



He Kaupare. He Manaaki. He Whakaora.
Prevention. Care. Recovery.

Home and Community Support Maximise Independence

Operational Guidelines

May 2026

Version 1.3

This is a living document and will be updated as
required.



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Useful contacts in ACC

Who to contact	Phone	Email
ACC Provider Helpline	0800 222 070	providerhelp@acc.co.nz
ACC Claims Helpline	0800 101 996	claims@acc.co.nz
Supplier Registration	(04) 560 5211	registrations@acc.co.nz
ACC eBusiness	0800 222 994 Option 1	ebusinessinfo@acc.co.nz
Health Procurement	0800 400 503	health.procurement@acc.co.nz

Supplier Managers can help you understand how we work, and how our policies and processes relate to you.

Supplier Managers

Contact the Provider Helpline as above
 or
[Contact our provider relationship team \(acc.co.nz\)](mailto:acc.co.nz)

ACC Home and Community Support Portfolio HCS@acc.co.nz



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ACC's website can provide you with more information, [Home and Community Support \(HCS\) \(acc.co.nz\)](https://www.acc.co.nz)



About these guidelines

These guidelines assist with the implementation of the Home and Community Support Maximise Independence (HCSMI) service schedule (also referred to here as “the contract”).

Read this guide in conjunction with the contract and the ACC Standard Terms and Conditions.

ACC Standard Terms and Conditions

It is expected that suppliers provide services that meet the requirements of the contract.

If there are any discrepancies between the operational guidelines and the contract, then the contract takes precedence.

Definitions of capitalised terms can be found on page 6 of these guidelines.

Some of the relevant ACC order codes are mentioned in text; please see the service schedule for a complete list of the HCSMI-related ACC service and equipment order codes.

Updates

ACC will work collaboratively with suppliers to continually develop and improve HCSMI, and ACC will ensure that these operational guidelines reflect any changes.

New editions of the operational guidelines will be emailed directly to suppliers. The guidelines can also be found on the [Home and Community Support \(HCS\) landing page](#) on the ACC website.



Definitions and interpretations

ACC / ACC Recovery Team / ACC Recovery Team Member	The ACC Recovery Team or Team Member who coordinates services for kiritaki/client for the purposes of the AC Act, and may also include other authorised ACC personnel.
Activities of Daily Living (ADLs)	Activities of daily living including: bathing and showering <ul style="list-style-type: none">• personal hygiene and grooming, which encompasses brushing, combing, and styling hair• dressing• toilet hygiene, which involves getting to the toilet, cleaning oneself, and getting back up• functional mobility, often referred to as "transferring." This includes the ability to walk, get in and out of bed, and get into and out of a chair• self-feeding, which is limited to the act of eating itself, as opposed to assisted feeding.
Adverse event	Any event with a negative reaction or results that are unintended, unexpected, or unplanned that result in kiritaki/client's death, physical or psychological injury (often referred to as 'incidents' 'sentinel' or 'reportable events'). They will be notified to the Supplier Manager and will often be reported through channels such as Health and Safety online reporting portal ; WorkSafe, or Police.
Allied health services	For the purpose of this contract this term refers to physiotherapy and occupational therapy only.
Care Indicator	Care indicated client, is a notification within ACC's system to identify kiritaki/client who have previously or currently pose potential risk to the safety of ACC staff or the provider.
Child	For the purposes of provision of childcare, a child is: Someone under 14 years old who needs care due to their age, or their physical or mental condition, and who fits into one or more of the following categories: <ul style="list-style-type: none">• a biological child of kiritaki/client• an adopted child of kiritaki/client



	<ul style="list-style-type: none">• a child of kiritaki/client’s spouse, and kiritaki/client acts as a parent; or• a child who ordinarily lives with kiritaki/client and is raised as a child of kiritaki/client, and kiritaki/client acts as a parent (this can include a whāngai (foster child)).
	For the purposes of interRAI a child is 16 or under.
Childcare	For kiritaki/clients unable to care for their child/children due to their injury. ACC and suppliers must consider whether family/whānau members or other natural supports can reasonably be expected to provide childcare for kiritaki/clients.
Childcare worker	A children’s worker is defined by the Children’s Act 2014 as a person who works in, or provides, a regulated service, and the person’s work: may or does involve regular or overnight contact with a child or children (other than with children who are co-workers); and takes place without a parent or guardian of the child, or of each child, being present.
Clinical co-ordinator	A Registered Nurse or Nurse Practitioner who signs off individual support plans (ISP) on behalf of the supplier and carries out service reviews as per contract expectations. The clinical co-ordinator maintains clinical oversight of kiritaki/client throughout their services.
Clinical oversight	These services are mostly delivered by an unregulated health workforce in people’s homes for ACC’s most vulnerable kiritaki/clients. The supplier is required to maintain clinical oversight of the clients within their care to ensure that all risks are managed to the maximum extent practicable for both staff and client safety.
Clinical update report	The report used to notify ACC of changes to kiritaki/ client’s care, request a further package or request transfer to a different service.
Complex support hours	Complex support hours are purchased by ACC for kiritaki/clients who have challenging behaviours and/or complex medical support needs requiring Level 2 care. This includes invasive supports such as bowel management or PEG feeding. Complex support hours are allocated by ACC Recovery Team Members.



Commencement date	The date support services are first delivered.
Core hours	Between 7.00 am and 9.00 pm.
Covered personal injury	A claim accepted for cover by ACC under the Accident Compensation Act 2001.
Discharge	Discharge from a hospital or inpatient facility.
Goal	An aspiration, target, objective or future condition that kiritaki/client wishes to achieve in order to rehabilitate and increase independence to lead an everyday life.
Good industry practice	The exercise of the due care, skill and diligence, and to the appropriate professional or industry standard, as would be expected from a leading provider or person in the relevant industry.
High-cost consumables	High-cost consumables are consumables that cost \$10 or more per unit or \$25 or more for all consumables required for one consultation.
Home	<p>A residential premises in New Zealand in which kiritaki/client lives and that is owned, rented or otherwise lawfully occupied by kiritaki/client or their parent, guardian or spouse (or partner). It includes residential premises in New Zealand in which kiritaki/client proposes to live after they are built and that will be owned, rented or otherwise lawfully occupied by kiritaki/client or their parent, guardian or spouse (or partner).</p> <p>Home does not include:</p> <ul style="list-style-type: none">• A hospital, hostel, hotel, motel, rest home or other institution (unless kiritaki/client resides as temporary emergency housing through Ministry of Social Development or in motel for temporary accommodation awaiting housing modifications)• facility where, under a contractual arrangement, the resident pays for, or the facility owner is obliged to provide home and community support services usually purchased by the Ministry of Health or ACC.
Home and Community Support – Return to Independence	A separate home and community support service for ACC kiritaki/clients who are likely to return to their pre-injury independence.



Instrumental Activities of Daily Living (IADLs)	Instrumental Activities of Daily Living require more complex thinking or organisation including: <ul style="list-style-type: none">• transportation and shopping• managing finances• shopping and meal preparation• housecleaning and home maintenance• managing communication with others• managing medications.
Individual support plan	A plan agreed to by kiritaki/client that reflects their goals or assessed needs, provided to ACC as part of the referral, which specifies: <ul style="list-style-type: none">• how the goals identified in the plan will be met• the type and amount of services to be delivered• when the services will be delivered• how and when any flexible services will be delivered• when the services will be reviewed• risks and mitigations.
Key worker	The key worker can be any member of the kiritaki/client team and acts as the conduit for communication.
KPI	Key performance indicator.
Low-cost consumable	Low-cost consumables are consumables that cost less than \$10 per unit or less than \$25 for all consumables required for one consultation.
Natural supports	Whānau/family members, friends and neighbours, and community, church, social and school groups who are readily available and reasonably easy to access by kiritaki/client requiring help in the home and community.
Nursing treatment	In person nursing treatment delivered to kiritaki/client in their home by a Registered Nurse. A Registered Nurse has a current annual practising certificate issued by the Nursing Council of New Zealand and works within the scope of practice as defined by the Health Practitioners Competence Assurance Act 2003.
Nursing treatment consumables	Medical items (that are not pharmaceuticals) that are required for the treatment of an injury.
Operational guidelines	Operational guidelines are developed by ACC and may be amended from time to time.
Outcome	The result of a service provided that can be used to measure the service's effectiveness.



Person-centred approach	When the kiritaki/client and their whānau/family are at the centre of a service that provides empowerment and focuses on the kiritaki/client's recovery.
Registered health professional	A registered health professional has a current annual practising certificate issued by the relevant regulatory body within the scope of practice as defined by the Health Practitioners Competence Assurance Act 2003.
Resource co-ordinator	A non-health professional who co-ordinates staff rosters and service allocations.
Restorative support	A flexible approach to health care that respects the individual and supports them to obtain and maintain their highest level of function, live independently and contribute to their community for longer.
Service provider	Has the meaning in the Standard Terms and Conditions and includes an individual, e.g. a Nurse or Physiotherapist.
Standard support hours	Hours provided to ACC kiritaki/client under the provisions of the HCSMI service schedule. Standard support hours will apply by default, unless ACC has assessed the kiritaki/client as requiring complex support hours.
Supplier Declines	When a supplier needs to decline referral due to lack of available, suitable or qualified staff. Suppliers do not report referrals that were declined because they were referred in error, a duplicate referral or subsequently withdrawn by ACC.
Supplier Manager	Leads supplier engagement and performance management to improve health outcomes, build strong provider relationships, and deliver ACC's strategic and operational objectives.
Emergency wellbeing checks (telehealth)	Undertaken to: <ul style="list-style-type: none">• confirm the client is safe and essential needs are being met• confirm what supports are available including Natural Supports or community supports• provide Clients with Civil Defence emergency contact details when required.

Introduction

ACC provides home and community based restorative support for kiritaki/clients when needed following an injury, through one of two Home and Community Support services:



Home and Community Support – Return to Independence

The goal of the service is to enable kiritaki/clients to regain independence and quality of life through the provision of a range of services within the home and community support spectrum.

It is intended for those who will require supports temporarily and will likely return to pre-injury independence.

Home and Community Support – Maximise Independence

The goal of the Maximise Independence service is to provide efficient and effective restorative supports to regain and/or maintain maximum independence and quality of life through provision of flexible, high-quality services. These services are generally intended for those who require service long-term or who have complex injury related needs. It covers a wide range of support tasks such as cleaning, food preparation, shopping, bathing, dressing, toileting, eating, communication, and support in accessing the community.

These operational guidelines support the Home and Community Support Services – Maximise Independence contract only.

Refer to the ACC website for more information about the Home and Community Support – Return to Independence service.



Service components

The service is made up of several components from a pricing perspective. Kiritaki /clients may receive one or more of the following types of support.

Table 1 HCSMI service components

Service	Delivered by	Service Description	Length of service
Standard support hours (HCS30)	Support worker(s)	Non-complex supports such as: home help, meal preparation, showering and bathing assistance, shopping assistance, toileting.	As approved by ACC
Complex support hours (HCS31)	Support worker(s)	Complex supports required due to exceptional medical support needs and/or behaviours of concern. This level of service requires a higher level of experience within the support work team.	As approved by ACC
Childcare (HCS40)	Support worker(s)	For kiritaki/clients unable to care for their child or children due to their injury where other supports are not available.	As approved by ACC
Overnight care (HCS45)	Support worker(s)	For kiritaki/clients who require sporadic overnight support beyond what someone living in the home could reasonably be expected to do.	As approved by ACC
Emergency support for non-	Support worker(s)	Contingency home and community support for	As approved by ACC



contracted clients <i>(previously Urgent Care)</i>		kiritaki/clients who normally receive services via non-contracted support but where that support becomes unavailable.	Maximum of 2 weeks
Nursing treatment	Registered Nurse	Injury-related nursing treatment where this is best provided under this service. Kiritaki/clients must not also be receiving nursing treatment under the nursing services contract or nursing via the Cost of Treatment Regulations.	Up to 22 consults within 3 months.
Nursing treatment – ongoing	Registered Nurse	Injury-related nursing treatment that exceeds 22 consults over 3 months.	Prior approval by ACC over a 12-month period.
Allied health support	Physiotherapist and/or Occupational Therapist	The purpose of allied health support is to support a return to independence and should be integrated with the delivery of home and community support.	Up to 10 sessions over a 3-month period, then with prior approval up to 32 in total.

