

09 February 2021

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Tēnā koe [REDACTED]

Your Official Information Act request, reference: GOV-008563

Thank you for your email dated 14 January 2021 asking for the following information under the Official Information Act 1982 (the Act):

1. *What units/ branches within ACC can have complex claims?*
2. *What is the criteria of each type of claimant for each unit within ACC?*
3. *Please list units/branches or Case Manager types/roles and how many clients each one is responsible for.*

Complex claims

The term 'complex claims' is not used by ACC in the management of claims. Our Next Generation Case Management model has expanded the ways we support our clients and matches the level of support to clients' individual needs, rather than their injury. ACC matches clients to a recovery team that will provide the right level of support for them. The three recovery teams that manage claims are as follows:

Assisted Recovery

Clients primarily manage their own recovery, supported by the Assisted Recovery Team who will respond to requests, or contact clients if there is something specific to discuss. Assisted Recovery claims are managed in Manukau, Hamilton, Wellington, Christchurch, and Dunedin. Assisted Recovery claims are managed by a team, not on a one-to-one basis.

Supported Recovery

Clients have a dedicated Recovery Team member who works with the client to recover. Supported Recovery claims are managed at all ACC locations.

Partnered Recovery

Clients build a relationship with a dedicated Recovery Team member who supports the client to manage their injury or recovery. Partnered Recovery teams who manage clients with a physical injury are located in Whangarei, Henderson, North Harbour, Newmarket, Counties Manakau, Hamilton, Tauranga, Gisborne, New Plymouth, Rotorua, Hastings, Palmerston North, Wellington, Nelson, Christchurch, Dunedin, Invercargill, and Te Ara Tika.

Ensuring our clients receive the right level of support

Our clients may be manually assigned to a recovery team. Clients may also need to transition between recovery teams as they progress with their recovery, their situation changes, or new information becomes available. For further information, please refer to the attached document *Choosing the Right Recovery Team*.

Case Manager roles and how many clients each one has

Please note that claim numbers managed by our staff change on a regular basis, as new claims are made, and existing claims are made inactive.

Therefore, we are providing you with the average number of claims that ACC staff manage. ACC currently has 360 Recovery Assistant staff that, on average, manage 45,000 Assisted Recovery claims. ACC Recovery Coordinators manage, on average, 55 claims. ACC Recovery Partners manage, on average, 41 claims.

How to contact us

If you have any questions, you can email me at GovernmentServices@acc.co.nz.

Nāku iti noa, nā

A handwritten signature in black ink, appearing to read 'Sasha Wood', written in a cursive style.

Sasha Wood
Manager Official Information Act Services
Government Engagement & Support

Choosing the Right Recovery Team

Guidelines



Introduction

Our clients may be manually assigned to a recovery team. Clients may also need to transition between recovery teams as they progress with their recovery, their situation changes, or new information becomes available. This ensures that our clients will receive the right level of support for their needs, at the right time.

How will I know a client should be transitioned to another team?

Transitioning a client to a new recovery team takes place when the current team is no longer the best option for supporting the client's needs. Recovery team members should use their discretion when making this decision, drawing on Promapp processes, provider feedback, HCG responses and recovery support as required.

To ensure we are consistently considering our client needs, you may at times be prompted to review the claim and assess whether the client's needs would be better supported by another team. This prompt may come from your leader.

What if my client has another open claim?

Review the other claim information and consider if the client is being supported in the right team for their needs.

Under NGCM, ACC considers the person rather than the claim or injury, aiming to frame a service around customer need. If a client has more than one open or active claim, they are able to have all claims managed by one person, if that is their preference – this is called the Whole of Person (WOP) approach. For more information about managing multiple 'accepted' claims refer to the Whole of Persons Guidelines.

For clients with 3 or more claims in the Enabled or Assisted teams, consider the client's preference for holistic support or seek internal advice to determine if the client should be supported by a single Recovery team member. Follow the guideline below to support your transition decision and let the client know of the move.

