Complete this form after discussion and agreement with the client, family/whānau and ACC.

When you’ve finished, please email this form to the ACC contact person noted in the service referral form.

Please complete this table to indicate if this document is the Initial Plan, Interim Report or Service Review Report as per the LML ACC7437 Form completion guide.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Check the box  to indicate Yes | | |
| This document is the… | Initial Plan | Interim Report | Service Review Report |
| Date of Report | /  / | /  / | /  / |
| Part A – Background | Completed | Updated | Updated |
| Part B – Reference information | Completed | Updated | Updated |
| Part C – Tailored support plan | Completed | Don’t change this section | Don’t change this section |
| Part D – Interim support plan | Does not apply yet | Updated | Don’t change this section |
| Part E – Service review | Does not apply yet | Does not apply yet | Completed |
| Part F – Declaration | Signed | Signed | Signed |
| Your recommendation to ACC Recovery Team member is to… | Approve this plan as agreed  Discuss to refine and agree | Continue same hours as agreed  Approve additional hours as agreed  Agree reduced hours as agreed | Close as no further supports required as agreed  Approve continued support as agreed which is outlined in the updated plan attached. |

Part A - Background

|  |  |
| --- | --- |
| 1. Client details | |
| Client name: | Claim number: |
| Address: | Date of birth:   /  / |

|  |  |  |  |
| --- | --- | --- | --- |
| 2. Supplier details | | | |
| Organisation name: | | Email address: | |
| Contact name: | Job title: | | Phone number: |

|  |  |
| --- | --- |
| 3. ACC details | |
| ACC Recovery Team Member: | ACC Email address: |

Part B – Reference information

|  |
| --- |
| 4. Documents and information helping to inform the tailored support plan |

|  |  |  |
| --- | --- | --- |
| ACC Assessments  Support needs assessment  Social rehabilitation needs assessment  Neuropsychological assessment  Behaviour Support Service Report | Living my Life information  Facilitated pathway map  Independent facilitation summary  Coaching to self-manage summary  Client goals provided in the referral | Other information (specify): |

|  |  |
| --- | --- |
| 5. Background to client’s tailored support plan | |
| Provide the relevant background information for each of the following areas of the client’s life. | |
| Where I live… (Home & living) |  |
| What I do… (Vocational & educational) |  |
| Where I go… (Recreation & leisure) |  |
| Who with… (Community participation) |  |

Part C – Tailored support

|  |  |
| --- | --- |
| 6. Tailored support plan | |
| Co-produce meaningful goals with the client and anchor actions against each goal. Please add more rows if you have more than one meaningful goal. | |
| Meaningful goals | Describe what the client will do and what actions and supports the supplier/provider will provide to help the client achieve their goals. |
| Where I live…  Goal 1: | **Client Actions:**  Supplier/provider Action: |
| What I do…  Goal 1: | **Client Actions:**  Supplier/provider Action: |
| Where I go…  Goal 1: | **Client Actions:**  Supplier/provider Action: |
| Who with…  Goal 1: | **Client Actions:**  Supplier/provider Action: |

|  |  |  |  |
| --- | --- | --- | --- |
| 7. Support details | | | |
| What is the proposed duration of this plan? (up to 12 months) |  | Start Date: DD/MM/YYYY | Review Date: DD/MM/YYYY |
| Double click to open the spreadsheet. When finished close the spreadsheet and it will update automatically. | | | |

|  |  |
| --- | --- |
| 8. Reporting timelines | |
| Agreed method of regular monthly contact, with ACC Recovery Team Member | Email  Phone  Other (specify) |
| Planned interim report date (within 6 months or ½ way through)   /  / | Planned service review report date (within 12 months or as agreed)   /  / |

Part D – Interim support plan

|  |  |  |
| --- | --- | --- |
| 9. Interim report checklist | | |
| I, the provider, have… | | Yes |
| Goals | Agreed with the client the goals they wish to work towards/ achieve |  |
|  | Updated the client’s goals in section 10 so all are current |  |
|  | Removed goals that are no longer relevant or have been achieved – See section 13 for the outcome results |  |
| Client outcome or progress | Described the client’s progression towards community integration – groups/clubs etc (if any, ACC funded or not) |  |
|  | Determined if the client still requires LML Tailored Support to attend any community services |  |
|  | Determine if LML Tailored Support has had any impact on other services the client is receiving like Home and Community support, Training for Independence, Transport etc |  |
| Rationale for change | Provided a detailed explanation of any proposed changes to the plan, particularly if more hours are required. |  |

|  |  |
| --- | --- |
| 10. Updated tailored support plan | |
| Provide any updated actions (changed or new) | |
| Meaningful goals (goal 2) | Describe what has been provided to date, what has changed for the client over the period, what actions and supports will be provided to help the client achieve their goals. |
| Where I live… | **Client Actions:**  Supplier/provider Action: |
| What I do… | **Client Actions:**  Supplier/provider Action: |
| Where I go… | **Client Actions:**  Supplier/provider Action: |
| Who with… | **Client Actions:**  Supplier/provider Action: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 11. Updated support details (if needed) | | | | |
| Proposed support | | Provide details – please discuss with ACC if these are different to section 7. | | |
| What is the proposed duration of this plan? (up to 12 months) |  | | Start Date: DD/MM/YYYY | Review Date: DD/MM/YYYY |
| Double click to open the spreadsheet. When finished close the spreadsheet and it will update automatically. | | | | |

|  |  |
| --- | --- |
| 12. Updated reporting timelines (if needed) | |
| Estimated date of service review report (within 12 months) – please discuss with ACC if this date is different to section 7. | Service review date:   /  / |

Part E - Service review

|  |  |  |  |
| --- | --- | --- | --- |
| 13. Service review report | | | |
| In preparation for this service review report the following people were consulted… | | | |
| Client  Family/whānau | Support worker  Allied Health | ACC Team Member name:  Date of conversation with RTM:   /  / | Other people included (please specify) |

|  |  |  |
| --- | --- | --- |
| 14. Outcome Results | | |
| Meaningful goals (insert all goals into the table below from Section 6 and 10) | Outcome achievement rating – select the outcome for each goal from the following list:   * Not met or status quo * Partially meets aspiration * Meets aspiration * Beyond aspiration | Explain why the goal was:   * Not met, or * Status quo, or * Only partially met. |
| Where I live…  Goal 1: |  |  |
| Goal 2: |  |  |
| What I do…  Goal 1: |  |  |
| Goal 2: |  |  |
| Where I go…  Goal 1: |  |  |
| Goal 2: |  |  |
| Who with…  Goal 1: |  |  |
| Goal 2: |  |  |

|  |
| --- |
| 15. Client view |
| Please provide any client, family and whānau feedback here, to tell ACC what they think about this programme and its impact.  You can copy and paste or type into this section. |
|  |

|  |  |
| --- | --- |
| 16. Changes in situation that show the client has benefited from the support | |
| Describe how this programme has impacted and/or changed the clients… (if any) | |
| Skills & knowledge |  |
| Behaviour |  |
| Attitude & opinion |  |
| Circumstances |  |
| Other |  |

Part F - Declaration

|  |  |  |
| --- | --- | --- |
| 17. Declaration and signature | | |
| I have provided an accurate and complete report of the client’s participation needs based on the information provided at the time of the assessment. I have worked together with the client and considered all the options available to meet the client’s needs and participation outcomes. | | |
| Signature: | | |
| Name: | Role/Position: | Date:   /  / |

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