

28 January 2021

[REDACTED]

Tēnā koe [REDACTED]

Your Official Information Act request, reference: GOV-008225

Thank you for your email of 9 December 2020, asking for the following information under the Official Information Act 1982 (the Act):

Please provide the policy, procedure, guidelines and framework etc... for:

- housing modifications
- pharmaceuticals
- medication funding
- mobility aids
- homehelp
- childcare
- acc assessment requests and what is considered reasonable requests
- medical evidence required for decision making (and information on what is considered/not considered medical evidence)

To ensure a timely response to your request, we have attached overview policies relevant to the topics listed in your request.

Housing modifications

Attached to this response are the following housing modification policies:

- Housing Modifications Policy
- Further Housing Modifications Policy

Pharmaceuticals and medication funding policy

There are no ACC policies listed under the name 'medication funding'. However, policies relevant to that topic are included under the group policy of 'pharmaceuticals and medical consumables'. As such, we have attached the seven policies that fit these two topics.

- Cannabis, Ketamine and other illegal drugs Policy
- First phase and stable phase pharmaceutical payment criteria policy
- Medical consumables policy
- Non face-to-face repeat prescriptions – prescriber fees policy
- Pharmaceuticals policy
- Receipts required for client pharmaceutical reimbursement policy
- Therapeutic products policy

Equipment Policy

There are no policies held by ACC under the name 'mobility aids'. We have interpreted your request as asking for policies related to equipment under the Managed Rehabilitation Equipment Services group

policy. This service provides rehabilitation equipment to clients as a supplier to ACC. The overview policy below is attached to this response.

- [About the Managed Rehabilitation Equipment Services Service Page](#)

Home help

We have provided you with the following home help policies:

- [When to provide home help Policy](#)
- [Purpose of home help Policy](#)

Childcare

We have interpreted your request for childcare policies as referring to supervision related services for clients. Please find attached the following two overview policies:

- [Purpose of childcare policy](#)
- [Whether to provide childcare policy](#)

ACC assessment requests

ACC requests assessments to determine eligibility for a wide range of entitlements. Assessments are also requested in situations where a determination needs to be made as to whether entitlements being provided are still appropriate. One of the ways this is achieved is through medical case reviews. Medical case reviews are used to clarify diagnoses, the cause of a client's injury, and provide recommendations for further investigations, treatment or rehabilitation.

Please find attached the policy regarding medical case reviews:

- [Medical Case Review and Medical Single Discipline Assessment Service Page](#)

We are refusing to provide documentation regarding what is considered a *reasonable* request, as there is no documentation in our system that contains that information. This decision has been made under section 18(e) of the Act, as the information does not exist.

Medical evidence required for decision making

For information about what is considered 'medical evidence', I refer you to our previous response of 22 January 2021 (Ref: GOV-008298).

Note about the policies provided

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

Withheld information

Certain information has been withheld under Section 9(2)(a) of the Act to protect the privacy of named individuals. In doing so, we considered the public interest in making the information available and have determined that it does not outweigh the need to protect the privacy of these persons.

Appendix one

The attached appendix provides a list of ACC's current policies and process documents from our policy and process system, Promapp, that contain key terms related to the topics you have listed.

How to get in contact

If you have any questions, you can email me at GovernmentServices@acc.co.nz.

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

Nāku iti noa, nā

A handwritten signature in black ink, appearing to read 'Sasha Wood', enclosed in a thin black rectangular border.

Sasha Wood
Manager Official Information Act Services
Government Engagement & Support

GOV-008225 - Appendix 1: Policies not provided

Housing Modifications

Under the 'Housing modifications' policy group name:

- Assessments and Reports Service Page
- Engaging with the Client Service Page
- Housing Modification Service Page
- Housing Modification Timeframes Service Page
- Housing Subject Matter Expert and Panel Service Page
- Modification Types Service Page
- Role and Responsibilities Services Page
- Tender Approval Submission Service Page
- Use Own Architect or Builder Service Page

Policies mentioning 'Housing Modifications':

- (NGCM) Arrange Minor Housing Modifications
- (NGCM) Arrange Standard/Complex Housing Modifications

Equipment

Under the 'Managed Rehabilitation Equipment Service' group policy name:

- Managed Rehabilitation Equipment Service (MRES) Service Page
- Equipment Service Item Codes Service Page
- Non-MRES Equipment Service Page
- Ordering Non-list Equipment Under \$60 Service Page
- Vocational Rehabilitation Equipment Service Page

Under the 'About MRES' group policy name:

- ACC Equipment List Service Page
- Assessment and Equipment Ordering Service Page
- DHB Equipment Service Page
- MRES Delivery Timeframes Service Page
- MRES Terms & Conditions Service Page
- Recall and Collection of MRES Equipment Service Page
- Repairing Equipment Service Page
- Trialling Equipment Service Page

Policies mentioning 'MRES' and 'equipment':

- Set Up Equipment Support
- Approve Equipment and Rehabilitation Aid request for Mental Injury Claims
- Consultation, Equipment Payment and Invoicing Service Page
- Assessing for Equipment Added Service Page
- Service Delivery, Key Roles and Equipment Service Page

Home Help

Under the 'Home Help' policy group name:

- Paying for contracted Home Help Service Page

Under the 'Non-Contracted Home Help' policy group name:

- Non- Contracted Home Help Providers Service Page
- Non-Contracted Home Help Service Page
- Paying for Non-Contracted Home Help Service Page

Policies mentioning 'Home Help':

- Home Help Service Page
- Set Up Home Help & Attendant Care – Contracted
- Set Up Home Help & Attendant Care – Non – Contracted

Childcare

Under the 'Childcare' group policy name:

- Eligibility for Accidental Death Childcare Policy
- How to Calculate and Pay Accidental Death Childcare Policy
- When to Continue or Cease Accidental Death Childcare Policy

Under the 'Administer Fatal Childcare' group policy name:

- Cease or Suspend Fatal Childcare
- Extend Fatal Childcare
- Set Up fatal Childcare Payments

Under the 'Contracted Childcare' group policy name:

- Paying for contracted Childcare Service Page

Under the 'Non-Contracted Childcare' group policy name:

- Paying for Non-Contracted Childcare Service Page
- Non-Contracted Childcare Service Providers Service Page

Policies mentioning 'Childcare':

- Childcare Services Service Page
- (NGCM) Set Up Childcare – Contracted & Non-Contracted

Summary

Objective

Housing modifications assist clients to live as independently and safely as possible by removing structural barriers and/or adding fixed features in their homes to meet their identified injury-related needs. See the AC Act 2001, Section 81.

See also Housing modifications service description.

Owner



Expert



Policy

1.0 Rules

a A client is eligible to receive housing modifications if they have:

- an accepted claim, and
- an entitlement to receive funding for housing modification.


We'll consider funding housing modification requests if:

- we've considered other options to meet the client's injury-related needs
- the client is likely to have a long-term or permanent need for the modification.


We only pay for housing modification costs if we've given prior approval.


