He Kaupare. He Manaaki. He Whakaora.
prevention. care. recovery.

4 December 2023

[redacted]

Kia ora [redacted]

Your Official Information Act request, reference: GOV-029085
Thank you for your email of 14 November 2023, to the Customer Services inbox, asking for information about work related claims. Due to the nature of your request, it was transferred to my team for response under the Official Information Act 1982 (the Act). I will respond to each part of your request in turn.

I need to understand more about the liability process in NZ ACC following to receipt of a claim. How are you deciding something is work related or not?
As ACC is a no-fault scheme, liability is not a consideration when making a cover decision on a claim. The scheme applies regardless of who caused the accident, including the injured person or their employer. For further information about how a claim is determined work related, or if there are work injury disputes, we have attached the following ACC policies:

- Criteria for Work-related Personal Injury 'Place of Work' Policy
- Manage a work injury dispute

As staff names were not requested, they have been deemed outside the scope of your request and removed from the policies provided.

I understand claim lodgement by treating practitioners https://www.acc.co.nz/for-providers/lodging-claims/ & hopefully most practitioners are using the online ACC45 claim lodgement form. I am aware they complete fields instructing in relation to work relatedness. I cannot find similar fields/sections in ACC Certificates of capacity ACC18. Use of online ACC45 may mean that the claim is auto aligned at ACC? How does ACC check the 'work related' data as it is not the responsibility of treating GP, who is not a specialist in ACC legislation, to make the determination.
The majority of claims lodged with ACC are done so by a health provider using an ACC45 form. For a copy of the ACC45 form, we refer you, here: www.acc.co.nz/assets/oia-responses/queries-relating-to-forms-acc45-and-acc46-oia-response-gov-027753.pdf. The ACC45 form can only be used for claims made with ACC.

ACC's purpose is to provide support to those injured in an accident. There is a minor difference to a client depending on whether the injury is work or non-work related. There is a one week stand down before a client is entitled to weekly compensation if the claim is not work-related. However, if the injury is deemed to be work-related then the client is entitled to first week compensation, which is paid for by the employer.

In determining whether a claim is work-related or otherwise, we rely on the health provider lodging the claim to consider the circumstances surrounding the accident and to record the claim appropriately. If there is any uncertainty about whether a claim is work-related, it is investigated by the claim assessor using the relevant policy.

The ACC18 is used to identify a client's work restrictions that are due to an injury and is completed by a medical (or nurse) practitioner. Employment details are not relevant to the certificate, although the client should be supplying a copy to their employer.

For further information about employer involvement in return to work, we have also attached ACC's Stay at Work (SAW) Services Page.

As this information may be of interest to other members of the public
ACC has decided 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.

Ngā mihi

Sara Freitag
Acting Manager Official Information Act Services
Government Engagement

Criteria for Work-related Personal Injury 'Place of Work' v22.0

Summary

Objective
Use this information to help you determine whether a client is at a place of employment, and assign the correct fund code.

1) Work-related personal injury – criteria
2) Complex cases
3) Employee carparks and work-related injuries
4) Questions to consider to help you determine WRPI
5) Examples to help you determine WRPI when the client is taking a temporary break from work
6) Additional examples to help you determine WRPI
7) Feel free to provide examples of cases you've encountered
8) Link to legislation.

Owner [Out of Scope]

Expert

Procedure

1.0 Work-related personal injury - criteria

a Section 28 of the Accident Compensation Act 2001 provides the criteria used to determine a work-related personal injury (WRPI). An injury is clearly a WRPI when the injury occurs:

• at the physical place of employment, while the employee is there for the purposes of work, during normal work hours (this includes a place that moves or a place that the client moves through)

• while the employee is taking a break from work and remains on the work premises.

b The following 'guiding principle' will help you determine whether an injury is a WRPI.

NOTE **Guiding principle**
An injury is a WRPI if the person is injured at a specific place while performing either:

• an employment activity

• some activity reasonably connected with their employment.

2.0 Complex cases

a In some cases, you may find it difficult to determine whether an injury has occurred at work, for example:

• employees who work in 'non-traditional' workplaces, ie clients who work from home or on assignment

• clients who work in a traditional place of work, but are out of town on business, en route to another workplace, or away from their usual place of work.

b When deciding whether cases like these fit the WRPI criteria, you must:

• determine the specific place the injury happened

• determine the purpose for being in that place

• apply the guiding principle.

non traditional work place decision flowchart.gif

c There will still be grey areas where it is difficult to determine whether a WRPI occurred – each claim will need to be determined on a case-by-case basis taking into consideration the specific facts of the case. If you need assistance to determine this, please seek internal guidance.

