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

19 April 2023

[redacted]

Kia ora [redacted]

Your Official Information Act request, reference: GOV-024075
Thank you for your email of 24 March 2023, asking for the following information under the Official Information Act 1982 (the Act):

> *[…] Could I please have an updated copy of the information that led to "GOV-016048", could the updated version please include a copy of all of the policies*
>
> *We note that "GOV-016048" information contained references to linked internal information that was not provided with "GOV-016048", could we please be provided a copy of all 'referenced and linked information' also […]. So, when considering our request please understand that we wish to have a complete body of work to analyse, so that if the Documents refer/contain links to other sources of information, then please consider that information as part of our request and so on and so on.*
>
> *Information pertaining to 'links to external 'legislation' are not to be considered a part of this request unless it is a reference to Case Law, at that point please consider the Case Law as a part of the requested information also, as not all case law is readily available to the public. […]*

The requested information is attached as Appendix 1
We have provided all documents referenced in the seven documents provided for GOV-016048, in addition to any policies or business rules referenced on those subsequent documents. We have also provided the current versions of those original documents in GOV-016048; the appendix contains 82 documents in total. Providing these documents required a manual extraction; please let us know if any policies or business rules have been missed, and we'll be happy to provide them.

Names of current ACC staff members have been provided. However, as we are unable to adequately consult previous staff members, their names have been withheld to protect their privacy. This decision has been made under section 9(2)(a) of the Act. In doing so, we have considered the public interest in making their names available and have determined that it does not outweigh the need to protect their privacy.

The appendix contains the following current documents:

1. Eligibility Criteria for Weekly Compensation
2. ACC165 – Declaration of Rights and Responsibilities
3. Definition of an Earner
4. Confirm Self-Employed Person is an Earner Policy
5. Business Rule: Definition of a non-earner
6. Definition – Permanent and Non-Permanent Employment
7. Earnings as a Self-Employed Person
8. Earnings as a Shareholder Employee
9. Business Rule: Definition of an earner
10. Extension of Employment Status Policy
11. Unpaid Parental Leave
12. Eligibility Criteria – Clarity on weekly compensation entitlements for maternal birth injury clients

13. Establishing Date of First Incapacity
14. Eligibility to Weekly Compensation while on Unpaid Leave
15. Unpaid Parental Leave
16. Business Rule: DOFI/DOSI for the purpose of starting weekly compensation for a client on unpaid parental leave who has only one employer
17. Business Rule: Short-term parental leave weekly compensation start date
18. Business Rule: Long-term parental leave weekly compensation start date
19. Business Rule: Start date for accidental death weekly compensation
20. Business Rule: DOFI/DOSI for collecting earnings of a client on unpaid parental leave who has multiple employers
21. Business Rule: Weekly compensation rate for a client on unpaid parental leave who resumed employment before their expected RTW date
22. Business Rule: Person on unpaid parental leave when injury is on the RTW date but before they are at work
23. Business Rule: Maximum length of unpaid parental leave when employed over 10 hours per week in preceding 12 months
24. Business Rule: Valid ACC686 Unpaid parental leave form
25. Business Rule: When the weekly compensation for unpaid parental leave rate must not be used
26. Eligibility to Weekly Compensation while on Unpaid Leave
27. Business Term: Parental leave
28. Business Term: Unpaid parental leave
29. Business Rule: Maximum length of unpaid parental leave when employed over 10 hours per week in preceding 6 months.
30. Business Rule: Criteria for being an earner while on unpaid leave
31. Definition of Incapacity Policy
32. Establishing Date of First Incapacity
33. Examples – Determining DOFI
34. Calculate Weekly Compensation
35. Calculate Weekly Earnings – Self-Employed
36. Gather Information for Self-Employed Clients
37. Set Up Weekly Compensation - Loss Of Potential Earnings (LOPE)
38. Calculate Weekly Earnings – Shareholder Employee
39. Categories of self and shareholder employment
40. Gather Information for Shareholder Employees Policy
41. Using the Employee Earnings in the Self Employed or Shareholder Employee Calculation Policy
42. Weekly Compensation Indexation (Accident Compensation Act 2001)
43. ACC004 – Questionnaire for Self-employed or Shareholder Employee
44. Weekly Compensation and Employment – Guidelines
45. Disclosure of clients' health information to employers Policy
46. Assess Loss of Potential Earnings (LOPE) - Sensitive Claims
47. Arrange Initial Occupational Assessment (IOA)
48. About Vocational Rehabilitation (VR) Policy
49. Client Choice of Providers Policy
50. Client Legislative Rights and Responsibilities Policy
51. Disclosure of care indicator information to third parties Policy
52. Identity Check Policy
53. Privacy check before disclosing information Policy
54. Vocational Rehabilitation Needs Assessment (IOA/IMA) Policy

55. Arrange Section 105 Assessment
56. Client Choice of Providers Policy
57. Identity Check Policy
58. Assess Early Planning & Set up Supported Assessment
59. Deemed Cover and Entitlements Policy
60. Timeframes to Determine Cover Policy
61. Assess Weekly Compensation for Sensitive Claims
62. Deemed Cover and Entitlements Policy
63. Business Rule: How to work out a client's date of event for a sensitive claim
64. Issue Recovery Decision
65. Communicate Decisions about Client Supports Policy
66. Disclosure of staff names and the Privacy Act
67. Determining Loss of Potential Earnings (LOPE) eligibility for clients with a deemed date of injury
68. Loss of Potential Earnings (LOPE) Policy
69. Business Rule: Initial LOPE abatement excess calculation
70. Business Rule: Definition of Incapacity LOPE
71. Business Rule: Amount of LOPE payable to client with no post incapacity earnings
72. Business Rule: Amount payable to a client who is both eligible for LOPE and WC-LOE Better off assessment
73. Business Rule: Definition of Place of education
74. Request Clinical Records
75. Personal information requests Policy
76. Request medical or clinical records Policy
77. Summary of the Health Information Privacy Code Policy
78. Request Set Up of Weekly Compensation Payments
79. Seek Internal Guidance

As this information may be of interest to other members of the public
ACC has decided to proactively release a copy of this response on ACC's website. All requester data, including your name and contact details, will be removed prior to release. The released response will be made available www.acc.co.nz/resources/#/category/12.

If you have any questions about this response, please get in touch
You can email me at GovernmentServices@acc.co.nz. If you are not happy with this response, you can also contact the Ombudsman via info@ombudsman.parliament.nz or by phoning 0800 802 602. Information about how to make a complaint is available at www.ombudsman.parliament.nz.

Ngā mihi

Sara Freitag
Acting Manager Official Information Act Services
Government Engagement

Eligibility Criteria for Weekly Compensation Policy v21.0

Summary

Objective
Use this guidance to help you determine whether a client is eligible for weekly compensation from ACC under the Accident Compensation Act 2001. This policy applies to claims where the client became unable to work from 1 July 2010.

Owner [redacted]

Expert

Procedure

1.0 Eligibility criteria

a For a client to be eligible for weekly compensation from ACC, all the following criteria must be met:

• the claim for personal injury is accepted for cover under the Accident Compensation Act 2001, and

• ACC is responsible for managing the claim (that is, it is not a work-related personal injury suffered by an employee of an accredited employer), and

• the client has made a written or verbal application for weekly compensation, and

• the client is unable to work because of the personal injury under either section 103 or section 105.

• the client be in employment at the time they suffer their injury, and be an earner immediately before incapacity commenced, or has been assessed as being an earner under the Accident Compensation Act 2001. (see the 'Definition of an Earner' policy page to determine if the client is an earner).

Definition of an Earner

Weekly compensation for maternal birthing injury clients

2.0 Section 103 - can the client do the job they were doing before they were injured?

a Under section 103 of the Accident Compensation Act 2001, ACC must determine a client's inability to work – and therefore their eligibility to weekly compensation – by determining whether they could do the job they were doing before they were injured.

b The people who are eligible for weekly compensation include those who, at the time they suffered their personal injury, were:
• in employment and had earnings immediately prior to becoming unable to work as one or more of an employee, self-employed and shareholder employee; or
• on unpaid parental leave; or
• a recuperating organ donor and receiving payments under the Compensation for Live Organ Donors Act 2016; or
• in consecutive periods of unpaid parental leave and a payment period under the Compensation for Live Organ Donors Act 2016.

c In all cases, the client must have earnings immediately prior to becoming unable to work as one or more of an employee, self-employed and shareholder employee.

NOTE **What if they are on unpaid parental leave?**
Clients on unpaid parental leave at the time of their injury are deemed to be in employment for the purposes of Section 103.

NOTE **What if clients are receiving organ donor compensation?**
Clients who are recuperating organ donors under the Live Organ Donors Act 2016 are deemed to be earners if they:
• are injured during a payment period under that Act which was immediately preceded by a period of employment in which they were receiving earnings. Their inability to work is tested under section 103; or
• are injured during consecutive periods of unpaid parental leave and a payment period under the Live Organ Donors Act 2016. Their inability to work is tested under section 103; or
• had no earnings immediately prior to the organ donor payment period, they meet the timeframes under clause 43 of Schedule 1 at the commencement of the payment period. Their inability to work is tested under section 105.

3.0 Section 105

a We can't determine inability to work under section 103 for those clients who:
• have an extension of earner status under clause 43 of Schedule 1
• are a potential earner (LOPE) at the time he suffered his injury, they may be eligible for loss of potential earnings
• have purchased weekly compensation under section 223.

4.0 Extension of earner status

a Clients may have an extension of earner status under clause 43 of Schedule 1 because:

• leave payments that are liable for earner levy on ceasing employment extend the period of employment up to or beyond the date they became unable to work, or

• they became unable to work within 28 days after ceasing employment as an employee and had an employee job to return to within 3 months, or

• they became unable to work within 28 days after ceasing seasonal employment as an employee where they had been employed in the two previous seasons and the employer confirms that the client could reasonably expect to have been employed again within 12 months, or

• they became unable to work during a payment period under the Live Organ Donor Compensation Act 2016 and they satisfy the timeframes under clause 43 of Schedule 1 at the start of that payment period (as if that was the date they were unable to work).

b Please ask the client to sign the ACC165 Declaration of rights and responsibilities form, as described in the method for the initial interview, declaring that they understand their responsibilities for receiving weekly compensation.

- ACC165 Declaration of rights and responsibilites

5.0 Eligibility

a The rules for determining the level and duration of support are driven by:

• the dates when a client initially and/or subsequently became unable to work in the employment they held at that date (date of first incapacity 'DOFI', or date of subsequent incapacity 'DOSI')

• confirmation of ongoing inability to work.

b Refer to links below for additional information.

- Definition of Incapacity

6.0 Review inability status periodically

a When a client is eligible for weekly compensation it is important to continue to periodically review their inability to work.

b See the link below for additional information.

- Definition of Incapacity
- Establishing Date of First Incapacity (DOFI)

7.0 Termination of an employment

a If the employment a client held at DOFI/DOSI is terminated during the period that they are unable to work, they are still eligible for weekly compensation so long as they continue to be unable to work.

8.0 Links to legislation

- Accident Compensation Act 2001, section 103
  http://www.legislation.govt.nz/act/public/2001/0049/lat
- Accident Compensation Act 2001, section 105
  http://www.legislation.govt.nz/act/public/2001/0049/lat
- Accident Compensation Act 2001, Schedule 1, Clause 43, Weekly earnings if employment ended before commencement of incapacity
  http://www.legislation.govt.nz/act/public/2001/0049/lat
- Compensation for Live Organ Donors Act 2016
  http://www.legislation.govt.nz/act/public/2016/0096/lat

PROCESS **Weekly Compensation and New Zealand Superannuation (post-1 July 2019) Policy**

ACC165

Your rights and responsibilities

We want to know that you understand your rights and responsibilities when you receive help from ACC. So that you do, please read, sign and return this form to us. If you have any questions or just want to chat about your claim then please give us a call.

1. Your claim details	
Your full name: [AUTO]	Your date of birth: [AUTO]
Your claim number: [AUTO]	This is on the letter we sent you
Address: [AUTO]	
ACC staff member: [AUTO]	This is the person working with you
ACC office: [AUTO]	

2. Your rights and responsibilities

Your rights while getting help from ACC

The Code of ACC Claimants' Rights helps guide how we work with you. The Code explains your right to:

- be treated with dignity and respect
- be treated fairly and have your views considered
- have your culture, values and beliefs respected
- a support person or persons
- effective communication
- be fully informed
- have your privacy respected
- make a complaint.

We also have a responsibility to make sure you know about your right to:

- be involved in any decisions made about your recovery
- ask for more information about the Accident Compensation Act 2001 and the Code of ACC Claimants' Rights.

Minimising any delays to getting help

While you're receiving assistance from ACC you can help us by:

- providing medical certificates that show the progress of your injury and/or fitness for work if we ask for them
- avoiding any activities that your medical certificate or health professional say you shouldn't do, eg driving
- taking part in appropriate treatment and rehabilitation if required
- contacting us if your circumstances or your contact details change
- going to your appointments, including assessments that we ask you to attend
- changing appointments in advance if you can't make them.

How to make sure you get the right amount of weekly compensation

The amount of weekly compensation you receive depends on a number of things. We ask that you let us know:

- prior to doing any paid or unpaid work, or increasing your work hours
- if you receive any money, such as payment for work done, a pay increase or holiday pay
- if you receive anything in place of income, such as work done for you, free board or petrol money.

ACC165

Your rights and responsibilities

If you have an Individual Rehabilitation Plan
When preparing or updating your plan, you're welcome to involve: • your health professional, eg doctor or physio • your employer/future employer • a family member, friend or other representative. Before signing your plan you're welcome to ask for independent advice. We'll always work with you to make sure your plan provides you with what you need. If you don't feel that the plan is right for you and aren't able to resolve it easily by talking with us, you can also apply for a formal review. You'll be responsible for: • working with us to prepare and update your plan • following your plan. If you have any questions about your plan simply talk to your case manager.
If you don't think we're meeting our responsibilities
There are a number of options available if you don't think we're meeting our responsibilities: • you can get in touch with your case manager or their manager to discuss any issues • you can request mediation if we aren't able to address your concerns after discussing them with us • if you're unhappy with our service or you think your rights have been breached you can make a complaint • if you disagree with a decision we've made on your claim you can apply for an independent review.
If you're unable to meet your responsibilities
It's really important that you continue to meet your responsibilities. If you can't and there isn't a good reason, we may: • no longer pay you or provide entitlements • ask you to repay any overpayment of weekly compensation • add a penalty payment.

3. Client declaration	
I understand what's expected of me when receiving help from ACC and acknowledge my responsibilities.	
Signature:	Date:

4. Client representative's declaration	
I have the authority to acknowledge the responsibilities on behalf of the client, and I provide this acknowledgement.	
Representative's name:	Phone number:
What is your relationship to the client?	
Why is the client unable to sign this form?	
Client signature:	Date:

When we collect, use and store information, we comply with the Privacy Act 2020 and the Health Information Privacy Code 2020. For further details see ACC's privacy policy, available at www.acc.co.nz. We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.

Definition of an Earner v13.0

Summary

Objective
This page provides you with the definition of an 'earner' provided by the Accident Compensation Act 2001. Use this definition to help you determine whether a client is eligible to receive weekly compensation. This guidance applies to claims where the client became unable to work from 1 July 2010.

1) Definition of an 'earner' and 'employment'
2) Weekly compensation eligibility criteria
3) Exceptions
4) Links to legislation

Owner [redacted]

Expert

Policy

1.0 Definition of an 'earner' and 'employment'

a A client is an earner if they are in employment. Section 6 of the Accident Compensation Act 2001 defines 'employment' as 'work carried out for the purposes of pecuniary gain or profit'. For employees, 'employment' includes a period of paid leave but not paid leave payments on ceasing their employment.

b An earner also includes someone who:
• satisfies the extension of employment status under clause 43 of Schedule 1
• is on unpaid parental leave
• is a recuperating organ donor receiving payments under the Live Organ Donor Act 2016.

The business rule below provides the complete definition/ criteria for a client or person to be an earner.

Definition of an Earner Rule

c Any person who does not meet the criteria for being an earner is deemed to be a non-earner.
Below is the business rule that defines a non-earner.

Definition of a non-earner Rule

d If there's still doubt as to whether the client can be classified as an earner, you can contact the Weekly Compensation Panel. See the below link for the referral process.

Technical Services Panels

2.0 Weekly compensation eligibility criteria

a To be eligible to receive weekly compensation, a client must:
• be in employment at the time they suffer their injury, and
• be an earner immediately before they become unable to work due to the injury (if that inability begins later), and
• receive one or more of the following category of earnings immediately before they became unable to work:
— earnings as an employee either from permanent or non-permanent employment
— earnings as a self-employed person
— earnings as a shareholder employee.

b 'Immediately' will usually mean no earlier than the previous working day.

Definition – Permanent and Non-Permanent Employment

Earnings as a self-employed person

Earnings as a shareholder employee

Confirm Self-Employed Person is an Earner Policy

Extension of employment status Policy

3.0 Exceptions

a A client who is one of the other types of earners listed above, does not need to have earnings immediately before they became unable to work, to qualify for weekly compensation. Separate rules apply for them.

b A client who satisfies the extension of earner status criteria under clause 43 at the time they became unable to work does not necessarily need to be in employment at the time of their injury.

c A client who is on unpaid parental leave when they suffer their injury is deemed to be in employment at that time.

Unpaid parental leave

d A client who meets the criteria for being eligible for weekly compensation while on unpaid leave.

Eligibility to Weekly Compensation while on Unpaid Leave
https://go.promapp.com/accnz/Process/6b0e3eaa-4d

4.0 Links to legislation

Accident Compensation Act 2001, section 6 Interpretation
http://www.legislation.govt.nz/act/public/2001/0049/la

Accident Compensation Act 2001, Schedule 1, Clause 43 Weekly earnings if employment ended before commencement of incapacity
http://www.legislation.govt.nz/act/public/2001/0049/la

Clarity on weekly compensation entitlements for maternal birth injury clients

Clients who have baby on day two or later after parental leave has started

Existing provisions in the Accident Compensation Act 2001 (the AC Act) determine eligibility for weekly compensation for clients who are **on unpaid parental leave** when incapacitated by injury. Under these provisions, a person can receive weekly compensation from the date they were due to return to work, if they are unable to do so because of their covered injury (e.g. their weekly compensation entitlement is delayed).

