

03 November 2020



Tēnā koe [REDACTED]

Your Official Information Act request, reference: GOV-007172

Thank you for your email of 5 October 2020 to [REDACTED], asking for the following information:

I would please like all the documentation, processes, codes, rules, rights, about a return to work so I can make sure acc are doing what they are supposed to do.

Your request was transferred to the OIA services team to respond to under the Official Information Act 1982 (the Act).

Our response

Please find attached copies of ACC's vocational rehabilitation and vocational independence policy and process documents.

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

Publicly available information

There is information relating to 'return to work' publicly available on ACC's website. This information can be found by entering 'vocation', 'vocational' or 'return to work' into the search field on ACC's website at www.acc.co.nz/resources/#/.

For this reason, we are not reproducing the information on the website. This decision is made under section 18(d) of the Act.

Codes and rights

The Code of ACC Claimants Rights (Code) outlines ACC's legislative responsibility to provide the highest practicable standard of service and fairness to clients. The rights outlined in the Code are applicable to all clients in all stages of interaction with ACC.

The Code does not provide rights specific to the client's injury, or necessary treatment or rehabilitation. There are no codes or rights specific to 'return to work'. Therefore, we are refusing this part of your request as the information requested does not exist. This decision is made under section 18(e) of the Act.

A copy of the Code of ACC Claimants Rights can be found at www.legislation.govt.nz/regulation/public/2002/0390/latest/DLM173115.html.

Questions about our response

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

Sasha Wood
Manager Official Information Act Services
Government Engagement & Support

Summary

Objective

This policy defines vocational independence. Use this policy to understand:

1. What is vocational independence
2. Determining Vocational Independence
3. Implications of a Vocational Independence decision
4. Vocational Independence Assessments
5. Eligibility and entry criteria to Vocational Independence Assessments
6. VI for clients with planned surgeries
7. Information to take into account when a client has previous VI Assessment
8. Ceasing Weekly Compensation

Background

When a client is unable to work due to their injury, the initial focus is usually on supporting them to return to, or regain fitness for, their current or pre-injury employment.

For some clients, a more appropriate outcome is to help prepare them to be 'work ready' for alternative employment. This rehabilitation outcome is known as Vocational Independence (VI).

Owner



Expert



Policy

1.0 What is Vocational Independence

- a** Vocational independence (VI) is defined as the ability for a client to return to work suitable to them based on their skills gained through education, training or experience and having the ability to perform this work at least 30 hours per week.

This rehabilitation outcome is used when a client is no longer able to regain work fitness for their pre-injury employment or it is no longer reasonably practical to assist them to do so.

Vocational rehabilitation (VR) has been targeted in assisting the client to become work ready in alternative work types to that of their pre-injury employment.

Once VR has been completed, the client's ability to achieve VI can be determined.

2.0 Determining Vocational Independence

- a** We determine a client's VI by obtaining two independent vocational assessments. These are:

- Vocational Independence Occupational Assessment (VIOA)
- Vocational Independence Medical Assessment (VIMA)

Vocational Independence Assessments [VIOA/VIMA] Policy

- b** These assessments will consider:

- whether the VR provided has met the client's needs
- what types of work are suitable for the client based on their skills gained through education, training or experience
- how the client's injury is affecting their ability to work
- whether they're medically fit to work for 30 hours or more a week in the identified suitable work types

The client is considered to have achieved VI when they are assessed to have suitable work types that they can medically sustain for 30 hours or more per week.

PROCESS **Arrange Vocational Independence Occupational Assessment (VIOA)**

PROCESS **Arrange Vocational Independence Medical Assessment (VIMA)**

3.0 Implications of a Vocational Independence decision

- a** If a client is assessed and found vocationally independent, the client is provided with a notice period of up to 3 months before their weekly compensation ceases. This would also mean the client is no longer eligible to receive vocational rehabilitation support.

A VI decision does not impact the client's access to treatment or other entitlements related to their injury.

We can also assist the client with:

- budgeting and counselling assistance
- a list of employment agencies
- ongoing case management support
- help with enrolling with Work and Income

4.0 When to complete Vocational Independence assessments

- a** We should only assess a client's VI when:

- the client has completed the vocational rehabilitation that we agreed to provide; and
- we believe that the client is likely to achieve vocational independence

We can also reassess a client to determine if they have lost their vocational independence (see VI Deterioration).

About Vocational Independence Deterioration Policy

5.0 Eligibility and entry criteria to Vocational Independence Assessments

a To be eligible for assessment of VI, the client must:

- be receiving (or be entitled to receive) weekly compensation
- be unable to regain work fitness for their pre-injury employment, or it must no longer be reasonably practical to support them to do so

The following criteria must also be met:

- a current consent form is on file
- an initial occupational assessment (IOA) and initial medical assessment (IMA) have been completed
- the outcome of the IOA and IMA are recorded in the client's Recovery Plan (RP) / Individual Rehabilitation Plan (IRP)
- all vocational rehabilitation that we have agreed to provide has been completed
- any injury-related barriers that may prevent the client from sustaining 30 or more hours of work per week have been addressed
- a Technical Specialist and Medical Advisor have agreed in the ACC191 Vocational Independence Assessment: File Summary team review and Quality Check (191K) that the client is likely to achieve VI

6.0 Other points to check before deciding to assess Vocational Independence

a It is essential that we perform a thorough check to ensure a client is ready to have their VI assessed. You must ensure that:

- where there is more than one set of initial assessments (IOA/IMA), the most recent sets have been used
- the IMA gave consideration to any non-injury-related issues that were affecting the client
- we have recognised any paid or unpaid work the client has engaged in since their accident
- any VR that we are liable for, or have provided, has been completed and within a reasonable timeframe (prior to the client's entry into the VI process)
- we have considered the potential impact of any remaining injury-related medical treatment, eg pain issues or surgery
- we have addressed any changes from the original diagnosis, and updated cover where appropriate
- we have considered injuries from any other relevant claims (i.e. sensitive claim)

7.0 Clients with planned surgeries

a Make sure you take into consideration any surgery that the client has got planned before scheduling the VI Assessments. It is important you let both the Medical Advisor and the Technical Specialist approving entry into VI know of any planned surgery for your client.

We must take into account the nature of the surgery, the date of the surgery, and the client's circumstances when determining whether to start or delay the VI Assessments for clients with upcoming surgery.

8.0 Clients with previous VI assessments relating to the same injury

a When a previous VI assessment determined that a client was not vocationally independent, the following additional criteria must be met before a new VI assessment can be made:

- there is evidence of fresh consideration of the client's vocational or medical needs
- we have updated the client's Recovery Plan (RP) / Individual Rehabilitation Plan (IRP) with all additional rehabilitation that addresses their injury-related barriers to employment or achieving VI
- the additional rehabilitation was thorough and has been completed

9.0 Links to legislation

- 📄 Accident Compensation Act 2001, section 107 - Corporation to determine vocational independence <http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101465.html>
- 📄 Accident Compensation Act 2001, section 108 - Assessment of claimant's vocational independence <http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101467.html>
- 📄 Accident Compensation Act 2001, section 109 - When claimant's vocational independence to be assessed <http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101468.html>
- 📄 Accident Compensation Act 2001, section 110 - Notice to claimant in relation to assessment of vocational independence <http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101470.html>
- 📄 Accident Compensation Act 2001, section 111 - How determination that claimant has vocational independence is to be regarded <http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101471.html>
- 📄 Accident Compensation Act 2001, section 112 - Claimant with vocational independence loses entitlement to weekly compensation <http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101472.html>

Summary

Objective

This policy explains vocational independence deterioration (VID). Use this policy to understand:

1. What is Vocational Independence Deterioration
2. When should we consider Vocational Independence Deterioration
3. Other circumstances to consider
4. Implications of Vocational Independence Deterioration
5. Date of Vocational Independence Deterioration
6. When inability to work relates to a new injury
7. Links to legislation

Owner [REDACTED]


Expert [REDACTED]

Policy

1.0 What is Vocational Independence Deterioration

- a** Vocational independence deterioration (VID) applies where a client loses their vocational independence (VI) after previously having been found vocationally independent.

For more understanding of VI, please refer to 'About Vocational Independence (VI)' policy.

 About Vocational Independence Policy

2.0 When should we consider Vocational Independence Deterioration

- a** Sometimes a client's injury deteriorates after they have achieved vocational independence (VI). If it deteriorates to the point that it may affect the client's ability to work, then we may need to reassess their VI to confirm whether they have lost it or not.


If we are notified that a vocationally independent client's injury has deteriorated, we must make sure the notification includes an ACC18 medical certificate or report from a medical provider.

If there are reasonable grounds to believe that the client may have lost their VI, then:

- we must arrange for the client to undergo fresh VI occupational and medical reassessments (VIOA and VIMA)
- the client is considered to have lost their VI if there are no longer any work types that they are found to have VI in

Best practice, but not essential, in most circumstances would be for the client to be reassessed by the same assessors that completed the original assessments.

3.0 Other circumstances to consider

- a** There are other circumstances in which we can consider that the client may have lost their VI. These include:
- the client gains cover for additional injuries (e.g. mental injury). In this circumstance, it is appropriate to first consider whether the client may have lost their VI as a result and proceed to reassessment if this is indicated
 - the client has surgery for their covered injury (see 'Vocational independence deterioration and surgery' page).
-  Eligibility for Weekly Compensation After Post-VI Surgery Policy

4.0 Implications of Vocational Independence Deterioration

- a** If it is confirmed that the client has lost their VI, they become eligible for weekly compensation again.

They are entitled to the greater of:

- the rate of weekly compensation they were last entitled to, updated for indexation if applicable. This means the client can still receive their previous entitlement even if they have no job
- the recalculated rate, based on their actual recent earnings, prior to them losing their VI, if applicable

The client will also become eligible for vocational rehabilitation support.


5.0 Date of Vocational Independence Deterioration

- a** If it is confirmed that the client has lost their VI, weekly compensation can be reinstated from the date that it was first indicated that they lost it. To determine the date the decision takes effect we must closely examine all of the available medical evidence (medical certificate, GP consultation records, medical reports etc).

6.0 When inability to work relates to a new injury

- a** If the reason that the client can no longer work is directly related to a new injury, you must manage the new injury as a separate claim and consider any entitlements, e.g. weekly compensation. In this situation, deterioration of VI does not apply.

7.0 Links to Legislation

 Accident Compensation Act 2001, section 113 - Claimant who no longer has vocational independence regains entitlement to weekly compensation <http://legislation.govt.nz/act/public/2001/0049/latest/DLM101473.html>

PROCESS

Make a Vocational Independence Deterioration Decision - Non Surgery

Summary

Objective

This policy explains the vocational independence assessments. Use this policy to understand:

1. Vocational Independence Occupational Assessment (VIOA)
2. Vocational Independence Medical Assessment (VIMA)

Background

After we have determined that assessing a client's Vocational Independence (VI) is appropriate, formal assessments are arranged with external assessors to determine whether a client has achieved VI. These assessments consist of:

- An occupation assessment – the Vocational Independence Vocational Assessment (VIOA)
- A medical assessment – the Vocational Independence Medical Assessment (VIMA)

For more understanding of VI, please refer to the 'About Vocational Independence (VI)' page.

Owner



Expert



Policy

1.0 Vocational Independence Occupational Assessment (VIOA)

- a** A VIOA is undertaken by an occupational assessor who recommends work types that are suitable based on the skills the client has gained through education, training, or experience.

They will consider:


- the progress and outcomes of vocational rehabilitation carried out under the client's Recovery plan (RP) / Individual Rehabilitation Plan (IRP); and
- the types of work identified in the client's RP/IRP are still suitable for the client because they match the skills that the client has gained through education, training, or experience.

2.0 Requirements when making an VIOA referral

- a** When referring the client for a VIOA you should:
- Tell the client:
 - about the assessment
 - that we will provide their pre-incapacity earnings to the occupational assessor
 - that they're entitled to bring a support person or persons to the assessment
 - provide all the VIOA related information to the assessor, including the client's employment history, occupational reports and pre-incapacity earnings (do not include medical information as it is not relevant for the VIOA)
 - tell the assessor about any behaviour that could indicate risk, including any potential for the client to become aggressive or violent
 - take all reasonable steps to safeguard the assessor, such as providing a security service if needed

3.0 Information covered in the assessment

- a** We must ensure that the VIOA report meets our criteria and quality standards. The VIOA evaluation checklist provides a checklist of these standards and should be used to confirm these have been met before accepting the VIOA report from the assessor.

 VIOA Report evaluation checklist

4.0 Work types – what's a reasonable number?

- a** In most situations, 8-12 work type detail sheets are reasonable for an VIOA.

To have an excessive number of similar work types in an VIOA doesn't influence whether a client will be found vocationally independent.

5.0 Next working day rule

- a** Occupational assessors must follow the next working day rule when considering the types of work that are suitable for the client, meaning the client could start a job the next working day if it was available.

The client must not only have the skills but have also completed the necessary training and education in a work type before it can be identified as suitable. This includes any licence required for specific occupations.

