



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

Social Rehabilitation Needs Assessment Service

Operational Guidelines

December 2024

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



Table of Contents

Useful contacts and telephone numbers	2
Who are these guidelines for?	3
What is a Social Rehabilitation Needs Assessment?	3
Purpose	4
Client eligibility and referral	4
Interaction with Integrated Home and Community Support (IHCS) Casemix	4
Childcare and overnight support.....	4
Maternal Birth Injuries.....	5
Surgical Mesh Injuries	5
Type of Support	6
Attendant Care	6
Home Help.....	7
Childcare	7
Overnight Support	7
Supervision	8
Complexity	8
Equipment	9
Equipment ordering	9
Low-cost solutions	9
List Equipment	9
Fitting and set-up.....	9
Training.....	9
Assessment for a C-Brace	10
Service Timeframes	10
Assessment reports	10
Templates	10
Outcome focused.....	10
Incidents and reportable events	11
The online incident reporting form	11
Appendices	12
Appendix 1: Complexity Framework Tool	12



Useful contacts and telephone numbers

Please see below contact details for teams across ACC that can assist you with any queries you have while providing services to ACC clients.

ACC's Provider Contact Centre	Ph: 0800 222 070	Email: providerhelp@acc.co.nz
ACC's Client Helpline	Ph: 0800 101 996	
Provider Registration	Online Registration:	Website: ACC24 Register as an ACC health provider
	Ph: 04 560 5211	Email: registrations@acc.co.nz
ACC eBusiness	Ph: 0800 222 994	Email: ebusinessinfo@acc.co.nz
Health Procurement	If you have a question about your contract or need to update your details, please contact the ACC Health Procurement team: Email: health.procurement@acc.co.nz Ph: 0800 400 503	
Engagement and Performance Managers (EPMs)	Engagement and Performance Managers can help you to provide the services outlined in your contract. Contact the Provider Helpline or visit this link for details of who the EPMs in your region are.	
ACC Recovery Services Portfolio Team	If you have any questions for the ACC Portfolio Team: Email: socialrehab@acc.co.nz	

ACC's website can provide you with a lot of information, especially our "Health and Service Providers" section. Please visit www.acc.co.nz/for-providers.



Who are these guidelines for?

The following information is designed to help you understand and operationalise the [Social Rehabilitation Needs Assessment \(SRNA\) contract](#).

These guidelines are intended to be used by:

- ACC Recovery Team Members
- ACC's contracted suppliers and providers of SRNA Services.

These operational guidelines should be read in conjunction with the service specification for [Social Rehabilitation Needs Assessment service](#), and the [Managed Rehabilitation Equipment Services \(MRES\) Operational Guidelines](#). Both these documents can be found on acc.co.nz.

What is a Social Rehabilitation Needs Assessment?

The SRNA assessment assesses the client's injury related support or rehabilitation needs and provides recommendations to ACC that will assist the client to live as independently and safely as possible.

The assessment provides information which identifies what supports may be required to help with the client's injury-related needs. Natural supports the client may already have in place are taken into consideration before making recommendations. It may be entirely appropriate that no support is required, and recommendations should reflect this.

There are two types of assessments

1. Integrated Rehabilitation Assessment (IRA) - this may look at a cross section of issues and potential supports. *Note: IRAs should not be used to ascertain the hours of support required for clients with serious injuries (such as Spinal Cord Injury or TBI).*
2. Single Discipline Assessment (SDA) - this is a more specific assessment request that is generally looking at one issue. An equipment assessment for example would be requested through an SDA.

The Supplier is responsible for ensuring that the appropriate health professional is assigned to carry out the assessment based on the needs being assessed.

The service item code (SRN01) is the same for both types of assessments. It is important to ensure the referral clearly states what type of assessment you require.

NOTE: These assessments are not to be used for housing assessments, vehicle assessments or wheelchair and seating assessments (with the exception of simple list equipment).



Purpose

The Social Rehabilitation Needs Assessment service includes:

- Assessment of clients' support needs
- Trialling of equipment where equipment has been identified as being appropriate
- Providing recommendations to ACC based on that assessed need.

Client eligibility and referral

Eligibility will be decided by ACC, but clients will be those who are expected to have increased independence and/or participation in their communities and/or functional outcomes following a social rehabilitation needs assessment.