- Note – a person would not be on unpaid parental leave if they are receiving any payments from their employer, including full parental grant payments or as a top up of the govt parental leave payment.

Clients who suffer a MBI prior to parental leave starting (e.g. due to an early labour or pre-term birth) or on day one of parental leave

If client is incapacitated from a covered injury and they received nil earnings on the day **immediately prior** (either as an employee or Self-employed) as per payments listed below - there is **No entitlement** to weekly compensation until their planned return to work date (and then WC is only payable if still incapacitated from the MBI).

In the context of maternal birth injuries, clients who suffer a MBI prior to starting their parental leave may be treated as active earners.

An eligible client is entitled to weekly compensation under clause 32 of schedule 1 of the AC Act, if they received payment from their employer or were still working in self-employment on the day before they were injured. This would mean that eligible clients in the following circumstances would be entitled to weekly compensation from their second week of incapacity (and can still receive unpaid parental leave payments from IR at the same time):

- A person injured on a day they were working (e.g. went into early labour part way through a workday)
- A person injured the day after they last received earnings for work (e.g. finished work Thursday, went into early labour Thursday night and had baby Friday.)
- A person injured while on any form of employer-paid leave, such as:
    - Annual Leave,
    - paid Sick leave,
    - an employer-paid “parental grant” to top up the govt parental leave payment, and/or
    - earnings received on regular days-off and public holidays.
- A person injured on their first day of planned parental leave (e.g. finished work on the Thursday, parental leave started on the Friday – which was the same day they gave birth and suffered an MBI).
- If they finished work Friday and planned parental leave started the following Monday –
    - Client gives birth and suffers an MBI on the Saturday, they can be assessed for weekly compensation
    - If client gave birth and suffered an MBI on the Sunday, there is no entitlement to weekly compensation until their planned return to work date (and then WC is only payable if still incapacitated from the MBI). This is due to them being injured more than **one calendar day** after last receiving employer payments

Any person injured more than **one calendar day** after last receiving employer payments or worked as a self-employed person (e.g., after a prolonged labour) would be excluded from

standard weekly compensation entitlements. Their incapacity, and entitlement to weekly compensation payments would be reassessed at their intended return to work date (and then WC is only payable if still incapacitated from the MBI).

Scenarios	Applicable clause for an employee	Applicable clause for a self-employed person or a shareholder employee[2]
A person incapacitated from a covered injury while on planned parental leave **(on day two or later).**	Clause **44** *No weekly compensation while on parental leave*	As a non-earner at the time of incapacity: No eligibility for weekly compensation, unless under clause 43
Person is incapacitated from a covered **injury, and received payment from their employer, or received earnings from self-employment on the day before the injury**	Clause **32** *Weekly compensation from week 2 of incapacity*	Clause **32** *Weekly compensation from week 2 of incapacity*
Person is incapacitated from a covered injury while receiving payment from their employer or earnings from self-employment	Clause **32** *Weekly compensation from week 2 of incapacity*	Clause **32** *Weekly compensation from week 2 of incapacity*
Person is incapacitated from a covered injury **while on paid leave** including: • Annual Leave • Paid sick leave • An employer paid "parental grant" to "top up" the govt parental leave payment) • earnings received on regular days off and public holidays.	Clause **32** or clause **43** *Weekly compensation from week 2 of incapacity*	As a non-earner at the time of incapacity: No eligibility for weekly compensation, unless under clause 43
Person is injured **while unemployed or on unpaid leave** (outside the parental leave defined under the Parental Leave Act)	No eligibility for weekly compensation, unless under clause 43	No eligibility for weekly compensation, unless under clause 43

[2] Clause 44 applies only to a claimant who is "an employee" on parental leave immediately before their incapacity.

Establishing Date of First Incapacity (DOFI) v13.0

Summary

Objective
Determining the date of first incapacity (DOFI) is important as it establishes when a client's first week period starts. Refer to this guidance to help you determine the first week period and establish the start of the client's weekly compensation.

1) Determining a client's DOFI
2) Time off work for treatment before certified as unable to work
3) No time off work for treatment before certified as unable to work
4) Client on leave
5) Statutory holidays

Owner [redacted]

Expert

Policy

1.0 Rules

a A client's date of first incapacity (DOFI) is the earlier of the first date that they:
• were medically certified as unfit for work due to their injury
• had time off work to receive necessary health care treatment for their injury.

b Each claim can have only one DOFI date.

c If the client has an injury, they will be medically certified as unfit for their employment from the date they were first off work due to this personal injury. This date is the DOFI.

Definition of incapacity Policy

Examples - Determining DOFI

NOTE **What if incapacity period is greater than 180 days?**
Guidance must be sought from Technical Services and/or Clinical Services (depending on the guidance required)

2.0 Time off work for treatment before certified as unable to work

a If the client has taken time off work for treatment before the date they were first medically certified as unable to work, the date of that treatment is DOFI.

b This earlier date can only be used as DOFI if ACC is required, or allowed, to pay for the type of treatment they received.

c ACC also needs confirmation from the employer of any actual time taken off work.

3.0 No time off work for treatment before certified unable to work

a If the client has not had time off during work hours for necessary treatment, DOFI is the first date they were medically certified as unable to work.

b For example: a Monday to Friday worker:
• suffered an injury after work on Friday
• went to the doctor the next day, where they were certified unable to work from that day.
The Saturday's date is the DOFI.

4.0 Client on leave

a If a client is on annual or other paid leave on the first day they are certified as unfit for work, this day is DOFI. This is regardless of whether or not the business was open at the time the client was on annual, or other paid leave.

b Determine DOFI as if they had not been on leave at the time.

c For example: A worker who normally works on Mondays:
• is on leave on a Monday, when they suffer an injury
• is certified as being unable to work from that day.
The Monday date is the DOFI date.

d This also applies if the client is on unpaid leave when injured, provided they are accepted as being an earner. See Unpaid leave.

Eligibility to Weekly Compensation while on Unpaid Leave

5.0 Statutory holidays

a DOFI is the first date the client was medically certified as unable to work.

b If a statutory holiday falls between the date that the client is certified as being unable to work and the day that they would have worked, if not for being unable to work due to the injury, DOFI is taken as the earlier date, ie the date they were certified as unable to work.

Confirm Self-Employed Person is an Earner Policy v12.0

Summary

Objective
The following rules apply to clients' inability to work due to their injury from 1 July 2010 and stem from the Accident Compensation Act 2001 (AC Act 2001).

1. Rules
2. Proof of ongoing self-employment
3. Types of acceptable proof
4. New self-employed
5. Criteria for eligibility for weekly compensation
6. Confirming new self-employment is legitimate

Owner [redacted]

Expert

Policy

1.0 Rules

a Accept that a client was a self-employed earner at the date they first or subsequently became unable to work due to the injury (date of first incapacity 'DOFI' or date of subsequent incapacity 'DOSI'), if the following apply:
• the Real Time Earnings report confirms that the client was working before they became unable to work
• the ACC004 Questionnaire for self-employed or shareholder employee form, or relevant information obtained from scripting states that the client was working before they became unable to work
• the business has been operating long enough to have passed an income year balance date, ie the client is not a new self-employed earner.

If a client appears to be a new self-employed earner, see 4.0 and 6.0.

ACC004 Questionnaire for self-employed or shareholder employee

2.0 Proof of ongoing self-employment

a We accept that self-employed people have greater control over their working arrangements. Where a self-employed person is not actively working in their business at the time they become unable to work, but the business continues to exist and the person intends to resume in the near future, they're still considered to be working as a self-employed person throughout the period.

NOTE **Example**
They may work seven days a week for six months, and then take a two-month break from work. They're still considered to be working as a self-employed person throughout this period, providing the business does not cease to function and the client can still be considered engaged in employment before the date of their injury, or the date they became unable to work.

b If the client first becomes unable to work while they are not physically working as a self-employed person but there is proof that they were to resume their duties in the near future, they're considered to be an earner.

When a client was not actively involved in employment immediately before they became unable to work, confirm both that they:
• were still involved in self-employment
• would have resumed that employment if they had not become unable to work.

NOTE **Self-employed clients who are casual or who are in receipt of schedular income**
Self-employed clients whose pattern of employment is casual in nature or who are in receipt of schedular or withholding income, including labour-only contractors, must be engaged in employment immediately prior to their accident or when they became unable to work, to be considered an earner and eligible for weekly compensation. Most of these clients will not have a self-employed business that continues to function if they are not actively undertaking activities in their self-employment.

NOTE **What if the schedular or withholding income client can show that they would have returned to work at that same employment?**
Evidence will need to be obtained to confirm with the person they are contracted to, and then a referral will need to be made to Technical Services to discuss at the Weekly Compensation Discussion Group around eligibility to Weekly Compensation.

c A referral can be made to the Weekly Compensation Panel where assistance is required to determine if a self-employed client is eligible.

3.0 Types of acceptable proof

a Any of the following may constitute suitable proof:
• a copy of a written contract or agreement confirming that the client had arranged future work. For example, a contract stating that the client was to begin a consulting assignment for a customer a week after the first date they became unable to work
• proof of purchase of goods that were to be used for future jobs. For example, building materials for a shelving unit the client was to begin making for a customer
• a letter from the client's accountant or bank confirming the existence and continuing operation of a business venture
• an ACC044 Statutory Declaration from the client confirming details of a business venture and continuing operation

ACC044 Statutory declaration

4.0 New self-employed

a New self-employed and shareholder employees are those who, in the two completed income years before becoming unable to work due to the injury, had not been in employment of that type in either income year, but we're satisfied that they were an earner of that type at the date of they became unable to work. That is, their employment began in the income year in which the inability to work began so they hadn't yet passed a balance date, usually 31 March.

Indications that a client is a new self-employed earner are:
• the ACC004 Questionnaire for self-employed or shareholder employee form, or information gathered from the scripting tool shows that the business has only recently commenced
• the Real Time Earnings report, Juno, or the ACC176 shows no income from self-employment in the most recent income year.

ACC004 Questionnaire for self-employed or shareholder employee

5.0 Criteria for eligibility for weekly compensation

a To be eligible for weekly compensation, we must confirm that the client qualifies as an earner immediately prior to DOFI/DOSI.

6.0 Confirming new self-employment is legitimate

a You can use the following indicators to confirm that the new self-employed client was an earner at DOFI/DOSI:
• GST registration
• a separate business IRD number, and lodgement with Inland Revenue of partnership details if applicable
• a separate business bank account or a letter from their bank confirming the existence of a business venture. (Most people will discuss their business venture with their bank or a financial advisor)
• letters from customers confirming that services or goods have been provided
• a letter from their accountant confirming the existence and operation of the business venture
• proof of purchase of goods for business purposes
• an ACC044 Statutory Declaration from the client confirming details of the business venture, the length of its operation (the date they started) and the number of hours the client worked per week

ACC044 Statutory declaration

b The client is generally still expected to lodge a return at the end of the financial year. Where no return is lodged, this can be a factor in deciding that the client was not in fact eligible for weekly compensation. However, it will not be determinative on its own.

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Rule Name

Definition of a non-earner

Statement

A person must be considered to be a **non-earner** if the person does not meet the criteria for being an **earner**.

Motivation

Being an eaner entitles a client to some specific entitlements such as weekly compensation

Rule ID

TRE-018

System(s)

Engagement Model Decision Service (EMD)

Process(s)

Match Claim to Team

Owner(s)

Manager Technical Services

Business Term(s)

earner non-earner

Business Rule Group(s)

Generic classification

Source(s)

Accident Compensation Act 2001, s6(1)

Additional Information

Activation Date

01/07/2010

Rule Type

Inference

Author

[s 9(2)(a)]

Approval Date

1/10/2019

Approver

[s 9(2)(a)] Technical Services, Technical Policy Manager [redacted] Principal Solicitor AC Law

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

Definition – Permanent and Non-Permanent Employment v11.0

Summary

Objective
Refer to this guidance to help you determine if the client's employment is permanent or non-permanent. This guidance applies to claims where the client became unable to work from 1 July 2010, and the application of the Accident Compensation Act 2001.

1) Permanent employment
2) Non-permanent employment
3) Link to legislation

Background
When a client is in employment as an employee when they first or subsequently become unable to work due to the injury (date of first incapacity 'DOFI', or date of subsequent incapacity 'DOSI') we must determine if that employment is permanent or non-permanent.

This decision affects the collection of earnings details, and weekly earnings calculation.

Owner [redacted]

Expert

Procedure

1.0 Permanent employment

a A client can be considered in permanent employment if both the following are true:
• they were in employment as an employee at DOFI/DOSI
• had the personal injury not occurred, they would have continued to receive earnings from that employment, for a continuous period of more than 12 months after DOFI/DOSI.

NOTE **What is not a 'continuous period of earnings'?**
If there would have been a break in earnings from that employment for a period greater than seven days, ACC will not accept that the earnings would have been continuous and therefore that employment is not permanent.
This decision is made in respect of each specific employee job the client has at DOFI/DOSI.

2.0 Non-permanent employment

a A client is not considered to be in permanent employment if they are:
• a seasonal worker or casual employee
• an employee who would have been on unpaid parental or extended unpaid leave in the next 12 months
• an employee, such as some meat workers, with long-term employment contracts, but with lengthy scheduled breaks for which no wages are payable
• any employee who, if they had not become unable to work due to the injury, would not continue to receive earnings from that employment, for a continuous period of 12 months after DOFI/DOSI.

NOTE **Earnings from prior employment are excluded from the permanent employment calculation unless the employee had changed jobs with the same employer from a part time to a full-time position (30 hours or more per week). In that situation, the employee can receive the greater amount calculated under either a permanent or non-permanent calculation.**

b In some instances, the classification of 'permanent' as an employee who has changed jobs only a matter of days prior to becoming unable to work due to the injury, can result in a lower level of support, than if they were classified as non-permanent. This is not necessarily the case if it was a different job with the same employer. See the Accident Compensation Act 2001, Schedule 1, Clause 33 (4) and (5).

c If the current employment is very recent, their employment can be classified as non-permanent if ACC cannot be sure the earnings from the job would have continued for 12 months.

d A permanent employee who was previously non-permanent with the same employer will only have their earnings from their permanent position taken into account in the calculation. This is from the Warren decision.

3.0 Link to legislation

Accident Compensation Act 2001, Schedule 1, Clause 33
http://www.legislation.govt.nz/act/public/2001/0049/la

Earnings as a Self-Employed Person v11.0

Summary

Objective
Refer to this guidance to help you determine what self-employed earnings or income can be included in the calculation of weekly compensation. This guidance applies to claims where the client became unable to work due to the injury from 1 July 2010.

1) Definition of 'earnings as a self-employed person'
2) Income from employees or capital
3) Self-employed earnings
4) Exceptions
5) What are not earnings as a self-employed person
6) Link to legislation

Owner [redacted]

Expert

Procedure

1.0 Definition of 'earnings as a self-employed person'

a Section 14 of the Accident Compensation Act 2001 defines 'earnings as a self-employed person' as the amount of assessable income, if any:
• that the person derives in the income year, for the purposes of the Income Tax Act 2007
• that is dependent on the person's personal exertions.

b In practice, all income after expenses are deducted, less passive income generated from rents, investments etc., is classified as self-employed earnings. This is identified on the IR3 tax return.

c If a client lodges a nil or negative return with Inland Revenue, this does not necessarily mean that they are not an earner.

2.0 Income from employees or capital

a If a self-employed person has income generated by employees or capital, e.g. business equipment like trucks or stock, the whole income derived from carrying on the business is considered to be from personal exertions, as a result of their management or active interest in the business.

b This means that if a business continues to function while the client's is unable to work due to the injury, income generated will continue to be classified as earnings during their inability to work, even if the client is not actively working.

c Most self-employed people maintain a management interest in the business while the client is unable to work that is more active than a silent partner, and all self-employed continue to have a beneficial interest in the business.

3.0 Self-employed earnings

a Earnings as a self-employed person also include:
• company directors' fees subject to deduction of withholding payments*
• commissions to salespersons or agents.
• Overseas income declared in New Zealand (unless the person is not a tax resident of New Zealand or the earnings meet the criteria outlined in section 11 of the Accident Compensation Act 2001).

* The exception is where the directors' fees are from a private company and the director is also a shareholder in, and an employee of, that company. Such earnings are then considered Earnings as a shareholder employee.

b Income on which withholding tax is deducted includes (but is not limited to):
• honoraria, such as payments to members of councils, boards, committees and clubs
• fees earned by entertainers, individual musicians, speakers, freelance journalists and models
• fees earned by jockeys and trotting drivers. Often these people, in addition to riding or driving fees, receive a separate salary or wage subject to PAYE tax deductions. That portion would be classed as earnings as an employee.

c Scheduler (withholding) payments can also include payments to:
• agricultural workers, including casual and seasonal agricultural workers
• forestry and bush workers
• shearing contractors and self-employed shearers
• mustering and droving contractors
• mail and milk delivery people, refuse collectors, school bus drivers, caretakers and street cleaners
• labour-only contractors, ie contractors who supply labour for the erection, extension, decoration and repair of a building
• sellers of greenstone, eels or whitebait, where the seller is not a licensed dealer nor selling through auctioneer or licensed dealer, or the goods are not sold in a retail shop
• game sellers, ie people who sell any part of wild deer, pigs or goats
• non-resident contractors.

4.0 Exceptions

a There may be exceptions where a person receives a retainer plus commissions. In these cases, their status will be determined by the method of taxation, as follows:

• if PAYE tax is paid on the retainer and the commission, all earnings are Earnings as an employee

• if withholding tax is paid on the retainer and the commissions, all earnings are earnings as a self-employed person

• if PAYE tax is paid on the retainer, the amount is treated as earnings as an employee, but if withholding tax is paid on the commission, this amount is treated as earnings as a self-employed person. The person holds dual earner status and is eligible for a calculation of weekly earnings as an employee and as a self-employed person

• schedular, formerly withholding payments, as defined in the Income Tax Act 2007, that is, casual payments or payments where the relationship of the parties is not strictly one of employer and employee.

5.0 What are not earnings as a self-employed person

a The following payments that may be received by other earners are not recognised as earnings as a self-employed person, although some may be earnings as an employee:
- weekly compensation or earnings related compensation payments
- income as a shareholder employee
- income-tested benefits
- beneficiary income from trusts
- New Zealand superannuation (NZS)
- New Zealand Employment Service (NZES) enterprise allowance.

