



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

Home and Community Support Return to Independence

Operational Guidelines (March 2024)

Version 1.2

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

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

Engagement and Performance Managers

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

Contact the Provider Helpline or find EPMs in your region on our website.

[Contact our provider relationship team \(acc.co.nz\)](https://acc.co.nz)

ACC Home and Community Support Portfolio

IHCS@acc.co.nz

ACC's website can provide you with more information, especially our "Health Providers" section.

acc.co.nz/for-providers

About these Guidelines

These guidelines assist with the implementation of the Home and Community Support Return to Independence (HCSRTI) Service Schedule (also referred to here as “the contract”).

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

[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 HCSRTI-related ACC service and equipment order codes.

Updates

ACC will work collaboratively with Suppliers to continually develop and improve HCSRTI, 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 under “Contracts” in the resources area of the ACC website.

[Resources area of the ACC website](#)

Contents

1. Introduction	11
2. Service Component	11
3. Service Eligibility	12
Process overview	14
4. Referral and Acceptance.....	16
5. Service Commencement.....	20
6. Service planning	23
7. Service Delivery	27
Consumables	33
8. Reviews and Extensions	34
9. Discharge and re-entry	36
10. Service Exit.....	37
11. Service Quality Requirements	38
12. Health and Safety	45
13. Training and Supervision	47
14. Payment and Invoicing.....	48
15. Travel	51
16. Cultural Safety and Responsiveness	52
Appendix 1: Home and Community Support: Guidance for changes in service provision for kiritaki (clients).....	55
Appendix 2: Screening Tool User Guide.....	57
Appendix 3: Clinical Update Report.....	65

Definitions and Interpretations

ACC Recovery Team Member	The ACC Recovery Team or Team Member who coordinates services for the kiritaki (client) for the purposes of the Accident Compensation Act 2001 and may also include other authorised ACC personnel.
Activities of Daily Living (ADLs)	Activities of Daily Living including: <ul style="list-style-type: none">• bathing and showering• 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 Engagement and Performance Manager and will often be reported through channels such as Health and Safety online reporting portal; WorkSafe, or Police.
API	Application Programme Interface
Allied Health	In the HCSRTI context, this consists of Physiotherapy and Occupational Therapy only.
Attendant Care	Providing assistance for kiritaki (clients) to perform tasks they would normally be doing for themselves eg bathing, eating.
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.
Casemix	Casemix is the grouping of patients into statistically relevant groups for the purposes of clinical and financial management. kiritaki (client) are those who meet the eligibility criteria for HCSRTI contract and receive a Support Package which is based on a caseweight.
Case-weight	A Caseweight is the relative complexity of the casemix groups to other groups. This can be expressed as the average amount of inputs required to reach an outcome, or the average costs of those inputs.
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); • 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)). <p>For the purposes of interRAI a child is 16 or under.</p>
Childcare	Childcare refers to the care, provision, and nurturing of a child where an injured parent or caregiver is unable to due to their accident. Childcare services encompass but are not limited to supervision, educational support, showering, feeding and transport.
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 persons work: <ul style="list-style-type: none"> • may or does involve regular or overnight contact with a child or children (other than with children who are coworkers) • takes place without a parent or guardian of the child, or of each child, being present.
Client/Kiritaki	The injured person receiving Home and Community Support. For more information about client cover see Accident Compensation Act 2001, Clause 8
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 kiritaki (clients) within their care to ensure that all risks are managed to the maximum extent practicable for both Staff and kiritaki (client) safety. Clinical oversight is included in the package pricing.
Clinical Update Report	The report used to notify ACC of changes to a kiritaki (client's) care or request additional support or a change in the type of support.
Complaint	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).
Comprehensive Nursing Assessment	An independent clinical assessment identifying kiritaki (client)'s specific treatment and rehabilitation needs and identifying options to address these needs.
Consequential Injury	In accordance with the ACC Act a consequential injury is either: <ul style="list-style-type: none"> • a personal injury that is a consequence of treatment given to the person for another personal injury for which the person has cover; or • a personal injury caused by a gradual process, disease, or infection consequential to personal injury suffered by the person for which the person has cover.

Contact Assessment	A Contact Assessment is the interRAI assessment used to determine caseweight groups when the Screening Tool questionnaire identifies the interRAI contact assessment is required. It is completed by a Registered Health Professional.
Core Hours	Between 7.00am and 9.00pm.
Covered Personal Injury	A claim accepted for cover by ACC under the Accident Compensation Act 2001.
Declines	Defined as when a Supplier does not have capacity to meet the requirements of the referral and/or when the supplier identifies that the referral is not appropriate for HCSRTI Service. A decline is not when kiritaki (client) decline service on any given day or ACC declines the referral as it is non injury related.
Discharge	Discharge from a hospital or an accident and medical facility that has ACC's approval to refer kiritaki (client) to Home and Community Support Suppliers.
Enrolled Nurse (EN)	Enrolled nurses practise under the direction and delegation of a registered nurse or nurse practitioner to deliver nursing care and health education across the life span to health consumers in community, residential or hospital settings.
Engagement and Performance Managers (EPM)	ACC Engagement and Performance Managers monitor contracted provider performance, help providers to understand ACC policies and processes and manage relationships between ACC and health providers
Family/Whānau	Whānau or family members are related to kiritaki (client) by blood, marriage (or civil union or a <i>de facto</i> relationship) or adoption.
First Episode of Care	The first-time support services are provided. This may also include the initial face-to-face assessment or discussion of needs if it is assessed that support services can safely start at a later date, and the support commencement date is set during the visit.
Goal	An aspiration, target, or objective that the kiritaki (client) wishes to achieve to rehabilitate and return to most practicable level of independence or to maximise their 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.
GP	General Practitioner.
HCSMI	Home and Community Support – Maximise Independence This service is for Clients who don't meet the criteria for
HCSRTI	Home and Community Support – Return to Independence (HCSRTI).
Home	A New Zealand residential premises in which kiritaki (client) lives, and that is owned, rented or otherwise lawfully occupied

	<p>by kiritaki (client) or their parent, guardian or spouse (or partner). This includes New Zealand residential premises that are yet to be built, and in which kiritaki (client) proposes to live in 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) • a facility where, under a contractual arrangement, the resident pays for, or the facility owner is obliged to provide Integrated Home and Community Support services usually purchased by ACC or the Ministry of Health
Home Help	Household tasks, such as cooking or cleaning that kiritaki (client) is unable to do due to injury and to help the kiritaki (client) to develop and maintain independence.
Household Family/Whānau	A Household whānau or family member is someone from kiritaki (client)'s whānau or family who lives in the same Home as kiritaki (client).
Instrumental Activities of Daily Living (IADLs)	<p>Instrumental Activities of Daily Living require more complex thinking or organisation including:</p> <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.
interRAI	interRAI is a suite of comprehensive clinical assessment instruments, developed by an international collaborative used in healthcare internationally to improve the quality of life of vulnerable people.
ISP or Care Plan	<p>Individual Support Plan and/or interRAI Care Plan;</p> <p>A plan agreed with Kiritaki (client), and reflecting their goals or assessed needs, which specifies:</p> <ul style="list-style-type: none"> • how the goals identified in the Plan will be met. • the services to be delivered. • when the services will be delivered and over what duration,
KPI	Key Performance Indicator.
Natural Supports	Whānau or family members, friends and neighbours, and community, church, social and school groups who are readily available and reasonably easy to access for kiritaki (client) requiring help in the home and community.
Nominated Representative	A nominated representative is an individual or entity appointed or selected to represent and act on behalf of the kiritaki (client).

Notifiable Event (Worksafe)	Any serious injury, illness, or incident that happens to a person or people carrying out work, or as a result of work that your business or organisation is responsible for. This is a requirement under the Health and Safety at Work Act 2015 (HSWA).
Outcome	A service result that can be used to measure the service's effectiveness. Partial Outcome: When there is a level of ongoing HCSRTI support required to meet the needs of the referral. Full Outcome: When ongoing Home and Community support is not required.
Provider	A registered health professional who delivers claim-related treatment or services directly to ACC kiritaki (client). They may provide services via cost of treatment regulations or be employed or engaged by a Supplier.
RN	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.
SAC	Severity Assessment Coding used for reporting risk.
Screening Tool	An ACC screening tool questionnaire to identify kiritaki (client's) package of care falls within Support Package 1 or level of care does not fit the criteria for HCSRTI Service.
Serious Injury ACC profiled client	Kiritaki (Client) with significant impairment or permanent disability as a result of an accident, eg tetraplegia, paraplegia, incomplete spinal cord injury, Traumatic Brain Injury, multiple amputations., outside of the eligibility criteria for HCSRTI.
Social Rehabilitation	Assistance provided to restore kiritaki (client's) independence and involvement in the community to the maximum practicable extent, such as by the provision of home help or childcare, or by equipment such as wheelchairs.
Social Rehabilitation Needs Assessment (SRNA)	An assessment carried out by an ACC Supplier that provides information about kiritaki (client's) injury and non-injury related rehabilitation and support needs, and the available options to meet kiritaki (client's) identified needs.
Strengths-Based Approach	An approach to Rehabilitation that recognises the different elements that help or enable kiritaki (client) to deal with life challenges in general, and in meeting their needs and achieving their desired Outcomes in particular. These elements include: <ul style="list-style-type: none"> • personal resources, abilities, skills, knowledge and potential • social network and its resources, abilities, skills and community.
Supplier	An organisation that ACC pays to arrange or provide claim-related treatment or services for our kiritaki (client).

Te Whatu Ora- Health New Zealand (formerly DHB)	There are twenty hospitals who are part of New Zealand's Public Health Service. They have a legislative responsibility to deliver health services in specified areas that provides full cover across the country.
TI	The Training for Independence (TI) services is one of ACC's community rehabilitation services. There are four contracts which provide flexible and individual services to meet the needs of a diverse range of kiritaki (clients).
The TIMERS Framework	The principles of wound bed preparation using the TIMERS framework: Tissue Management, Control of infection/inflammation, moisture imbalance, advancement of the epithelial edge of wound.

1. Introduction

ACC provides home and community based restorative support for kiritaki (clients) with an assessed need 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. These are outlined below. 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 supports to regain 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.

These Operational Guidelines support the Home and Community Support – Return to Independence contract only. Refer to the Home and Community Support – Maximise Independence Operational Guidelines on our website for more information about this service.

2. Service Component

This service is made up of several components. Kiritaki (Clients) may receive one or more service components depending on their need.

Table 1 HCSRTI service components

Service	Delivered by	Service description	Length of service
Planning			
Screening tool	Service Coordinator	Questionnaire tool to identify whether the kiritaki (client) are in the right service and whether they need a Contact assessment.	N/A
interRAI Contact Assessment	Registered Health Professional	interRAI assessments are utilised to accurately determine the characteristics of a person's needs, ranging from clinical to social support and prepare a care plan. The information provided by interRAI assessment supports in	N/A

		selecting the most appropriate support package based on kiritaki (client) need	
Support Packages 1-4	Support worker(s)	Support Packages 1-4 provides rehabilitation and support to kiritaki (client) likely to return to their pre-injury level of independence.	6 months (per package). Maximum of 4 packages over 2 years.
Childcare	Support worker(s)	For kiritaki (client) unable to care for their child/children due to their injury where other supports are not available. Included in the Support Package. The level of support should sit within Support Packages. If additional support is needed, refer to ACC to confirm if client is eligible for assistance via HCSMI Service.	Included in the Support Packages
Service Delivery			
Nursing Treatment	Registered Nurse	Injury-related nursing treatment for HCSRTI kiritaki (client) requiring treatment for three months or less.	Maximum of 10 hours per claim over 3 months (combined with Allied Health)
Allied Health Support	Physiotherapist Occupational Therapist	The purpose of Allied Health Support is to support a return to independence in day-to-day tasks at home and should be integrated with the delivery of home and community support. Maximum of 10 hours per claim.	Maximum of 10 hours per claim (combined with Nursing Treatment)

3. Service Eligibility

The request for services may come from:

- discussion between ACC and the client or via a MyACC request
- GP submission of an ACC45 Claim form or ACC18 Medical Certificate
- ACC705 discharge form from a hospital

- other medical information from a relevant Registered Health Professional.