Service eligibility

Kiritaki/clients of any age can receive home and community support services if they have an ACC-covered personal injury and have been assessed as requiring the service because:



- They either live alone or have no natural supports to help them with everyday living activities. (see [Natural Supports](#))
- They require support with activities of daily living (ADL) and instrumental activities of daily living (IADL) because of their injury. For example, they need help to regain functional independence in everyday living activities. This could consist of personal support such as assistance with personal hygiene and grooming or transfers and mobility. It can also include, or consist of, household support - assistance with tasks normally performed in and around the home - or help to develop and maintain natural supports.

Kiritaki/clients who are eligible for the Home and Community Support Return to Independence service (HCSRTI) should be referred into that service.

Natural supports

Natural supports include whānau or family members, friends and neighbours, and community, church, social and school groups that are readily available and reasonably accessible for a kiritaki/client requiring help at home and in the community.

Natural supports will need to be capable of providing the level of care necessary to ensure kiritaki/clients are in an environment that is safe, and cares provided remove any barriers to their recovery.

ACC's support should complement, not replace, the support provided by kiritaki/client's natural support network. ACC must consider the extent to which personal care supports, including home help, attendant care and childcare, can reasonably be provided on an unpaid basis by household whānau or family members, or other whānau or family members, without significant disruption to their employment and everyday activities.

Kiritaki/clients who were assessed under the Accident Rehabilitation and Compensation Insurance (Complex Personal Injury) Interim Regulations 1994 between 1 July 1994 and 30 June 1999 have their attendant care and all social rehabilitation provided in accordance with these regulations. For claims being managed under this legislation, ACC may not take family responsibility into account.



Other eligibility criteria

In addition to general eligibility criteria, some service components have additional eligibility criteria.

Table 2 Service type specific eligibility criteria

Service	Additional eligibility criteria
Childcare	<p>Child requiring supervision must be 14 or under and:</p> <ul style="list-style-type: none"> • is a biological child of the kiritaki/client • is an adopted child of the kiritaki/client • is a child of the kiritaki/client’s spouse and towards whom the kiritaki /client acts as a parent • is a child who ordinarily lives with the kiritaki/client and is raised as a child of the kiritaki/client, to towards whom the kiritaki/client acts as a parent (including whāngai (foster child)).
Emergency support for non-contracted clients <i>(previously Urgent Care)</i>	<p>Must normally receive services through non-contracted arrangements and:</p> <ul style="list-style-type: none"> • kiritaki/client’s usual support worker is unavailable, e.g. due to illness • kiritaki/client has been unable to find another support worker • they have no suitable natural supports to help them.
Nursing treatment	<p>Kiritaki/client must have injury-related needs that cannot be reasonably managed by their General Practice (GP) team because:</p> <ul style="list-style-type: none"> • kiritaki/client is physically unable to visit their GP team, or it would be unsafe for them to do so • they require service provision outside of their GP opening hours • the GP team considers the injury complexity to be best managed outside of their services



-
- kiritaki (client) must not also be receiving nursing support under the nursing services contract or nursing via the Cost of Treatment Regulations.
-

Allied health support

- Kiritaki/client's -
- must require either occupational therapy or physiotherapy to achieve optimal home and community support outcomes
 - must not be receiving services for the same injury and purpose via Training for Independence contract or via the hospital
 - must not have a moderate or severe traumatic brain injury.
-

Referral and acceptance

Referral

Suppliers will receive a referral from ACC on the ACC5972 form usually following an independent assessment such as a Support Needs Assessment (SNA) or Social Rehabilitation Needs Assessment (SRNA).

The referral should be complete, accurate and include all relevant information:

- kiritaki/client name, contact details, claim number, demographic details, and a description of their injury
- the reason for the referral based on a kiritaki/client's identified needs and goals, stating the type of services required
- relevant clinical history to enable a quality assessment and recommendations that will support improved kiritaki/client outcomes
- any previous assessment report(s) relevant to the current circumstances, including a SNA or SRNA
- the name and contact details of other relevant providers who the service provider may need to contact as part of the assessment
- any known risks associated with providing services for the kiritaki/client.



The supplier must return any referral that is unsuitable or has inadequate information or is not covered by their HCSMI contract to ACC within **one** business day.

The ACC recovery team member will identify on the referral the relevant HCSMI service components including total hours/units and timeframes. ACC should rule out whether the kiritaki/client wants non-contracted care before making a referral to an agency.

ACC must give prior approval for all HCSMI service components.

Interim needs before independent assessment takes place

Where kiritaki/clients have urgent needs that must be met before an external independent assessment takes place, ACC and the supplier should agree on what interim supports are needed.

When the independent assessment referral is in progress, ACC may need to send approval for a short period of support until the assessment can be completed.

Kiritaki/clients should be made aware at time of referral that interim supports are in place and may change following the assessment report.

ACC will notify the supplier at time of referral that the approval is for interim cares while awaiting the independent assessment.

Receiving a referral and initial screening a referral

Upon accepting a referral, suppliers will undertake a screening to determine:

- whether the referral is appropriate for HCSMI service components. (i.e. kiritaki/client meets the eligibility criteria)
- who is the most appropriate clinical co-ordinator of the multidisciplinary team best placed to undertake the initial service planning
- whether kiritaki/client is eligible for a telehealth assessment or not.

Where a supplier disagrees with the referral type or amount that ACC has referred for, the following should be applied:

Table 3 Referral scenarios



If...	But on screening...	Then...
The referral is for standard support service...	The supplier believes the kiritaki/client would be eligible for Home and Community Support – Return to Independence.	The supplier should notify ACC and request referral to HCSRTI.
The referral is for standard support service....	The supplier believes the service component needs to be complex support.	The supplier should notify ACC using the clinical update report and request complex support hours identified providing clinical rationale. ACC will consider the request and provide a decision in writing. An independent assessment will be required.
The referral is for standard or complex support hours	The supplier believes these are insufficient to safely meet the kiritaki/clients needs.	The supplier should notify ACC, outlining clinical rationale for additional hours using the clinical update report and begin the approved supports. ACC will consider the request and provide a decision in writing. The supplier should not assume approval until this is confirmed.

Referrals that have come from a transition from the HCSRTI service

In some scenarios, a kiritaki/client may start services under the HCSRTI and either exhaust the total amount of care available in that service or no longer meet the eligibility criteria for that service.

ACC will confirm eligibility for the HCSMI and treat it as a new referral into the service. Where possible, the same supplier should be maintained. Where this is not possible, the completion report from the previous supplier should be provided as part of the referral.



Declining a referral

The supplier can decline a referral in exceptional circumstances if they notify ACC either verbally or in writing within 48 hours of receiving the referral, giving appropriate reasons for their decision.

When the home and community supports are urgently required the supplier must notify ACC within four hours of receiving the referral that it is either accepted or declined.

Suppliers should not refer to another supplier or make recommendations for another supplier to ACC. These declines will be captured as part of reporting requirements to monitor for capacity issues.

NOTE: When the supplier is only declining nursing treatment and/or allied health component of the referral they are to notify ACC in writing within one business day. ACC will provide nursing treatment and/or allied health for kiritaki/clients through other contracted services, e.g. Training for Independence or Nursing Services.

Timeframes for referral and commencement

It is important that suppliers initiate communication with the kiritaki/client as per the contractual timeframes as noted in the table below. This also applies to referrals from ACC and Health NZ (Te Whatu Ora).

Table 4 Entry to service timeframes

Service activity	Standard support Complex support	Emergency support for non-contracted clients
Initial contact with kiritaki/client	Within 24 hours of referral received	As soon as required
Referral acceptance or decline	Within 48 hours of referral received	As soon as required
Commencement of care	Within 24 hours of requested start date or date specified in the referral	Within 24 hours of need being identified



Commencement of nursing treatment and allied health support

Within 24 hours of identification of need

N/A

Service commencement

During the initial contact (service item code HCS35) either by telephone or in person with kiritaki/client, the supplier will confirm when the commencement date will be. The supplier will ascertain if there is a key support person that the kiritaki/client wants involved throughout the process and gather key information to inform the commencement of care.

For example, the supplier (a clinical co-ordinator) may visit the inpatient setting for the purposes of whakawhānaungatanga, planning and coordinating the transition of kiritaki/client from inpatient facilities to the community, where practicable.

The initial contact may be used for one, or a combination of, the following:

- service planning
- the treatment & rehabilitation plan for nursing treatment and allied health support.

When the initial contact is used for service planning only, the supplier must contact the kiritaki/client to ensure that deferring the commencement date will not pose any health and safety risks to kiritaki/clients. The supplier and kiritaki/clients must agree on the service commencement date during the initial service planning visit.

Service planning

Service planning is central to the provision of the HCSMI service and is undertaken by developing an individual support plan (ISP).

The ISP provides an outline of how the services will flexibly be delivered and integrated. It describes how kiritaki/client goals will be achieved and how any risks will be managed.



It should be goal focused, holistic and flexible. It should also define the roles of kiritaki/client, support workers, health professionals, and whānau/ family.

The supplier will develop an ISP for each kiritaki/client and make it available to ACC within five business days of it being agreed by the client.

The suppliers clinical co-ordinator must attend at least one of the ISP meetings with others included as required. The ISP is to be agreed to and signed by the kiritaki/client or their nominated representative. Over-the-phone assessments may be completed in clinically appropriate circumstances only at the clinical judgement of the clinical co-ordinators.

Service planning must:

- focus on meeting kiritaki/client’s support and rehabilitation needs
- address expected outcomes and support required to achieve the kiritaki/client’s goals
- meet all applicable legislative and regulatory requirements for safe service provision.

Service planning for all service components will be collated into the ISP, with each component separately identified as in the table below.

Nursing treatment and allied health support may involve a separate planning visit. If these services have been provided, the ISP should be informed and directed by the nursing treatment and allied health support plans.

If nursing treatment or allied health support is being delivered, the supplier should consider and select the most appropriately qualified person to undertake the service planning to reduce duplication. The supplier will ensure that the kiritaki/client or their nominated representative receives, agrees to, and signs the ISP at the commencement of services.

The ISP must be written in a way that is understood by kiritaki/client.

If kiritaki/client is unable to participate, their nominated representative will identify who can provide information about the kiritaki/client’s preferences.

Table 5 Individual support plan components



Document each service component and how it will be delivered, with specific sections for goal planning, associated timeframes, incremental steps, and related outcome measures for each of the individual service components.

Describe kiritaki/client's agreed needs, goals and what specific staff will be responsible for.

Baseline kiritaki/client's current functioning or wellbeing and develop measurable outcomes that are tailored to kiritaki/client's personal goals.

Include baseline information regarding kiritaki/client's health status, abilities and support needs, and update this on a regular basis.

Identify and incorporate kiritaki/client's natural supports, with a view to incorporating a holistic approach to care planning and service delivery.

Identify and where possible remediate any obstacles, barriers or issues within the home, work or community environment that may impact on health and safety.

Identify the risk of pressure injury or skin integrity issues and ensure prevention strategies are implemented and/or if further referral is required.

[See Pressure Injury in SCI consensus statement](#)

Include any pressure injury escalation process. This must incorporate a multidisciplinary team approach. Causal factors should be considered and mitigated, and ACC should be notified.

Identify the risk of falls and ensure falls prevention strategies are undertaken and/or if further referral to a community or in home strength and balance programme is required.

[Preventing Falls in over 65s](#)

Where appropriate, include communication and behavioural support strategies.

Include strategies and actions to safeguard kiritaki/clients.

Where appropriate, include medication management strategies.

[Follow MOH Medication guidelines](#)

Where appropriate, include plans for helping kiritaki/client's manage their finances.



Describe linkages to other services, including the lead agency where multiple agencies are involved

Be time limited, and include regular reviews regarding:

- kiritaki/client goals and expected outcomes
 - contract review timeframes
 - changes in kiritaki/client needs, or if the outcomes are less than optimal.
-

Document the frequency of formal progress reviews.

Document nursing treatment and allied health support, if this service is required.

If kiritaki/client is receiving training for independence (TI) programme from another supplier, ensure that the ISP is developed with input from the TI key worker so that the ISP supports both kiritaki/client's HCSMI goals and their TI goals.

Approval of ISP

The ISP must be submitted to ACC within five working days of the assessment being completed. ACC should check to ensure that no other services are being requested separately from this service that require ongoing referral. ACC should review the ISP to ensure it is complete and accurate. Check that the ISP clearly indicates:

- goals set with kiritaki/client
- any pre-existing conditions noted
- services to be delivered related to injury
- time period over which cares will be delivered are specified
- timeframe for review
- kiritaki/client has agreed to the plan
- hours of care.

The ACC recovery team member will contact the supplier when the ISP does not capture all the information required.



