




1 August 2023



Kia ora 

Your Official Information Act request, reference: GOV-026529

Thank you for your email of 20 July 2023, asking for the following information:

policies, guidelines, and any other documentation pertaining to vocational rehabilitation, cessation or suspension of benefits, OIA requests, Privacy Act requests, Access to personal information, Communication Plans, and provision of notices about decisions to claimants.

We are responding to the above question under the Official Information Act 1982 (the Act). Your other questions, which relate to your personal claim, have been forwarded to our Client Information Requests team for response under the Privacy Act 2020.

On 20 July 2023 (our reference: GOV-026096), we provided you with the 'Medical Certification for Non-Serious injury Claims' process. We have also provided Privacy Act policies to you in previous responses, including GOV-025969 in June 2023, GOV-026284 in July 2023, and GOV-026094 in July 2023.

Other relevant policies or guidelines are attached as Appendix 1. These are listed under each topic below.

Vocational rehabilitation

- About Vocational Rehabilitation (VR) Policy
- Vocational Rehabilitation Needs Assessment (IOA/IMA) Policy
- Planning Vocational Rehabilitation (VR) post IOA/IMA Policy

Cessation or suspension of benefits

- Decline Entitlement when Client is Non-compliant Policy
- Suspend Support When Client is No Longer Eligible Policy
- Manage Non-Compliance

OIA requests

- Official Information Requests Policy

Access to personal information

- Requests for client information policy
- Complete Client Information Requests

Communication Plans

- Communication Plan Policy
- Review a Communication Plan
- Implement a Communication Plan

Provision of notices about decisions to claimants

- Accept Claim
- Decline Claim
- Timeframes to Determine Cover Policy
- Applications and Timeframes for Support Decisions

As staff names were not requested, they have been deemed out of the scope of your request and removed.

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

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

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

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

Ngā mihi



Sara Freitag
Acting Manager Official Information Act Services
Government Engagement

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

[Out of Scope]

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'). Refer to the Vocational Independence Journey for more information.

 Vocational Independence Journey

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)

- a** All clients who could be entitled to VR must have a Recovery Plan (RP).

You must develop the RP 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 RP.

For more information see:

-  Recovery Plan Policy
-  Create or Update Recovery Plan

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
 - 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, 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 resume 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.

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>

Vocational Rehabilitation Needs Assessment (IOA/IMA) Policy v12.0



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 [Out of Scope]

Expert

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>
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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 [Out of Scope]

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.

Decline Entitlement when Client is Non-compliant Policy v18.0



Summary

Objective

Use this guidance to determine whether a client has unreasonably failed or refuses to comply with a reasonable request from ACC. The purpose of this guidance is to help ensure that we meet legislative requirements when issuing non-compliance decisions, and that our decision is fair and reasonable.

This entry also provides policy guidance on declining to provide entitlements, and resuming or backdating payments once the client complies with ACC's requests.

1. The difference between declining to provide entitlements and suspending entitlements
2. Fair and reasonable process
3. Example: Clients travelling overseas
4. Declined entitlements
5. Resuming payments and reinstatement
6. Backdating entitlement payments
7. Links to legislation

Background

Under section 117(3)(a) of the Accident Compensation Act 2001, ACC may decline to provide any entitlement for as long as the claimant unreasonably refuses or unreasonably fails to comply with any requirement of the Act.

Owner [Out of Scope]

Expert

Policy

1.0 The difference between declining to provide entitlements and suspending entitlements

- a** If a client is no longer eligible for assistance, we suspend their entitlements rather than decline them.

See Suspend entitlement when client no longer eligible .

Suspend Support When Client is No Longer Eligible Policy

- b** We may decline to provide entitlements when the client unreasonably fails to comply with a reasonable request, including:
- complying with any requirement of the Accident Compensation Act 2001 relating to their claim
 - undergoing medical or surgical treatment for their personal injury that they are eligible to receive
 - agreeing to or complying with their individual rehabilitation plan (IRP).

See Managing non-compliance

Managing non-compliance

2.0 Fair and reasonable process

- a** We must follow a process to ensure that we meet legislative requirements and are seen to be fair and reasonable. The following points will help determine whether non-compliance is fair:
- our request must be reasonable
 - we must give the client reasonable notice and the opportunity to comply, and advise them about the implications of not complying
 - we must consider the reason(s) the client gives us for their non-compliance.

NOTE Example - Reasonable request

We ask a client to attend a medical assessment in two weeks' time. The client does not have any particular preference for a provider, and we advise them by letter about the assessment and the implications of non-compliance.

NOTE Example - Unreasonable refusal or failure

The same client ignores the request to attend the assessment, saying they didn't have enough notice, or didn't choose the provider, or have not been told about non-compliance. Any of these responses is considered unreasonable.


- b** We must send the client at least one written warning before they are deemed to be acting unreasonably. We must give the client an opportunity to comply before we make a decision.

3.0 Example: Clients travelling overseas

- a** In some cases, a client's rehabilitation may be delayed or interrupted because of overseas travel.

It is important to consider the circumstances of each case before deciding whether section 117(3) of the Accident Compensation Act 2001 applies. The fact that a client is travelling overseas, whether for a holiday or to relocate, does not necessarily mean that they are unreasonably refusing to comply.

It is possible that a client can undertake rehabilitation while overseas. They may also be able to agree on a reasonable timetable for returning to New Zealand to undertake their rehabilitation or to undergo assessments.

 Overseas Claim Policy

4.0 Declined entitlements

- a** We cannot decline entitlements retrospectively. We can only decline to pay future payments and cannot recover payments that we've already made.

We are able to decline to provide all entitlements or just some of them.

We can decline an entitlement indefinitely if the client continues to not comply.

A client forfeits payments for the period in which they fail to comply.

When we revoke a decision to decline to provide entitlements, or our decision is quashed on review or appeal, we must reinstate the client's entitlement from the date that it was first stopped.

- b** If ACC issues a non-compliance decision, then we can decline to provide entitlements, including: weekly compensation payments, independence allowance payments, and rehabilitation interventions, such as home help or attendant care.
- c** Once the client complies with our request then we can reinstate entitlements.

NOTE Example - Eligible but entitlements declined until compliant

After continued discussion, including advice about the implications of not complying, a client still refuses to sign the ACC165 form. The Recovery Partner approves the client's eligibility, but declines to provide any weekly compensation payments until they agree to sign the form.

NOTE Example - Decline some but not all entitlements

We decline to provide a client's weekly compensation and independence allowance entitlements, but continue the client's attendant care because stopping it would cause the client and their family serious hardship.

5.0 Resuming payments and reinstatement

- a** We resume payment from the date the client complies and/or attends a missed appointment.

We are not normally liable to make any payment to which the client would otherwise have been entitled for the period between the:

- date from which their payments were first withheld
- date payments resume, ie the date the client begins to comply.

6.0 Backdating entitlement payments


- a** We are not required to backdate a client's entitlement over the period we declined to provide it. However, we can backdate the entitlement if we believe that both:

- exceptional circumstances exist
- it would be unfair to refuse to backdate.






- b** Factors include, but are not limited to:

- the client providing a medical certificate for either a new ACC covered injury or a non ACC covered condition.
- death or illness in the family
- the client or their family have been affected by unforeseen circumstances or circumstances beyond their control that have caused significant financial hardship or emotional distress
- the impact for the client or their family of not having the entitlement backdated is out of all reasonable proportion to the reason why the client refused to comply
- the client's rehabilitation has not been affected or delayed by the period of non-compliance.

See Delegations Manual: Cessation and suspension for details.

 Delegations manual

7.0 Links to legislation

-  Section 54: Responsibility of Corporation to make reasonable decisions in timely manner
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM100981.html>
 -  Section 70: Claimant's and Corporation's obligations in relation to rehabilitation
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101406.html>
 -  Section 72: Responsibilities of claimant who receives entitlement
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101409.html>
 -  Section 117: Corporation may suspend, cancel, or decline entitlements
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101482.html>
 -  Injury Prevention, Rehabilitation, and Compensation (Code of ACC Claimants' Rights) Notice 2002
<https://www.legislation.govt.nz/regulation/public/2002/0390/latest/DLM173110.html#d2392653e39>
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Suspend Support When Client is No Longer Eligible Policy v10.0



Summary

Objective

We can suspend support if there is evidence that, although the client might continue to need assistance, they are no longer eligible to receive it from ACC.

This means that the client's symptoms or limitations relate wholly or substantially to something for which ACC is unable to grant cover, such as:

- gradual process injury, disease or infection, that does not have cover itself
- the ageing process
- the client no longer meets the relevant eligibility criteria for an entitlement that they are receiving.

Always remember ACC's obligations under the Code of ACC Claimants' Rights (the ACC Code).

- 1) The difference between suspending support and declining to provide support
- 2) Claims accepted under the 1972 and 1982 Acts
- 3) Medical Information and evidence
- 4) The test of causation
- 5) Notice
- 6) Reinstate suspended support
- 7) Special case: independence allowance
- 8) Relevant legislation.

Owner

[Out of Scope]

Expert

Policy

1.0 The difference between suspending support and declining to provide support

- a** If a client has unreasonably failed or refused to comply with requests, we decline to provide support rather than suspend them.

Refer to Decline Entitlement When Client is Non-compliant Policy.

- Decline Entitlement When Client is Non-compliant Policy

2.0 Claims accepted under the 1972 and 1982 Acts

- a** We cannot suspend support on the basis that the client's current symptoms or limitations are wholly or substantially due to factors unrelated to their injury.

For decisions about ongoing support under Section 117(1) of the current Act for a claim that was accepted for cover under the 1972 and 1982 Acts, refer to the personal injury criteria in Section 2 of both Acts, not Section 26 of the Accident Compensation Act 2001.

Section 2 only excludes personal injury caused exclusively by non-injury factors, such as:

- gradual process injury, disease or infection, that does not have cover itself
- the ageing process.

Continue to provide support if you have evidence that the injury is having some ongoing effect in causing the symptoms or limitations the client currently suffers.

3.0 Medical information and evidence

- a** When making a decision, you must use independent and expert evidence, preferably from the treating provider or suitably qualified clinician who has assessed the client's condition.


You must consider all medical evidence, including any evidence that conflicts with the Medical Advisor's opinion.

The medical evidence must clearly establish that the client's current condition is no longer caused by the injury for which they have cover, not whether ACC was correct to cover the original injury.

You may not suspend support simply because of a reference to degeneration in a medical report. You must investigate the cause of degeneration and how much it contributes to the overall condition. If the degeneration is caused by the covered injury, and that is the primary cause of the ongoing symptoms, do not suspend the support.

4.0 The test of causation


- a** There may be multiple causes or contributing factors to a client's ongoing symptoms or incapacity. The covered injury does not need to be the only cause. The question is whether it has made a meaningful contribution to the incapacity or need for support, rather than simply being a trivial or incidental contribution.
- b** If we suspect that a client's ongoing symptoms are no longer due to the covered injury, ACC should take a proactive approach and clarify this with the treating provider.
- c** If the treating provider is unable to address causation, or the case is complex, further investigations may be required, eg a Medical Case Review.

 Medical Case Review and Medical Single Discipline Assessment Service Page

5.0 Notice

- a** We must give the client reasonable notice about a decision to suspend support.

If the client has received weekly compensation for...	then give...
fewer than 52 weeks	two weeks' notice. We can give up to four weeks notice at the Case Manager's discretion
52 weeks or more	up to four weeks' notice and provide budgeting advice

 reasonable notice about a decision to suspend entitlements..PNG

NOTE Example: suspend support

A client with diabetes has an eye injury. After it heals, the client still suffers a visual impairment, but medical information shows that impairment is caused by their diabetes not the eye injury. It may be appropriate to suspend support.

NOTE Example: do not suspend support

A client suffered a skin wound that is now completely healed. Medical information shows they no longer need assistance of any type because of this injury. We would simply stop providing the support, not suspend it.

6.0 Reinstate suspended support

- a** We can reinstate a suspended support, under the same claim, if both the following criteria apply:

- new medical information shows that the effects of the original covered injury are now causing a further incapacity
- the ageing process or a gradual process is not now wholly or substantially the cause of the client's current condition.

We must be satisfied that a new incapacity is caused by a previous injury, rather than a new injury:

- the same body site must have been affected on both occasions, and the diagnosis must be substantially the same on both occasions
- the new incapacity must not be due to an intervening incident, which would have caused incapacity in its own right.

These criteria have particular meaning for cases where we have previously suspended weekly compensation because the incapacity is no longer caused by a covered injury.

We can reinstate support that was suspended, based on a reason other than that the cause of a client's current limitations is wholly or substantially due to ageing or a gradual process. New information must show that the client is now eligible for the suspended support.


 Criteria for reinstatement of weekly compensation payment of a client


NOTE Example: Reinstate suspended support

When weekly compensation has been suspended it can be reinstated (at the previous calculated rate) in some circumstances where incapacity has been continuous. Consider reinstatement when:

- We suspend a client's support because the client was cleared for or advised of a full return to work however due to injury related factors was unable to make a full return see Full return to pre-injury role definition
- We suspend a client's support because the client was non-compliant however the client is now compliant
- We suspend a client's support because they move overseas and cannot provide suitable medical certification. They return from overseas and begin providing suitable medical certification, including an acceptable, backdated certificate covering the period overseas
- We suspended a clients support however this decision has been overturned

NOTE: This process does not apply to subsequent incapacity. Instead refer here: Subsequent Inability to Work (Subsequent Incapacity)


 **PROCESS** Subsequent Inability to Work (Subsequent Incapacity)

 Full return to pre-injury role definition

b We do not generally accept backdated medical certificates, except in exceptional circumstances. Refer these to the Medical Advisor, who can advise if the backdated certificate is acceptable, taking into account:

- type of injury
- stability of incapacity during the period overseas
- whether or not any medical attention was sought overseas.