6.0 Link to legislation

Accident Compensation Act 2001, section 14, Earnings as a self-employed person
http://www.legislation.govt.nz/act/public/2001/0049/lat

Earnings as a Shareholder Employee v10.0

Summary

Objective
This page provides you with the definition of 'earnings as a shareholder employee' under the Accident Compensation Act 2001. Use this definition to help you determine what earnings can be included in the calculation of weekly compensation. This guidance applies to claims where the client became unable to work due to the injury from 1 July 2010.

1) Definition of 'earnings as a shareholder employee'
2) Reasonable remuneration
3) Link to legislation

Owner [redacted]

Expert

Procedure

1.0 Definition of 'earnings as a shareholder employee'

a Section 15 of the Accident Compensation Act 2001 defines 'earnings as a shareholder employee' as:

• All source deduction payments of the person for the income year derived from a company in which the person is a shareholder employee

• All income of the person that is deemed to be income-derived otherwise than from source deduction payments under the Income Tax Act 2007.

2.0 Reasonable remuneration

a If ACC decides that the above amount is not a reasonable representation of the person's earnings as a shareholder employee in the income year, ACC can then set an amount representing 'reasonable remuneration' for the services that the person provides:
• to the company as an employee of the company
• as a director of the company in the income year.

b Any difference between the reasonable remuneration figure and the total amount the company pays, or provides to the person in any capacity in the income year, is the dividend of the person as a shareholder of the company and is not earnings.

3.0 Link to legislation

Accident Compensation Act 2001, section 15 Earnings as a shareholder-employee
http://www.legislation.govt.nz/act/public/2001/0049/lat

Business Rules Portal

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Rule Name

Definition of an earner

Statement

A person must be considered an **earner** on a given date if any of the following is true on that date:

- The person is engaged in **employment**.
- The person is an **employee** on any of the following types of leave from work:
  - An **unpaid parental leave**.
  - A period of **paid leave** that is not **paid leave on the termination of employment.**
- The person meets the criteria for being an earner while on **unpaid leave**.
- The person is eligible for the **extension of employment status**.
- The person is within a **payment period** of the **Live Organ Donors Act 2016**.

Motivation

Being an eaner entitles a client to some specific entitlements such as weekly compensation

Rule ID

TRE-020

System(s)

Engagement Model Decision Service (EMD)

Process(s)

Match Claim to Team

Owner(s)

Manager Technical Services

Business Term(s)

earner employee employment extension of employment status paid leave paid leave on termination payment period [Live Donors Act 2016] unpaid leave unpaid parental leave

Business Rule Group(s)

Thresholds

Source(s)

Accident Compensation Act 2001, s6(1)

Client's eligibility to Weekly Compensation while on Unpaid Leave Policy Definition of an Earner Policy
Extension of Employment Status Policy Unpaid Parental Leave Policy

Additional Information

Rule Type

Inference

Author

[s 9(2)(a)]

Approval Date

1/10/2019

Activation Date

01/07/2010

Approver

[s 9(2)(a)] Technical Services, Technical Policy Manager; [redacted] Principal Solicitor AC Law

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

Extension of Employment Status Policy v18.0

Summary

Objective
Refer to this guidance to help you determine when extension of employment status applies. This guidance applies to claims where the client became unable to work from 1 July 2010.

1) When to consider extension of employment status
2) Confirm employment has ceased
3) Required information to confirm cessation for self or shareholder employment
4) Extension of employment status applies
5) Eligibility criteria
6) Situations where the client had 'arranged' to enter an employment agreement
7) Criteria for extension: termination pay
8) Criteria for extension: employee job to go to
9) Seasonal workers
10) Level of proof: employee job to go to

Owner [redacted]

Expert

Policy

1.0 When to consider extension of employment status

a Consider a client's eligibility for extension of employment status under the Accident Compensation Act 2001, Schedule 1 Clause 43, if all the following apply:

• they are unable to work due to the injury

• the date they first or subsequently became unable to work (date of first incapacity 'DOFI' or date of subsequent incapacity 'DOSI') is after the date that the client recently ceased employment as either:
— an employee
— a self-employed person
— a shareholder employee

• they do not otherwise have employment.

2.0 Confirm employment has ceased

a For clients who were employees before they became unable to work, confirm the date their employment was terminated with their last employer.

b For clients who were either self-employed or shareholder employees before they became unable to work, as these clients were their own employers, determining the date that employment ceases requires more information.

3.0 Required information to confirm cessation of self or shareholder employment

a ACC can generally accept that self-employment or shareholder employment has ceased from the date the last of the following activities is carried out, including:

• the date the client's business ceased to trade

• the date the client fulfilled the business tax obligations required by Inland Revenue when, ceasing to operate a business, e.g. completing a business cessation form, cancelling employer registration, cancelling GST registration, and filing a final tax return

• the date their accountant confirms the client has ceased their employment

• the date the premises used for carrying out the business has either been sold or a lease has expired or been terminated

• the date when assets essential for the continuation of the business have been disposed of

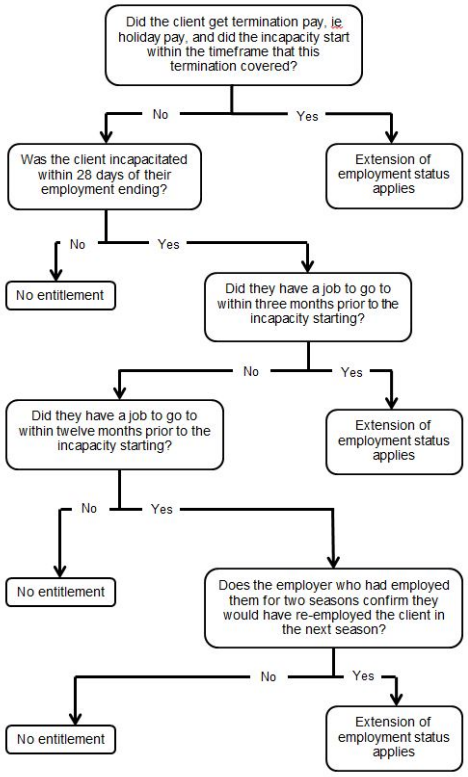
• the date when services previously used by the business, such as telephone, bank accounts, insurances and power, have been discontinued

• the date of bankruptcy of a self-employed person or the date the company of a shareholder employee, has been struck off the Companies Register, if applicable.

b If further clarification is required to determine if a client's self-employment or shareholder employment has ceased, please contact the Technical Accounting Services team.

4.0 Extension of employment status

a Use the flowchart attached to help determine when extension of employment status applies.



Does extension of employment status.jpg

b Special case: Calculating Termination Pay for Extension of Entitlement When Holiday Pay is Included in Wages.

Some employees do not receive a final payment upon ceasing employment as their holiday pay or leave entitlements are built into their hourly rate of pay. This is usually calculated as a flat 8% of earnings in the period.

Clients who have terminated employment prior to their injury can still be eligible for weekly compensation by applying the extension of entitlement rules.

For these clients, ACC will need to consider the portion of holiday pay included in wages, and then add this to the end of the employment period to extend the entitlement.

If a client has had multiple periods of employment with the same employer in the 52 week period, we only consider the income from the last period of employment when calculating the holiday pay portion. These extrapolated earnings are not eligible for abatement.

NOTE **Example**

Shea has been working for a recruitment agency, as and when required, when she is injured. She tells her case owner that she last worked for them 7 days before her injury and her holiday pay is included in her hourly rate. She advises she has been with them for about 5 Months working off and on as needed Monday to Friday. The employer confirms: $8,500 gross was earned over an 18 week period.

Calculation What Is It?
$8,500 ÷ 1.08 (8% Holiday pay component) = $7,870.37 this is the wage component before holiday pay was added

$8,500 - $7,870.37 = $629.63 this is the holiday pay associated to the
earnings ($7,870.37 + $629.63 = $8,500)

$7,870.37 ÷ 18 weeks = $437.24 this is the average earnings per week
(without holiday pay component)

Termination $629.63 ÷ $437.24 = 1.44 weeks the termination compared to the average weekly earnings

Extension = 7.2 days (1.44 ÷ 0.2 per day Mon-Fri) – therefore Shea qualifies for weekly compensation by 0.2 of a day.

5.0 Eligibility criteria

a A client can have extended employment status if, at DOFI/DOSI, they had recently stopped work, and fit one of the following scenarios:

• they received a termination payment on ceasing employment that equates to a certain number of days pay; this number of days is added to their employment cease date (the date the client last worked for their employer) and they become unable to work within this extended period

• they become unable to work due to the injury within 28 days of ceasing employment and if it were not for the inability to work, they would have been employed as an employee within either:

— three months after the date they became unable to work, had entered an employment agreement or had arranged to enter an employment agreement before they became unable to work

— twelve months after the date they became unable to work, if the client is a seasonal worker and the employer, who must have employed the client for the last two seasons, confirms there is a reasonable expectation they would have re-employed the client in the next season.

NOTE **How do we determine whether a client who left their employment is unable to work?**
Section 105 of the Accident Compensation Act 2001 applies if a client had recently ceased employment and satisfies the extension of employment status criteria. Under this provision 'Incapacity' is determined based on whether the client's personal injury restricts or prevents them, mentally or physically, from being able to engage in employment for which they are suited by reason of education, experience or training, or a combination of these things.

PROCESS Definition of Incapacity Policy

b The business rule below defines the Extension of Earner Criteria.

Extension of earner status criteria

c When considering Accident Compensation Act 2001, Schedule 1 Clause 43:

• the above scenarios run concurrently, not consecutively. That is, consider the 28 days in scenario 2 as running from the last day of employment, not from any extended date due to termination pay

• the extension due to termination pay, runs from the day the employment ceased

• the period that the client has been employed prior to DOFI/DOSI is not relevant in determining if the extension applies.

See 'Determine extension - employee job to go to' below.

Accident Compensation Act 2001, Schedule 1 Clause 43
http://www.legislation.govt.nz/act/public/2001/0049/la

Determine extension - employee job to go to - Reference

6.0 Situations where the client had 'arranged' to enter into an employment agreement

a Under the Accident Compensation Act 2001, Schedule 1 Clause 43(3)(a), extension of earner status can apply if a client had entered into an employment agreement, or had arranged to enter an employment agreement, before the client became unable to work due to the injury (i.e. something short of an employment agreement, but also something more than a mere hope of employment).

NOTE **Example**
If an employer advises that a client was 'on my staffing list awaiting a vacancy', ACC would need to seek further clarification of what the staffing list entailed. If this was simply a list used for replacements once a current employee resigned, this could be considered insufficient to constitute 'an arrangement to enter into an employment agreement'.

However, if the employer advised the list was used to take on workers as work became available and it is clear the work due to its nature would become available, and the client would have been hired in the immediate future, then this could constitute an 'arrangement to enter into an employment agreement'.

b Ultimately, the question that needs to be satisfied is whether at the date the client became unable to work due to the injury, the arrangement in place meant it was more likely than not that they would have been in employment in the immediate future.

c If there are doubts about a client's eligibility when they have 'arranged to enter into an employment agreement', a comprehensive referral can be completed and forwarded to the Weekly Compensation Panel. See the below link for the referral process to the Weekly Compensation Panel.

Technical Services Panels

7.0 Criteria for extension: termination pay

a If a client received a payment of earnings on which an earner levy is payable (such as holiday pay) upon ceasing work as an employee, they are considered to be an earner for the equivalent number of days to which the payment relates.

NOTE **Example**
If a person is paid 10 days' holiday pay upon termination, they continue to be classified as an employee for 10 working days after the actual date they finished work. In this situation, if they became unable to work due to the injury within those 10 working days of ceasing employment, they are eligible for weekly compensation under this category.

When considering the number of days pay, have regard to the person's work pattern. For example, 10 days holiday pay for a 3 day per week worker would extend the person status as an employee by 3 weeks and 1 day.

8.0 Criteria for extension: Employee job to go to

a The client is eligible for weekly compensation if all the following criteria are met:

• they become unable to work due to the injury within 28 days of ceasing employment either as an employee, a self-employed person or a shareholder employee, and

• if it was not for the inability to work, they would have been employed as an employee within:

— three months after the date they became unable to work and had entered an employment agreement or had arranged to enter an employment agreement before they became unable to work

— twelve months after the date they became unable to work, if the client is a seasonal worker and the employer (who must have employed the client for the last two seasons, over the last two years) confirms that there is a reasonable expectation that they would have re-employed the client in the next season.

b The prospective employer is required to complete a ACC685 Prospective employer declaration.

ACC685 Prospective employer declaration

9.0 Seasonal workers

a A seasonal worker is an employee:
• whose employment is governed by the availability of work, and
•there is an understanding between the employer and employee that the employment will terminate when the work is no longer available.

To meet this definition of a seasonal worker, the client must demonstrate that they have worked for the employer for at least the last two seasons over the last two years.

NOTE **Examples**

A person is employed as an apple picker on the understanding that the work will terminate for that season when there are no more apples to be picked; therefore, they are a seasonal worker.

A university student is employed in a supermarket for each holiday period, and the work terminates when the student returns to university. This is not considered to be seasonal employment as the availability of work continues despite the fact that the student is not available to work.

b Typical types of seasonal workers include:
• shearers
• freezing workers
• floriculture workers
• horticulture workers
• ski industry workers.

c This is not an exhaustive list. If unsure if a client is a seasonal worker, contact a Technical Specialist.

10.0 Level of proof: employee job to go to

a If a client is injured within 28 days of ceasing employment, ACC will accept that a client is eligible for weekly compensation, if either of the following applies:

• They will be employed as an employee within 3 months of the date they became unable to work due to the injury, and had entered an employment agreement or had arranged to enter the employment agreement before they became unable to work, and the prospective employer confirms in writing the date the arrangement was made and the expected start date.

• They will be employed as an employee within 12 months (for seasonal workers) and the employer confirms in writing that they have employed the client for the last two consecutive seasons and would, if not for the inability to work, be likely to re-employ the client for the next season.

b The prospective employer must be a valid employer registered with Inland Revenue and ACC for the purposes of paying PAYE tax and employer levy respectively. Use the employer search on Pathway to establish if an employer is registered with ACC.

NOTE **Example 1**

A hardware shop assistant ceases employment as an employee on 20 May and gets no termination pay. On 25 May, they sustain personal injury and become unable to work. There is no indication they had a job to go to.

They become unable to work within 28 days of ceasing work, so the first criterion is met, but they do not have a job to go to within 3 months of DOFI and therefore this person is not eligible for extension of employee earner status.

NOTE **Example 2**

A person works every year in a fruit pack house from December to March. The person suffers an injury and becomes unable to work within 28 days of finishing the 2009 season. The employer is contacted and confirms in writing that the person has worked for them in the last two seasons, ie 2008 and 2009 and that there is a reasonable expectation that the person would be called upon to work in the next season, ie 2010. The employer is confirmed as a registered employer for tax and levy purposes.

ACC would accept that the person meets the extension of employment criteria and would provide weekly compensation to that client.

Unpaid Parental Leave v12.0

Summary

Objective
Use this guidance to help you determine whether a client suffers incapacity while on parental leave from work is eligible for weekly compensation. Use this guidance for incapacities that occurred from 1 July 2010.

Owner [redacted]

Expert

Procedure

1.0 Overview

a Under Clause 44 of the Accident Compensation Act 2001, a client who is an employee is eligible for weekly compensation if they become unable to work due to the injury during a period of unpaid parental leave. This may include:
• Any parent or prospective parent for a period before or after the birth of a child
• Any person who is in the process of, or has adopted, a child under the age of 6

b The terms ‘parental leave’ and 'unpaid parental leave' are defined below. A period of parental leave may include both 'paid' and 'unpaid' parental leave.

- parental leave definition
- unpaid parental leave definition

c If the client is on paid parental leave, ie paid by the employer, when they become unable to work (date of first incapacity 'DOFI' or date of subsequent incapacity 'DOSI'), they are considered an earner and are eligible for weekly compensation under the normal weekly compensation provisions.

d A client who was on unpaid parental leave at the time their inability to work started and was an earner at the date of injury, can be considered eligible for weekly compensation under this provision.

e If the client is unable to work due to an injury suffered during the period of parental leave, their inability to work is tested under section 103 of the Accident Compensation Act 2001, which considers whether the client is able to engage in the type of work they performed before going on parental leave.

- When the weekly compensation for unpaid parental leave rate must not be used

2.0 Eligibility criteria

a ACC will be satisfied that a client is on a period of unpaid parental leave if all the following criteria are met. They must have:
• a current employment contract and be an employee
• a written agreement with their employer giving:
— approval to go on parental leave
— a documented start date for parental leave
• an expected return to work (RTW) date.

NOTE **What if the client is self employed or a non PAYE shareholder employee?**
Clause 44 of Schedule 1 only applies to clients who were employees before going on unpaid parental leave. Self employed clients and non PAYE shareholder employees who are unable to work because of an injury while on parental leave will only be eligible for weekly compensation if they satisfy other earner status criteria.

b It is the responsibility of the employer and employee to ensure the employee meets the relevant requirements of the Parental Leave and Employment Protection Act 1987 and the Adoption Act 1955 to ensure the employee is legally entitled to take parental leave. For example, the employee needs to provide their employer with medical certification of the pregnancy or adoption, but that evidence is not something specifically collected by ACC. Only the information required in the following business rules is what ACC must collect to be satisfied the employee is on parental leave.

- Criteria for a client being on unpaid parental leave
- Valid ACC686 Unpaid parental leave form
- ACC686 Unpaid parental leave information
- Maximum length of unpaid parental leave when employed over 10 hours per week in preceding 12 months
- Maximum length of unpaid parental leave when employed over 10 hours per week in preceding 6 months

c If these criteria have been met and the client remains unable to work at the agreed return to work date as a result of their personal injury, they are then eligible for weekly compensation.

3.0 Gathering earnings details

a For the purposes of collecting earnings details, DOFI/DOSI is deemed to be the date on which the client commenced parental leave.

- DOFI/DOSI for collecting earnings of a client on unpaid parental leave who has only one employer
- Treating statutory paid parental leave as unpaid parental leave for weekly compensation
- Pre-incapacity earnings of a person on unpaid parental leave

b In most situations, a non-permanent weekly earnings assessment will apply, as the client is unlikely to receive earnings from that employment in each of the 52 weeks following the date the parental leave commenced, deemed DOFI date.

