only if the escort or support person is not sharing the vehicle with the client. For public transport and air travel we pay the most cost effective and practicable cost of a return journey for one person.

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## 7.0 When ACC does not contribute to transport costs

**a** We do not contribute to transport costs for:

- return travel when the escort or support person does not make a return journey (this criteria is the same for clients)
- travel between New Zealand and overseas, in either direction
- support people travelling to visit the client when it is not directly related to achieving the rehabilitation outcome
- any journey by private vehicle for which the client is also claiming transport costs, or transport where only one cost is incurred for both to travel, e.g. two people travelling in a single taxi
- additional fees for an escort to travel with a client in an ambulance
- any escort provided by a hospital for ambulance travel. This is considered part of the staffing requirement for the ambulance personnel
- if the escort acts as both an escort and a support person, and receives payment as a support person under Regulation 13.



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## 8.0 Link to Injury Prevention, Rehabilitation, and Compensation (Ancillary Services) Regulations 2002

-  Regulation 7: Non-emergency scheduled surface public transport costs  
<http://www.legislation.govt.nz/regulation/public/2002/0013/latest/DLM109354.html>
-  Regulation 8: Non-emergency transport by private motor vehicle  
<http://www.legislation.govt.nz/regulation/public/2002/0013/latest/DLM109355.html>
-  Regulation 9: Non-emergency transport by air  
<http://www.legislation.govt.nz/regulation/public/2002/0013/latest/DLM109356.html>
-  Regulation 10: Non-emergency ambulance transport  
<http://www.legislation.govt.nz/regulation/public/2002/0013/latest/DLM109357.html>
-  Regulation 11: Non-emergency other transport  
<http://www.legislation.govt.nz/regulation/public/2002/0013/latest/DLM109358.html>
-  Regulation 12: Escort costs  
<http://www.legislation.govt.nz/regulation/public/2002/0013/latest/DLM109360.html>
-  Regulation 13: Support person costs  
<http://www.legislation.govt.nz/regulation/public/2002/0013/latest/DLM109361.html>
-  Regulation 14: Accommodation costs  
<http://www.legislation.govt.nz/regulation/public/2002/0013/latest/DLM109362.html>

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## 9.0 Link to processes

-  Reimbursing non-emergency travel costs  
<http://thesauce/team-spaces/chips/treatment-rehabilitation/ancillary-services/process/reimbursing-non-emergency-travel-costs/index.htm>
-  Managing prior approval for ancillary services  
<http://thesauce/team-spaces/chips/treatment-rehabilitation/ancillary-services/process/managing-prior-approval-for-ancillary-services/index.htm>



# Request for prior approval: Transport and accommodation assistance

"This form can be completed by a claimant, a family member, case manager, or rehabilitation provider to request prior approval for transport and/or accommodation assistance.



**IMPORTANT INFORMATION:** Before completing this form, it is important that you read the Fact Sheet: *Travel to treatment or rehabilitation*. This outlines the assistance you may be eligible for. You will need to attach medical confirmation that this transport is needed because of the nature of your injury.

Please tick the service(s) required

Air travel   
Other travel

Accommodation   
Escort costs   
Support person costs

**ACC office details**

Branch: .....

Case Manager: .....

Phone no.: ..... Fax no: .....

**Claimant details**

Claimant full name: .....

Address: .....

DOB: ..... Claim number: ..... Date of Injury: .....

Injury details: .....

**Request details**

Reason(s) for requesting transport (including support person/escort) and/or accommodation assistance:

Rehabilitation/treatment details	Type of transport and accommodation requested and the reason for this request	Proposed date/s or duration of travel and accommodation
1.		
2.		
3.		

Name of place where rehabilitation is to be provided (e.g. work, rehabilitation facility, clinic) .....

Address.....

Phone no:..... Fax no .....

Name and title of person making this request (parent, rehabilitation provider, case manager, assessor)

Address.....

Phone no:..... Fax no .....

**Request for prior approval from ACC**

Signed :..... Relationship to claimant: (if applicable) .....

Name:..... Date of request: .....