When the new claim requires cover to be assessed.

In the situation where a client has a claim being managed in a Recovery Team, and a new 'non-specialist' claim is lodged that requires cover to be assessed, the new claim will be transferred from Cover Assessment to the Recovery Team or individual Recovery Team Member to manage. The receipt of the new claim will trigger the Recovery Team Member to review the 'Track Recovery' procedures, the Assessing Claim for Cover in Recovery Team guidelines, as well as these guidelines, to determine if the two claims should continue to be managed in the current Recovery Team. Key considerations will include how the new injury/condition is likely to impact the client's ability to achieve their current recovery goals (irrespective of the future cover decision), as well as the level of complexity and contact required to assess the new claim.

* a 'specialist claim' is one of the following: Treatment Injury, Hearing Loss, Work-Related Gradual Process, and Fatal. Staff, Remote, Te Ara Tika, and 'sensitive' claims do not go via Cover Assessment.

What if my client has a Delayed Request for Weekly Compensation?

A delayed request for weekly compensation (DRWC) is the delay of 28 days + ECO max between either the date of the accident (for first incapacity) or the end of the last period of incapacity (for subsequent incapacity) and the date of the weekly compensation request.

A DRWC can come from the following scenarios:

- New requests on an injury claim that is not new
- Claims with recently approved cover.

These requests are managed in the Supported team, or if the client has Partnered needs, the Partnered team. To determine whether a request for weekly compensation is considered delayed before you transition the client to Supported, see [Promapp here](#).

What if the claim needs to transition to/from Partnered?

Transition to Partnered – Take a common-sense approach. The decision to transition the claim is done collaboratively and the client will consent to the change in team and transition plan.

Transition to Assisted – The decision to transition the claim is done collaboratively and is discussed with the client and/or provider prior to transition.

There is more detailed information on Partnered transition triggers, please go to page 9

What if I have concerns that the client has been transitioned to a team unable to support their needs?

Have a conversation with your leader to talk through your concerns about the transition. If appropriate, your leader may decide to discuss these concerns with the team leader of the individual who made the original transition decision so the feedback can be used in coaching. You may decide together to transition the client to a team better able to suit their needs.

Considering what team is best able to support our client

The following tables provide guidance on how each team is able to support our clients.

Enabled Recovery

Recovery Team Enabled



Team Structure

Enabled Recovery includes self-managed claims where the client is empowered and able to be proactive about what they need from ACC, with low risk to their recovery.

Clients will primarily manage their own recovery though they can choose to contact Assisted Recovery for any additional support needs.

CLIENT ENGAGEMENT NEEDS reactive engagement suggests **Enabled**

What to consider when transitioning or assigning to Enabled

Client doesn't need regular ACC contact and:

- No ongoing programmes are required for recovery
- Does not require any assessments or referrals
- Does not require ACC to follow-up with any stakeholder
- Recovery is expected with no complications
- Any mental health condition is now stable
- Injury is stable now and predicted to stay that way long term
- Proactive management no longer required
- Client has strong natural supports available
- The client consents to transition
- Client is over the age of 18

Client experience of transition to Enabled

- Experiences no delays receiving the level of support needed and feels confident that they can self-manage
- Understands how their claim will be managed, who they can contact should they need any support
- Client is satisfied and confident with this level of engagement from ACC
- Is not negatively impacted by any supports expiring or not being put in place when their claim is transitioned

Assisted Recovery

Recovery Team Assisted



Team Structure

Assisted Recovery manages claims where one to many relationships would suffice between the recovery team member and clients. A Recovery Assistant will contact them if there is something specific to discuss or at the next planned recovery check-in.

CLIENT ENGAGEMENT NEEDS

periodic engagement where a personal and consistent relationship is not required suggests **Assisted**

NOTE: if the claim was previously in Partnered and requires transition, it should go back to Partnered and not Supported.