3.0 Employee carparks and work-related injuries

a Several factors need to be considered when considering whether a carpark is considered as a place of employment if we are to understand if a work-related personal injury (WRPI) has occurred, or not

b When can a car park be considered as a place of employment?
In general, the carpark must be attached to the building where they work, be for employees only and have restricted access to the public. There would need to be internal access to the building from the car park. For further detail see business rule

c When can we consider a person has had a WRPI in that car park?
If the person was in that carpark for the purpose of employment, then we would consider any personal injury caused by accident to be work-related.

d Start and end of Shift
If the person is in that carpark as they start or end their shift for the day and they have a personal injury caused by accident, this will be considered a WRPI (see Section 4)

e Was the person there for the purpose of employment?

a. Purpose – for an injury to be work-related, an employee needs to be at the place of the injury for the purposes of employment.
Key considerations:
• Why was the employee in the carpark at the time of the accident?
• Was it for the purpose of employment?
And
Was the person at a place of employment

b. Place of employment – for an injury to be work-related, the injury should occur at the employee's place of employment.
Key considerations include:
• Where did the accident occur?
• Did it occur in an employee workplace carpark provided by the employer? (see "Employee carpark" business rule for start and end of shift).

f During their shift
Once they have begun their shift and they are in any place for the purpose of employment and they have a personal injury caused by accident, this will be considered a WRPI

g If you are satisfied that the person was in a carpark (that meets the business rule as place of employment for carparks) for the purposes of employment, and that the person had a personal injury caused by accident then we can consider it a work-related personal injury

When a carpark is a place of employment at the start of a shift of an employee

When a carpark is a place of employment at the end of a shift of an employee

4.0 Questions to consider to help you determine WRPI

a Was the person at the location primarily for the purposes of employment?

NOTE **Example:**
A teacher is injured while marking students' assignments when travelling home from work on the train. Although they're performing a work task, the primary purpose for the teacher to be on the train is to travel home from work.

b What activity was the person doing at the time of injury? Were they doing a leisure activity that's reasonably associated with their employment?

NOTE **Example:**
An employee goes out for drinks with friends while out of town for work and suffers an injury while at a pub. The employee is engaged in a leisure activity not reasonably associated with their employment.

c Was the activity reasonably part of the person's day to day lifestyle, irrespective of their employment?

NOTE **Example:**
An employee is staying in a hotel while out of town for work and is injured while having a shower. The employee is engaged in an activity which is reasonably part of their day-to-day lifestyle, irrespective of employment.

d What were the specific requirements of the person's employment? Was it necessary for the person to be at that particular place for employment purposes?

NOTE **Example**
A cook is injured in the bunkroom of a factory boat while off duty. The nature of the cook's employment requires them to remain on the boat during off duty hours. This significantly impacts their ability to carry out normal day to day or leisure activities.

e Does the client have no option but to remain at the work environment when not working because of the nature of their employment?

NOTE **Example:**
Due to bad weather, a client falls out of their bunk-bed at night while off-duty on a fishing trawler. The client injures their elbow. This injury will be covered as a WRPI.

Considering the restriction on personal freedom caused by the requirement to remain on the work-site (ie employees cannot leave between shifts) all activities performed on the work-site are reasonably connected with employment.

When the nature of employment means that employees have no option but to remain at the work environment when not working, these injuries would be classified as WRPI.

f Was the client working from home, and their primary purpose for being at home is to complete work tasks?

NOTE **Example:**
A client usually works from home on Fridays. They burn themselves while making a cup of tea on a break. This injury will be covered as a WRPI.

Any injury sustained in a situation where an employee is working from home, and their primary purpose for being at home is to complete work tasks is a WRPI.

The client was at home for the primary purpose of completing work tasks, ie they had an ongoing arrangement with their employer to work from home on certain days. This contrasts with cases where employees stay home primarily for a reason other than work (even though work tasks might be completed while at home), eg due to their child being sick (non-WRPI).

g Was the client injured away from the immediate workplace, but in a place that is strongly associated with the employer?

NOTE **Example**
A client has finished work for the day and is walking to their car in the employee carpark located across the road from their workplace. While walking through the carpark, they trip and injure themselves.

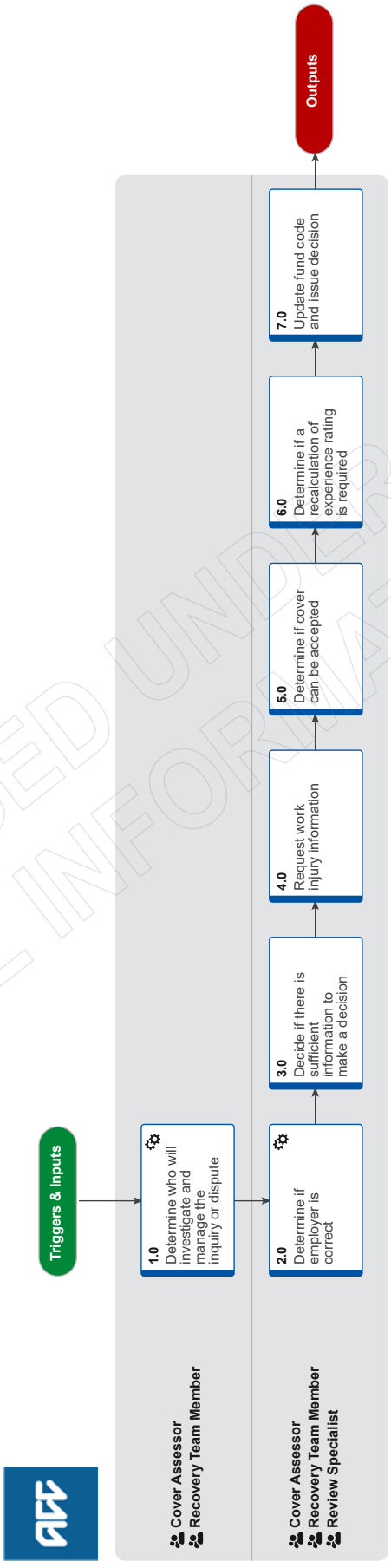
The carpark is owned by the employer and the client has a carpark pass to use the spaces. The carpark is intended for employees only and has prominent signage stating that cars without passes displayed will be towed, but there are no physical barriers to prevent members of the public parking in the space.