2.0 Before any modifications take place

- a**
- You must have reasonable evidence to support the request. The injury-related needs identified in the housing assessment should support any requirement for specific housing modifications. See Assessments and reports.
 - The client and the property owner(s) (if not the client) must give written consent for the modifications to go ahead, which can be provided using the ACC1563 Housing modification consent form. See AC Act 2001, Schedule 1, Part 1, Clause 19(2a)

 Assessments and reports.

<https://go.promapp.com/accnz/Process/3b857b7c-ce50-4445-86e5-8887a326d1af>

 ACC1563 Housing modification consent form

 AC Act 2001, Schedule 1, Part 1, Clause 19(2a)

https://www.westlaw.co.nz/maf/wlnz/app/authentication/signon?startChunk=1&redirect=%2Fmaf%2Fwlnz%2Fapp%2Fdocument%3Fsrc%3Drl%26docguid%3Dlfd6787e73b3d11e18eefa443f89988a0%26hitguid%3DI23e0ec6fe03011e08eefa443f89988a0%26snippets%3Dtrue%26startChunk%3D1%26endChunk%3D1%26isTocNav%3Dtrue%26tocDs%3DAUNZ_NZ_LEGCOMM_TOC%26extLink%3Dfalse&tocDs=AUNZ_NZ_LEGCOMM_TOC&hitguid=l23e0ec6fe03011e08eefa443f89988a0&src=rl&snippets=true&extLink=false&endChunk=1&isTocNav=true&docguid=lfd6787e73b3d11e18eefa443f89988a0#anchor_l23e0ec6fe03011e08eefa443f89988a0

3.0 Responsibilities

- a** The AC Act 2001, Section 84 describes how we are responsible for assessing our client's injury-related needs and providing the appropriate housing modifications required to meet those needs. The AC Act 2001, Schedule 1, Clauses 18 & 19 tells us what we must consider when determining funding for housing modifications.

 AC Act 2001, Section 84

https://www.westlaw.co.nz/maf/wlnz/app/document?endChunk=1&startChunk=1&parentguid=AUNZ_NZ_LEGCOMM_TOC%7C%7CI83ee0400534811e18eefa443f89988a0&docguid=l6790bc5fe03211e08eefa443f89988a0&epos=1&tocDs=AUNZ_NZ_LEGCOMM_TOC&resultType=list&isTocNav=true&tocGuid=AUNZ_NZ_LEGCOMM_TOC%7C%7CI83ee0626534811e18eefa443f89988a0

4.0 We must

- a • make a preliminary assessment as to whether the proposed housing modifications will assist in restoring the client's independence
- meet the costs of obtaining local authority approval.

5.0 We're unable to provide funding to modify:

- a • hospitals
- hostels
- hotels or motels
- rest homes
- other institutions, eg schools.

6.0 ACC is not required to:

- a • repair or replace any modifications if the home or modifications are not insured and are damaged
- replace any modifications that no longer perform their original function, eg that are worn out
- provide or contribute to modifications to another home to which the client moves.

The Housing panel will consider any applications for extended discretion. For further information see Decision making principles for extended discretion.

- Decision-making help for case owners
<https://go.promapp.com/accnz/Process/e59945fa-c7e2-452b-a241-e56d82eb3f63>
- Decision making principles for extended discretion
<https://go.promapp.com/accnz/Process/0df701c6-0b04-45fa-aba2-4d1addb79a2c>

7.0 Financial contributions

- a ACC funds the full cost of modifications needed as a result of injury. All housing modifications are funded as a grant and become the property (and responsibility) of the property owner after completion.

The cost of modifications includes:

- preparation of any drawings or plans
- specialist reports from engineers, hydrologists, or geologists
- obtaining any permits or consents
- obtaining quotes from builders and sub-contractors
- project management of the builders and sub-contractors.





ACC will also cover the cost of alternative accessible accommodation for the entire household if it is unsafe to occupy the dwelling while modifications are being completed.

8.0 Specific housing requests:

- a To determine which specific housing modifications are appropriate use the housing assessor's completed assessment report. See specific housing modifications for more information.



See the AC Act 2001:

- AC Act 2001, Schedule 1, Part 1, Clauses 18 and 19
- AC Act 2001, Section 83
- AC Act 2001, Section 84.

-  Specific housing modifications
<http://thesauce/team-spaces/chips/treatment-rehabilitation/social-rehabilitation/reference/housing-modifications-/specific-housing-modifications/index.htm>
-  AC Act 2001, Schedule 1, Part 1, Clauses 18 and 19
https://www.westlaw.co.nz/maf/wlnz/app/document?endChunk=1&startChunk=1&parentguid=AUNZ_NZ_LEGCOMM_TOC%7C%7CI83ee04e7534811e18eefa443f89988a0&docguid=1679049d2e03211e08eefa443f89988a0&epos=1&tocDs=AUNZ_NZ_LEGCOMM_TOC&resultType=list&isTocNav=true&tocGuid=AUNZ_NZ_LEGCOMM_TOC%7C%7CI83eadd54534811e18eefa443f89988a0
-  AC Act 2001, Section 83
https://www.westlaw.co.nz/maf/wlnz/app/document?endChunk=1&startChunk=1&parentguid=AUNZ_NZ_LEGCOMM_TOC%7C%7CI83ee0400534811e18eefa443f89988a0&docguid=16790d8e3ae03211e08eefa443f89988a0&epos=1&tocDs=AUNZ_NZ_LEGCOMM_TOC&resultType=list&isTocNav=true&tocGuid=AUNZ_NZ_LEGCOMM_TOC%7C%7CI83ee0527534811e18eefa443f89988a0
-  AC Act 2001, Section 84
https://www.westlaw.co.nz/maf/wlnz/app/document?endChunk=1&startChunk=1&parentguid=AUNZ_NZ_LEGCOMM_TOC%7C%7CI83ee0400534811e18eefa443f89988a0&docguid=16790bc5fe03211e08eefa443f89988a0&epos=1&tocDs=AUNZ_NZ_LEGCOMM_TOC&resultType=list&isTocNav=true&tocGuid=AUNZ_NZ_LEGCOMM_TOC%7C%7CI83ee0626534811e18eefa443f89988a0

9.0 Temporary accommodation

- a** Temporary accommodation is sometimes required while housing modifications are completed. See the policies for Post-discharge temporary accommodation and Temporary Accommodation Spinal Services below for more information on how to manage claims where temporary accommodation is required.

-  Temporary Accommodation Spinal Services
<https://go.promapp.com/accnz/Process/a1d49061-5bec-4668-afcf-2525bcb3636c>
-  Post-discharge temporary accommodation policy
<https://go.promapp.com/accnz/Process/8db4f6d7-0491-4a2d-9a9b-5126440659ab>

Summary

Objective

When the client's initial housing modifications are completed all needs should be met with no further modification required. However, we may approve further modifications if:

- we're satisfied the client's injury-related needs or their circumstances have changed, and
- these changes have resulted in a further entitlement to housing modification funding.

Owner



Expert



Policy

1.0 Rules

a A client may request:

- additional housing modifications, ie further modifications to their existing home
- modifications to a secondary home, ie the client is a child whose parents have separated and the child is living at both parent's properties
- modifications to their primary subsequent home, ie the client moves to another home.

You must determine if the client has entitlement to further housing modifications before deciding what modification is the best option.