What to consider when transitioning from Assisted

To Enabled

- Minimal supports required to aid recovery
- There are no complex relationships to manage, e.g. with the client, employer or multiple providers
- The clinical pathway is straightforward or has stabilised
- Client is confident and willing to seek assistance from ACC as required
- Client is over the age of 18

To Supported

- Recovery is not on track based on ECO dates
- Multiple psychosocial factors are present
- Clear expectation setting needs to be made on an ongoing basis
- There is a need for ongoing ACC contact for assistance and proactive response to changes in need
- There is an active Vulnerable Indicator
- Client has undergone Vocational Independence on a previous claim
- We have received new information from a provider indicating Assisted support is no longer appropriate
- The client has lost their pre-injury employment and it's unlikely they are able to return to their pre-injury role
- The client is being investigated by Integrity Services

What to consider when transitioning to Assisted

From Enabled

- There is a need for regular ACC contact for assistance and proactive response to changes in need
- The client has identified they are having difficulty self-managing their recovery via MyACC
- Recovery is not on track based on ECO dates
- We have received new information from a provider indicating Assisted support is appropriate

From Supported

- There are no complex relationships to manage, e.g. with the client, employer or provider
- The clinical pathway is straightforward or has stabilised and is predicted to stay that way long term
- Any mental health condition that was affecting a client's recovery is now stable
- We have received new information from a provider indicating Assisted support is appropriate
- Client does not have an active Vulnerable Indicator

Client experience of transition to Assisted

- Experiences no delays receiving the level of support needed and feels confident that their new team knows what support is required without having to tell them
- Does not have to re-tell their story
- Knows their new team contact details and how their claim will be managed and is satisfied and confident with this level of engagement from ACC
- Is not negatively impacted by any supports expiring or not being put in place when their claim is transitioned
- Experiences no delays having an additional injury diagnosis assessed

Assisted Recovery continued

Recovery Team Assisted	Team Structure	What to consider when transitioning from Assisted	What to consider when transitioning to Assisted	Client experience of transition to Assisted
		<p>To Partnered</p> <ul style="list-style-type: none"> • New information received reports person has an injury of a serious, complex or sensitive nature and has been confirmed as caused by the accident currently being managed • Treatment Injury being investigated for cover and injury has caused a significant impairment that has resulted in a disability • The person has a pre-existing impairment and/or comorbidity that results in a disability or long-term chronic health and/or enduring mental health illness and the mix of these impairments and the injury is impacting on everyday activities and a disability approach would be of benefit for the client. Can be transitioned in consultation and on recommendation from Recovery Support/Practice Mentor first • Client's personal circumstances have changed, and this will involve significant input from ACC e.g. The client's family/whānau situation has become complex and or risky and a disability approach would be of greatest benefit for the client. The person with a serious or sensitive injury has changing support needs and more intensive ACC support is required • Protection of Personal & Property Rights (PPPR) is required • Housing Modification – if these impact the client's ability to maintain their level of independence and/or are Standard/Complex modifications. 	<p>From Partnered</p> <ul style="list-style-type: none"> • Is there an active Vulnerable Indicator? If so, the claim remains in Partnered • Adult with support needs assessment completed in the last 12 months and all required supports in place • The client's condition and situation are stable, and they understand that one-to-one case management is not required • The client has opted for short term supports for their Sensitive claim or is post-cover decision and their needs have stabilised • We have received new information from a provider indicating Assisted support is appropriate 	
		<p>The Client is under 18 years of age and transitioned to Assisted from Partnered Recovery:</p> <ul style="list-style-type: none"> • There are risk factors pre-existing or current e.g. non-accidental injury/s, unstable family situation, multi-agency relationships exist, relationship with Oranga Tamar ki • An assessment is due or recommended e.g. Support Needs Assessment, Education Based Rehab Assessment • Child is transitioning to school, or changing schools e.g. from primary to intermediate or leaving school • There is a deterioration in injury / health status e.g. onset/increase of seizure activity, increased hospital admissions, surgery • Increased or regular school absence • Family / provider request for increased personal support • Family / provider request for respite care 	<p>If the Partnered client is under 18 years of age, they can transition to Assisted if the injury is <u>not a sensitive claim</u> and:</p> <ul style="list-style-type: none"> • There are no vulnerability or risk indicators existing or known • Current supports are stable and appropriate for the age and stage of the child • All assessment recommendations have been completed • Tasks are in place to prompt reassessments and / or review of supports • Natural supports, including family responsibilities are known and living environment is stable • Multi-agency relationships don't exist 	