Even though the client was leaving work at the end of the day, the carpark is likely to be considered as an extension of the place of employment due to the level of control the employer exerts over the space. This injury will be covered as a WRPI.

5.0 Link to legislation

Accident Compensation Act 2001, Section 28: Work-related personal injury
http://legislation.govt.nz/act/public/2001/0049/153.0/D

Manage a work injury dispute v41.0



Manage a work injury dispute v41.0

Summary

Objective
Where an employer or a client has disputed the circumstances of a claim, use this process to determine whether a workplace accident has occurred and/or who the liable employer for the claim is.

Background
When a decision has been made to accept a work related accident, the client's employer (the employer who was paying them when their accident occurred) must be loaded into the EOS ACC45 claim as the Default Employer.

This is important to get right as the claim may affect the calculation of an employer's Experience Rating levy and for the employer to be advised of the decision to accept the claim as work related and to allow them the opportunity to review that decision.

Owner [Out of Scope]

Expert

Procedure

1.0 Determine who will investigate and manage the inquiry or dispute

Cover Assessor, Recovery Team Member

a Confirm whether it is a dispute or an incorrect employer notification.

NOTE **What is an incorrect employer notification?**
An incorrect employer notification is where an employer or claimant contacts ACC to change the liable employer for a work-related personal injury to another employer or subsidiary.

If it is an incorrect employer notification, Create a 'Work Injury inquiry - Request Investigation' task and assign it to Registration Centre - Employer Investigation department queue. In the description field of the task advise that it is an 'Incorrect Employer Notification'.

Also provide details of:
- The name of the caller and their contact details
- The company details
- Any further comments, evidence, or linked documents to support the decision to change the liable employer

If the request is coming through the Business Customer Solutions or Levy & Incentives teams (Or any other team that does not use Eos) please email the details to Hamilton.Registration@acc.co.nz with subject line " Incorrect Employer Notification".

NOTE **What is a work injury dispute?**
A work injury dispute is where an employer is disputing ACC's decision to accept a claim as a work-related personal injury, but the employer has not lodged a formal review application.

b Determine who is responsible for the work and assign it.

NOTE **What if a Recovery Assistant receives a work injury dispute directly?**
Proceed to step 2.0.

NOTE **What if the dispute is a formal review application?**
Forward the request to ACCReviewApplication@acc.co.nz

NOTE **What if the claim is with 'Assisted' or 'Enabled' Recovery?**
If the claim is in Assisted or Enabled, create a 'NGCM - General Task - Enter Details' task and assign it to the Assisted Recovery task queue.

In the description field of the task advise that it is a 'Work Injury Dispute' which requires investigation. Provide details of the dispute and link to documents that support the investigation.

NOTE **What if the claim has a Recovery case owner?**
Create a 'NGCM - General Task - Enter Details' task and assign it to the assigned case owner.

In the description field of the task advise that it is a 'Work Injury Dispute' which requires investigation. Provide details of the dispute and link to documents that support the investigation.

NOTE **What if the claim is not currently managed?**
Check whether the claim has been managed by a case owner or function less than 4 weeks before the dispute was received.

If the claim has been managed by a function less than 4 weeks from the date the dispute was received: create a 'NGCM - General Task - Enter Details' task and assign it to the relevant function task queue. In the description field of the task advise that it is a 'Work Injury Dispute' which requires investigation. Provide details of the dispute and link to documents that support the investigation.

If the claim has not been managed in the last 4 weeks, Create a 'Work Injury inquiry - Request Investigation' task and assign it to Hamilton SC Quality Assurance department queue. In the description field of the task advise that it is a 'Work Injury Dispute' which requires investigation. Provide details of the dispute and link to documents that support the investigation.

NOTE **What if the request is coming through the Business Customer Solutions or Levy & Incentives teams?**
Email workinjury.inquiries@acc.co.nz with details of the dispute and any relevant documents.

2.0 Determine if employer is correct

Cover Assessor, Recovery Team Member, Review Specialist

a In Eos, check if the liable employer details match the ACC45.

b Contact the employer and/or client to confirm the details.

NOTE **Check if a Recovery Plan is needed**

PROCESS Create or Update Recovery Plan

NOTE **Tools for locating correct employer**
Comparison of ACC45 employer provided and Eos record

https://companies-register.companiesoffice.govt.nz/ companies register for owner/ director names

http://prod-ess.ds.acc.co.nz/ Employer Search Tool phone or address match

https://gwpc.ds.acc.co.nz/PolicyCenter Guidewire GST number match

EOS record for any client contacts for employer details, any Inland revenue earnings details, employer recorded on previous claim/s

Internet search for company website, staff page, contact us details

NOTE **What if the correct employer does not have a valid party record?**
2.0 B after note Guidance for Incorrect Employer process

After confirming via Guidewire Policy Centre and Companies Office that the correct employer is identified, apply nacproxy as the default employer.