6.0 Incomplete rehabilitation

- a** If an assessor believes that the vocational rehabilitation, as agreed in the RP/IRP, is not complete, they must:
- contact the case owner to discuss their concerns
 - state this on an ACC195 Vocational Independence occupational assessment report (406K) and provide options and recommendations for further vocational rehabilitation assistance.

7.0 Vocational Independence Medical Assessment (VIMA)


- a** A VIMA is undertaken by a medical assessor (occupational physician) who will assess how the client's injury affects their ability to work and provides an opinion whether the client is able to work for 30 or more hours a week in any of the work types recommended in the VIOA. They will also consider whether vocational rehabilitation is complete.

8.0 Requirements when making an VIMA referral

- a** When referring the client for a VIMA you should:
- Tell the client:
 - about the assessment
 - that they're entitled to bring a support person or persons to the assessment
 - provide all the related information to the assessor, including the VIOA and medical, rehabilitation and vocational reports
 - tell the assessor about any behaviour that could indicate risk, including any potential for the client to become aggressive or violent
 - take all reasonable steps to safeguard the assessor, such as providing a security service if needed

9.0 Information covered in the assessment

- a** We must ensure that the VIMA report meets our criteria and quality standards. The VIMA evaluation checklist provides a checklist of these standards and should be used to confirm these have been met before accepting the VIMA report from the assessor.

 VIMA Report evaluation checklist

10.0 No sustainable work types

- a** If the medical assessor considers that the client is not capable of undertaking any of the identified work types, they must:

- advise the client that they will recommend further rehabilitation
 - prepare and present a report that contains:
 - o options for further recommended rehabilitation/treatment as required
 - o the basis and reasoning for the recommendation(s)
-

11.0 Links to Legislation

-  Accident Compensation Act 2001, section 108 - Assessment of claimant's vocational independence
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101467.html>
 -  Accident Compensation Act 2001, Schedule 1, cl 24 - Occupational assessor
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM104815.html>
 -  Accident Compensation Act 2001, Schedule 1, cl 25 - Conduct of occupational assessment
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM104816.html>
 -  Accident Compensation Act 2001, Schedule 1, cl 26 - Report on occupational assessment
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM104817.html>
 -  Accident Compensation Act 2001, Schedule 1, cl 27 - Medical assessor
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM104818.html>
 -  Accident Compensation Act 2001, Schedule 1, cl 28 - Conduct of medical assessment
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM104820.html>
 -  Accident Compensation Act 2001, Schedule 1, cl 29 - Report on medical assessment
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM104821.html>
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Summary

Objective

This policy explains the vocational independence deterioration (VID). Use this policy to understand:

1. Eligibility for Weekly Compensation following surgery
2. Determining deterioration due to surgery Other circumstances to consider
3. How to deal with applications for weekly compensation after surgery
4. The rate of weekly compensation payable to the client
5. Ceasing weekly compensation after post-VI surgery Links to legislation
6. Legislation References

Background

If a client has surgery for a covered injury after achieving vocational independence (VI), their VI may deteriorate as a result of the surgery and they can ask for weekly compensation.

Typically, for a client to regain entitlement to weekly compensation following vocational independence it is necessary for them to undergo a VI reassessment. However, given the practical difficulties that arise when surgery is proposed, or when surgery has recently been carried out, ACC has developed a specific policy to address this.

The policy allows the client to regain eligibility for weekly compensation immediately following surgery if a Medical Advisor (MA) determines that their VI will deteriorate due to surgery. This policy means that the client does not have to go through the VI reassessment process and receives their entitlement in a timely manner.

Owner

Expert

Policy

1.0 Eligibility for weekly compensation following surgery after a VI decision

- a** A client can regain their eligibility to weekly compensation following surgery if:

- they have previously been declared vocationally independent
- the surgery is related to the injury or injuries for which the VI decision was originally made
- the client or their advocate has requested weekly compensation for the surgery recovery period
- a Medical Advisor (MA) has determined that the client's VI will deteriorate due to the surgery

Our previous policy stated that to be eligible for weekly compensation after post-VI surgery, the client had to be an earner at the date of surgery. This is no longer a requirement.

2.0 Determining 'deterioration' due to surgery

- a** A client's VI has deteriorated when they can't work 30 hours or more in one or more weeks in all of the jobs that they were previously declared vocationally independent for. If the client can work 30 hours or more per week in any one of the relevant jobs, then they're still vocationally independent.

We determine deterioration based on advice from the MA regarding a number of factors, which are specific to each individual, and may include:

- the nature of the surgery
- the estimated recovery time, which is specified by the surgeon in the Assessment report and treatment plan (ARTP)
- the opinions of the client's GP or surgeon
- the nature of the work for which the client was deemed to have VI
- the medical history of the client
- the client's age or health

Once ACC is satisfied that a client's VI will deteriorate, or has deteriorated due to surgery, then the client regains their eligibility to weekly compensation. See Managing weekly compensation for surgery after VI.

VI assessments (VIOA and VIMA) should be used to determine deterioration if there is sufficient reason to believe that the client may have lost their VI prior to surgery.

3.0 Clients who apply for weekly compensation after surgery

- a** Some clients may not apply for weekly compensation until after their surgery has taken place. In this situation, if the request is made during the expected recovery period provided on the ARTP, then ask the Medical Advisor to determine whether the client's VI has deteriorated due to the surgery.

However, if the request is made after the expected recovery period, the client's VI should be reassessed (VIOA and VIMA) to determine whether the client has lost their VI.

4.0 Weekly compensation rates post -VI surgery

- a** The client is entitled to the greater of:

- the rate of weekly compensation they were last entitled to, updated for indexation if applicable. This means the client can still receive their previous entitlement even if they have no job
- the recalculated rate, based on their actual recent earnings if applicable

5.0 Ceasing weekly compensation post-VI surgery

- a Once ACC has accepted that a client's VI has deteriorated and has reinstated weekly compensation, ACC can only end weekly compensation once the client has again been determined to be vocationally independent through a VI reassessment.

The client must complete the VI assessment even if they have returned to work.

Previous policy was that weekly compensation was stopped at the date specified in the ARTP. However, now a client must be certified as vocationally independent for weekly compensation to end.

6.0 Further Vocational Independence decision

- a If ACC determines that the client once again has vocational independence, ACC issues a further vocational independence decision. The weekly compensation end date is three months from the date ACC issues the decision.

7.0 Links to Legislation

-  Accident Compensation Act 2001, section 113 - Claimant who no longer has vocational independence regains entitlement to weekly compensation
<http://legislation.govt.nz/act/public/2001/0049/latest/DLM101473.html>

PROCESS **Make a Vocational Independence Deterioration decision - Surgery**

Summary

Objective

The Vocational Independence Medical Assessment (VIMA) considers whether a client's vocational rehabilitation is complete and if they have the ability to return to full time work.

Owner [REDACTED]

Expert [REDACTED]

Procedure

1.0 What should you expect from the VIMA?

- a The medical assessor will conduct a clinical examination of the client, and should take into account:
 - the supporting documentation provided with the referral, including medical reports, the IMA and whether any outstanding medical treatment has not been addressed. This includes pain issues.
 - any other injuries the client has suffered in the past
 - any existing non-injury factors or condition(s) the client suffers that could prevent or are preventing the client from achieving vocational independence
 - any other information the client provides that the assessor considers is relevant
- b The medical assessor should share their clinical opinion openly and in a way, that respects the dignity and cultural values of the client. They should actively engage the client in the decision making and ensure the recommendations are fair and reasonable.
- c The medical assessor is required to provide a copy of the VIMA report back to ACC within the required timeframes and the report to meet agreed quality standards. At a high level, the VIMA report should include the following type of information:
 - a list of the information we provided to the assessor
 - any other information the client provides the assessor which is relevant
 - the clinical findings from the assessor's examination, including any comment on pain and fatigue
 - their medical opinion and rationale regarding the client's fitness for work. This should include a recommendation on whether each of the job types identified in the VIOA are suitable given their injury and vocational independence. To be considered as suitable, the client must be able to work safely for 30 hours or more per week, over a period of employment, e.g. over a period more than 4 weeks.
 - include the basis and reasoning for each recommendation
 - if required, state why the client has not achieved vocational independence and consider if they need any further treatment or rehabilitation
 - all comments that the client makes about whether the identified types of work and the associated work tasks are suitable for their injury and vocational independence.

- d The VIMA report should be reviewed against the VIMA report evaluation checklist to make sure it meets ACC quality standards and discuss any issues with the assessor first. If you are unable to solve any issues directly with the assessor, escalate your concerns through [REDACTED]

VIMA Report evaluation checklist

Report Expectations.pdf

2.0 Standard or complex referrals

- a Arrange a standard VIMA for the client, unless any of the following complex assessment criteria apply. The case must include one of the following criteria to qualify for complex:
 - the case relates to a serious injury
 - the client has a covered sensitive claim
 - the covered injury is a moderate to severe traumatic brain injury
 - it has been two and a half years or more since the date of covered injury.

There may be occasions where the case is exceptionally complex and an assessor requests consideration for additional hours. The VMSEXC code is available for these cases.

If you wish to use the exceptional code, you must request approval from the Vocational Rehabilitation Portfolio Advisor via email: [REDACTED] Include a brief reason why you need to use it.

3.0 Assessor requests for further information or an additional assessment

- a Arrange a standard VIMA for the client, unless any of the following complex assessment criteria apply. The case must include one of the following criteria to qualify for complex:
 - the case relates to a serious injury
 - the client has a covered sensitive claim
 - the covered injury is a moderate to severe traumatic brain injury
 - it has been two and a half years or more since the date of covered injury.

There may be occasions where the case is exceptionally complex and an assessor requests consideration for additional hours. The VMSEXC code is available for these cases.

If you wish to use the exceptional code, you must request approval from your team leader and if needed they will escalate it to the clinical team for further review.

4.0 Client is 'risky' or aggressive

- a If your client has a Care Indicator or you consider them to pose a potential risk to the assessors safety then you need to clearly outline this in the referral letter and have a conversation with the assessor prior to them contacting the client. You should clearly document this in Eos using the standard template.

5.0 When to refer for a VIMA reassessment

- a A VIMA reassessment can be referred for using the VMV03 service item code. A reassessment can only be referred to the same practitioner that completed the initial assessment. The initial assessment needs to have taken place within the last 3 months. A reassessment may be helpful where a significant development has occurred since the original assessment, such as a new injury.



6.0 When a Client also has Sensitive Claim

- a If the case involves a sensitive claim, contact the Sensitive Claims Unit and arrange for all medical notes and reports to be sent to the VIMA assessor.
-

7.0 Failure to attend or complete an assessment

- a After accepting a referral the medical assessor must:
 - let us know within two working days if they can't contact the client or complete an assessment, so that we can arrange another assessor
 - provide us with a written record of any non-attendance at an assessment by the client.
-

8.0 Other links

-  Promapp: VIOA/VIMA Policy Page
<https://go.promapp.com/accnz/Process/9a4af2d9-b221-4775-8937-14e3f71358b8>
 -  Promapp: VMS Centralised SharePoint Booking System Service Page
<https://go.promapp.com/accnz/Process/3cf0f18a-53fa-4549-a633-d146a91b4b64>
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RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Summary

Objective

This policy defines vocational rehabilitation. Use this policy to understand:

1. What is vocational rehabilitation
2. Eligibility to vocational rehabilitation
3. Vocational Rehabilitation and the Recovery Plan (RP) / Individual Rehabilitation Plan (IRP)
4. Preferred vocational rehabilitation options
5. Requirements for vocational rehabilitation
6. Duration of vocational rehabilitation
7. Legislation Reference

Owner



Expert



Policy

1.0 What is Vocational Rehabilitation

- a** We define Vocational Rehabilitation (VR) as the assistance necessary to achieve a meaningful and sustainable vocational outcome, whether this be to assist a client to return to work or where this is not reasonably practical, prepare the client for work readiness.

The goal of VR is to assist the client to:

- Maintain employment ('Return to my preinjury role'); or
- Obtain employment ('Return to a lighter work type'); or
- Regain or acquire vocational independence ('Work and manage my life')

2.0 Eligibility to Vocational Rehabilitation

- a** We must provide VR to any client who has a covered personal injury and is either:
 - entitled to weekly compensation or Loss Of Potential Earnings (LOPE)
 - likely to be entitled to weekly compensation if we don't provide vocational assistance
 - no longer entitled to weekly compensation because they've reached the NZ Superannuation Qualifying Age (NZSQA)
 - on parental leave.

We must start to consider VR as soon as we decide that a client is likely to be eligible.

3.0 Vocational Rehabilitation and the Recovery Plan (RP) / Individual Rehabilitation Plan (IRP)

- a** All clients who could be entitled to VR must have an IRP.

You must develop the IRP within 13 weeks of the client's injury being accepted for cover.

When determining a client's VR you must take into account the VR outcome agreed in their IRP.