4.0 Commencing weekly compensation

a For the purposes of commencing weekly compensation, DOFI/DOSI is deemed to be the date that the client would have returned to work if not for the injury, the expected RTW date on the written notification.

DOFI/DOSI for the purpose of starting weekly compensation for a client on unpaid parental leave who has only one employer

b First week, short term and long term periods will apply from this deemed DOFI date.

Short-term parental leave weekly compensation start date

Long-term parental leave weekly compensation start date

NOTE **Example**

A person has a written agreement, signed by themselves and the employer, stating that the person:
• has approval to go on unpaid parental leave and that it will commence on 1 August 2010.
• is due to RTW on expiry of parental leave on 8 January 2011.

If the person suffers an injury that leaves them unable to work during this period, ACC would collect earning details in the 4/52 weeks prior to 1 August 2010.

Eligibility to weekly compensation would begin if the person were still unable to work as a result of their injury on 8 January 2011.Therefore:
• the first week period would apply from 8 January to 14 January
• the short term period would apply from 15 January to 11 February
• the long term period would apply from 12 February.

c If a client suffers an accidental death during a period of unpaid parental leave, weekly compensation for any surviving spouse, children and other dependants starts from the date of death, rather than the date the deceased would have returned to work from parental leave, but for the injury. This is because for accidental death claims, Clause 66(2) in respect of a 'spouse', 70(2) in respect of a 'child', and 71(2) in respect of an 'other dependant' provide that eligibility for weekly compensation commences from the date of the client's death. In this case, Clause 44 provides the appropriate long-term weekly earnings calculation, based on earnings prior to the parental leave start date, on which the accidental death weekly compensation is based.

Start date for accidental death weekly compensation

5.0 Special case: multiple employment

a A client may have more than one employment and consequently be on unpaid parental leave for more than one employment. Each employment may have different start and end dates for the unpaid parental leave.

b In these situations, if the inability to work starts during a period of unpaid parental leave, consider the deemed date for the purposes of:

• collecting earnings details to be the earliest date unpaid parental leave commenced in any one employment for which the client is on unpaid parental leave

• commencing weekly compensation to be the earliest date the client would have otherwise returned to work in any one employment for which the client is on unpaid parental leave.

DOFI/DOSI for collecting earnings of a client on unpaid parental leave who has multiple employers

DOFI/DOSI for the purpose of starting weekly compensation for a client on unpaid parental leave who has multiple employers

NOTE **Example**

A client has two jobs prior to commencing unpaid parental leave.

• Job 1 is a heavy cleaning job in which the client commences unpaid parental leave on 12 January 2011, and is expected to return to this job on 29 June 2011

• Job 2 is a part-time office job in which the client commences unpaid parental leave on 2 March 2011, and is due to return to this job on 1 June 2011.

On 15 April 2011, the client becomes unable to work due to their injury during these periods of unpaid parental leave. In this example the deemed dates will be:

• for the purpose of collecting earnings details: 12 January 2011, i.e. the earliest unpaid parental leave start date for the client's two jobs

• for the purpose of commencing weekly compensation: 1 June 2011, i.e. the earliest RTW date for the client's two jobs.

6.0 Special case: on parental leave but returned to work on a partial basis

a The following applies if a client is all the following:
• on unpaid parental leave
• RTW during the parental leave, this will usually be on a part-time basis
• becomes unable to work during this period.

b The client is eligible for weekly compensation based on earnings in the 4/52 weeks immediately prior to the actual DOFI/DOSI. This will commence following the first week period, provided their inability to work continues at that time.

c This rate of weekly compensation will continue until the client reaches the date in which they were expected to RTW from parental leave, as documented in the parental leave agreement and confirmed by the employer on the ACC686 Unpaid parental leave information form.

d At this point, calculate the weekly compensation amount under the parental leave provision, based on earnings in the 4/52 weeks immediately prior to the date parental leave commenced.

e Under Clause 44(5), the client is eligible for the greater of the:
• existing weekly compensation
• newly calculated parental leave weekly compensation.

f The normal weekly compensation rate will normally apply up to the end of the parental leave first week period, after which the greater of assessment should be used. The greater of assessment will need to be considered separately for the short-term and long-term periods.

Weekly compensation rate for a client on unpaid parental leave who resumes employment before their expected RTW date

NOTE Example

A person commenced parental leave on 1 August 2010 and had an agreement with the employer stipulating an expected return to work date of 8 January 2011.

On 18 September the person returns to work on part-time duties and a week later, on 25 September, they have an accident resulting in immediate inability to work.

Weekly compensation would be calculated on the earnings in the 4/52 weeks immediately prior to the actual DOFI, 25 September 2010. The weekly compensation would continue at this rate until 15 January 2011, seven days after the date they were due to RTW.

At this point, ACC would assess eligibility for weekly compensation under Clause 44, and pay whichever amount is greater, based on earnings in the 4/52 weeks immediately prior to either:
• DOFI
• to 1 August 2010, the date they commenced on parental leave.

7.0 Special case: on parental leave and unable to work after leave end date but not yet commenced work

a If all the following apply:
• a client has been on unpaid parental leave
• becomes unable to work during the period between the parental leave end date and starting work on the next working day
• has not yet started work

b Then the client is accepted as still being on unpaid parental leave and eligible for weekly compensation under the unpaid parental leave rules.

c The person must notify their employer within 21 days of the leave end date, whether or not they will RTW, this is a requirement of the Parental Leave and Employment Protection Act 1987.

d The injury must occur prior to the time agreed between the person and their employer as to when they will start work on that day.

Person on unpaid parental leave when injury is on the RTW date but before they are at work

NOTE Example

A person commenced parental leave on 1 August 2010 and had an agreement with the employer stipulating an expected return to work date of 8 January 2011. The employer agreed to the person starting work on 8 January 2011 at 10am. The person notified their employer within 21 days of the end of the leave period that they intended to return to work.

On the RTW date they have an accident at 8:30am, resulting in immediate inability to work.

The person was unable to work on the return to work date but they had not yet started work. ACC accepts that the person was still on unpaid parental leave and will assess their eligibility for weekly compensation under Clause 44.

8.0 Special case: paid parental leave from 1 July 2002

a The Parental Leave and Employment Protection (Paid Parental Leave) Amendment Act 2002 (the Act) allows for the 12 weeks paid parental leave from 1 July 2002. This has subsequently been increased to 18 weeks leave.

b This scheme is administered by the Ministry of Business, Innovation and Employment (MBIE) but payment of the 18 weeks of paid parental leave is managed by Inland Revenue.

c Key points relating to the scheme and the application of Clause 44 of Schedule 1 of the Accident Compensation Act 2001 (AC Act 2001) are that:

• the Parental Leave and Employment Protection (Paid Parental Leave) Amendment Act 2002 provides that the paid parental leave payments are subject to the PAYE rules but are not subject to earner premium deductions

• the Act consequentially amended Section 11 of the AC Act 2001 to the effect that the payments are not earnings as an employee for ACC purposes. Accordingly, these parental leave payments are not subject to abatement

• the Act also consequentially amended Clause 44 of the AC Act 2001 by including a Subsection (6) which provides that despite being paid, the 18-week paid period will be considered a period of unpaid parental leave for the purposes of Clause 44 of Schedule 1 of the AC Act 2001.

d This means that, if a person is injured while receiving the 18-week statutory amount for paid parental leave, the payments do not give rise to eligibility for weekly compensation other than under Clause 44 of Schedule 1 of the AC Act 2001, that is:

• eligibility for weekly compensation commences from seven days after the date that the client would have returned to work from the parental leave

• weekly earnings will be based on earnings in the period prior to the parental leave start date.

9.0 Links to legislation

Accident Compensation Act 2001, section 103 for determining incapacity of a claimant who was on unpaid parental leave
http://www.legislation.govt.nz/act/public/2001/0049/la

- Accident Compensation Act 2001, section 11 for earnings as an employee: what it does not include
  http://www.legislation.govt.nz/act/public/2001/0049/lat
- Accident Compensation Act 2001, Schedule 1, clause 44 for weekly earnings if an employee was on unpaid parental leave immediately before incapacity
  http://www.legislation.govt.nz/act/public/2001/0049/lat

Eligibility to Weekly Compensation while on Unpaid Leave v17.0

Summary

Objective
Use this guidance to help you determine whether a client, who has become unable to work due to their injury while on unpaid leave, is an earner and eligible for weekly compensation. Use this guidance for claims where the client became unable to work from 1 July 2010.

1) Criteria to determine whether a client on unpaid leave is eligible for weekly compensation
2) Gathering earning details

Owner [redacted]

Expert

Policy

1.0 Criteria to determine whether a client on unpaid leave is eligible for weekly compensation

a Unpaid leave is leave that an employee has chosen to take in agreement with their employer.

b A client who is on unpaid leave from employee work when they become unable to work (date of first incapacity 'DOFI' or date of subsequent incapacity 'DOSI') is eligible to be classified an 'earner' and eligible for weekly compensation if:
• DOFI/DOSI falls within the first 28 days of the unpaid leave period; and
• the total period of unpaid leave taken by the person is not greater than three months in duration; and
• the client has an ongoing employment relationship with the employer during the unpaid leave period; and
• the client would have returned to their employment had it not been for their incapacity.

NOTE **When does the 28 days start?**
The 28 day period starts on the last day the client actually worked before going on unpaid leave.
In situations where the clients finished work, took paid leave, then unpaid leave (and then becomes unable to work while on unpaid leave), the 28 day extension does not start from the date the paid leave ends. It starts from the date last worked.
This is similar to extension of earner status under Accident Compensation Act 2001, clause 43. Clients can either extend earner status using annual leave, or the 28 day extension. Both periods must be applied concurrently, not consecutively.

Criteria for being an earner while on unpaid leave

c The client may advise ACC that they were on unpaid leave at the time their inability to work started, ie DOFI/DOSI, Real Time Earnings (RTE) from Inland Revenue, or the ACC003 Employee earnings certificate form may indicate that the client did not have earnings immediately prior to DOFI/DOSI.

d When considering whether the DOFI/DOSI falls within the first 28 days of the unpaid leave period, consider the client's normal pattern of employment in determining when the period of unpaid leave commences. This date may or may not be the day following the date last worked.

NOTE **Examples**
A Monday to Friday worker takes four weeks unpaid leave, from Monday 15 May. The worker's last day of work is Friday 12 May but the period of unpaid leave starts on Monday 15 May. If DOFI/DOSI falls within the 28 days from Monday 15 May to Sunday 11 June, the client may be eligible for weekly compensation.

A Monday to Friday worker takes two months unpaid leave from Wednesday 12 April. The worker's last day of work is Tuesday 11 April and the unpaid leave commences on 12 April. If DOFI/DOSI falls within the 28 days from Wednesday 12 April to Tuesday 9 May, the client may be eligible for weekly compensation.

e In cases where the client becomes unable to work during a period of unpaid leave, contact the employer to confirm:
• when the unpaid leave period commenced to determine whether DOFI/DOSI falls within the first 28 days of the unpaid leave period
• what the duration of the unpaid leave period is that they agreed with their employee to determine whether the total period of unpaid leave from the date the inability to work started would have been greater than three months
• that an on-going employment relationship existed or would have existed between the employer and the client during the unpaid leave period. Confirm that the client would have:
— retained that employment throughout the unpaid leave
— returned to that job following the end of the unpaid leave period.

f Use this information to determine whether or not the client is eligible for weekly compensation in line with the unpaid leave policy. Document your decision and reasons for the decision on Pathway or Eos and retain relevant information from the employer that supports your decision on the claim file.

g If the person is on unpaid parental leave they may be eligible for weekly compensation, from the date they were due to return to work, from unpaid parental leave. See the guidance on 'Unpaid parental leave'.

Unpaid parental leave

2.0 Gathering earning details

a For the purposes of collecting earnings details, DOFI/DOSI is deemed to be the date on which the client commenced unpaid leave.

b For minimum eligibility purposes, the average hours worked in the four weeks prior to DOFI/DOSI, are the hours worked in the four weeks before the date unpaid leave commenced.

3.0 Determining whether a client on unpaid leave is unable to work

a The test of 'incapacity' under section 105 of the Accident Compensation Act 2001 should apply if the client became unable to work while they were on unpaid leave. This is the same provision that applies for clients who had recently ceased employment and extension of employee status applies.

b A client meets the test of 'incapacity' under this provision if they are unable to engage in employment for which they are suited by reason of education, experience or training, or a combination of these things.

NOTE **What if the client does not meet the test of incapacity under section 105, but is unable to work in their current job?**

In some cases, a client may be fit to work in a number of occupations because of their education, experience or training, but their injury prevents them from working in their current employment. In other words, they are not incapacitated under section 105, even though they are not fit to return to their current work.

Seek advice from Technical Services who can consider if it is more appropriate to consider whether the test of incapacity under section 103 should apply. This looks at whether the client is unable to engage in the employment for which they were employed when they suffered their personal injury.

Unpaid Parental Leave v12.0

Summary

Objective
Use this guidance to help you determine whether a client suffers incapacity while on parental leave from work is eligible for weekly compensation. Use this guidance for incapacities that occurred from 1 July 2010.

Owner [redacted]

Expert

Procedure

1.0 Overview

a Under Clause 44 of the Accident Compensation Act 2001, a client who is an employee is eligible for weekly compensation if they become unable to work due to the injury during a period of unpaid parental leave. This may include:
• Any parent or prospective parent for a period before or after the birth of a child
• Any person who is in the process of, or has adopted, a child under the age of 6

b The terms ‘parental leave’ and 'unpaid parental leave' are defined below. A period of parental leave may include both 'paid' and 'unpaid' parental leave.

- parental leave definition
- unpaid parental leave definition

c If the client is on paid parental leave, ie paid by the employer, when they become unable to work (date of first incapacity 'DOFI' or date of subsequent incapacity 'DOSI'), they are considered an earner and are eligible for weekly compensation under the normal weekly compensation provisions.

d A client who was on unpaid parental leave at the time their inability to work started and was an earner at the date of injury, can be considered eligible for weekly compensation under this provision.

e If the client is unable to work due to an injury suffered during the period of parental leave, their inability to work is tested under section 103 of the Accident Compensation Act 2001, which considers whether the client is able to engage in the type of work they performed before going on parental leave.

- When the weekly compensation for unpaid parental leave rate must not be used

2.0 Eligibility criteria

a ACC will be satisfied that a client is on a period of unpaid parental leave if all the following criteria are met. They must have:
• a current employment contract and be an employee
• a written agreement with their employer giving:
— approval to go on parental leave
— a documented start date for parental leave
• an expected return to work (RTW) date.

NOTE **What if the client is self employed or a non PAYE shareholder employee?**
Clause 44 of Schedule 1 only applies to clients who were employees before going on unpaid parental leave. Self employed clients and non PAYE shareholder employees who are unable to work because of an injury while on parental leave will only be eligible for weekly compensation if they satisfy other earner status criteria.

b It is the responsibility of the employer and employee to ensure the employee meets the relevant requirements of the Parental Leave and Employment Protection Act 1987 and the Adoption Act 1955 to ensure the employee is legally entitled to take parental leave. For example, the employee needs to provide their employer with medical certification of the pregnancy or adoption, but that evidence is not something specifically collected by ACC. Only the information required in the following business rules is what ACC must collect to be satisfied the employee is on parental leave.

- Criteria for a client being on unpaid parental leave
- Valid ACC686 Unpaid parental leave form
- ACC686 Unpaid parental leave information
- Maximum length of unpaid parental leave when employed over 10 hours per week in preceding 12 months
- Maximum length of unpaid parental leave when employed over 10 hours per week in preceding 6 months

c If these criteria have been met and the client remains unable to work at the agreed return to work date as a result of their personal injury, they are then eligible for weekly compensation.

3.0 Gathering earnings details

a For the purposes of collecting earnings details, DOFI/DOSI is deemed to be the date on which the client commenced parental leave.

- DOFI/DOSI for collecting earnings of a client on unpaid parental leave who has only one employer
- Treating statutory paid parental leave as unpaid parental leave for weekly compensation
- Pre-incapacity earnings of a person on unpaid parental leave

b In most situations, a non-permanent weekly earnings assessment will apply, as the client is unlikely to receive earnings from that employment in each of the 52 weeks following the date the parental leave commenced, deemed DOFI date.

4.0 Commencing weekly compensation

a For the purposes of commencing weekly compensation, DOFI/DOSI is deemed to be the date that the client would have returned to work if not for the injury, the expected RTW date on the written notification.

DOFI/DOSI for the purpose of starting weekly compensation for a client on unpaid parental leave who has only one employer

b First week, short term and long term periods will apply from this deemed DOFI date.

Short-term parental leave weekly compensation start date

Long-term parental leave weekly compensation start date

NOTE **Example**

A person has a written agreement, signed by themselves and the employer, stating that the person:
• has approval to go on unpaid parental leave and that it will commence on 1 August 2010.
• is due to RTW on expiry of parental leave on 8 January 2011.

If the person suffers an injury that leaves them unable to work during this period, ACC would collect earning details in the 4/52 weeks prior to 1 August 2010.

Eligibility to weekly compensation would begin if the person were still unable to work as a result of their injury on 8 January 2011.Therefore:
• the first week period would apply from 8 January to 14 January
• the short term period would apply from 15 January to 11 February
• the long term period would apply from 12 February.

c If a client suffers an accidental death during a period of unpaid parental leave, weekly compensation for any surviving spouse, children and other dependants starts from the date of death, rather than the date the deceased would have returned to work from parental leave, but for the injury. This is because for accidental death claims, Clause 66(2) in respect of a 'spouse', 70(2) in respect of a 'child', and 71(2) in respect of an 'other dependant' provide that eligibility for weekly compensation commences from the date of the client's death. In this case, Clause 44 provides the appropriate long-term weekly earnings calculation, based on earnings prior to the parental leave start date, on which the accidental death weekly compensation is based.

Start date for accidental death weekly compensation

5.0 Special case: multiple employment

a A client may have more than one employment and consequently be on unpaid parental leave for more than one employment. Each employment may have different start and end dates for the unpaid parental leave.

b In these situations, if the inability to work starts during a period of unpaid parental leave, consider the deemed date for the purposes of:

• collecting earnings details to be the earliest date unpaid parental leave commenced in any one employment for which the client is on unpaid parental leave

• commencing weekly compensation to be the earliest date the client would have otherwise returned to work in any one employment for which the client is on unpaid parental leave.