NOTE **What if the correct Employer is an Accredited Employer**
Do not send CVR48 letter, Do not close the AE transfer task

refer to information link below

Attributing the employer number will change the claim cover status to Accredited and generate a task for the claim to be transferred to the correct third party administrator (insurer)

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

Accredited Employer list for work related claims

3.0 Decide if there is sufficient information to make a decision

Cover Assessor, Recovery Team Member, Review Specialist

a Review information provided by the employer.

NOTE **What are types of sufficient information?**
Relevant information may include one or more of these:

Payslips, timesheets, work diary records, leave requests
Witness statements signed by team leaders, supervisors or co-workers
Medical notes or medical certificates
Work accident reports, incident forms or signed statements made by the injured party.
Employment Meeting minutes signed by all participants
Emails or texts, social media posts contemporaneous to the accident date
Timestamped CCTV footage contemporaneous to the accident date

It is important to note the information gathered needs to answer the dispute that has been raised.

b Establish if there is sufficient information to confirm the injury is work-related.

NOTE **What if there is sufficient information?**
Go to Activity 5.0 Decide if cover is appropriate.

NOTE **What if further information is required?**
Go to Activity 4.0 Request additional information.

4.0 Request work injury information

Cover Assessor, Recovery Team Member, Review Specialist

a Contact the client, employer or provider to request additional information and clarify areas of conflict or confusion.

NOTE **What if you are contacting the employer?**
For guidance on how to conduct a conversation with an employer, refer to the NG Tool Employer Conversation Guidelines and Tools.

NG Guidelines Employer Conversation

NOTE **What if you are obtaining the additional information using correspondence?**
Depending on who you are requesting information from, send either or both linked questionnaires by the recipients preferred method of communication.

ACC121 is normally sent if not reporting forms part of the dispute, or if the accident date confirmation is required.

You will need to use judgement as to whether the questionnaire to the employer (ACC122) is necessary or if they have already provided this information within the initial dispute.

It is the Recovery team member's role to generate the required questionnaires and attach to a task for the Administration Team to send it out. WIIT team member's produce and release their own requests.

14 calendar days for form return is the standard across Cover. A further 14 days is then given to allow us to follow up the information being returned before decision is made.

CVR06 ACC121 Pack - Work injury questionnaire request – client

CVR07 ACC122 Pack - Work injury questionnaire request - employer

NOTE **What if you are a Cover Assessor in the Work Injury Inquiry team and need to request information from a Provider?**
If you require clinical records to assist with the investigation, and the provider is a GP use KonnectNet to create your request. For all other providers, generate a purchase order for clinical records and attach a completed MD10b Allied - Further info - Medical Questionnaire - Vendor letter.

MD10b Allied - Further info - Medical Questionnaire - Vendor

NOTE **What if you are a Recovery Team Member or Next Generation Cover Assessor and need to request information from a Provider?**
If you require clinical records to assist with the investigation go to 'Request Clinical Records'. Once received, return to this process. Otherwise contact the Provider to discuss the accident details recorded during the client's initial consultation. Record this conversation as a contact on the claim.
PROCESS Request Clinical Records

5.0 Determine if cover can be accepted

Cover Assessor, Recovery Team Member, Review Specialist

a Review the following policies to determine if cover can be accepted:

Motor Vehicle Account fund Policy

Work Account Fund Code Policy

Criteria for work-related personal injury 'place of work' Policy

NOTE **What if you are unsure if the client meets the criteria?**
• Go to 'Seek Internal Guidance'
PROCESS Seek Internal Guidance

NOTE **How do you evaluate gathered information in order to issue a decision?**
Consider the gathered information after the timeframe for information has passed,

14 calendar days for form return is the standard across Cover. A further 14 days is then given to allow us to follow up the information being returned before decision is made.

It is important that the information gathered needs to answer the dispute that has been raised.

Does the information provided give proof for a change in cover decision?

If the dispute was non reporting, have the circumstances of the accident been confirmed verbally or in writing?
Decision letter CVR85

If the dispute was on the accident date has an alternative accident date been confirmed in writing?
Decision letter CVR48

If the dispute is not answered by the received information, refer back to note 3.0 a to see if there is additional information that can assist with answering the dispute.

NOTE **What if you have determined the client's injury does not meet the criteria for a work-related injury?**
This process ends. Go to Revoking Cover process to revoke cover for an injury claim.
PROCESS Issue Recovery Decision

6.0 Determine if a recalculation of experience rating is required

Cover Assessor, Recovery Team Member, Review Specialist

a Request a recalculation for the appropriate year, if the action in 5.0 will result in a change to the experience rating calculation for the liable employer.