2.0 Modification options


a Relocating the client and modifying the new home can be cheaper than modifying their existing home. If you think this is likely, consider the costs associated with relocating, such as:

- real estate fees
- legal fees
- removal costs
- costs of modifications to the new home.

Any costs associated with relocating must be approved by the delegated authority.

If the costs of modifying a new home are minor compared to the cost of modifying the existing home, we may consider an additional contribution to help pay for relocation.

Contact a housing subject matter expert if you need more help.


 Decision-making help for case owners

<https://go.promapp.com/accnz/Process/e59945fa-c7e2-452b-a241-e56d82eb3f63>

3.0 Additional housing modifications to an existing home

a If the client's injury-related needs have deteriorated and the existing modifications no longer meet their needs, they may require further modifications. These requests should be managed in the same way as an initial application.

See Arranging a housing modification assessment.

 Arranging a housing modification assessment

<http://thesauce/team-spaces/chips/treatment-rehabilitation/social-rehabilitation/process/housing-modifications-/arranging-a-housing-modification-assessment/index.htm>

4.0 Modifications to a subsequent or second home

a Modifications to an additional, secondary or subsequent home are usually considered when either:

- the client moves to take up paid employment
- the client leaves their parents' home to live independently from their family
- the client is a child whose parental circumstances have changed, triggering the need for housing modifications to another home, eg the parents have separated and the child is living at both parent's properties.

5.0 Our contribution

a ACC's contribution to modifications to a subsequent or secondary home can include providing access to suitable qualified professionals to ensure the additional or subsequent home:

- has some or all of the necessary injury-related features the client requires, or
- is suitable for modifying, or
- will incorporate necessary injury-related features, eg housing plans for new homes.

Our contribution may include arranging for suitably qualified professionals, such as an occupational therapist, to ensure the subsequent home:


- has some or all of the necessary injury-related features the client needs
- is suitable for modifying
- will accommodate the injury-related features needed.

6.0 Considering subsequent or secondary home modifications

a We usually consider modifications to a subsequent or secondary home when:

- the client has extenuating social or vocational circumstances, or
- we could meet the client's assessed changed injury-related needs more cost effectively by modifying another home rather than adding to the modifications of the current property.

If...	then you must...
<p>a client applies for subsequent or secondary home modifications, and both of the following apply:</p> <ul style="list-style-type: none">• they have already purchased a property or entered into a rental agreement with a property owner• they didn't get prior approval for further housing modifications	<ul style="list-style-type: none">• find out if the client has a funding entitlement to subsequent or secondary housing modifications• discuss the situation with a housing subject matter expert to determine if there are grounds to consider extending discretion

 Considering subsequent.PNG

7.0 Declining subsequent or secondary home modifications

a Every application for housing modifications must be considered on its own merits, regardless of whether ACC has already contributed to housing modifications.

We may decline subsequent or secondary housing modifications if the client moves on a regular basis and either:

- does not have an adequate reason
- they or their family are receiving undue financial advantage as a result.

Summary

Objective

We do not normally pay for products available for use in the community that contain controlled drugs, such as cannabis and ketamine. This is because of the:

- lack of high-quality clinical evidence that supports their use
- wide availability of other pharmacological and non-pharmacological interventions to achieve rehabilitation outcomes
- unapproved/non regulated therapeutic use (ie. Medsafe has not registered and/or approved the product or indication for use)

Owner

Section 9(2)(a)

Expert

Section 9(2)(a)

Policy

1.0 Rules

- a You must refer requests for contributions towards costs of any of the above preparations to the National Pharmaceutical Advisory team Department for pharmaceutical advisor assessment and comment.
- b For all pharmaceutical referrals, complete the Clinical Advice Referral form (ACC001) and attach to the Recommended Pharmaceutical item task.
 - 📄 Referring a task to the National Pharmaceutical Advisory Team
<http://thesauce/team-spaces/chips/treatment-rehabilitation/pharmaceuticals--medical-consumables/process/referring-a-task-to-the-national-pharmaceutical-advisory-team/index.htm>

2.0 Other Information

- a If referring a ketamine funding request, please ensure that the clinician provides evidence as outlined in the Ketamine - Cover and Entitlement document
 - 📄 Ketamine - cover and entitlement
http://thesauce/intra/groups/intranet_content/documents/resources_and_tools/ts096330.pdf

First phase and Stable phase pharmaceutical payment criteria Policy v2.0



Summary

Objective

We only fund pre-approved pharmaceutical entitlements, but to ensure efficient processing of payments we can pay for 'first phase pharmaceuticals' and 'stable phase' pharmaceuticals if they meet cost, prescribing, dispensing and rehabilitation outcomes criteria.

If either the first phase or stable phase pharmaceutical payment criteria are not met, further information is needed before we deem the pharmaceutical is pre-approved and can pay anything.

For information about what we pay, see Pharmaceuticals.

Owner

Section 9(2)(a)

Expert

Section 9(2)(a)

Policy

1.0 First Phase Pharmaceuticals

a We can pay for first phase pharmaceuticals if all the following apply:

- Is not on the National Pharmaceutical Advisory Team or Principal Clinical Advisor/Senior Medical Advisor Consideration Lists
- it is fully subsidised or under \$80
- it is prescribed within seven days of a general practitioner (GP), specialist consultation or elective surgery on the claim
- it is dispensed within three months of the date of injury or within seven days of ACC-funded surgery
- it is part of the total treatment and rehabilitation regime to manage the covered injury. Confirm this with a quick verbal conversation with a pharmaceutical clinical advisor (PHA), if necessary

b You must refer requests for contributions to pharmaceutical costs that do not meet first phase pharmaceutical payment criteria to a pharmaceutical clinical advisor (PHA) to make sure:

- the client is entitled to the pharmaceutical for their covered injury
- the pharmaceutical is safe and appropriate
- rehabilitation goals are identified and being achieved.

See Deciding pharmaceutical entitlement.

 Deciding pharmaceutical entitlement process

<http://thesauce/team-spaces/chips/treatment-rehabilitation/pharmaceuticals--medical-consumables/process/deciding-entitlement/index.htm>

2.0 Stable Phase Pharmaceuticals

- a** Case owners may renew a pharmaceutical for up to six months at the previously approved cost contribution if all the following conditions are met:
- the pharmaceuticals are not on the National Pharmaceutical Advisory Team or Principal Clinical Advisor/Senior Medical Advisor Consideration Lists
 - cover for the condition being treated is confirmed on the 'Medical' tab in Eos
 - the pharmaceuticals have been assessed by a pharmaceutical clinical advisor (PHA) in the last six months
 - all recommendations made by the previous PHA have been followed
 - no medicine strength, daily dose, medicine regimes or prices have changed since the last PHA recommendation
 - the client does not have a prescription subsidy card which entitles them to free dispensings
 - the client is not self managing script costs (SI clients only)
 - the client is not living in a residential care facility or receiving pharmaceuticals covered by the Public Health Acute Services or other service contract
 - expected rehabilitation or recovery goals are being achieved and documented on file.
- b** You must refer requests for contributions to pharmaceutical costs that do not meet stable phase pharmaceutical renewal criteria to a pharmaceutical clinical advisor (PHA) to ensure:
- the client is entitled to the pharmaceutical for their covered injury
 - the pharmaceutical is safe and appropriate
 - rehabilitation goals are identified and being achieved.