DOFI/DOSI for collecting earnings of a client on unpaid parental leave who has multiple employers

DOFI/DOSI for the purpose of starting weekly compensation for a client on unpaid parental leave who has multiple employers

NOTE **Example**

A client has two jobs prior to commencing unpaid parental leave.

• Job 1 is a heavy cleaning job in which the client commences unpaid parental leave on 12 January 2011, and is expected to return to this job on 29 June 2011

• Job 2 is a part-time office job in which the client commences unpaid parental leave on 2 March 2011, and is due to return to this job on 1 June 2011.

On 15 April 2011, the client becomes unable to work due to their injury during these periods of unpaid parental leave. In this example the deemed dates will be:

• for the purpose of collecting earnings details: 12 January 2011, i.e. the earliest unpaid parental leave start date for the client's two jobs

• for the purpose of commencing weekly compensation: 1 June 2011, i.e. the earliest RTW date for the client's two jobs.

6.0 Special case: on parental leave but returned to work on a partial basis

a The following applies if a client is all the following:
• on unpaid parental leave
• RTW during the parental leave, this will usually be on a part-time basis
• becomes unable to work during this period.

b The client is eligible for weekly compensation based on earnings in the 4/52 weeks immediately prior to the actual DOFI/DOSI. This will commence following the first week period, provided their inability to work continues at that time.

c This rate of weekly compensation will continue until the client reaches the date in which they were expected to RTW from parental leave, as documented in the parental leave agreement and confirmed by the employer on the ACC686 Unpaid parental leave information form.

d At this point, calculate the weekly compensation amount under the parental leave provision, based on earnings in the 4/52 weeks immediately prior to the date parental leave commenced.

e Under Clause 44(5), the client is eligible for the greater of the:
• existing weekly compensation
• newly calculated parental leave weekly compensation.

f The normal weekly compensation rate will normally apply up to the end of the parental leave first week period, after which the greater of assessment should be used. The greater of assessment will need to be considered separately for the short-term and long-term periods.

Weekly compensation rate for a client on unpaid parental leave who resumes employment before their expected RTW date

NOTE Example

A person commenced parental leave on 1 August 2010 and had an agreement with the employer stipulating an expected return to work date of 8 January 2011.

On 18 September the person returns to work on part-time duties and a week later, on 25 September, they have an accident resulting in immediate inability to work.

Weekly compensation would be calculated on the earnings in the 4/52 weeks immediately prior to the actual DOFI, 25 September 2010. The weekly compensation would continue at this rate until 15 January 2011, seven days after the date they were due to RTW.

At this point, ACC would assess eligibility for weekly compensation under Clause 44, and pay whichever amount is greater, based on earnings in the 4/52 weeks immediately prior to either:
• DOFI
• to 1 August 2010, the date they commenced on parental leave.

7.0 Special case: on parental leave and unable to work after leave end date but not yet commenced work

a If all the following apply:
• a client has been on unpaid parental leave
• becomes unable to work during the period between the parental leave end date and starting work on the next working day
• has not yet started work

b Then the client is accepted as still being on unpaid parental leave and eligible for weekly compensation under the unpaid parental leave rules.

c The person must notify their employer within 21 days of the leave end date, whether or not they will RTW, this is a requirement of the Parental Leave and Employment Protection Act 1987.

d The injury must occur prior to the time agreed between the person and their employer as to when they will start work on that day.

Person on unpaid parental leave when injury is on the RTW date but before they are at work

NOTE Example

A person commenced parental leave on 1 August 2010 and had an agreement with the employer stipulating an expected return to work date of 8 January 2011. The employer agreed to the person starting work on 8 January 2011 at 10am. The person notified their employer within 21 days of the end of the leave period that they intended to return to work.

On the RTW date they have an accident at 8:30am, resulting in immediate inability to work.

The person was unable to work on the return to work date but they had not yet started work. ACC accepts that the person was still on unpaid parental leave and will assess their eligibility for weekly compensation under Clause 44.

8.0 Special case: paid parental leave from 1 July 2002

a The Parental Leave and Employment Protection (Paid Parental Leave) Amendment Act 2002 (the Act) allows for the 12 weeks paid parental leave from 1 July 2002. This has subsequently been increased to 18 weeks leave.

b This scheme is administered by the Ministry of Business, Innovation and Employment (MBIE) but payment of the 18 weeks of paid parental leave is managed by Inland Revenue.

c Key points relating to the scheme and the application of Clause 44 of Schedule 1 of the Accident Compensation Act 2001 (AC Act 2001) are that:

• the Parental Leave and Employment Protection (Paid Parental Leave) Amendment Act 2002 provides that the paid parental leave payments are subject to the PAYE rules but are not subject to earner premium deductions

• the Act consequentially amended Section 11 of the AC Act 2001 to the effect that the payments are not earnings as an employee for ACC purposes. Accordingly, these parental leave payments are not subject to abatement

• the Act also consequentially amended Clause 44 of the AC Act 2001 by including a Subsection (6) which provides that despite being paid, the 18-week paid period will be considered a period of unpaid parental leave for the purposes of Clause 44 of Schedule 1 of the AC Act 2001.

d This means that, if a person is injured while receiving the 18-week statutory amount for paid parental leave, the payments do not give rise to eligibility for weekly compensation other than under Clause 44 of Schedule 1 of the AC Act 2001, that is:

• eligibility for weekly compensation commences from seven days after the date that the client would have returned to work from the parental leave

• weekly earnings will be based on earnings in the period prior to the parental leave start date.

9.0 Links to legislation

Accident Compensation Act 2001, section 103 for determining incapacity of a claimant who was on unpaid parental leave
http://www.legislation.govt.nz/act/public/2001/0049/la

- Accident Compensation Act 2001, section 11 for earnings as an employee: what it does not include
  http://www.legislation.govt.nz/act/public/2001/0049/lat
- Accident Compensation Act 2001, Schedule 1, clause 44 for weekly earnings if an employee was on unpaid parental leave immediately before incapacity
  http://www.legislation.govt.nz/act/public/2001/0049/lat

Business Rules Portal

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Rule Name

Criteria for being an earner while on unpaid leave

Statement

A person must be considered to be an **earner** at a time the person is on **unpaid leave** from **employment** if all of the following are true:

- The person is on unpaid leave from their employment.
- The person suffers an **incapacity** while on the unpaid leave from employment.
- The **date of incapacity** falls within the first 28 days of the unpaid leave period.
- The total period of unpaid leave taken by the person is not greater than three months in duration.
- The person is to return to their employment after the unpaid leave.
- The person has an ongoing employment relationship with the **employer** during the unpaid leave period.

Motivation

To extend WC entitlement to clients who are temporarily on unpaid leave

Rule ID

TRE-017

System(s)

Engagement Model Decision Service (EMD)

Process(s)

Match Claim to Team

Owner(s)

Manager Technical Services

Business Term(s)

date of incapacity earner employer employment incapacity unpaid leave

Business Rule Group(s)

Generic classification

Source(s)

Client's eligibility to Weekly Compensation while on Unpaid Leave Policy

Additional Information

Approval Date

1/10/2019

Author

[s 9(2)(a)]

Activation Date

12/08/2019

Approver

[s 9(2)(a)] Technical Services, Technical Policy Manager; [redacted] Principal Solicitor AC Law

Rule Type

Inference

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

Business Rules Portal

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Rule Name

DOFI/DOSI for the purpose of starting weekly compensation for a client on unpaid parental leave who has only one employer

Statement

The **date of incapacity for payment [of parental leave weekly compensation]** for a **client** must be deemed to be the **expected return to work date** of the client that is agreed with the employer for that period of unpaid parental leave if the client has exactly one **employer**.

Motivation

To determine when short or long term weekly compensation rates are applicable payments should commence, for a client on unpaid parental leave

Rule ID

WCPL-005

Process(s)

Set Up Weekly Compensation - PAYE (Complex)

Owner(s)

Manager Technical Services

Business Term(s)

client date of incapacity for payment [of parental leave weekly compensation] employer expected return to work date unpaid parental leave

Business Rule Group(s)

Weekly Compensation Parental Leave

Source(s)

Accident Compensation Act 2001, Schedule 1, Clause 44
Business Decision: Weekly compensation -Parental leave - CP2 Unpaid Parental Leave Policy

Additional Information

Approver

[s 9(2)(a)] Client Service Delivery Product Owner, Client Payment 2 Project

Approver

[redacted] Principal Solicitor, Legal Services

Approver

[redacted] (on behalf of [redacted] Technical Services Manager)

Approval Date

06/05/2020

Activation Date

06/05/2020

Rule Type

Obligation

Author

[redacted]

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

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Rule Name

Short-term parental leave weekly compensation start date

Statement

The start date of the first **entitlement period** of **gross short-term weekly compensation for unpaid parental leave** for a client is always exactly 7 calendar days after the **expected return to work date** of the client for that period of unpaid parental leave.

Motivation

To ensure clients get the correct amount of weekly compensation.

Rule ID

WCPL-010

Process(s)

Set Up Weekly Compensation - PAYE (Complex)

Owner(s)

Manager Technical Services

siness erm(s)

client employment expected return to work date
gross short-term weekly compensation for unpaid parental leave unpaid parental leave

Business Rule Group(s)

Weekly Compensation Parental Leave

Source(s)

Accident Compensation Act 2001, Schedule 1, Clause 44
Business Decision: Weekly compensation -Parental leave - CP2 Unpaid Parental Leave Policy

Additional Information

Approval Date

06/05/2020

Approver

[redacted] (on behalf of [redacted] Technical Services Manager)

Approver

[redacted] Principal Solicitor, Legal Services

Rule Type

Inference

Activation Date

06/05/2020

Approver

[s 9(2)(a)] Client Service Delivery Product Owner, Client Payment 2 Project

Author

[redacted]

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

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Rule Name

Long-term parental leave weekly compensation start date

Statement

The start date of the first **entitlement period** of **gross long-term weekly compensation for unpaid parental leave** for a client is always exactly 5 calendar weeks after the **expected return to work date** of the client for that period of unpaid parental leave.

Motivation

To ensure clients get the correct amount of weekly compensation.

Rule ID

WCPL-011

Process(s)

Set Up Weekly Compensation - PAYE (Complex)

Owner(s)

Manager Technical Services

Business Term(s)

client employment expected return to work date
gross long-term weekly compensation for unpaid parental leave unpaid parental leave

Business Rule Group(s)

Weekly Compensation Parental Leave

Source(s)

Accident Compensation Act 2001, Schedule 1, Clause 44
Business Decision: Weekly compensation -Parental leave - CP2 Unpaid Parental Leave Policy

Additional Information

Approver

[redacted] (on behalf of [redacted] Technical Services Manager)

Approval Date

06/05/2020

Author

[redacted]

Rule Type

Inference

Activation Date

06/05/2020

Approver

[redacted] Principal Solicitor, Legal Services

Approver

[s 9(2)(a)] Client Service Delivery Product Owner, Client Payment 2 Project

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

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Rule Name

Start date for accidental death weekly compensation

Statement

The start date of an **accidental death weekly compensation entitlement** for an **accidental death claimant of a deceased client** is always the date of death of the deceased client.

Motivation

To determine the date weekly financial support starts for an accidental death claimant

Rule ID

WCAD014

System(s)

Eos Accidental Death Entitlement

Process(s)

Set Up Fatal Weekly Compensation

Owner(s)

Manager Technical Services

Business Term(s)

accidental death claimant deceased client weekly compensation entitlement [for accidental death]

Business Rule Group(s)

Accidental Death Weekly Compensation

Source(s)

Eligibility for weekly compensation for accidental death claims Policy

Additional Information

Rule Type

Inference

Approver

[redacted]

[s 9(2)(a)] Technical Policy Team Manager

Approver

[redacted] Principal Solicitor, AC Law

Approver

[s 9(2)(a)] Client Service Delivery Product Owner, Client Payment 2 Project

Activation Date

12/07/19

Author

[redacted]

Approval Date

12/07/19

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

Business Rules Portal

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Rule Name

DOFI/DOSI for collecting earnings of a client on unpaid parental leave who has multiple employers

Statement

The **date of incapacity for collecting earnings** for calculation of a **weekly compensation entitlement [for unpaid parental leave]** of a **client** must be deemed to be the earliest start date of the unpaid parental leave periods if the client has multiple employers who have approved multiple overlapping periods of **unpaid parental leave.**

Motivation

To ensure the zero-income period of the unpaid parental leave is not taken into account when calculating earnings for weekly compensation.

Rule ID

WCPL-004

Process(s)

Set Up Weekly Compensation - PAYE (Complex)

Owner(s)

Manager Technical Services

Business Term(s)

date of incapacity for collecting earnings [for parental leave weekly compensation] employer unpaid parental leave weekly compensation entitlement [for unpaid parental leave]

Business Rule Group(s)

Weekly Compensation Parental Leave

Source(s)

Accident Compensation Act 2001, Schedule 1, Clause 44
Business Decision: Weekly compensation -Parental leave - CP2 Unpaid Parental Leave Policy

Additional Information

Approval Date

06/05/2020

Activation Date

06/05/2020

Approver

[redacted] (on behalf of [redacted] Technical Services Manager)

Author

[redacted]

Approver

[s 9(2)(a)] Client Service Delivery Product Owner, Client Payment 2 Project

Rule Type

Obligation

Approver

[redacted] Principal Solicitor, Legal Services

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

Business Rules Portal

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Export

Rule Name

DOFI/DOSI for the purpose of starting weekly compensation for a client on unpaid parental leave who has multiple employers

Statement

The **date of incapacity for payment [of parental leave weekly compensation]** for a **client** must be deemed to be the earliest **expected return to work date** of the client that is agreed with an employer for the period of **unpaid parental leave** if the client has multiple employers who have approved multiple overlapping periods of unpaid parental leave.

Motivation

To determine when short or long term weekly compensation rates are applicable payments should commence, for a client on unpaid parental leave

Rule ID

WCPL-006

Process(s)

Set Up Weekly Compensation - PAYE (Complex)

Owner(s)

Manager Technical Services

Business Term(s)

client date of incapacity for payment [of parental leave weekly compensation] employer expected return to work date unpaid parental leave

Business Rule Group(s)

Weekly Compensation Parental Leave

Source(s)

Accident Compensation Act 2001, Schedule 1, Clause 44
Business Decision: Weekly compensation -Parental leave - CP2 Unpaid Parental Leave Policy

Additional Information

Approver

[redacted] Principal Solicitor, Legal Services

Approver

[redacted] (on behalf of [redacted] Technical Services Manager)

Rule Type

Obligation

Approval Date

06/05/2020

Activation Date

06/05/2020

Approver

[s 9(2)(a)] Client Service Delivery Product Owner, Client Payment 2 Project

Author

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Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

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Export

Rule Name

Weekly compensation rate for a client on unpaid parental leave who resumes employment before their expected RTW date

Statement

The rate of **gross weekly compensation [unpaid parental leave]** for a person on **unpaid parental leave** who resumes employment before the **expected return to work date** of the person must be the highest of the following:

- a **gross weekly compensation amount** based on **pre-incapacity earnings** prior to the **date of incapacity** of an injury
- a gross weekly compensation amount based on pre-incapacity earnings prior to the deemed **date of incapacity** used for collecting **earnings** for calculation of a **weekly compensation entitlement [for unpaid parental leave].**

Motivation

To determine which calculation of weekly compensation should be used for a client who returned to work part-time while on unpaid parental leave.

Rule ID

WCPL-008

Process(s)

Set Up Weekly Compensation - PAYE (Complex)

Owner(s)

Manager Technical Services

Business Term(s)

date of incapacity date of incapacity for collecting earnings [for parental leave weekly compensation]
earnings (before tax) employment expected return to work date
gross weekly compensation [unpaid parental leave] pre-incapacity earnings unpaid parental leave
weekly compensation entitlement [for unpaid parental leave]

Business Rule Group(s)

Weekly Compensation Parental Leave

Source(s)

Accident Compensation Act 2001, Schedule 1, Clause 44
Business Decision: Weekly compensation -Parental leave - CP2 Unpaid Parental Leave Policy

Additional Information

Approver

[s 9(2)(a)] Client Service Delivery Product Owner, Client Payment 2 Project

Activation Date

06/05/2020

Approver

[redacted] Principal Solicitor, Legal Services

Author

[redacted]

Approver

[redacted] (on behalf of [redacted] Technical Services Manager)

Rule Type

Obligation

Approval Date

06/05/2020

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

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Rule Name

Person on unpaid parental leave when injury is on the RTW date but before they are at work

Statement

A person must be considered to be on **unpaid parental leave** if all the following are true:

- the period of leave the person is on is considered to be unpaid parental leave
- the person has not yet returned to a **place of employment**
- the person notified their **employer** within 21 days of the leave end date that they intended to return to work

Motivation

To ensure clients injured on the RTW date before reaching their place of work are still eligible for weekly compensation under the unpaid parental leave rules.

Rule ID

WCPL-012

Process(s)

Set Up Weekly Compensation - PAYE (Complex)

Owner(s)

Manager Technical Services

Business Term(s)

employer place of employment unpaid parental leave

Business Rule Group(s)

Weekly Compensation Parental Leave

Source(s)

Accident Compensation Act 2001, Schedule 1, Clause 44
Business Decision: Weekly compensation -Parental leave - CP2 Unpaid Parental Leave Policy

Additional Information

Approval Date

[redacted]

06/05/2020

Author

[redacted]

Approver

[redacted] (on behalf of [redacted] Technical Services Manager)

Rule Type

Inference

Approver

[redacted] Principal Solicitor, Legal Services

Activation Date

06/05/2020

Approver

[s 9(2)(a)] Client Service Delivery Product Owner, Client Payment 2 Project

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

Business Rules Portal

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Export

Rule Name

Maximum length of unpaid parental leave when employed over 10 hours per week in preceding 12 months

Statement

An **expected return to work date** of a person on a period of **unpaid parental leave** must not be more than exactly 52 weeks from the start date of the period of unpaid parental leave if the person was employed by exactly one employer for more than an average of 10 hours a week in the 12 month period immediately preceding any of the following:

- the date of birth of the child that will be cared for during the period of unpaid parental leave
- the date the person took responsibility of care of the child that will be cared for during the period of unpaid parental leave.

Retrieving Rules and Terms with all custom attributes

Searching Business Rules for 'WCPL'

To ensure clients get the correct amount of weekly compensation for the relevant periods of time.