NOTE **How do you request recalculation?**
Email: HPC to request recalculation - HPCadjustments@acc.co.nz

Request to Move Claim Costs - Treatment

Name:
Claim No:
Date of Birth:
Date of Injury:
Reason:

Please transfer all / some treatment costs from claim xxxxxxxxxxxx to claim xxxxxxxxxxxx
date range from dd/mm/yy to dd/mm/yy

Task: Centralised Weekly Compensation Queue

Request to Move Claim Costs - Weekly Compensation

Name:
Claim No:
Date of Birth:
Date of Injury:
Reason: claim has been revoked transfer directed by Case manager.

Please transfer all / some weekly compensation costs from claim xxxxxxxxxxxx to claim xxxxxxxxxxxx
date range from dd/mm/yy to dd/mm/yy

NOTE **What if the task is about a sensitive claim?**
If the claim is sensitive, transfer the task to Weekly Compensation Sensitive Claims queue.

7.0 Update fund code and issue decision

Cover Assessor, Recovery Team Member, Review Specialist

a Edit the accident details in the ACC45 Claim Injury Tab to reflect the correct cause of injury, including changing the accident from work to non-work, or changing the accident from non-work to work, or amending did the accident occur on the road to yes if a Motor Vehicle Accident. This will automatically change the fund code.

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

b Notify the employer of the work injury dispute decision.

NOTE **What if the employer on the claim is the client's previous employer?**
Send the CVR80 - Work injury dispute, employer changed letter.

- CVR80 Work injury dispute - employer changed - employer

NOTE **What if the employer on the claim is the correct , current and liable employer?**
Notify the liable employer using the CVR48 letter. If the accident date is more than 1 year old use the WITI01 Reallocation of Employees WRI Claim - Employer letter.

- CVR48 Claim approve - work injury - employer
- CVR46 - Claim approve - non-work - employer
- CVR85 Work injury dispute decision upheld - employer

c Notify the client of the dispute decision using the appropriate letter.

- RC01 Cover Decision - Revoke cover
- CVR45 - Claim approve- non-work injury - claimant
- CVR47 - Claim Approve - work injury - claimant
- CVR44 Claim approve - duplicate claim - claimant

d Close the task and record the outcome.

Stay at Work (SAW) Services Service Page v56.0

Summary

Objective
The Stay at Work (SAW) service helps clients to achieve an early return to work. It is for those clients who are returning to their current employer. The service is based on the principle that recovery is best achieved at work, supported by early interventions provided with intensity and urgency.

Owner [Out of Scope]

Expert

Procedure

1.0 Who is the SAW service for?

a Stay at Work service is for those clients who need specialised assistance to return to work with their current employer and who are attempting to achieve one of the following outcomes:

1) Same job, same employer
2) Modified job, same employer
3) New job, same employer

If a client is currently with a different employer from their employer at the date of injury, consider a BTW service.

The provider will tailor the service to accommodate each client's specific needs and address any barriers to achieving an early and sustainable return to work. This service is only for those entitled, or likely to be entitled to weekly compensation.

2.0 When should you make a SAW referral?

a Rehabilitation in the workplace, where possible, results in better outcomes for both clients and employers. Not all our clients need specialised assistance to return to work. We make a decision to refer for SAW after we have talked to the client and employer and assessed potential for recovery at work.

Assessing Potential for Recovery at Work through Engaging with Client and Employer

b A SAW referral should be considered where there are obstacles that can't be resolved by the client and employer themselves, or with help from ACC. Examples may include:
• Beliefs or safety concerns preventing return to work (eg I can't return to work until fully fit or pain free, work will make things worse, rest is needed)
• History of injuries with time away from work/difficulty with return to work
• Challenges negotiating medical certification
• Needing support to identify safe alternative duties
• Needing help to plan and arrange a return to work plan
• Challenges identifying the client's capability to undertake work tasks
• Assessing for equipment that facilitate return to work

NOTE **Do you just need an assessment of the workplace?**
If you don't need specialised assistance to help manage the return to work, but a workplace description would be useful for you and the treating providers to manage the return to work, consider using the Standalone Workplace Assessment.

PROCESS Standalone Workplace Assessment Service Page

NOTE **If a client is directly referred to a SAW provider by a GP, employer or other ACC service rehabilitation provider, the SAW provider may commence the service without ACC prior approval.**
If a SAW provider receives a referral for a SAW service from a GP, employer or other ACC service rehabilitation provider such as Concussion services, Training for Independence Services, Pain Management Services or Psychology Services, and it is determined appropriate, they may commence SAW stage one without prior approval from ACC. Providers are required to inform ACC immediately when they commence a SAW without prior approval, so it can be noted on the claim.

Prior to commencement, providers will need to confirm the client is eligible for vocational rehabilitation. Where they are unsure, they will continue to seek approval of the SAW service from ACC.

When RTM's are completing a SAW referral, they will need to check with the client, and information on the claim, whether there is already a SAW service in place and check which provider is involved before making the referral.

If the provider has initiated the SAW referral, once the initial report is received the RTM should update the recovery plan with the SAW agreed intervention, as the provider will have obtained the clients consent to proceed with the service.

3.0 How do you refer for a SAW?

a All clients enter the SAW service at 'stage 1' and move through stages depending on the complexity of their needs.