Nursing treatment assessment and planning

When nursing treatment is required, an initial nursing assessment should be completed. This must be undertaken by a Registered Nurse or Nurse Practitioner.

If possible, this should be completed during the ISP visit.

Alternatively, it can take place after the ISP has been completed if the need for nursing treatment is identified during service planning, but there is insufficient time to undertake the initial nursing assessment or the person undertaking the service planning is not qualified to undertake an initial nursing assessment.

During the initial nursing assessment, the supplier should complete the following tasks:

- develop rapport with kiritaki/client and their whānau/family and assess and determine the timeframe needed for nursing treatment.
- assess and determine the number of expected face-to-face consultations and agree on the goals of treatment.
- complete clinical records in line with professional standards. These should be made available at ACC's request.
- develop a nursing treatment plan that is integrated into the ISP yet still identifiable as a distinct nursing plan.
- provide guidance to the support worker about how they can work alongside kiritaki/clients to support their rehabilitation programme at the same time as providing support to carry out normal daily activities.
- provide kiritaki/clients with injury prevention strategies to reduce the likelihood of future injury. Injury prevention strategies will include, but are not limited to, fall prevention and pressure injury prevention.
- ensure that all equipment is fit for purpose and appropriately used, with pressure injury prevention in mind. Advise ACC if an issue is recognised.
- complete a pressure injury risk assessment in accordance with the following:

[Guiding Principles for Pressure Injury Prevention and Management in NZ](#)

[Pressure Injury in spinal cord injury consensus statement](#)



Before recommending nursing treatment, the supplier must check whether kiritaki/client is already receiving nursing services from another supplier.

If kiritaki/clients are already receiving nursing for the same injury under the Cost of Treatment Regulations or Nursing Services contract, the supplier cannot provide them with nursing treatment through HCSMI.

However, if kiritaki/clients are receiving nursing from another supplier via the ACC nursing services contract, they could choose to transfer to their HCSMI Supplier for nursing treatment if the services required meet the criteria of the HCSMI contract.

If kiritaki/client decides to transfer to another supplier for ongoing nursing treatment, that supplier must:

- liaise with the current nursing supplier to ensure that the exit of the existing supplier and start of their services are seamless
- take responsibility for ensuring that the existing nursing notes are transferred, and that all relevant clinical information is communicated in a handover.

Allied health assessment and planning

During the initial allied health assessment, the supplier should take the following steps:

- develop rapport with kiritaki/clients, and their whānau/family
- develop a rehabilitation programme that is integrated into the ISP yet still identifiable as a distinct allied health led programme
- agree short and long-term goals with kiritaki/clients, that requires allied health support and/or allied health oversight and supervision of support worker(s)
- set kiritaki/clients review timeframes and undertake reviews
- complete clinical records in line with professional standards
- carry out a pressure injury risk screening and escalate as appropriate
- provide guidance to the support worker about how they can work alongside kiritaki/client to support their rehabilitation programme at the same time as providing support to carry out normal daily activities



- provide kiritaki/clients with injury prevention strategies to reduce the likelihood of future injury. Injury prevention strategies will include, but are not limited to, fall prevention and pressure injury prevention.

[Keeping your balance with Nymbbl \(acc.co.nz\)](#)

[Staying safe from trips and falls \(acc.co.nz\)](#)

[Pressure Injury in spinal cord injury consensus statement](#)

- ensure that all equipment is fit for purpose and appropriately used, with pressure injury prevention in mind. Advise ACC if an issue is recognised.

The initial allied health support assessment and planning session may be held concurrently with the service planning and coordination session if possible.

The initial allied health support assessment and planning session can also be held after the ISP has been completed if:

- the need is identified during service planning, but there is insufficient time to complete this
- the person undertaking the service planning is not qualified to undertake an initial allied health support needs assessment.

The registered health practitioner must coordinate completion of the rehabilitation programme plan and submit this part of the ISP to ACC as soon as practicable.

Emergency support for non-contracted clients planning

Emergency support for non-contracted kiritaki/clients is a separate component to the rest of HCSMI, as it is exclusively a back-up service for kiritaki/clients who normally make their own home and community support arrangements through non-contracted carers and, a failure to deliver essential cares would lead to severe health and safety risks for kiritaki/client.

ACC should identify at risk kiritaki/clients and refer for this service prior to an emergency being identified.

The service planning component (HCS50) allows for the visit and set-up of a plan for the kiritaki/client should emergency support be required.



The supplier will contact kiritaki/clients within 24 hours of receiving the referral and arrange to visit them and set up services.

Service set-up includes, but is not limited to:

- an initial home visit
- service planning in the event of normal services ceasing, including staffing considerations
- the reporting, coordination and administration associated with setting up emergency support arrangement.

Both ACC and the kiritaki/client should agree to the plan, prior to it needing to be put into action. The kiritaki/client should be made aware of how to implement the plan directly with the supplier.

The plan should be reviewed at least annually to ensure it would still meet the kiritaki/client's specific needs (HCS56).

The plan may need to be activated in situations such as:

- key care worker is on holiday and no alternative care arrangements can be made by kiritaki/client
- key care worker is unwell and no alternative care worker arrangements can be made by kiritaki/client.

Individual continuity planning

There will be kiritaki/clients that, due to significantly high needs within their package of care, will require an individual continuity plan (ICP) to ensure they remain safe during emergency situations. For example, kiritaki/clients that need 24/7 supports and/or have level 3-4 or nursing care that must be provided for their safety. The supplier will ensure the ICP captures steps outlined in their Business Continuity Plan. There is no set template for an ICP, suppliers may create their own templates.

When kiritaki/client has behavioural concerns the strategies and safeguards used to manage behaviours must be included in the ICP.

An ICP may be needed when (not limited to):



1. there is a Civil Defence Emergency situation (e.g. earthquakes, flooding, road closures)
2. there is a National Pandemic mandated requirements (e.g. Covid-19)
3. health and safety risks have been identified during ISP discussions
4. emergency wellbeing checks (telehealth) are needed
5. there are no appropriately qualified support workers available.

Table 6 Individual continuity plan components

Clearly identify essential personal care needs to maintain kiritaki/client safety.

Document any emergency contact details of nominated support person, whānau/ family.

Document back-up care options available, and what steps will be taken to ensure support is provided within a reasonable timeframe to ensure kiritaki/client's safety.

Document if emergency wellbeing checks are clinically appropriate to maintain kiritaki/client safety.

Document kiritaki/client's contact details (phone contact and address).

Document the kiritaki/client's escalation plan and process.

Document the strategies and safeguards in place to maintain kiritaki/client safety.

Note employee that completed ICP (should be a clinical co-ordinator).

Note the date ICP completed and when the next review will occur.

Identifying vulnerable kiritaki/clients

Kiritaki/client vulnerability comes in many forms. Sometimes the potential for harm comes from addictions, mental health conditions, or aggressive or anti-social behaviours. Other times, it is caused by the person's poor health in combination with detrimental living conditions. Potential harm can also come from the people kiritaki/client is living with. All these scenarios present risk, but the most dangerous situations are where a person is unable to either reduce the risk or remove themselves.



If the supplier becomes aware that a kiritaki/client is in any of the situations described in table 7, or if a supplier reports that one of their kiritaki/client's is in a vulnerable situation, refer to responding to vulnerable kiritaki/clients, below.

Table 7 Situations of potential harm

Situation	Potential for harm
Mental health or behaviour problems	<p>Mental health conditions that co-exist with a person's injury may mean they are anxious or suspicious of people they do not know. They may be reluctant to have support services delivered in their home, or they may be reluctant to leave home for assessment, medical treatments, or meetings at an ACC office.</p> <p>Behaviours that are caused by the person's injury (often a brain injury) such as getting angry quickly, using abusive language or making threats (including threats of suicide) can make it difficult to provide them with support services they need. It may also exhaust the patience of others trying to support them.</p> <p>When providing services, you are made aware of a physical or mental health condition that requires either contact with kiritaki/clients normal treating practitioner (GP) or urgent medical attention you must act accordingly.</p> <p>See The Medical Council of New Zealand information regarding -A doctor's duty to help in a medical emergency</p>
Addiction problems	<p>Substance abuse habits or addictions that co-exist with the person's injury. This includes alcohol abuse, drug taking, and problem gambling.</p>
Isolation	<p>Living alone in an isolated situation, such as a long way away from neighbours or other people has the potential to be harmful if the person is unable to seek help for themselves if they suddenly get sick, or if they are in an emergency such as a fire or natural disaster.</p>



Decision-making capacity impaired

Dementia and brain injuries often result in impairments that affect a person's ability to make their own financial or personal care decisions, including the ability to communicate concerns for their safety or to advocate for themselves. These situations have a high potential for harm when no formal management arrangements are in place, like a welfare guardian appointed by order of the Family Court.

The ability to make decisions is the important factor here - it should not be confused with the quality of the decisions a person is able to make.

Violence or abuse from others

Living in a household or associating with people with a known history of alcohol abuse, violence, physical or sexual abuse, drug taking or making, or other criminal activity. The potential for harm is increased if the person is unable to remove themselves from these risky situations with others.

No whānau/ family support or back-up

The person has limited or no support from family or friends. The potential harm in this situation is increased if the person has high medical or personal care support needs and their care arrangements are not always reliable.

Managing vulnerable and risky kiritaki/clients

Vulnerable kiritaki/clients are those with a potential threat to their safety, health, or wellbeing. Suppliers are required to have a documented policy for dealing with vulnerable kiritaki/clients that will, at a minimum, be consistent with ACC's Standard Terms and Conditions.

ACC's Standard Terms and Conditions

If a supplier is assessing kiritaki/client for HCSMI and recognises the signs that they may be in a potentially vulnerable situation, the supplier must first alert the kiritaki/client's General Practitioner (GP) and then contact ACC.

ACC's expectations regarding vulnerable kiritaki/clients are as follows:



The supplier:

- has a process to identify and record vulnerable kiritaki/clients
- ensures that their records of vulnerable kiritaki/clients are accurate and up to date, and that their records reflect changes in kiritaki/clients vulnerability status
- has a policy for managing vulnerable kiritaki/clients. This policy should outline:
 - how often kiritaki/client or their representative is communicated with
 - support workers responsibilities, and assurance that support workers are aware of any additional responsibilities above those related to working with a non-vulnerable person
 - how support worker attendance will be monitored
 - what registered health practitioner involvement is needed (at a minimum)
 - what quality checks are in place to ensure appropriate management of each vulnerable kiritaki/client
 - how to escalate issues, and to whom. Staff at each level of the supplier organisation should know how and when to communicate with ACC about any concerns relating to a vulnerable or potentially vulnerable kiritaki/client
- will discuss any concerns whatsoever with others involved in the person's management, for example, the ACC recovery team member or their Team Leader
- vulnerability status may change with a person's circumstances, and any risk management plan associated with their vulnerability needs to be dynamic to respond to this.

Vulnerable children

In the case of at-risk children, notification of this risk is to be made with the GP and Oranga Tamariki, Ministry for Children. They have the statutory authority to take the actions to safeguard the child/children.



Service delivery

Services should be delivered as per the agreed individual service plan and may consist of any of the components described in Section 2: Service components.

ACC kiritaki/clients must have access to the following staff:

- registered health professional(s) and/or clinical co-ordinators acting in the service co-ordinator role who will undertake the initial assessment and service plan, provide clinical oversight and support to the support worker team as they deliver the cares, manage escalated concerns, and undertake reviews.
- resource co-ordinator(s) who will put in place care teams and rosters, communicate changes to rosters to the kiritaki/client and help problem solve roster issues raised by the kiritaki/client.
- support workers who are competent in undertaking the tasks that the kiritaki/client has been assessed as needing support with, and who will work towards restoring the kiritaki/client's independence.
- A key worker who may be any of the above who will maintain open and proactive communication with the kiritaki/client and their whānau and the Client's ACC Recovery Team.

Note These roles do not need to be provided in a 1:1 relationship with the kiritaki/client. There may be a team who collectively deliver these roles, but it must be clear who holds responsibility.

Communication with kiritaki/client throughout service delivery

Whanaungatanga is about making and maintaining relationships. These relationships create a sense of belonging, obligation, support, responsibilities and roles. These relationships focus on cohesive relationships that result in benefits to the group rather than individuals. This concept should be used throughout all kiritaki/client interactions and communication.

The supplier must ensure they have the capability to respond to all appropriate kiritaki/client communication channels within the timeframes detailed below. These may include but are not limited to phone calls, text messages and emails.