See Deciding pharmaceutical entitlement.

-  Deciding pharmaceutical entitlement process
<http://thesauce/team-spaces/chips/treatment-rehabilitation/pharmaceuticals--medical-consumables/process/deciding-entitlement/index.htm>
-

Summary

Objective

We are responsible for assessing and providing medical consumables that clients need as a result of a personal injury. Our focus is to ensure a prompt, client-focused and cost-effective supply to clients for as long as they need it, to assist in restoring their health, independence and participation to the maximum extent practicable.

We have contracted Onelink to provide medical consumables to our clients. Onelink is the only provider of consumables to ACC.

See the Medical Consumables Catalogue January 2017 for cost and coding information.

Owner



Expert



Policy

1.0 Eligibility criteria

- a** A client is eligible to receive medical consumables if all of the following statements are true:
- an independent, contracted specialist assessor has assessed the client's consumable needs
 - the client has been discharged from an acute care facility and will need consumables after one week because of the nature of the injury
 - a general practitioner (GP), specialist or allied health professional tells us that the client needs consumables.

Medical consumables are available to meet both short and long term needs.

2.0 Review and reassessment intervals

- a** If you are not sure about a client's progress you can initiate a review at any time to make sure their needs are being met. Reassessments for long-term consumable use occur:
- every six months, for children up to age six
 - every 12 months, for children and adolescents age seven to 16
 - every two years for clients over age 17.

Reassessments are done by contracted social rehabilitation assessment providers.

3.0 Contract with Onelink

- a** If no other contract is in place, we purchase consumables under a contract with Onelink.

You must never provide assessors or anyone outside ACC with consumable products pricing information under any circumstances. This information is commercially sensitive. Assessors order from a copy of the product catalogue without the prices.

Encourage assessors and clients to use products in the Onelink catalogue to avoid too much variation in product demand and increased costs to us.

Case managers must support any product recall by Onelink and talk to the client about the recall and replacement options.

The contract does not cover:

- consumables provided as part of any other services contracted by ACC eg accident and medical clinic services
- consumables paid for under publicly-funded health services for personal injuries
- assessment services for consumables
- orthotics
- equipment, including medical
- burns garments, which the managing district health board invoice to ACC
- oxygen that has not been prescribed by a medical practitioner
- customised consumables.

Onelink operates a centralised national customer service team based in Auckland, which includes an ACC Account Manager. You must contact this team for all medical consumable referrals and order processing.

- b** Customer service hours: Monday – Friday (excluding public holidays) 8.30am – 5.00pm
Phone: 0508 ACC LINE (0508 222 546)
Email: communityclient@onelink.co.nz

4.0 Emergency supply

- a Clients must have an additional month's supply of consumables stored at, or close to, their home in case of emergencies. Clients can use these items in an emergency and we can replace them as necessary.

5.0 Client requests for product instructions

- a Clients who need instructions to use their products must discuss this with their case manager, who then makes a request to the appropriate assessor.
If English is the client's second language, we are responsible for getting the instructions translated.

 Translation services

<https://go.promapp.com/accnz/Process/Minimode/Permalink/C1nRkU7acstEaf9xE9TzIK>

6.0 Product return

- a Clients must tell Onelink about damaged, unused or incorrectly ordered products as soon as possible. Only full, unopened packs can be returned to Onelink.

Onelink credits us for the returned products where possible

7.0 Other supply contracts


- a PHAS agreement – acute in-patient episodes or emergency department admissions:
We are responsible for medical consumables that the client needs after they are discharged from hospital. They receive up to one week's supply from the hospital.
For hospital responsibilities, see Accident Services – a guide for DHB and ACC staff (1.8MB) [Accessed from ACC website]

Elective surgery:

The elective surgery provider is responsible for supplying consumables for six weeks after a patient has been discharged following an elective surgery procedure.

Specialised treatment or rehabilitation:

We purchase consumables as part of the contracts for specialised treatment or rehabilitation services where the item is essential to the service itself, eg artificial limb consumables are part of the artificial limbs contract.

 Accident Services – a guide for DHB and ACC staff

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

8.0 Related material

- a Processes, see:

 Deciding pharmaceutical entitlement funding

<http://thesauce/team-spaces/chips/treatment-rehabilitation/pharmaceuticals--medical-consumables/process/deciding-entitlement/index.htm>

 Assessing and supplying medical consumables

<http://thesauce/team-spaces/chips/treatment-rehabilitation/pharmaceuticals--medical-consumables/process/arrange-consumables/index.htm>

 Negative Pressure Wound Therapy (VAC Therapy) Guidelines

http://thesauce/intra/groups/intranet_content/documents/resources_and_tools/ts037450.pdf

 Access to Pharmac special foods for ACC clients

http://thesauce/intra/groups/both_informe/documents/chips/ts163927.docx

Non face-to-face repeat prescriptions - prescriber fees Policy v6.0



Summary

Objective

Prescribers are expected to closely monitor what they prescribe to ensure safe and appropriate use of medicines. For this reason, completing a prescription is considered a clinical activity. To recognise this, ACC will contribute to the cost of a prescriber fee for writing a non face-to-face repeat prescription.

This policy applies from 1 March 2016.

Owner



Expert



Policy

1.0 Rules

a We're able to contribute to the cost of the prescriber's fee for a non face-to-face repeat prescription if the request meets all of the following conditions:

- the prescriber is a registered health professional with prescribing rights who is practising within their scope of practice under the Health Practitioners Competence Assurance Act 2003, eg medical doctor, nurse practitioner, pharmacist prescriber, optometrist
- the client received the first prescription at a face-to-face consultation with the same registered health professional and this is the only non face-to-face repeat prescription the client has received since that consultation (see example below)
- the prescribed medicine is needed to treat an injury covered by ACC
- the prescribed medicine is not a controlled drug.

NOTE Example

A client has a face-to-face consultation with their doctor and receives a prescription. Before the prescription runs out, the client rings the same doctor to ask for a repeat prescription. The doctor agrees to write a repeat prescription without a consultation and charges a prescribing fee.

- The client asks us to contribute to the doctor's prescribing fee
- We agree to contribute because this is the first non face-to-face repeat prescription and the request meets all other criteria.

Before the repeat prescription runs out, the client rings their doctor and asks for a further repeat prescription. The doctor agrees to write a second repeat prescription without a face-to-face consultation and charges another prescribing fee.

- The client asks us to contribute to the doctor's second prescribing fee
- We decline to contribute as this is the second non face-to-face repeat since the original face to face consultation.

If the client has a new face-to-face consultation where medicine is prescribed, and they subsequently receive a non face-to-face repeat prescription from the same doctor, we would consider contributing to the prescribing fee if requested.

2.0 What we'll pay

a If approved, we'll contribute up to \$15 (GST inclusive) towards the prescriber's fee.

We will not contribute to any additional administration charges that might be passed on to the client, eg fax fees, urgent care fees etc.