For more information see:

-  Individual Rehabilitation Plans Policy
-  Creating or updating an Individual Rehabilitation Plan document process
<http://thesauce/team-spaces/chips/managing-claims-at-acc/claim-management/Process/creating-or-updating-an-individual-rehabilitation-plan-document/index.htm>
-  (NGCM) Creating or updating a Recovery Plan
<https://go.promapp.com/accnz/Process/c6e256d7-2c36-4d5b-9938-4f569538b4a4>

4.0 Preferred Vocational Rehabilitation options

- a** You must determine whether the client can return to the same employment and employer they had before their incapacity. If this isn't possible, decide which of the following is the most reasonable and practical option for the client:
 - return to a different kind of employment with their previous employer
 - return to the same kind of employment with a different employer
 - use their experience, education, or training in a different kind of employment with a different employer
 - help the client to use as many of their pre-injury skills as possible to get employment.

5.0 Requirements of Vocational Rehabilitation

- a** The vocational rehabilitation provided to a client must meet the following criteria:
 - be likely to achieve the vocational goals recorded in the client's RP/IRP
 - cost-effective and perhaps help to reduce other costs, such as weekly compensation
 - appropriate in the client's circumstances
 - sustainable by the client in the long term
 - tailored to the client's needs and abilities, especially if they have a serious injury

NOTE Examples

A client's pre-injury work required them to have a specific tertiary qualification. They can't return to that particular type of work. We can provide rehabilitation assistance to support them in doing other similar work that also uses that qualification

A client's brain injury means they can never return to their previous level of employment. We aim to return them to the closest equivalent level of employment that their injury will allow them to sustain





6.0 Duration of Vocational Rehabilitation

- a We must provide VR for the minimum period necessary to achieve the client's vocational outcome in their RP/IRP, but typically must not provide it for longer than 3 years (which needs not be consecutive).

ACC can provide VR for longer than 3 years at its discretion if it still fulfils the requirements of VR. Technical guidance should be sought in this circumstance.

We must restart VR, with the client's agreement, if they are unable to sustain their return to work or work readiness after the initial VR. You must note the agreement in their RP/IRP.

7.0 Links to Legislation

-  Accident Compensation Act 2001, Section 85 - Corporation liable to provide vocational rehabilitation
<http://legislation.govt.nz/act/public/2001/0049/latest/DLM101432.html>
-  Accident Compensation Act 2001, Section 86 - Matters to be considered in deciding whether to provide vocational rehabilitation
<http://legislation.govt.nz/act/public/2001/0049/latest/DLM101433.html>
-  Accident Compensation Act 2001, Section 87 - Further matters to be considered in deciding whether to provide vocational rehabilitation
<http://legislation.govt.nz/act/public/2001/0049/latest/DLM101434.html>
-  Accident Compensation Act 2001, Section 88 - Vocational rehabilitation may start or resume if circumstances change
<http://legislation.govt.nz/act/public/2001/0049/latest/DLM101436.html>

Summary

Objective

The IRP contains information about the treatment, social rehabilitation and vocational rehabilitation a client needs to restore their health, independence and participation in society to the highest possible level.

An IRP is a legal document under the Accident Compensation Act 2001 (AC Act), ie:

- ACC must provide or do what has been agreed to in an IRP
- the client cannot unreasonably refuse to complete an intervention that has been agreed in the plan.

An IRP must be updated when the client's circumstances change and the agreed interventions no longer apply or cannot be completed.

- 1) Individual Rehabilitation Plan (IRP)
- 2) When ACC and the client must negotiate and agree upon an IRP
- 3) Recording social rehabilitation on the IRP
- 4) Providing assistance without an IRP
- 5) Exclusions
- 6) Paperless IRPs
- 7) Participant's Rights
- 8) 8. Legislative Requirements

Owner



Expert



Policy

1.0 Individual Rehabilitation Plan (IRP)

- a An IRP is an agreement between the client and ACC that details vocational and social interventions (and may also include treatment) to assist in a client's recovery.

The IRP must be comprehensive and look at the client as a whole person, in the context of their family, whānau and culture.

An IRP is a legal document under the Accident Compensation Act 2001 (AC Act).

ACC must provide or do what has been agreed to in an IRP.

The client cannot unreasonably refuse to complete an intervention that has been agreed in the plan.

An IRP must be ongoing and active.

An IRP must be updated when the client's circumstances change, and the agreed interventions no longer apply or cannot be completed.

2.0 When ACC and the client must negotiate and agree upon an IRP

- a An IRP is required for claims where social or vocational rehabilitation is being provided and the claim is expected to exceed 13 weeks duration (see Section 75 of the AC Act)

Claims held in the Short Term Claims Centres (STCC) do not have IRPs. All claims transferred from an STCC to a branch for case management must have an IRP developed in the branch.

3.0 Recording social rehabilitation on the IRP

- a In addition to all the normal requirements for IRP content and how it is prepared and modified, a client's IRP must also include:

- the social rehabilitation outcome to be achieved and the expected date for achieving that outcome
- the results of the social rehabilitation assessment, either:
 - identifying that a package of care has been put in place
 - listing the identified needs
 - stating that 'No social rehabilitation needs were identified' for the individual client.

4.0 Providing assistance without an IRP

- a We can provide social and vocational rehabilitation assistance to a client without an established IRP for the first 13 weeks from the date we've accepted a claim for cover (see section 76 of the AC Act).

NOTE What if an IRP is developed during or after that period:

- the IRP must consider the client's social and vocational rehabilitation needs
- all social and vocational rehabilitation assistance provided must be included in the IRP.

5.0 Exclusions

- a If the only rehabilitation the client will receive is treatment, an IRP is not legally required, even if the treatment extends beyond 13 weeks.

The following claims do not require an IRP:

- claims open only to pay weekly compensation to the employer as reimbursement (i.e. an Employer Reimbursement Agreement)
- claims awaiting a cover or entitlement decision
- claims open only for payment of an independence allowance
- accidental death claims
- claims declined under section 60, if they are only receiving weekly compensation
- claims open only for fraud, review or appeal.

6.0 Paperless IRPs

- a Paperless IRPs can be used for short-term, non-complicated claims. In these scenarios, the case owner and client can verbally agree to the IRP goals and rehabilitation actions, along with an appropriate outcome date.

The case owner must explain to the client, the purpose of a rehabilitation plan and offer the choice of how to agree to the plan (by phone, in a meeting, by email, or by signing a paper copy).

The case owner must advise the client of their review rights.

- b** Use a paperless IRP when:
- the claim has a rehab outcome of Return to Work (RTW), same job;
 - the Expected Claim Outcome (ECO) is under 365 days; and
 - the client has a sound relationship with ACC and they are happy to proceed this way.
- c** Do not use a paperless IRP in cases where:
- the rehab direction is not RTW, same job;
 - the client requests a written IRP;
 - the case owner decides a written IRP is preferable; or
 - the client intends to leave New Zealand.


NOTE A paperless IRP must not be used when any part of it is not agreed to

Where the IRP does not contain or does not provide rehabilitation as requested by the client, do not use a paperless IRP. There can be no situation where a paperless IRP is used when declining or not providing what has been applied for.

NOTE Signing the IRP

It is not a legislative requirement that the client signs the IRP, however this is current policy as it is the best evidence of a client's agreement.

7.0 Participants' rights

- a** Schedule 1, Part 1 (7) relates to participants' rights, including:
- the client's right to information about the rehabilitation they are eligible for, including the vocational independence process and the IRP process
 - the right to have a support person present when preparing an IRP
 - the consequences of agreeing to the IRP
 - the lead health practitioner's and employer's right to participate in preparing the IRP
 - ACC's responsibility to meet the costs of preparing an IRP.
-  AC Act 2001, Schedule 1, Clause 7 - Preparation of individual rehabilitation plan
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM104553.html>
- b** The lead health practitioner and employer should be invited to participate in the preparation of the IRP, however this does not mean they need to see a copy of the plan. They also do not have the right to review.

8.0 Legislative Requirements

- a**
- Section 77 states that the IRP must identify the:
 - client's needs for rehabilitation, including any social and vocational rehabilitation
 - assessments to be done
 - services appropriate to those needs and whether ACC is liable to provide any or all of those services
 - the services ACC will pay for or contribute to.
 - An IRP must be updated from time to time to reflect the outcome of assessments done and progress made under the plan. See Section 78 and Schedule 1, Part 1, (10).
 - ACC is required to ask the client to agree to the IRP and if after a reasonable time the client does not agree, ACC can advise the client the IRP is 'regarded as finalised'. See Schedule 1, Part 1, (8). An IRP must only be 'regarded as finalised' as a last resort, after every reasonable effort to gain the client's agreement has failed.
 - A client has the right to review an IRP after agreeing to it, or it being 'regarded as finalised'. See Schedule 1, Part 1, (9).
 - ACC is required to fund the services it agreed to provide in the IRP. See Schedule 1, Part 1, (8).

Summary

Objective

This policy defines the requirement for provision of vocational rehabilitation (VR) once an Initial Occupational Assessment (IOA) / Initial Medical Assessment (IMA) have been completed. Use this policy to understand:

1. Planning vocational rehabilitation
2. Vocational Rehabilitation Planning Tool
3. Meeting with the client to agree on vocational rehabilitation
4. Dual plan/pathways option
5. Changes to the agreed vocational rehabilitation
6. Completion of vocational rehabilitation

Background

Determining and planning vocational rehabilitation following the IOA/IMA is a crucial step for client's where regaining fitness for their pre-injury employment is unlikely.

Use this policy to guide you with planning vocational rehabilitation after receiving the IOA and IMA reports.

Owner



Expert



Policy

1.0 Planning vocational rehabilitation

- a** ACC is required to provide vocational rehabilitation that meets the vocational rehabilitation needs of the client.

Planning vocational rehabilitation is about determining the most appropriate vocational options for a client and identifying the interventions or supports required to remove any barriers to enable the client to return to work or work readiness.

The information contained in the IOA and IMA reports will help determine which types of work to focus vocational rehabilitation towards. To help evaluate this information use the Vocational Rehabilitation Planning Tool (see below) to understand the vocational needs specific to each identified work type to help the client return to work or work readiness.

2.0 Vocational Rehabilitation Planning Tool

- a** This tool has been designed to assist you with vocational rehabilitation planning. It should highlight all the medically sustainable, or likely to be, work types for the client, as specified in the IMA report. It will summarise the rehabilitation recommendations and vocational needs specific to each work type.

Having an outline of the viable work types and vocational needs specific to each work type should give you an informed starting point for a discussion with the client.

Vocational Rehabilitation Planning Tool

3.0 Meeting with the client to agree on vocational rehabilitation

- a** It is important to take the client's views into consideration when agreeing on what vocational rehabilitation to provide. The vocational rehabilitation needs to provide a sustainable outcome within the legislative framework.

When considering what vocational rehabilitation we might agree to provide, the following matters should be taken into consideration:

- whether the vocational rehabilitation is likely to achieve the goals in the client's Recovery Plan (RP) / Individual Rehabilitation Plan (IRP); and
- whether the vocational rehabilitation is likely to be cost-effective, having regard to the likelihood that costs of any entitlements the client is receiving will be reduced as a result of providing the vocational rehabilitation; and
- whether the vocational rehabilitation is appropriate in the circumstances.

- b** When you meet with the client, discuss:

- the IOA and IMA assessments and answer any questions they may have
- whether a return to, or regaining fitness for, their pre-injury employment is realistic and whether a change in VR goal is more appropriate (See 'Guidelines for managing the transition from maintain employment to obtain employment')
- the alternative work type options to focus vocational rehabilitation towards and the vocational needs to address to return to work / work readiness
- any other rehabilitation recommendations
- all of the likely services required to provide the agreed vocational rehabilitation (e.g. Back to Work programme)
- the VI rehabilitation pathway, if regaining fitness for the pre-injury employment is unlikely or not the focus of vocational rehabilitation (See 'About Vocational Independence (VI)' below)
- an RP/IRP with the outcome of the IOA and IMA, any new goals and the agreed vocational rehabilitation. It is also recommended that if it is agreed to not implement any of the recommended rehabilitation identified by the IMA assessor that this is recorded in the plan with the reason/s for not doing so.

About Vocational Independence Policy

Guidelines for managing the change in targeted vocational outcome

4.0 Dual plan/pathway option


- a** For some client's, the IMA might indicate that returning to, or regaining fitness for, their pre-injury employment might still be possible depending on their recovery progress. However, it might also be appropriate to concurrently focus vocational rehabilitation toward return to work / work readiness for alternative types of work.

In this circumstance, the client's RP/IRP might consist of a primary goal and secondary goal with agreed vocational rehabilitation focusing on achieving either outcome.

The primary goal might be the main focus for the client, however, having this dual focus will allow the client to seamlessly transition between goals if it later becomes more apparent that the primary goal is no longer suitable or achievable.

5.0 Changes to the agreed vocational rehabilitation

- a ACC is obligated to provide a client with all rehabilitation recorded in the RP/IRP. If, at a later date, it is mutually agreed to not undertake any vocational rehabilitation recorded in the plan, this agreement should be updated on the plan clearly documenting the rationale for no longer providing it.

 Individual Rehabilitation Plan Policy

PROCESS Create or Update Recovery Plan

6.0 Completion of vocational rehabilitation

- a Vocational rehabilitation is considered complete once all the agreed vocational rehabilitation recorded on the RP/IRP has been completed and has achieved its purpose (i.e. towards the vocational rehabilitation goal). This is measured not just by completion of the funded service or rehabilitation programme but also includes looking at whether the identified barriers have been addressed.