For managing kiritaki/client communication, the supplier must:

- respond in an appropriate and timely way to kiritaki/clients (or nominated representative) phone communications. Either answer phone calls as they are received or respond to voice messages within 60 minutes between 7.00am and 9.00pm, seven days a week
- have a specific communication plan for kiritaki/clients whose needs mean that they will require services outside of these standard hours, or whose service delivery timing is critical for their safety. This may mean a 24-hour response if it is clinically indicated
- have a system for responding to all phone messages received outside of the standard hours by 9.00am the following day, or as specified in the kiritaki/client -specific communication plan
- communicate with kiritaki/clients when a support worker cancels a shift, and they are unable to arrange a replacement to complete the shift
- let kiritaki/clients know if another support worker is providing the care and when their care will be provided
- where possible, kiritaki/clients should be notified 24 hours before the care is scheduled that a cancellation or replacement support worker is scheduled.

The supplier will have mechanisms to:

- ensure effective working relationships within their team, kiritaki/client and the whānau/family
- monitor and review the relationships between kiritaki/clients and support workers and the quality of the support provided
- ensure continuity of service providers for kiritaki/clients; and work collaboratively with other service suppliers, including ACC-funded services and/or community or health-funded services, to support kiritaki/clients in achieving their goals.



Communication with other services through service delivery

All suppliers and providers, including support workers, should work in a coordinated manner towards a kiritaki/client's rehabilitation plan and desired outcomes. The rehabilitation plan and desired outcomes should be included in the kiritaki/client's individual support plan.

ACC will notify the HCSMI supplier if the kiritaki/client is receiving other rehabilitation programmes, such as (but not limited to) Training for Independence and Living my Life. The HCSMI supplier will contact any other suppliers working with kiritaki/clients to coordinate with them and share relevant information.

The HCSMI supplier will advise kiritaki/clients and their whānau/family (as appropriate) where they can find out about and access related community-based support services. The supplier will document and maintain links with any other relevant services that are supporting kiritaki/clients, for example, churches and clubs.

When kiritaki/clients are already receiving services funded by other agencies, such as the Ministry of Health or Health New Zealand (Te Whatu Ora), and kiritaki/client has an ACC covered injury that creates a need for HCSMI the following applies:

- ACC coordinates the additional services with the kiritaki/client's existing supplier (where possible) to ensure minimal disruption for the kiritaki/client
- the HCSMI supplier ensures that all agencies are aware of other services in place and that any delineation of services by funder is noted in the ISP.

Standard support

Standard support provides attendant care and home help for kiritaki/clients who require non-complex support and do not meet the eligibility criteria for Home and Community Support Return to Independence. Kiritaki/client needs will be based on an independent assessment such as SRNA or SNA.

Standard support can include things like:

- meal preparation
- cleaning
- assistance to get dressed



- food shopping
- personal support, for example, assistance with personal hygiene and grooming or transfers and mobility.

Complex support

A kiritaki/client is referred for complex support if an independent assessor (i.e. SNA) identifies particularly complex support needs that require a higher level of skill. The attendant care skill level is not based on the severity of the injury, but on the complexity of the task.

In the absence of specialised and skilled delivery the intervention places kiritaki/client at risk of harm. Examples of complex support are outlined below in Table 8

Table 8 Complex Support

Care need	Skilled response
Respiratory: Ventilator and/or Tracheostomy assistance	All cares associated with ventilator and/or Tracheostomy use
Postural drainage	All cares associated with assisted coughs and postural drainage
Suctioning	Only into nasal passages or tracheostomy using suction catheter
Support for management of oxygen dose	Decisions as to whether or not oxygen is required and/or dose adjustment is needed
Eating: Management of aspiration risk when eating and/or drinking	Via hands-on oral assistance and/or jaw positioning and/or swallowing stimulation Supervision is excluded
Tube feeding assistance	Delivery of nasogastric feeds Mickey button changes
Skin care:	
Wound management	Vacuum dressings changes



Sphincter management Indwelling catheter management	All cares associated with catheter changes and flushes
Intermittent catheterisation	All cares associated with catheter changes and flushes
Assistance in bowel management	Assistance to insert suppository, and or digital stimulation

Complex support may apply, for example, to kiritaki/clients with:

- spinal cord injuries which necessitate ventilator care or complex bowel and bladder management
- an injury and health condition combination that requires skilled intervention
- Traumatic Brain Injuries (TBI) that have resulted in severe physical disability (equivalent to high-level spinal cord injuries)
- exceptional medical support needs i.e. bowel cares, tube feeding or wound management, consideration must be given to the skills and level of qualification needed to deliver this level of support
- Behaviours of concern i.e. if their Overt Behaviour Scale assessment includes scores of:
 - >3 on Physical Acts Against Self and/or Physical Aggression Against Other People
 - >2 on Inappropriate Sexual Behaviour
 - >4 on Inappropriate Social Behaviour AND
 - the behaviours are of such severity that the behaviour poses a serious safety risk to the person and/or other people AND
 - the behaviour has not been managed via an ACC Behaviour Support Service.

To provide complex support, a support worker will hold a National Certificate in Community Support Services (Core Competencies) (Level 3), or the equivalent as described in the Service Specification. At least 75% of total complex support delivered must be provided by support workers who reach this standard.



Overnight support

Kiritaki/clients who need support overnight maybe need either continual care where the support worker remains awake or overnight care, where the sporadic care is required throughout the night. Overnight care should only be provided after all other options have been considered, e.g. specialised beds, environmental controls, security alarms, and companion care phones.

Overnight care or continual care is considered an exceptional response and approval of this support must be supported by a SNA. There needs to be a clear rationale about why other strategies (such as technology, alarms, or natural support) are not appropriate. Different types of overnight care and how to invoice are described in the table below:

Table 9 Overnight care descriptions

Type of overnight care	Description	How to invoice
Continual care	Continual care is when the kiritaki/client needs direct injury-related assistance throughout the night on a regular and consistent basis. Continual attendant care requires the carer to be fully awake for the entire shift.	Invoiced per hour under standard or complex support
Overnight care (sleepover) / Sporadic care (intermittent care up to three times per night)	Overnight care / sleepover is used when a kiritaki/client needs someone in the house overnight as they have been assessed as unsafe to be left alone, due to the nature of their injury. Kiritaki/clients may also require sporadic care throughout the night. Sporadic care is when a carer needs to briefly help kiritaki/clients with their injury-related needs. Unlike continual attendant care, the carer does not need to remain awake overnight, but they need to get up and help kiritaki/clients when necessary (fewer than 3 times per night or fewer than two hours in total).	Invoiced as a set rate (HCS45)



Sporadic care includes situations where there is a temporary change in kiritaki/client's condition, e.g. additional help needed for a urinary tract infection, chest infection or other period of ill-health.

Overnight care usually covers the hours after the kiritaki/client is settled in bed until immediately before they wake or are attended to in the morning up to a maximum of eight hours.

ACC does not pay for overnight care provided by whānau/family members where no direct assistance is needed while kiritaki/client is asleep. This includes whānau/family members employed by contracted agencies.

The assistance kiritaki/client receives during this time depends on their individual needs. The support worker may not need to remain awake for the whole night, but they will need to get up to provide sporadic care when necessary.

When direct assistance overnight is required following a SNA, ACC may pay for overnight care provided by kiritaki/client's whānau/family members. This includes whānau/family members employed by contracted agencies.

ACC does not pay for beds for support workers to use during provision of overnight care/sporadic care.

Childcare

Any HCSMI kiritaki/client is eligible for help with childcare if their injury prevents them from undertaking care activities for their child/children and there are no whānau/family or other natural supports who can reasonably be expected to provide childcare for kiritaki/client's child/children.

For the purposes of the HCS childcare service entitlement, a child is defined as someone under 14 years old who needs care due to their age, or their physical or mental condition, and who fits into one or more of the following categories:

- a biological child of the kiritaki/client
- an adopted child of the kiritaki/client



- child of the kiritaki/client's spouse, and towards whom the kiritaki/client acts as a parent; or,
- A child who ordinarily lives with the kiritaki/client and is raised as a child of the kiritaki/client, and towards whom the kiritaki/client acts as a parent (this can include whāngai / foster children).

Childcare may include the provision of:

- personal assistance to each child according to their developmental stage, for example, bathing, dressing, feeding, and physically assisting each child with mobility, to meet the physical and emotional needs of a child in the context of their family situation; and/or
- supervisory care, which involves overseeing children to ensure their safety.

Please note: If the client is a child, the applicable supports must utilise attendant care service item codes and should not be classified as childcare.

This service may be purchased as additional hours alongside stand-alone service if kiritaki/client does not need any other assistance.

A *children's worker* is defined by the Children's Act 2014 as a person who works in, or provides, a regulated service, and the person's work:

- may or does involve regular or overnight contact with a child or children (other than with children who are co-workers)
- takes place without a parent or guardian of the child, or of each child, being present.

All children's workers must complete the Children's Welfare Check as required in the Children's Act 2014. Further information is available on ACC's website.

[Children's Welfare Check](#)

Childcare should be considered as part of a holistic needs assessment of kiritaki/client, via the SNA or SRNA and the level of childcare provided should be decided on a case-by-case basis.



Case conferences

There may be scenarios where case conferences between the supplier, the kiritaki/client and their whānau/family, ACC and other parties are necessary to resolve complex issues such as avoidance of hospitalisation or other complex issues. This is a **multidisciplinary** meeting.

ACC must pre-approve any hours used for this purpose however there is no limit.

This is not to be used for general management of the kiritaki/client's care package, or case conferences solely between the supplier and the kiritaki/client.

Attendant care while in hospital

ACC recognises that some kiritaki/clients have high needs and would benefit from continuation of certain ACC funded support during acute or planned hospital admissions. ACC will consider each request on a case-by-case basis.

Health New Zealand (Te Whatu Ora) has the responsibility to provide the care for patients however there is a small cohort of kiritaki/clients with serious injuries who have highly individualised and complex needs delivered by home and community support workers who have been specifically trained to meet these needs.

For example, a person with a spinal cord impairment (SCI) requiring individualised bowel and bladder care regimes. When one of these kiritaki/clients is admitted to a public hospital (for any reason), if the support worker does not provide these services, it could create avoidable and sometimes costly complications (e.g. avoidable pressure areas resulting in a longer acute stay in hospital and inpatient rehab, sometimes for many months) or an adverse kiritaki/client experience during their stay in hospital.

Eligibility

The need for personal care supports for kiritaki/clients while in hospital will be determined by Health New Zealand (Te Whatu Ora) and the HCSMI supplier in consultation with kiritaki/clients. Eligibility must be approved by ACC.

Factors taken into consideration when determining whether kiritaki/client will require support while in hospital include:



- there is at risk of deterioration or avoidable secondary complications if regular specialised supports are not provided by the person's usual support worker
- a safe environment cannot be reasonably provided without kiritaki/client's support worker present
- kiritaki/client is unable to maintain dignity without their support worker delivering supports
- kiritaki/client must have a documented and agreed contingency plan for essential personal support should they be admitted to hospital.

Planning ahead

Identification for the need to complete a contingency plan can be made by:

- ACC Recovery Team Member (RTM)
- HCSMI supplier
- non-contracted private care teams.

This needs to be prepared and approved by ACC prior to any admission into hospital.

The ACC8008 contingency plan for attendant care when in hospital form needs to be completed together with Health New Zealand (Te Whatu Ora), HCSMI suppliers or non-contracted private carer and kiritaki/client and whānau/family then sent to ACC for approval. The ACC8008 can be found on the [ACC website](#).

Once completed and approved by ACC this contingency plan will remain on the kiritaki/client's ACC records for future admissions. Review of this contingency plan must occur annually and sent to ACC for approval.

Kiritaki/client contingency plan should contain:

- what support would be required within a hospital environment including likely times and hours and a description of the support (i.e. description of regular bowel cares, (frequency) requiring x (hours). The support worker must only provide services which normally would be provided at home as per the support plan unless they are advised to cease specific tasks by the ward staff or medical team



- detail around any specialised equipment and the use in hospital as required
- any vulnerability associated with hospital admission and mitigation/management of these
- identification of any health and safety and hazards for the support worker in the ward environment.

Roles and responsibilities

HCSMI contracted suppliers are responsible for:

- the development and review or update of the contingency plan in consultation with Health New Zealand (Te Whatu Ora), kiritaki/client and their whānau/family
- ensuring that any support provided to a kiritaki/client while in hospital is approved by ACC
- support workers have the required competencies to perform the tasks identified in the kiritaki/client's contingency plan.

Support workers are responsible for:

- reporting to the charge Nurse manager when arriving at the ward
- ensuring that there is effective communication with ward staff
- only providing the agreed supports as per the approved contingency plan.