Services commence on referral to the supplier from ACC using an *ACC081 Social rehabilitation assessment referral* form.

Referrals should include:

- The type of assessment (the IRA and SDA have the same purchase order code)
- Client details
- Relevant clinical history
- Copies of any previous, relevant, assessment reports
- Reason for referral/purpose of assessment (i.e. outcome being sought)

If insufficient information is provided, the assessor must contact ACC at the earliest opportunity, identifying what additional information is required.

Interaction with Integrated Home and Community Support (IHCS)

Casemix

Childcare and overnight support

Home and Community Support Services – Return to independence (HCS-RTI) service incorporates childcare, home help and attendant care into its package funding model. In instances where the HCS-RTI Supplier or ACC determines that the need for childcare support/home help/attendant care exceed the package funding limits, an SRNA will be requested by ACC to confirm how many hours of support the client will need.

The SRNA recommendations will be used by ACC to determine if the client will transition to Home and Community Support Services – Maximise Independence Service.



For more information on these services refer to the Home and Community Support Service Operational Guidelines which can be found on acc.co.nz:

- [Home and Community Support Services – Return to independence \(HCSRTI\) Operational Guidelines](#)
- [Home and Community Support Services – Maximise Independence Service \(HCSMI\) Operational Guidelines](#)

Maternal Birth Injuries

A SRNA is not compulsory to assess the needs of clients with a Maternal Birth Injury or following a Surgical Mesh Injury (*note there will be circumstances where ACC may choose to request an SRNA*).

Most clients who require Home and Community Support services following a Maternal Birth injury or a Surgical Mesh injury will fall into the HCS Return to Independence service where their needs for support will be identified during the InterRAI assessment. The InterRAI assessments are used to accurately determine the characteristics of a person's needs, ranging from clinical to social support and to prepare a care plan.

ACC does not fund supports which are part of expected child caring duties of a newborn/infant unless the covered injury is directly preventing the client from undertaking these tasks.

Surgical Mesh Injuries

A SRNA is not compulsory to assess the needs of clients following a Surgical Mesh Injury. If it is determined a client is eligible for Home and Community services under the HCS Return to Independence service, the allocated supplier will complete an InterRAI assessment to understand level of support required.

InterRAI assessments are used to accurately determine the characteristics of a person's needs - ranging from clinical to social support and to prepare a care plan.



Type of Support

Attendant Care

Attendant Care describes the support that a client needs to do tasks they performed independently prior to their accident. The Accident Compensation Act 2001 defines attendant care as:

- Personal care (physical assistance to move around and to take care of basic personal needs such as bathing, dressing, feeding, and toileting)
- Assistance with cognitive tasks of daily living such as communication, orientation, planning, and task completion
- Protection of the person from further injury in their usual/day to day environment

Attendant care is classified as either Standard Support or Complex Support (previously referred to as Level 1 and 2 cares).

Standard Support

Standard Support provides attendant care for clients who require non-complex support. Standard support can include things like:

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

Complex Support

A client is referred for Complex Support if an independent assessor identifies particularly complex support needs that require a higher level of skill or risk. Where these needs are identified as part of an SRNA, please contact the case owner to discuss whether the client is better suited to a Support Needs Assessment to identify their needs.

Note: Attendant care does not include childcare, pet care, domestic activities (such as housework, shopping, cooking and tasks or home maintenance such as mowing lawns or gardening, spring cleaning or deep cleaning of ovens etc.

It is not appropriate to recommend Attendant Care for situations which cannot be predicted such as the risk of a natural disaster, falls, or intermittent seizures. Assessors should identify the risk to the client, if these incidents were to occur, and identify strategies or plans which could be put into action to minimise any risk of harm to the client, should the situation arise.



Home Help

Home help includes tasks which are necessary for the client's daily living and the client is unable to perform these activities due to their injury. Home help may include:

- Meal preparation and cooking
- House cleaning, bed making, laundry, dishes
- Other household tasks as identified.

Home help tasks should be considered alongside what would be usually considered as natural supports provided with others who share the client's home.

Note: Home help does not include mowing lawns, gardening, spring cleaning, deep cleaning, cleaning of ovens, pet care, or home maintenance.

Childcare

For the purposes of eligibility for childcare, a child is defined as under age 14, or under age 18 and requires care because of a physical or mental condition.