For more information about backdated medical certificates, refer to Weekly compensation policy – Determine incapacity dates

 Determine incapacity dates – date of first incapacity (DOFI) (CHIPS)

7.0 Special case: independence allowance

a We can only reduce or stop an independence allowance (IA) if the client is reassessed as no longer having an impairment from their personal injury. The client must have an impairment assessment so we can make this decision.

Under the 1992 Act, we could assess a client's support to an IA over more than one injury claim.


If the client still has an impairment on any claim, adjust the IA accordingly, rather than suspend support.

Refer to Independence Allowance Reassessment and Suspension and Backpayments policies.

 Independence Allowance Reassessment Policy

 Suspension and Backpayments Policy

8.0 Relevant legislation

 Accident Compensation Act 2001, section 54: Responsibility of Corporation to make reasonable decisions in timely manner


<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM100981.html>

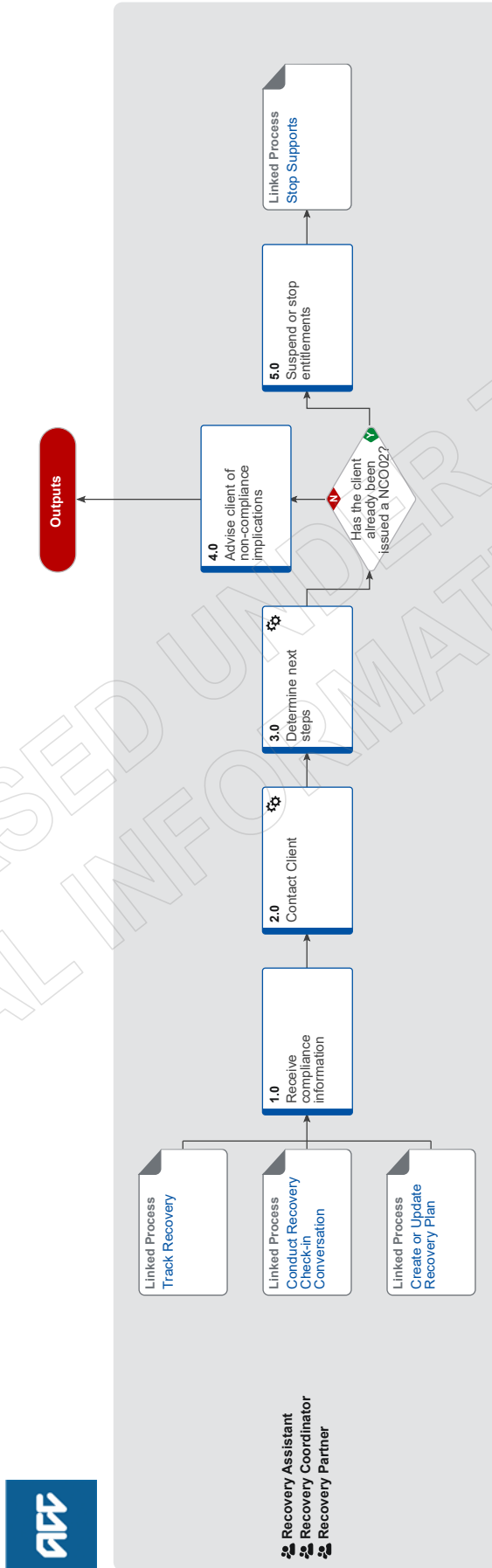
 Accident Compensation Act 2001, section 117 Corporation may suspend, cancel, or decline entitlements

<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101482.html>

 Code of ACC Claimants' Rights

http://www.legislation.govt.nz/regulation/public/2002/0390/latest/DLM173110.html?search=qs_act%40bill%40regulation%4

 PROCESS Stop Supports



Summary

Objective

To detail the steps involved for when a client unreasonably fails or refuses to comply with a reasonable request from ACC. Requests may include, but are not limited to:

- attending appointments arranged by us
- participating in rehabilitation
- providing information.

NOTE:

We must refer to ACC's obligations under the Code of ACC Claimants' Rights (the ACC Code) Specifically Right 1, Right 2, Right 3, Right 4, Right 5 & Right 6.

In addition - ensure that you have a signed and agreed ACC165 Your rights and responsibilities form on file prior to proceeding to confirm any non-compliance to ensure the client is aware of their responsibilities whilst receiving ACC support.

Our requests must be reasonable, communicated in client's preferred method (email, phone, letter), understood by the client and able to be achieved by the client.

ACC must advise clearly of any consequence of unreasonably failing or refusing to comply with the reasonable request.

Background

We must warn clients about the impacts on their entitlements of not complying. If the failure or non-compliance continues, we can stop entitlement payments and send the client a decision letter.

We can reinstate entitlements after the client has complied with our request, e.g. they attend a rescheduled appointment.

Owner

[Out of Scope]

Expert

Procedure

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

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

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

1.0 Receive compliance information

Recovery Assistant, Recovery Coordinator, Recovery Partner

a Receive information related to the client's compliance.

NOTE What information you might have received?

- Client is responding to a NCO01 letter
- Reminder Action or Contact Action to contact client
- DNA (Did Not Attend) from provider
- Client has refused to provide information
- Client complied with NCO02 requirements
- Client did not comply with NCO02 requirements
- Client was non-compliant but has since become compliant

NOTE What if the client has missed an appointment?

Consider the information from the provider to see if it fits non-compliance.

Contact the client asking for an explanation to the non-attendance and consider if this constitutes non-compliance.

b Review the claim history.


NOTE What information should you look for?

Check whether we have already engaged with the client over non-compliance, including sending the client a NCO01 or NCO02, or marking the claim with a Non-Compliant indicator.

Look at the timeline of events and the process before the appointment or information request.

Check that we engaged the client in discussion about reasonably required interventions and have captured these and the clients agreement in their Recovery Plan.

Check that we gave clear notice of the client's rehabilitation obligations, rights and responsibilities and whether there is a language or some other barrier to their attendance.

 Client Legislative Rights and Responsibilities Policy

NOTE What if you are unsure whether to proceed?

Discuss with your Team Leader or a Practice Mentor.

Refer to the (NGCM) Seek Internal Guidance process below for further information and assistance.

 **PROCESS** Seek Internal Guidance

c Confirm that the client has provided consent to collect and share information.

 View Client Consent

NOTE What if the client has not provided consent?


Go to the (NGCM) Obtain Client Authority to Collect Information process below.

If a client refuses to provide an authority to collect medical and other records and ACC is subsequently unable to obtain information to make a cover or initial entitlement decision, do not issue a decline decision on the basis of non-compliance.

The basis for the decline decision in those circumstances is ACC's inability to obtain the required information.

 **PROCESS** Obtain Client Authority to Collect Information

2.0 Contact Client**Recovery Assistant, Recovery Coordinator, Recovery Partner****a** Contact the client and confirm you are speaking with the right person by asking ACC's identity check questions.

 Identity Check Policy

NOTE What if you are unable to contact the client?

Attempt contact via as many means as are possible. For example via phone including leaving messages, sending a letter, sending an eTXT and emailing. Check the party case roles to see if they can be contacted through any of these, such as their employer or treatment provider. If they have any upcoming appointments or regular contact with a treatment provider, request that a message is passed on to contact you.

Failing to stay in contact with ACC is not a basis to suspend entitlements. You can only suspend entitlement if, for example, necessary and planned appointments are jeopardised. For instance, deciding to require a client attend a Medical Case Review, without previously discussing it with them and then using their lack of contact to suspend entitlements is not appropriate. If we have previously provided written advice that an appointment (such as a Medical Case review or Vocational Rehabilitation Service) is required and non-contact jeopardises organising this, non-compliance can be considered upon discussion with a technical specialist.

If a client has missed an appointment and you are unable to contact them:

1) Generate and send the NCO01 'Missed Appointment - unable to contact - claimant' letter, with clear expectations as to what the client needs to do next.

2) Create a Contact action for 7 consecutive days (14 consecutive days if letter is sent via post) from today, with a description of what needs to happen next.

For example: "NCO01 sent because (type of appointment) was missed. If no response will need to attempt contact and consider next steps"


3) Activate the Non-Compliant Indicator on the claim with "Investigating"

Enter attempts to contact into the "Add Non Compliance Indicator / Details" with the date and method of attempted contact.


 NCO01 Missed Appointment Letter


b Discuss the situation with the client and record details of the conversation.**NOTE What if the client wants you to talk to another person on their behalf?**

Refer to the (NGCM) Obtain Authority to Act (ATA) process below for further information and guidance.

 **PROCESS** Obtain Authority to Act (ATA)

c Explain to the client their rights and responsibilities whilst in receipt of ACC entitlements, ensuring that the client is able to clearly understand the communication that you are providing them.
Resend the Rights and Responsibilities form (ACC165) to the client and create a Contact on the claim to record that you have sent this and how.

 Accident Compensation Act 2001, Section 72: Responsibilities of claimant who receives entitlement
<https://legislation.govt.nz/act/public/2001/0049/latest/DLM101409.html>

 ACC165 Declaration of rights and responsibilities

- d Confirm the clients preferred method of receiving the communication.
- e Create a Contact to document the client's explanation for their non-compliance and update the Engagement life area in Salesforce

3.0 Determine next steps

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a Determine the next steps based on the claim and the reasons provided for the client's non-compliance. If necessary, ask a Practice Mentor for advice.

NOTE What if the Provider has advised of a DNA (Did Not Attend)?

You must check the Service Page for the relevant service before sending a task to Admin to update the Purchase Order with the correct DNA code as each service allows for a different amount of DNA per service.

NOTE What if the client has missed an appointment but provided a reasonable excuse?

Arrange another appointment, or make sure the provider has scheduled a further appointment.

This process ends.

NOTE What if the client has missed an appointment, but has not been able to provide a reasonable reason for the failed attendance?

Consider if issuing the letter NCO02 – Implications of non-compliance is now appropriate. Ensure that you include details of the new appointment arranged and the entitlements that will be affected if they do not comply with this appointment.

When setting the new appointment / compliance expectations:

- Consider the Code of Claimant's Rights
- That your request is reasonable
- You are clear on what the client needs to do to comply (for example, is it attending 1 appointment, or a full rehabilitation programme)
- You are clear in the timeframe for complying with the request
- The request is achievable for the client to meet, that you are providing a reasonable notice period of any new appointment/s

NOTE What if the client had been issued a NCO02 letter and has complied with the request or appointment?

- 1) Ensure you have discussed the ACC165 and expectations with the client.
- 2) Edit the 'Non-Compliance Indicator' to show that the client is compliant

This process ends.

NOTE What if the client was previously non-compliant but has since become compliant?

- 1) Determine if entitlement payments can be backdated by referring to 'Seek Internal Guidance' and 'Decline Entitlement When Client is Non-compliant Policy' for more information

- 2 a) Create the relevant 'Extend Entitlement' tasks for Recovery Administration.

In the comments, include:

- The vendor
- The purchase order
- The date for the entitlements to restart - either the date the appointment was attended or the date that information was provided, and the reason for this as it may not align with the day that entitlements were suspended
- Any other details about entitlements affected

- 2 b) For Reinstatement of Weekly Compensation.

Refer to "Reinstate Weekly Compensation" Promapp page, Procedure point '1.0 Review client payment request'

- 3) Generate and send the 'NCO04 Restart entitlements decision' letter.

- 4) In Eos, edit the 'Non-Compliance Indicator' to show that the client is now compliant.


This process ends.

 **PROCESS** Seek Internal Guidance

 Decline Entitlement When Client is Non-compliant Policy

NOTE What if it's established Weekly Compensation can be restarted?

In Eos, add a Follow Up Entitlement Task. The task will need to be transferred to the Centralised WC queue. For further guidance on weekly compensation refer to the process below.


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

- b** Determine whether the client's non-compliance is an unreasonable failure or refusal or not.

NOTE What constitutes an unreasonable failure or refusal?

When a client does not meet their responsibility to achieve independence from ACC in a timely and appropriate way, including:

- behaving in a way that grossly disregards the reasonable requirements imposed by ACC
- having unrealistic expectations within the intent of the rehabilitation provisions of the Accident Compensation Act 2001. Refer to the legislation linked below.

 Legislation - Suspending, Cancelling or Declining entitlements
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101482.html>

NOTE What if you are not sure how to proceed?

Refer to 'Seek Internal Guidance'

 **PROCESS** Seek Internal Guidance

- c** Create a Contact to document your decision

 **Has the client already been issued a NCO02?**

Recovery Assistant, Recovery Coordinator, Recovery Partner

YES.... Continue

NO....  NEXT ACTIVITY


4.0 Advise client of non-compliance implications

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Create the NCO02 - Implications of non-compliance - claimant' letter.

Edit the letter to include:

- details and date of the new appointment if one has been arranged (ensuring client has enough notice for the new appointment)
- the entitlements that will be affected if the client does not comply.

 NCO02 - Implications of non-compliance - claimant

- b** Create a Reminder action 1-2 days prior to the appointment, send a notification to help ensure attendance. Some clients may need a Contact action depending on communication needs. Update the Engagement Life area.


- c** Create a Reminder action 1-2 days after the appointment to confirm whether the client attended.