Before making a referral, ACC (or Te Whatu Ora) should confirm eligibility.

Kiritaki (Clients) who meet the criteria below may require the following supports:

- Home help
- Meal Preparation
- Showering/bathing assistance
- Shopping Assistance
- Childcare.

Table 2: HCSRTI Service Eligibility criteria

HCSRTI	Criteria	Note
All components	<p>Kiritaki (Clients):</p> <ul style="list-style-type: none"> • have an accepted claim for an injury which is covered by ACC • have an injury related need for home and community support that is directly related to their injury (this is determined by ACC and/or Te Whatu Ora) • are over 16 at date of accident • either live alone or have no Natural Supports to help them with everyday living activities • are not receiving HCSMI on another claim <p>Kiritaki (clients) are not eligible if:</p> <ul style="list-style-type: none"> • they require overnight care 	Using two Support Workers for efficiency gain does not exclude kiritaki (client) from HCSRTI services.

	<ul style="list-style-type: none"> • they need two or more carers for tasks for most of their recovery • they need bowel/bladder management • their injury caused life changing disabilities including invasive supports such PEG feeding. 	
Nursing Treatment	<ul style="list-style-type: none"> • If the injury need cannot be managed by the kiritaki (client's) GP. • Kiritaki (Client) is physically unable or unsafe to visit GP at practice. • Kiritaki (Client) needs Nursing Treatment outside of opening hours of their GP. • Kiritaki (Client) is not already receiving nursing treatment for the same injury under another service. 	<p>Funded outside of Support Packages.</p> <p>Nursing Treatment does not include supervision and oversight of Support Workers.</p>
Allied Health	<ul style="list-style-type: none"> • Kiritaki (Client) needs OT or PT to work alongside Support Workers to help reach ISP outcomes and regain independence <u>in their home</u>. • Kiritaki (Client) is not receiving Allied Health services under any other ACC rehabilitation programme for the same need. • Kiritaki (Client) is not receiving similar services for the same need from publicly funded programmes. • Does not have a moderate to severe TBI. 	<p>Funded outside of Support Packages.</p> <p>Allied Health supports goals and rehabilitation activity outlined in kiritaki (client) ISP.</p>

Note: ACC HCSRTI Screening Tool questionnaire can support in identifying eligibility upon service commencement.

Process overview

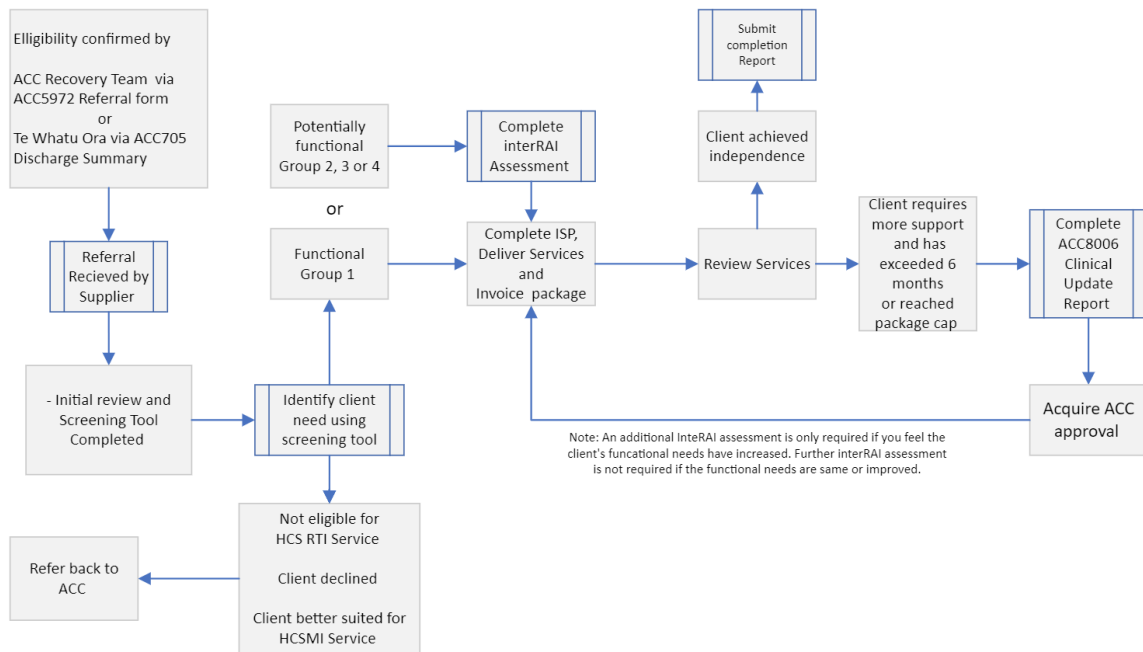


Diagram 1: Process overview

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 kiritaki (client) requiring help at home and in the community.

Natural supports will need to be capable of providing the care necessary to ensure kiritaki (client) 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 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. ACC staff should refer

to internal guidance for more information (these claims are unlikely to meet the eligibility criteria for HCSRTI).

Determining which type of referral to make

The ACC Recovery Team Member should consider whether kiritaki (clients):

- prefer non-contracted private care before making a referral to an agency
- require an independent assessment due to complex needs which means the kiritaki (client) is not eligible for HCSRTI.

An SRNA is not required prior to making an HCSRTI referral as the Supplier will work with the kiritaki (client) to determine an appropriate package of support.

4. Referral and Acceptance

The request for services may come from:

- discussion between ACC kiritaki (client) or via a MyACC request
- GP submission of an ACC45 Claim form or ACC18 Medical Certificate
- ACC705 discharge form from a Te Whatu Ora hospital
- ACC5972 Referral from ACC
- other medical information from a relevant Registered Health Professional.

Before making a referral, ACC or Te Whatu Ora should confirm eligibility (see section 3 of Operating Guidelines).

ACC referrals should be complete, accurate and include all relevant information:

- kiritaki (client's) name, contact details, claim number, date of birth, description of their injury
- the reason for the referral based on kiritaki (client's) identified needs and goals
- the name and contact details of other relevant providers who the service provider may need to contact as part of the assessment
- ACC705 forms, medical reports which highlight the challenges at home
- any known risks associated with providing Services to a kiritaki (client)
- clearly note any safety risks known to the referrer any other assessment underway.

Determining which type of referral to make

ACC Recovery Team Member should identify the relevant service eligibility components that kiritaki (clients) are eligible for before making a referral (Part B clause 5 Service Schedule).

ACC should consider whether kiritaki (clients):

1. prefer non-contracted private care before making a referral to an agency
2. require an independent assessment to identify complex needs to determine eligibility for HCSMI Service.

When there is more than one injured person in the household because of a multiple person accident, ACC will refer for HCSMI supports. These situations do not align with the HCSRTI model.

Who determines level of support?

The level of support that somebody needs can be determined in several ways as outlined below.

Service component	Assessing level of support
ACC705 Referral for support services on discharge via Te Whatu Ora	<p>The HCSRTI Supplier will assess the support package using the Screening Tool and/or interRAI assessment.</p> <p>For kiritaki (clients) who do not meet the eligibility criteria for HCSRTI service, the hospital or supplier should send the ACC705 directly to ACC.</p>
Support Package 1 to 4	<p>ACC will refer kiritaki (clients) who meet the HCSRTI eligibility criteria to a supplier.</p> <p>The supplier will complete the Screening Tool to identify:</p> <ul style="list-style-type: none"> • whether supports sit within Support Package 1 or, • if an interRAI assessment is required for Support Package 2-4 • if the kiritaki (client) does not meet the eligibility criteria for HCSRTI. <p>The referral from ACC should contain only the service set-up code (HCRIAS). A SRNA is not required unless the kiritaki (client) has other needs outside of the casemix package Where more than one assessment type may be needed</p>
Childcare	<p>Childcare should be considered as part of a holistic needs assessment and sits with Support Packages.</p> <p>The level of childcare provided should be decided on a case-by-case basis by the Supplier or if outside of HCSRTI scope, the Supplier will contact ACC.</p>
Allied Health and Nursing	<p>May be determined by ACC or the HCS Supplier.</p>

Making sure kiritaki (clients) understand the assessment process before referral

Kiritaki (Clients) should be supported to understand the process for determining supports and why this is needed.

Kiritaki (clients) should be advised by ACC Recovery Team Members (RTM) that the HCSRTI Supplier will be undertaking an initial screening or an interRAI assessment, and the Supplier will be working with them to determine their care needs.

The Supplier will also explain the assessment process to kiritaki (clients) and seek their consent to undertake the assessment.

When kiritaki (clients) are eligible but they decline to give consent for initial screening or interRAI assessment, ACC will be unable to refer them for HCSRTI.

ACC should consider whether approval of another type of HCS support is appropriate for safety reasons ie HCSMI.

Receiving a referral and initial screening

The Supplier must return any referral that is unsuitable, has inadequate information or is for services not covered by their current HCS RTI Contract, within one working day.

To support this, the Supplier will complete the Screening tool which screens the appropriateness of the referral to determine the kiritaki (client's) eligibility for the HCSRTI Service.

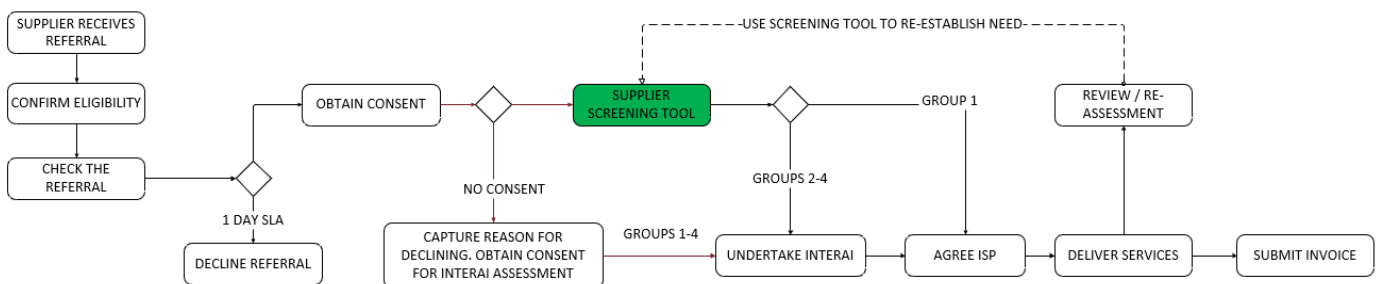
The possible outputs of the screening tool are:

- 1) kiritaki (client) is not eligible for the HCSRTI service and does not require an alternative service
- 2) kiritaki (client) requires housework assistance only (Support Package 1) and no further assessment is needed
- 3) kiritaki (client) is suitable for the HCSRTI Service and requires an InterRAI assessment (which will then confirm whether they are suited to Support Package 2, 3 or 4)
- 4) kiritaki (client) may be suited to receive assistance via the HCSMI Service

Suppliers are required to store a copy of the Screening Tool questionnaire for each kiritaki (client) in their Client Management System and provide this to ACC upon request.

Where a Supplier believes the kiritaki (client) is not eligible for HCSRTI or disagrees with the service that ACC or Te Whatu Ora has selected, the Supplier should notify the referrer immediately with clear rationale as to why the kiritaki (client) does not meet the entry criteria for this HCSRTI service.