3.0 Eligibility

a To be eligible for reimbursement the client must provide ACC with both:

- their receipt for payment of the prescriber's fee
- a completed request form, eg ACC001 Request for assistance form or ACC249 Request for reimbursement of pharmaceutical costs form.

4.0 Code

a Use the following code when requesting reimbursement for non face-to-face repeat prescription fees:

- GEN05 – Non face-to-face repeat prescription consult fee
-

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Summary

Objective

Pharmaceuticals are a type of ancillary service related to treatment that we are liable to pay for or contribute towards when clients meet all eligibility criteria. The purpose of helping with pharmaceutical costs is to aid treatment of the client's personal injury. See AC Act 2001, Schedule 1, Clause 3.

Some products provided for therapeutic purposes are non-pharmaceuticals. We must consider requests to pay for non-pharmaceutical items individually. Talk to a pharmaceutical advisor (PHA) or branch medical advisor (BMA) if you aren't sure if a non-pharmaceutical item relates to a covered injury.

For information about funding non-pharmaceutical products see:

- Other therapeutic products
- Medical consumables.

Owner Section 9(2)(a)

Expert Section 9(2)(a)

Policy

1.0 'Reasonably required' pharmaceuticals

a A pharmaceutical is considered 'reasonably required' as an ancillary service when all the following criteria apply:

- the pharmaceutical is of a type defined in AC Act 2001, Section 6
- it is prescribed by a treatment provider with statutory prescribing rights
- we have considered the client's past medicine regime and the outcomes from it
- the pharmaceutical regime will enable measurable improvement in independence, eg a decreased need for social rehabilitation support, improved capacity to return and maintain work, and decreased overall costs for support
- it is cost effective when compared to other possible treatment options
- referring to evidence-based health care information, there is high quality literature that supports the clinical effectiveness of the pharmaceutical in relation to the injury condition, the pharmaceutical is part of a regime which is safe and appropriate.

Use the Pharmaceutical Entitlement Criteria Test to determine if a pharmaceutical is reasonably required.

2.0 What we can pay for

a We can only contribute to the cost of medicines defined as a 'pharmaceutical' in the AC Act.

Pharmaceuticals must be prescribed by a treatment provider with prescribing rights and dispensed by a New Zealand licensed pharmacy or other person allowed under the Medicines Act 1981, Medicines Regulations 1984 and/or the Misuse of Drugs Regulations 1977.

For prescribing rights, a provider must be registered with their registration body. The following treatment providers have statutory authority to prescribe pharmaceuticals within their scope of practice:

- medical practitioners
- dentists
- nurse practitioners
- nurse prescribers
- pharmacist prescribers
- optometrists.

For unique pharmaceuticals, eg. hospital pharmaceuticals used at discharge into the community, providers should first seek funding through Pharmac using their Named Patient Pharmaceutical Assessment (NPPA) process.


If we agree to contribute to the cost of a pharmaceutical reimbursement or invoice, we pay:


- the prescription co-payment charge for subsidised items
- a contribution to cost for partly subsidised and non-subsidised pharmaceuticals.

We don't pay pharmacy administration costs or extra charges, such as fax and after hours fees.

3.0 Who can recommend payment

- a First phase and Stable phase pharmaceuticals may be approved for funding by case owners if certain criteria are met. Otherwise, a clinical opinion from a pharmaceutical advisor (PHA) or the Principal Clinical Advisor, should be sought before agreeing to pay for pharmaceuticals.
- b The National Pharmaceutical Advisory Team Consideration List contains links to funding decision tools for some pharmaceuticals.

 First phase and Stable phase pharmaceutical payment criteria
<https://go.promapp.com/accnz/Process/c151ca5b-e02e-4fcd-ac7e-0b6a30e1494a>

 National Pharmaceutical Advisory Team Consideration List
<http://thesauce/team-spaces/chips/treatment-rehabilitation/pharmaceuticals--medical-consumables/reference/national-pharmaceutical-advisory-team-consideration-list/index.htm>

4.0 What's needed for approval

- a Pharmaceutical advisory staff will use Eos information, medical reports, the ACC1171 Request for pharmaceutical funding form, or specific information (eg. ACC2539 Erectile dysfunction treatment - prior approval funding request, ACC2537 - Rabies post exposure treatment reimbursement request) to analyse whether it's appropriate to fund the pharmaceutical/s.

See the following pages to find out what is needed and how to refer a pharmaceutical tak in Eos:


- Deciding pharmaceutical entitlement
- National pharmaceutical Advisory Team Consideration List
- Who to refer to for clinical advice.


Approval letters to clients and pharmacies must have the pharmaceutical name, strength, quantity, an expiry date, and include the amount we will contribute to the cost.

If funding is approved, claims management staff should consolidate all pharmaceutical funding requests into one approval. New pharmaceuticals can be added to this one approval so all medicines are renewed on the same date. Claims management staff must use Processing a pharmaceutical reimbursement for all reimbursement requests.


We must reanalyse all pharmaceutical funding approvals annually to check that they are still safe and appropriate entitlements for the covered injury. See:

- First phase and stable phase pharmaceutical payment criteria
- Pharmaceutical entitlement criteria test
- Checking if pharmaceutical and approved for use.

 Deciding non subsidised pharmaceutical entitlement process
<http://thesauce/team-spaces/chips/treatment-rehabilitation/pharmaceuticals--medical-consumables/process/deciding-entitlement/index.htm>

 National Pharmaceutical Advisory Team Consideration list - Reference
<http://thesauce/team-spaces/chips/treatment-rehabilitation/pharmaceuticals--medical-consumables/reference/national-pharmaceutical-advisory-team-consideration-list/index.htm>

 Who to refer to for clinical advice
<https://go.promapp.com/accnz/Process/5d5e0f6b-7675-4804-9d0b-47d10479a8f7>


 ACC1171 Request for pharmaceutical funding form

 ACC2539 Erectile dysfunction treatment – prior approval funding request form

 ACC2537 - Rabies post exposure treatment reimbursement request

 Processing a pharmaceutical reimbursement process

<http://thesauce/team-spaces/chips/treatment-rehabilitation/pharmaceuticals--medical-consumables/process/processing-reimbursements/index.htm>

 First phase and Stable phase pharmaceutical payment criteria
<https://go.promapp.com/accnz/Process/c151ca5b-e02e-4fcd-ac7e-0b6a30e1494a>

5.0 National Pharmaceutical team

- a To contact a pharmaceutical advisor, please call the Clinical Hotline 50115 then press 3
-

Receipts required for client pharmaceutical reimbursement Policy v10.0



Summary

Objective

Receipts for reimbursing client pharmaceutical costs must have certain information before we can pay them.

Owner [REDACTED]

Expert [REDACTED]

Policy

1.0 Rules

- a** Clients must attach pharmacy receipts for reimbursement, to either a correctly completed and signed form or a letter, as follows:

- ACC249 Request for reimbursement of pharmaceutical costs
- ACC001 Request for assistance
- a written letter stating the ACC claim number and signed by the client or their representative (not an ACC staff member).