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
Stay at Work				
VRS21	Stay at Work One	Expected Outcomes as per Table 3 achieved within min of 10 business days	$717.45	Set fee Paid on referral Max 1
VRS22	Stay at Work Two	Expected Outcomes as per Table 3 achieved within 10 weeks of start date	$832.36	Set fee Paid on prior approval Max 1
VRS23	Stay at Work Three	Expected Outcomes as per Table 3 achieved within 6 weeks of start date	$518.05	Set fee Paid on prior approval Max 1
VRS24	Stay at Work Exceptional	Expected Outcomes as per Table 3 achieved within 6 weeks of the start date per package payment	$239.55	Set fee Paid on prior approval Max 3
VRS25	Stay at Work Initial Functional Rehab	Expected Outcomes as per Table 3 achieved within 6 weeks of start date	$563.47	Set fee Paid on prior approval Max 1
VRS26	Stay at Work Follow Up Functional Rehab	Expected Outcomes as per Table 3 achieved within 4 weeks of start date	$450.78	Set fee Paid on prior approval Max 1

SAW Codes and Pricing..JPG

b To refer for a SAW go to the process Set Up Stay at Work Support.

PROCESS **Set Up Stay At Work Support**

4.0 What should you expect from the SAW provider?

a A SAW provider may do the following things as part of the SAW programme:
- visit client's workplace (mandatory)
- identify the functional requirements of the client's work
- identify ways for the client to make an early return to work eg by modifying the pre-injury role, alternative work or having the client attend staff meetings/training.
- Liaise with the certifying medical practitioner and the client's treating providers
- provide the client with a return to work plan
- provide the client with a work specific functional programme (if required)
- modification of workplace environment (if required)
- education to address functional or psychological barriers to return to work eg pain, fatigue, motivation (as needed)
- work with the client and employer to enable them to manage the return to work once the provider is no longer involved.

b When reviewing SAW reports, we should expect to understand :
- Clarity in the roles that ACC, the client, employer and SAW provider will play in the return to work plan.

NOTE **Is the SAW provider remaining involved until the client fully returns to work or are the client and employer self-managing?**
If the client and employer are self-managing, we'll need to have a clear plan of monitoring to avoid progress going off track.

NOTE **What are the communication expectations from the client and employer with ACC and with the SAW provider going forward?**
If there is a lack of clarity on key roles, contact the provider to resolve this urgently.

c Any issues with agreement to the return to work plan.

NOTE **If the employer and/or client don't agree with the plan, we must go back to the provider and clarify why - there may be a need to talk to them about any barriers that they see in working to the plan.**

d Any recommended actions for ACC, for example, arranging transport, equipment, or other assessments.

e There should be a gradual increase in tasks/hours that has a reasonable rationale consistent with what we know about the client and the injury (the ECO can give us an estimate). If there is no rationale indicated, we should contact the provider urgently.

NOTE **Any outstanding issues around abatement or a work trial.**
If there is, we should immediately contact the employer to discuss and resolve these. If the work trial seems extensive, or not in the client's best interest, then this must be discussed with employer around the best way forward.

f The SAW provider will provide ACC with an initial, progress and completion report (mandatory). The provider will send an initial report (ACC7430) within two working days of the initial assessment. This plan should include:
- Assessment of the workplace
- Confirmation of the target date
- Client goals and timeframes to achieve the outcome
- Activities to reach the desired outcome
- A communication plan

Progress reports are submitted to ACC at a point of upgrade between a stage or more frequently if there are exceptions, such as non-compliance or events which affect the outcome date. A progress report should include a summary of the interventions so far, progress the client has made towards goals to date, whether these goals are still reasonable or need updating, and a clinical rationale as to what further interventions are needed.

A completion report is sent to ACC shortly after the client has achieved the outcome of the SAW service or completed the SAW programme. The completion report should include the goals and outcomes achieved and the activities completed. If the client has not achieved an outcome of a full return to work, then the reasons why and any recommendations for ongoing support.

When you receive a report, you should review this and contact the provider with any questions. Arrange any additional support being requested eg taxis.

ACC7430 SAW Initial and Progress Report

ACC7983 SAW Completion Report

NOTE **SAW stages and funding**

Vocational Rehabilitation Service suppliers do not require approval from ACC to initiate a stage one Stay at Work service until 14 May 2023. Suppliers will need to ask the client whether they are in receipt of weekly compensation to confirm eligibility for SAW services. Where they are unsure, they will continue to seek approval of the service from ACC.

Stage 2 SAW funding does not require prior approval via a purchase order. If a Client needs further assistance than what is covered under Stage 1, the provider will send a progress report detailing what has been achieved and can continue to access Stage 2 funding without needing to contact ACC.

Stage 3 SAW services require prior approval from ACC. If the client requires further assistance after Stages 1 and 2, the provider will send a progress report to ACC to request approval for stage 3 services. If approved, advise the provider and update the purchase order with the Stage 3 code (VRS23).

If, in rare circumstances, the client requires further assistance after they have completed Stages 1, 2 and 3, the provider may request further vocational rehabilitation services by completing a progress report. Approval of additional resources under Exceptional Circumstances should be considered carefully. If in doubt of the appropriateness of exceptional funding, the Recovery Team Member (RTM) should seek clinical guidance. If approved, advise the provider and update the purchase order with the Exceptional code (VRS24).