Diagram 2: Screening Tool and interRAI pathway



When would a kiritaki (client) require Social Rehabilitation Needs Assessment (SRNA)?

The Supplier should notify ACC if they identify that the kiritaki (client) does not meet the criteria for HCSRTI Support Package due to additional factors such as:

- kiritaki (client) needs overnight support and/or
- they require two person transfers.

In this situation the ACC RTM will determine if an SRNA is required or whether it is appropriate to transition in HCSMI Service.

In exceptional situations ACC may request an SRNA assessment where:

- kiritaki (client) requires equipment classified as Standard, Complex or Non-List items on discharge from hospital. Further information is available in the [MRES Operational Guidelines](#)
- required childcare support hours exceed the HCSRTI Support Package. This would be anticipated hours of more than 120 over a 6-month period
- kiritaki (client) does not agree with the level of HCSRTI Support Package following either the Screening Tool or interRAI assessment.

Note: The SRNA may not recommend additional support outside of HCSRTI Support Package and in this situation the referral will remain in place under HCSRTI. When the SRNA recommends home and community supports outside of the HCSRTI criteria ACC will consider transfer to the HCSMI contract.

Note: If an HCSRTI Supplier identifies that the kiritaki (client) requires any of the following assessment, they need to contact ACC:

- Support Needs Assessment (SNA)
- Education Based Rehabilitation Assessment
- Communication Assistive Technology Assessment
- Transport For Independence Assessment
- Housing Assessment
- Wheelchair and Seating Assessment.

ACC will consider changing the kiritaki (client) to HCSMI services when any of the above assessments are required.

Accepting a referral

Suppliers must accept or decline a referral within two business days (48 hours) unless the referral is urgent. When the kiritaki (client) requires urgent HCS care, because of kiritaki (client) safety, the Supplier must accept or decline within 4 hours of receiving the referral.

Table 3: Entry to Service Timeframes

Service Activity	Timeframe
Initial contact with client	Within 24 hours of referral received (or within 4 hours if deemed urgent for client safety).
Referral acceptance or decline	Within 48 hours of referral received (or within 4 hours if deemed urgent for client safety).
Initial assessment and screening or first episode of care	Within 24 hours of requested start date or date specified in the referral.
interRAI assessment (if screening confirms the Client needs an interRAI assessment)	Within 5 business days of initial assessment (Note: The provider may choose to defer assessment as per clause 7.8).
Nursing Treatment or Allied Health	Within 24 hours of identified need unless clinically appropriate to defer commencement.

Declining a referral

The Supplier can decline a referral in exceptional circumstances if they notify ACC either verbally or in writing within **two business days** (within 4 hours of referrals deemed Urgent) of receiving the referral, giving appropriate reasons for their decision.

Suppliers who do not hold the HCSRTI contract must decline the referral immediately. Suppliers can raise concerns about receiving inappropriate referrals with their Engagement and Performance Manager (EPM).

Suppliers should not refer to another Supplier or make recommendations for another Supplier to ACC. All declines should be captured in the Performance Monitoring data shared with ACC monthly.

The Supplier can decline a ACC705 Discharge referral from Te Whatu Ora if they notify the hospital (either verbally or in writing) within one business day of receiving the referral, giving appropriate reasons for the decline.

The reasons for declining an HCSRTI referral from Te Whatu Ora could include, but are not limited to, the following:

- the hospital discharge information clearly indicates that the care need is unrelated to the injury
- the claim has not been accepted by ACC
- the Supplier infers from the hospital discharge notes that the Kiritaki (client) will not be sufficiently stable for them to support the Client safely at home
- the Supplier deems that the Kiritaki (client) needs will not be suitable for HCSRTI Support Package. ACC recommends using the Screening Tool to support this decision.

5. Service Commencement

First Episode of care

During the initial contact with the kiritaki (client) the Supplier will:

- 1) complete the Screening Tool questionnaire
- 2) confirm when the First Episode of Care will take place.

If the initial contact is face-to-face, this is defined as the First Episode of Care.

The First Episode of Care may be used for one, or a combination of, the following:

- screening tool completion
- interRAI assessment
- service planning
- service delivery
- the initial assessment, treatment and rehabilitation plan for Nursing Treatment and Allied Health Support.

When the First Episode of Care is used for Service Planning only, the Supplier must ensure that deferring the start of service delivery will not place their health and safety at risk. The Supplier and kiritaki (client) must agree on the Service Commencement date during the initial Service Planning visit.

Interim needs before interRAI assessment takes place

When there is any delay in determining the HCSRTI Support Package needed for kiritaki (clients), it is within the Supplier's delegation to put interim supports in place.

Reasons for delay include but are not limited to:

- finding a suitable time to complete the interRAI assessment
- unexpected change of Registered Health Professional's availability
- kiritaki (client) choosing to have whānau or family support present during the assessment (eg for language support).

The interim hours provided are incorporated into the HCSRTI Support Package. HCSRTI Suppliers should not ask ACC to fund any additional hours under the HCSRTI Service. The interim hours will be inclusive of the HCSRTI Support Package cap indicated.

interRAI assessment

Kiritaki (Clients) who are identified as eligible for HCSRTI upon completion of the Screening Tool questionnaire, will receive an interRAI assessment before, or as part of, their service planning (with the exception being those kiritaki (client) identified as only requiring Support Package 1).

interRAI assessments are a suite of internationally validated clinical tools used throughout the world. The data collected through this assessment will inform ongoing quality improvement of the service and enables standardisation of assessment for those with low complexity personal care and rehabilitation needs.

If the kiritaki (client) declines consent for an interRAI assessment at this point, the Supplier will need to advise ACC and work collectively to address kiritaki (client) concerns about not undergoing the interRAI Assessment as interRAI is a prerequisite for Support packages 2,3 and 4 in this HCSRTI service. In exceptional circumstances ACC RTMs will need to review if the kiritaki (client) is required to transition to the HCSMI Service.

Non-Injury related need identified through interRAI assessment

Not all kiritaki (client) social rehabilitation needs are because of an injury. Following an interRAI assessment there may be non-injury related supports identified. How these are addressed will depend on the comparative level of injury and non-injury related needs and whether supports are already in place.

There are three situations:

- 1) the kiritaki (client) has some injury related need(s) but this can be met entirely by existing services (eg those funded by Whaikaha or Te Whatu Ora). In this scenario, the Supplier may bill for the assessment and set-up only. The kiritaki (client) would not be eligible for HCSRTI Support Package funding as no additional support is required. ACC should be notified of this outcome.
- 2) the kiritaki (client) has some non-injury related need(s) that, combined with their injury related need, has led to the kiritaki (client) needing support over and above what is already provided through other funding mechanisms. The Supplier should use the assigned Support Package from the interRAI assessment but only deliver and report on injury related services.
- 3) the kiritaki (client) has some injury and non-injury related needs and there is no current Whaikaha or Te Whatu Ora funding in place, the Supplier should recommend to ACC that a NASC referral is made. ACC will contact kiritaki (clients) or their General Practitioner to request a NASC assessment. The Supplier should undertake injury related services, and any non-injury related services that are needed for safety only.

Suppliers will notify ACC when the injury related need for HCSRTI support has ended and what non-injury personal supports remain in place while waiting for the NASC assessment.

The HCSRTI Supplier would provide services as needed until the injury related need ceased and kiritaki (client) transfer to NASC (or the [Exception](#) threshold was reached).

Change in eligibility post interRAI assessment

When a kiritaki (client) has been referred to the Supplier under HCSRTI services, the completion of the Screening Tool should identify those kiritaki (clients) not suitable for HCSRTI Service.

There may be exceptional circumstances where, following the completion of the interRAI contact assessment, a kiritaki (client) does not meet the eligibility criteria for HCSRTI.

In these situations, the Supplier must:

- contact ACC to review referral and consider services under the HCSMI contract
- invoice for the Assessment and set-up fee only when it has been completed
- not bill for a Support Package when requesting a change to HCSMI (see note below).

In these situations, ACC:

- may review the ISP and discuss with the Supplier if they have any concerns
- will review the appropriateness of the request and consider transition to the HCSMI Service or consider an SRNA to gain an independent view
- will consider a short-term approval of HCSMI services until an SRNA assessment takes place to maintain kiritaki (client) safety. This will be at the discretion of ACC Recovery Team Member.

interRAI Urgency score

- The urgency score generated by the interRAI Contact Assessment is NOT on its own an indicator that the kiritaki (client) should be excluded from HCSRTI Support Package (casemix).
- The urgency score may accurately reflect complexity of kiritaki (client) with other long-term health conditions.
- The urgency score is not reflective of complexity of kiritaki (client) injury which is expected to improve.

6. Service planning

Service planning is central to the provision of the HCSRTI service and is undertaken by developing an Individual Support Plan (ISP). The Individual Support Plan (ISP) can be either the interRAI Care Plan or Suppliers can use their ISP template

The ISP provides an outline of how the services will be flexibly 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 or family.

The Supplier will develop an ISP for each kiritaki (client) and make it available to ACC within **five** business days of the first visit or assessment.

The ISP is to be completed by a Registered Health Professional and agreed to and signed by the kiritaki (client) or their Nominated Representative. Over-the-phone assessments may be completed in clinically appropriate circumstances only and at the clinical judgement of the Health Professional.

Service planning must:

- focus on meeting kiritaki (client's) support and rehabilitation needs

- address expected outcomes and support required to achieve 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.

Nursing Treatment and Allied Health Support plans should be included in the ISP where applicable.

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 the kiritaki (client).

If kiritaki (client's) are unable to participate, their Nominated Representative will identify who can provide information about the kiritaki (client's) preferences.

The Individual Support Plan components

Identify the Support Package (casemix) Functional Group assessed.

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.

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
- ISP 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.

Document If Kiritaki (client) is receiving any other ACC Supports.

For example - Training for Independence from another Supplier, ensure that the ISP is developed with input from the TI key worker so that the kiritaki (client's) HCSRTI ISP goals supports their TI goals.

Documenting and capturing appropriate information aligning with health and safety standards.

Nursing Treatment Assessment and Planning

When Nursing Support is required, an appropriate Nursing Practitioner or Registered Nurse should screen that the kiritaki (client's) nursing needs are:

1. expected to be delivered within three months
2. and/or at a maximum of 10 hours per claim (10 hours maximum per claim for Physiotherapy, Occupational Therapy, and Nursing Treatment combined).

Before recommending Nursing Treatment, the Supplier must check whether the kiritaki (client) is already receiving Nursing services from another Supplier. If the kiritaki (client) is 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 HCSRTI Service.

An initial Nursing Assessment must be completed by a Registered Nurse or Nurse Practitioner, as per the HCSRTI Contract, Part B, Clause 8.4. If possible, this should be completed during the ISP assessment.

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; and/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 or 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 Nursing 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
- 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 (client) 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.

If a need for high-cost consumables is identified and/or Nursing Treatment exceeds the service limits above, please notify ACC to consider provision of Nursing Care under the [Nursing Service Contract](#).

Allied Health Assessment and Planning

Allied Health can be provided if:

1. Allied Health need is expected to be delivered within three months and/or

2. Allied Health can be delivered at a maximum of 10 hours per claim (10 hours maximum per claim for Physiotherapy, Occupational therapy, and Nursing Treatment combined).