Supported Recovery

Recovery Team Supported



Supported Recovery manages claims that are likely to require a dedicated one to one relationship between the client and the Recovery Coordinator who works with the client to recover. There may be multiple parties involved in the recovery.

CLIENT ENGAGEMENT NEEDS
Holistic engagement where a personal and consistent relationship is required suggests **Supported**

Team Structure

What to consider when transitioning from Supported

To Assisted

- There are no complex relationships to manage, *e.g. with the client, employer or provider*
- The clinical pathway is straightforward or has stabilised and predicted to stay that way long term
- Any mental health condition that was affecting a client's recovery is now stable
- Client does not have an active Vulnerable Indicator

To Partnered

- New information received reports person has an injury of a serious, complex or sensitive nature and has been confirmed as caused by the accident currently being managed
- Treatment Injury being investigated for cover and injury has caused a significant impairment that has resulted in a disability
- The person has a pre-existing impairment and/or comorbidity that results in **a disability or long-term chronic health and/or enduring mental health illness and the mix of these impairments and the injury is impacting on everyday activities** and a disability approach would be of benefit for the client. Can be transitioned **in consultation and on recommendation from Recovery Support/Practice Mentor first**
- The person will have a serious injury, complex injury and/or sensitive claim and/or their family/whānau is in a situation that has become complex and/or risky and a disability approach would be of greatest benefit for the client. Client family/whānau will be experiencing at least two of these issues **in consultation and on recommendation from multi advisory review from Guidance Support**
- The person with a serious or sensitive injury has changing support needs and more intensive ACC support is required
- Protection of Personal & Property Rights (PPPR) is required
- Housing Modification- if these impact the clients ability to maintain their level of independence and/or are Standard/Complex modifications.

What to consider when transitioning to Supported

From Assisted

- Recovery is not on track based on ECO dates
- Multiple psychosocial factors are present
- Clear expectation setting needs to be made on an ongoing basis
- There is a need for ongoing ACC contact for assistance and proactive response to changes in need
- There is an active Vulnerable Indicator
- Client has undergone Vocational Independence on a previous claim
- The client is being investigated by Integrity Services

Client experience of transition to Supported

- Experiences no delays receiving the level of support needed and feels confident that their new team knows what support is required without having to tell them
- Does not have to re-tell their story
- Knows their new team contact details and how their claim will be managed and is satisfied and confident with this level of engagement from ACC
- Is not negatively impacted by any supports expiring or not being put in place when their claim is transitioned
- Experiences no delays having an additional injury diagnosis assessed

Partnered Recovery

Recovery Team Partnered



Team Structure

Partnered Recovery manages claims that are likely to require specialist rehabilitation support.

Clients build a relationship with a dedicated Recovery Partner that supports them to manage their injury or recovery.

CLIENT ENGAGEMENT NEEDS Specialist engagement with intensive and extensive needs, with a level of vulnerability and complexity suggests **Partnered**. See below for further guidance.

What to consider when transitioning from Partnered

Note: If there is an active Vulnerable Indicator, or if clients require one-to-one support, they will remain in Partnered.