Note: Requests for reimbursement must be signed by the client or their representative, not by ACC claims managers

 ACC249 Request for reimbursement of pharmaceutical costs

 ACC001 Request for Assistance

NOTE When aren't receipts required?

We don't require copies of receipts if the total cost of all items being claimed for reimbursement is less than \$50.00 and the cost of each item being claimed is less than \$18.00. However, you will need to provide the name of the item(s) being reimbursed, the cost of each item, and the date each item was dispensed.

If the combined cost of all pharmaceutical items being reimbursed is less than \$50.00, but one or more individual items cost more than \$18.00, receipts will be required for all items that cost more than \$18.00

NOTE What if the Client is unable to pay for the prescription, but reimbursement is required?

Direct Billing can be set up as a one-off occurrence, or on a recurring basis if a client is financially unable to pay for their medications.

To arrange this, a Case Owner must create an 'Alert You Have Mail' task containing a description of the situation, and a request. This task should be marked for the attention of a Treatment and Support Assessor, and transferred to the 'Elective SC Pharmaceutical' departmental queue in EOS.

If the medications being reimbursed include any non-subsidised medications, Confirmation and a Cost Contribution from ACC from a PHA Advisor on Medications are required

2.0 Attached receipts for pharmaceuticals must include the following details:

- a**
- client name
 - prescription number
 - prescribing treatment provider's name
 - date the pharmaceutical was dispensed, which must be on or after the date of injury
 - pharmaceutical name
 - pharmaceutical cost
 - extra charges, itemised separately, if any.

3.0 We will accept:

- a**
- photocopies
 - faxed copies
 - scanned and emailed copies of the original receipt.
-

4.0 We won't accept:

- a • EFTPOS or till receipts
 - pharmacy direction labels
 - pharmacy reports, eg income support services reports. While these include all the mandatory information, they're not proof of payment and we can't accept them.
-

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Summary

Objective

A wide range of products can be used for therapeutic purposes, such as various medicines, controlled drugs and medical devices. They are regulated by Medsafe.

See AC Act 2001, Schedule 1 and Pharmaceuticals.

Owner [Section 9\(2\)\(a\)](#)

Expert [Section 9\(2\)\(a\)](#)


Policy

1.0 Rules


- a** Any request to pay for a therapeutic product must be supported with high quality literature and assessment showing it meets the criteria in AC ACT 2001, Schedule 1, Clause 2: When Corporation is liable to pay cost of treatment.

Requests must be analysed and include a funding recommendation from an internal clinical advisor.

If an item meets the definition of a medical consumable, there is a different process to pay for and supply it.

 Medical consumables

<https://go.promapp.com/accnz/Process/9f0d4941-4b79-422b-8b61-465d147383d0?force=False>

 Assessing and supplying medical consumables process

<http://thesauce/team-spaces/chips/treatment-rehabilitation/pharmaceuticals--medical-consumables/process/arrange-consumables/index.htm>

2.0 Medical devices

- a** We can contribute towards the costs of a range of medical devices in a number of ways:

- equipment or aids and appliances. See Medical consumables and Social rehabilitation
- surgical implants as part of surgical treatment, see Elective services
- dental appliances and dentures as part of dental treatment. See What we can pay
- medical supplies, such as wound dressings or acupuncture needles, as part of a treatment procedure, see Treatment provider types and costs.

The cost of medical devices required as part of public health acute services are the responsibility of the relevant district health board.

See Accident services – a guide for DBH and ACC staff

 Medical Consumables

<https://go.promapp.com/accnz/Process/9f0d4941-4b79-422b-8b61-465d147383d0?force=False>

 Accident Services - A guide for DHB and ACC Staff

3.0 Context

- a** Medsafe regulates the use of medicines and medical devices in New Zealand.

 Medsafe

<http://www.medsafe.govt.nz/index.asp>

Summary

Objective

The Managed Rehabilitation Equipment Service (MRES) provides rehabilitation equipment to clients to help restore their independence. ACC owns the equipment and the MRES supplier, Accessable, manages the equipment on ACC's behalf.

This makes it possible to:

- recycle equipment for other clients to use by getting equipment returned when clients no longer need it
- gain better buying power when purchasing equipment
- ensure that ACC can provide the best quality equipment to clients.

Sometimes it may seem easier or cheaper to buy the piece of equipment from a local supplier or hire it for a short period, but it's important to remember that when an item is purchased or hired from a non-contracted supplier, the item will not have been through a best price for best quality assessment and will not be tracked, meaning that the equipment may not be returned to ACC.

Owner



Expert



Procedure

1.0 Contacting the MRES supplier

- a** Accessable provides a nationwide service. They are based in Auckland but also have facilities in Wellington and Christchurch. Contact details are:




Phone: (09) 6201700
Freephone: 0508001002

-  Email - acc@accessable.co.nz
<mailto:acc@accessable.co.nz>
-  Online ordering
<http://accessable.co.nz>

2.0 What Accessable does for ACC and our clients

- a** Accessable will:
 - provide ACC with the most appropriate equipment that is both high quality and durable
 - track and collect the equipment when it's no longer required
 - repair, maintain and refurbish equipment where it is cost-effective to do so
 - provide advice to assessors and ACC staff to assist in identifying the most appropriate equipment for each client
 - hire rehabilitation equipment from a rental company where it is more cost-effective to do so.

All items on the ACC equipment list have been through a best price for best quality assessment. These items are easily maintained and are very durable so that ACC can use the equipment for a long time.

-  [ACC Equipment List Service Page](#)
-  [MRES Delivery Timeframes Service Page](#)
-  [Repairing Equipment Service Page](#)

3.0 What is covered by the MRES contract

a Equipment that can be supplied under the MRES contract includes:

- items that help clients with their daily living activities, such as:
 - mobility aids, eg a wheelchair
 - bathroom aids, eg a shower stool
 - kitchen aids, eg a kitchen trolley
- easily removable housing modification equipment, eg temporary suction handrails
- electric mobility scooters
- vocational equipment, such as ergonomic equipment
- assistive technology, such as communication devices, where this is supported by an Assistive technology assessment
- equipment required both short and long term.

 [Communication and Assistive Technology Assessment Service Page](#)

4.0 What is not covered

a The MRES contract specifically excludes:

- medical consumables
 - hearing aids or hearing aid batteries
 - orthotics
 - prosthetics
 - equipment specifically designed for use by the visually impaired
 - equipment under \$60 (GST excl.) outside the ACC equipment list
 - ventilators.
-


5.0 MRES terms and conditions

a When a claims management staff member raises a purchase approval for rehabilitation equipment, the following documents can be created from Eos:

- EQP01 Equipment approve – claimant
- EQPIS01 Using rehabilitation equipment – client

The EQP01 is a letter that identifies the types of equipment that have been approved for supply to the client. The EQPIS01 information sheet provides information to the client on equipment maintenance and how to return it when they no longer need it

 [EQP01 Equipment approve – claimant](#)

 [EQPIS01 Using rehabilitation equipment – client \(Information Sheet\)](#)

Summary

Objective

Home help is provided to help a client manage domestic activities in their home when they cannot perform these activities because of a personal injury.