Unplanned admission (no ACC8008 plan in place)

Many admissions are not planned and not all kiritaki/clients with significant personal care needs will have a contingency plan in place.

The supplier leads the conversation with kiritaki/clients and fills out the ACC8008 and a suitable hospital representative must sign the form to confirm these cares cannot be completed by the hospital. The contingency plan must be sent to ACC for approval and retrospective approval will be considered.

Requirements for planned and unplanned admission billing

HCSMI suppliers or non-contracted private carers will invoice ACC directly using the codes listed below for the approved hours provided while in hospital. Only essential cares, agreed to by ACC may be billed.



Table 10 Billing codes where care occurs in hospital

Code	Code Meaning
HCS30A	Support Hours Standard (Kiritaki/Client Admitted to Hospital)
HCS31A	Support Hours Complex (Kiritaki/Client Admitted to Hospital)
PHS7A	Public Holiday Supplement Standard (Kiritaki/Client Admitted to Hospital)
PHS8A	Public Holiday Supplement Complex (Kiritaki/Client Admitted to Hospital)

Hours cannot exceed those agreed to within the purchase order or within the contingency plan and will not include non-essential tasks such as home help.

Nursing treatment

Nursing treatment may include any tasks normally conducted within the scope of practice of a Registered Nurse and related to the injury for which kiritaki/client is receiving another HCSMI service component.

It excludes the initial service set-up (see payment and invoicing below). It does not include oversight and/or training of a support worker to the top of their scope to enable efficient service delivery as this is part of the service overheads.

An ACC approval is not required for nursing treatment delivered for a maximum of 22 consultations within three months of services commencing. This can be initiated at any time, however the three months of pre-approval begins at the date of first treatment. The initial referral may or may not include nursing treatment.

Ongoing nursing treatment

Only when nursing treatment has been exhausted (HCSNS3) and ACC has approved ongoing nursing treatment, can the supplier invoice for ongoing nursing treatment (HCSNS4).

When kiritaki/client is receiving complex support likely to need nursing treatment for more than 22 consultations over three months, and this has not already been covered in the referral, the supplier must contact ACC and advise a further nursing assessment should be carried out to determine the ongoing nursing treatment required. The supplier should email ACC and indicate the likely timeframe for



service delivery, attaching all the kiritaki/client clinical records. In addition, if the supplier recognises that kiritaki (client) nursing needs are more complex than they can deliver within the service, they can recommend that ACC considers referral to the ACC nursing service.

Ongoing nursing treatment can be delivered in 12 months approval periods.

Allied health support

Suppliers may provide allied health support (physiotherapy and occupational therapy) to those kiritaki/clients with an assessed need to enable a holistic and restorative approach to care.

The purpose of allied health support is to support a return to independence and should be integrated with the delivery of home and community support. The rehabilitation programme will include, but is not limited to:

- service planning
- identify actions to be carried out by the support worker to support kiritaki/clients in achieving their goals as part of their ADLs
- supervise and train support workers to ensure they can support kiritaki/clients to achieve the goals stated in their rehabilitation plan
- how the whānau/family will enable kiritaki/clients to achieve their goals. This may include agreements made between the supplier, kiritaki/client and their whānau/ family regarding the level and type of support provided to help kiritaki/client reach their goals
- outcome measurement tools – kiritaki/client outcome measures will depend on kiritaki/client's assessed needs and identified goals. Suppliers should identify appropriate outcome measurement tools specific to each kiritaki/client's needs.

It should not replicate or replace physiotherapy or occupational therapy that could, should, or is being delivered through other community-based services.

Kiritaki/clients with a moderate to severe Traumatic Brain Injury (TBI) are excluded from allied health support within the service as this requires more specialised rehabilitation.



If the kiritaki/client needs both occupational therapy and physiotherapy, one of the allied health staff members is to lead the communication with the kiritaki/client and their whānau/family and ACC.

No prior ACC approval is required to provide up to 10 consultations (combined total for physiotherapy and occupational therapy).

If needed, the supplier should email ACC and apply for approval for more allied health support hours up to a maximum total of 32 consultations per claim (combined total for physiotherapy and occupational therapy). At this stage, the supplier should also consider whether kiritaki/clients would benefit from receiving allied health from another ACC funded service or Cost of treatment regulation rather than HCSMI.

Emergency support for non-contracted kiritaki/clients

The Supplier will deliver support services to kiritaki/clients, as per the agreed service plan developed in advance (see service planning). These services will be provided for a **maximum of two weeks**.

If the normal, non-contracted support is not expected to restart in that period, ACC will work with kiritaki/clients to plan for ongoing support.

The supplier will notify ACC via email of the support being provided within eight hours of starting the support.

Preventing pressure injuries

ACC considers injury prevention a key component to providing effective rehabilitation and support services to kiritaki/clients. Pressure injuries are a common and serious complication for people with a spinal cord injury and can have significant negative impacts on quality of life and overall health. ACC has published a pressure injury consensus statement which provides recommendations for the prevention and treatment of pressure injuries in people with SCI.

[The Pressure Injury in Spinal Cord Injury Consensus Statement](#)

This is also available in multiple languages on our ACC website - [Resources](#) (acc.co.nz)



In general, when entering the service, kiritaki/clients should be risk assessed for pressure injuries and have existing pressure injuries staged. Any pressure injury must be assessed and classified using a validating tool in line with best practice. Here is the classification resource.

[Download the How to Classify Pressure Injuries resource \(healthify.nz\)](#)

Kiritaki/clients individual service planning should also include a management plan such as care bundles for pressure injury management (e.g. [SKKIN](#)) when a pressure injury is present.

Pressure injury prevention and management is to be in accordance with the guiding principles for pressure injury prevention and management in New Zealand.

[The Guiding Principles for Pressure Injury Prevention and Management in New Zealand](#)

This guideline provides New Zealand healthcare professionals and organisations with a high-level framework for best practice care in preventing and managing pressure injuries. The following six principles should be incorporated into everyday practice.

- 1) **People first:** People have access to care and receive information and participate in shared decision-making about the care needed to prevent and manage pressure injuries.
- 2) **Leadership:** Healthcare organisations demonstrate leadership by ensuring that they have systems and resources to prevent and manage pressure injuries.
- 3) **Education and training:** Healthcare workers at all levels have access to and support for acquiring current knowledge and skills that enable them to prevent and manage pressure injuries.
- 4) **Assessment:** pressure injuries risk assessments are completed as part of the delivery of services, with reassessments when people's health status changes. At-risk areas are checked regularly and whenever the opportunity arises.
- 5) **Care planning and implementation:** individualised, person-centred care plans employing evidence-based care bundles are developed, documented and implemented to reduce the risk of pressure injuries.



- 6) **Collaboration and continuity of care:** care support, information and resources move seamlessly with people transferring between healthcare settings.

Further resources can be found on the ACC website -

[Helping prevent pressure injuries](#)

Preventing falls

Suppliers (and their subcontractors) should be aware of the risk of falls for their kiritaki/client and take every practical step to minimise this risk, including:

- identifying and addressing potential falls risks within the home
 - identifying kiritaki/clients who may have a fall risk
 - training kiritaki/client and their whānau/family on fall-prevention strategies
 - liaising with local home and community strength and balance providers.
- Contact details can be found on the Live Stronger for Longer website.

[Live Stronger for Longer website](#)

With additional resources below.

[Staying Safe from trips and falls](#)

Consequential injuries

A consequential injury refers to a personal injury that is a consequence of an already covered physical injury or a consequence of treatment for an already covered physical injury. The consequential injury can be an injury that develops suddenly or slowly.

For example, a pressure injury could be either a covered consequential injury due to:

- a gradual process caused by a physical injury such as a spinal cord injury
- a treatment injury caused by a failure to provide treatment (either risk assessment, or implementation of appropriate preventive measures).



Nursing treatment: Consequential injuries

If kiritaki/client is receiving nursing treatment and has a consequential injury, for example, a pressure injury, the supplier will assess the need for nursing treatment for the consequential injury and complete an initial assessment and a treatment plan.

In the event of a consequential injury or a possible consequential injury the supplier must notify ACC immediately – ACC needs a clear diagnosis to add it to the claim for cover. The supplier can start treatment immediately if necessary.

The supplier does not need to complete an ACC45 to treat a consequential injury as part of HCSMI integrated nursing and allied health support. If the supplier considers that the consequential injury is a treatment injury this will need to be lodged using the ACC45 and the ACC2152.

An application for ongoing nursing support should clearly identify the consequential injury as the reason for the extended treatment time or increased number of treatments.

If the wound requires review by a wound care specialist nurse, ACC may ask a secondary supplier to undertake a comprehensive nursing assessment, or this may be recommended by the supplier to ACC.

When a kiritaki/client is receiving both integrated nursing support and services for a consequential injury, the supplier must deliver them concurrently.

The requirements for consequential injury management are as follows:

- a process for facilitating specialist advice regarding consequential injury must be documented in clinical policy and procedures
- pressure injury risk assessments are to be completed as part of admission, referral and transfer processes, and reassessment is to be undertaken when kiritaki/client's health status changes or deemed clinically appropriate
- care, support, information & resources move seamlessly with kiritaki/clients as they are transferred between healthcare settings or across service providers.



Equipment

The suppliers contracted allied health (Physiotherapist and Occupational Therapist) assessors can request Managed Rehabilitation Equipment Services (MRES) simple list equipment. The catalogue can be found on the Enable website.

[Enable New Zealand](#)

Equipment requests must be made in accordance with our MRES operational guidelines.

[MRES Operational Guidelines](#)

If a need is identified that kiritaki/clients requires MRES standard, complex or non-list equipment the supplier must complete an ACC4249 form and notify ACC who will arrange a specialist assessment service to undertake the needs assessment.

Individual rehabilitation equipment items that cost less than \$100 each (GST excl) and are not on the ACC equipment list can be purchased by either the assessor or kiritaki/clients and the cost will be reimbursed by ACC. An assessor does not need prior approval to purchase non-list items under \$100. Assessors invoice ACC, listing the item type(s) and cost, using service code EU100 and attached the receipt for the item(s).

Consumables

Orders for high-cost nursing consumables can be submitted via Onelink's online portal (community client). This process is the most timely and efficient process for kiritaki/clients. You will find ACC's Consumables Operational Guidelines on the ACC website. These guidelines provide information on ordering with Onelink.

[Consumables Operational Guidelines](#)

Alternately, the supplier can submit a manual ACC178 Medical Consumables order form to ACC. A clear rationale for why non-catalogue items is being ordered is required.

High-cost consumables are defined as:

- Consumables that are \$10 (excluding GST) or more.

High-cost consumables are claimable when:



- Consumables are \$10(excluding GST) or more and

The sum of all the high-cost consumables per consultation total over \$25(excluding GST).

Example 1:

- You have one item at \$19 and several low cost-consumables with all items totalling \$27
- The total cost for consumables exceeds \$25 however you cannot claim the high cost-consumables because only one item is over \$10 and is less than \$25.

Example 2:

- You have two items for \$25 each, one item for \$10 and five lower cost consumables at \$5 each
- You can claim for all the high-cost consumables over \$10 (\$60 in total) but not the low-cost consumables.

Support worker travel

It is an expectation that travel is managed in the most efficient way possible. Travel will be paid as described in HCSMI contract, Part A, Table 3.

Travel principles:

1. the supplier is responsible for maintaining sufficient workers in their TLA geographical area to provide all HCSMI components to all kiritaki/clients resident in that TLA geographical area. As per the suppliers HCSMI contract, Part A, Clause 2
2. travel between regions and territorial authorities/districts is not expected. This may only occur if **prior approval** has been granted by ACC. The Home and Community Support Travel Guidelines can be found on our ACC website.

[Home and Community Support Travel Guidelines](#)

3. support worker travel between kiritaki/client should be optimised to the shortest route possible.



NOTE: There is no expectation from ACC that support workers use their own vehicles to transport ACC kiritaki/clients. ACC does not contribute to wear and tear when support workers use their own vehicles to transport kiritaki/clients. When kiritaki/clients have an injury related transport need and they do not have transport options available, they need to contact ACC to arrange transport options.

Exceptional travel

Suppliers must request ACC prior approval for exceptional travel considerations.

ACC Standard Terms and Conditions in relation to invoicing states – 10.2(d) that invoices ‘be supported by GST receipts, if expenses are claimed, and any other verifying documentation reasonably requested by ACC.’

ACC suppliers need to do everything they can to minimise the travel needed by carers.

To support your prior approval request for exceptional travel, ACC can request evidence to support your request.