5.0 Suspend or stop entitlements

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Review the client's current supports and entitlements.

- b** Determine whether to suspend or leave active each of the client's current entitlements.

 Accident Compensation Act 2001, Section 117 (3): Corporation may suspend, cancel, or decline entitlements
<https://legislation.govt.nz/act/public/2001/0049/latest/DLM101482.html>

 Code of ACC Claimant's Rights
<https://legislation.govt.nz/regulation/public/2002/0390/latest/DLM173115.html#DLM173115>

NOTE How do you determine whether to suspend each entitlement?

Refer to 'Seek Internal Guidance'

 **PROCESS** Seek Internal Guidance

- c** Edit the Non-Compliance Indicator to show the client is non-compliant.

NOTE How do you add the Non Compliance Indicator?

1. Click on "Add" to add an indicator
2. Select "Non Compliance Indicator" in the drop down box.
3. Set the Status to the appropriate selection and add any details in the "Details" box.
4. Enter in the appropriate "From Date"
5. OK.

- d** Go to Stop Supports to finalise the Non-Compliance Process and to Stop the Supports affected by this decision.

The letter to confirm this decision is - SPD998 Suspension or cessation of entitlement - client / Option 4 Non-Compliance.

NOTE Ensure that you clearly state what the client was required to comply with and did not comply with and what the client must do to be able to re-comply.

Stop Supports

Recovery Assistant, Recovery Coordinator, Recovery Partner

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Summary

Objective

The Official Information Act (OIA) governs access to official information held by Ministers and specified government agencies. Almost all requests for non-personal information is to be handled under the OIA.

Summary

- The Official Information Act 1982 (OIA) governs access to official information held by Ministers and specified government agencies.
- Almost all requests for non-personal information is to be handled pursuant to the OIA. Complying with it isn't voluntary.
- The OIA Services Team are a group of OIA experts, there to provide advice and support.
- If you've received a request for information and you're not sure what to do, email the team at governmentservices@acc.co.nz or contact

[Out of Scope]

Owner

[Out of Scope]

Expert

Policy

1.0 Official Information Act

- a** The Official Information Act 1982 (OIA) allows people to request official information held by Ministers and specified government agencies (agencies). It contains rules for how such requests should be handled, and provides a right to complain to the Ombudsman Office in certain situations.



Official Information Act 1982

<http://legislation.govt.nz/act/public/1982/0156/latest/DLM64785.html>



Ombudsman Office

<http://www.ombudsman.parliament.nz/make-a-complaint/complaining-about-access-to-official-information-5513072912244>:

- b** There is also a separate Act called the Local Government Official Information and Meetings Act 1987 (LGOIMA), which applies to local authorities.



Local Government Official Information and Meetings Act 1987

<http://www.legislation.govt.nz/act/public/1987/0174/latest/DLM122242.html>

2.0 Purposes of the Act

- a** The key purpose of the OIA is to increase the availability of official information to the people of New Zealand to:
- enable more effective public participation in the making and administration of laws and policies; and
 - promote the accountability of Ministers and officials; and
 - enhance respect for the law and promote good government.

It is also to protect official information to the extent consistent with the public interest and the preservation of personal privacy.

3.0 What is official information?

- a** Official information means any information held by an agency subject to the OIA. It is not limited to documentary material, and includes material held in any format such as:

- written documents, reports, memoranda, letters, notes, emails and draft documents;
- non-written documentary information, such as material stored on or generated by computers, including databases, video or tape recordings;
- information which is known to an agency, but which has not yet been recorded in writing or otherwise (including knowledge of a particular matter held by an officer, employee or member of an agency in their official capacity);
- documents and manuals which set out the policies, principles, rules or guidelines for decision making by an agency; and
- the reasons for any decisions that have been made about a person.


- b** If a requester seeks information by asking a question, there is a distinction between:

- questions which can be answered by providing information already known to and held by the agency (official information); and
- questions which require the agency to form an opinion or provide an explanation and so create new information to answer the request (not official information).

4.0 Practical examples within ACC

- a** Here is some example of information held by ACC:
- Internal policies and processes
 - Claims data
 - The names of staff
 - Materials from Injury Prevention
 - Internal correspondence or documents about a topic
 - Costs paid to Fairway or providers
- b** People before process - Some information is publicly available – for example 'legislation'. We encourage you when dealing with a client to provide them with the link to where the information is found. Under section 18(d) of the OIA, agencies may refuse a request if the information is or will soon be publicly available.

5.0 Personal Information

- a** People can ask for personal information about themselves. However, this type of information is covered by the Privacy Act 2020, not the OIA. Talk to the Privacy Team about this sort of request. You can contact them at privacy.officer@acc.co.nz.
-  Privacy Act 2020
<http://www.legislation.govt.nz/act/public/1993/0028/latest/DLM296639.html>
- b** If someone is requesting personal information about someone other than themselves, this is considered under the OIA just like any other request for official information. The key thing to consider is the requester's relationship to the information they want – if it's about them, it's a Privacy Act request; everything else is an OIA request.

6.0 What happens after I receive a request?


- a** A request can be made in any form and communicated by any means, including orally. Please get in touch with us as soon as possible by emailing GovernmentServices@acc.co.nz. This is to ensure we meet the legal requirements for responding to requests of official information. This means no later than 20 working days after the request is received.

7.0 What if there are reasons for not releasing the information?

- a** An agency must make a decision and communicate it to the requester 'as soon as reasonably practicable' and no later than 20 working days after the day on which the request was received by the organisation.

When considering whether to grant the request, the agency must keep in mind the key principle that information must be made available unless there is good reason to withhold it.

Requests made under the OIA can only be refused for one of the reasons set out in the following sections of the OIA:

- administrative reasons (section 18)
 - conclusive reasons (sections 6 and 7)
 - good reasons (section 9)
 - neither confirming nor denying the existence or non-existence of information (section 10).
- b** For further guidance on the reasons for refusing a request under sections 6, 7, 9, 10 and 18, the Office of the Ombudsman provides official information legislation guides.
-  Official information legislation guides
<http://www.ombudsman.parliament.nz/resources-and-publications/guides/official-information-legislation-guides>

8.0 How can the team help you?

- a** The OIA Services Team is a group of OIA experts. The team is jointly responsible for:
- drafting responses to OIAs
 - providing leadership and advice to the rest of the business
 - helping if you think there are good reasons for not releasing information under OIA
 - providing advice about releasing information proactively outside the OIA
 - providing training to teams on the OIA
 - providing cross government assistance in the OIA

The team can be reached by emailing governmentservices@acc.co.nz or by calling Sara Freitag, the Manager OIA Services.

9.0 For more information

- a** The Office of the Ombudsman has a useful guide for more information about the OIA.

 The OIA for Ministers and agencies
<http://www.ombudsman.parliament.nz/resources-and-publications/documents/the-oia-for-ministers-and-agencies>

Summary

Objective

FOR THE PROCESS REGARDING INFORMATION REQUESTS PLEASE SEE THE PROCESS PAGE HERE:
<https://au.promapp.com/accnz/process?processuniqueid=3ceabd17-816e-4b7f-b759-c0722927a50f>

A request for personal information may result from one of the following processes:

- Complete client information requests
- Respond to a private insurer request for client information
- Receive, Log and Allocate Review Application
- Filing an appeal.

Client Information Requests (CIR) main objective is to collate information and prevent privacy breaches

CIR will prepare the Information request, if the request meets the CIR criteria below. In rare cases, a request for a full client copy file may require an email sweep, call recordings or footprint report.

Owner

[Out of Scope]

Expert

Policy

1.0 Rules

- a The CIR (Client Information Requests team) is responsible for collating, privacy checking and dispatching the information request. See the 'Complete Client Information Requests' process.
- b The request for information must be responded to within 20 working days after receiving the request.

PROCESS Complete Client Information Requests

2.0 Privacy checks

- a CIR are responsible for privacy checking all files to be released. If needed, secondary privacy checks may be requested at any time
- b Existing full copies of a claim, that have already been privacy checked by CIR, can be reused for new requests. CIR only need to privacy check the new documents added to the file since the last release.

3.0 Notifications

- a In the instance that:
 - A Privacy Act or Appeal request is received
 - It is also a full copy of a claim
 - It also has a case owner

CIR will send a notification task to that case owner. This is to obtain any details about documents which the case owner feels should be secured or not released.


On rare occasions, this maybe include documents that should not be disclosed to protect client safety.

Any details about documents which the case owner/review owner feels should be secured or not released should be detailed in an email to the claims officer in CIR who is processing the request.

4.0 Securing documents

- a CIR will review and secure any documents which are legally privileged before releasing the file.

See Information requests and legal professional privilege and Requests for personal information.

 Secure a document

5.0 Information Request Criteria

a Scoping

A request may meet CIR criteria if it's for a full or partial copy of a claim file (may include multiple claims) needed for either:

- a personal information request from the client or their authorised representative or advocate
- a formal review lodged by the Review Unit
- a statutory appeal lodged by ACC Legal Services
- a Third-Party Administrator (TPA) or Insurance request under the Official Information Act (OIA)

The following is not an exhaustive list of tasks which are in/out of scope, but it details the most common ones.

b In Scope:

- Requests under the Privacy Act for client files from the client or an authorised advocate
- Reviews/Appeals
- Insurance requests made under the OIA
- International lawyers not working for the client
- Most partial files
- TPA reviews and appeals if the file has been handed back to ACC OR if the decision being reviewed was made by ACC
- TPA requests for additional claim files
- Call recordings
- Email Sweeps
- Footprint Reports
- Disclosure of sensitive documents

c Out of Scope

- Requests for a single document to be emailed (excluding sensitive documents)
- Requests which are just for a Schedule of Injuries
- TPA reviews and appeals where the file is still held by the TPA or where the decision itself was made by the TPA
- Provider requests
- Requests for information from government third parties such as MSD and IRD.
- Question-based requests with no accompanying file request
- Employer requests for information
- Employer reviews

There may be circumstances where a request that is usually 'out of scope' will be dealt with by CIR. This will be determined by a Team Leader.

NOTE What if you are unsure if the request meets the criteria?

Contact the CIR team on DSCCIT@acc.co.nz or by calling +6434753356.

6.0 Preparing personal information requests

a A request for personal information must be from an authorised person but does not need to be in writing.

b CIR has 20 working days from the date of the original request to prepare the information. For this reason, information request should be transferred to CIR as soon as possible.

If an extension is needed CIR must send an extension letter to the requestor to let them know the number of days extended and are required to do this before the expiry of the 20 working days.

 [Personal Information Requests Policy](#)

 [Privacy Check Before Disclosing Information Policy](#)

7.0 Providing the information request

a Password protected PDF

- The information may be provided as a password-protected PDF or WinZip via Email to a verified email address
- The information may be provided as a USB or CD which may then be couriered or posted.

b Printed Copy

- If the requestor requires a printed copy of their file, CIR prefer them or their advocate to collect it from their local ACC branch/hub.
- If the requestor wants us to courier the information to them, they must confirm they accept the courier risks detailed in the ACC6181 Receiving personal information by courier information sheet.

c Any questions following release of information should be forwarded to the review owner, case manager, or assisted recovery in the first instance.**NOTE** If the request is sent to the branch, how long is this kept before being destroyed?

- The client should be notified when the information arrives at the branch.
- If contacting by email or post the decision a copy of the decision letter should be attached.
- This should be followed up 3 times over a 2 month period.
- The final follow up should be written (verified email or post) if appropriate. This communication should mention that the information will be disposed of if contact is not made, and the timeframe for disposal to be at the end of the third month ensuring this leave adequate time for the client to reply.
- If the client makes contact after the information has been disposed of, contact the CIR team. The information can be reprinted and resent to the branch by the CIR team.

8.0 Preparing copy files for reviews**a** Review owner responsibilities

The review owner is responsible for:

- Checking documents for relevance
- Creating the VCF Bulk Print for the relevant documents
- Providing the Review Number, File Name, File Type (Basic PCF, Relevant Documents, or Full File), Review Provider, Recipients, and the Recipients preferred dispatch method in the Task sent to CIR

b Client Information Requests responsibilities

CIR is responsible for:

- Collating the relevant documents (and full copy if requested)
- If the request is for a full copy of a claim, CIR will review and secure any documents that are legally privileged before releasing the file referring to the instructions found in securing documents in Eos
- Privacy checking and transferring the copy to the reviewer (Fairway, ICRA, or TMR) within 20 working days of receiving the review application
- If an extension is required, CIR must make the review specialist aware of the number of days required for extension

NOTE Communicating with review applicants

The relationship with the review applicant is between the review owner and the applicant. Therefore any communication needed should go through the review owner.

9.0 Preparing copy files for appeals**a** Appellant Copy

- CIR are not required to provide an Appeal file to the appellant unless they request one.

b Timeframes

- CIR must provide the file within 15 working days of receiving the request.
- If an extension is required, CIR must notify Legal Services as soon as possible with the number of days required for extension

c Judge and ACC Counsel files

- CIR must provide two copies of the file for the appeal, one for the Judge (Court) and one for ACC's Legal Counsel.
- The two files must be identical, except for legally privileged documents.
- The Judge's file must not include any legally privileged documents
- ACC's Legal Counsel file must include all documents, including legally privileged.

d Legal Services Responsibilities

- Legal Services are responsible for couriating the Judge's files to the Court.
- CIR must not send files directly to the Court.