NOTE Example 1 - Pain Management

If a pain management programme was recommended in order to equip the client with the skills and understanding to self-manage their pain, consideration at the end of the programme should be given as to whether outcome this was achieved.

NOTE Example 2 - Computer Training

If it was agreed that ACC would provide computer training to acquire the computer skills typically required for a particular work type/s, consideration should be given at the end of the training as to whether the client has successfully acquired these skills.

Guidelines for managing the change in targeted vocational outcome

Introduction

For some clients the thought of not returning to their pre-injury vocation and having to consider new employment can be an overwhelming prospect. Working with and supporting clients through this type of life change is an important and challenging case management process.

ACC is responsible for providing clients with vocational rehabilitation if their injury is preventing them from working, to the point where either they are able to return to their pre-injury employment or are vocationally ready to work in another type of employment.

After determining a client may no longer be able to return to their pre-injury employment, use these guidelines to assist when you meet with your client to discuss changing their and vocational rehabilitation outcome (recovery goal).

A change in the targeted vocational outcome (recovery goal) should be made following appropriate assessments/advice, e.g. IOA/IMA, VRR, Internal guidance.

Note: At times, the targeted vocational outcome (recovery goal) can still change (back) from 'Regain or acquire vocational independence' or 'Obtain employment' to 'Maintain employment' if new information becomes available or pending the client's progress.

Understanding the client's perspective

For some clients the prospect of moving into different employment or changing vocation may not be an issue. For other clients the loss of previously valued employment, colleagues and specialised skills can be a huge barrier to focusing on the future. It may stop them participating in the assessments and successfully rehabilitating in their alternative vocation.

Using appropriate support strategies

As the transition to becoming work ready can be overwhelming, there are a number of things you can do as a case owner to make it easier for clients. For example:

- discuss early with the client the possibility that they may not be able to return to their pre-injury employment
- maintain a "no surprises" policy, ie open and ongoing conversations, early expectation setting, transparency of referrals and outcome of assessments
- explain ACC's role in vocational rehabilitation if they are not able to return to, or regain fitness for, their pre-injury employment
 - discuss the prospect of new employment
 - discuss with them other transferable skills and strengths they have
 - explain the role of the vocational independence process within vocational rehabilitation
 - provide them with sufficient information on the next steps and outline who will support them, ie you, the provider and their GP
 - ask them to discuss their fears or issues about a change in vocational direction
 - listen and acknowledge any concerns and then address them
 - provide professional support if required, eg psychological services or a Training for Independence (TI) programme, to help them through and adjust to this life change.

Summary

Objective

ACC can fund standard work items when this is the only thing stopping a client from starting a new job.

Standard work items are the usual items needed to do a job, eg trade tools or clothing, such as work-boots. Standard work items are not equipment needed in the workplace to meet the client's assessed injury-related needs.

We can provide other vocational equipment if there is an assessed injury-related need and the equipment items are required to address that need. See Vocational rehabilitation equipment.

Owner



Expert



Policy

1.0 Funding sources

- a** You must consider all available alternative sources of funding, such as either:

- the employer's requirement to supply the item(s) under the Health and Safety in Employment Act 1992
- the client's ability to purchase the item(s).

We do not provide or contribute to work items the employer is required to provide under the Health and Safety in Employment Act 1992

We will fund item(s) if the client confirms they can't afford to pay for them or will suffer financial hardship. They must provide evidence to this effect, eg bank statements.

You must consider whether the client can:

- contribute to the cost of the item or get a personal loan
- get the item at cost from an industry source.

2.0 Criteria for funding

- a** The item(s) must be required as a condition of the client being able to begin specific paid employment.

There must be no alternative sources of funding available.

The client must:

- be engaged as an employee, not in self-employment or as a self-employed contractor
- have been receiving weekly compensation for 13 weeks or more
- be safely able to do the proposed work.

The employment must:

- be for 15 hours or more per week
- have a definite start date
- be assessed as suitable and sustainable for the client.

3.0 Responsibilities

- a** The client must:

- request the item(s) using an ACC001 Request for assistance form
- get written confirmation from the employer to show:
 - the item(s) are needed for the client to start the employment
 - the start date for the employment
 - that the employment is for 15 or more hours per week
 - the Health and Safety in Employment Act 1992 does not require the employer to supply the item(s)
- provide evidence if they can't afford to pay or contribute to the cost of the item(s).

- b** The employer must confirm in writing that both:

- paid employment is available for the client
- the item is required by the client to start that employment.

- c** You must get a work-place assessment from a Vocational Rehabilitation Assessor, confirming that:

- the client is safely able to do the proposed work
- the item(s) are needed for the client to start the employment.

 ACC001 Request for Assistance

4.0 Funding limits

- a** Funding must be cost-effective, ie we must be able to recover the cost of the item(s):

- by reducing or ceasing the client's weekly compensation payments
- within a reasonable time, preferably within four to six weeks after the client starts the employment.

You must not pay more than \$500 (GST inclusive) for any item or combination of items.

If the cost is above \$500 (GST inclusive) you must find an alternative source of funding.

5.0 Payment and approval

a Vocational equipment can be sourced through:

- reimbursement of the client's expenses
- contribution to employer's expenses
- MRES using ACC96 Equipment order form, see Rehabilitation Equipment

You must record any purchases or contributions in the client's individual rehabilitation plan (IRP).

You must use the 'Vocational Equipment' code or the appropriate ACC Equipment List code when making payments.

You must approve and decline the request using either:

- a decision letter (approved requests)
- a standard letter (declined requests).

 ACC96 equipment order form

 Vocational rehabilitation equipment

<https://go.promapp.com/accnz/Process/274319d3-6826-41cf-a321-a92a5bb00cb7>

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Summary

Objective

This policy defines the assessments required when assessing the vocational rehabilitation needs of a client. Use this policy to understand:

1. Eligibility criteria
2. Initial Occupational Assessment (IOA)
3. Initial Medical Assessment (IMA)
4. When to refer for IOA/IMA
5. Legislation References

Background

ACC is required to determine the vocational rehabilitation (VR) needs of a client before providing the client with the appropriate vocational rehabilitation. There are two assessments used to assess a client's needs, the initial occupational assessment and the initial medical assessment. These assessments are completed together and help establish suitable and sustainable work options that vocational rehabilitation can be targeted towards.

Owner [REDACTED]

Expert [REDACTED]

Policy

1.0 Eligibility Criteria

- a** To be eligible for referral for an IOA and IMA the client must be:
- entitled to receive VR assistance
 - unlikely to maintain their current employment; or
 - unlikely to regain fitness for their pre-injury employment
 - have completed an IOA (prior to the IMA)

2.0 Initial Occupational Assessment (IOA)

- a** An IOA is undertaken by an occupational assessor (vocational or career's consultant) who will identify the types of work that may be appropriate for the client based on their skills, education, and experience. This is not a medical assessment and effects of the client's injury are not taken into account during this assessment.


The assessment will also identify:

- the client's vocational needs and any vocational barriers to them returning to work or achieving work readiness
- vocational rehabilitation likely to assist the client to return to work or achieve work readiness for the identified work types
- any additional steps the client could take to return to work or achieve work readiness for the identified work types

3.0 Requirements when making an IOA referral

- a** When referring the client for an IOA you should:
- Tell the client:
 - about the assessment
 - that we will provide their pre-incapacity earnings to the occupational assessor
 - that they're entitled to bring a support person or persons to the assessment
 - provide all the IOA related information to the assessor, including the client's employment history, occupational reports and pre-incapacity earnings (do not include medical information as it is not relevant for the IOA)
 - tell the assessor about any behaviour that could indicate risk, including any potential for the client to become aggressive or violent
 - take all reasonable steps to safeguard the assessor, such as providing a security service if needed
 - record the agreement to undertake an IOA, and its purpose, on the client's Recovery Plan (RP) / Individual Rehabilitation Plan (IRP)

4.0 Information covered in the assessment

- a** We must ensure that the IOA report meets our criteria and quality standards. The IOA evaluation checklist provides a checklist of these standards and should be used to confirm these have been met before accepting the IOA report from the assessor.
-  IOA Report Evaluation Checklist

5.0 Work types – what's a reasonable number?

- a** In most situations, 8-12 work type detail sheets are reasonable for an IOA.

To have an excessive number of similar work types in an IOA doesn't influence the VR provided or whether a client will eventually be found vocationally independent.

6.0 Initial Medical Assessment (IMA)

- a** An IMA is undertaken by a medical assessor (occupational physician) to determine whether the types of work identified in the IOA are, or are likely to be, medically sustainable for a client taking into account the effects of their injuries.

An IMA should also identify:

- any recommended rehabilitation or treatment the client needs to help them return to work or achieve work readiness
- if it is indicated that regaining fitness for the pre-injury role is achievable

7.0 Requirements for IMA Referrals

a When referring the client for an IMA you should:

- Tell the client:
 - about the assessment
 - that they're entitled to bring a support person or persons to the assessment
- provide all the related information to the assessor, including the IOA and medical, rehabilitation and vocational reports
- tell the assessor about any behaviour that could indicate risk, including any potential for the client to become aggressive or violent
- take all reasonable steps to safeguard the assessor, such as providing a security service if needed
- record the agreement to undertake an IMA, and its purpose, on the client's Recovery Plan (RP) / Individual Rehabilitation Plan (IRP).


8.0 Information covered in the assessment

a We must ensure that the IMA report meets our criteria and quality standards. The IMA evaluation checklist provides a checklist of these standards and should be used to confirm these have been met before accepting the IMA report from the assessor.

 IMA Report Evaluation Checklist

9.0 When to refer for an IOA and IMA

a When there is information to indicate that the client may not regain fitness, or sustain, the employment they held at the time of their injury, consideration should be given to assessment of their vocational rehabilitation needs via an IOA and IMA.

 Guidelines for when to refer for the IOA and IMA


b If the decision is made to refer the client for these assessments, the client's circumstances should be taken into consideration when scheduling the assessments.


NOTE Examples


A client has recently begun treatment for significant PTSD symptoms. Check with the treating provider when it would be appropriate for the client to engage with an IOA assessor to discuss future vocational options.


A client has surgery scheduled in the near future. The IMA assessment should be scheduled following adequate recovery from surgery.


10.0 Links to Legislation


 Accident Compensation Act 2001, Section 89 - Assessment of claimant's vocational rehabilitation needs
<http://legislation.govt.nz/act/public/2001/0049/latest/DLM101437.html>


 Accident Compensation Act 2001, Section 90 - Occupational assessor
<http://legislation.govt.nz/act/public/2001/0049/latest/DLM101438.html>


 Accident Compensation Act 2001, Section 91 - Conduct of initial occupational assessment
<http://legislation.govt.nz/act/public/2001/0049/latest/DLM101439.html>

 Accident Compensation Act 2001, Section 92 - Report on initial occupational assessment
<http://legislation.govt.nz/act/public/2001/0049/latest/DLM101440.html>

 Accident Compensation Act 2001, Section 93 - Medical assessor
<http://legislation.govt.nz/act/public/2001/0049/latest/DLM101441.html>

 Accident Compensation Act 2001, Section 94 - Assessments when medical assessor unavailable
<http://legislation.govt.nz/act/public/2001/0049/latest/DLM101443.html>

 Accident Compensation Act 2001, Section 95 - Conduct of initial medical assessment
<http://legislation.govt.nz/act/public/2001/0049/latest/DLM101445.html>

 Accident Compensation Act 2001, Section 96 - Report on initial medical assessment
<http://legislation.govt.nz/act/public/2001/0049/latest/DLM101446.html>

Guidelines for when to refer for the IOA/IMA

Use these guidelines to help you decide if the time is right to refer a client for an IOA and IMA assessment. The decision has to be made on a case-by-case basis, as getting the timing right is very important when aiming for successful participation by the client and a sustainable vocational rehabilitation outcome.

Know your client

Most clients will be able to recover enough from an injury to return to their pre-injury work, but a small number of clients will need to consider alternative work types due to the lasting effects of the injury on their ability to do the work.

Knowing your client is a key factor in considering when it might be appropriate to refer them for IOA/IMA assessments.

Efforts to maintain the pre-injury role should be thoroughly explored before considering a referral for an IOA and IMA (within a realistic timeframe).

Maintain momentum

Loss of momentum within vocational rehabilitation is one of the main reasons clients struggle to return to work. Research tells us that the longer someone is out of work the harder it is for them to return. The timeliness of the transition between maintaining employment and obtaining employment, or achieving work readiness, is critical to achieving a successful outcome.

The IOA and IMA assessments are a significant step in a client's vocational rehabilitation pathway. They should not be undertaken lightly or be used just to save time later. This may lead to concern and confusion when current vocational efforts are directed towards maintaining pre-injury employment. It can also subject clients to unnecessary assessments and cause needless expenditure for ACC.

Referring for assessments alongside other rehabilitation

Based on research and best practice it is known that providing treatment and rehabilitation at the same time achieves more sustainable outcomes and provides a better service to clients. A client can still be participating in other treatment while undertaking their IOA and IMA, for example:

- a physical strengthening programme, eg as part of a Stay at Work (SAW) service
- pain management
- 'hands-on' physiotherapy.