Childcare is usually considered a normal parental responsibility. ACC may consider funding childcare when supervision or direct care of children is required e.g. bathing and dressing of children where the parent is physically unable to do so due to their injury. ACC needs to understand the childcare arrangements pre-injury and what the childcare needs are now (post-injury), parental responsibility and natural supports should still apply to childcare arrangements.

Overnight Support

The Assessor provides information to ACC about what oversight or direct cares the client requires overnight and whether the family/household members can provide this care. ACC will then determine the level of funding required.

The Assessor is not required to define this care as awake or sleepover care but needs to describe the care that is needed and whether this can be reasonably provided by someone who is normally living in the home.

Other reliable equipment such as personal alarms, smoke alarms and sprinklers should also be considered as to whether these mechanisms can safely and reliably meet the clients' needs in the event of an emergency.

ACC considers "overnight" as an eight-hour period when the client is generally asleep.



Supervision

Supervision may be recommended when the client needs supervision to ensure their immediate personal safety and there are no specific attendant care tasks being provided at that time. It must be required outside of the course of ordinary household, friendship or community activities. Supervision can often be provided whilst performing other tasks (multi-tasking) such as home-help or meal preparation. The Assessor should also consider whether other strategies such as technology, alarms or other natural supports can meet the identified need.

Recommended hours of supervision should be detailed in the rationale section of the assessment report.

Complexity

When the following conditions are met, ACC will pay for the assessment at a higher rate:

- The Complexity Framework Tool has been completed and returned to ACC showing a score of at least 6 out of 17
- The assessor has provided a robust rationale on the form as to why they have scored as complex
- Supporting information has been provided with the tool.

If there is insufficient information or rationale, the Recovery Team Member will discuss this with the assessor.

Once the tool is completed, and the Recovery Team Member is satisfied with the information provided, the purchase order can be updated and the SRN02 code is added to the purchase order identifying that this is a complex social rehabilitation needs assessment.

For the purposes of this service, complexity refers to the level of detail and work required in assessing the client's needs and providing appropriate, quality recommendations to ACC. Complexity is not directly linked to the client's condition i.e. a clinically complex case does not automatically imply complexity of assessment.



Equipment

Assessors must follow the processes outlined in the [MRES Operational Guidelines](#) (available at www.acc.co.nz) to arrange the trial and supply of equipment.

In preparing their recommendations, Assessors need to consider the wider client context. For example:

- Injury related requirements rather than personal preference
- Co-morbidities
- Natural supports available
- Cost effective solutions such as modification of current equipment
- What is the most suitable equipment to help the client towards their goal?

Equipment ordering

Equipment is supplied to ACC clients by Enable New Zealand, ACC's national contracted supplier of Managed Rehabilitation Equipment Services (MRES).

Low-cost solutions

Service Providers may purchase non-List items valued at under \$100 (per item, excluding GST), directly from non-contracted suppliers without prior approval from ACC. ACC will reimburse the Supplier for the purchased item after receiving a separate invoice that details the item type and cost, cite service item code EU100, and has a receipt for the item attached.

List Equipment

It is important that Assessors use list equipment. If for any reason the equipment required cannot be accessed via list the Assessor needs to provide clear rationale as to why there is a request for non-list equipment.

If you need support to support your recommendations for list vs non-list equipment you can contact [Enable New Zealand's Clinical Advisory Services team](#).

Fitting and set-up

Once the equipment has been delivered to the client, the assessor may be required to help the client (and their family/whanau) in setting up and/or fitting of the equipment.

Training

If equipment has been approved and purchased for the client by ACC, the client and their family/whanau/carer will receive training in the safe use and maintenance of the equipment. Training should include any equipment maintenance that can be provided by the client, family/whanau/carer and who to contact if more technical maintenance is required.



Assessment for a C-Brace

A SRNA may be requested by an ACC Clinical Advisor when a C Brace is being considered or has been recommended. In this case, ACC is seeking advice around what options may be considered suitable for the client to assist with their mobility other than a C-Brace.

The Assessment should avoid setting expectations that a C-Brace is the preferred option or the only option that will meet the client's injury related need.

Service Timeframes

Service timeframes are specified in clause 7.1 of the Service Schedule. Where a timeframe cannot be met it is important that the relevant stakeholders are informed at the earliest opportunity to enable the parties (where required) to:

- Understand, and where possible address, any issues that are impacting on the timeframe
- Agree new timeframes
- Enable on-going communication to ensure that any negative impacts upon the client are minimised.