10.0 Official information Act Requests

- a** Client Information Requests responsibilities
 - CIR will take all possible measures to contact the client to ensure they consent the exact request.
 - If unable to contact the client, CIR are still able to release the information to the Insurer or Third Party due to the consent form.
-

11.0 International requests

- a** In Scope:
 - Request by client living internationally
 - Request by client's international advocate or lawyer
 - Request by an international party not acting on behalf of the client (e.g. a lawyer acting on behalf of an international insurer)

- b** Requestor Policies

CIR can action requests made by:

- a lawyer from a country with comparable Privacy legislation (e.g. Australia)
- a non-professional advocate, with ATA form, on behalf of a client

If the request is not from a party that directly acts for a client, CIR require:

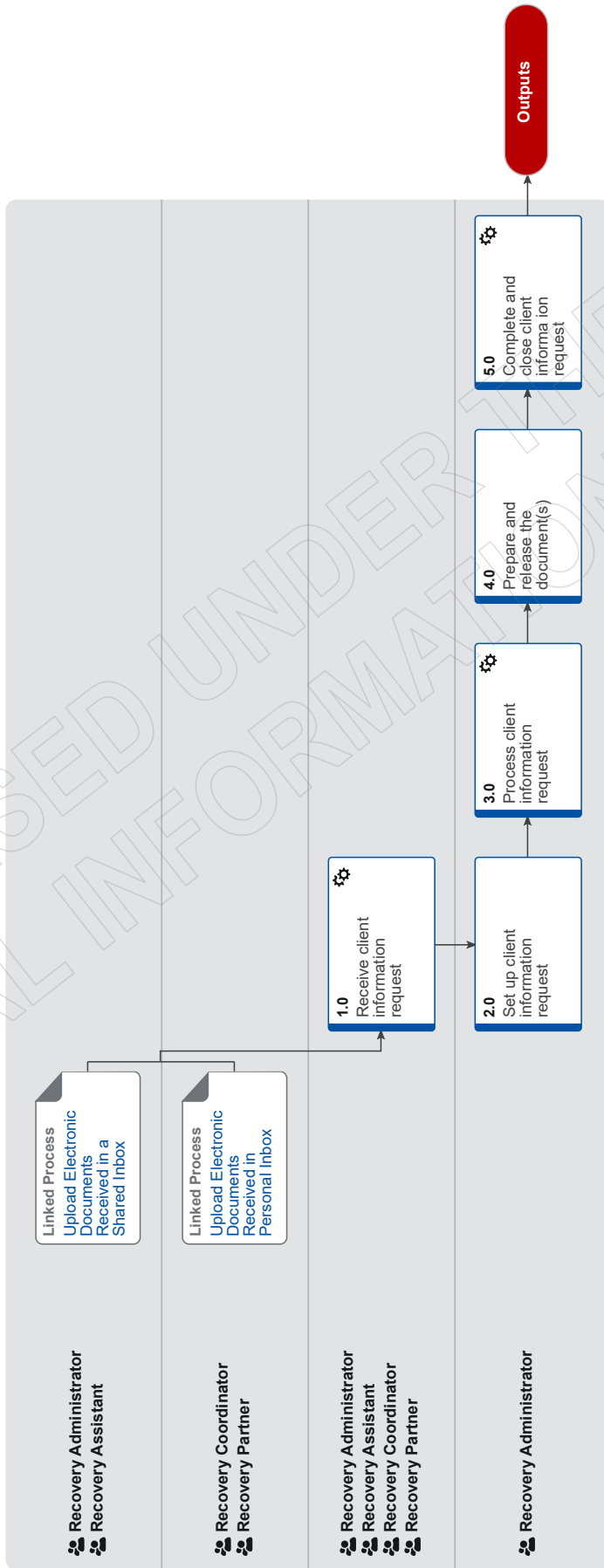
- a signed authority/consent form for these requests
 - consent directly from the client or their counsel to disclose information to the requestor in addition to the authority form provided by the requestor
-

12.0 Prison Requests

- a** CIR must contact the client to confirm the request, inform them that it needs to be sent as paper, and there are no guarantees that the file will not be opened by the prison.
-

13.0 Remote Claim Unit (RCU) Requests

- a** Pseudonyms
 - CIR have been given pseudonyms that can be used on RCU claims.
 - CIR will do all the admin on the claims
 - b** Contact
 - CIR staff (including those using RCU pseudonyms) are not allowed to contact the RCU clients.
 - Any contact must be completed by the RCU case owner
 - c** Privacy Checking
 - CIR staff can look at the claim on Eos and open documents, but must not change anything
 - d** Delivery
 - Privacy Act Requests must be sent to the Justice Centre
 - Reviews and Appeals must be sent to Legal Services
-



Summary

Objective

The purpose of this process is to manage requests for client information so that the information is provided to the requestor.


Background


A request for client information can come from the client, client advocate or an external party. A request can be received in a variety of ways such as shared email/fax, personal email, phone call or in person at an ACC office. A request can be for personal information (such as client files, client related emails and call recordings) or for other information we hold (such as official information).

Owner [Out of Scope]

Expert

Procedure

 **PROCESS** **Upload Electronic Documents Received in a Shared Inbox**
Recovery Administrator, Recovery Assistant

 **PROCESS** **Upload Electronic Documents Received in Personal Inbox**
Recovery Coordinator, Recovery Partner

1.0 Receive client information request

Recovery Administrator, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Acknowledge receipt of the request with the requestor.
- b** Determine if the request for information is simple or complex.

NOTE **What is considered a simple request?**

Simple requests will be actioned by the recovery team members.


A simple request for information is a request made by the client for a single non-sensitive document to be sent via Email (this may include a non-sensitive document on a sensitive claim e.g. a payslip) or post (not courier). If sending a simple request, ensure that the client's email address is verified and privacy checks are complete before sending the requested document.

Any other requests, including sensitive documents, couriered documents, and pre-employment checks are considered complex. Complex requests are sent to the administration team for action. See steps below.

- c** Check that there is sufficient information from the request to proceed. This includes ensuring that all delivery methods are verified, including mobile numbers if passwords are being sent by extx.

NOTE **What if the request does not contain sufficient information?**

Refer to the guidelines for 'Confirming requirements for client information requests' and obtain the additional information required.

 Confirming requirements for client information requests

- d** In Eos, from the Party File (individual claim if for only one claim, or sensitive claim if one of the claims requested is sensitive), create a 'Complete Request for Copy of Clients Information' task, copy the request template into the task.

NOTE **This is not a NGCM task and must be added through the main Party / Claim screens.**

NOTE What request template do you use?

(Remove all irrelevant information and delivery methods.)

[NAME] called for: [All claims/ All information / Full copy of this claim only/ full copy of (list claim numbers)/List particular documents if partial request]

Request received on:

Delivery Method:

- Email to verified address, etext password
- CD to branch/delivery address, etext password
- USB to branch/delivery address, etext password
- Paper to branch/delivery address, ACC6181 read and risk accepted.
- Please confirm branch for pick up if applicable:

Best contact phone number if needed is: [Number]

Preferred contact for password: (alternate email/text/call)

NOTE What if more than one claim is requested?

List the claims in one template as per the above, do not create multiple tasks.

2.0 Set up client information request**Recovery Administrator**

- a In the Client Information Requests queue, review the task.
- b If required, contact the requestor to confirm the detailed information requirements.

NOTE Why would you need to contact the requestor?

Whilst the recipient of the request will verify the initial information requirements with the requestor in Activity 1.0, the CIT Set Up team member may contact the requestor to confirm more detailed information requirements before the task proceeds further. An example might be to clarify the date range for the information that is required.

- c Record the requests in the CIR work register for your location.

NOTE Where is the register located?

Dunedin: \\DUNWWMG0001\TempCIT\DunedinRegional\register

- d Setup up the file by following the CIR Map.

 CIR Map

<https://accnz.sharepoint.com/:x:/r/sites/Group-ClientAdministrationTeamSite/Shared%20Documents/Client%20Information>

- e If required, gather any information that is needed from relevant business units.
- f Update the 'Complete Request for Copy of Clients Information' task with further information at this point (such as file size, due date for the request to be closed).
- g Determine if the client information request meets the criteria for a 'small', 'large' or 'complex' file.
- h Allocate the task to the small or large/complex file queue.

3.0 Process client information request**Recovery Administrator**

- a Follow the CIR Map to process the information request from the relevant file queue.

NOTE What if the request is for a client managed by the Remote Claims Unit (RCU)?

Refer to CIT RCU Dispatch Process below.

 CIT RCU Dispatch Process

- b Conduct a privacy check.

 Privacy Check Before Disclosing Information Policy

- c Assess the redactions that are required to the documents under sections 49 to 53 of the Privacy Act and complete any deletions and redactions.

 Privacy Act 2020

<https://www.legislation.govt.nz/act/public/2020/0031/latest/LMS23398.html>


- d Replace the original document(s) in Eos with the redacted version to ensure that this is the only version that is sent out in the future.

NOTE Why do you need to replace the original document(s) in Eos?

This ensures the redactions and deletions to the document(s) are reflected on the claim file and prevents the original document from being sent out in future without the redactions and deletions.

4.0 Prepare and release the document(s)

Recovery Administrator

- a Check whether the release method is by email, internal release, paper, CD or USB.
- b Follow the CIT Map to prepare and release the document(s).
- c Complete the ACC6173 Information Disclosure Checklist and upload it to the client's claim.
 -  ACC6173 Information Disclosure Checklist
- d Complete a final dispatch check to ensure the documents are ready for release. This includes checking the client address is correct, any labelling is correct and the release method is correctly prepared.
- e Release the document(s) using the identified release method in task a.


NOTE What if you are sending the document(s) via courier package?

Go to Prepare and Send Client Information by Courier process before continuing to Activity 5.0.

 **PROCESS** Prepare and Send Client Information by Courier

NOTE What if you are sending the document(s) via courier using Pre-alert?

Go to the 'Send Confidential Information by Courier using Pre-Alert' process before continuing to Activity 5.0.

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

5.0 Complete and close client information request

Recovery Administrator

- a Follow the CIT Map to complete final administration including saving relevant emails.
 - b If used, complete the redaction spreadsheet so that there is a record of the redactions that have been made to the documents against the claim.
 - c In Eos, close the 'Complete Request for Copy of Clients Information' task.
-

Summary

Objective

Effective communication between ACC staff and clients is essential to creating productive relationships and enabling ACC to better support clients. However, at times communication between ACC staff and clients breaks down.

If the client's behaviour or communication is unreasonable, it may be appropriate to introduce a communication plan to manage the behaviour.

Background

This communication plan policy applies to all ACC staff who have contact with clients. This includes staff and clients in Te Ara Tika and the Remote Claims Unit.

- 1) Non-effective communication
- 2) Criteria for implementing a communication plan
- 3) Type of Restrictions
- 4) Reviewing the communication plan
- 5) Code of Claimant's Rights

Owner

[Out of Scope]

Expert

Policy

1.0 Non-effective Communication

- a** Non-effective communication is defined as, "behaviour by a current or former complainant which, because of its nature or frequency, raises substantial health, safety, resource or equity issues for the parties to a complaint." This behaviour can fall into five broad categories relating to:
- persistence
 - demands
 - lack of co-operation
 - arguments
 - overall behaviour.

2.0 Criteria for implementing a communication plan

- a** If a client exhibits the above behaviour a communication plan may be appropriate.
- b** All the following criteria must be fulfilled before a communication plan is implemented:
- The client exhibits behaviour or non-effective communication that must be managed because of the excessive demands it places on staff, time, or resources, or it poses health and safety risks.
 - The client has been given two or more written warnings (with the warnings outlining the type of non-effective communication displayed, when it occurred, expectations going forward, and the restrictions that could be placed on the client if there is no change in their communication).
 - Authorisation from a manager (Client Service Leader or other equivalent level manager; or Te Ara Tika Team Leader and RCU Leader) approving the implementation of a communication plan.


PROCESS Implement a Communication Plan

3.0 Types of Restrictions

- a** The restrictions that can be placed on a client are the same as those outlined by the Ombudsman in Managing unreasonable complainant conduct practice manual. They include:
- who the client can have contact with
 - what they can raise with the agency (ACC)
 - when they can have contact
 - where they can make contact, and
 - how they can make contact.
- b** The restriction options can be found here.

 [Communication Plans - Types of Communication Restrictions](#)

- c** For more information refer to the Managing unreasonable complainant conduct practice manual.

 Managing unreasonable complainant conduct
https://www.ombudsman.parliament.nz/sites/default/files/2019-03/managing_unreasonable_complainant_conduct_manual

4.0 Reviewing the communication plan

- a** Restrictions placed on a client must be reviewed every six months, at a minimum, to see if they are still appropriate.
- b** Authorised managers are responsible for determining:
- if the restrictions should be retained
 - if the restrictions should be removed, or
 - whether new restrictions should be added.

NOTE What to do if new restrictions need to be added after reviewing the plan?

If the client starts introducing a new form of behaviour or non-effective communication, they have not previously displayed, then at least two written warnings must be issued before a new restriction is added to the Communication Plan.

However, if the client continues to display the same type of behaviour or non-effective communication and the current restriction is not having the desired effect then a new restriction can be added without issuing warnings.

 **PROCESS** Review a Communication Plan

5.0 Code of Claimants Rights

- a** Whether a client is on a communication plan or not clients have rights under the Code of Claimants Rights. The following are the rights held by claimants relevant to communications plans; ACC must adhere to these when communicating with clients:
- Right 1 – you have the right to be treated with dignity and respect.
 - Right 2 – you have the right to be treated fairly, and to have your views considered.
 - Right 5 – you have the right to effective communication.
 - Right 6 – you have the right to be fully informed.
 - Right 8 – you have the right to complain.