Note: The functional component of a Stay at Work programme can continue, even at a low level, while the IOA and IMA occur. All scenarios need to be considered carefully to ensure the IMA does not have to be repeated because a lot of improvement is still to be expected

Lengthy RTW scenarios

Scenario 1: When a client continues to be employed and will return to their pre-injury role over a prolonged period of time, then:

- encourage the client to gradually increase their participation at work (partial duties or hours) and continue with current rehabilitation
- consult the relevant treatment provider(s) to discuss the current treatment and/or additional services that may assist the RTW
- seek guidance from Recovery Support

Guidelines for when to refer for the IOA/IMA

- if the client fails to make significant improvement, and RTW in the pre-injury role is looking unlikely, then refer for IOA and IMA.

Scenario 2: When a client loses their job, and will require significant functional and vocational rehabilitation to regain fitness for their pre-injury employment, ie clearance in the future under Section 103 is uncertain, then:

- discuss the likelihood of returning to pre-injury employment with the current treating practitioner/specialist
- ensure relevant information on the client's pre-injury employment is available, by way of a job description, job task analysis (ACC188) or work place assessment.
- arrange an IOA and IMA if it is determined that the client is unlikely to regain the fitness for their pre-injury employment

Scenario 3: When a client loses their job, but is likely to regain the fitness for their pre-injury employment soon, ie a clearance in the future under Section 103 is likely, then:

- continue to encourage the client to participate in rehabilitation to regain their function
- consider a Back to Work programme if the main barriers are functional and a full clearance is expected
- if a full clearance is not obtained, consider the appropriateness of a standalone s103 assessment
- if at any time it seems unlikely that the client will regain fitness for their pre-injury employment, or the s103 assessment confirms that RTW in the pre-injury job is not likely, refer for IOA and IMA immediately.

Scenario 4: When a client may not regain the fitness for their pre-injury employment due to non-injury related reasons, eg an underlying medical condition, then:

- an MCR may be appropriate to clarify if the ongoing incapacity is still related to the ACC covered injury
- if the ongoing incapacity is due to the covered injury, refer for an IOA and IMA
- if the capacity is not due to the covered injury, consider a Section 117 decision.

Scenario 5: When it is unclear whether the client will likely regain fitness for their pre-injury employment due to the effects of their covered injury, ie future clearance under Section 103 is uncertain, then consider, in consultation with Recovery Support, referring for an IOA and IMA, so we can assess:

- the client's progress
- any further rehabilitation required
- whether their pre-injury employment is likely to become medically sustainable in the future with the appropriate rehabilitation
- whether there are other suitable work types that are or are likely to be medically sustainable with appropriate rehabilitation.



Summary

Objective

The Back to Work (BTW) service supports clients to regain capacity for the pre-injury work type, obtain employment, become vocationally independent, or achieve maximum employment participation. These clients have either lost their pre-injury job or need to move to a different work type because of their injury.

Owner [REDACTED]

Expert [REDACTED]

Procedure

1.0 Who is the BTW service for?

- a The BTW service is for those clients who have lost their pre-injury role, but need assistance to regain capacity for the pre-injury work type, obtain new employment, become vocationally independent, or increase their employment participation.

The provider will tailor the service to accommodate each client's specific needs and address any barriers to achieving the outcome stated on the referral. This service is only for those entitled, or likely to be entitled to weekly compensation.

2.0 Managing Back to Work Programmes

- a To manage Back to Work Programmes, refer to the quick guide.

[BTW Guide.pdf](#)

3.0 When should you make a BTW referral?

- a If your client has lost their pre-injury job or cannot maintain or return to their role due to their injury, then you should consider a BTW referral.

When your client cannot return to their pre-injury role due to injury, an Initial Occupational Assessment (IOA) and Initial Medical Assessment (IMA) should be undertaken before the referral. However, you may make the referrals concurrently.

If your client has lost their pre-injury role but should make a full recovery you do not need to complete an IOA and IMA before the BTW referral.

The IOA and IMA will confirm whether the client can return to their pre-injury role and what other work types would be suitable. It will also identify the barriers preventing the client from being able to work. If you do make a BTW referral without an IOA and IMA, you will need to consider making these referrals in the coming weeks.

NOTE Your client has lost their pre-injury role, but should make a full recovery

If your client has lost their pre-injury job, but should make a good recovery, then you may use a BTW service to obtain a description of their pre-injury role and provide a vocational rehabilitation. The provider can also request a clearance from the certifying medical practitioner.

Not all clients will need specialised assistance to regain their capacity. Before making the referral, you should discuss the client's needs with the treating providers (Physio, GP etc.). A treating Physiotherapist can usually provide an exercise programme and email/report around capacity without a BTW referral.

NOTE Your client just needs assistance with placement into a new role

If your client only requires assistance with placement into a new role then a BTW service is appropriate without an IOA/IMA. The types of assistance required may include arranging workplace modifications, trialling equipment and providing a graduated return to work plan.

4.0 How do you refer for a BTW service?

- a All clients enter the BTW service at 'stage 1' and move through stages depending on the complexity of their needs. To refer for a BTW service, generate a Purchase Order using the entitlement type: VRB01.

Back to Work

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
VRB01	Back to Work Stage 1	As described in Part B, Clause 5.12	\$642.06	Package Price (Maximum 1 per claim)

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
VRB02	Back to Work Stage 2	As described in Part B, Clause 5.13	\$1,027.31	Maximum payment or part thereof per claim
VRB03	Back to Work Stage 3	As described in Part B, Clause 5.14	\$2,696.67	Maximum payment or part thereof per claim
VRB04	Exceptional Code following Back to Work Service Stage 3	As described in Part B, Clause 5.18	\$2,825.08	Maximum payment or part thereof per claim
VRB05	Outcome follow up	As described in Part B, Clause 5.10	\$128.41	Set fee per referral (Maximum 1 per claim)
VRB06	Post placement support	As described in Part B, Clause 5.15	\$128.41	Per hour (excl. GST) prior approval required
VRJ02	Job Search	As described in Part B, Clause 5.16	\$948.35	Package Price
VR10	Back to Work service permanent full-time employment outcome payment.	As described in Part B, Clause 5.17	\$1,293.66	Outcome Payment



BTW Service Item types.PNG

- b** A BTW referral is sent using the ACC98 - Referral for Vocational Service form. This should be generated from the Purchase Order. All relevant fields should be completed including:
- Expected claim outcome (ECO) date (see further information below)
 - Target date (see further information below)
 - Claim complexity (rating from 1-10 which is located on the [Insights] tab in Eos)
 - Outcome sought (outline the rehabilitation recommendations in the IMA and IOA that you would like addressed if the client has had these assessments).

You should also provide the following information to assist the provider:

- background information regarding the injury.
- barriers identified
- any relevant vocational information (eg previous SAW reports, IOA and IMA)
- any relevant medical information (eg expected recovery post-surgery (ARTP)).

NOTE Target date

The target date is the date in which you expect the provider to achieve the outcomes of the BTW service. It must be stated in the ACC98 ACC referral for Vocational Services form. To determine the target date consider:

- Expected Claim Outcome (ECO) dates
- Information from discussions or reports from treating providers (including IMA)
- Psychosocial factors and co-morbidities
- The type of barriers that need to be addressed by the BTW provider.

The target date needs to be realistic. The provider will determine if the date is achievable after their initial assessments. They may request you change the target date and will contact you to discuss this. You should advise the provider if you change the target date at any time.

NOTE Expected claim outcome (ECO) date

The ECO dates are a guide of when the client is expected to have successfully returned to work and is based on a set of values taken from ACC data relating to New Zealanders and their recovery from injury. The following factors are taken into account when determining the ECO date:

- injury diagnosis
- work type
- age of client
- previous claim history.

The ECO dates are located on the "Insights" tab in Eos. Where there is a change in the client's injury or diagnosis, the case owner will update the read codes which will update ECO dates. The ECO dates are only valid up to 182 days' post injury.


- c** Before completing the referral for the BTW service, ensure the client is aware of the referral, the purpose and their obligations to participate. In most instances, it would be useful for the treating providers to also be aware of the referral.

NOTE Which provider should you choose?

- Select a provider from the list of available providers in the client's region. Take into account:
- any existing relationships between the client and previous providers involved in their rehabilitation
 - client's cultural or other needs

NOTE How do you explain the BTW service to your client?

Explain to the client that you are going to ask a someone who specialises in supporting people to return to work to contact them. They will arrange a time to meet with them. The goal is that with their assistance they will be in a better position to find new work. They will arrange the training, licences or work trials that they might need and provide them with assistance putting together their CV and getting ready for interviews. It would be a good time to explain the expectations around participation.

 VOCIS 130 Returning to work after an injury - client

NOTE Your client has a Care Indicator?

If your client has a Care Indicator or you consider them to pose a potential risk to the assessors safety then you need to clearly outline this in the referral letter and have a conversation with the assessor prior to them contacting the client. You should clearly document this in Eos using the standard template.

5.0 What should you expect from the BTW provider?

- a** The BTW service is tailored to meet the client's specific needs, including identifying and addressing barriers to being able to work. The types of activities the provider will complete include:
- CV preparation, interview preparation and other skill development to assist with obtaining employment.
 - arrange or provide training or skill development specific to the work types identified in the IOA.
 - services to address functional or psychological barriers to return to work eg education on coping strategies or functional exercise programmes (as needed)
 - sourcing work trials and monitoring work trial outcomes
 - workplace modifications to proposed workplaces and equipment trialling to facilitate work trials
 - job placement resulting from a work trial
 - real or simulated work activities
 - case conferences, where needed.
- b** The BTW provider will provide ACC with an initial, progress and completion report (mandatory). The provider will send an initial report (ACC7431) within two working days of accepting the referral. This plan should include:
- Target date / goal completion date
 - Client goals and timeframes to achieve the outcome
 - Activities to achieve each goal
 - Communication plan.


Progress reports are submitted to the case owner 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 the case owner 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. When you receive a report, you should review it and contact the provider with any questions. Be sure to arrange any additional support being requested eg taxis, training etc.

Timeframes for Reporting and Requests

Request	Supplier	Case Owner
Supplier accepts referral and sends email to case owner accepting referral	Within 24 hours of receipt	-
Assessment and Plan sent to case owner	Within 2 working days of acceptance	Advises Supplier if they agree with the plan within 2 working days
Progress Report	Required when progressing from stage 1 to stage 2	-
Request for change to agreed plan	As early as possible	Within two working days of receiving a request, the case owner will advise whether or not they agree.
Timeframe for requests for stage 3 resources	As early as possible but no less than 2 weeks prior to the completion of stage 2	Within two working days of receiving a request, the case owner will advise whether or not they agree
Timeframe for requests for additional resources under exceptional circumstances	As early as possible but no less than 2 weeks before the end of stage 3	Within two working days of receiving a request, the case owner will advise whether or not they agree
DNA - client fails to attend appointment. Supplier to contact case owner	Within 24 hours	-

 Timeframes for reporting and requests.PNG

 ACC7431 Back to Work - plan, progress and completion report

NOTE BTW stages and funding

If the provider requires additional funding (than that provided under stage 1), the provider will send a progress report detailing what has been achieved and what needs to happen. They will then start using stage 2 funding. Stage 2 does not require prior approval, or for you to add it to the purchase order.

If, after completing Stage 1 and Stage 2 the client requires further assistance, the provider will send a further progress report and a costing table with the amount of funds required. If approved, advise the provider and update the purchase order with the Stage 3 code (VRB03) and the dollar amount onto the purchase order (maximum available under Stage 3: \$3101.17 incl. GST).

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. Approval of additional resources under Exceptional Circumstances requires team manager approval. If approved, advise the provider and update the purchase order with the Exceptional Code (VRB04) and the dollar amount onto the purchase order (maximum available under Exceptional Code: \$3248.84 incl. GST).

Under stages 2, 3 and exceptional the provider invoices only for the services delivered which may not be all the funding available. funding limits for each level of service

Back to Work

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
VRB01	Back to Work Stage 1	As described in Part B, Clause 5.12	\$642.06	Package Price (Maximum 1 per claim)

chedule Vocational Rehabilitation Services

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Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
VRB02	Back to Work Stage 2	As described in Part B, Clause 5.13	\$1,027.31	Maximum payment or part thereof per claim
VRB03	Back to Work Stage 3	As described in Part B, Clause 5.14	\$2,696.67	Maximum payment or part thereof per claim
VRB04	Exceptional Code following Back to Work Service Stage 3	As described in Part B, Clause 5.18	\$2,825.08	Maximum payment or part thereof per claim
VRB05	Outcome follow up	As described in Part B, Clause 5.10	\$128.41	Set fee per referral (Maximum 1 per claim)
VRB06	Post placement support	As described in Part B, Clause 5.15	\$128.41	Per hour (excl. GST) prior approval required
VRJ02	Job Search	As described in Part B, Clause 5.16	\$948.35	Package Price
VR10	Back to Work service permanent full-time employment outcome payment.	As described in Part B, Clause 5.17	\$1,293.66	Outcome Payment

 BTW Service Item types.PNG

NOTE Additional Exceptional code requests

There are times when a second exceptional code might be required. However, when a second exceptional code may be required the case manager should be seeking internal clinical advice and if necessary other information such as a VMA/VRR. Essentially it should trigger 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.