1. Vacancy advertising specific to kiritaki/clients.
2. Attempts made to provide local carers for kiritaki/clients.
3. Is this a training gap or is it due to kiritaki/client choice?
4. Is kiritaki/client living in a remote / rural location that limits recruitment?

ACC will consider this request once all documentation has been received.

Note: There may be exceptional circumstances when short-term urgent exceptional travel is required due to support workers being sick and/or the need occurs outside of ACC business hours. Annual leave is not considered an exceptional circumstance.

Allied health and nursing treatment travel

It is an expectation that travel is managed in the most efficient way possible. Travel will be paid as described in the HCSMI contract.



1. Travel is included in the allied health and nursing fee unless the return journey is greater than 20km or exceeds 30mins.
2. If travel exceeds 20km or 30 minutes, the first 60 minutes time can be billed at 50% of the normal hourly rate using travel code HCSTT1, up to an hour.

Suppliers must have sufficient allied health staff and nursing staff to ensure there is no need for travel between regions and Territorial Authorities/districts. If excessive travel time is required to meet the need, the supplier should discuss this with ACC first as there may be other more cost-effective options available.

Holidays within New Zealand with kiritaki/clients

When kiritaki/clients are on holiday within New Zealand, ACC will pay for hours of support during the trip away for up to four weeks. Home help will not continue while kiritaki/client is on holiday.

Any other travel costs incurred will be paid by the kiritaki/client in arrangement with the supplier.

Holidays overseas with kiritaki/clients

Suppliers can only provide services to kiritaki located in New Zealand and not when kiritaki travel overseas. This would require our kiritaki to move to non-contracted attendant care (refer to [clause 7.2.4.6 of the service schedule](#))

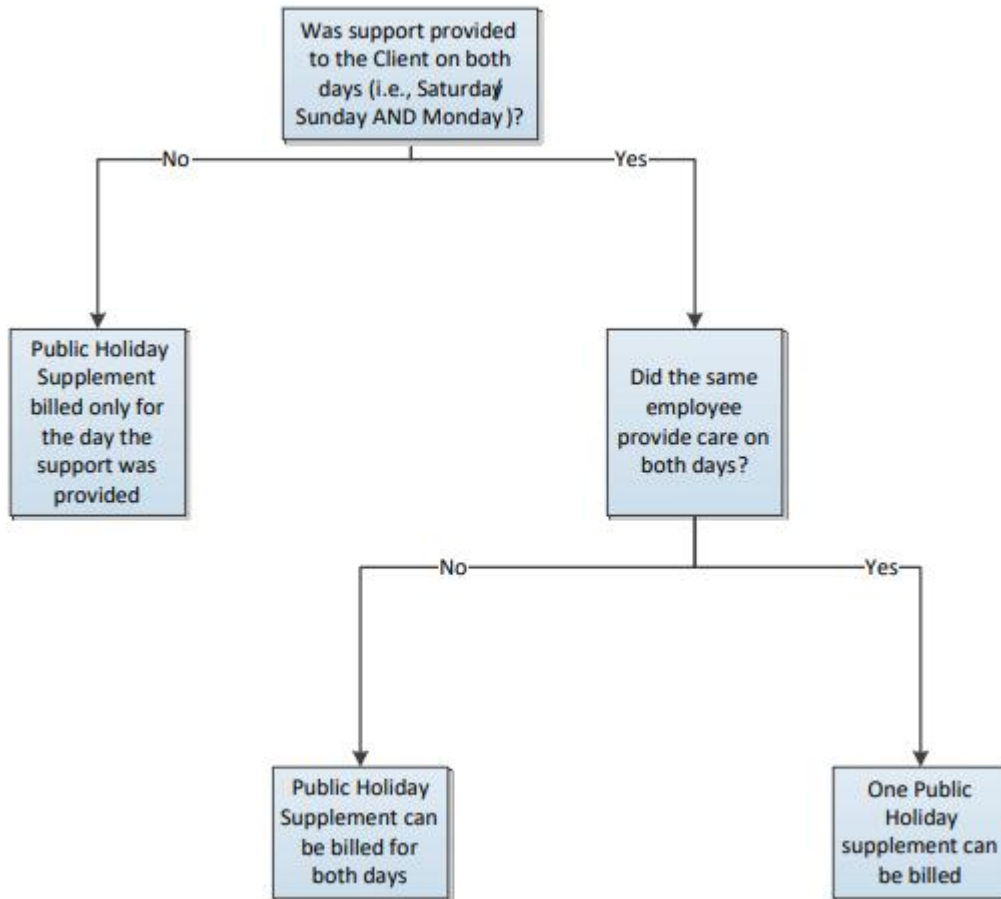
Public holidays

Only essential services may be delivered on a public holiday where non-complex support hours are being used. For example, if kiritaki/client requires assistance with getting dressed, this would be considered an essential service that could be delivered.

Non-essential services may include home help tasks such as grocery shopping or cleaning that could be provided on the next working day without a negative impact on kiritaki/clients.

For services provided on a public holiday, the supplier may bill a public holiday supplement (code PHS7 or PHS8). Pre-approval from ACC is not required.

For a public holiday that has been Mondayised, i.e. the holiday falls on a Saturday or Sunday and is observed on the following Monday, payment of the public holiday supplement depends on the circumstances. See the process map below for guidance on billing a public holiday supplement.



Cultural safety and responsiveness

ACC want our kiritaki/clients and whānau or family to receive culturally safe services which recognise and respect their cultural and spiritual values and beliefs.

Kiritaki/clients need to be welcomed into culturally safe environments.

ACC is working to improve the experiences and health outcomes of Māori, as Te Tiriti o Waitangi partners, across all our services, not only home and community support.



To do this, we are working on weaving together te ao Māori and non-Māori worldviews, knowledge, and practices to create a new standard of cultural safety that will improve the experiences of our kiritaki/clients and whānau/family.

Our cultural safety and competency policy (He kawa whakaruruhau) is now available on the ACC website.

[Kawa Whakaruruhau \(Cultural Safety\) Policy](#)

To support you, we've also updated our cultural competency guidance. "Te whānau Māori me o mahi: Guidance on Māori cultural competencies for providers."

This guidance is also available on our website.

[Te Whānau Māori me o mahi Guidance on Māori Cultural Competencies for Providers](#)

Kiritaki/clients who require an interpreter

If there are any interpreting or cultural needs identified, the supplier should discuss these with the ACC recovery team member to ensure the appropriate services are identified and provided.

The cost of the interpreter service is met by ACC. Payment is conditional on ACC's prior approval being given that an interpreter is needed, cost effective and appropriate.

Staff qualifications and training

The contract covers a range of different clinical presentations which could require differing levels of qualification and skill. For example, the training required for staff will be significantly different for a kiritaki/client with a broken leg compared to a kiritaki/client with a high-level spinal cord injury who is ventilated. The supplier is responsible for ensuring that their staff are sufficiently trained to deliver the services required.

Note: A client may need a mix of level one, level two, Registered Nurse and supervisory care.



Table 11 Staff qualifications

Service component	Minimum qualifications level required
Service co-ordination and oversight	Registered Nurses or Nurse Practitioners.
Standard support hours – non-complex hours	At least 75% of total support delivered to each kiritaki/client must be provided by support workers who have a New Zealand Certificate in Health and Wellbeing (Level 2 or above) and or equivalent competencies.
Complex support hours – complex hours	At least 75% of total support delivered to each kiritaki/client must be provided by support workers who have a New Zealand Certificate in Health and Wellbeing (Level 3 or 4) and or equivalent competencies.
Complex - working with kiritaki/clients with traumatic brain injury	As per complex hours, plus have a: National Certification in Brain Injury Support (Level 4), OR National Certificate in Health and Wellbeing (Brain Injury) (Level 4), and Have completed Careerforce Unit Standard 28737 Demonstrate knowledge of pressure injuries and pressure care.
Complex - working with kiritaki/clients with spinal injury	As per complex hours, plus: Received training in managing kiritaki/clients with complex medical needs, OR Hold a National Certificate in Health and Wellbeing (Level 4), and Completed Careerforce Unit Standard 28737 Demonstrate knowledge of pressure injuries and pressure care.
Childcare	Completed a supplier developed orientation programme which includes understanding child development stages and other policies and procedures relevant to the childcare worker's role.
Nursing treatment	Nurse Practitioner Registered or enrolled Nurse (working in their scope of practice).



Allied health support

Occupational therapy

Physiotherapy

All registered and with current annual practicing certificates.

Regarding staff training the supplier will ensure that:

- support workers have regular supervision (at least every six months) to ensure that they provide support activities safely and effectively
- supervision and training are provided by a registered health practitioner (Nurse, Physiotherapist or Occupational Therapist as appropriate)
- support workers work under direction and supervision appropriate to their level of qualification and competency
- all staff and service providers can immediately access professional advice and information. All staff and service providers must also be able to recognise when this information and advice is required when their competency, knowledge or experience are exceeded
- clinical coordinators are registered health practitioners under the Health Practitioners Competence Assurance Act 2003
- the clinical quality manager is a Registered Nurse.

For kiritaki/clients with high and complex needs it is appropriate and important that the team are trained, familiar and comfortable with kiritaki/client care requirements, routines, and build trust. Ideally, kiritaki/clients will meet their care team prior to discharge.

ACC will raise purchase orders (POs) for the time spent with kiritaki/clients learning the routine, however the supplier is responsible for the travel and accommodation associated with this.

Health and safety

The following events should be reported immediately to ACC:

- kiritaki/client death (any cause)



- likely media risk – refer to the ACC Standard Terms and Conditions, Clause 6.1 (c)
- privacy breach – refer to the ACC Standard Terms and Conditions, Clause 9
- Health and Disability Commissioner investigation or coroner inquest - refer to the ACC Standard Terms and Conditions, Clause 6.1 (e) (i)
- an accident involving ACC kiritaki/client or a support worker that results in an injury.

The events should be reported immediately as per the reporting health and safety incidents guidance on the ACC website.

[Reporting Health and Safety incidents](#)

Please note: Notifiable Incidents must also be reported to WorkSafe.

[Notify an event with WorkSafe](#)

- For all other complaints, incidents, or reportable events: assess the risk against the Severity Assessment Coding (SAC) and reporting process. Refer to table 12 below
- complete any other actions as per the standard policies and processes of the HCSMI suppliers organisation and record these in accordance with the HCSMI supplier's policy
- timeframes for completion of formal reporting to ACC (if required) will be negotiated at the time the event is notified to ACC Supplier Manager.

If the supplier feels that it is warranted in the circumstances, report any threatening behaviour to the police immediately, advise ACC and any other parties that are at risk as soon as possible. All threats by ACC kiritaki/clients or their representatives must be reported to ACC in writing using the online form on our website.

[Third party health and safety form](#)

Supplier safety is a priority, and any assessment should be terminated if kiritaki/clients, their advocate, or support persons, make the supplier feel threatened or unsafe in any way.

Please:



- notify ACC as soon as possible
- fully document the reasons for kiritaki/client’s termination of their assessment in your report
- contact the police if the supplier feels that is warranted in the circumstance.

If the supplier chooses to continue with an assessment of a kiritaki/client with a Care Indicator and wishes to employ a security guard, then please contact ACC.

Table 12 Severity assessment coding (SAC) and reporting process

Rating	Risk	Notification Timeframe	Person to be Notified
SAC4	Minor <ul style="list-style-type: none"> • Action required as per your organisational policy • Harm causing no loss of function and requiring little or no intervention 		
SAC3	Moderate <ul style="list-style-type: none"> • Action required as per your organisational policy • Harm causing short-term loss of function and/or requiring minimal additional intervention 		
SAC2	Major <ul style="list-style-type: none"> • Action required as per your organisational policy • Harm causing major loss of function and/or requiring significant intervention 	Within four hours of risk being identified	ACC Supplier Manager
SAC1	Severe <ul style="list-style-type: none"> • Immediate action required as per your organisational policy • Death or harm causing severe loss of function and/or requiring life-saving intervention 	Within one hour of risk being identified (including weekends)	ACC Supplier Manager Portfolio Team



Restorative care

Restorative care focuses on increasing the potential of an individual by maintaining a high level of mental and physical functioning. It maximises the potential of a patient and improves their quality of life. Through rehabilitation, the individual improves their mobility and functioning, which will be maintained by restorative care.

Restorative care is a type of healthcare that focuses on helping individuals regain their physical, mental, and emotional well-being after experiencing illness, injury, or surgery. It aims to restore the patient's functional abilities and improve their quality of life.