Rule ID

WCPL-014

Process(s)

Set Up Weekly Compensation - PAYE (Complex)

Owner(s)

Manager Technical Services

Business Term(s)

expected return to work date unpaid parental leave

Business Rule Group(s)

Weekly Compensation Weekly Compensation Parental Leave

Source(s)

Business Decision: Weekly compensation -Parental leave - CP2
Parental Leave and Employment Protection Act 1987, s2BA Unpaid Parental Leave Policy

Author

[redacted]

Approver

[redacted] Principal Solicitor, Legal Services

Approval Date

06/05/2020

Rule Type

Constraint

Approver

[redacted] (on behalf of [redacted] Technical Services Manager)

Activation Date

06/05/2020

Approver

[s 9(2)(a)] Client Service Delivery Product Owner, Client Payment 2 Project

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

Retrieving Rules and Terms with all custom attributes

Searching Business Rules for 'WCPL'

Business Rules Portal

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Export

Rule Name

Valid ACC686 Unpaid parental leave form

Statement

An **ACC686 Unpaid parental leave information** form must be considered valid if it specifies all of the following:

- contact details of an employer
- full name of an person
- confirmation that the person is employed by the employer
- confirmation that the employer approved **unpaid parental leave** for the person
- start date of a period of **unpaid parental leave** for the person
- an **expected return to work date** for the person that occurs the day immediately after the period of unpaid parental leave
- signature of the employer

Retrieving Rules and Terms with all custom attributes

Searching Business Rules for 'WCPL'

Motivation

To ensure ACC has appropriate information that a person is on unpaid parental leave.

Rule ID

WCPL-002

Process(s)

Set Up Weekly Compensation - PAYE (Complex)

Owner(s)

Manager Technical Services

Business Term(s)

employer expected return to work date unpaid parental leave

Business Rule Group(s)

Weekly Compensation Parental Leave

Source(s)

Additional Information

Approver

[redacted] Principal Solicitor, Legal Services

Author

[redacted]

Approval Date

06/05/2020

Rule Type

Inference

Activation Date

06/05/2020

Approver

[s 9(2)(a)] Client Service Delivery Product Owner, Client Payment 2 Project

Approver

[redacted] (on behalf of [redacted] Technical Services Manager)

Retrieving Rules and Terms with all custom attributes

Searching Business Rules for 'WCPL'

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

Business Rules Portal

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Rule Name

When the weekly compensation for unpaid parental leave rate must not be used

Statement

An amount of **gross weekly compensation [unpaid parental leave]** must not apply to an **entitlement period** of **gross weekly compensation** that ends before the **expected return to work date** for that period of **unpaid parental leave**.

Motivation

To ensure clients get the correct amount of weekly compensation.

Rule ID

Retrieving Rules and Terms with all custom attributes

Set Up Weekly Compensation - PAYE (Complex)

Owner(s)

Manager Technical Services

siness erm(s)

entitlement period expected return to work date gross weekly compensation
gross weekly compensation [unpaid parental leave] unpaid parental leave

Business Rule Group(s)

Weekly Compensation Parental Leave

Source(s)

Accident Compensation Act 2001, Schedule 1, Clause 44
Business Decision: Weekly compensation -Parental leave - CP2 Unpaid Parental Leave Policy

Additional Information

Approval Date

06/05/2020

Approver

[redacted] Principal Solicitor, Legal Services

Rule Type

Constraint

Activation Date

06/05/2020

Approver

[redacted] (on behalf of [redacted] Technical Services Manager)

Approver

[s 9(2)(a)] Client Service Delivery Product Owner, Client Payment 2 Project

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

Eligibility to Weekly Compensation while on Unpaid Leave v17.0

Summary

Objective
Use this guidance to help you determine whether a client, who has become unable to work due to their injury while on unpaid leave, is an earner and eligible for weekly compensation. Use this guidance for claims where the client became unable to work from 1 July 2010.

1) Criteria to determine whether a client on unpaid leave is eligible for weekly compensation
2) Gathering earning details

Owner [redacted]

Expert

Policy

1.0 Criteria to determine whether a client on unpaid leave is eligible for weekly compensation

a Unpaid leave is leave that an employee has chosen to take in agreement with their employer.

b A client who is on unpaid leave from employee work when they become unable to work (date of first incapacity 'DOFI' or date of subsequent incapacity 'DOSI') is eligible to be classified an 'earner' and eligible for weekly compensation if:
• DOFI/DOSI falls within the first 28 days of the unpaid leave period; and
• the total period of unpaid leave taken by the person is not greater than three months in duration; and
• the client has an ongoing employment relationship with the employer during the unpaid leave period; and
• the client would have returned to their employment had it not been for their incapacity.

NOTE **When does the 28 days start?**
The 28 day period starts on the last day the client actually worked before going on unpaid leave.
In situations where the clients finished work, took paid leave, then unpaid leave (and then becomes unable to work while on unpaid leave), the 28 day extension does not start from the date the paid leave ends. It starts from the date last worked.
This is similar to extension of earner status under Accident Compensation Act 2001, clause 43. Clients can either extend earner status using annual leave, or the 28 day extension. Both periods must be applied concurrently, not consecutively.

Criteria for being an earner while on unpaid leave

c The client may advise ACC that they were on unpaid leave at the time their inability to work started, ie DOFI/DOSI, Real Time Earnings (RTE) from Inland Revenue, or the ACC003 Employee earnings certificate form may indicate that the client did not have earnings immediately prior to DOFI/DOSI.

d When considering whether the DOFI/DOSI falls within the first 28 days of the unpaid leave period, consider the client's normal pattern of employment in determining when the period of unpaid leave commences. This date may or may not be the day following the date last worked.

NOTE **Examples**
A Monday to Friday worker takes four weeks unpaid leave, from Monday 15 May. The worker's last day of work is Friday 12 May but the period of unpaid leave starts on Monday 15 May. If DOFI/DOSI falls within the 28 days from Monday 15 May to Sunday 11 June, the client may be eligible for weekly compensation.

A Monday to Friday worker takes two months unpaid leave from Wednesday 12 April. The worker's last day of work is Tuesday 11 April and the unpaid leave commences on 12 April. If DOFI/DOSI falls within the 28 days from Wednesday 12 April to Tuesday 9 May, the client may be eligible for weekly compensation.

e In cases where the client becomes unable to work during a period of unpaid leave, contact the employer to confirm:
• when the unpaid leave period commenced to determine whether DOFI/DOSI falls within the first 28 days of the unpaid leave period
• what the duration of the unpaid leave period is that they agreed with their employee to determine whether the total period of unpaid leave from the date the inability to work started would have been greater than three months
• that an on-going employment relationship existed or would have existed between the employer and the client during the unpaid leave period. Confirm that the client would have:
— retained that employment throughout the unpaid leave
— returned to that job following the end of the unpaid leave period.

f Use this information to determine whether or not the client is eligible for weekly compensation in line with the unpaid leave policy. Document your decision and reasons for the decision on Pathway or Eos and retain relevant information from the employer that supports your decision on the claim file.

g If the person is on unpaid parental leave they may be eligible for weekly compensation, from the date they were due to return to work, from unpaid parental leave. See the guidance on 'Unpaid parental leave'.

Unpaid parental leave

2.0 Gathering earning details

a For the purposes of collecting earnings details, DOFI/DOSI is deemed to be the date on which the client commenced unpaid leave.

b For minimum eligibility purposes, the average hours worked in the four weeks prior to DOFI/DOSI, are the hours worked in the four weeks before the date unpaid leave commenced.

3.0 Determining whether a client on unpaid leave is unable to work

a The test of 'incapacity' under section 105 of the Accident Compensation Act 2001 should apply if the client became unable to work while they were on unpaid leave. This is the same provision that applies for clients who had recently ceased employment and extension of employee status applies.

b A client meets the test of 'incapacity' under this provision if they are unable to engage in employment for which they are suited by reason of education, experience or training, or a combination of these things.

NOTE **What if the client does not meet the test of incapacity under section 105, but is unable to work in their current job?**

In some cases, a client may be fit to work in a number of occupations because of their education, experience or training, but their injury prevents them from working in their current employment. In other words, they are not incapacitated under section 105, even though they are not fit to return to their current work.

Seek advice from Technical Services who can consider if it is more appropriate to consider whether the test of incapacity under section 103 should apply. This looks at whether the client is unable to engage in the employment for which they were employed when they suffered their personal injury.

Business Rules Portal

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Business Term

parental leave

Description

a period of leave for the care of a child aged under 6 that includes either paid leave (employer paid or statutory paid) or unpaid leave

Synonyms

Owner(s)

General Counsel

Source(s)

Accident Compensation Act 2001, s6(1)
Business Decision: Weekly compensation -Parental leave - CP2
Parental Leave and Employment Protection Act 1987, s2(1)

Custom Attributes

Approver

[redacted] Principal Solicitor AC Law, Legal Services

Approver

[redacted] (on behalf of [redacted] Technical Services Manager)

Approval Date

06/05/2020

Approver

[s 9(2)(a)] Client Service Delivery Product Owner, Client Payment 2 Project

Author

[redacted]

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

Business Rules Portal

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Export

Business Term

unpaid parental leave

Description

a period of leave for the care of a child aged under 6 during which a person is not paid by their employer and which is agreed to before their incapacity.

See the following rule:
Treating statutory paid parental leave as unpaid parental leave for weekly compensation

Synonyms

Owner(s)

Manager Technical Services

Source(s)

Accident Compensation Act 2001, s6(1)
Business Decision: Weekly compensation -Parental leave - CP2

Parental Leave and Employment Protection Act 1987 Unpaid Parental Leave Policy

Rule(s)

Criteria for a client being on unpaid parental leave Definition of an earner
DOFI/DOSI for collecting earnings of a client on unpaid parental leave who has multiple employers
DOFI/DOSI for collecting earnings of a client on unpaid parental leave who has only one employer
DOFI/DOSI for the purpose of starting weekly compensation for a client on unpaid parental leave who has multiple employers
DOFI/DOSI for the purpose of starting weekly compensation for a client on unpaid parental leave who has only one employer
Long-term parental leave weekly compensation start date
Maximum length of unpaid parental leave when employed over 10 hours per week in preceding 12 months
Maximum length of unpaid parental leave when employed over 10 hours per week in preceding 6 months
Person on unpaid parental leave when injury is on the RTW date but before they are at work

Show all

Custom Attributes

Approval Date

06/05/2020

Approver

[redacted] Principal Solicitor AC Law, Legal Services

Approver

[redacted] (on behalf of [redacted] Technical Services Manager)

Approver

[s 9(2)(a)] Client Service Delivery Product Owner, Client Payment 2 Project

Author

[s 9(2)(a)]

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

Business Rules Portal

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Export

Rule Name

Maximum length of unpaid parental leave when employed over 10 hours per week in preceding 6 months

Statement

An **expected return to work date** of a person on a period of **unpaid parental leave** must not be more than exactly 26 weeks from the start date of the period of unpaid parental leave if the person was employed by exactly one employer for more than an average of 10 hours a week in the 6 month period immediately preceding any of the following:

- the date of birth of the child that will be cared for by the period of unpaid parental leave
- the date the person took responsibility of care of the child that will be cared for during the period of unpaid parental leave

To ensure clients get the correct amount of weekly compensation for the relevant periods of time.

Rule ID

WCPL-015

Process(s)

Set Up Weekly Compensation - PAYE (Complex)

Owner(s)

Manager Technical Services

Business Term(s)

expected return to work date unpaid parental leave

Business Rule Group(s)

Weekly Compensation Weekly Compensation Parental Leave

Source(s)

Business Decision: Weekly compensation -Parental leave - CP2
Parental Leave and Employment Protection Act 1987, s2BA Unpaid Parental Leave Policy

Approval Date

06/05/2020

Author

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Approver

[redacted] Principal Solicitor, Legal Services

Approver

[s 9(2)(a)] Client Service Delivery Product Owner, Client Payment 2 Project

Approver

[redacted] (on behalf of [redacted] Technical Services Manager)

Rule Type

Constraint

Activation Date

06/05/2020

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

Definition of Incapacity Policy v14.0

Summary

Objective
This page provides you with the definition of 'incapacity' provided by the Accident Compensation Act 2001. A client's eligibility for weekly compensation depends on their inability to carry out employment.

Use this guidance to determine incapacity of a client, ie whether the client is unable, because of their personal injury, to engage in either:
• employment that they were in when they suffered the personal injury (section 103)
• work that they are suited for based on their experience, education, training, or combination of those things (section 105).

If a client is not incapacitated, then a client is not eligible for weekly compensation.

This guidance applies to incapacities that occurred from 1 July 2010.

Owner [redacted]

Expert

Policy

1.0 Definition of incapacity

a Section 6 of the Accident Compensation Act 2001 defines 'incapacity' as determined under either:
• Section 103 or
• Section 105.

Sections 103 and 105 of the Accident Compensation Act 2001 only apply to the covered personal injury.

NOTE **Accident Compensation Act 2001, section 103**
The client is unable to engage in employment for which they were employed when the personal injury was suffered.

NOTE **Accident Compensation Act 2001, section 105**
The client is unable to engage in employment for which they are suited by reason of education, experience or training, or a combination of these things.

b Inability to work includes being absent from employment to get treatment for the personal injury if the treatment is:
• necessary for the injury
• of a type that we, as the insurer, are liable to provide.

2.0 Determine incapacity under Section 103 of the Accident Compensation Act 2001

a Section 103 of the Accident Compensation Act 2001 applies if, at the time of the injury, the client is:
• an earner
• on unpaid parental leave or
• a recuperating organ donor.

b 'Incapacity' for these clients is determined by whether the personal injury restricts or prevents them, mentally or physically, from being able to perform their employment activities.

3.0 Determine incapacity under Section 105 of the Accident Compensation Act 2001

a Section 105 of the Accident Compensation Act 2001 applies if, when the client became unable to work, they:
• were a potential earner
• had a TimeOut cover policy
• were not in employment, but had recently ceased employment and extension of employee status applies.

b 'Incapacity' for these clients is determined by whether the personal injury restricts or prevents them, mentally or physically, from being able to engage in employment for which they are suited by reason of education, experience or training, or a combination of these things.

4.0 Links to legislation

Accident Compensation Act 2001, section 103
http://www.legislation.govt.nz/act/public/2001/0049/lat

Accident Compensation Act 2001, section 105
http://www.legislation.govt.nz/act/public/2001/0049/lat

Establishing Date of First Incapacity (DOFI) v13.0

Summary

Objective
Determining the date of first incapacity (DOFI) is important as it establishes when a client's first week period starts. Refer to this guidance to help you determine the first week period and establish the start of the client's weekly compensation.

1) Determining a client's DOFI
2) Time off work for treatment before certified as unable to work
3) No time off work for treatment before certified as unable to work
4) Client on leave
5) Statutory holidays

Owner [redacted]

Expert

Policy

1.0 Rules

a A client's date of first incapacity (DOFI) is the earlier of the first date that they:
• were medically certified as unfit for work due to their injury
• had time off work to receive necessary health care treatment for their injury.

b Each claim can have only one DOFI date.

c If the client has an injury, they will be medically certified as unfit for their employment from the date they were first off work due to this personal injury. This date is the DOFI.

Definition of incapacity Policy

Examples - Determining DOFI

NOTE **What if incapacity period is greater than 180 days?**
Guidance must be sought from Technical Services and/or Clinical Services (depending on the guidance required)

2.0 Time off work for treatment before certified as unable to work

a If the client has taken time off work for treatment before the date they were first medically certified as unable to work, the date of that treatment is DOFI.

b This earlier date can only be used as DOFI if ACC is required, or allowed, to pay for the type of treatment they received.

c ACC also needs confirmation from the employer of any actual time taken off work.

3.0 No time off work for treatment before certified unable to work

a If the client has not had time off during work hours for necessary treatment, DOFI is the first date they were medically certified as unable to work.

b For example: a Monday to Friday worker:
• suffered an injury after work on Friday
• went to the doctor the next day, where they were certified unable to work from that day.
The Saturday's date is the DOFI.

4.0 Client on leave

a If a client is on annual or other paid leave on the first day they are certified as unfit for work, this day is DOFI. This is regardless of whether or not the business was open at the time the client was on annual, or other paid leave.

b Determine DOFI as if they had not been on leave at the time.

c For example: A worker who normally works on Mondays:
• is on leave on a Monday, when they suffer an injury
• is certified as being unable to work from that day.
The Monday date is the DOFI date.

d This also applies if the client is on unpaid leave when injured, provided they are accepted as being an earner. See Unpaid leave.

Eligibility to Weekly Compensation while on Unpaid Leave

5.0 Statutory holidays

a DOFI is the first date the client was medically certified as unable to work.

b If a statutory holiday falls between the date that the client is certified as being unable to work and the day that they would have worked, if not for being unable to work due to the injury, DOFI is taken as the earlier date, ie the date they were certified as unable to work.

Eligibility to Weekly Compensation while on Unpaid Leave v17.0

Summary

Objective
Use this guidance to help you determine whether a client, who has become unable to work due to their injury while on unpaid leave, is an earner and eligible for weekly compensation. Use this guidance for claims where the client became unable to work from 1 July 2010.

1) Criteria to determine whether a client on unpaid leave is eligible for weekly compensation
2) Gathering earning details

Owner [redacted]

Expert

Policy

1.0 Criteria to determine whether a client on unpaid leave is eligible for weekly compensation

a Unpaid leave is leave that an employee has chosen to take in agreement with their employer.

b A client who is on unpaid leave from employee work when they become unable to work (date of first incapacity 'DOFI' or date of subsequent incapacity 'DOSI') is eligible to be classified an 'earner' and eligible for weekly compensation if:
• DOFI/DOSI falls within the first 28 days of the unpaid leave period; and
• the total period of unpaid leave taken by the person is not greater than three months in duration; and
• the client has an ongoing employment relationship with the employer during the unpaid leave period; and
• the client would have returned to their employment had it not been for their incapacity.

NOTE **When does the 28 days start?**
The 28 day period starts on the last day the client actually worked before going on unpaid leave.
In situations where the clients finished work, took paid leave, then unpaid leave (and then becomes unable to work while on unpaid leave), the 28 day extension does not start from the date the paid leave ends. It starts from the date last worked.
This is similar to extension of earner status under Accident Compensation Act 2001, clause 43. Clients can either extend earner status using annual leave, or the 28 day extension. Both periods must be applied concurrently, not consecutively.