Owner



Expert



Policy

1.0 Deciding whether to provide home help

- a** Before home help is provided you must explore all other options to meet the client's needs. These may include, but are not limited to, providing aids and appliances, rehabilitation equipment, housing modifications or Transport for Independence (TI) services.

Before providing home help consider:

- the rehabilitation outcome that would be achieved by providing the assistance
- whether family members or other natural supports might reasonably be expected to provide home help for the client
- the nature and extent of the injury, and the degree to which the injury impairs the client's ability to complete their own domestic activities
- the extent to which the client carried out the domestic activities before the injury, and the extent to which the client can do those things after the injury
- the number of household family members and their need for home help
- the extent to which the domestic activities were done by other household family members before the injury.

2.0 Clients who do not wish to be assessed

- a** If a client doesn't want to be assessed, ask why. If their explanation is not reasonable, discuss this with your manager before deciding whether to decline to provide an entitlement for the period the client does not wish to have an assessment.

For the client's safety, it may be more appropriate to decline to provide a weekly compensation entitlement rather than home help.

3.0 Infrequent domestic activities

- a** Infrequent domestic activities are activities that aren't performed on a daily basis, such as cleaning a fridge or oven.

When considering whether to approve a request for home help for infrequent domestic activities, you must determine whether the:

- service meets the decision-making criteria as outlined in Deciding whether to provide home help above
- safety, health or hygiene of the client would be at risk if the service was not provided.

Summary

Objective

Home help helps a client manage domestic activities in their home after experiencing a personal injury. It aims to help the client achieve pre-injury independence in the home.

Owner [REDACTED]

Expert [REDACTED]


Policy

1.0 Definition of a home

- a A client's home refers to any residential premises that are owned, rented or otherwise lawfully occupied by the client, their parents, spouse or guardian. It excludes hospitals, hostels, motels, rest homes or other institutions.

2.0 Definition of domestic activities


- a AC Act 2001, Schedule 1 Clause 12 defines domestic activities as "cleaning, laundry, meal preparation and associated shopping activities in relation to a client's home".

 AC Act 2001, Schedule 1 Clause 12
<http://www.legislation.govt.nz/act/public/2001/0049/latest/whole.html#DLM104562>

3.0 Proving home help without an assessment

- a If a client's need or injury is low in complexity, and likely to require home help on a short-term basis (less than 70 hours over 12 weeks), it may be provided without an external assessment.

See Short-term Home and Community Support Services.

 Short-term Home and Community Support Services
<https://go.promapp.com/accnz/Process/e183093c-6613-4910-aefc-0761250f3a4e>

4.0 What is covered

- a ACC considers that domestic activities are limited to these standard, and usually weekly, duties:

- grocery shopping for food, cleaning products, and similar
- meal preparation and cooking or Delivered meal services, if appropriate
- cleaning, including:
 - kitchen surfaces and dishes
 - bathroom and laundry
 - vacuuming and mopping floors
 - dusting
 - bedmaking
 - rubbish disposal.

ACC can consider funding interior cleaning tasks done less frequently, such as cleaning an oven, if they meet the criteria for infrequent domestic activities. See When to provide home help.

5.0 Home help provided in another person's home


- a If the client is temporarily staying with relatives or friends after their injury, home help can be provided at this location.

Any home help assistance should only be provided for additional tasks required by the client, over and above the usual domestic duties carried out before the client came to stay, eg extra washing, room cleaning, meal preparation assistance.

6.0 What is not covered under home help

a Under the AC Act 2001, ACC does not provide home help:

- in any hospital, hostel, rest home, hotel, motel or other institution
- for exterior home maintenance, lawn mowing and gardening. See Lawn mowing and gardening.
- for interior cleaning tasks (where there is no risk to the client's health, safety or hygiene), such as spring cleaning or cleaning in preparation for interior decorating, packing and moving house
- to clients currently residing outside New Zealand.

 Lawn mowing and gardening
<http://thesauce/team-spaces/chips/treatment-rehabilitation/social-rehabilitation/policy/home--community-support-services-/lawn-mowing-and-gardening/index.htm>

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Summary

Objective

Use this guidance to determine whether a client meets the criteria to receive ACC funded childcare services.

Background

Childcare services include child minding or supervision provided when a client's injury prevents them from caring for their children. Childcare aims to help a client achieve the maximum possible level of independence in the course of their daily life.

A child who requires care because of injury receives attendant care, not childcare. That is:

- childcare is care for an injured person's child
- attendant care is care for an injured child.

Owner



Expert



Policy

1.0 Definition of a child

a For the purposes of eligibility for childcare, a child is defined as:

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

For more information on whether a child qualifies as a child of the client when dealing with a accidental death claim, refer to [Who is a child of the deceased?](#)

 [Who is a child of the deceased?](#)

<https://go.promapp.com/accnz/Process/21d49251-1e42-4939-bb63-34b162509213?force=False>

2.0 What is covered

a Childcare can be provided in either:

- a home environment
- an accredited childcare facility, such as a playcentre or kindergarten.

If appropriate, childcare can be provided concurrently with attendant care or home help provided to the client.

Refer also to [Selecting and Managing Home and Community Support Services \(HCSS\)](#) for managing childcare requests.

 [Selecting and managing Home and Community Support Services \(HCSS\) process](#)


<http://thesauce/team-spaces/chips/treatment-rehabilitation/social-rehabilitation/process/home--community-support-services-/selecting-and-managing-home-and-community-support-services--hcss-/index.htm>

3.0 Childcare for children born to a client after an injury

a Childcare support may be provided to clients who have children after an injury.

Any application for childcare for these children, as with children born prior to an injury, must be considered on its own merits.

See [Whether to provide childcare](#) .


 [Whether to provide childcare](#)

<https://go.promapp.com/accnz/Process/a8c6e1b2-bc32-43f8-8e2f-8099935b0924#>

4.0 Exclusions

a Childcare is not provided:

- if the client is a child receiving attendant care or training for independent living support
- if the child is eligible for childcare for a fatal injury claim under the Accident Compensation Act 2001, Clause 76, Schedule 1
- if childcare arrangements existed before the injury and have not altered since the injury
- if a child's living arrangements change so they are no longer living in the home, e.g. a child lives with an aunt and uncle, one of whom is the client, and who act as the child's parents. The client's eligibility for childcare ceases when the child returns to live with their natural parents.
- to care for any other dependants, who do not meet the above definition of a child, such as the client's sibling, spouse, parent, or child over age 18.

 Accident Compensation Act 2001, Schedule 1, Clause 76, Child care payments for children of deceased claimant
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM105455.html>

5.0 Providing extra support

a Extra support may be provided depending on the client's situation or individual needs.

For more information, see Management of extended discretion .

If the child has health or disability-related needs, refer the client to the relevant health services.

Summary

Objective

Childcare services include child minding or supervision when a client's injury prevents them from undertaking care activities for their child or children. Before we provide childcare, we should explore all other options to meet the client's needs. These may include, but are not limited to, providing aids and appliances, rehabilitation equipment or training for independence services.

For childcare assistance there is no direct link to any of the 12 areas of functional independence listed in the AC Act 2001, Clause 12, Schedule 1. For the purposes of determining eligibility, consider childcare to be related to domestic activities, even though the Act does not include childcare in the definition of domestic activities.