 Code of ACC Claimants' Rights
<https://www.legislation.govt.nz/regulation/public/2002/0390/latest/DLM173115.html>



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Recovery Coordinator
Recovery Partner
Te Ara Tika - Recovery Partner

Team Leader

Triggers & Inputs

1.0 Review the status of the communication plan

2.0 Prepare the applicable letter

3.0 Obtain approval to retain or remove the communication plan

4.0 Approve the retention or removal of the communication

5.0 Notify the client of the outcome

Outputs

Summary

Objective

For all client facing staff to review a communication plan that was implemented up to six months ago and determine whether the communication plan should be retained or whether it should be removed.

Background

- A communication plan is a set of restrictions placed on a client when they have exhibited non-effective communication with ACC, placing excessive demands on staff, time, resources or unnecessary health and safety risks.
- A communication plan must be revisited/reviewed every six months at a minimum to determine if it is still appropriate. Authorised leaders must approve whether the restrictions should be retained or removed.

For further information, refer to the "Supporting Effective Communication with Clients" policy.

Owner [Out of Scope]

Expert

Procedure

1.0 Review the status of the communication plan

Recovery Coordinator, Recovery Partner, Te Ara Tika - Recovery Partner

- a** In Eos, examine the claim background information.

NOTE When can you review whether the communication plan should be retained or removed?

Review once the communication plan has been in place for six months. You will know it is time to review the client's communication plan when:

- The "Reminder Action" task to review the client's communication plan is due and/or
- Based on the 'Oracle BI Interactive Dashboards - Care Ind Report', your Team Leader asks you to review the communication plan.

For further information, refer to the 'Communication Plan Policy' below.

 Communication Plan Policy

NOTE Can a communication plan be reviewed sooner than six months after it has been implemented and have new restrictions introduced?

Yes. A communication plan can be reviewed sooner than six months, however it must not be reviewed any longer than six months after it has been implemented.

If the client introduces new non-effective communication behaviours that are outside of the original communication plan, at least two written warnings must be issued before an updated communications plan can be implemented. Eg: after restricting the frequency of client's communication with ACC, the client begins twisting the content of ACC's emails to the client.

If the client's behaviour remains the same however intensifies, the communication plan can be updated without any warnings. Eg: the original restriction was that the client can only contact a particular person on a certain day of the week, however the client begins to contact that person excessively up to one hundred times per day on the designated day resulting in the restriction needing to be updated to emails only.

NOTE What do you need to examine?

- Trends showing non-effective communication and/or behaviours from the client
- Historical context or circumstances that may give rise to the communication (eg: emails, contact records, etc.)

NOTE Is there a limit on how many times a notice to retain the communication plan can be sent out to the client?

No. As long as the notification is sent out minimum six months apart and the client's behaviour is not improving, ACC has the right to retain the client's communication plan.

If after a few notifications the client's communication and/or behaviour hasn't improved, you can discuss with your leader to consider transferring the client to Te Ara Tika or Remote Claims Unit.

- b** Determine if the communication plan should be retained or removed.



NOTE How do you make a decision?

If the client's communication and/or behaviours haven't improved since the communication plan was implemented six months ago, the communication plan should be retained. Otherwise the plan can be removed.

2.0 Prepare the applicable letter

Recovery Coordinator, Recovery Partner, Te Ara Tika - Recovery Partner

- a** Generate the applicable (either one of the linked below) document in Eos.

-  REV54 Supporting Effective Communication - Continuation of Restriction
-  REV55 Supporting Effective Communication - Removal

- b** Edit the document with required information. Ensure you leave the document as 'incomplete' in Eos.
- c** Prepare any additional background information that is not outlined in the document for discussion with your leader.

NOTE What are some examples of additional background information for communication plan retention?

This could be any evidence that is not already outlined in the FLIS and supports the reason why you are proposing to have the communication plan to be retained, ie:

- A summary of the existing communication restrictions placed on the client
- An overview of the client's communication and/or behaviour since the plan was implemented confirming that the client didn't adhere to the plan and hasn't done what was asked of them, and that the client's previous non-effective communication or behaviour hasn't ceased.
- Details of any notable negative communication trends or instances of incidents since plan implementation.
- Details of how the client's current communication and/or behaviour negatively impacts on the wider business unit.

NOTE What are some examples of additional background information for communication plan removal?

This could be any evidence that is not already outlined in the FLIS and supports the reason why you are proposing to have the communication plan removed, ie:

- A summary of the existing communication restrictions placed on the client.
- An overview of the client's communication or behaviour since the plan was implemented confirming that the client adhered to the plan and has done what was asked of them, and that the client's previous non-effective communication and/or behaviour ceased.
- Details of any notable positive communication trends
- Details confirming that the client's current communication or behaviour no longer negatively impacts on the wider business unit.

3.0 Obtain approval to retain or remove the communication plan

Recovery Coordinator, Recovery Partner, Te Ara Tika - Recovery Partner

- a** Schedule a meeting with your leader.
- b** Discuss the retention or removal you have prepared and seek feedback.

NOTE What should you be discussing with your leader if you are recommending for the communication plan to be retained?

Discuss the following:

- A summary of the existing communication restrictions placed on the client
- An overview of the client's communication and/or behaviour since the plan was implemented confirming that the client didn't adhere to the plan and hasn't done what was asked of them, and that the client's previous non-effective communication or behaviour hasn't ceased.
- Details of any notable negative communication trends or instances of incidents since plan implementation.
- Details of how the client's current communication and/or behaviour negatively impacts on the wider business unit.

NOTE What should you be discussing with your leader if you are recommending for the communication plan to be removed?

Discuss the following:

- A summary of the existing communication restrictions placed on the client.
- An overview of the client's communication or behaviour since the plan was implemented confirming that the client adhered to the plan and has done what was asked of them, and that the client's previous non-effective communication and/or behaviour ceased.
- Details of any notable positive communication trends
- Details confirming that the client's current communication or behaviour no longer negatively impacts on the wider business unit.

NOTE What if the outcome of the discussion is different from what you initially prepared for? ie.: You recommended for the communication plan to be removed however the outcome from the discussion with your Team Leader is that the communication plan is retained, and vice versa.

- 1) Discard the previous document.
- 2) Generate the applicable document in Eos
- 3) Complete the document with required information. Ensure you leave the document in 'incomplete' in Eos
- 4) Ask your leader to review the document.

- c** Make any final changes to the document including those according to your Team Leader's feedback if applicable.

4.0 Approve the retention or removal of the communication plan

Team Leader

- a** Review draft of the retention or removal document and additional background information.
- b** Approve the decision to retain or remove the communication plan.

NOTE What should you consider when making the approval decision?

If the team member is proposing to retain the communication plan, consider whether:

- Retaining the plan will be effective in managing the non-effective communication or behaviour
- Retaining the plan will negatively impact on the client in terms of their welfare or livelihood.

If the team member is proposing to remove the communication plan, ensure that:

- The client's communication or behaviour has improved, and the plan is no longer necessary.

- c** Provide feedback to the team member if required.
- d** Generate a 'TM Review' contact task on the client's claim and record a summary of your discussion with the team member in the task.
- e** Update the 'Communication Plan Indicator'.
- f** In Salesforce, set up a "Reminder Action" task for the communication plan to be reviewed again in six months if the communication plan is retained.



NOTE What if the retention or removal is not approved?

Record the decision.

This process ends.

5.0 Notify the client of the outcome

Recovery Coordinator, Recovery Partner, Te Ara Tika - Recovery Partner

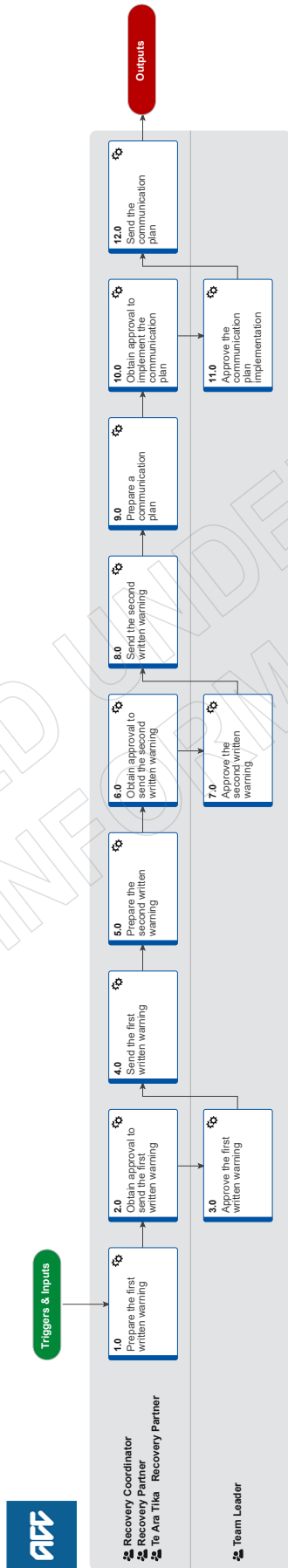
- a** Update any feedback from your Team Leader in the letter.
- b** Complete the document in Eos.
- c** Send the applicable document to the client.
 -  REV54 Supporting Effective Communication - Continuation of Restriction
 -  REV55 Supporting Effective Communication - Removal

NOTE What if the client doesn't have an email and the document needs to be sent physically?

Create and send the "NGCM - Send letter" task for the Recovery Administration team to mail the document out to the client.



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Summary

Objective

For all ACC's client facing staff to implement a communication plan when they find that the communication from the client must be managed because of excessive demands on staff, time, resources, or unnecessary health and safety risks.

Background

- A communication plan is a set of restrictions placed on a client when they have exhibited non-effective communication with ACC, placing excessive demands on staff, time, resources or unnecessary health and safety risks.
- A communication plan can only be introduced after two or more written warnings have been issued. Warnings must be approved by authorised leaders.
- A communication plan must be revisited/reviewed every six months at a minimum to determine if it is still appropriate. Authorised leaders must approve whether the restrictions should be retained or removed.
- In some scenarios you might have already had some discussions with your leader and have given some verbal warnings to the client. If the client's behaviour still hasn't improved, you can consider issuing the first written warning.

Owner [Out of Scope]

Expert

Procedure

1.0 Prepare the first written warning

Recovery Coordinator, Recovery Partner, Te Ara Tika - Recovery Partner

- a** Determine if the first written warning is appropriate.

NOTE **When should you consider preparing the first written warning?**

When the client has been exhibiting non-effective communication with ACC and placing excessive demands on your time, resources or unnecessary health and safety risks.

NOTE **What are some examples of non-effective communication and behaviours that can be considered for a warning to be issued?**

- Persistence
- Demands
- Lack of co-operation
- Arguments
- Overall behaviour.

For further information refer to the policy below.

 Communication Plan Policy

- b** In Eos, generate the 'Supporting Effective Communication - Warning 1' document in Eos.

 REV51 Supporting Effective Communication - Warning 1

NOTE **What will the first warning cover?**

It will:

- Identify and explain what type of unreasonable behaviour or communication ACC feels the client is exhibiting
- Explain the importance of effective communication and set reasonable expectations for communication moving forward
- Specify the date/time/location of the communication (or over what period of time/number of communications)
- List the restrictions that could be introduced if the behaviour/communication does not change
- Provide contact details of the staff member whom they can contact about the warning if they wish to.

- c** Edit the document with required information. Ensure you leave the document as 'incomplete'.

- d** Prepare any additional background information that is not outlined in the 'Supporting Effective Communication - Warning 1' letter. For the discussion with your leader.

NOTE What are some examples of additional background information?

This could be any evidence that is not already outlined in the document and supports the reason why you are proposing to have the first written warning sent to the client, ie:

- A summary of information recorded in EOS showing the trend of communication that is not effective including any historical context or circumstances giving rise to the communication (eg: emails, contact records, etc.)
- How the client's communication or behaviour is impacting on the business unit or ACC in terms of staff, time, and resources
- How the warning would lessen the impacts of the communication or behaviour on the business units or ACC
- What actions (if any) you have already taken to support effective communication with the client
- What the client's response was to any previous requests or warnings about their communication/behaviour
- How the warning would be managed in the context of current entitlements, rehabilitation, current complaints, reviews, or urgent support requests.

2.0 Obtain approval to send the first written warning

Recovery Coordinator, Recovery Partner, Te Ara Tika - Recovery Partner

- a Schedule a meeting with your leader.
- b Discuss the first written warning you've prepared and seek feedback.

NOTE What should you be discussing with your Team Leader?

Discuss the following:

- A summary of information recorded in Eos showing the trend of communication that is not effective including any historical context or circumstances giving rise to the communication (eg: emails, contact records, etc.)
- How the client's communication or behaviour is impacting on the business unit or ACC in terms of staff, time, and resources
- How the warning would lessen the impacts of the communication or behaviour on the business units or ACC
- What actions (if any) you have already taken to support effective communication with the client
- What the client's response was to any previous requests or warnings about their communication/behaviour
- How the warning would be managed in the context of current entitlements, rehabilitation, current complaints, reviews, or urgent support requests.

- c Make any final changes to the 'Supporting Effective Communication - Warning 1' document including those according to your Team Leader's feedback if applicable.
- d In Outlook, email your Team Leader to advise the letter is ready to be reviewed.

3.0 Approve the first written warning

Team Leader

- a Review draft of the 'Supporting Effective Communication - Warning 1' document and additional background information.
- b Approve the first written warning.

NOTE What should you consider before making the approval decision?