During the initial Allied Health assessment, the Supplier should take the following steps:

- develop rapport with kiritaki (client), and their whānau or family
- develop a rehabilitation programme that is integrated into the ISP yet still identifiable as a distinct Allied Health led programme
- agree short term goals with the kiritaki (client) that requires Allied Health Support, Allied Health oversight and supervision of Support Worker(s)
- complete clinical records in line with professional standards (see [Service Quality Requirements](#))
- provide guidance to the Support Worker about how they can work alongside the kiritaki (client) to support their rehabilitation programme at the same time as providing support to carry out normal daily activities
- provide kiritaki (client) 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 refer to Safety at home on the ACC website [Safety at home \(acc.co.nz\)](#)
- 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; and/or
- 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.

Approving the ISP/interRAI Care Plan

The ISP must be submitted to ACC within 5 working days of the assessment being completed. ACC will check to ensure that no other services are being requested and upload to the claim as a record.

ISP is representative of the needs via the Screening Tool and/or interRAI assessment and ACC will use this as the basis of an entitlement decision.

ACC should review the ISP to ensure it is complete and accurate. RTMs will check that the ISP clearly documents:

- goals set with the kiritaki (client)

- any pre-existing conditions noted
- what services to be delivered relate to injury
- kiritaki (client) has agreed to the plan.

Where a client does not accept the ISP

The HCSRTI Support Package service is entirely agreed between the Supplier and kiritaki (client) and endorsed by ACC.

When kiritaki (clients) do not agree with their ISP regarding the level of service being offered the Supplier could offer a Peer Review and work with the kiritaki (client) to reach an agreed solution.

If the kiritaki (client) still does not agree, the Supplier should notify ACC.

- ACC and the Supplier should discuss the kiritaki (client) concerns about their level of service and come to an agreement.
- The Supplier should aim to send the kiritaki (client) and ACC the updated and agreed ISP within 2 working days of verbal agreement.
- If ACC agrees that there are valid concerns, and the client has already discussed these with the supplier with no success, then ACC should contact the Supplier to discuss.
- If the supplier disagrees with changing the ISP, ACC could offer the client an SRNA as a second opinion (keeping in mind the SRNA does not guarantee that they will get more/different care than what is recommended in the ISP).
- If the client accepts an SRNA, then this can inform hours to be delivered at the Supplier's discretion or ACC will need to consider transition of service to HCSMI.

Where no agreement can be reached, and there are genuine concerns about kiritaki (client) safety (as opposed to kiritaki (client's) self-determination of entitlement):

- ACC may seek an independent assessment such as an SRNA
- the SRNA should indicate the level of support that should be offered
- where possible this should still be delivered within the original Support Package
- kiritaki (client) should be supported to resolve the issues with their Supplier in the first instance as changing suppliers can be disruptive and may not change the level of support being offered.

7. Service Delivery

Services should be delivered as per the agreed Individual Service Plan (ISP) and may consist of any of the components described in Section 3.

Communication with kiritaki (client) throughout service delivery

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 (client) (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 system for responding to all phone messages received outside of the standard hours by 9.00am the following day
- respond appropriately to all other kiritaki (client) (or Nominated Representative) communication, other than voice-to-voice phone communication, in a timely way, as appropriate to kiritaki (client) need between 7.00am and 9.00pm, seven days a week
- communicate with kiritaki (client) 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. It is a requirement for Suppliers to inform the kiritaki (client)
- respond appropriately to kiritaki (client') clinical risks
- in emergency situations, the kiritaki (client) or the HCSRTI Supplier should use the appropriate emergency services eg Ambulance Services, Police.

The Supplier will have mechanisms to:

- ensure effective working relationships within their team, with the kiritaki (client) and their whānau or family
- monitor and review the relationships between the kiritaki (client) 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 (client) 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 kiritaki (client's) rehabilitation plan and desired outcomes. The rehabilitation plan and desired outcomes should be included in the kiritaki (client's) ISP.

ACC is responsible for advising the HCSRTI Supplier, at time of referral, of any other Suppliers providing ACC services to kiritaki (clients).

The HCSRTI Supplier will contact any other Suppliers working with the kiritaki (client) to coordinate with them and share relevant information.

When a kiritaki (client) already receives services funded by other agencies, such as the Whaikaha (Ministry of Health) or a hospital, and the kiritaki (client) has an ACC-covered injury that creates a need for HCSRTI, the following applies:

- the HCSRTI Supplier ensures that all agencies are aware of other services in place and that all funded services are included in the ISP
- ACC coordinates the additional services with the kiritaki (client's) current Supplier to ensure minimal disruption for them
- the Supplier maintains links with other ACC-funded community-based services, eg Nursing services, Vocational Services and/or TI services
- ACC will notify the HCSRTI Supplier if the kiritaki (client) is receiving other rehabilitation programmes, such as (but not limited to) TI and Vocational Services. The HCSRTI Supplier will work with these Suppliers to ensure that the support team is aware of and trained to support these programmes
- the HCSRTI Supplier will work with other Nursing Suppliers to ensure that support teams are aware of the kiritaki (client's) nursing needs. The HCSRTI Supplier will work with them to coordinate service delivery that fits the kiritaki (client's) normal daily routines and to facilitate the kiritaki (client's) achievement of their goals
the HCSRTI Supplier will advise the kiritaki (client) and their whānau or 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 (client), for example, churches and clubs.

Support Packages and Functional Groups

Built into the interRAI Contact Assessment is an ACC algorithm which will place the kiritaki (client) into one of four Functional Groups. These groups differ based on the kiritaki (client) need for home and community support.

The Support Packages associated with each Functional Group will inform the billing that may be claimed but will not dictate what supports the kiritaki (client) is provided, how often, or for how long. The Registered Health Professional will use their clinical judgement and agree this with kiritaki (clients) through the development of the Individual Support Plan (ISP).

Over time, best practice Support Packages will be developed for each Functional Group as we monitor and learn which inputs achieve the best outcomes for the kiritaki (client).

Support under this service can include.

- Meal preparation
- Cleaning
- Assistance to get dressed
- Food shopping
- Personal support, for example, assistance with personal hygiene and grooming or transfers and mobility
- Childcare.

The HCSRTI service gives Suppliers flexibility to adjust care hours and supports throughout the Support Package duration. The Supplier will work with kiritaki (clients) and adjust their support as agreed when their recovery and rehabilitation progress and

their independence improve. The Supplier does not need ACC approval to adjust supports within the Support Package threshold to best meet kiritaki (client) needs.

The ISP agreed with kiritaki (client) following the assessment, may need to be adjusted over time. This could be because:

- kiritaki (client) has surgery that changes their support needs
- kiritaki (client) aggravates their injury, or it deteriorates
- kiritaki (client)'s home environment or natural supports change.

The Supplier should work with the kiritaki (client) to adjust supports as needed within each Support Package to best meet the kiritaki (client)'s outcomes. The Supplier does not need to send a Clinical Update report or updated plan if the changes are within the Support Package limit.

In some cases, these changes may contribute to the client becoming an exceptional case that needs to be extended (See [Exceptions](#)).

An interRAI re-assessment is not required, and a second Support Package of care will not be issued, based on kiritaki (client) needs changing after the assessment has occurred.

Support Package caps

The Support Packages are priced on the average number of inputs to achieve an outcome. However due to natural variation, some kiritaki (clients) may need less than the average and some may need more. The exact number of hours that each kiritaki (client) receives should be based on the Suppliers assessment and subsequent ISP that they agree with the kiritaki (client). ACC monitors the total hours carefully to ensure the model continues to remain effective.

However, to ensure that Suppliers do not unfairly wear the financial cost of kiritaki (clients) with exceptional needs, service caps enable subsequently support packages to be triggered prior to the 6-month package timeframe.

The caps are set at:

- Support Package 1 and 2: 60 hours
- Support Package 3 and 4: 120 hours

The service caps are NOT level of entitlement. ACC should under NO circumstances set expectations with the kiritaki (client) about how many hours they should receive based on either the averages or the caps.

Childcare

Any HCSRTI 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 or family or other Natural Supports who can reasonably be expected to provide childcare for the kiritaki (client).

This service is included within the support package.

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.

Childcare when provided in addition to other supports (eg home help/attendant care) should be considered as part of a holistic needs assessment of the kiritaki (client) by the clinical judgement of the Registered Health Professional (RHP) at the time of the Contact Assessment when the kiritaki (client's) injury related needs are determined.

If it is determined that the kiritaki (client) *only* requires childcare assistance, the RHP is to determine if the care hours required can be provided within the hour caps of Package 1 or Package 3 and then invoice appropriately. An interRAI assessment is NOT required.

Example 1:

At the time of undertaking the screening tool the Supplier determines the kiritaki (client) is eligible for HCSRTI but only requires childcare assistance, all other supports can be managed through natural supports. The kiritaki (client) requires childcare for four hours a day, five days a week until their surgery which is booked in 6 weeks' time. Therefore, the need for childcare is clearly going to exceed the 60 hour cap for a Support Group 1 within a 6 month period (see Extensions). In this case, the RHP would determine that this would be better suited to a Support Package 3 and invoice as such. An interRAI assessment would not be required.

Example 2:

At the time of undertaking the screening tool the Supplier determines the kiritaki (client) is eligible for HCSRTI but only requires childcare assistance, all other supports can be managed through natural supports. The kiritaki (client) only needs childcare sporadically through her recovery and it is not clear from the outset if this will reach the cap of 60 hours. In this case, the Supplier should only invoice Support Package 1. If over the

course of the kiritaki (client's) recovery more than 60 hours of childcare support is needed, the Extension rules would apply.

Childcare hours that may be better suited in Fee for Service under HCSMI:

There will be exceptional situations where a client may require exceptional childcare hours that will clearly exceed the Support Package caps due their injury related need and personal circumstances. In this situation the HCSRTI Supplier should notify ACC and include rationale for the high needs. ACC may request an independent assessment (SNA/SRNA) to determine the level of childcare support a client will need and consider a referral to HCSMI.

Nursing Treatment

Nursing Treatment hours can be delivered for kiritaki (clients) under the HCSRTI Service. Nursing Treatment may include any tasks normally conducted within the scope of practice of a Registered Nurse and related to the injury for which the client is receiving another HCSRTI service component. It does not include oversight and/or training of a support worker to the top of their scope to enable efficient service delivery, which is included within the Support Package pricing.

It also excludes the initial service set-up and assessment. Details available on the ACC website, Invoicing and Payments. Refer to [Invoicing and Payment](#)

An ACC referral is not required for HCSRTI Nursing Treatment delivered for up to 10 hours total over a three-month period (the 10 hours total is inclusive of any allied health support hours delivered under HCSRTI).

Nursing treatment hours delivered as part of an HCSRTI Support Package is to be billed separated using code HCRIN1. Refer to [Invoicing and Payment](#)

If the supplier recognises that the Client requires more complex, or greater than 10 hours of Nursing Treatment Support hours, the Supplier must notify ACC and the client may receive Nursing Treatment support through ACC Nursing Services Contract.

Allied Health Support

Suppliers may provide Allied Health Support (Physiotherapy and Occupational Therapy) to those kiritaki (client) 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 the kiritaki (client) in achieving their goals regarding ADLs or IADLs
- supervise and train Support Workers to ensure they can support the Client to achieve the goals stated in the Client's rehabilitation plan.

- offering guidance for how the whānau or family will enable the kiritaki (client) to achieve their goals. This may include agreements made between the Supplier, the Client and the kiritaki (client's) whānau or family regarding level and type of support provided to help the kiritaki (client) reach their goals
- outcome measurement tools— kiritaki (client) outcome measures will depend on the 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.

If a kiritaki (client) needs both Occupational Therapy and Physiotherapy, and there are other Suppliers involved in providing this, one of the HCSRTI Allied Health staff members is to lead the communication between the HCSRTI and other Suppliers.

No prior ACC approval is required to provide **up to 10 hours over three months (combined total for Physiotherapy, Occupational Therapy and Nursing)**.