Clients can receive Work Specific Functional Rehabilitation in addition to the vocational services provided.

NOTE **Additional Exceptional codes requests**

A second exceptional code might be required. The recovery team member should:
1) seek internal clinical advice and if necessary other information such as a VMA/VRR.
2) do a thorough review of the current vocational rehabilitation and its ongoing appropriateness to the Client's recovery plan

If a second exceptional code is approved, you should add a second exceptional code to the same PO and not create a new PO.

NOTE **SAW Timeframes**

The SAW provider needs to adhere to the attached timeframes.

Table 4 – Client Report Requirements

Service Type	Description of report	Due
Standalone Assessment	Worksite assessment report	Within 2 days of assessment
Stay at Work and Back to Work Services	Initial Report (stay at work plan or back to work plan)	Within 2 days of the initial assessment
	Progress Report: Request for further Service level (if required) e.g. Stay at Work Two	5 days prior to the next service level start date
	Completion report	The same day as discharge
Pathways to Employment	Initial Report (return to work plan or back to work plan)	Within 10 days of the initial assessment
	Progress Report: Request for further Service level (if required) e.g. Pathways to Employment Two	5 days prior to the next service level start date
	Completion Report	The same day as discharge
Work Specific Functional Rehabilitation	Discharge summary	The same day as discharge
Job Search	Job search plan	Within 1 day of the initial assessment
	Completion report	The same day as discharge

Client Report Requirements.JPG

Stay at Work 1, 2, 3 and Exceptional.	Stay at Work services are for Clients who are expected to achieve one or more of the following outcomes: 1. Same job, same employer; 2. Modified job, same employer; 3. New job, same employer. This service will be referred to the Supplier by ACC. Timeframes: • Clients will remain in Stay at Work One for a minimum of 10 business days. • Clients will remain in Stay at Work Two for up to a further 10 weeks. • Clients will remain in Stay at Work Three for up to a further 6 weeks. • Clients will remain in Stay at Work Exceptional for up to a further 6 weeks: ACC can approve a maximum of three Stay at Work Exceptional. For further detail see clauses 5.4 - 5.8

SAW - Service types, purpose and timeframes.JPG

5.0 Work Specific Functional Rehabilitation

a For Clients receiving Stay at Work, Back to Work and Pathway to Employment Services, Clients can also receive Work Specific Functional Rehabilitation in addition to the vocational services provided.

NOTE **Who provides this service?**

This service can be provided by a Physiotherapist, Occupational Therapist or Psychologist. Support personnel can be used to support the delivery of Services, Personal Trainers and Gym Instructors may be utilised to monitor an existing programme but not progress a treatment plan

Professional Membership requirements – Health professional Service Providers

Profession	Registration	APC
Occupational Therapist	Registered with the Occupational Therapy Board of New Zealand (OTBNZ) and member of Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa Inc (OTNZ-WNA)	Required
Physiotherapist	Registered with the Physiotherapy Board of New Zealand and a member of the Occupational Health Special Interest Group of Physiotherapy New Zealand	Required
Registered Nurse	Registered with the Nursing Council of New Zealand, with a Registered Nurse or Nurse Practitioner scope of practice, a current Annual Practicing Certificate and full membership of the New Zealand Occupational Health Nurses Association (NZOHNA)	Required
Medical Practitioner	Registered with the Medical Council of New Zealand and with a relevant vocational scope; or a relevant occupational medicine diploma; or an active trainee in the vocational training programme undertaken by the Australasian Faculty of Occupational and Environmental Medicine (AFOEM)	Required
Psychologist	Registered with the New Zealand Psychologists Board and membership of either NZ Psychological Society (NZPsS) or New Zealand College of Clinical Psychologists (NNCCP)	Required
Social Worker	Registered with the Social Workers Registration Board (SWRB)	Required

Professional Qualification and Membership requirements – Non-health Service Providers

Profession	Registration
Career Practitioner	Fellow, Professional or Full member of the Career Development Association of New Zealand (CDANZ).
Vocational Counsellor	Full member of the Australian Society of Rehabilitation Counsellors (ASORC); or full member of the Rehabilitation Counselling Association of Australia (RCAA)
Recruitment consultant	Individual Member (MRCSA) or part of a Corporate membership of the Recruitment and Consulting Services Association (RCSA)

NOTE: You are responsible for ensuring all Service Providers meet the requirements above.

NOTE: You can use support personnel such as Māori cultural advisors or personal trainers with specific subject matter expertise to support the delivery of services. Where this is the case, you will retain responsibility for ensuring that the vocational programme is specific to the Client's needs and that progress is monitored. At least 50% of the programme must be provided by one of the health professionals or non-health Service Providers listed above.

Providers Membership Requirements.JPG

NOTE **Purpose**

The purpose of the Work Specific Functional Rehabilitation Service is to provide Clients with timely access to specialist functional assessment and rehabilitation services to address work specific barriers preventing a sustainable return to work. Functional Rehabilitation should not be provided within Stay at Work, Back to Work or Pathways to Employment Services. Packages of care are billed separately .