You need to consider whether:

- The communication with the client is non-effective and is impacting on the business unit or ACC
- Issuing a warning will be effective in managing the communication or behaviour
- There will be a negative impact on the client in terms of their welfare or livelihood.

For further information refer to the policy linked below.

 [Communication Plan Policy](#)

- c Provide additional feedback if required to the wording of the 'Supporting Effective Communication - Warning 1' letter if applicable.
- d In Eos, generate a "TM Review" contact task on client's claim and record a summary of your discussion with the team member in the task.

NOTE What if you do not approve the first written warning?

- Discuss alternative options with your team member. This could be, however not limited to:
 - Offering further coaching and mentoring to continue communicating with the client without issuing a written warning
 - Other

This process ends.

4.0 Send the first written warning

Recovery Coordinator, Recovery Partner, Te Ara Tika - Recovery Partner

- a Update any feedback from your Team Leader in the letter.
- b In Eos, update the document to 'complete'.
- c Email the 'Supporting Effective Communication - Warning 1' document to the client.

NOTE What if the client doesn't have an email and the document needs to be sent physically?

Set up the 'NGCM - Send letter' task for the Recovery Administration team to mail the document out to the client.

5.0 Prepare the second written warning

Recovery Coordinator, Recovery Partner, Te Ara Tika - Recovery Partner

- a** Determine if sending a second written warning is appropriate.

NOTE **When should you consider preparing the second written warning?**

If the client's communication still hasn't improved after they've been sent the first written warning.

NOTE **Is there a minimum time period between when the first written warning was sent and the second written warning can be sent?**

No. When the second written warning can be sent depends on a case by case scenario. Your leader will be able to help determine the appropriate time to send the second written warning based on the scenario.

NOTE **What if the client's communication and/or behaviour has improved since the first written warning was sent?**

Inform your leader of the client's change of behaviour and ask your leader to generate a "TM Review" contact task on the client's claim and record a summary of the client's improvement in behaviour in the task

The second written warning is not needed and the process ends here.

- b** In Eos, generate the 'Supporting Effective Communication - Warning 2' document in Eos.

 REV51 Supporting Effective Communication - Warning 2

NOTE **What will the second warning cover?**

It will:

- Identify and explain what type of unreasonable behaviour or communication ACC feels the client is exhibiting
- Explain the importance of effective communication and set reasonable expectations for communication moving forward
- Specify the date/time/location of the communication (or over what period of time/number of communications)
- List the restrictions that could be introduced if the behaviour/communication does not change
- Provide contact details of the staff member whom they can contact about the warning if they wish to.

- c** Edit the 'Supporting Effective Communication - Warning 2' document with required information. Ensure you leave the document as "incomplete".

- d** Prepare any additional background information that is not outlined in the 'Supporting Effective Communication - Warning 2' letter for the discussion with your leader.

NOTE **What are some examples of additional background information?**

This could be any evidence that is not already outlined in the FLIS and supports the reason why you are proposing to have the first written warning sent to the client, ie:

- A summary of information recorded in Eos showing the trend of communication that is not effective including any historical context or circumstances giving rise to the communication (e.g: emails, contact records, etc.)
- How the client's communication or behaviour is impacting on the business unit or ACC in terms of staff, time, and resources
- How the warning would lessen the impacts of the communication or behaviour on the business units or ACC
- What actions (if any) you have already taken to support effective communication with the client
- What the client's response was to any previous requests or warnings about their communication/behaviour
- How the warning would be managed in the context of current entitlements, rehabilitation, current complaints, reviews, or urgent support requests.

6.0 Obtain approval to send the second written warning

Recovery Coordinator, Recovery Partner, Te Ara Tika - Recovery Partner

- a** Schedule a meeting with your leader.

- b** Discuss the second written warning you've prepared and seek feedback.

NOTE **What should you be discussing with your Team Leader?**

Discuss the following:

- A summary of information recorded in Eos showing the trend of communication that is not effective including any historical context or circumstances giving rise to the communication (eg: emails, contact records, etc.)
- How the client's communication or behaviour is impacting on the business unit or ACC in terms of staff, time, and resources
- How the warning would lessen the impacts of the communication or behaviour on the business units or ACC
- What actions (if any) you have already taken to support effective communication with the client
- What the client's response was to any previous requests or warnings about their communication/behaviour
- How the warning would be managed in the context of current entitlements, rehabilitation, current complaints, reviews, or urgent support requests.

- c** Make any final changes to the 'Supporting Effective Communication - Warning 2' document including those according to your leader's feedback if applicable.

- d** In Outlook, email your Team Leader to advise the letter is ready to be reviewed.

7.0 Approve the second written warning

Team Leader

- a** Review draft of the 'Supporting Effective Communication - Warning 1' document and additional background information.

 REV51 Supporting Effective Communication - Warning 2

- b** Approve the second written warning.

NOTE What should you consider when making an approval decision?

You need to consider whether:

- The communication with the client is still non-effective and is impacting on the business unit or ACC
- Issuing a warning will be effective in managing the communication or behaviour
- There will be a negative impact on the client in terms of their welfare or livelihood
- Previous warnings caused a behaviour or communication change, and if it is appropriate to issue another one.

- c** Provide feedback to the wording of the 'Supporting Effective Communication - Warning 2' letter if required.

- d** In Eos, generate the "TM Review" contact task on client's claim and record a summary of your discussion with the team member in the task.

NOTE What if the second warning wasn't approved to be sent?

- Discuss alternative options with your team member. Depending on the scenario, this could be, however not limited to:
 - Offering further coaching and mentoring for the team member to continue communicating with the client without issuing the second written warning
 - Outlining the conditions for when the second written warning can be considered again
 - Other
- Process ends here.

8.0 Send the second written warning

Recovery Coordinator, Recovery Partner, Te Ara Tika - Recovery Partner

- a** Update any feedback from your Team Leader in the letter.

- b** In Eos, update the document to 'complete'.

- c** Email the 'Supporting Effective Communication - Warning 2' document to the client.

NOTE What if the client doesn't have an email and the document needs to be sent physically?

Create and send the "NGCM - Send letter" task for the Recovery Administration team to mail the document out to the client.

9.0 Prepare a communication plan

Recovery Coordinator, Recovery Partner, Te Ara Tika - Recovery Partner

- a** Determine if implementing a communication plan is appropriate.

NOTE When should you consider preparing a communication plan for the client?

You should consider preparing a communication plan for the client if the client's communication still hasn't improved after at least two written warnings have been issued.

For further information, refer to the 'Communication Plan Policy' below.

 Communication Plan Policy

NOTE Can more than two warnings be issued to the client before a communication plan is considered?

The standard default is that a communication plan is implemented if the client's communication hasn't improved after two written warnings have been issued. In some scenarios, more than two written warnings can be sent to the client. This should however be discussed and approved by your leader.

NOTE What if a third written warning is required?


Repeat activity 5.0 'Prepare second written warning' through to activity 8.0. Change the wording and title of the document to 'Supporting Effective Communication - Warning 3'.

- b** In Eos, generate the 'Supporting Effective Communication - Final' document in Eos.

NOTE What will a communication plan cover?

It will:

- Identify and explain what type of unreasonable behaviour or communication ACC feels the client is exhibiting
- Explain the importance of effective communication and how the communication or behaviour has impacted ACC
- Specify the date/time/location of the communication (or over what period of time/number of communications)
- Confirm the restriction being introduced and how the proposed restriction or management option would be managed in the context of any current entitlements, rehabilitation, current complaints, reviews, or urgent support requests
- Provide contact details of the staff member whom they can contact if they wish to
- Indicate a time period(s) for revisiting the restrictions.

 REV53 Supporting Effective Communication - Restriction

- c Edit the 'Supporting Effective Communication - Final' document with required information. Ensure you leave the document as 'incomplete'.
- d Prepare any additional background information that is not outlined in the 'Supporting Effective Communication - Final' document for discussion with your leader.

NOTE What are some examples of additional background information?

This could be any evidence that is not already outlined in the FLIS and supports the reason why you are proposing to have the first written warning sent to the client, ie:

- A summary of information recorded in Eos showing the trend of communication that is not effective including any historical context or circumstances giving rise to the communication (eg: emails, contact records, etc.)
- How the client's communication or behaviour is impacting on the business unit or ACC in terms of staff, time, and resources
- How the warning would lessen the impacts of the communication or behaviour on the business units or ACC
- What actions (if any) you have already taken to support effective communication with the client
- What the client's response was to any previous requests or warnings about their communication/behaviour
- What restrictions should be implemented
- Who the client can contact if they wish to
- How the restriction would be managed in the context of current entitlements, rehabilitation, current complaints, reviews, or urgent support requests.

10.0 Obtain approval to implement the communication plan

Recovery Coordinator, Recovery Partner, Te Ara Tika - Recovery Partner

- a Schedule a meeting with your leader.
- b Discuss the communication plan you've prepared and seek feedback.

NOTE What should you be discussing with your Team Leader?

Discuss the following:

- A summary of information recorded in Eos showing the trend of communication that is not effective including any historical context or circumstances giving rise to the communication (eg: emails, contact records, etc.)
- How the client's communication or behaviour is impacting on the business unit or ACC in terms of staff, time, and resources
- How the warning would lessen the impacts of the communication or behaviour on the business units or ACC
- What actions (if any) you have already taken to support effective communication with the client
- What the client's response was to any previous requests or warnings about their communication/behaviour
- What restrictions should be implemented
- Who the client can contact if they wish to
- How the restriction would be managed in the context of current entitlements, rehabilitation, current complaints, reviews, or urgent support requests.

- c Make any final changes to the document including those according to your leader's feedback if applicable.
- d In Outlook, email your Team Leader to advise the letter is ready to be reviewed.

11.0 Approve the communication plan implementation

Team Leader

- a Review draft of the 'Supporting Effective Communication - Final' document and additional background information.
- b Approve the communication plan.

NOTE What should you consider when making the approval decision?

You need to consider whether:

- The communication with the client is still non-effective and is impacting on the business unit or ACC
- Introducing a restriction will be effective in managing the communication or behaviour
- There will be a negative impact on the client in terms of their welfare or livelihood
- Previous warnings caused a behaviour or communication change, and if it is appropriate to issue another one.

- c Provide feedback to the wording of the 'Supporting Effective Communication - Final' letter if required.
- d In Eos, generate the 'TM Review' contact task on client's claim and record a summary of your discussion with the team member in the task.

NOTE What if the communication plan wasn't approved to be sent?

- Discuss alternative options with your team member. Depending on the scenario, this could be, however not limited to:

— Offering further coaching and mentoring for the team member to continue communicating with the client without implementing the communication plan.

— Outlining the conditions for when the implementation of the communication plan can be considered again

— Instructing the team member to issue another written warning

— Other

- The process ends here.

- e Make a request to the Client Service Leader to create a 'Communication Plan Indicator'.
- f Update the 'Communication Plan Indicator'.

12.0 Send the communication plan

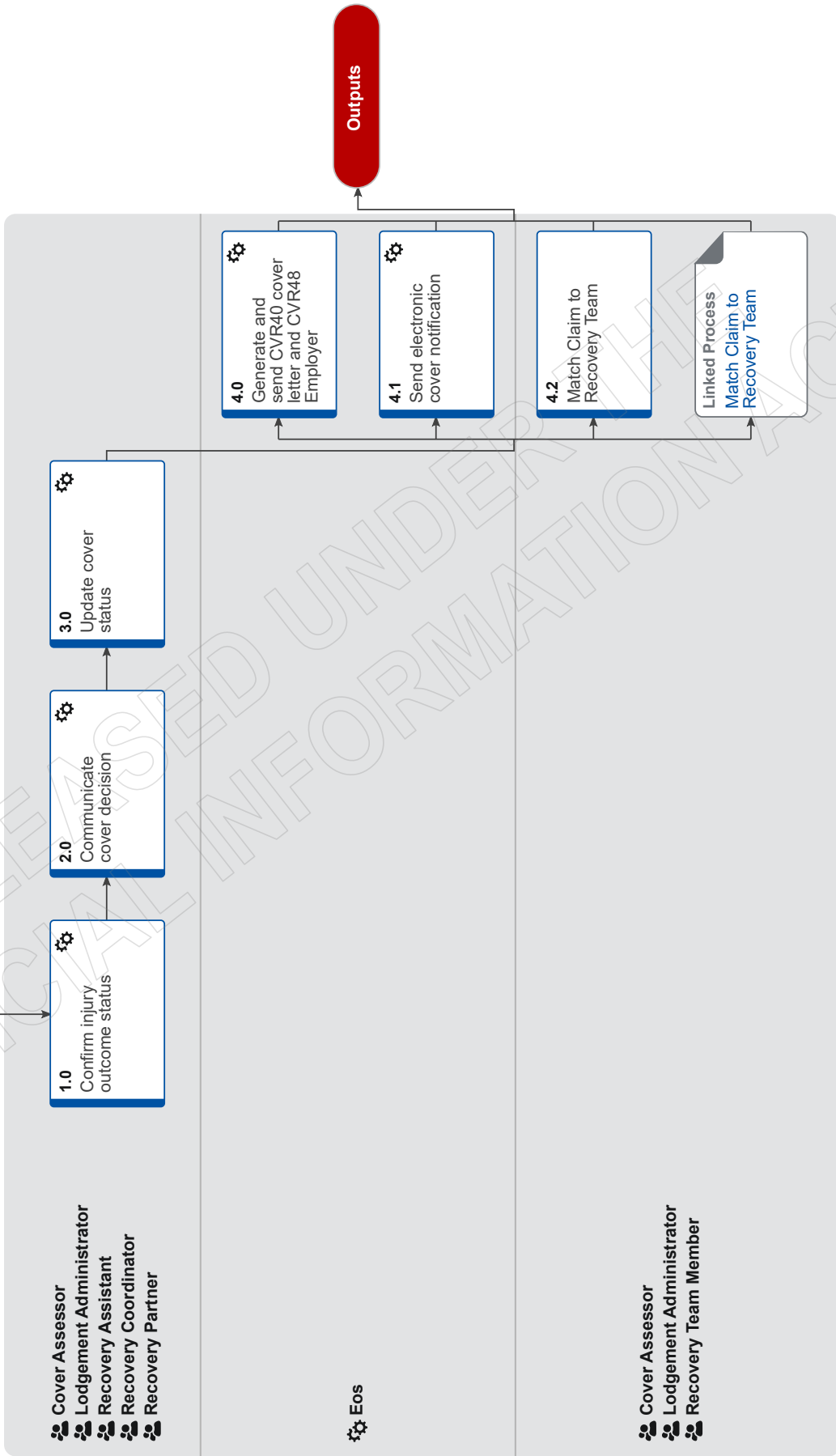
Recovery Coordinator, Recovery Partner, Te Ara Tika - Recovery Partner

- a** In Salesforce, set up a "Reminder Action" task for the communication plan to be reviewed no later than six months.
- b** In Eos, update the 'Supporting Effective Communication - Final' document to 'complete'.
- c** Email the document to the client.