Criteria for being an earner while on unpaid leave

c The client may advise ACC that they were on unpaid leave at the time their inability to work started, ie DOFI/DOSI, Real Time Earnings (RTE) from Inland Revenue, or the ACC003 Employee earnings certificate form may indicate that the client did not have earnings immediately prior to DOFI/DOSI.

d When considering whether the DOFI/DOSI falls within the first 28 days of the unpaid leave period, consider the client's normal pattern of employment in determining when the period of unpaid leave commences. This date may or may not be the day following the date last worked.

NOTE **Examples**
A Monday to Friday worker takes four weeks unpaid leave, from Monday 15 May. The worker's last day of work is Friday 12 May but the period of unpaid leave starts on Monday 15 May. If DOFI/DOSI falls within the 28 days from Monday 15 May to Sunday 11 June, the client may be eligible for weekly compensation.

A Monday to Friday worker takes two months unpaid leave from Wednesday 12 April. The worker's last day of work is Tuesday 11 April and the unpaid leave commences on 12 April. If DOFI/DOSI falls within the 28 days from Wednesday 12 April to Tuesday 9 May, the client may be eligible for weekly compensation.

e In cases where the client becomes unable to work during a period of unpaid leave, contact the employer to confirm:
• when the unpaid leave period commenced to determine whether DOFI/DOSI falls within the first 28 days of the unpaid leave period
• what the duration of the unpaid leave period is that they agreed with their employee to determine whether the total period of unpaid leave from the date the inability to work started would have been greater than three months
• that an on-going employment relationship existed or would have existed between the employer and the client during the unpaid leave period. Confirm that the client would have:
— retained that employment throughout the unpaid leave
— returned to that job following the end of the unpaid leave period.

f Use this information to determine whether or not the client is eligible for weekly compensation in line with the unpaid leave policy. Document your decision and reasons for the decision on Pathway or Eos and retain relevant information from the employer that supports your decision on the claim file.

g If the person is on unpaid parental leave they may be eligible for weekly compensation, from the date they were due to return to work, from unpaid parental leave. See the guidance on 'Unpaid parental leave'.

Unpaid parental leave

2.0 Gathering earning details

a For the purposes of collecting earnings details, DOFI/DOSI is deemed to be the date on which the client commenced unpaid leave.

b For minimum eligibility purposes, the average hours worked in the four weeks prior to DOFI/DOSI, are the hours worked in the four weeks before the date unpaid leave commenced.

3.0 Determining whether a client on unpaid leave is unable to work

a The test of 'incapacity' under section 105 of the Accident Compensation Act 2001 should apply if the client became unable to work while they were on unpaid leave. This is the same provision that applies for clients who had recently ceased employment and extension of employee status applies.

b A client meets the test of 'incapacity' under this provision if they are unable to engage in employment for which they are suited by reason of education, experience or training, or a combination of these things.

NOTE **What if the client does not meet the test of incapacity under section 105, but is unable to work in their current job?**

In some cases, a client may be fit to work in a number of occupations because of their education, experience or training, but their injury prevents them from working in their current employment. In other words, they are not incapacitated under section 105, even though they are not fit to return to their current work.

Seek advice from Technical Services who can consider if it is more appropriate to consider whether the test of incapacity under section 103 should apply. This looks at whether the client is unable to engage in the employment for which they were employed when they suffered their personal injury.

REFERENCE

Examples - Determining DOFI

Published 5/09/2022

Introduction

The following are examples of determining the date of first incapacity (DOFI)

Example 1

On 1 February, a person sustained burns to their hands and visited their doctor. The doctor declared on the ACC045 injury claim form, that the person was unfit for work from that day, therefore 1 February is DOFI.

Example 2

On 15 March, a person was absent from work for two hours while they got medical treatment for a severe cut to their arm. The doctor did not declare them unfit for work on the ACC045 injury claim form and the person returned to work. Because it was necessary for the person to be absent from work for treatment, 15 March is DOFI.

Example 3

A person visited their doctor after work hours on 23 August concerning a back injury, and was referred to physiotherapy. Starting on 26 August, they took an hour off work three days a week for treatment. A medical certificate, stating they had to have time off work for the treatment, was provided. DOFI is the first date the person took time off work for physiotherapy, ie 26 August.

Example 4

A person injures themselves on the evening of Wednesday 28 September and is certified unfit for work as a teacher aide from that date. They normally work Monday to Friday but at the time of the injury they were on two weeks mandatory unpaid leave, due to the school holidays. The person is accepted as being an earner. They were due to go back to work on Monday 9 October. DOFI is Wednesday 28 September, the first day that they were certified unfit for work.

Example 5

A person is undergoing treatment for cancer and has been off work for several months on paid sick leave. Their prognosis is uncertain and no return to work date is known. They suffer an injury and are certified as unfit to perform their normal work as a nurse from 1 September. When they were working they worked rotating shifts so their work pattern is taken as a 7-day week. DOFI is taken as 1 September, the first day they were certified as unfit for work.

Example 6

A person normally works Monday to Friday. He is injured on 29 March, Good Friday, and is certified as unfit for employment from that day. DOFI is taken as Friday 29 March.

Example 7

A client suffers a sexual assault in January. At the time, they are employed as an office worker. They see a counsellor for the first time on 1 October. The client lodges a cover claim on 15 October. Cover is accepted for a mental injury and date of injury is established as 1 October (date of first treatment for the injury).

On 18 October, the client provides a medical certificate that states they have been unable to work due to the injury from 25 September.

DOFI cannot predate the date of injury. It is confirmed that the client was an earner at date of injury, 1 October via extension of earner status under clause 43, Schedule 1. DOFI is taken as 1 October, the first date on or following the injury that the client is incapacitated for work.

Page Details

Content Owner

[redacted]

Content Experts

[redacted]

Topic

Weekly Compensation

Information Type

Example/Scenario

Relates To

Internal Claim

Calculate Weekly Compensation v13.0

Summary

Objective
The documents below are to be used for claims where the client becomes unable to work due to their injury from 1 July 2010. This information relates to ACC's application of the Accident Compensation (AC) Act 2001 from 1 July 2010.

1) Overview
2) Single employment at the date the client was unable to work
3) For the short-term period
4) For the long-term period
5) Multiple employment at the date the client was unable to work
6) For the short-term period
7) For the long-term period
8) Abatement
9) Indexation
10) Eligibility for an increase to the minimum full-time earner rate
11) Eligibility criteria
12) Full-time employment
13) Eligibility stops if employment would not be full-time

Owner [redacted]

Expert

Procedure

1.0 Overview

a The calculation of short and long-term periods of weekly compensation depends if the client held single or multiple employments at the date they first or subsequently became unable to work due to the injury (date of first incapacity 'DOFI' or date of subsequent incapacity 'DOSI').

Weekly compensation is subject to change through abatement and indexation.

2.0 Single employment at the date the client was unable to work

a If a client has only one employment type at the date they first or subsequently became unable to work due to the injury (DOFI or DOSI) and weekly earnings have been calculated, the bases for the short and long-term weekly compensation calculations are as follows.

3.0 Single employment - for the short-term period

a The base weekly compensation is calculated at 80% of weekly earnings.

Note: Employees and shareholder employees are not eligible for an adjustment to the minimum weekly earnings rate for the short-term period, if they have a low level of weekly earnings.

If the weekly earnings of a self-employed person fall below the minimum weekly earning rate, they may have their weekly earnings set at the minimum rate if, they are liable to pay the minimum annual earner levy. In this case, base weekly compensation is 80% of the applicable weekly earnings minimum rate, subject to abatement and indexation.

Calculate Weekly Earnings – Self-Employed

4.0 Single employment - for the long-term period

If the client's weekly earnings are...	then...
less than the minimum weekly earnings rate	their weekly earnings can be set at the applicable minimum weekly earnings rate if they were either: • in full-time employment, ie worked an average of 30 hours per week in the four weeks prior to the incapacity • liable to pay the minimum annual earner levy base weekly compensation is 80% of the applicable minimum weekly earnings rate See Eligibility for an increase to the full-time earner rate
above the minimum weekly earnings rate	base weekly compensation is calculated at 80% of weekly earnings

For the long-term period.PNG

5.0 Multiple employment at the date the client was unable to work

a If a client has more than one employment type at the date they became unable to work due to the injury (DOFI or DOSI), including more than one permanent employment, weekly earnings for each employment are calculated and then aggregated into one weekly earnings figure. The short and long-term periods for weekly compensation are calculated as follows.

6.0 Multiple employment - for the short-term period

a Short-term base weekly compensation is calculated at 80% of weekly earnings.

If ...	and...	then...
one of the client's employments in the short-term period is self-employment	• their weekly earnings for that employment are below the applicable minimum weekly earnings rate • they are liable to pay the minimum earner levy they are eligible to have their weekly earnings for that employment set at the minimum weekly earnings rate	This weekly earnings figure is then aggregated with the weekly earnings from the other employment held at DOFI/ DOSI

For the short-term period.PNG

7.0 Multiple employment - for the long-term period

If the client's aggregated weekly earnings are...	then...
less than the minimum weekly earnings rate	their weekly earnings can be set at the applicable minimum rate if they were either: • in full-time employment, ie worked an average of 30 hours per week in the 52 weeks prior to the incapacity • Liable to pay the minimum annual earner levy base weekly compensation is 80% of the applicable minimum rate See Eligibility for an increase to the full-time earner rate.
above the minimum weekly earnings rate	base weekly compensation is calculated at 80% of weekly earnings

For the long-term period2.PNG

8.0 Abatement

a Base weekly compensation can be reduced by abatement if the client receives earnings while they are unable to work or not fully working because of the injury.

9.0 Indexation

a On 1 July each year, an annual indexation is applied to weekly compensation. Minimum full-time earner rates are also adjusted on 1 July each year. If a client's weekly earnings are below the adjusted rate and they are otherwise eligible for an increase, their weekly compensation is increased from 1 July.

10.0 Eligibility for an increase to the minimum full-time earner rate

a Accident Compensation Act 2001, Schedule 1 Clause 42 sets the criteria for eligibility for an increase to the minimum rate after five weeks of the client's inability to work. Eligibility for an increase is only considered when all weekly earnings calculations have been aggregated into a single weekly earnings figure and the weekly earnings figure is below the minimum full-time earner rate.

See Minimum earner rate - full-time earners.

- Weekly compensation indexation (2001 Act) Policy
- Accident Compensation Act 2001, Schedule 1 Clause 42
  http://www.legislation.govt.nz/act/public/2001/0049/lat

11.0 Eligibility criteria

a To be eligible for an increase to the minimum full-time earner rate, immediately before the client became unable to work they must have been either:
• in full-time employment
• liable to pay the minimum annual premium. This applies to self-employed only. See Calculate weekly earnings - self-employed.

If either of the above criteria is met, weekly earnings can be increased to the minimum full-time earner rate.

If a recent or established non-PAYE shareholder employee cannot show that they received earnings immediately before they became unable to work, they are not eligible to receive weekly compensation. This includes long-term weekly compensation paid at the minimum full-time earner rate.

Refer to Calculate Weekly Earnings - Shareholder Employee

- Calculate Weekly Earnings – Shareholder Employee
- Calculate Weekly Earnings – Self-Employed

12.0 Full-time employment

a Full-time employment is defined as employment averaging 30 hours (paid) per week over the four weeks prior to the date the client first or subsequently became unable to work (DOFI or DOSI). Note that it can also be a lesser number of hours if the person's employment contract defines the lesser hours as full-time.

For:
• permanent and non-permanent employees, details of the hours worked each week in the four weeks prior to DOFI are declared on the Welcome Conversation Transcript.
• shareholder employees and self-employed clients, these hours are declared on the ACC004 Questionnaire for self-employed or shareholder employee form or obtained in Welcome Conversation Transcript.

- ACC004 Questionnaire for self-employed or shareholder employee

13.0 Eligibility stops if employment would not be full-time

a A client is only eligible for the increase to the minimum rate for any period when, if it were not for the injury, they would have been in full-time employment.

ACC can assume that the client would have continued in full-time employment, unless information to the contrary is received. For example, the work could be seasonal, and full-time work would end at the close of the season.

If ACC is aware that employment would not have been full-time beyond a certain date, reduce the long-term weekly earnings figure to its base weekly earnings rate, updated for any applicable indexation.

If there is evidence the client would have resumed full-time employment in the next season, they are eligible to be reinstated at the minimum for the duration of that season.

Unless the above applies, once assessed for the minimum, the client stays on the minimum even if their base weekly earnings would have been subsequently increased by indexation to a level above the minimum.

Calculate Weekly Earnings – Self-Employed v10.0

Summary

Objective
Use this guidance when calculating weekly earnings for a self-employed person. The documents below are to be used for claims where the client became unable to work due to the injury from 1 July 2010.

1. Overview
2. Requirements
3. Calculation formula for each category
4. Eligibility criteria - increase to the minimum full-time earner rate
5. Criteria for new self-employed
6. How this is applied
7. Special case: new self-employed with previous shareholder employee earnings

Owner [redacted]

Expert

Procedure

1.0 Overview

a Accident Compensation Act 2001, Schedule 1 Clauses 37 and 38 outline the calculations for self-employed clients.

A client is eligible for a weekly earnings calculation under these provisions if they were receiving earnings as a self-employed person immediately before they were first or subsequently unable to work due to the injury (date of first incapacity, 'DOFI' or date of subsequent incapacity 'DOSI').

Different calculations apply, depending upon when the client commenced working as a self-employed person, and if they also received employee earnings in the 52 weeks prior to DOFI or DOSI.

See Indexation (2001) Act.

- Accident Compensation Act 2001, Schedule 1 Clause 37
  http://www.legislation.govt.nz/act/public/2001/0049/lat
- Accident Compensation Act 2001, Schedule 1 Clause 38
  http://www.legislation.govt.nz/act/public/2001/0049/lat
- Weekly compensation indexation (Accident Compensation Act 2001)
  https://go.promapp.com/accnz/Process/8bf77a59-5a5
- Weekly compensation Indexation Rates (Tables)
  https://go.promapp.com/accnz/Process/Minimode/Per

2.0 Requirements

a Weekly earnings for a self-employed person can be assessed when ACC:

• has established DOFI/DOSI

• is satisfied that earnings in the most recent tax year represent reasonable remuneration for the services provided by the self-employed earner, or otherwise have set a figure representing reasonable remuneration, in consultation with a Technical Accounting Advisor

• has received:

— a completed ACC004 Questionnaire for self-employed or shareholder employee form, or information gathered from scripting if relevant, from the client

— a completed Real Time Earnings (RTE) report, ACC003, or ACC005, detailing employee earnings from all employers that the client worked for in the 52 weeks prior to DOFI/DOSI

— a printout from Juno showing earnings details for the self-employed person in the most recently completed tax year and the next previous tax year.

See Gather information for self-employed Policy.
See Categories of self and shareholder employment.

- ACC004 Questionnaire for self-employed or shareholder employee
- ACC005 Previous Employee earnings certificate
- Gather information for self-employed Policy
- Establish eligibility for loss of potential earnings

3.0 Calculation formula for each category

a The calculation formulas for new, recent and established self-employed are shown in the table below.

Category of earner	Calculation formula used

New	Total of the client's employee earnings in the 52 weeks immediately prior to DOFI/DOSI
	divided by
	the number of full or part weeks during which they were earned
	• if there are no employee earnings, or using employee earnings results in weekly earnings at less than the minimum rate, weekly compensation can be increased to the minimum weekly earnings rate in both:
	  • the short term, if the client is liable to pay the minimum full time earner levy
	  • the long term if the client is in full time employment
	• see Eligibility criteria – increase to the minimum full-time earner rate

Recent	Total of the client's employee earnings in the 52 weeks immediately prior to DOFI/DOSI **plus** the total earnings as a self-employed in the relevant year **divided by** • the number of full or part weeks in which the employee earnings were earned, **plus** the number of full or part weeks in which the self-employed earnings were earned in the relevant year • These are to be combined up to a maximum of 52, or the number of weeks in the relevant year if greater
Established	Use the total of the client's employee earnings in the 52 weeks immediately prior to DOFI/DOSI **divided by** 52 **plus** the total earnings as a self-employed in the relevant year, divided by the number of weeks in the relevant year

Calculation formula for each category.PNG

4.0 Eligibility criteria – increase to the minimum full-time earner rate

a Established and recent self-employed

These clients are eligible for an increase to the minimum full-time earner rate if they are liable to pay the full-time earner levy. Consider an established self-employed client to be 'liable' if they have maintained an average of 30 or more hours work per week, during the most recently completed tax year.

NOTE **Example**
If a person works 60 hours each week for six months of the year, this equates to 30 hours each week over the whole tax year, and the person can be considered 'liable'.

b A client might not have been liable to pay the full time earner levy in the most recently completed tax year, but could be liable to pay it at DOFI or DOSI. This would be because between the end of the most recently completed tax year and DOFI or DOSI they increased their average working hours to 30 or more hours per week.

If there is clear evidence to support such a change in the client's liability to pay the full-time earner levy, consider them to be liable for this period of inability to work. They need to provide evidence that confirms both that they:
• have maintained an average of 30 or more hours per week during the current tax year to date
• would have maintained this average for the remainder of the tax year, if it were not for the inability to work due to the injury.

5.0 Criteria for new self-employed

a If a client would have been liable to pay the full-time earner levy, ACC can base their weekly earnings on the minimum full-time earner rate if, their employee earnings are below this amount or, if there are no employee earnings to base a weekly earnings calculation on.

Consider a new self-employed person to be liable to pay the full-time earner levy if both of the following are met:
• they have worked an average of 30 hours per week before DOFI or DOSI, for the duration of their self-employment
• they would have continued to do so, if it were not for the inability to work.

This is subject to ACCs requirement that they notify Inland Revenue of self-employed income at the end of each tax year.

If the client would not have continued to work full-time from a certain date, do not consider them liable.

6.0 How this is applied

a From the 2nd week of the period they are unable to work (or they have reduced their work hours) due to their injury, until the end of the 5th week, a self-employed client is eligible for the minimum full-time earner rate, if either they:
• are liable to pay the full time earner levy
• were in full-time employment prior to DOFI/DOSI.

When there are weekly earnings assessed from other employments that are to be aggregated with earnings from a self-employment calculation, if the person is liable to pay the full time earner levy, their weekly earnings from self-employment can be assessed at the full time minimum rate and then aggregated with the weekly earnings from the other employments.