6.0 Post Placement Support

- a If your client finds new employment as a result of the BTW service, the provider may request funding for Post Placement Support. Under the Post Placement Support, the provider will monitor the client's progress and ability to manage in the new role, maintain contact with the client, employer and ACC, and troubleshoot as required. This will continue for a period of up to 14 weeks.

When requesting the Post Placement Support, the provider will use the BTW Completion report to set out the purpose, frequency and support they will provide the client. It should be accompanied with a costing sheet which states the dollar amount. Once approved, enter the agreed amount into the Purchase Order using the entitlement type VRB06 and ensure the timeframes are extended to cover the period of time this service will be delivered. Email the Supplier with confirmation of approval. There is no formal report requirement.

7.0 Useful information and tips

NOTE VRS post placement support

Where the client has been placed in new employment as a result of the Back to Work (BTW) service and vocational rehabilitation has been completed, the provider will continue to provide support to the client up to 14 weeks post placement. This support should be provided to the client in the workplace. This service can also be used to support clients with Serious Injury.

Post placement support requires prior approval from the case owner.

The completion report should clearly set out the frequency the supplier will visit the client and the timeframe required to support the client their return to work. The completion report should be accompanied with a costing table which states the dollar amount.

Once approved, the case owner will enter the agreed amount into the purchase order and ensure the timeframes are extended to cover the period of time this service will be delivered and emails the provider with confirmation of approval.

The provider sends updates to the case owner as agreed between them.

NOTE When should you put the BTW service on hold?

You may place a client's vocational rehabilitation on hold for a period of time. Possible reasons why:

- Exacerbation of the covered injury
- Unexpected treatment for covered injury (eg minor surgery)
- New injury
- 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 are in agreement, 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 timeframe 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 BTW timeframes

The BTW provider needs to adhere to the attached timeframes.

Timeframes for Reporting and Requests

Request	Supplier	Case Owner
Supplier accepts referral and sends email to case owner accepting referral	Within 24 hours of receipt	-
Assessment and Plan sent to case owner	Within 2 working days of acceptance	Advises Supplier if they agree with the plan within 2 working days
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DNA - client fails to attend appointment. Supplier to contact case owner	Within 24 hours	-



Timeframes for reporting and requests.PNG

NOTE Work Specific Functional Rehabilitation

Work Specific Functional Rehabilitation and specific exercises/cardiovascular programmes can be provided as part of the VRS Contract. A description of Work Specific Functional Rehabilitation can be found in the guideline below.

NOTE: The VRS service cannot be used to provide 'free' physiotherapy.



Work Specific Functional Rehabilitation Guideline.pdf

NOTE Gym Memberships and Pool Passes

Under the Back to Work (BTW) service, suppliers may arrange work specific functional rehabilitation when a client's recovery cannot be managed through a graduated return to work, work trial, or by a treating provider alone. Examples of work specific functional rehabilitation are exercise programs that:

- (a) Incorporate task and context specific practice in areas essential to the client's job role; and
- (b) Where applicable, incorporate exercises that mimic what the client does at work

Work specific functional rehabilitation should also support a client's safe progression of load and / or the incorporation of work tasks to enable a safe and sustainable return to work. Work specific functional rehabilitation should be prescribed in a way that enables the client to complete the program at their workplace or home.

It is possible to deliver functional rehabilitation at a local gym, pool or recreational facility but ACC does not pay extra for these.

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Vocational Rehabilitation Services (VRS)

Work Specific Functional Rehabilitation – 16 September 2019



Overview

This document is designed for Suppliers of Vocational Rehabilitation Services (VRS), ACC and treating providers. Its purpose is to describe what work specific functional rehabilitation is and when it should be provided under the VRS contract.

Vocational Rehabilitation is based on the principle that recovery is best achieved at work and involves the VRS supplier working with the Client, medical practitioner, employer, ACC and other treating providers to identify and address barriers to a return to work through a collaborative and proactive problem-solving approach. The role of the VRS supplier is to facilitate treatment for the Client.

What is work specific functional rehabilitation?

Under the Stay at Work (SAW) and Back to Work (BTW) services, suppliers may arrange work specific functional rehabilitation when a Client's recovery cannot be managed through a graduated return to work, work trial, or treating provider alone. Work specific functional rehabilitation are exercise programs that:

- incorporate task and context specific practice in areas essential to the Client's job role, and
- where applicable, incorporate exercises that mimic what the Client does at work.

Work specific functional rehabilitation should also support a Client's safe progression of load and/or the incorporation of work tasks to enable a safe and sustainable return to work.

Work specific functional rehabilitation is an exception to the usual post-injury or post-surgery treatment. Work specific functional rehabilitation can be provided alongside services from other treating providers.

Case Study 1: requires vocational rehabilitation and work specific functional rehabilitation.

A pest control worker underwent an ACL reconstruction and required post-op physiotherapy. This was provided by a treating physiotherapist and started with non-functional exercises, such as knee extensions or static quads, but over time included functional exercises such as squats, jogging and exercises to improve balance. VRS was required to ensure the Client, medical practitioner, employer and treating physiotherapist was working towards a return to work. The VRS supplier, employer and Client were unable to identify an opportunity for a graduated return to work, as the Client's only task was to check traps on steep and uneven terrain.

The VRS supplier contacted the treating physiotherapist regarding plyometric and balance exercises that mimicked the functional requirements of the role. Although the treating physiotherapist was prescribing appropriate exercises, they agreed that the VRS supplier should assess the client performing the tasks that simulated their work at a local park. As a result of the assessment, the VRS supplier prescribed some work specific functional exercises for the Client to undertake. This informed treatment and ensured the Client made a safe and sustainable return to work.

Who should receive a work specific functional rehabilitation?

Work specific functional rehabilitation can be used when the Client's job tasks have been assessed and there is a need for task specific practice or exercises to help them achieve and sustain the return to work outcome, but this need cannot be met through a graduated return to work, work trial, or a treating provider alone.

A functional program must not be used to:

- provide services that can be performed by their treating provider,
- assist a Client in returning to sport, recreation or other non-work activities,
- assist a Client who has financial difficulties with paying a co-payment for physiotherapy treatment,
- to manage compliance or attendance on behalf of ACC.

Where there is a requirement for treatment, such as physiotherapy, the Supplier should refer the Client to a treating provider of the Client's choice.

Case Study 2: requires vocational rehabilitation, but not work specific functional rehabilitation.

A taxi driver was eight weeks post shoulder surgery when he was instructed to start strengthening exercises and gradually return to driving. The orthopaedic surgeon required him to follow the usual post-operative shoulder protocol. The taxi driver received his physiotherapy from a treating physiotherapist outside of the VRS.

ACC determined that VRS was required to ensure the taxi driver, medical practitioner, employer and treating providers were working towards a return to work. The VRS supplier developed a graduated return to work plan and this was supported by the treating GP and physiotherapist. Through liaison with the treating GP and physiotherapist, their need for task or context specific functional exercise was met through the graduated return to work plan and treating providers.

Should the supplier of the work specific functional rehabilitation contact the treating provider?

When a need for work specific functional rehabilitation is identified, the Supplier should attempt to contact the Client's treating provider and discuss the Client's rehabilitation needs. If the treating provider is in fact prescribing work specific functional exercise and this meets the Client's identified need, then there is no indication for the Supplier to deliver additional work specific functional rehabilitation.

Who can provide work specific functional rehabilitation?

Work specific functional rehabilitation must be delivered by a physiotherapist who is part of the Supplier's network and is registered with the Physiotherapy Board of New Zealand (holds a current annual practicing certificate). VRS suppliers are required to ensure all their physiotherapists are members of the PNZ Occupational Health Special Interest group and at least 50% hold or are working towards postgraduate study in vocational rehabilitation.

Suppliers may determine the most appropriate physiotherapist but must respect the freedom of the Client to choose their physiotherapist (where practicable), or to refuse treatment. Suppliers may also utilise support personnel to support the program provided there is oversight from a physiotherapist.

Where is work specific functional rehabilitation provided?

Work specific functional rehabilitation should be prescribed in a way that enables the Client to complete the program at their workplace or home. When required, it is possible to deliver functional rehabilitation at a local gym, pool or recreational facility. It is important that the Client has access to the facility and can complete the program independently.

While establishing a routine is important when the Client is fully unfit for work or disengaged, this alone is not an indication for work specific functional rehabilitation.

Work specific functional rehabilitation service components:

The Supplier should assess the Client's current injury and functional capacity in relation to the work tasks required of their role and prescribe work specific functional exercise. The Supplier may follow up with the Client as they deem necessary. These sessions may involve a range of components, including ensuring exercises are performed safely, progression of exercises, education, reassessment of capacity and coaching.

As part of any assessment or treatment, the Supplier should focus on educating the Client to enable them to complete the program independently and self-manage their injury condition. A work specific functional rehabilitation program should be documented, including specific goals, timeframes, clinical records and outcomes.

The Supplier delivering the functional rehabilitation program must also:

- arrange the necessary appointments with the Client,
- be an active participant of the Client's recovery and return to work,
- maintain a clinical record of the functional rehabilitation.

How much work specific functional rehabilitation can a Client receive?

The Supplier must determine how much work specific functional rehabilitation a Client needs based on their individual circumstances. The program should enable the Client to self-manage and complete the program independently while ensuring Client safety and service effectiveness. The volume and intensity of functional rehabilitation input will vary depending on Client needs.

Can the SAW or BTW Provider also provide the work specific functional rehabilitation?

When the same Supplier is providing work specific functional rehabilitation and other components of the VRS, the Supplier must maintain a clear record of when they are providing the work specific functional rehabilitation, including the date and time of those services.

The Supplier may provide both the work specific functional rehabilitation and other components on the same day and immediately following each other. Travel must only be charged once and in line with the travel requirements of the VRS.

Can a Client be charged a co-payment?

Clients cannot be charged a co-payment for work specific functional rehabilitation programs.

Can a Client be referred for a 'functional only' SAW or BTW service?

ACC should not refer a Client for a 'functional only' program as it is the responsibility of the Supplier to determine the need for a work specific functional program. When making a referral, the Case Owner must refer the Client for one or more of the following outcomes:



Or where none of the above are practicable, whichever is the most cost effective of the following:



Can the Supplier claim travel?

The SAW and BTW service item codes are inclusive of travel costs (travel distance is payable for travel under the service item codes, VRS11, VRS12, VRB01, VRB02). Suppliers should consider travel costs when identifying who should provide the service to ensure Clients remain in the correct Stage based on their complexity.

Can ACC obtain the clinical notes from the work specific functional program?

Suppliers providing work specific functional rehabilitation must keep clinical records such as the subjective and objective findings, observations etc. as per the regulatory requirements of their profession.

Summary

Objective

The Job Search service is offered to clients who are considered Vocational Independent and provides additional support in helping them seek and secure employment prior to the weekly compensation entitlement stopping.

Owner [REDACTED]

Expert [REDACTED]

Procedure

1.0 Who is the Job Search service for?

- a The Job Search service is for those clients who are considered Vocational Independent and want assistance to job search during the three-month period before their weekly compensation entitlement ends. It should be offered to all clients assessed as Vocational Independent, but is voluntary.

2.0 When should you make a Job Search referral?

- a The Job Search service is only for those clients who have been assessed as Vocational Independent and a VI06 Claimant notification of compensation cessation letter sent to the client.

When you discuss with the client the Vocational Independence outcome, you should offer your client the Job Search Service.

NOTE **How do you explain the Job Search service to your client?**

Provide the client with information about the Job Search service when you notify them of a vocational independence decision. Tell the client that the Job Search provider will make contact to arrange an appointment date and time once they've accepted the referral. The provider will help them with finding new employment over the next 3 months.

Tell them they can request additional support, such as regular case management contact, budgeting and counselling assistance and enrolment with Work and Income. Complete any Work and Income and budgeting referrals as needed. The Job Search supplier is not responsible for this.

3.0 How do you refer for a Job Search service?

- a To refer for a Job Search service, generate a Purchase Order using the entitlement type: VRJ02.

- b The Job Search referral is sent using the ACC98 referral for Vocational Services form. This should be generated from the Purchase Order. You don't need to complete all entry fields, such as:

- Expected claim outcome (ECO) date
- Target date
- Claim complexity


You should provide the following information to assist the provider:

- any relevant information about the client's current employment situation.
- any barriers identified that have potential to impact the provider's ability to provide the service.
- A copy of the VI06 Notification of vocational independence and end of weekly compensation – client letter, Vocational Independence Occupational Assessment (VIOA) report and CV (if available)
- the final date the client is entitled to receive Job Search services, if the client hasn't requested a referral in time to allow the full 12 week service.