Owner



Expert



Policy

1.0 Deciding whether to provide childcare

a Before providing childcare, consider:

- the rehabilitation outcome that would be achieved by providing childcare
- the nature and extent of the injury and the degree to which the injury impairs the client's ability to care for their children
- the number of children and their need for childcare
- the extent to which childcare was provided by other household family members before the client's personal injury
- whether family members or other natural supports might reasonably be expected to provide childcare for the client.

2.0 Clients who do not wish to be assessed

- #### a
- If a client does not wish to be assessed, ask why. If their explanation is not reasonable, discuss this with your manager before deciding whether to decline to provide support for the period the client does not wish to have an assessment. For the client's safety, it may be more appropriate to decline to provide weekly compensation support rather than childcare.

Refer to Decline entitlement when client is non-compliant.



Decline entitlement when client is non-compliant

<https://go.promapp.com/accnz/Process/8c0cc472-b8c2-46f6-87d3-32716f20994d>

3.0 Childcare service providers

- #### a
- Childcare may be provided by a contracted provider or a non-contracted provider, such as a family member.

Summary

Objective

Medical Case Reviews (MCRs) and Medical Single Discipline Assessments (Medical SDAs) are initiated by ACC and are used to determine diagnosis, causation, and/or treatment and rehabilitation recommendations.

Owner [REDACTED]

Expert [REDACTED]

Procedure

1.0 Overview



Arrange Medical Case Review Assessment Process Page

<https://go.promapp.com/accnz/Process/7a6beb10-efad-42a6-a72c-19dcf6278604#>

- a Medical Case Reviews (MCR's) and Medical Single Discipline Assessments (Medical SDA's) are medical assessments initiated by ACC and are used to seek an opinion from a non-treating medical specialist.
 - An MCR can be used to help determine cover and ongoing eligibility and support
 - A Medical SDA is used to obtain recommendations for the best onward treatment or rehabilitation
- b The provider completing an MCR or Medical SDA is able to order tests or investigations if this is necessary for them to be able to come to an opinion. They can also make recommendations for tests or investigations.



Medical Assessment Quick Ref Guide_updated.pdf

2.0 Who provides this service?

- a The provider must be a non-treating practitioner who is a medical specialist.
- b Wherever possible, MCRs and Medical SDAs should be purchased under the Clinical Services contract.
- c If there are no suitable specialists available under the Clinical Services contract, you can use a non-contracted medical specialist to provide the service.

3.0 Referrals into the service

- a Referrals for MCR's and Medical SDA's may only be made by ACC.
- b The provider may decline a referral if:
 - they cannot meet the contractual timeframes
 - they do not have an appropriate medical specialist available in relation to the injury
 - they consider that the referral is more appropriately managed under the Vocational Medical Services contract because:
 - a) it includes consideration of a client's employment as a major factor of the assessments
 - b) an assessment by an occupational medicine specialist or work restrictions, limitations for work, the ability to engage in employment or the ability to participate in vocational rehabilitation is required
- c The provider must notify ACC if the referral is declined.

4.0 Medical Case Reviews

- a An MCR is used to help determine cover and ongoing entitlements. MCR's are initiated by ACC and are used to obtain clarity about diagnosis/es and assessment of causation together with recommendations for further investigations, treatment or rehabilitation. MCR's can be purchased as either Standard or Complex, taking into account the complexity of the Client's presentation.
- b ACC Staff must seek internal clinical advice before referring for an MCR.
- c Standard Medical Case Reviews (CSM1)
 - Expected to take up to 3.5 hours
- d Complex Medical Case Reviews (CSM2)
 - Expected to take more than 3.5 hours and less than 7.5 hours
 - The Client's injury is of unusual complexity or there are co-morbidities that appear to be affecting the Client's recovery from injury or
 - The MCR will be undertaken in two parts whilst results of investigations are obtained

5.0 Medical Single Discipline Assessments

- a** A Medical SDA is used to obtain recommendations for the best onward treatment or rehabilitation. These assessments are initiated by ACC and cannot be used to determine cover and ongoing entitlements.
- b** Standard Medical SDA (CSA1)
 - Expected to take up to 2.5 hours
- c** Complex Medical SDA (CSA2)
 - Expected to take more than 2.5 hours and less than 4.5 hours
 - The Client's injury is of unusual complexity or there are co-morbidities that appear to be affecting the Client's recovery from injury or
 - The Medical SDA will be undertaken in two parts whilst results of investigations are obtained

6.0 Exceptional MCR and SDA's

- a** In rare cases, the client may be exceptionally complex and exceed the cost available under complex assessments. ACC may then request the provider to undertake an Exceptional MCR or Medical SDA.
- b** Exceptional MCRs and Medical SDAs have to be approved by the Secondary and Tertiary Portfolio team via elective.services@acc.co.nz. Enter 'Approval for Exceptional MCR/MDSA' in the subject line.
- c** The attached table shows the expected assessment durations.

 Assessment Duration.png

7.0 Non-Contracted Purchasing


- a** If a medical specialist opinion is needed and there is no suitable specialist available under the Clinical Services contract, you can use a non-contracted medical specialist to provide the service.
- b** Non-contracted purchasing is done via a letter of agreement (LOA).
 - Pricing for non-contracted MCRs and MSDAs should be the same as the equivalent contracted rate eg. we would expect the same rate for a non-contracted standard MCR (MCR11) as you would pay for a contracted standard MCR (CSM1).
 - If you are considering an hourly-rate code or a fixed fee under such a code, a rate of between \$500 and \$600 per hour + GST is suitable for a Vocationally Registered Physician. The price should be agreed before the client is formally referred, although the specialist may request a notes review prior to proposing a fee.
- c** If you frequently need to use the same non-contracted specialist encourage them to apply for the Clinical Services contract or become a 'Named Provider' on an existing Clinical Services contract. Contact your local Engagement and Performance manager if you need more information about this.

8.0 Disbursements

- a** If you need to purchase travel, accommodation or clinic rooms for MCRs or Medical SDAs done outside of the region in which the specialist provider resides, you may use the following non-contracted travel, accommodation and clinic codes as there are no provisions in the Clinical Services contract for these expenses.
- b** For contracted MCR/SDA:
 - ACCOM1 - Accommodation for Medical Assessor (paid at cost)
 - TRAVA1 - Air travel for Medical Assessor (paid at cost)
 - TRAVD1 - Travel distance (distance travelled)
 - TRAVR1 - Hire of rooms for consultation or assessment (paid at cost)
 - TRAVT3 - Travel time (agreed hourly rate)
- c** For non-contracted MCR/SDA (purchased via Letter of Agreement):
 - MCRD (travel, accommodation or room hire paid at cost)

9.0 Timeframes and Reporting Requirements

- a** Clinical examination must be completed within eight business days of receiving a referral, unless otherwise agreed with ACC.
- b** Providers are required to provide a report to ACC within eight business days of the clinical examination.
- c** For the reporting requirements for Medical Case Reviews and Medical Single Discipline Assessments please refer to the Clinical Services Operational Guidelines

 Clinical Services Operational Guidelines