NOTE What if the client doesn't have an email and the document needs to be sent physically?

Set up the "NGCM - Send letter" task for the Recovery Administration team to mail the document out to the client.

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Summary

Objective

To advise a client that we've accepted their claim. This process addresses accepting PICBA claims only, it does not include accepting specialist claims.

Background

A staff member has investigated a claim and determined that it meets criteria for cover and can accept it.

Owner [Out of Scope]


Expert

Procedure

1.0 Confirm injury outcome status

Cover Assessor, Lodgement Administrator, Recovery Assistant, Recovery Coordinator, Recovery Partner


- a** Review the outcome status of the injury or injuries in Eos and update if necessary. The default outcome status is Provisional however this should be updated to Approved or Declined in certain scenarios. See the Injury outcome status definitions guide below.

 Injury outcome status definitions

NOTE What if ACC is accepting some of the injuries but declining others?

Leave the outcome status for the accepted injuries as Provisional and update the outcome status for the injuries you're declining to Declined.

NOTE: If you've received medical records that confirm the injury or injuries being covered, then you must change the outcome status for the accepted injuries to Approved after you've created the CVR43 cover letter. This is because Eos will only populate the details of the accepted injuries in the letter when the outcome status is Provisional.

 Assign an outcome status and an outcome date to an injury code

2.0 Communicate cover decision

Cover Assessor, Lodgement Administrator, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Determine which cover letter should be sent to the client using the guide below.

 Cover Letter Quick Reference Guide

NOTE What if the guide says you should send the automatic CVR40 letter?

- Ensure the Send Auto Accept Letters radio button is set to Yes.
- Go to step 3.0 to update the cover status in Eos.


NOTE What if the guide says you should create and send a letter that is not the automatic CVR40 (ie CVR43, CVR45, CVR47, CVR70, WSI02 or CVR41)?

- Ensure the Send Auto Accept Letters radio button is set to No.

- b** Generate the relevant accept cover letter in Eos that you identified using the guide above.

NOTE What if the claim is for a mental injury?

Go to the Issue Recovery Decision process

 **PROCESS** Issue Recovery Decision

 Upload an Incomplete Electronic Document

NOTE What if the client's address is not verified? - FOR CLAIMS ASSESSMENT

- If the address is verified but not valid, it is okay to send a letter to the client. However, if speaking with the client as part of the assessment process, please ensure the address details are verified.
- If the address is not verified and not valid, add a note in the contact for the document stating: 'Letter not sent to client as address is invalid.' Send a copy of the accept cover letter to the provider who lodged the claim instead.


NOTE CLIENT ADMINISTRATION - when working on sending information for Claims Assessment. Continue to send to unverified addresses.

NOTE What if the client address is not verified - FOR RECOVERY TEAM MEMBERS

- If an address is verified the letter can be sent regardless of whether the address is valid or invalid
- If an address is not verified the letter cannot be sent regardless of whether the address is valid or invalid. Add a note in the contact for the document stating: 'Letter not sent to client as address is invalid.' Send a copy of the accept cover letter to the provider who lodged the claim instead.

- c** Print and sign the letter.

- d** Add the Working Together information sheet.

 ACC255 Kōrero mai - Working together

- e** Complete a privacy check to ensure you are only sending information to the client that is relevant to this claim.

NOTE Do I have to complete the privacy check myself?

In some business units a separate team will complete this privacy check. Ask your manager if this is the case for your team. If there is not a separate team responsible for privacy checking you will need to complete the check yourself.

NOTE What if I'm only accepting some of the injuries but declining others?

Now that you've created the CVR43 cover letter, you can update the injury outcome status for the accepted injuries to Approved if you've received medical records that confirm the injuries. If you haven't received medical records that confirm the injuries then leave the outcome status for the accepted injuries as Provisional.

3.0 Update cover status

Cover Assessor, Lodgement Administrator, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** In Eos, change the cover status to Accept and update the cover status reason to Criteria for Cover are met.


NOTE What if the claim is for a wilfully self-inflicted injury (WSI)?

Include the following statement in the cover status change reason:


Cover accepted for physical injuries - if entitlements sought must be investigated for wilfully self inflicted by managing department.

 Update Cover Status

- b** Add a contact to the claim explaining your cover decision rationale.

 Add a client contact

- c** Close the Confirm Cover Decision task.

 Close a Task

NOTE What if I've received a Notification Decision task?

You've received this task because the claim has a specialist claim type (WRGPDI, Hearing Loss, Mental Injury, Work Related Mental Injury, Treatment Injury, Dental). In general, it's good practice to send the automatic electronic notification to the client informing them that their claim has been accepted. However in some instances it might not be necessary, for example you may have just confirmed cover over the phone with them.

- If you want to send notification, close the Notification Decision task and select Send Notification when prompted.

- If you don't want to send notification, close the Notification Decision task and select Discard Notification when prompted.

Note that Sensitive and Fatal claim types will never be sent automatic notification, and electronic notification is automatically sent for PICBA claims.

NOTE Why does a new Confirm Cover task get created?

Before you can successfully close the Confirm Cover task all Information Required tasks need to be actioned and closed. You also need to change the Cover Status on the General Screen to "Accept". If you close the Confirm Cover task before these steps have been undertaken a new Confirm Cover task will be created.

4.0 Generate and send CVR40 cover letter and CVR48 Employer Notification letter (if applicable)

Eos

- a** If the Send Auto Accept Letters radio button is set to Yes and the cover status has been updated to Accept, then the CVR40 cover letter will be automatically generated. Eos transfers the letter data to an external mail house who print and send the letter to the client.

- b** If the claim is accepted and is a work-related injury, then the CVR48 Employer Notification letter will be automatically generated. Eos transfers the letter data to an external mail house who print and send the letter to the client's employer.

NOTE What if the employer is noted as being Proxy, and we receive updated details?

Review Identify Clients Employer - Step 2.0

 **PROCESS** Identify Client's Employer

4.1 Send electronic cover notification

Eos

- a** An electronic notification is automatically sent to the client that confirms their claim has been accepted. Note that there are some situations where this notification is prevented, for example if the claim type is Fatal or Sensitive, if the client is a minor or deceased, if the claim is managed by the Remote Claims Unit or Te Ara Tika (previously Wellington Central Branch), if the client has a Safe Contact on their party record, if the Stop Notifications attribute on the client's party record is set to Yes etc.

4.2 Match Claim to Recovery Team

Cover Assessor, Lodgement Administrator, Recovery Team Member

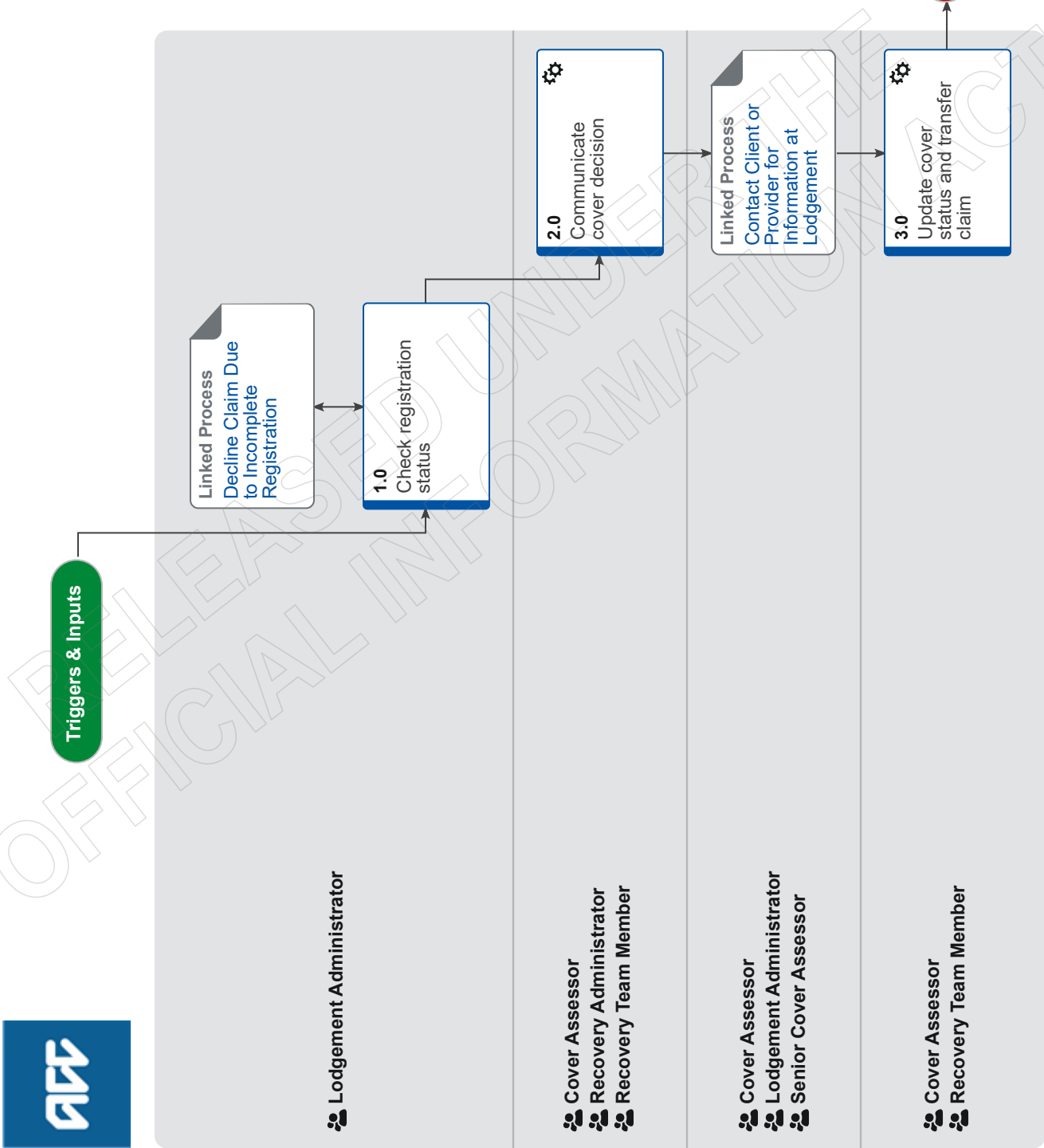
- a Use this process to determine the appropriate team to manage the client and their recovery.

 **PROCESS**

Match Claim to Recovery Team

Cover Assessor, Lodgement Administrator, Recovery Team Member

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Summary

Objective

To advise a client that we've declined their claim.

Background

A staff member has investigated a claim and determined that they must decline it. They can decline the claim for two reasons:

- There is insufficient information to make a cover decision, or
- The claim does not meet criteria for cover.

Owner [Out of Scope]

Expert

Procedure

1.0 Check registration status

Lodgement Administrator

- a Ensure the claim's registration status is complete.

NOTE What if it's not complete?

Go to the Decline Claim Due to Incomplete Registration process.

CONDITIONAL Decline Claim Due to Incomplete Registration

Lodgement Administrator

2.0 Communicate cover decision

Cover Assessor, Recovery Administrator, Recovery Team Member

- a Ensure that all the available information has been considered.
- b Call the client to explain the decision. Go to the Contact Client or Provider for Information process below to do this.

NOTE What if the claim is for a wilfully-self inflicted (WSI) injury?


Don't call the client to decline the claim, as this may cause further distress for them. Go to the next step in the process.

NOTE What if there's an Assistance Required task on the claim?

Explain to the client that we're unable to provide assistance for a claim that isn't covered.

NOTE What if the client provides new information about the claim?


- If the information is relevant to their claim, postpone making the cover decision. Considered how the new information will affect your decision. Go to 'Assess Claim for Cover' process. This process ends.
- If the information is not relevant to their claim, explain this to the client. Continue with this process.

 **PROCESS** Assess Claim for Cover :: Simple PICBA claim

- c In Eos, generate the CVR999 cover decline cover letter.


NOTE A copy must also be printed and sent to the Lodging Provider.