If more than 10 hours is needed, the Supplier should also consider whether the kiritaki (client) would benefit from receiving Allied Health from another ACC funded service.

Billing for Allied Health hours should occur separately to the Support Package using code HCSAH1. Refer to [Invoicing and Payments](#)

Allied Health support should not continue beyond the care provided as part of the Support Package.

Consumables

Low-cost consumables are built into the prices for Nursing treatment. No additional fee is payable by ACC for nursing treatment provided under HCSRTI Services.

If a kiritaki (client) requires high-cost consumables, please refer them back to ACC to review and determine if their nursing services needs should be met under the ACC Nursing Services contract.

[Nursing Services contract](#)

Equipment

The Suppliers Allied Health (Physiotherapist and Occupational Therapist) assessors can request Managed Rehabilitation Equipment Services (MRES) simple list equipment. This catalogue is available on the Enable New Zealand website.

[ACC equipment | Enable New Zealand](#)

Equipment requests must be made in accordance with ACCs MRES Operational Guidelines.

[MRES Operational Guidelines](#)

Individual rehabilitation equipment items that cost less than \$100 each (GST excl) if not on the ACC equipment list located on the Enable New Zealand website, can be

purchased either by the assessor or kiritaki (client) and the cost will be reimbursed by ACC.

[Enable NZ website](#)

An assessor generally doesn't need prior approval to purchase non-list items under \$100 however they must ensure the need is injury related and appropriate to the injury. If in doubt, Suppliers should discuss with ACC first. Assessors invoice ACC, listing the item type(s) and cost, using service code EU100 and attach the receipt for the item(s). This is not part of the HCSRTI service.

8. Reviews and Extensions

The Supplier must maintain oversight of the kiritaki (client) throughout their service delivery and have mechanisms for identifying any change in needs.

The Supplier must inform ACC if the kiritaki (client) has been admitted to hospital, passed away, or exited the Services early.

The Supplier is not required to inform ACC if there are changes in their support needs within the capacity and service provision of Support Packages.

An in-person review of the client may occur at any time that is clinically indicated but as a minimum for the HCSRTI Service it is recommended that an in-person assessment is completed:

- 1) if a kiritaki (client) is requiring an additional Support Package
- 2) if the Supplier suspects the kiritaki (client)'s needs have changed and they should transition to the HCSMI Service
- 3) if the kiritaki (client) feels the hours of support provided under a Support Package does not meet their needs and the ISP should be adjusted.

Note the reasons for needing an in-person review is not limited to the reasons above and can be determined by the Supplier at any time within the delivery of each support package. No additional funding is provided for an in-person visit beyond the initial assessment and is built into each support package.

The Supplier should manage the kiritaki (client's) support hours in collaboration with the kiritaki (client) to ensure the kiritaki (client's) assessed needs are met within the agreed ISP service allocation. Any review of the service that does not require additional packages or require the kiritaki (client) to be transitioned to the HCSMI Service should be captured in the ISP. The Supplier is not required to submit the updated ISP to ACC each time it is amended unless it is to support a Clinical Update Report.

If it becomes apparent that a further support package or transfer to the HCS-Maximise Independence Service will be required, the Supplier must submit a Clinical Update Report to ACC for approval. The Clinical Update Report form allows the Supplier to update ACC on the kiritaki (client's) progress, request additional packages or request transfer to the Maximise Independence Service. The form allows Suppliers to provide adequate information to ensure ACC can make an informed decision in a timely manner.

The supplier must submit a clinical update form, and any supporting information (eg updated ISP) within 1 month of service expiring. This must be done by a Registered Health Professional (eg Registered Nurse, Occupational Therapist or Physiotherapist).

Additional Packages

The Supplier must:

1. confirm eligibility for a further package due to services either:
 - exceeding the 6 month timeframe or
 - exceeding the maximum package hours.
2. provide a rationale that states:
 - specific goals to be achieved within the new package
 - strategies to be used to improve independence
 - how ongoing care needs are due to the covered injury
 - reason for an increase in care needs (if applicable).

ACC will confirm in writing if an additional Support Package is approved.

The service caps also must be reached, or be close to being reached, to qualify for a subsequent package. That is, the Supplier should not request a new package at the time of assessment or shortly thereafter based on a projection that the cap may be reached. ACC will be monitoring to ensure subsequent packages only occur after the initial package meets one of the two criteria above.

Additional interRAI Assessment where:

- the supplier deems that an additional interRAI assessment is required to re-assess the client's functional needs, a prior approval must be sought from an ACC Recovery Team Member
- an additional interRAI assessment may be required when the supplier feels the client's functional needs have increased and may need allocation to higher support package.

Note: A further interRAI assessment is not required if client's functional needs are improving, and further Support Package request is of the same or lower group. This can be determined by the clinical judgment of the RHP.

Transfer to the Maximise Independence Service

If the Supplier believes that the kiritaki (client) should change to the HCSMI service, they must:

1. confirm which of the eligibility criteria for the Maximise Independence Service have been met
2. provide a rationale that explains:
 - what has changed since the Client was initially accepted into HCSRTI
 - how ongoing cares are due to the covered injury
 - strategies to be used to improve independence.

Refer to Appendix 3 for the Clinical Update Form.

ACC will confirm in writing if the transition to HCSMI is approved and a new referral for HCSMI will be issued. Where the Supplier holds both HCSRTI and MI, it is suggested that the same Supplier is used for continuity of care, unless the kiritaki (client) expresses a desire to change Suppliers.

Changing Suppliers

There may be instances where the kiritaki (client's) HCSRTI service provision needs to change to another HCSRTI Supplier. To ensure optimal continuity for the kiritaki (client), Suppliers and ACC staff should work together in line with the HCSRTI Contract, Part B, Clause 10.2, and [Appendix 1](#) of these Operational Guidelines.

When kiritaki (client) HCSRTI services needs to change, it is expected that the Supplier will maintain linkages with other ACC rehabilitation Suppliers (for example, Suppliers of TI or the Social Rehabilitation Needs Assessment). This ensures that there is a smooth and well-coordinated continuum of care for kiritaki (client). Services need to be managed appropriately so that they achieve the required outcomes and minimise disruption to kiritaki (client) and their whānau or family.

Where a kiritaki (client) changes Supplier part way through a Support Package, ACC will make a new Assessment and set-up fee referral to the second Supplier.

The new Supplier will complete the Screening Tool Questionnaire and/or new interRAI assessment and create a new ISP with the kiritaki (client).

9. Discharge and re-entry

If a client has been discharged from the Service but returns with needs within 6 months, relating to the original injury, the client should be encouraged to speak with their original Supplier and cares should continue under the initial Support Package.

An updated ISP may be required, however, another interRAI assessment is not needed. If you feel another assessment is required, please contact ACC for a prior approval.

The Support Package caps still apply.

There may be some instances where a Supplier feels they have returned the kiritaki (client) to independence, but the kiritaki (client) continues to want additional care.

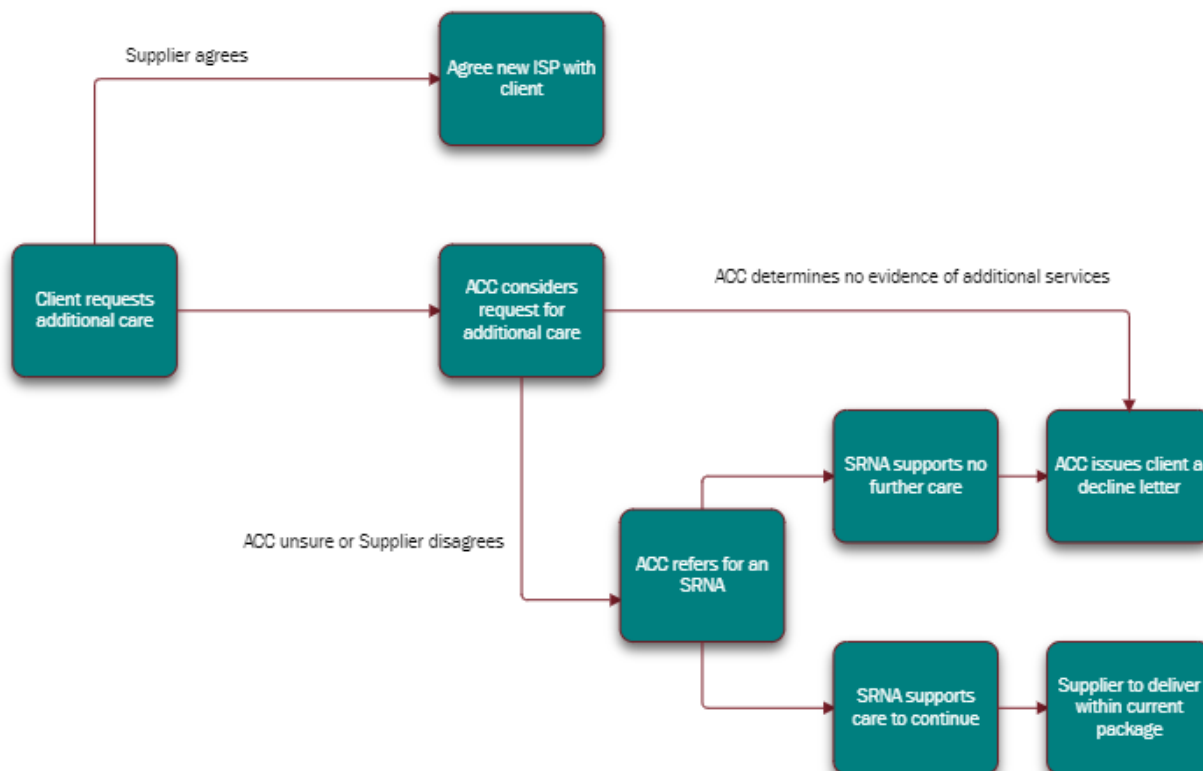
Where this cannot be resolved between kiritaki (client) and Supplier, it should be escalated to ACC.

ACC will consider whether there is any evidence to support additional care.

ACC may request a Clinical Update Report and updated ISP from the Supplier outlining what care has been delivered and what progress has been made.

ACC may choose to decline further care for a kiritaki (client) or seek a third-party opinion via a Social Rehabilitation Needs Assessment (SRNA).

There are three possible outcomes as shown in the diagram 2:



Where an ongoing injury related need is identified and the service will extend beyond two years in total or be deemed exceptional, ACC will approve all care under HCSMI contract from date of SRNA decision.

10. Service Exit

This service is complete for kiritaki (client) when:

- kiritaki (client) has achieved their outcome objectives, as agreed between the Supplier, ACC and kiritaki (client) within the specified service timeframes; or
- there is an agreement between the Supplier and ACC that a kiritaki (client) will exit the service; or
- the need for the service is no longer related to the covered injury; or
- ACC withdraws the referral for any reason;
 - the kiritaki (client) dies
 - the Services in the Purchase Order (PO) are completed
 - when transition has been agreed with ACC.

When kiritaki (clients) are transferred or discharged from the HCSRTI Service and accesses other appropriate services, the Supplier will transfer or discharge without avoidable delay or interruption.

Should a Supplier withdraw their services for the 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.

Where the Supplier has health and safety concerns for their staff, an urgent withdrawal may need to be negotiated.

The Supplier should conduct a service completion interview. This can be conducted in person or over the phone by an RHP or other suitably trained or qualified person, including a Support Worker. A completion report should be sent to ACC for the kiritaki (client) who may not agree with the completion of services.

The completion interview informs the outcome reporting.

11. Service Quality Requirements

Record Keeping

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

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

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 (eg 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 HCSRTI Contract, see Table 4 below.

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

- discussed at Supplier Days
- used by Engagement and Performance Managers to provide a basis for discussion about performance and quality quarterly
- utilised when considering service improvements.