 ACC98 ACC referral for Vocational Services

4.0 Job Search service description

- a Job Search activities may include:
 - develop a job search plan that matches the client's capabilities, work types identified in the vocational independence occupational assessment (VIOA) and vocational independence medical assessment (VIMA) and employment opportunities
 - development or modification of CV
 - teaching job search strategies and skills, including accessing the labour market
 - preparing for interviews and interview techniques
 - providing job seeking advice
 - connecting the client with employers and/or actively working with employers to identify suitable employment
 - acting as an intermediary with these employers on behalf of the client
 - completion of job applications, motivational coaching and follow up to ensure the job placement is durable.
 - refer back to the claims manager if they identify that any workplace modifications are needed. You may need to make a separate referral for services outside of the Job Placement service
 - provide information on whether a client achieves a sustainable job placement (14 weeks continuous employment from start date of employment).
- b Providers are expected to submit a report using the ACC5956 form. They will provide an initial report, an update on progress when exceptions occur to the service and a completion report.

 ACC5956 - Job search initial plan and completion report

<https://www.acc.co.nz/assets/provider/526a040ca3/ACC5956-Job-search-Initial-plan-and-completion-report.doc>

5.0 Useful information and tips

NOTE Job Search Timeframes

Providers are expected to:

- confirm acceptance of the ACC referral within one working day of receipt of referral.
 - a job search plan within two working days of commencement of services
 - a completion report within two working days of completion of the service.
 - immediately report any non-compliance to the claims manager
-

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Summary

Objective

The Standalone Workplace assessment is an on-site workplace assessment that provides the case owner with a document on the employment tasks and the functional requirements of the specified role.

Owner [REDACTED]

Expert [REDACTED]

Procedure

1.0 When do you need a Standalone Workplace assessment?

- a The Standalone Workplace assessment provides a breakdown of a client's work tasks, including the functional demands of the role. It can be useful for:
 - Testing whether a client can perform their pre-injury work tasks (s103 test), particularly when there is insufficient information available about the client's pre-injury role.
 - When you require a breakdown of the client's role to assist you to manage the claim without vocational rehabilitation services or to aid in decision making.

It is only required in a small number of circumstances. If your client is likely to require a Stay at Work or Back to Work service, then a functional job description can be provided through these services.

An alternative to referring for a Standalone Workplace assessment is to send the employer a copy of the ACC188 Job Task Analysis form (use the SMR01 cover letter). This is an easy to use form that the employer and client can complete, providing you with a breakdown in work tasks and functional demands. Depending on how well it is completed, it may provide you with sufficient information.

ACC188 Job task analysis form

NOTE Should you use a SAW or BTW service instead?

If your client needs vocational rehabilitation to achieve an early return to work after injury, refer them directly to the Stay at Work (SAW) service.

If it's determined that a client can't return to their pre-injury job, the client should have an Initial Occupational Assessment (IOA) and Initial Medical Assessment (IMA) and be referred for a BTW service. A functional job description of the pre-injury role can be completed through the BTW service.

Stay at work
<https://go.promapp.com/accnz/Process/a4273a4b-63b3-4d50-8cfe-f5e4663075b7>

Back to work
<https://go.promapp.com/accnz/Process/7d0f8d2f-b88a-4ee4-b2ee-51a3c055be84>

Assessing client's vocational rehabilitation need process
<http://thesauce/team-spaces/chips/treatment-rehabilitation/vocational-rehabilitation/process/assessing-clients-vr-need/index.htm>

2.0 How do you refer for a Standalone Workplace Assessment?

- a To refer a client for a Standalone Workplace assessment, generate a purchase order using the entitlement type: VR01

SAW Service Item Types.PNG

- b A Standalone Workplace assessment referral is sent using the ACC98 - Referral for Vocational Service form. This should be generated from the Purchase Order. You don't need to complete all entry fields, such as:
 - Expected claim outcome (ECO) date
 - Target date
 - Claim complexity

You should provide the following information to assist the provider:

- any relevant information about the employer.
- any barriers identified that have potential to impact the assessment.

ACC98 ACC referral for Vocational Services

- c Before completing the referral for the Standalone Workplace assessment, ensure the client and the employer is aware of the referral, the purpose and their obligations to participate.

NOTE How do you explain the Standalone Workplace assessment to your client?

Explain to the client that you are going to ask a Physiotherapist or Occupational Therapist who specialises in assessing workplaces to put together a job description of their role. They will focus on identifying the physical and mental demands of the role. Explain that they are not required to be present at the assessment, but can attend to observe if they like. You will send them a copy of the report to make sure it is accurate.

NOTE Which provider should you choose?

Select a provider from the list of available providers in the client's region. Take into account:

- any existing relationships between the client's employer and a provider
- client's cultural or other needs

NOTE My client has a Care Indicator?

If your client has a Care Indicator or you consider them to pose a potential risk to the assessors safety then you need to clearly outline this in the referral letter and have a conversation with the assessor prior to them contacting the client. You should clearly document this in Eos using the standard template.


3.0 What should you expect from the Standalone Workplace Assessment?

- a** The Standalone Workplace assessment involves conducting an on-site workplace evaluation at the client's place of employment within the timeframe specified in the referral. The assessor will:
- evaluates the workplace without needing direct contact with or input from the client themselves
 - outline workplace job tasks and corresponding functional requirements
 - may identify physical, biomedical, cognitive, sensory and psycho-social employment factors.

The SAW provider will provide ACC with a report using the ACC5945 Standalone Workplace Assessment form. The provider will complete the report within two working days of completion of the assessment. The report will include:

- The nature and type of the business
- Description of job tasks and corresponding physical demands for those tasks
- Frequency of those physical demands
- Psychosocial factors such as working alone and/or in isolated or rural area
- Cultural factors such as language barriers
- Details of the workplace environment e.g.: indoor, outdoor, noisy, chemical exposure
- Equipment required to be used or worn
- Other activities, for example: driving, cognitive activities and sensory activities.


When you receive a report, you should review this and contact the provider within 2 days with any questions. You also need to forward the assessment to the client and obtain their confirmation that it is an accurate record of their workplace and job tasks.

 ACC5945 Standalone Workplace assessment

4.0 Useful information and tips

NOTE Does the client have to attend the assessment?

You must inform the client that the assessment is taking place. The client can, with the employer's consent, attend the Standalone Workplace assessment as an observer to confirm the accuracy of the information being collected.

 See also Purchasing standalone workplace assessments.

<http://thesauce/team-spaces/chips/treatment-rehabilitation/vocational-rehabilitation/process/purchasing-standalone-workplace-assessments/index.htm>

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 [REDACTED]

Expert [REDACTED]

Procedure

1.0 Who is the SAW service for?

- a The SAW service is for those clients who need specialised assistance to return to work with their current employer. 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 Not all our clients need specialised assistance to return to work. It is your role to ensure the right service is referred at the right time. A SAW referral should be considered early in the client's recovery. Rehabilitation in the workplace, where possible, results in better outcomes for both clients and employers. To determine when you should make a referral, you will need to:

- Contact the client's treating providers (Physio, GP etc.) and ensure you have a clear diagnosis, treatment plan or anticipated recovery timeframe. If you don't have this information, you may make a referral too soon.
- Contact the client's employer and explore return to work options (can they modify their normal role? Is there alternative work available?). In the first instance, you should try and coordinate the return to work yourself.
- Identify any psychosocial barriers/flags that may prevent a return to work (eg previous claim history, workplace stress etc.). You can do this by talking with the client, employer and treating providers.

If you are unable to coordinate the return to work yourself and the client needs specialised assistance to address barriers preventing a return to work, then you should make a SAW referral immediately.


NOTE Do you just need an assessment of the workplace?

If you don't need specialised assistance to help manage the RTW, 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

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. To refer for a SAW service, generate a Purchase Order (completed by Admin under NGCM) using the entitlement type: VRS11.

 SAW Service Item Types.PNG

- b A SAW referral is sent using the ACC98 - Referral for Vocational Service form. This should be generated from the Purchase Order. All relevant fields should be completed including:
 - Expected claim outcome (ECO) date (see further information below)
 - Target date (see further information below)
 - Claim complexity (rating from 1-10 which is located on the [Insights] tab in Eos)
 - Outcome sought (the reason for making the referral).

You should also provide the following information to assist the provider:

- background information regarding the injury.
- barriers identified
- any relevant information about the employer (eg the employer has light duties available)
- any relevant medical information (eg expected recovery post-surgery (ARTP)).

 ACC98 ACC referral for Vocational Services

NOTE Target date

The target date refers to the date you expect the client to have returned to the pre-injury role. The date must be stated in the ACC98 ACC referral for Vocational Services form. To determine the target date consider:

- Expected Claim Outcome (ECO) dates
- From discussions with treating providers
- Psychosocial factors and co-morbidities.

The target date needs to be realistic. The provider will determine if the date is achievable after their initial assessments. They may request you change the target date and will contact you to discuss this. You should advise the provider if you change the target date at any time.

NOTE Expected claim outcome (ECO) date

The ECO dates are a guide of when the client is expected to have successfully returned to work and is based on a set of values taken from ACC data relating to New Zealanders and their recovery from injury. The following factors are taken into account when determining the ECO date:

- injury diagnosis
- work type
- age of client
- previous claim history.

The ECO dates are located on the "Insights" tab in Eos. Where there is a change in the client's injury or diagnosis, the case owner will update the read codes which will update ECO dates. The ECO dates are only valid up to 182 days' post injury.

- c Before completing the referral for the SAW, ensure the client and the employer is aware of the referral, the purpose and their obligations to participate. In most instances, it would be useful for the treating provider to also be aware of the referral.

NOTE Which provider should you choose?

Select a provider from the list of available providers in the client's region. Take into account:

- any existing relationships between the client's employer and a provider
- client's cultural or other needs
- whether a treating provider already seeing a client is aligned to a VRS Supplier and could provide the service.

NOTE How do you explain the SAW service to your client?

Explain to the client, that you are going to ask someone who specialises in helping people return to work to contact them. They will arrange a time to meet with them and their employer to better understand the type of work they do and to work out how we might be able to support them in returning to work. This might include developing a graduated return to work plan, arranging some equipment or helping to arrange the treatment they need .

NOTE What sort of information should be in a referral?

Key things to include in your referral are:


- The specific outcome sought (eg pre-injury role with pre-injury employer)
- The return to work target date
- Any return to work barriers identified that will need addressed
- Any relevant medical information (eg surgeon has recommended no lifting over shoulder height)
- Any relevant information about the place of employment that is known to ACC (eg the employer has said that they have light duties available)
- Contact details and other information as per the referral form.

NOTE Can you request for Functional Rehab as part of the referral?

You don't need to specify if you want work specific functional rehabilitation to be provided or not. This is the role of the provider to identify. However, to set a clear expectation on what can and can't be provided under the SAW program, the following statement has been developed to include in your referral:

Before arranging any work specific functional rehabilitation programme, please consider whether any functional barriers can be managed through gradually introducing new work tasks over time, a work trial, alternative duties or with the support of a treating provider, such as the client's current treating physiotherapist. Please work collaboratively with all treating providers involved. Normal post-injury or post-surgical treatment or strengthening should be provided by the treating provider. If none of these options are sufficient to address functional barriers, a functional rehabilitation programme can be considered.

 VOCIS130 Returning to work after an injury

 VOCIS122 Helping you stay at work after an injury - client

NOTE Your client has a Care Indicator?

If your client has a Care Indicator or you consider them to pose a potential risk to the assessors safety then you need to clearly outline this in the referral letter and have a conversation with the assessor prior to them contacting the client. You should clearly document this in Eos using the standard template.


4.0 What should you expect from the SAW provider?

- a** The specific service elements the SAW provider may/will deliver:
- 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)
- b** 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 accepting the referral. 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 the case owner 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 the case owner 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 Stay at Work - plan, progress and completion report

NOTE SAW stages and funding

If the provider requires additional funding (than that provided under stage 1), the provider will send a progress report detailing what has been achieved and what needs to happen. They will then start using stage 2 funding. Stage 2 does not require prior approval, or for you to add it to the purchase order.

If, after completing Stage 1 and Stage 2 the client requires further assistance, the provider will send a further progress report and a costing table with the amount of funds required. If approved, advise the provider and update the purchase order with the Stage 3 code (VRS13) and the dollar amount onto the purchase order (maximum available under Stage 3: \$3101.17 incl. GST).

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. Approval of additional resources under Exceptional Circumstances requires team manager approval. If approved, advise the provider and update the purchase order with the Exceptional code (VRS14) and the dollar amount onto the purchase order (maximum available under Exceptional code: \$3248.84 incl. GST).

Under stages 2, 3 and exceptional the provider invoices only for the services delivered which may not be all the funding available.

Timeframes for Reporting and Requests

Request	Supplier	Case Owner
Supplier accepts referral and sends email to case owner accepting referral	Within 24 hours of receipt	
Assessment and Plan sent to case owner	Within 2 working days of acceptance	Advises Supplier if they agree with the plan within 2 working days
Progress Report	Required when progressing from stage 1 to stage 2	-
Request for change to agreed plan	As early as possible	Within two working days of receiving a request, the case owner will advise whether or not they agree
Timeframe for requests for stage 3 resources	As early as possible but no less than 2 weeks prior to the completion of stage 2	Within two working days of receiving a request, the case owner will advise whether or not they agree
Timeframe for requests for additional resources under exceptional circumstances	As early as possible but no less than 2 weeks before the end of stage 3	Within two working days of receiving a request, the case owner will advise whether or not they agree
DNA - client fails to attend appointment. Supplier to contact case owner	Within 24 hours	-

 Timeframes for reporting and requests.PNG

NOTE Additional Exceptional codes requests

There are times when a second exceptional code might be required. However, when a second exceptional code may be required the case manager should be seeking internal clinical advice and if necessary other information such as a VMA/VRR. Essentially it should trigger 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.