 Upload an Incomplete Electronic Document

 CVR999 Cover decline decision - client

NOTE What if the client's preferred method of communication is by email?

Follow 'Send an email with an Eos document' system steps.

 Send an email with an Eos document (Eos Online Help)

NOTE What if the client's address is not valid?

- If the address is verified but not valid, it is okay to send a letter to the client.
- If the address is not verified and not valid, add a note in the contact for the document stating: 'Letter not sent to client as address is invalid.' Send a copy of the decline letter to the provider only.

NOTE What if the client's preferred method of communication is by post or email is not verified?


- 1) In Eos, go to 'Recovery Plan' sub-case and add activity 'NGCM Send Letter'.
 - 2) In the task description, list the title of the letter, information sheets and other relevant attachments that need to be printed out and included with the letter.
 - 3) Review "When to use 'high' priority indicator on the tasks sent to Recovery Administration" rules to determine priority of the task. If you scenario meets the rules, change the priority indicator to 'high'.
 - 4) Close task
- This is the same as 3.0 g Note in 'Issue Cover Decision (Treatment Injury)' process.

NOTE What if the client's address is not verified? - FOR CLAIMS ASSESSMENT


- If the address is verified but not valid, it is okay to send a letter to the client. However, if speaking with the client as part of the assessment process, please ensure the address details are verified.
- If the address is not verified and not valid, add a note in the contact for the document stating: 'Letter not sent to client as address is invalid.' Send a copy of the accept cover letter to the provider who lodged the claim instead.

NOTE What if the client address is not verified - FOR RECOVERY TEAM MEMBERS

- If an address is verified the letter can be sent regardless of whether the address is valid or invalid
- If an address is not verified the letter cannot be sent regardless of whether the address is valid or invalid. Add a note in the contact for the document stating: 'Letter not sent to client as address is invalid.' Send a copy of the accept cover letter to the provider who lodged the claim instead.

 When to use 'high' priority indicator on the tasks sent to Recovery Administration

d Add the Working Together information sheet to the client's letter.

 ACC255 Kōrero mai - Working together

NOTE What if you are declining a claim for hernia?

If a hernia decline, add the ACC7913 Primary abdominal wall hernias, including groin hernias.

 ACC7913 Primary Abdominal Wall Hernias, Including Groin Hernias - A Guide to ACC Cover.pdf

e Privacy check outbound documentation to ensure you are only sending information to the client and provider that is relevant to this claim.

NOTE Do I have to complete the privacy check myself?

In some business units a separate team will complete this privacy check. Ask your Team Leader if this is the case for your team. If there is not a separate team responsible for privacy checking you will need to complete the check yourself.

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

 **PROCESS** **Contact Client or Provider for Information at Lodgement**
Cover Assessor, Lodgement Administrator, Senior Cover Assessor

3.0 Update cover status and transfer claim

Cover Assessor, Recovery Team Member

a In Eos, in 'General' tab, change the Cover Status to 'Decline' and update the Cover Status Reason. Review 'Decline cover status reasons and rationale' guide to determine the correct cover status reason to use.


 Update Cover Status

NOTE Do not change the outcome status of the diagnosis (in medical tab) from "provisional" to "declined" when the whole claim is declined. This should only be changed to declined in an 'Accept/Decline' situations. An 'Accept/Decline' is when the whole claim cover status is accepted, but a single injury code/diagnosis is being declined.

NOTE What if it's a change in or additional diagnosis?

Do not change the cover status to 'Decline'. In Eos, in the 'Medical' tab, set the Outcome Status of the new diagnosis to 'Declined'.

b In Eos, in the 'Contacts' tab, add a contact explaining your cover decision rationale. Review 'Decline cover status reasons and rationale' guide on what to include in your rationale.

 Add a client contact

 Decline cover status reasons and rationale

c Ensure the relevant Information Required actions have been completed.

d Close the Confirm Cover Decision task and any other open tasks.

NOTE What if it's a change in or additional diagnosis?



Close 'Follow-up' cover task.

 Close a Task

e Transfer the declined claim to your department's actioned cases queue.

NOTE What if I'm declining the claim due to timeframes, and I'm waiting for information to arrive that will help me to make a cover decision?

Leave the claim in your queue instead of transferring it to actioned cases.

-  Transfer a Task to a Department
 -  Move claim to actioned cases (Eos Online Help)
-

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Summary

Objective

Use this guidance to help you meet the legislative timeframes when making any cover decisions for non-complicated and complicated claims. Refer to this guidance if you do not have enough information to make a cover decision within the timeframes, and require an extension to continue to assess cover.


- 1) Rules
- 2) Non-complicated claims
- 3) Complicated claims
- 4) Additional extension
- 5) Links to legislation

Owner [Out of Scope]

Expert

Policy

1.0 Rules

- a** ACC operates under strict legislative timeframes for making cover decisions. If we don't meet these timeframes, a client's cover decision is deemed in their favour under the Accident Compensation Act 2001, section 58.
- b** For more details about timeframes for cover decisions, see the business rules below:
 -  Decision table - Identifying or extending the cover decision timeframe
- c** For more information about claims for additional diagnoses or changes in diagnosis, see:

PROCESS Assess Cover for an Additional Injury or Change in Diagnosis

2.0 Non-complicated claims

- a** We must determine cover within 21 days of lodgement for claims that are non-complicated.
- b** If there is not enough information to make a cover decision within the 21 day timeframe, we must inform the client that a decision cannot be made and the timeframe is being extended up to four months from the date of lodgement. Use the CVR30 Time Extension - advise - claimant (42K) letter in cases where the client cannot be contacted to be informed about the extension verbally. Where the client can be contacted written confirmation must still be sent via the client's preferred contact method (if known) or via email or text (if not known) using the template noted below.

"RE: Injury/diagnosis ACC is investigating

From ACC: We're still working on getting (information) from your (source of information). This information is important to help us assess your claim. We'll be in touch as soon as possible and advise that we are required to make a decision by XXXXXX. If you have any questions, please call us on 0800 XXXXX"

- c** We must make a final decision within four months of the claim being lodged.
- d** See the business rules below for the definition of a non-complicated claim, and the decision table in section 1.b Rules for additional information about the timeframes for non-complicated claims:

 Non-complicated claim definition

 Cover decision time limit

3.0 Complicated claims

a The following claims are considered complicated:

- personal injury caused by a work-related gradual process, disease or infection
- treatment injury
- claims for cover lodged 12 months after the date of accident (late claims)
- mental injury caused by certain criminal acts (sensitive claims)
- work-related mental injury.



We must make a cover decision within two months of a complicated claim being lodged. If we can't make a decision we must inform the client that we're extending the timeframe up to four months from the date of lodgement. Use the CVR30 Time Extension - advise - claimant (42K) letter in cases where the client cannot be contacted to be informed about the extension verbally. Where the client can be contacted written confirmation must still be sent via the client's preferred contact method (if known) or via email or text (if not known) using the template noted below.

"RE: Injury/diagnosis ACC is investigating

From ACC: We're still working on getting (information) from your (source of information). This information is important to help us assess your claim. We'll be in touch as soon as possible and advise that we are required to make a decision by XXXXXX. If you have any questions, please call us on 0800 XXXXX "

See Accident Compensation Act 2001, section 57.

b See the business rules below for the definition of a complicated claim, and the decision table in section 1.b Rules for additional information about the timeframes for complicated claims:

-  Complicated claim definition
-  Cover decision time limit

4.0 Additional extension

a It's possible to extend the timeframe for a complicated claim cover decision by up to nine months from the date the claim was lodged. The client must agree to this further extension, agreement can be obtained verbally from the client, however written confirmation must still be sent via the client's preferred contact method using the template noted below.

The client should be requested to agree to the additional extension in writing by signing the form attached to the CVR31 Time Extension - request claimant (88.5K) letter, where:

- the client cannot be contacted,
- additional information is needed to be included or
- there is a need for clear documented information in relation to the extension to avoid any potential miscommunications

Template for written confirmation (non CVR31)




"RE: Injury/diagnosis ACC is investigating

From ACC: As discussed with me on XXXX you have agreed to a further extension to making a decision. We're still working on getting (information) from your (source of information). This information is important to help us assess your claim. We'll be in touch as soon as possible and advise that we are required to make a decision by XXXXXX. If you have any questions, please call us on 0800 XXXXX"

We must make a final decision within nine months of the claim being lodged.

b For more detail on when you may extend the timeframe for a complicated cover decision by up to nine months from the date of lodgement, see the decision table in section 1.b Rules.

5.0 Links to legislation

-  Accident Compensation Act 2001, section 56 Steps Corporation takes to action claims for cover
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM100983.html>
-  Accident Compensation Act 2001, section 57 Steps Corporation takes to action complicated claims for cover
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM100984.html>
-  Accident Compensation Act 2001, section 58 Effect of failure to meet time limits
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM100986.html>

PROCESS Extend Cover Decision Timeframe

Summary

Objective

Refer to this guidance when managing requests for support. This page outlines the types of support available to clients, and informs you what constitutes a request for support, who can apply for support, and the timeframes we follow when considering requests for support.

- 1) Support available to clients
- 2) Who can apply for support?
- 3) General enquiries or requests to change support are not requests for support
- 4) Relevant support
- 5) Requests for types of support we do not provide
- 6) Verbal applications
- 7) Timeframes for decisions on support
- 8) Lodgement date for support claims
- 9) Record the date the request is received
- 10) Unable to make support decision within timeframe
- 11) Review on the grounds of unreasonable delay

Owner [Out of Scope]

Expert

Policy

1.0 Types of support available to clients

- a** Types of support available to clients include:
- rehabilitation, comprising treatment, social rehabilitation, and vocational rehabilitation
 - lump sum compensation for permanent impairment arising from injuries occurring on or after 1 April 2002
 - independence allowance, for impairment arising from injuries before 1 April 2002
 - weekly compensation
 - support for fatal injuries, e.g. funeral grant, survivors grant, childcare, weekly compensation.

2.0 Who can apply for support?

- a** Applications for support can be made by:
- clients
 - treatment providers, in respect of treatment costs
 - legal guardians of clients, e.g. parents of children
 - family members authorised by the client
 - advocates and lawyers authorised to act on the client's behalf.
- b** If a client has suffered cognitive impairment due to their injury, the immediate family may apply for assistance on their behalf.

3.0 General enquiries or requests to change support are not requests for support

- a** If a client asks what assistance is available from ACC, this does not constitute a claim for support.
- b** Requests for a change to the current level of support are not requests for support.



4.0 Relevant type of support

- a** Always consider requests for assistance in terms of the relevant type of support, e.g. a client may ask ACC to buy them a car but the relevant type of support is Transport for Independence.

5.0 Requests for types of support we do not provide

- a** In some cases, ACC receives inquiries regarding supports we do not provide, such as gardening. In most cases, clarification on what assistance we provide is sufficient, and a decline letter with review rights is not required.
- b** Should the client insist on this assistance, or formally request the service, item or support, consideration should be given to any relevant type of support that would meet their need. For example, offering the client home help instead of gardening.
- c** If the client continues to insist that ACC provide the service, item, or support, then ACC should consider the refusal of the item as a decision. A decline letter with review rights should be issued.

6.0 Verbal applications

- a** Verbal applications must be:
 - requests for a specific type of support, e.g. housing modifications or transport for independence
 - recorded in the appropriate system with the date of the application.
- b** You must acknowledge the request for entitlement, and advise the client of their rights under the Code of ACC Claimants' Rights (the ACC Code). See Working with the Code of ACC Claimants' Rights
 -  Code of ACC Claimants' Rights (the ACC Code).pdf
 -  Working with the Code of ACC Claimants rights

7.0 Timeframes for decisions on support

- a** ACC has a legislative requirement, as well as obligations under the ACC Code, to make every decision regarding a claim in a timely manner. This includes decisions on support.
- b** ACC regards 21 days as a reasonable timeframe for the majority of decisions on support.


8.0 Lodgement date for claims for support

- a** A claim for support is lodged on the later date of either:
 - when the cover decision is made, or
 - the client applies for the support.


9.0 Record the date the request is received

- a** Record the date the claim for support was lodged, to:
 - ensure we make decisions in a timely manner
 - allow arrears to be paid, if applicable (we sometimes pay arrears for rehabilitation)
 - allow for subsequent checking if required.


10.0 Unable to make decision on support within timeframe

- a** If a client has a covered injury, but it is unlikely that we can make a decision on a requested type of support within 21 days of the claim being lodged, we must contact the client about the reason for the delay and send the ENT01 Further information required (30K) letter to the client acknowledging the application advising that more time is required to process the application.
 -  ENT01 Agreement to extend time (unable to issue decision)

11.0 If no cover decision

- a** If a client requests a new type of support but their injury does not yet have a cover decision, send the ENT05 Cover decision pending (31K) letter advising the application will be processed if the cover is awarded.
 -  ENT05 Cover decision pending

12.0 Review on the grounds of unreasonable delay

- a** A client may apply for a review of any delay that they believe is unreasonable in processing a claim for support.
- b** What is considered unreasonable will depend on all the circumstances of the case.
- c** If the reviewer believes that we have not made a decision within a reasonable timeframe, they may direct us to make a decision on the claim within a specified timeframe, or they may make the decision for us.
- d** Under Accident Compensation Act 2001, section 135(2)(g) a client can only make an application for review on the grounds of unreasonable delay after 21 days have passed since the date on which the claim for support was made. However, we cannot refuse to send the matter to review if fewer than 21 days have passed.
 -  Accident Compensation Act 2001, section 135(2)(g) How to apply for review
<http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM101823.html>