All Suppliers and associated partners or subcontractors, 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 Engagement and Performance Manager) within 14 days of them becoming available.

The table below outlines what is required and when.



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

Table 4 – Performance Measurement (in Service Schedule)

Objective	Performance Measurement	Description	Reporting Mechanism	Reporting frequency
Services are delivered safely	Adverse events	The Supplier will record the number of adverse events stratified by risk rating, as defined in the Operational Guidelines	RTI Reporting Tool via B2B site.	Monthly
Services are timely	Kiritaki (client) receive service when they need it.	Number of missed visits as a proportion of total visits is less than 1%.	RTI Reporting Tool via B2B site	Monthly
Services are effective	Kiritaki (client) achieve the intended service outcome.	The reporting of Functional group outcomes adheres to the definitions outlined in the Operational Guidelines, and it encompasses the achievement of the intended service outcome for kiritaki (client).	RTI Reporting Tool via B2B site	Monthly
	Allied Health is utilised to promote a restorative service.	Number of kiritaki (client) receiving allied health and amount of care received is compared to service inputs and outcomes.	ACC billing data	N/A
Services are efficient	Services are delivered as close to the Client's home as possible.	Travel spend is minimised.	ACC billing data	N/A

	Client outcomes are achieved as efficiently as possible.	All service inputs for Functional Groups are submitted and used by ACC to benchmark: <ul style="list-style-type: none"> • average hours or visits per group • average length of service by group • functional group distribution (ie percentage of kiritaki (client) in each group). 	RTI Reporting Tool via B2B site	Monthly
	Data quality is allowing for determination of service efficiency	Suppliers are monitored on: <ul style="list-style-type: none"> • data completeness • data accuracy • data consistency between sources. 	RTI Reporting Tool via B2B site	Monthly
	Kiritaki (client) do not need ongoing services.	ACC will monitor proportion of kiritaki (clients) who transition from a HCSRTI contract to an alternative contractual arrangement, such as the Home and Community Support - Maximise Independence contract.	ACC billing data	N/A
		The number of claims that go on to need further packages.	ACC billing data	N/A
Services are client centred	Complaints are minimised	All complaints are recorded, a corrective action implemented, and the complaint resolved. Complaints as a percentage of total kiritaki (client) is less than 1.5% Complaint is defined in the Operational Guidelines.	RTI Reporting Tool via B2B site, submitted in writing to your Engagement and Performance Manager	Monthly or as requested by your Engagement and Performance Manager
	Client experience is captured	Kiritaki (Client) experience is captured at appropriate intervals and feeds into a	Supplier records; submitted in writing	As requested by your

		quality improvement process which ACC may site at any time.	to your Engagement and Performance Manager	Engagement and Performance Manager
Services are accessible	Staff qualifications	The Supplier will report on their staffing capacity, including: <ul style="list-style-type: none"> total numbers of staff and FTE regionally staff qualifications regionally. 	RTI Reporting Tool via B2B site; submitted in writing to your Engagement and Performance Manager	Monthly or as requested by your Engagement and Performance Manager
	Number of family or nominated carers	The Supplier will be asked to report on total numbers of family or nominated carers.	RTI Reporting Tool via B2B site	Monthly
	Declined referrals	The Supplier will be asked to report on total numbers of declined referrals.	RTI Reporting Tool via B2B site	Monthly



In order to answer the Outcome KPI in the table above the completion interview should include the following questions:

Question	Response scale
<p>In regard to the 4 questions below, how would you rate yourself (or kiritaki (client) if supplier must answer) today as compared to when the service began? If you did not receive or require assistance with the activity from your provider or were already independent with the activity at the start of services, please select N/A.</p>	<p>0-5 0 being no improvement 5 being a return to preinjury baseline/independence</p>
<p>Or</p> <ul style="list-style-type: none"> • Shopping for food and household items (excluding transportation) • Bathing yourself (Includes transfers in and out of bath or shower AND ability to wash each part of body) • Preparing meals (e.g., planning meals, assembling ingredients, cooking, setting out food and utensils) • Doing ordinary housework (e.g., doing dishes, dusting, making bed, tidying up, laundry). 	<p>Not applicable</p>

Where the kiritaki (client) scores a 5 (or N/A) in all 4 areas under question one, the kiritaki (client) should be reported as “Fully Independent”. All other score combinations should be reported as “Partial Independence” or other relevant outcome.

HCSRTI Reporting Tool

Suppliers are to complete the HCSRTI reporting tool by no later than the 15th of the month, for the month ending prior. For example, the reporting for the month of January must be submitted by the 15th of February. 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 HCS RTI service to improve kiritaki (client) outcomes. Please refer to the [ACC website](#) for the most up to date reporting tool and guidance.

Family Carers

Suppliers will report on the total number of family or nominated carers working with individual kiritaki (clients). It is the Suppliers responsibility to monitor the quality of care being provided to ensure it meets the standards required under the HCSRTI contract.

How to submit reporting

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

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 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 HCSRTI Contract, Part B, Clause 14.8 and ACC's Standard Terms and Conditions.

[ACC Standard Terms and Conditions](#)

HCSRTI Suppliers must assess the risk of complaints using the HCSS Complaints Categorisation reporting guidelines.

[HCSS Complaints Categorisation Reporting Guideline](#)

These should be submitted to ACC in line with Part B, Clause 9.2.3 of the HCSRTI 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.

Table 5 Examples of Complaint Risks

Category	Examples
Extreme	<ul style="list-style-type: none"> • Staff member or kiritaki (client) action, such as theft, that results in a criminal conviction. • Action of staff member that results in a privacy or confidentiality breach that attracts nationwide media attention. • Allegation of rape. • Crossing of professional boundaries resulting in dismissal of the staff member.
High	<ul style="list-style-type: none"> • Any incident, because of action or inaction, resulting in the need for the Client or Support Worker to visit a health professional or need time off work, eg. fall resulting in fracture or back pain. • Action or inaction that results in referral to external agency or police intervention. • Complaint made to the Health and Disability Commissioner regarding a kiritaki (client's) support. • Staff member's actions, such as proven theft, resulting in instant dismissal of staff member. • Action of staff member that results in a privacy or confidentiality breach that attracts regional media attention. • Sexual inappropriateness, such as touching, resulting in referral to Police. • Interruption in service delivery resulting in a threat to kiritaki (client) safety (at Home).
Medium	<ul style="list-style-type: none"> • Client has sought advocacy support from the Nationwide Health and Disability Advocacy Service. • Staff member action, such as alleged theft less than \$500, that Client chooses not to take to Police for investigation. • Action of staff member that results in an alleged privacy or confidentiality breach that attracts local media attention. • Threatening sexual inappropriateness, such as language used or touching. • Evidence of non-witnessed abrasions/bruising. • Violence: verbal or physical abuse that has led to formal complaint. • Abuse and/or neglect by whānau or family or Support Workers.
Low–Medium	<ul style="list-style-type: none"> • Service delivery action or inaction that results in the kiritaki (client) or Support Worker requiring first aid treatment. • Staff member action, such as alleged theft less than \$100, that the kiritaki (client) chooses not to take to Police for investigation. • Action of staff member that results in an alleged privacy or confidentiality breach to an identified group of people. • Interruptions in service delivery resulting in kiritaki (client) dissatisfaction.

	<ul style="list-style-type: none"> • Staff member unintentionally damages Client property of high monetary value. • Cultural breach by staff member. • Crossing of professional boundaries resulting in kiritaki (client), whānau or family dissatisfaction. • History of non-evidenced issues reported by kiritaki (client) (issues can be as per above specific examples).
Low	<ul style="list-style-type: none"> • Poor attitude of staff member to kiritaki (client). • Staff member unintentionally breaks Client property of low monetary value. • Allegation of theft less than \$50, which is unsubstantiated. • Action of staff member that results in an alleged privacy or confidentiality breach (verbal) to one person only. • Non-threatening sexual inappropriateness, such as dress standard. • Complaint related to kiritaki (client) misunderstanding of support available through needs assessment. • Miscommunication between staff or kiritaki (client) and staff that affects kiritaki (client).

12. Health and Safety

The following events should be reported immediately to ACC as per the reporting Health and Safety incidents guidance on the ACC website:

- kiritaki (client) death (any cause)
- likely media risk – refer to Clause 6.1 (c) of the ACC Standard Terms and Conditions
- privacy breach– refer to Clause 9 of the ACC Standard Terms and Conditions
- Health and Disability Commissioner investigation or coroner inquest - refer to Clause 6.1 (e) (i) of the ACC Standard Terms and Conditions
- an accident involving ACC kiritaki (client) or a Support Worker which results in an injury.

[Health and Safety incidents guidance](#)

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

[WorkSafe](#)

For all other complaints, incidents, or reportable events:

1. assess the risk against the Severity Assessment Coding (SAC) (see Table 6) and reporting process
2. complete any other actions as per the standard policies and processes of the HCSRTI Suppliers organisation and record these in accordance with your IHCS Supplier's Policy

- timeframes for completion of formal reporting to ACC, if required, will be negotiated when the event is notified to ACC Engagement and Performance Manager.

Report any threatening behaviour to the Police immediately. If the Supplier feels that it is warranted, in these circumstances they must advise ACC and any other parties that are at risk as soon as possible. All threats classified as SAC1 or SAC2 by ACC kiritaki (client) or their representatives must be reported to ACC in writing using the third party health and safety form.

[Third party health and safety form](#)

Supplier safety is a priority, and if, during any kiritaki (client) assessment and/or shift, either kiritaki (client), their advocate or support persons make the Supplier staff feel threatened or unsafe in any way the assessment and/or shift should be terminated.

The Supplier will notify ACC as soon as possible:

- fully documenting in their report, the reasons for kiritaki (client's) termination of the assessment and/or shift and
- if the Supplier feels that is warranted in the circumstance, any Police involvement.

Table 6 Severity Assessment Coding (SAC) and Reporting Process

Rating	Risk	Notification Timeframe	Person to be Notified
SAC4	Low Risk <ul style="list-style-type: none"> Action required as per your organisational policy. Potential or actual Privacy Breach must always be notified to ACC within one hour of risk being identified and there is an associated potential media risk. 	Within 48 hours of risk being identified	ACC
SAC3	Medium Risk <ul style="list-style-type: none"> Action required as per your organisational policy. Report to ACC if there is potential media interest immediately. Potential or actual Privacy Breach must always be notified to ACC within one hour of risk being identified and there is an associated potential media risk. 	Within 24 hours of risk being identified	ACC

SAC2	High Risk <ul style="list-style-type: none"> Action required as per your organisational policy. Report to ACC immediately if there is potential media interest. Potential or actual Privacy Breach must always be notified to ACC within one hour of risk being identified and there is an associated potential media risk. 	Within four hours of risk being identified	ACC Engagement and Performance Manager
SAC1	Extreme Risk <ul style="list-style-type: none"> Immediate action required as per your organisational policy. Report immediately to ACC if there is potential media interest. Potential or actual Privacy Breach must always be notified to ACC within one hour of risk being identified and there is an associated potential media risk. 	Within one hour of risk being identified (including weekends)	ACC Engagement and Performance Manager Portfolio Team

13. Training and Supervision

HCSRTI Support Packages is 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.
- Service Coordinators are registered health practitioners under the Health Practitioners Competence Assurance Act 2003. The clinical quality manager is a Registered Nurse.

interRAI training

Suppliers are responsible for ensuring they have enough Registered Health Professionals trained and certified to use interRAI to meet the requirements to assess and deliver all HCSRTI referrals. Training is completed and maintained at Suppliers cost.

interRAI training is arranged and provided by Te Whatu Ora interRAI Services. Registration for interRAI training can be arranged and more information found by visiting the interRAI website.