5.0 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 work trial?

The term 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 work trial ACC continues to provide weekly compensation.

SAW providers should not negotiate with an employer a work trial unless we specifically instruct them to do so. It is ACC's responsibility to discuss abatement and work trials with the employer.

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. Work trials should be used for a short duration eg 2-4 weeks.

NOTE When should you put the SAW on hold?

You may place a client's vocational rehabilitation on hold for a period of time. Possible reasons why:

- The work place 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 are in agreement, 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 you send the SAW report 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 Work Specific Functional Rehabilitation


Work Specific Functional Rehabilitation and specific exercises/cardiovascular programmes can be provided as part of the VRS Contract. A description of Work Specific Functional Rehabilitation can be found in the guideline below.

Note: The VRS service cannot be used to provide 'free' physiotherapy.


NOTE Suppliers following up the outcome of services (VRS05 & VRB05)

Suppliers use the VRS05 and VRB05 codes to follow up with clients after the VRS service has been closed to check the sustainability of the outcome and undertake client experience surveys. This is a contractual requirement and Suppliers are required to do this.

A single VRS05 and VRB05 (outcome follow up service codes) is automatically approved and are not required to be added to a Purchase Order. If it is the second SAW or BTW service the client has had, the Case Manager will need to manually add the VRS05 or VRB05 to the Purchase Order.

 Vocational Rehabilitation Services Operational Guidelines

 Work Specific Functional Rehabilitation Guideline.pdf

 Service Schedule for Vocational Rehabilitation Service

NOTE Gym Memberships and Pool Passes

Under the Stay at Work (SAW) service, suppliers may arrange work specific functional rehabilitation when a client's recovery cannot be managed through a graduated return to work, work trial, or by a treating provider alone. Examples of work specific functional rehabilitation are exercise programs that:

- (a) Incorporate task and context specific practice in areas essential to the client's job role; and
- (b) Where applicable, incorporate exercises that mimic what the client does at work

Work specific functional rehabilitation should also support a client's safe progression of load and / or the incorporation of work tasks to enable a safe and sustainable return to work. Work specific functional rehabilitation should be prescribed in a way that enables the client to complete the program at their workplace or home.

It is possible to deliver functional rehabilitation at a local gym, pool or recreational facility but ACC does not pay extra for these.



Summary

Objective

Vocational Rehabilitation Services (VRS) is a range of services that are designed to assist a client to return to work or where this is not possible, prepare the client for employment.

Owner



Expert



Procedure

1.0 Overview of the different Vocational Rehabilitation Services (VRS)

- a VRS consist of the following services:
 - Standalone Workplace Assessment – assesses the demands of a client's pre-injury job
 - Stay at Work (SAW) Service – supports clients to return to their pre-injury job
 - Back to Work (BTW) Service – supports clients who are no longer employed to become work ready
 - Job Search service – offered to clients to support them to find employment when they are assessed as vocationally independent.
 - Post placement support – offered to clients who have transitioned to the workforce following a BTW service.

2.0 Key principles of VRS

- a
 - Rehabilitation and recovery is best achieved at work.
 - Early intervention leads to faster recovery. Services are provided with urgency and intensity to achieve optimal rehabilitation outcomes.
 - Services delivered are flexible and can be tailored to meet the individual needs of each client. Identification and removal of barriers to return to work is essential. In more complex cases, providers use a team to delivery services.
 - Case owners use a collaborative approach that involves the vocation rehabilitation provider, the employer, medical practitioner and any other health provider. Good communication between ACC, providers, employer, GP and the client is a cornerstone to working collaboratively towards agreed outcomes.
 - Services are "outcomes based". It is vital that all treatment and rehabilitation efforts are targeted towards functional outcomes which return to the client to employment or independence.

3.0 Who is the service for?

- a Many clients can return to work without being referred to VRS. In these cases, the case owner takes responsibility for liaising with the client, employer and other providers to assist the client to return to work.

However, we can consider providing vocational rehabilitation to any client who has a covered personal injury and is either:

- entitled to weekly compensation or Loss of Potential Earnings (LOPE)
- likely to be entitled to weekly compensation if we don't provide vocational assistance
- no longer entitled to weekly compensation because they've reached the NZ Superannuation Qualifying Age (NZSQA)
- on parental leave
- is determined by ACC as requiring a vocational rehabilitation service in order to achieve a specific agreed outcome.

We must consider vocational rehabilitation as soon as we decide that a client is likely to be eligible. If a client needs the support, we can provide vocational rehabilitation until the client achieves their vocational outcome eg returns to their pre-injury role.

If the client is not eligible for weekly compensation, and does not meet the above criteria, the client is not eligible for vocational rehabilitation. You can consider referring the client under other services, such as the Training for Independence contract to address their rehabilitation needs, as appropriate.

4.0 Who is involved in providing VRS?

- a Vocational rehabilitation Suppliers can use a range of different health or non health professionals to deliver VRS. The wider team includes the certifying medical practitioner, the treating health provider, employer, case owner and any other rehabilitation providers. The Supplier's team may consist of the following professionals:
 - occupational therapist
 - physiotherapist
 - registered nurse
 - medical practitioner
 - psychologist
 - social worker
 - career practitioner
 - vocational counsellor.
- b Roles and responsibilities of the vocational rehabilitation team:
 - Clients: are responsible for their own rehabilitation, required to participate.
 - Employers: providing flexibility in terms of modified duties and work hours.
 - Treating providers (GP, physio etc): providing treatment and participating in the RTW plan.
 - ACC case owners: coordinating the overall management of the client's rehabilitation and managing entitlements.
 - Vocational rehabilitation providers: develops a return to work plan in coordination with other members of the team, providing advice on benefits of work and facilitating any equipment, modifications and other treatment if required.

5.0 What VRS should you refer for and when?


- a** Every client is different and we need to take into consideration their individual circumstances and injury related needs when deciding on when to refer for VRS. Consider the following:
- the client's injury and their current symptoms
 - upcoming treatment such as surgery
 - the client employment eg size of employer, environment, client's job security etc
 - psychosocial factors eg motivation to return to work, fear avoidance etc
 - not all clients require VRS and we should initially give our client's a chance to recover on their own.
- b**
- If your client is returning to the same type of employment with their same employer use the SAW service.
 - If your client is returning to a temporarily modified job with their current employer use the SAW service.
 - If your client is returning to a different type of employment with their same/previous employer use the SAW service.
 - If your client is returning to the same type of employment with a different employer use the BTW service.
 - If your client is using their experience, education, or training in a different kind of employment with a different employer use the BTW service.
 - If your client is using as many of their pre-injury skills as possible to get employment use the BTW service

NOTE Your client has a serious injury?

Pacing is important for clients who have suffered a serious injury and these clients may require a longer period of vocational rehabilitation. Housing modifications and transport needs may need to be considered prior to the commencement of vocational rehabilitation. However, while these needs are being addressed, keep the client engaged with planning their return to work.

6.0 Alternative and related services

- a** Clients can participate in other services while receiving VRS. Providers will liaise with the other service providers and the case owner to ensure that the client receives consistent messages about their rehabilitation.
- You can consider whether the client needs additional rehabilitation or treatment. If they do, arrange this at the same time as the VRS.
 - If the client is having difficulty managing pain, then consider pain management services
 - If the client needs help at home due to their injury, then consider social rehabilitation assessments, home help, equipment or training for independence programmes.
 - If the client needs other treatment related to their injury continue to fund other treatment that is required because of the injury, eg surgery, physiotherapy etc.
 - If the client has complex issues that are affecting their return to work, consider the other vocational medical services eg Vocational Rehabilitation Review (VRR).
 - If the client may not return to their pre-injury role, consider referring for an IOA and IMA while continuing with the SAW programme.

 Vocational Medical Services Overview (VMS) Service Page

- b** Where a client has suffered a brain injury, the Concussion Service is the lead provider until the client's cognitive symptoms have improved and it is determined that the client is medically able to participate in vocational rehabilitation.



















7.0 Travel Costs

- a** There are travel codes available in the VRS contract for certain services (VRTD4 and VRTD4), but Case Managers do not need to add these to Purchase Orders. This is done automatically.

It is important to know that there are no separate codes for travel 'time' under the SAW and BTW services. Instead suppliers will take travel costs from the service item codes as they see appropriate. There is no set hourly rate that suppliers must use.

We trust our suppliers to use the closest available provider to the client and to proportion their travel costs when seeing multiple clients. If you have concerns, talk to your supplier to discuss the circumstances.

8.0 VRS related content

-  VRS quick reference guide 29 August 2017.pdf
-  ACC98 ACC referral for Vocational Services
- a** The service schedule and operational guidelines for the VRS contract are available on <https://www.acc.co.nz/resources/#/>
-  Stay At Work (SAW) Service Page
-  Back To Work (BTW) Services Service Page
-  Standalone Workplace Assessment Service Page
-  Job Search Service Page
-  VRS - forms, letters and information sheets 29 August 2017 (CHIPS)
-  MFP codes for vocational rehabilitation services 29 August 2017 (CHIPS)
-  About monitoring changes to a client's situation (CHIPS)
-  Why we provide Vocational Rehabilitation Services (CHIPS)
-  Build good relationships with General Practitioners (GPs) to support early return to work (CHIPS)
-  The importance of forward planning in vocational rehabilitation (CHIPS)
-  Early use of Vocational Rehabilitation Services leads to great outcomes (CHIPS)
-  Considerations for providing great vocational rehabilitation (CHIPS)
-  Guidelines for planning rehabilitation following the IOA and IMA (CHIPS)
-  Guidelines for managing and monitoring rehabilitation (CHIPS)
-  Guidelines for managing the transition from maintain employment to obtain employment (CHIPS)
-  VRS Service Schedule 2019

Summary

Objective

Self-employment is usually a physically demanding, risky, and stressful rehabilitation choice, particularly for those who have never experienced it. Successful self-employment usually requires commitment to working long hours and is often more physically demanding than working for an employer. For these reasons self-employment must be a last resort option for vocational rehabilitation (VR). See also Requesting self-employment assistance.

Owner



Expert



Policy

1.0 Rules

- a Only consider self-employment for VR as a final option.

Requests for self-employment must be approved by a Team Manager. See sections 7.4.33a and 7.4.33b of the Delegations manual.

The self-employment must aim to enable the client to be fully financially independent of ACC within the shortest possible timeframe. See the Accident Compensation Act (AC Act) 2001, Section 87.

As for any approval for VR, the provision of self-employment assistance must have an agreed completion date entered on the client's individual rehabilitation plan (IRP) showing when all self-employment interventions and any other rehabilitation interventions are complete.

When determining whether self-employment is appropriate, consider whether the type of assistance required is likely to achieve the objective recorded on the IRP. If not, then self-employment is unlikely to be an appropriate option.

Self-employment must meet the requirements of Section 87 of the AC Act 2001:

- It must be likely to be cost effective, ie reduce entitlement costs, particularly weekly compensation.
- It must be appropriate for the client, considering their circumstances and the physical, mental, social and cultural impact of the long-term demands of both the occupation and self-employment.
- It must be provided for the minimum period necessary to achieve the objective, but not more than three years.

2.0 Eligibility for self-employment assistance

- a When considering self-employment assistance, you must ensure:

- the client is eligible for VR assistance
- the injury stops the client from returning to their pre-injury employment, if different from the self-employment option being considered
- self-employment is likely to achieve an earlier, more cost-effective and durable outcome than other options
- the client has a proven work history of sustained employment and demonstrated the business skills needed to successfully manage a self-employment venture. It is not enough by itself that they have completed a small business training course
- the client can cope with any long-term physical demands of the proposed self-employment venture, and the treating medical practitioner confirms this
- the client has relevant job skills and experience
- the client has a high degree of commitment
- the client has sufficient financial resources, ie risk capital, to establish their own business
- the venture will provide a capacity for full time employment for the client
- the business is expected to generate a reasonable level of profit.

3.0 Self-employment interventions

- a Self-employment is not an open-ended rehabilitation intervention. By working in self-employment, a client is demonstrating a capacity for work in the same way as if they were working for an employer and receiving abated weekly compensation.

You may consider the following types of intervention for self-employment:

- a business mentoring service by a business development consultant for a defined period. Three to four months is reasonable
- reasonable costs associated with:
 - preparing a business plan and/or a viability report, including projected income and profit and loss estimates
 - initial screening of the self-employment plan
 - a follow-up report on the viability of the business proposal by a business development consultant
 - training
 - purchase or modification of equipment needed as a result of the effects of the injury and recommended by a work place assessor
 - other vocational interventions.

4.0 No contracting out

- a 'Contracting out' refers to an agreement reached between ACC and the client, setting conditions to a client's on-going eligibility for support. For example, ceasing weekly compensation in return for a lump sum, such as risk capital.

We do not contract out as it's not an appropriate option under ACC legislation. See AC Act 2001, Section 299
We do not provide clients with risk capital to assist in establishing a self-employment venture.

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