To Assisted

- For clients that have had a needs assessment completed, all required supports are in place
- The client's condition and situation are stable, and they understand that one-to-one case management is not required
- The transition has been discussed with the client and/or provider
- The client has opted for short term supports for their Sensitive claim or is post-cover decision and their needs have stabilised

If the Partnered client is under 18 years of age, they can transition to Assisted if the injury is not a sensitive claim and:

- There are no vulnerability or risk indicators existing or known
- Current supports are stable and appropriate for the age and stage of the child
- All assessment recommendations have been completed
- Tasks are in place to prompt reassessments and / or review of supports
- Natural supports, including family responsibilities are known and living environment is stable
- Multi-agency relationships don't exist

What to consider when transitioning to Partnered

- Treatment Injury is being assessed for cover and has caused a significant impairment that has resulted in disability
- Significant change in client needs. Client will need intensive input from ACC including a support needs assessment, e.g. pressure areas and impact on every day function
- New information identifies that the client has serious, complex or sensitive injury related needs
- The mix of pre-existing impairment(s) the client has impacts on everyday activities, where a disability approach would be beneficial. **Consult with Recovery Support (Practice Mentor) first.**
- Client's personal circumstances have changed, and this will involve significant input from ACC e.g. The client's family/whānau situation has become complex and or risky and a disability approach would be of greatest benefit for the client
- Housing Modifications- if these impact the clients ability to maintain their level of independence and/or are Standard/Complex modifications.

Client experience of transition to Partnered

- Experiences no delays receiving the level of support needed and feels confident that their new team knows what support is required without having to tell them
- Does not have to re-tell their story
- Knows their new team contact details and how their claim will be managed and is satisfied and confident with this level of engagement from ACC
- Is not negatively impacted by any supports expiring or not being put in place when their claim is transitioned
- Experiences no delays having an additional injury diagnosis assess

More information for Partnered transition triggers

Partnered is defined by four key elements of the clients engagement needs:

Intensive: severe or persistent symptoms or factors contributing to the clients presentation and/or are barriers to recovery and high / increased contact requirements and supports from ACC

Extensive: Requires partnering with internal and external groups or agencies to support and coordinate key activities, supports and engagement

Vulnerable: potential threat to their safety, health, or wellbeing. This includes but is not limited to isolation, addictions with a combination of their living situation or risky Family/ whānau situation, or an increased level of vulnerability due to their age or intellectual difficulties

Complex presentations: For **Partnered Mental Injury** clients it could be a combination of covered and non-covered injuries or symptomology, vulnerabilities, pre-existing impairment or disabilities as a result of long term chronic health, mental health illness or psycho social impacts. For **Partnered Physical Injury** clients, a serious and complex injury that has altered their life significantly and requires a disability approach to rehabilitation. A client could also have a combination of non-covered injuries or health conditions, vulnerabilities, pre-existing impairment or disabilities which pose a barrier to rehabilitation.

These four elements will need to be considered alongside any transition criteria for Partnered Recovery. For further support, engage with Recovery Support (Practice Mentors in the first instance) for guidance.

Additional scenarios for transitioning to Partnered:

New information received that client has an injury of a serious, complex or sensitive nature

- **Severe TBI** (GCS 8 or lower and PTA > 7 days)
- **Moderate TBI** (GCS 8 or lower and PTA up to 7 days)
- **Hypoxic injury that has resulted in cognitive and/or physical impairment**
- **Burns >20% third degree/full thickness burns:** Burns that have been treated at a National Burns Centre and involve the face, hands, feet, genitalia, perineum, or major joints, requiring ongoing surgery, rehabilitation and resulting in functional impairment
- **Spinal Cord Injury at any level and AIS A-D**, including cauda equina or central cord syndrome with evidence of neurological deterioration and impact on everyday life function and participation
- **Limb Amputee (single limb and multiple limb)** requiring prosthesis/artificial limb, NZ Artificial Limb Service input, rehabilitation and other ACC support
- **Sensory Impairment:** Low Vision and/or Blindness as a result of injury that cannot be corrected or improved by glasses, medicine or surgery and makes everyday tasks difficult.
- **Unstable and/or complex Mental Health Diagnosis** that is requiring a community or compulsory treatment plan/order (or has one in place) and specialist psychological/psychiatric treatment/support plan

Client's personal circumstances have changed.