Examples of restorative care encompass a range of activities associated with daily living. Some key aspects include:

- **Assistance with mobility:** Helping kiritaki move safely within their environment to enhance movement.
- **Daily living activities management:** Supporting kiritaki in bathing, dressing, grooming, and using the restroom.
- **Exercise programs:** Engaging kiritaki in strength and flexibility exercises to support physical function.
- **Skill training routines:** Tailoring programs for communication or particular tasks to improve self-performance in Activities of Daily Living (ADLs).

Reviews and extensions

The supplier must maintain oversight of kiritaki/clients throughout their service delivery and have mechanisms for identifying any change in needs.

The supplier must inform ACC if:

- kiritaki/client's support needs change at any time, so that a reassessment of their needs can be arranged. This includes an assessment or reassessment for access to equipment



- kiritaki/client has been admitted to hospital; passed away, or they exited the services early.

An in-person review of kiritaki/client may occur at any time that is clinically indicated but as a minimum:

- every 26 weeks for standard and complex supports
- annually when appropriate and approved by ACC
- annually for emergency support kiritaki/clients, with continuous needs, to ensure the service plan and escalation process are current and relevant.

The review should include an updated ISP, including progress towards goals. The maintenance fee can be claimed at the 12-month anniversary of services starting for ISP reviews.

The supplier should manage kiritaki/client support hours in collaboration with kiritaki/clients to ensure the assessed needs are met within the agreed ISP service allocation. However, there may be circumstances in which kiritaki/clients require support for longer than has been approved by ACC. These circumstances include (but are not limited to) an aggravation or exacerbation of the injury, post-operation infection, and delayed healing.

If it becomes apparent that an extension of care will be required, the supplier must follow the process in the table below.

Table 13 Extension process for different service types

Service component	Extension process
Standard and complex support	Submit a clinical update report and updated service plan to ACC within 2 weeks of service approval expiry. These may be submitted by email but must contain sufficient information to enable ACC to decide. ACC may request additional information as required. ACC may request an independent assessment before making a decision.
Nursing treatment	When HCSMI nursing treatment has been initiated and needs to extend beyond the initial three-months (up to 22 consultations), approval will be required from ACC.



A clinical update report should be emailed to ACC detailing:

- kiritaki/client details
- current nursing treatment need
- reason for extension
- a proposed treatment plan, including expected duration.

The supplier can apply for further ongoing nursing treatment hours, two weeks prior to the end of the approved 12-month period.

Allied health

Under this agreement, allied health support services are designed to be short-term interventions (three months for standard support or six months for complex support) that enable kiritaki/clients, with support from their whānau/family and support worker, to achieve identified rehabilitation goals.

If kiritaki/clients do not achieve the expected outcomes, ACC should be involved at the earliest opportunity to enable identification of any issues and assist in the development of a new plan. ACC can also refer to other ACC funded services (where agreed and appropriate).

The supplier may clinically identify a change in a kiritaki/client's need. This may result in a need to increase or decrease ACC approved hours or a change in the level of care approved e.g. was standard and should be complex. The supplier must complete the HCSMI clinical update report for ACC to consider approval of the change request.

Clinical update reports must be completed by a registered health professional. (see Appendix 1)

The supplier will continue to provide the current care for the kiritaki/client until ACC has decided on the request for additional support. ACC will fund the original hours until additional support hours requested are approved.



The clinical update report needs to be used to inform ACC when no further home and community supports are needed and are completed.

Changing suppliers

There may be instances where a kiritaki/client HCSMI service provision needs to change to another supplier. To ensure optimal continuity of care for kiritaki/clients, suppliers and ACC staff should work together in line with the table below:

Table 14 Scenarios for changing staff or supplier

Scenario	Action
Kiritaki/client wishes to change support worker	<p>Kiritaki/client to advise their local HCSMI supplier co-ordinator who will work with them and support worker to find a resolution to the concerns.</p> <p>Kiritaki/client advises ACC of their wish to change and reasons.</p> <p>Note: This level of change would generally be managed internally by the supplier however it is still important that ACC is aware and offers support to all parties</p>
Kiritaki/Client wishes to change supplier	<p>Kiritaki/client is to advise ACC of their wish to change and reasons.</p> <p>ACC to liaise with supplier regarding the request and support kiritaki/client and supplier to find a resolution to the concerns.</p> <p>It is important that there is the opportunity provided for the supplier kiritaki/clients to meet and with ACC present to discuss the kiritaki/clients concerns and rationale for wanting to change and all actions should be taken to maintain the relationship with the existing supplier.</p> <p>If the relationship is unable to be maintained, ACC will facilitate the kiritaki/client’s choice to transfer to one of the other suppliers.</p> <p>The supplier will work with the new supplier to ensure a smooth transition and hand over of information/support.</p> <p>If kiritaki/client advises they want to change supplier, the supplier will contact ACC immediately and then manage the process as above.</p>



Supplier wishes to withdraw services

The supplier will:

- contact ACC recovery team member and notify their Supplier Manager as soon as possible to advise change is occurring
 - advise ACC formally in writing of the change including the dates and a list of kiritaki/clients affected
 - organise a teleconference for all impacted parties to discuss implications for support workers
 - timeframe that support workers are going to be notified of changes
 - agree to communications for support workers, kiritaki/client, ACC staff with timeframes.
-

When kiritaki/client's HCSMI services provider changes, it is expected that the supplier will maintain linkages with other ACC rehabilitation suppliers (for example, suppliers of TI or the SRNA). This ensures that there is a smooth and well-coordinated continuum of care for kiritaki/clients. Services need to be managed appropriately so that they achieve the required outcomes and minimise disruption to kiritaki/clients and their whānau/family.

Service exit

ACC funding will end on completion of services. This service is complete for kiritaki/clients when:

the need for the service is no longer related to the covered injury

- kiritaki/client has achieved their outcome objectives, as agreed between the supplier, ACC and the kiritaki/client within the specified service timeframes
- there is an agreement between the supplier and ACC that kiritaki/client will exit the service
- ACC withdraws the referral for any reason
- kiritaki/client dies
- the services in the purchase order (PO) are completed or
- when transition has been agreed with ACC.



When a kiritaki/client is transferred or discharged from the service and accesses other appropriate services, the supplier will transfer or discharge without avoidable delay or interruption.

Should a supplier withdraw their services to kiritaki/client, the supplier is expected to give, where possible, fair, and reasonable notice. The amount of notice given may be dependent on the situation.

For kiritaki/client with complex support needs, four weeks' notice of withdrawal would be appropriate. Where the supplier has health and safety concerns for their staff, an urgent withdrawal may need to be negotiated.

Service quality requirements

Record keeping

The supplier will maintain detailed clinical records that comply with the standards detailed in:

- the ACC Standard Terms and Conditions, Clause 12.6
- standards set by relevant regulatory/professional bodies for each profession
- [Working Together – A handbook for Cost of Treatment Regulations providers](#)
- any applicable legislation.

The supplier will complete nursing or allied health initial assessments and treatment plans for all kiritaki/clients who are eligible and require these services and make these available to ACC on request. The supplier will use assessment and treatment planning tools, when applicable, as provided by and/or agreed with ACC.

Each initial assessment and treatment plan must have enough information to provide an evidence-based rationale for treatment (e.g. in accordance with the TIMERS framework for wound bed assessment or the New Zealand Wound Care Society's venous ulcer management guidelines).

[New Zealand Wound Care Society's venous ulcer management guidelines](#)



Performance measures, timeframes and reporting

Supplier performance is monitored by a set of key performance indicators (KPIs), as outlined in the HCSMI contract and below in Table 15.



Objective	Performance measurement	Description	Reporting Mechanism	Reporting Frequency
Services are delivered safely	Adverse events	You will record the number of adverse events stratified by risk rating, as outlined in the operational guidelines.	Reporting tool via B2B site	Quarterly
	Number of pressure injuries	You will need to record pressure injury information: number of new pressure injuries this period stage of pressure injury when first detected number of active pressure injuries being managed.	Reporting tool via B2B site	Quarterly
Services are timely	Clients receive service when they need it	Number of missed visits as a proportion of total visits is less than 1%.	Reporting tool via B2B site	Quarterly
	Services are delivered when agreed and expected	The percentage of kiritaki/clients whose care started within the requested timeframes is greater than 90%. The percentage of kiritaki/clients who were reviewed within the contract timeframes is greater than 90%.	Reporting tool via B2B site	Quarterly
Services are effective	Clients achieve the intended service outcome	Support worker hours worked are stable and/or reducing.	Reporting tool via B2B site	Quarterly
Services are efficient	Services are delivered as close to the kiritaki/client's home as possible	Travel spend is minimised.	ACC billing data	N/A
Services are kiritaki/client centred	Complaints are minimised	Complaints are recorded, a corrective action implemented, and the complaint resolved.	Submitted in writing to your Supplier Manager	Quarterly
		Complaints as a total percentage of total	Reporting tool via B2B site	



		kiritaki/clients is less than 1.5%.		
	Client experience is captured	Client experience is captured at appropriate intervals and feeds into a quality improvement process which ACC may sight at any time.	Submitted in writing to your Supplier Manager	As requested by the Supplier Manager
Services are accessible	Staff qualifications	You will report on your staffing capacity, including: Total numbers of staff and FTE regionally Staff qualifications regionally.	Reporting tool via B2B site	Quarterly
	Number of family or nominated carers	You will be asked to report on total numbers of whanau/family or nominated carers. Number of whanau/family or nominated carers working more than 40 hours a week.	Reporting tool via B2B site	Quarterly
	Declined referrals	You will be asked to report on total numbers of declined referrals.	Reporting tool via B2B site	Quarterly

Where indicated in the table above, reporting should be completed on the HCSMI reporting tool (excel spreadsheet) and be submitted to ACC via the designated Business-to-Business (B2B) site. For further information, please also refer to the HCS Reporting Guidance document and B2B Guidance document.

The KPIs are designed to measure efficacy of the service and are:

- discussed with suppliers at supplier days
- used by Supplier Managers to provide a basis for discussion about supplier performance and quality when meeting with suppliers
- used to consider potential service improvements.

All suppliers and associated supplier organisations who are part of a partner/subcontracting network, must be certified to the Ngā Paerewa Health and disability service standard 2021 NZS 8134:2021 and must provide copies of external



audit reports to ACC (via their Supplier Manager) within 14 days of them becoming available.

Manatū Hauora, Ministry of Health Medication guidelines for home and community support services must be followed for all kiritaki/clients requiring suppliers to administer their medication.

[Health Medication Guidelines for Home and Community Support Services Sectors](#)

Service planning and reporting are important aspects of the service, as this allows ACC and suppliers to communicate with each other about the kiritaki/client needs and progress.

HCSMI reporting tool

Suppliers are to complete the HCSMI reporting tool by no later than the 15th of the month, for the quarter ending the month prior. For example, the quarter from January to March must be submitted by the 15th of April. It is a contractual requirement to send ACC the information in a timely and accurate manner.

The data received will aid in the performance and monitoring of the HCSMI service to improve kiritaki/client outcomes.

The reporting tool and guidance will be found on the B2B SharePoint site.

How can I access the HCS B2B site?

Each supplier can nominate two colleagues who will be given access to the HCS B2B site. To access the HCS B2B site, nominated users must complete an authentication process.

There are two steps involved in gaining access to the site. Note: If you already have access to ACC's Microsoft Teams, you can go straight to step 2.

Step 1: Access to ACC's systems

- When ACC receives your name as a nominated user (remember a supplier can have two nominated users) you will receive an email invitation (Sender is likely to be: Group -DigitalWorkplace Group-DigitalWorkplace@accnz.onmicrosoft.com) with a link containing instructions on how to set up your Multi-factor



Authentication (MFA). This email will also ask the nominee to accept the terms of use, to be granted access to ACC's Microsoft Teams sites.

- You can choose text, email or a call to confirm it is really you seeking access to the ACC Microsoft Teams (this is what is meant by multi factor authentication). You may need to do this each time you visit the ACC Microsoft Teams.

Step 2: Access to the Home and Community Support B2B site

- Upon completion of Step 1, which involves authentication and acceptance of terms, you will receive an email invitation from the HCS team to join the HCS B2B site.
- To access the site, please click on the link provided in your invitation email. If the link is not functioning, confirm that Step 1 has been completed and that you have authenticated access.
- Alternatively, the HCS B2B site can be accessed via ACC's Microsoft Teams platform. Within Microsoft Teams, navigate to 'Your Teams' and select the ACC Microsoft Teams workspace.
- If you are presently signed in to your own organisation's Teams environment, it may be necessary to switch to ACC's Teams. To do so, click on your initials or profile icon located at the top right corner of Microsoft Teams, select 'ACC' from the dropdown menu, and then proceed to access ACC's Microsoft Teams.