(see contractual timeframes at end of this document)

Assessment reports

Templates

Reports to ACC for an Integrated Rehabilitation Assessment (IRA) will be submitted on an [ACC7434 Social Rehabilitation Needs Assessment](#) template.

Suppliers will need to use their own templates for Single Discipline Assessments (SDA).

Outcome focused

Reports need to be outcome focused detailing the solutions recommended and how this will meet the outcome requested in the referral. They need to be as detailed as possible and clear information provided as to what solutions have been considered. The report is to detail why certain solutions have been discounted and clear rationale for those options that have been recommended.



Incidents and reportable events

The following incidents and risks should be reported to ACC immediately, either by contacting ACC's [Engagement and Performance Managers](#) or calling ACC's Provider Helpline on 0800 222 070.

- Notifiable Events (as defined by the Health and Safety at Work Act 2015) in relation to the services delivered for ACC or on our behalf
- Client death (any cause)
- Personal or organisational threats by an ACC client or their representative (i.e. bomb threats, death threats)
- Likely media risk
- Privacy breach
- Health and Disability Commission (HDC) or coroner inquest

If you are unsure of what needs to be reported or how to report to us, please contact your Engagement and Performance Manager.

The online incident reporting form

Please use our [online form](#) which can be found on the For Providers page on acc.co.nz to report Notifiable Events, threats and any other significant risks to health and safety relating to the services you provide for ACC or our clients (refer to clauses 8.15 and 8.16 of the Master Terms and Conditions). This form is intended to help ACC and our suppliers meet our overlapping responsibilities under the Health and Safety at Work Act.



Appendices

Appendix 1: Complexity Framework Tool



Date: Claim Number: Assessment type:

When assessing complexity:

- Only consider complexity factors if these have an impact on the assessment
- Not all factors present will influence the complexity of assessment
- Score each domain that the complexity factor has an impact for the assessment

KEY:

NO (Score 0) – a factor that does not add to the complexity of the assessment, documentation, trial or liaison time.

YES (Score 1) – a factor that impacts on the complexity of the assessment, documentation, trial and liaison time.

The Complexity Framework Tool can be completed/ updated following assessment

Factors		Rationale - Please provide rationale for each domain that is scored as a complexity factor	Score 0 or 1
Health condition	Injury related	<i>Example: Brain injury, burns, multi trauma, chronic pain, spinal cord injury</i>	
	Injury related complications	<i>Example: Pressure areas, contractures, asymmetry</i>	
	Psychological	<i>Example: Mental health e.g. depression, anxiety</i>	
	Comorbidities	<i>Example: Multiple/ other health conditions/ drug and alcohol dependency</i>	
	Unstable conditions	<i>Example: Medical, psychological, social – urgent intervention required</i>	



Factors		Rationale - Please provide rationale for each domain that is scored as a complexity factor	Score 0 or 1
Personal	Communication	<i>Example: Interpreter required, assistive communication, aphasia</i>	
	Cultural	<i>Example: Beliefs, family structure that requires extensive consultation with whanau/family</i>	
	Age	<i>Example: Child, elderly, aging factors that are relevant to the covered injury (e.g. shoulder osteoarthritis and paraplegia)</i>	
	Nutrition	<i>Example: Bariatric, malnourished</i>	
	Risk	<i>Example: Care indicator, history of violence</i>	
Environmental	Social	<i>Example: Isolation, lack of natural supports, neglect, abuse, guardianship</i>	
	Equipment	<i>Example: Numerous pieces of existing equipment to be considered, >3 trial/quote/follow up required</i>	
	Customised equipment	<i>Example: Complex, customised solutions</i>	
	Physical	<i>Example: Rural (lack of internet/power), access (excludes assessor travel time)</i>	
Participation	Client Engagement	<i>Example: Reluctant to engage, multiple attempts at assessment</i>	
	Client Roles	<i>Example: Wide ranging roles within community and/or multiple assessment sites</i>	
Team	Liaison	<i>Example: Multiple services, providers, agencies, funders involved, >2hours required for assessment</i>	
Total score (out of 17)			

If you feel the assessment is complex but the threshold score has not been met, please provide additional clinical rationale for consideration:

Please email the completed form to the ACC Case Owner