[interRAI website](#)

14. Payment and Invoicing

Electronic 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:

- 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 ACC's website "Getting Set up online" page.

[Getting Set Up online](#)

Suppliers can also check whether their computer(s) meets the minimum specifications on the ACC website page, "Working with us using our digital services".

[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 Developer portal.

[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.

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 (ie 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

- Invoice number.
- Invoice date.
- Relevant ACC purchase order number (where applicable).
- Contract number.
- Name and claim number of the Client receiving the HCSRTI 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

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 Suppliers are expected to respond in a timely manner.

ACC will also be reviewing Support Package invoicing against interRAI assessment information to ensure billing is occurring as expected.

ACC is to be invoiced for hours provided and for Support Packages that have commenced. Planned visits that did not go ahead for any reason should not be counted for either invoicing or KPI reporting purposes.

Pricing Schedule

The prices set out in the HCSRTI Contract are inclusive of overheads associated with the delivery of the service. This includes direct and indirect staff time including clinical oversight, administration, information systems, and reporting.

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

Support Packages

There are four billing Support packages available for HCSRTI Support Packages.

Support Package funding is a fixed amount for the delivery of clinically assessed supports to address personal care needs.

The pricing of the Support Packages is based on an average number of inputs for kiritaki (clients) with similar functional needs and has been informed through several years' worth of data and clinical testing.

Some kiritaki (clients) may need fewer services than what the Package has been priced for. In these cases, ACC will not expect repayment of any of the Package price. Service delivery must be more than zero. If no services are identified at the service planning stage, ACC must be notified, and the Supplier may only bill for the appropriate set-up code.

Some kiritaki (clients) may need more services than what the package has been priced for. In these cases, ACC will not provide additional funding over and above the Support Package, except where there is a clinically assessed service need indicating a higher complexity or reaches the cap.

Suppliers may bill the full package price from the date of first Support Worker visit.

Services such as travel, Nursing Treatment and Allied Health Services will be invoiced separately using the appropriate codes, with prior approval where required.

Where kiritaki (client) changes Supplier part way through the casemix period, the second Supplier may claim another package (following the Screening Tool/interRAI assessment).

The first Supplier will not have to refund the package of care their received, except where no services were delivered.

Public Holidays

Public holidays are included within the Support Packages. Only essential services should be delivered on a public holiday. For example, if the 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 the kiritaki (client).

Other expenses

Other expenses relating to delivery of this service are outlined below:

Cleaning products	The kiritaki (client) should supply all cleaning products.
Blister packs	Some Suppliers choose to have kiritaki (client) medications packaged into blister packs to assist their Support Workers with medication management. In this case, Suppliers are responsible for the cost of blister packs; ACC does not assist Suppliers with this additional expense. ACC will reimburse blister packaging if it is required as a direct result of a kiritaki (client) injury (under the pharmaceutical reimbursement process). ACC will not pay for the provision of compliance packaging solely because it is an 'in house' policy of the Suppliers.
Other expenses	Kiritaki (Clients) are not responsible to pay for Support Workers refreshments eg tea or coffee.
Other expenses	The kiritaki (client) will provide the cleaning equipment needed to complete household tasks, eg vacuum cleaner, broom, and mop.
Parking	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.

15. Travel

Support Workers

It is an expectation that travel is managed in the most efficient way possible. Travel will be paid as described in HCSRTI Contract, Part A, Table 2 and 3.

Travel principles:

- the Supplier is responsible for maintaining sufficient staff in each geographical area to provide all HCSRTI components to all kiritaki (clients) resident in that geographical area. As per the Suppliers HCSRTI Contract, Part A, Clause 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 are available on the ACC website

[Home and Community Support Travel Guidelines](#)

- Support Worker travel between kiritaki (clients) should be optimised to the shortest route possible.

Exceptional Travel

ACC Standard Terms and Conditions in relation to invoicing states – ‘10.2(d) that invoices be supported by GST receipts if expenses claimed, and any other verifying information 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 billing, for example:

- vacancy advertising specific to this client
- attempts made to provide local carers for client
- is this a training gap or is it due to client choice?
- is the client living in a remote / rural location that limits recruitment?

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

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 HCSRTI Contract.

- Travel is included in the Allied Health and Nursing fee unless the return journey is greater than 20km or exceeds 30mins.
- 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.
- If travel time exceeds one hour, code HCSTT5 can be used to bill the remaining time, at the full contractual rate of the allied health professional or nurse.

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.

16. 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 or 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.

Preventing Falls

Suppliers (and their Providers) 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 (client) who may have a fall risk
- training Kiritaki (client) (and their Family/Whānau) on fall-prevention strategies and
- liaising with local Home and Community strength and balance Providers. These contact details can be found on the ACC website.

[Live Stronger for Longer website](#)

Further resources can be found on the ACC website.

[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; or
- a treatment injury caused by a failure to provide treatment (either risk assessment, or implementation of appropriate preventive measures).

Appendix 1: Home and Community Support: Guidance for changes in service provision for kiritaki (clients)

Throughout the time a kiritaki (client) requires HCS support, there may be instances where their service provision may need to change. This can be due to various reasons.

To ensure kiritaki (clients) are well informed and are provided consistent, clear communication when there are changes to their service provision, please refer to the following guidelines:

In all circumstances, ACC is the lead communication point with the kiritaki (client).

Scenario	Action
Client wishes to change support worker	<ol style="list-style-type: none">1. Client advises ACC of their wish to change and reasons.2. Client to advise their local HCSRTI Supplier co-ordinator who will work with the kiritaki (client) and support worker to find a resolution to the concerns. <p><i>Note:</i> 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	<ol style="list-style-type: none">1. Client is to advise ACC of their wish to change and reasons.2. ACC to liaise with Supplier regarding the request and support Client and Supplier to find a resolution to the concerns.3. It is important that there is the opportunity provided for the Supplier and Client to meet and with ACC present to discuss the kiritaki (client) concerns and rationale for wanting to change and all actions should be taken to maintain the relationship with the existing Supplier.4. If the relationship is unable to be maintained, ACC will facilitate the kiritaki (client's) choice to transfer to one of the other Suppliers.5. The Supplier will work with the new Supplier to ensure a smooth transition and hand over of information and support. <p>If the 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 Engagement and Performance 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 the kiritaki (client) 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.
-

Appendix 2: Screening Tool User Guide

HCS Return to Independence Screening Tool User Guide

What is the Screening Tool?

The Screening Tool is a quick questionnaire to assess the kiritaki (client's) eligibility for the HCSRTI Service.

The Screening Tool will support you to identify a:

1. kiritaki (client) who requires housework assistance only (Support Package 1)
2. kiritaki (client) who is suitable for the HCSRTI Service and requires an interRAI assessment (Support Packages 2, 3 and 4)
3. kiritaki (client) who is more suited to receive assistance via the HCSMI Service.

How do I use the Screening Tool?

- The screening tool can be used either over the phone or in person.
- Initially you may want to follow the tool word for word. As you become more familiar with the tool, you will be able to ask the questions in the form of a conversation using your own words.
- You may use the flowchart as a prompt once you are more experienced with using the tool.

Purpose of the questions

No.	Question	Purpose
1	Would you like some help at home while you recover from your injury?	<p>A client may change their mind about needing homecare support after the referral has been made. This question will identify those clients and ensure only clients who want support answer the questionnaire.</p> <p>For example, Jonathon is in hospital after being injured in a car accident. He is concerned about how he will manage at home once he gets out of hospital, and Te Whatu Ora refers to your organisation for HCSRTI. When you first contact Jonathon he has had two nights at home in his own bed, and is confident that he can manage without any support. He informs you that he no longer wants or needs support at home.</p>
2	Do you have any natural supports who can help you with	HCSRTI is for people who do not have someone in their support network able to

	ALL support at home while you recover?	<p>help with certain tasks at home. When a client has some support but not for all tasks, they are still eligible for HCSRTI.</p> <p>For example, Sarah (mother of two primary school-aged children) is recovering at home after a leg fracture. She needs support to shower and to do housework. Her partner is able to help with showering, but not with housework as he works fulltime.</p>
3	<p>Does your injury mean you need either:</p> <ul style="list-style-type: none"> • Assistance to go to the toilet and use it without further injury (<i>including any equipment use</i>) • Assistance to feed yourself (<i>not just preparing a meal</i>). 	HCSRTI is designed for clients who have low level support needs. Anyone who requires assistance to use the toilet or assistance to feed themselves has more complex needs, and may be better suited to the HCSMI service.
4	<p>Of the <u>personal care</u> tasks you normally <u>carry out</u> below:</p> <ul style="list-style-type: none"> • Dress yourself • Shower / bathe yourself • Brush teeth, hair • Do grocery shopping • Make your own meals <p>Is your injury currently affecting your ability to perform these independently?</p>	<p>This question identifies if the injury is impacting the client's ability to perform their own personal cares.</p> <p>It is important you identify only the tasks that they performed pre-injury, and now can't do because of the injury.</p> <p>For example, Graham has injured his lower back, and is unable to get out of the house to do grocery shopping or to stand in the kitchen to cook. However, both of these tasks are usually performed by his wife Maggie, who will continue as usual. Graham will not need RTI support for these tasks.</p>
4a)	Do you have any natural supports (eg whānau, family or friends) who can help you with ALL the tasks stated in Question 4?	If a client has any support available to assist with personal cares, they are encouraged to use this support while they recover from injury. However, if the client has personal care needs that their support network cannot reasonably meet, they may be eligible for HCSRTI and will require a full Contact Assessment.
5	Of the <u>household</u> tasks you normally <u>carry out</u> below: (User to tick appropriate tasks)	It is important you identify only the tasks that the client would normally have performed, but now can't do safely because

	<ul style="list-style-type: none"> <input type="checkbox"/> Dishes <input type="checkbox"/> Dusting <input type="checkbox"/> Changing sheets on your bed <input type="checkbox"/> Tidying <input type="checkbox"/> Laundry <input type="checkbox"/> Vacuuming / Mopping <input type="checkbox"/> Toilet / Shower cleaning <p>is your injury preventing you from performing the activity without further injury?</p>	of the injury. This will identify the injury-related care needs that may be funded under HCSRTI.
5a)	Do you have any natural supports (eg whānau, family or friends) who can help you with ALL of the tasks stated in Question 5?	This question determines if there are any natural supports available to assist the client with household tasks whilst they recover. If there are no natural supports and the client does not require personal cares, the client is eligible for HCSRTI and does not require a Contact Assessment.
6	Does your injury mean you are unable to look after children who are usually in your care?	This question identifies clients who require childcare services.

* A natural support network includes for example whānau or family members, partner or spouse, friends or neighbours, community or church groups.

Where do I record the outcome of the screening tool?

Please ensure the outcome of the screening tool is documented in the Individual Support Plan

What do I do when a client doesn't know how to answer a question?

Try rewording the question. If you continue to have difficulty, refer the client for a Contact Assessment with a Registered Health Professional.

What do I do if the client is having difficult answering questions (eg Memory issues, Non-English speaking)

Try rewording the question. If you continue to have difficulty, refer the client for a Contact Assessment with a Registered Health Professional.

Appendix 3 HCS return to independence screening tool form

ACC or the hospital has let us know that you are recovering from an injury. To understand what you need and whether you are eligible for any help, we're going to ask a few questions related to your ability to look after yourself and do basic household tasks following your injury.

ACC funds help for certain tasks that you carried out before but are currently unable to perform due to your injury. Please be aware that **ACC does not fund** help for tasks that you don't do for reasons other than your injury (for example, illness). ACC also does not fund tasks which are normally performed by family or friends, another government agency, or a cleaner paid for by you or by another organisation.