Family carers

Suppliers will report on the total number of family or nominated carers working with individual kiritaki/client.

It is the supplier's responsibility to monitor the quality of care being provided to ensure it meets the standards required under the HCSMI contract and to ensure that the number of hours family/whānau work complies with any employment law. You can find further information on the Employment New Zealand website.

[Employment New Zealand Hours of work](#)

Complaints and incidents

This section is intended to guide suppliers on the process to follow when there has been a complaint or an incident that needs to be reported to ACC. As this is a guide,



it is expected that if there are any questions of whether something needs to be reported to ACC, the supplier should contact their Supplier Manager or ACC in the first instance. Complaints are defined as any expression of dissatisfaction against the organisation, either written or verbal, by any person receiving support or on behalf of someone receiving support (including ACC).

Complaints can be about (but may not be limited to):

- communication
- rosters
- service delivery e.g. inadequate, unqualified/untrained staff, tasks not completed
- timeliness
- behaviour
- damages.

Each supplier should have an adequate complaints policy and procedure to capture all complaints.

Recording and stratifying complaints is a performance reporting requirement for this service. Suppliers must have an adequate system to record and report complaints, in accordance with the HCSMI Contract, Part B, 10.4.1., and the ACC Standard Terms and Conditions.

[ACC Standard Terms and Conditions](#)

HCSMI suppliers must assess the risk of complaints using the table below.

[HCSS Complaints Categorisation Reporting Guideline](#)

These should be submitted to ACC in line with Part B, Clause 10.4.3. of the HCSMI contract.

Note: Privacy breaches should always be escalated to ACC **within one hour** of breach or potential breach being identified, regardless of risk level. Privacy breaches may not always be a media risk.



Further resources for the HCSS (home and community support services) complaints categorisation guide can be located on the Health New Zealand (Te Whatu Ora) website.

Training and supervision

HCSMI supports are for kiritaki/clients whose needs can be met by a support worker with a National Certificate in Community Support Services (Foundation Skills) (Level 2), or the equivalent.

The supplier will ensure that:

- Support workers have regular supervision (at least every six months) to ensure that they provide support activities safely and effectively.
- Supervision and training are provided by a registered health practitioner (Nurse, Physiotherapist or Occupational Therapist as appropriate).
- Support workers work under direction and supervision appropriate to their level of qualification and competency.
- All staff and service providers can immediately access professional advice and information. All staff and service providers must also be able to recognise when this information and advice is required when their competency, knowledge or experience are exceeded.
- Clinical coordinators are registered health practitioners under the Health Practitioners Competence Assurance Act 2003. The clinical quality manager is a Registered Nurse.

Payment and invoicing

ACC requires all contracted suppliers to invoice ACC electronically using one of ACC's approved digital channels. Invoicing electronically has many benefits for suppliers, such as:

- faster processing and payment of invoices
- search functions for submitted invoices and tracking the progress of invoices (including amounts paid and payment dates)



- ability to proactively check if an invoice needs further information to be sent to ACC
- access to digital copies of remittance letters
- querying claim and injury status.

There are several ways electronic invoicing can be actioned. To learn more please visit our website.

[Getting Set Up online](#)

Suppliers can also check whether their computer(s) meets the minimum specifications. Information on the minimum specifications can be found on the ACC website.

[Working with us using our digital services](#)

Suppliers that are a large organisation are expected to adopt the ACC invoicing API. Information about our ACC API's can be found on the ACC website.

[ACC Developer Portal](#)

Until then, suppliers can contact the ACC Digital Operations eBusiness team to discuss which method is fit for purpose for their organisation if they are not already invoicing ACC electronically. [Working with us using our digital services](#)

Their contact details are:

Telephone: 0800 222 994 (option 1)

Email: ebusinessinfo@acc.co.nz

The provider contact centre will answer queries relating to payment of invoices. Please free phone 0800 222 070 if you are unable to find the information online.

ACC requires one account per supplier for payment of invoices. This means there is one supplier identification, one address for all correspondence (i.e. purchase orders and remittance advices) and one bank account number per supplier.

This requirement is to enable transparency of transactions for monitoring purposes by ACC.



What the supplier will need to include in electronic invoices

The supplier will need to include in electronic invoices:

- invoice number
- invoice date
- relevant ACC purchase order number (where applicable)
- contract number
- name and claim number of kiritaki (clients) receiving the HCSMI service(s)
- appropriate service codes
- date on which the service was provided
- comments in the general comment field to provide clarification for the ACC payments team e.g. state what service, where two support workers are required etc. If more than 24 hours in one day is invoiced, use two lines, and provide a comment.

Invoice monitoring

ACC regularly monitors and reviews individual suppliers' invoicing patterns. ACC will contact suppliers who they identify as having different treatment and invoicing patterns and ask for feedback on why their practice patterns fall outside the normal parameters.

This feedback is considered when deciding if further investigation is necessary and providers are expected to respond in a timely manner.

ACC is to be invoiced for hours provided. ACC does not make payment for shifts cancelled by kiritaki/clients or guaranteed hours for support workers.

Pricing schedule

The prices set out in the HCSMI contract are inclusive of direct and indirect staff time, overheads such as administration, information systems, and reporting.

Suppliers are responsible for determining the appropriate service mix and remuneration for their providers within the specified resource limit.

Other expenses

Table 17 Other expenses relating to delivery of this service



Cleaning products	Kiritaki/clients should supply all cleaning products.
Beds	ACC does not pay for beds for support workers to use during provision of overnight care/sporadic care.
Blister packs	<p>Some suppliers choose to have kiritaki/client medications packaged into blister packs to assist their support workers with medication management.</p> <p>In this case, suppliers are responsible for the cost of blister packs; ACC does not assist suppliers with this additional expense.</p> <p>ACC will reimburse blister packaging if it is required as a direct result of kiritaki/client’s injury (under the pharmaceutical reimbursement process).</p> <p>ACC will not pay for the provision of blister packaging solely because it is an ‘in house’ policy of the suppliers.</p>
Other expenses	Kiritaki/clients are not responsible for paying for support workers' refreshments i.e. tea or coffee.
Other expenses	Kiritaki/clients will provide the cleaning equipment needed to complete household tasks e.g. vacuum cleaner, broom, and mop.
Parking	Support workers parking costs are not covered by ACC.
PPE	Suppliers are responsible for providing their support workers with PPE when needed. Please see Ministry of Health for guidelines on usage, including who pays, for PPE during a pandemic.



Appendix 1: ACC8007 Clinical Update Report

ACC8007

Clinical update report HCS - Maximise Independence



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

Complete this form to request a change in supports for a Home and Community Support - Maximise Independence client. This form **must** be completed by a Registered Health Professional.

When you've finished, please return this form to claimsdocs@acc.co.nz.



1. Client details	
Full name: <input type="text"/>	Claim number: <input type="text"/>
Contact phone: <input type="text"/>	Address: <input type="text"/>

2. Supplier details	
Lead supplier: <input type="text"/>	Vendor Number: <input type="text"/>
Provider (if different): <input type="text"/>	
Contact email: <input type="text"/>	Contact phone: <input type="text"/>

3. ACC details	
Recovery team: <input type="text"/>	ACC Recovery Team Member (if known): <input type="text"/>
Contact email: <input type="text"/>	

4. Report details	
Purpose of report: <input type="checkbox"/> Change current support <input type="checkbox"/> Notify ACC of support completion	
Date of report: <input type="text"/>	Date referral received: <input type="text"/>
Date services commenced: <input type="text"/>	Date services completed (if applicable): <input type="text"/>

5. Current supports	
Standard hours: <input type="text"/>	Complex hours: <input type="text"/>
Per: <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> fortnight	



6. HCSMI change in Standard or Complex support

Complete this section if you are requesting a change in the service.
Confirm the number of additional hours required.

Standard hours: <input type="text"/>	Complex hours: <input type="text"/>
Per: <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> fortnight	
How long is the support required for: _____ weeks (maximum 52)	
Start date: ACC8007	End date: March 2024

< # > Page 1 of

ACC8007 Clinical Update Report - HCSMI

Provide clinical details and rationale for the requested changes.
ACC may seek an independent assessment and will confirm any changes in writing.

7. HCSMI completion report

Complete this section if you are confirming that the service is complete.

Why is the service complete?

<input type="checkbox"/> Client achieved all outcomes and no longer requires services.	<input type="checkbox"/> Client has not achieved all outcomes but no longer wishes to receive services.
<input type="checkbox"/> Client has requested a new service provider.	<input type="checkbox"/> Client has passed away.
<input type="checkbox"/> Other (please outline): <input type="text"/>	

Is there anything else you would like to let us know? eg referrals required into other services

8. Declaration and signature



Appendix 2 Log of changes to guidelines

Note: Document changed to ACC's new branding and formatting

HCSMI 1.1	HCSMI 1.2	comment
Definitions and Interpretations	Definitions and Interpretations updated	Align to Service Schedule Removed First episode of care and added commencement date
Table 1 service components Urgent Care	Table 1 service components Emergency support for non-contracted clients	Name change for clarification on service component. Note: this will be updated in the next service schedule variation.
2. Service Components	The attendant care level is not based on the severity of the injury, but on the complexity of the task	To help determine what skill level of support worker is needed
Table 2 service type specific eligibility criteria Urgent Care	Table 2 service type specific eligibility criteria Emergency support for non-contracted clients	Name change for clarification
4. Referral and acceptance ACC59672	4. Referral and acceptance ACC5972	Form number correction
4. Referral and acceptance	When the referral is received the supplier will arrange an initial planning meeting (or meetings) to discuss and develop the Individual Support Plan. The suppliers' Clinical Co-ordinator must attend at least one of these meetings.	Additional clarification
Screening a referral	Replaced registered health professional with Clinical Co-ordinator	
Table 4 Entry to service timeframes	Removed Urgent Care Contingency plan Removed initial assessment	Not applicable



	Changed heading from Urgent care to Emergency Support for non-contracted clients	Not applicable for this contract Title change in service schedule
6. Service Planning	5 th sentence changed. The suppliers clinical co-ordinator must attend at least one of the ISP meetings with others included as required.	
Urgent care planning	Changed heading to new heading. Emergency support for non-contracted clients planning	Heading changed to remove confusion as to the purpose of this funding
Table 7 Situations of potential harm	ADDED. When providing services you are made aware of a physical or mental health condition that requires either contact with kiritaki (client)s normal treating practitioner (GP) or urgent medical attention you must act accordingly See The Medical Council of New Zealand information regarding. -A doctor's duty to help in a medical emergency	Aligns with ISSC
7 Service Delivery	ADDED Registered health professional(s) and/or Clinical Co-Ordinator	Consistency in wording
Pg 33 Complex support	Table of complex need and skill level response added	
Pg 34 Urgent Care Support	Changed to; Emergency support for non-contracted kiritaki/clients	Title change



10 Staff qualifications	<p>ADDED:</p> <p>Note: The attendant care level is not based on the severity of the injury, but on the complexity of the task. A client may need a mix of level one, level two, Registered Nurse and supervisory care.</p>	Clarify skill level is based on complexity of task required and not severity of injury. Eg; when is it level 1 or level 2
Pg 55 Restorative Care	Information on what restorative care is with examples of restorative of care	Not in previous OG
Table 12 SAC definitions	Alignment to Health Quality & Safety commission	Previous definitions incorrect and in Terms and conditions.
Page 50 Holidays within New Zealand and overseas with kiritaki/clients	<p>Previous wording</p> <p>When kiritaki/clients are on holiday within New Zealand or overseas, ACC will pay for hours of support during the trip away for up to four weeks. Home help will not continue while kiritaki/client is on holiday.</p> <p>Any other travel costs incurred will be paid by the kiritaki/client in arrangement with the supplier.</p>	<p>Changed to</p> <p>Holidays within New Zealand with kiritaki/clients</p> <p>When kiritaki/clients are on holiday within New Zealand, ACC will pay for hours of support during the trip away for up to four weeks. Home help will not continue while kiritaki/client is on holiday.</p> <p>Any other travel costs incurred will be paid by the kiritaki/client in arrangement with the supplier.</p>



		<p>Holidays overseas with kiritaki/clients</p> <p>Suppliers can only provide services to kiritaki located in New Zealand and not when kiritaki travel overseas. This would require our kiritaki to move to non-contracted attendant care (refer to clause 7.2.4.6 of the service schedule)</p>
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