**Office Use Only**

**Approved in full by ACC (Details to be conveyed in a decision letter to the claimant).**

**Approved in part, with the following modifications (Details to be conveyed in a decision letter to the claimant).**

1.....

2.....

3.....

**Declined for the following reason(s) (Details to be conveyed in a decision letter to the claimant).**

1.....

2.....

3.....

**Name:**..... **Signed:**.....

**Position:**..... **Date:**.....

**ACC Address:**.....

*The information collected on this form will only be used to fulfil the requirements of the Accident Compensation Act 2001. In the collection, use and storage of information, ACC will at all times comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994.*

## Summary

### Objective

Non-emergency transport is an ancillary service that helps clients who need non-urgent travel to access rehabilitation.

For more information and details of current rates, see:

- AC Act 2001, Schedule 1: Entitlements, Clauses 3 and 11
- Injury Prevention, Rehabilitation, and Compensation (Ancillary Services) Regulations 2002.

Owner



Expert



## Policy


### 1.0 Rules

- a** District health boards (DHBs) are responsible for most non-emergency transport related to public health acute treatment. See Accident services: a guide for DHB and ACC staff.

Non-emergency transport is by:

- private motor vehicle
- scheduled public transport
- air travel (commercial or private air services)
- ambulance (road only)
- other unscheduled transport, including taxi, rental car or unscheduled shuttle or water taxi.

All payment amounts include GST.

 Accident Services - A guide for DHB and ACC Staff

#### NOTE Examples

A client receives physiotherapy several times a week for an injury that prevents them from driving. None of the client's family can drive, but there is a good bus service available.

- The client claims for the bus fares to get to and from treatment
- If they meet the eligibility criteria, the client can claim either for the actual bus fare or a rate per kilometre set out in the regulations.

We approve a rural client attending a Training for Independence programme in a nearby town. They don't have their own transport and there is no suitable public transport.

- We decide the most practical option is transport by taxi
- We give prior approval to pay the actual cost of travel.

- b** We'll pay for the transport if the client gets to the treatment or rehabilitation appointment, or tries to, regardless of whether they actually receive the service. For example, the client couldn't make the appointment because their car broke down on the way, or they arrived to find the service provider was sick.

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### 2.0 Distance threshold

- a** We calculate distance based on actual travel along the shortest practical route between the starting point and the destination point, which is known as the distance threshold.

To be eligible for non-emergency transport to the nearest place they can receive rehabilitation or treatment, the client must meet either of the following criteria:

- they travel more than 20km from the start point to the destination point in a single, one-way trip within 14 days of the injury
- they travel more than 80km in total, made up of any number of trips, in any calendar month.

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### 3.0 Return journeys

- a** We pay for a client's return journey, if they make one, from the destination point to their starting point.

**NOTE Example**

A client arranges a lift with a relative to receive a rehabilitation service. The relative picks them up from home and drops them off at the service provider.

- The relative can't wait until the client is finished and the client makes other arrangements to get home
- We don't contribute to the relative's return journey. However, we'd consider contributing to the client's journey from home to the provider in the relative's car, and to their return journey by alternative means.

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**4.0 Exceptions to the distance threshold**

**a Return journeys**

Requests for more distant rehabilitation providers

Clients can apply for an exception to the distance threshold if they can prove that:

- a more distant rehabilitation provider is more appropriate for them because of religious, cultural or gender preferences
- they will achieve a better rehabilitation outcome with the requested provider
- their rehabilitation will not progress with the nearer provider.

In all cases the rehabilitation provider must be an approved treatment provider, as specified in AC Act 2001, Section 6 contracted to us to provide the rehabilitation service. If they aren't, you must decline the request for travel costs.

**b Travel to counselling services**

The destination point for transport to receive counselling is the nearest appropriate provider who can provide the service relevant to the specific case. This is especially important for sensitive claims or for situations where there is no culturally appropriate counsellor nearby.

You must take into account the:

- nature of the client's personal injury
- client's age, beliefs, culture, gender, sexual orientation and any disability they may have.