- ***In consultation with Team Leader and if needed guidance through Recovery Support***
- ACC client will have a serious injury, complex injury and/or sensitive claim and is experiencing the below issues which increases vulnerability factors. Factors include but not limited to:
- **English as a Second Language/Literacy:** Support needs for client and family/whānau is difficult to determine and/or mobilise due to language barriers and challenges accessing information
- **Care and support:** Disclosure of abuse and/or care support breakdown but still requires care. Concerns identified with capacity regarding decision making (requires PPPR or supported decision making), requires support but has no funded or unfunded support in place
- **Harm and/or extra injury events:** Self harm, suicidality, consequential injuries as a result of distress, poor self-care practices
- **Housing situation:** Eviction from home **and/or** homeless/transient **and/or** hoarding **and/or** overcrowding that impacts on optimal health
- **Mobility:** Client with disability has no natural supports, is house bound, socially isolated and lacks engagement with community
- **Family-whānau situation:** Another family member the client is responsible for has a disability, mental health or chronic health condition that the client is having to support, **and/or** significant other is out of work due to sickness, illness. Self-report of financial and/or social strain and requiring or has cross government support from multiple agencies (at least 2 of Oranga Tamariki, Ministry of Social Development, Ministry of Education, Ministry of Health, Corrections, Youth Justice)
- **Addictions:** Unstable addictions and/or substance abuse that impacts on activities of daily living (i.e. self-care, family commitments, employment or education participation)
- **Increasing/Escalating Medical Support Needs:** Requires increase in care, nursing, psych nurse assistant support on a weekly basis to ensure health and wellbeing
- Request from a provider involved with the client, and/or the client, family-whānau, and/or GP/Specialist identifying the client has deteriorated and needs an increase in ACC entitlements or support including one or more of the following:
 - increase in HCSS hours of more than 2hrs per day or 14hrs per week
 - increase in education support hours to a total >15hrs per week
 - increase in psychology intensive support from long term support for wellbeing plan
 - increase in nursing and/or psych nurse support on a weekly basis to ensure health and wellbeing of more than 3hrs per day or 21 hrs per week
 - Self-managing client has requested an increase to their self-management budget allocation
 - increase in nursing and/or psych nurse support on a weekly basis to ensure health and wellbeing of more than 3hrs per day or 21 hrs per week
 - Self-managing client has requested an increase to their self-management budget allocation

The client has a pre-existing impairment and/or comorbidity that results in a disability or long-term chronic health and/or enduring mental health illness (whether this is covered by ACC or not).

- ***In consultation with Team Leader and if needed guidance through Recovery Support***
- Disability, mental health and/or chronic health issues that **impact on the persons ability to engage in or access** information, everyday activities, i.e. the person needs and accesses support (ACC funded or not) to manage/complete their activities of daily living, uses manual or power wheelchair for mobility, requires support to get into the community, access information, participate in school/work **and**
- Currently involved or requires involvement with at least two (2) Specialist Services such as Community Mental Health Teams, MoH Disability Support Services, Children's Action Teams, Oranga Tamariki, Ministry of Education Early Intervention, ORRS, High and Complex Needs, Child Development Services, Child and Adolescent Mental Health Services, Youth Justice, Corrections, Whanau Ora, Strengthening Families, Enabling Good Lives

Treatment Injury being investigated for cover

- Birth injury and/or Child or adult who has had a brain injury, spinal cord injury, stroke or comparable injury during treatment.

Recovery Partner will complete Liaison Role and collaborate with Treatment Injury while investigating claim to ensure client and their family-whānau is receiving adequate Disability Support Services from the Ministry of Health and provide support with any transition to ACC once cover is established.