NOTE **Eligibility**

• The Client is currently receiving services within a Stay at Work, Back to Work or Pathways to Employment programme; and
• A work specific functional barrier has been identified and cannot be addressed through gradually introducing work tasks over time, a work trial, alternative duties or with the support of a treating provider; and
• A request for Work Specific Functional Rehabilitation has been approved by ACC.
• Functional rehabilitation can be referred for with the initial referral alongside SAW 1. This would only require another line to be added to the purchase order (initial functional rehab code - VRS25).

Please note: No prior approval is required for Initial Functional Rehabilitation, subsequent follow up functional rehab still requires prior approval.

NOTE **Additional**

• Work Specific Functional Rehabilitation and specific exercises/cardiovascular programmes can be provided as part of the Vocational Rehabilitation Services Contract.
• The Vocational Rehabilitation Service cannot be used to provide 'free' physiotherapy.
• Functional rehabilitation programmes may also be called functional strengthening, functional exercise or cardiovascular programmes.

NOTE **What if my Client has resumed employment, but still need Functional Rehabilitation?**

In cases where the client has resumed employment but is still participating in a functional rehabilitation programme, the functional rehabilitation programme may continue past the completion of the SAW programme. A new functional rehabilitation programme cannot be started after a Client has completed a SAW programme. Functional rehabilitation related to non-work activities is not funded under the Vocational Rehabilitation Service.

If the Client started an initial functional rehab whilst under a SAW, BTW or PTE, but has now completed the SAW, BTW or PTE, the same provider can be approved for a follow up functional rehab to immediately follow the initial functional rehab if this is needed to complete the amount of Functional Rehab required to achieve a return to work or vocational independence.

6.0 Useful information and tips

NOTE **Your provider has requested to change the target date?**

If the provider wishes to change the outcome target date they will seek your agreement. They should be doing this whenever it differs from what you had on the referral. They should provide a clear rationale and their clinical reasoning. In most cases, they will have a better understanding of the workplace and what the target date should be. However, you may query timeframes and the planned interventions and/or renegotiate the target date and planned activities. It is expected that you reach an agreement within two days of the request.

NOTE **What is a SAW work trial?**

The term SAW work trial is commonly used to explain a scenario in which the client is completing some work, but not receiving payment from the employer. During a SAW work trial ACC continues to provide weekly compensation.

It is ACC's responsibility to discuss abatement and SAW work trials with the employer, the SAW provider should discuss with the RTM if a SAW work trial needs to be considered.

SAW work trials should only be used when the work being completed by the client is unproductive to the employer or the employer is small and having to hire replacement labour in addition to having the client back. SAW work trials should be used for a short duration i.e. 2-4 weeks. However, if the trial needs to be extended for a period of more than 4 weeks due to a particular client need or employer requirement, recovery team members can negotiate this on a case to case basis.

NOTE **When should the SAW service be put on hold?**

You may place a client's vocational rehabilitation on hold for a period. Possible reasons why:
• The workplace assessment has been completed, but rehabilitation is not able to commence.
• Exacerbation of the covered injury
• Unexpected treatment for covered injury (eg minor surgery)
• New injury
• Equipment is needed for a safe return to work
• Exceptional personal circumstances.

When putting a client's vocational rehabilitation on hold, it is recommended that you:
• Only put the service 'on hold' once per claim
• The time applied to the 'on hold' be for a minimum of 4 weeks and a maximum of 3 months.

Where more than one 'on hold' is required, or your agreed timeframes are outside of the recommended timeframes above, please talk to your manager. Provided the client, provider and you agree, you can work outside of these recommendations.

When a client resumes their vocational rehabilitation after being on hold, the client recommences where they left off. The service does not start from the beginning again.

NOTE **How do you place the service on hold?**

• Discuss with the provider putting the service on hold. If you agree to put the service on hold, follow up with an email to the provider stating the date the case will be put on hold and the time-frame for how long the case will be put on hold.

• Add to the Purchase Order, entitlement type: VRSTOP and enter the period for which the vocational rehabilitation service is on hold. You do not need to add any costs to this entitlement type.

• Add the VRGO entitlement type with the start date of when the vocational rehabilitation is expected to come off hold. The end date should be the date the vocational rehabilitation service is expected to end. You do not need to add any costs to this entitlement type.

NOTE **Can the SAW report be sent to an employer?**

For privacy reasons ACC can only release information related to the client's functional limitations and return to work plan to the employer. The client's private health information must not be disclosed. This being the case, do not send the full SAW reports to employers. Providers are aware of this and have their own templates that they use to inform the employer of a client's return to work plan. For more information on the rules around what client health information ACC can disclose to employers, please see Disclosure of clients' health information to employers.

NOTE **Gym Memberships and Pool Passes**

It is expected that functional rehabilitation is delivered at the Client's workplace, in the community or home where possible. A provider can choose to deliver Functional Rehabilitation at a gym or pool, but this will be at the Provider's own cost. Any associated pool pass or gym membership should be funded by the Client, and not under the Vocational Rehabilitation Services contract. Please check the 'Other' Social Rehabilitation Policy Promapp page for further information on requests to fund 'other' social rehabilitation.

- Back to Work Service Page
- Pathways to Employment Service Page
- VOC - Vocational Rehabilitation Service Schedule
- VOC - Vocational Rehabilitation Operational Guidelines