If you are eligible, ACC can fund help with:

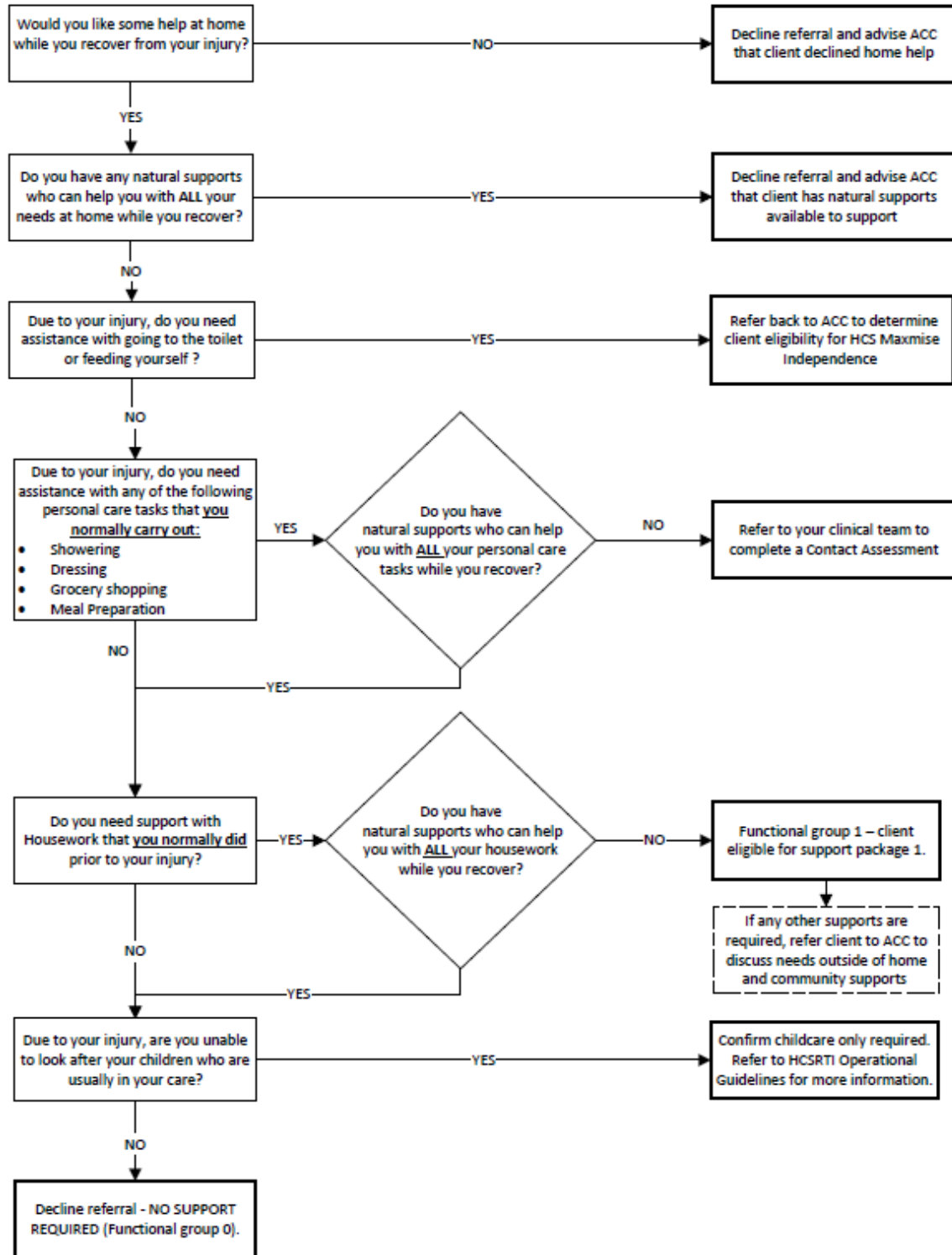
- Dishes
- Dusting
- Changing sheets on your bed
- Tidying
- Laundry
- Vacuuming / mopping
- Toilet / shower cleaning
- Dressing yourself
- Showering / bathing yourself
- Brushing your teeth and hair
- Grocery shopping
- Making your meals
- Looking after children who are usually in your care
- Dressing yourself

1	<p>Would you like some help at home while you recover from your injury?</p>	<p>→ If NO, you can stop here. The screening tool outcome is: Decline referral and advise ACC that client declined home help.</p> <p>If you are happy to share, please let us know the reasons for declining home help:</p> <p>-----</p> <p>-----</p> <p>→ If YES, please go to Question 2.</p>
2	<p>Some people have a natural support network that can provide assistance with home help needs such as the ones mentioned above.</p> <p>A natural support network includes for example family/whānau members, partner or spouse, friends or neighbours, community or church groups.</p> <p>Do you have any natural supports who can help you with ALL support at home while you recover?</p> <p><i>(Note to assessor: Natural supports will need to be capable of providing the care necessary to ensure clients are in an environment that is safe and cares provided remove any barriers to their recovery).</i></p>	<p>→ If NO, please go to Question 3.</p> <p>→ If YES, you can stop here. The screening tool outcome is: Decline Referral and advise ACC that client has natural supports available to assist with home help.</p>

3	<p>Does your injury mean you need either of: <i>(User to tick appropriate tasks)</i></p> <p>Assistance to go to the toilet and use it without further injury <i>(including any equipment use)</i></p> <p>Assistance to feed yourself <i>(not just preparing a meal)</i>.</p>	<p>→ If NO, go to Question 4.</p> <p>→ If YES, you can stop here. The screening tool outcome is: Refer back to ACC to determine client eligibility for the HCS Maximise Independence Service.</p>
4	<p>Of the <u>personal care</u> tasks you normally <u>carry out</u> below: <i>(User to tick appropriate tasks)</i></p> <ul style="list-style-type: none"> • Dress yourself • Shower / bathe yourself • Brush teeth, hair • Do grocery shopping • Make your own meals <p>Is your injury currently affecting your ability to perform these independently?</p>	<p>→ If NO, go to Question 5.</p> <p>→ If YES, go to Question 4(a).</p>
4(a)	<p>Do you have any natural supports (e.g., family/whānau/friends) who can help you with ALL the tasks stated in Question 4?</p>	<p>→ If NO, you can stop here. The screening tool outcome is: Refer to your clinical team to complete a Contact Assessment (CA).</p> <p>→ If YES, Go to Question 5.</p>
5	<p>Of the <u>household</u> tasks you normally <u>carry out</u> below: <i>(User to tick appropriate tasks)</i></p> <ul style="list-style-type: none"> • Dishes • Dusting • Changing sheets on your bed • Tidying • Laundry • Vacuuming / Mopping • Toilet / Shower cleaning <p>is your injury preventing you from performing the activity without further injury?</p>	<p>→ If NO, go to Question 6</p> <p>→ If YES, go to Question 5(a).</p>
5(a)	<p>Do you have any natural supports (e.g., family/whānau/friends) who can help you ALL with the tasks stated in Question 5?</p>	<p>→ If NO, you can stop here. The screening tool outcome is: Functional group 1 – client eligible for Support package 1.</p> <p><i>(This includes childcare. If childcare is required and hours likely to exceed 60 per package, consider Functional group 3).</i></p> <p>→ If YES, Go to Question 6.</p>
6	<p>Does your injury mean you are unable to look after children who are usually in your care?</p>	<p>→ If NO, the screening tool outcome is: Decline referral - NO SUPPORT REQUIRED (Functional group 0).</p>

		→ If YES . The screening tool outcome is: Childcare only required (refer to HCSRTI Operational Guidelines for more information)
Screening tool completed by: <input type="checkbox"/> Clinician <input type="checkbox"/> Non-clinician		

HCS Return to Independence Screening Tool



Version 1.0 March 2024

Appendix 4: Clinical Update Report

ACC8006



He Koupara, He Manaaki,
He Whakaora.
prevention, care, recovery.

Clinical update report HCS - Return to Independence

Complete this form to update ACC on a Home and Community Support (HCS) – Return to Independence client's progress or request a transfer/extension of supports. This form must be completed by a Registered Health Professional.

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

1. Client details	
Full name: <input type="text"/>	Claim number: <input type="text"/>
Contact number: <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 email: <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	
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. Report purpose	
For all purposes complete section 7 of the form. If you are requesting an additional package or a transfer to HCS – Maximise Independence, then please complete the additional sections as below.	
<input type="checkbox"/> Progress report	<input type="checkbox"/> Completion report
<input type="checkbox"/> Additional package request (complete section 8)	<input type="checkbox"/> Transfer request (complete section 9)

6. Current package details	
Current funding group: <input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4	
Total hours delivered in this package: <input type="text"/>	Number of packages completed for this claim: <input type="text"/>

7. Client progress	
To what degree has the client achieved their pre-injury independence?	
<input type="checkbox"/> Exceeded <input type="checkbox"/> Achieved <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not Achieved	

ACC8006 Clinical update report - HCSRTI

If partially achieved or not achieved have been selected, provide reasoning below. You can select an option from the left or include your own barriers to the right.

<input type="checkbox"/> Change in client condition/circumstance outside of supplier/provider control.	Goal 1 Barrier: <input type="text"/>
<input type="checkbox"/> Change in client condition/circumstance due to event/issues arising through provision of services.	Goal 2 Barrier: <input type="text"/>
<input type="checkbox"/> Initial goals or timeframes unrealistic	
<input type="checkbox"/> Client does not wish to pursue goals/goals changed.	Goal 3 Barrier: <input type="text"/>
<input type="checkbox"/> Change of supplier before date of achievement	
<input type="checkbox"/> Client attainment of goals slower than expected	

8. Additional package request

Please tick one of the following to confirm eligibility for a further package. Requests must be **within 1 month** of current service expiry.

- The current package has exceeded 6 months since it commenced (or will within the next 4 weeks)
- The current package has exceeded 60 hours of care for group 1 or 2
- The current package has exceeded 120 hours of care for group 3 or 4

In the box below, provide a rationale for your request:

- indicate specific goals to be achieved.
- state strategies to be used to improve independence.
- state how ongoing care needs are due to the covered injury.

If there is an increase in care needs, please state reason.

Requested additional package start date:

8. Transfer to HCS – Maximise Independence

Please confirm which of the service eligibility criteria for HCS – Maximise Independence have been met:

- The client has received 4 packages on this claim in total.
- The client requires assistance to feed (not including meal preparation).
- The client requires assistance of a support worker to mobilise to the toilet or manage incontinence products several times a day.
- The client will need at least 2 support workers in delivery of most of the attendant care needs of the client for either of the following reasons:
- The safety of a support worker who is to deliver the attendant care services AND/OR
 - The clinical needs of the client (please elaborate below).
- The client requires overnight care.
- The client receives HCS - Maximise Independence on another claim.

ACC8006 Clinical update report - HCSRTI

In the box below, provide a rationale for transfer.

This must include:

- What has changed since the Client was initially accepted into HCS - Return to Independence.
- Explain how ongoing cares are due to the covered injury.
- State strategies to be used to improve independence.

ACC is likely to request an independent needs assessment. If care hours need to be continued until such as time as an assessment can take place, please outline how many hours per week the client will require:

Attach updated Individual Support Plan (ISP): Yes No

If the request is for an extension to HCSRTI or a transfer to HCSMI you **must** attach an updated ISP.

If you are completing a progress report, attach an updated ISP if goals/circumstances have changed.

9. Supplier declaration

I declare the information provided by me on this form is, to the best of my knowledge, accurate and complete.

Name: _____

Signature: _____

Date: _____

Note: emailed document will be deemed as signed by person named

In the collection, use, disclosure, and storage of information, ACC will at all times comply with the obligations of the Privacy Act 2020, the Health Information Privacy Code 2020 and the Official Information Act 1982.