For the long-term period which commences after the 5th week of the period they are not fully working due to their injury, an increase to the minimum only applies to the aggregated weekly earnings figure, (based on earnings from all employments) if this total is lower than the full time minimum.

7.0 Special case: new self-employed with previous shareholder employee earnings

a A new self-employed client will not have any earnings from self employment in the most recently completed tax year.

If a new self-employed client has received shareholder employee earnings in the most recently completed tax year, these earnings may be used in the calculation of weekly earnings.

That is, under the Accident Compensation Act 2001, Schedule 1 Clause 38A, a client who has changed from being a shareholder employee to a new self-employed earner may have their weekly earnings based on their shareholder employee income in the most recently completed tax year.

They must meet all of the following:
• be working as a self-employed immediately before DOFI/DOSI, and not as a shareholder employee
• not have any earnings as a self-employed person in the last tax year, that is, they must have started in self-employment after the end of the last tax year, normally 31 March
• have had earnings as a shareholder employee person in the last tax year
• not have any gap in employment; that is, they changed from shareholder employee to being self-employed with no gap in between.

To establish whether the criteria are met, see Gather information - self-employed.

If the criteria are met, use the shareholder employee earnings in the most recently completed tax year when performing the self-employed weekly earnings calculations.

Calculate weekly earnings as though the client was an established self-employed person unless the client commenced working in their self employment in the most recently completed tax year. In this case, calculate weekly earnings as though the client was recently self-employed.

If a client also has an employee job or has had employee earnings in the 52 weeks prior to DOFI/DOSI, these are also to be included in the earnings assessment.

For examples, see Shareholder employee calculations – Examples.

- Gather information for self-employed Policy
- Calculate weekly earnings - established self-employed
- Examples – shareholder employee calculations - Reference http://thesauce/team-spaces/chips/compensation/wee

Calculate Weekly Earnings – Shareholder Employee v15.0

Summary

Objective
Use this guidance when calculating weekly earnings for a shareholder. The documents below are to be used for claims where the client became unable to work due to the injury from 1 July 2010.

1) Overview
2) Requirements
3) Requirements for recent and established non-PAYE shareholder employees
4) Calculation formula for each category
5) Establishing the employment start date for a shareholder employee
6) Special case: new shareholder employees - previously self-employed
7) Links to legislation

Owner [redacted]

Expert

Procedure

1.0 Overview

a The Accident Compensation Act 2001, Schedule 1 Clauses 39 and 40 outline the calculations for shareholder employees.

A client is eligible for a weekly earnings calculation under these provisions, if they were receiving earnings as a shareholder employee immediately before the client first or subsequently became unable to work due to the injury (date of first incapacity 'DOFI', or date of subsequent incapacity 'DOSI'). Different calculations apply, depending on whether or not the client receives earnings that have PAYE deductions made. These are classified as ‘earnings as an employee’, as well as ‘earnings as a shareholder employee’.

If the client receives earnings as a shareholder employee through involvement with more than one company, perform a single weekly earnings assessment taking into account all the shareholder employee earnings for that client.

2.0 Requirements

a Weekly earnings for a shareholder employee can be assessed when ACC:
• has established DOFI/ DOSI
• is satisfied that earnings in the most recent tax year represent reasonable remuneration for the services provided by the shareholder employee (or otherwise have set a figure representing reasonable remuneration), in consultation with a Technical Accounting Advisor
• has received:
— a Real Time Earnings (RTE) report, or
— a completed ACC004 Questionnaire for self-employed or shareholder employee or information obtained from scripting, if relevant, from the client
— a ACC729 Shareholder employee earnings certificate showing earnings subject to PAYE deductions from the company. This is not required for non-PAYE shareholder employees
— a printout from Juno showing earnings details for the shareholder employee in the most recently completed tax year and the next previous tax year.

ACC004 Questionnaire for self-employed or shareholder employee

ACC729 Shareholder employee earnings certificate

Gather information for shareholder employees Policy

3.0 Requirements for recent and established non-PAYE shareholder employees

a Special rules apply to recent and established non-PAYE shareholder employees. To be eligible for weekly compensation, they must:
• have been an earner immediately before DOFI/DOSI
• provide evidence of their earnings as a shareholder employee immediately before DOFI/DOSI.

Recent and established non-PAYE shareholder employees must provide acceptable proof of earnings for the period immediately prior to DOFI/DOSI.

If Juno shows...	then ACC will...
that the client received earnings as a shareholder employee in the most recently completed tax year	accept this as a reasonable indication that they have earnings immediately before DOFI/DOSI
nil shareholder employee earnings for the most recently completed tax year	• only accept that the shareholder employee had earnings immediately before DOFI/DOSI if, they can provide evidence of a recent significant change in the company that is (reasonably) expected to result in the payment of a salary from the company in the current tax year, or • only accept if the shareholder employee has nil earnings as there's no profit available for allocation as shareholder salary. The reason for there being no profit is if the client's company's earnings are affected by the client's previous period of incapacity during the relevant year. The nil earnings are uplifted to the full time minimum rate for calculating a client's weekly compensation under AC Act 2001, Schedule 1, Clause 42 Note: This is subject to confirmation by an ACC accounting advisor

Requirements for recent and established non-PAYE shareholder employees.PNG

b From the information gathered, ACC will determine whether the recent and established non-PAYE shareholder employee had earnings immediately before DOFI/DOSI.

If ACC determines that they had no earnings immediately before DOFI/DOSI, they're not eligible:
• for a weekly earnings assessment under Accident Compensation Act 2001, Schedule 1, Clause 39
• to receive weekly compensation, including long-term weekly compensation paid at the prescribed minimum weekly earnings rate.

For details on determining whether a shareholder holds a status of new, resent or established, see Categories of self and shareholder employment.

Categories of self and shareholder employment Policy

Determine if recent or established non-PAYE shareholder had earnings where nil shown in Juno

4.0 Calculation formula for each category

a In general, shareholder employees have their weekly earnings based on the higher of either:
• the PAYE shareholder earnings and the PAYE earnings from other employers for the 52 weeks prior to DOFI/DOSI, used in the employee calculation, AC Act 2001, Schedule 1, Clause 34
• the total SHAREHOLDER employee earnings, PAYE and Non-PAYE SHAREHOLDER earnings, in the most recently completed tax year prior to DOFI/DOSI (exclude "other employer" PAYE earnings)

The calculation formula for new, recent and established non-PAYE shareholder employees is outlined in more detail in the table attached.

Category of earner	Calculation formula used
New	The total of the client's earnings as an employee in the 52 weeks immediately prior to DOFI/DOSI **divided by** the number of full or part weeks during which they were earned Note: If there are no employee earnings, or the employee earnings are less than the minimum rate, weekly compensation may be increased to the minimum weekly earnings rate in the long-term period if the client is eligible
Recent	The total of the client's earnings as an employee in the 52 weeks immediately prior to DOFI/DOSI **plus** the total earnings as a shareholder employee in the relevant year **divided by** the number of full or part weeks in which the employee earnings were earned, **plus** the number of full or part weeks in which the shareholder employee earnings were earned in the relevant year Note: These are to be combined up to a maximum of 52 weeks, or the number of weeks in the relevant year, if greater
Established	The total of the client's earnings as an employee in the 52 weeks immediately prior to DOFI/DOSI **divided by** 52 **plus** the total earnings as a shareholder employee in the relevant year, divided by the number of weeks in the relevant year

- The calculation formula for new and recent and established Non PAYE shareholder employees.PNG
- Using the employee earnings in the self employed or shareholder employee calculation Policy
- Accident Compensation Act 2001, Schedule 1, Clause 34
  http://www.legislation.govt.nz/act/public/2001/0049/lat

5.0 Establishing the employment start date for a shareholder employee

If the shareholder employee is working for…	then…
a new company	• the shareholder employee start date is likely to be the date that the company was incorporated or a later date in which the company commenced trading • ask the shareholder employee for a copy of the 'Certificate of Incorporation' and/or a letter from their accountant confirming the date the company commenced trading
an existing company	ask the shareholder employee to provide proof of the date they started working in that capacity for the company

- Establishing the employment start date for a shareholder employee.PNG
- Calculate weekly earnings non-PAYE - new shareholder employee - Reference
- Calculate weekly earnings non-PAYE - recent shareholder employee - Reference
- Calculate weekly earnings non-PAYE - established shareholder employee - reference

6.0 Special case: new shareholder employees – previously self-employed

a A new shareholder employee will not have any earnings as a shareholder employee in the most recently completed tax year.

If a new shareholder employee has received self-employed earnings in the most recently completed tax year then these earnings may be used in the calculation of weekly earnings.

That is, under the Accident Compensation Act 2001, Schedule 1 Clause 40, a client who has changed from being a self-employed person to a new shareholder employee may have their weekly earnings based on their self-employed income in the previous tax year. They must meet all of the following:
• be working as a shareholder employee immediately before DOFI/DOSI and not as a self-employed person
• not have any earnings as a shareholder employee in the last tax year. That is, they must have started as a shareholder employee after the end of the last tax year, normally 31 March
• have had earnings as a self-employed person in the last tax year
• not have any gap in employment, that is, they changed from being self-employed to being a shareholder employee with no gap in between.

To see if criteria are met, see Gather information for shareholder employees Policy.

If the criteria are met, use the self-employed earnings in the most recently completed tax year when performing the shareholder employee's weekly earnings calculations.

Calculate weekly earnings as though the client was an established shareholder employee, unless the client first started working as a self-employed person in the most recently completed tax year. In this case, calculate weekly earnings as though the client was a recent shareholder employee.

If a client also has an employee job, or has had employee earnings in the 52 weeks prior to DOFI/DOSI, then these are to also be included in the earnings assessment. Shareholder employee calculations – Examples.

- Gather information for shareholder employees Policy
- Calculate weekly earnings PAYE - established shareholder employee - Reference
- Calculate weekly earnings PAYE - recent shareholder employee - Reference
- Examples – shareholder employee calculations

7.0 Links to legislation

- Accident Compensation Act 2001, Schedule 1, Clause 39
  http://www.legislation.govt.nz/act/public/2001/0049/lat
- Accident Compensation Act 2001, Schedule 1 Clause 40
  http://www.legislation.govt.nz/act/public/2001/0049/lat

Weekly Compensation Indexation (Accident Compensation Act 2001) v11.0

Summary

Objective
This guidance provides information on the Indexation tables under the Accident Compensation Act 2001.

1) Percentage increases
2) Minimum earner rate (full-time earners under 18)
3) Minimum earner rate (full-time earners aged 18 or over)
4) Maximum weekly compensation payment
5) Abatement
6) Potential earner rate (aged 18 or over)

Owner [redacted]

Expert

Policy

1.0 Percentage increases

a Apply the indexation amounts shown in the following table if the client was either eligible to receive weekly compensation:
• continuously since 31 December before the indexation date, or
• for any 26 weeks or part weeks in the 52 weeks before the indexation date.

b The indexation rate does not apply to minimum weekly compensation under the IPRC (Indexation) Regulations 2002.

c Please follow the link below for details on the percentage increase, resulting from indexation, to weekly compensation payments.

Weekly compensation indexation (2001 Act)
https://au.promapp.com/accnz/process/9e9b0a8b-df0

Weekly compensation indexation 2001.docx

2.0 Minimum earner rate (full-time earners under 18)

a Follow the link below for the amount of weekly compensation payable to a client under the age of 18, who is eligible for the minimum payment on the basis they qualify either as:
• a fulltime earner
• liable to pay the minimum earner premium.

NOTE **An amendment to the Minimum Wage Act removed 'youth rates', followed by an amendment to the Accident Compensation Act: consequently, from 1 July 2008 there is no longer a different minimum earner rate for full-time earners under 18.**

Weekly compensation indexation (2001 Act)
https://au.promapp.com/accnz/process/9e9b0a8b-df0

3.0 Minimum earner rate (full-time earners aged 18 or over)

a Follow the link below to find the amount of weekly compensation payable to a client aged 18 or over, who is eligible for the minimum payment on the basis that they qualify either as:
• a fulltime earner
• liable to pay the minimum earner premium
• a potential earner.

b These figures are based on the minimum wage rate.

Weekly compensation indexation (2001 Act)
https://au.promapp.com/accnz/process/9e9b0a8b-df0

4.0 Maximum weekly compensation payment

a Follow the link below for the maximum amount we can pay in weekly compensation to any client, as a weekly payment.

Weekly compensation indexation (2001 Act)
https://au.promapp.com/accnz/process/9e9b0a8b-df0

5.0 Abatement

a Follow the link below to find out the earnings thresholds, when calculating the level of abatement if the client has received earnings in a period they were unable to work due to their injury.

Weekly compensation indexation (2001 Act)
https://au.promapp.com/accnz/process/9e9b0a8b-df0

NOTE **An amendment to the Accident Compensation Act changed the abatement calculation from 1 August 2008, so that the '24% and 56%' calculation no longer occurs, and only the 'total earnings excess' calculation is performed.**

6.0 Potential earner rate (aged 18 or over)

a Follow the link below for the amount of weekly compensation payable to a client aged 18 or over, who qualifies as a potential earner. These figures are based on the minimum wage rate.

NOTE **From 1 August 2008 until 30 June 2010, an amendment to the Accident Compensation Act provided for the potential earner weekly earnings rate to effectively be 100% of the minimum weekly earnings rate so, in effect, the client is paid weekly compensation equal to the minimum wage.**

NOTE **From 1 July 2010, a further amendment to the Accident Insurance Act changed this rate back to 80% of the minimum weekly earnings rate. Existing clients continue to be paid at their current rate, however they are not eligible for yearly adjustments until their weekly compensation equals 80% of the minimum weekly earnings rate.**

Weekly compensation indexation (2001 Act)
https://au.promapp.com/accnz/process/9e9b0a8b-df0

ACC 4

Questionnaire for Self-employed or Shareholder Employee

PREVENTION. CARE. RECOVERY.
Te Kaporeihana Āwhina Hunga Whara

This form is to be completed only if:

- *you want to claim for weekly compensation, as a result of your injury; and*
- *you receive earnings from self employment (or other non-employee earnings) or earnings as a shareholder employee.*

Please mail or fax to ACC. Call 0800 101 996 if you need assistance with the completion of this form.

ACC CONTACT DETAILS

ACC TO COMPLETE

Name:		
Branch:	Telephone:	Fax:

CLAIMANT DETAILS

CLAIMANT TO COMPLETE

Name:	
Claim number:	Date of injury:

Do you have a CoverPlus Extra policy? (optional extra cover that you have agreed with ACC) No ☐ Yes ☐

If yes, did you choose the "lower level of weekly compensation" option? No ☐ Yes ☐

What is your ACC employer number (refer to your ACC levy statement)?

BUSINESS/INCOME DETAILS

ACC TO COMPLETE: Your incapacity commenced on...../...../.....

This section asks you to provide ACC with details of your business or company before this date.

How do you receive income (tick boxes as appropriate) – do you receive income:

☐ from paid employment (salaries and wages with PAYE deducted)? ☐ from the operation of your own business or company?

☐ from investment (e.g. rental income, dividends, interest, royalties)? ☐ as a beneficiary of a trust?

What is your personal IRD number?

What is your trade or business (e.g. building, farming)?

What is the name of the business or company?

What date did the business or company begin operation?

What is the IRD number of the business or company? (if different from the personal IRD number provided above)

How many people work for the business or company (including proprietors)?

What is the balance date of the business or company? ☐ 31 March ☐ 30 June ☐ Other (specify):

Do you operate the business or company:

☐ as a sole trader (i.e. alone)? OR ☐ in partnership (i.e. with other persons)? OR ☐ as a limited liability "Ltd" company (in which you are a shareholder)?

If a partnership, how many partners are there?	On what basis are profits shared in the business?

Please list the names of all the partners in the business:

If a limited liability company, how many shares do you hold in the company?

Who are the directors of the company?

OTHER BUSINESS OR OCCUPATION

Are you engaged in any other business or occupation other than what you have listed above? No ☐ Yes ☐

If yes, please give details:

BEFORE INCAPACITY (i.e. before you took time "off work" due to the injury)

When did you first start self-employment or work as a shareholder employee?

Please state the number of hours and days you normally work each week in your business or company.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	TOTAL	
								HOURS	DAYS
Hours:									

Please state the hours worked in each of the four weeks immediately before this incapacity, which started on ...../...../..... (ACC to complete)

Week 1:	Week 2:	Week 3:	Week 4:

Are these typical hours normally worked in your business or company? No ☐ Yes ☐ If no, state the hours normally worked per week:

Please describe the range of duties you normally did before the injury?

AFTER INCAPACITY (i.e. after you took time "off work" due to the injury)

What input are you continuing to have into the business or company? – include management and overseeing work

Give details of duties **you are now unable to do:**

How many hours did you work each week **following the start of your incapacity?**

Week 1:	Week 2:	Week 3:	Week 4:	Week 5:	Week 6:	Week 7:

1. Is the business or company continuing to function? No ☐ Yes ☐

2. If self-employed, is the business continuing to earn income? No ☐ Yes ☐

3. If a shareholder employee, are you continuing to receive any income from the company? No ☐ Yes ☐

If "yes" to any of the above three questions, give details:

Has your tax return for the most recently completed financial year been lodged with Inland Revenue? No ☐ Yes ☐
Note if you have not yet lodged a tax return for the most recent financial year, ACC may pay weekly compensation based on your earnings from the tax year before that. This is not a 'final' assessment and your earnings before your injury will be reassessed when you do lodge the tax return. If there is a difference between what we paid and what you should have received, you will either get the amount owing or need to repay the amount overpaid.

If yes, when was it lodged: ...../...../.....	Do you have a Tax Exemption Certificate (IR331) for the current financial year? No ☐ Yes ☐

ACCOUNTANT / FINANCIAL ADVISOR DETAILS

Name:	Telephone:
Address:	

DECLARATION

I declare that to the best of my knowledge the above particulars are true and correct and I have not withheld any information. I am aware that I have a responsibility to advise ACC if I return to work in any capacity, or receive any income.

Claimant to sign here: **Date:**

Note that you are obligated to declare any income. Failure to do so can be an offence under the Crimes Act 1961, and Section 308 "Offence to mislead Corporation" of the Accident Compensation Act 2001. The information collected on this form will only be used to fulfil the requirements of the Accident Compensation Act 2001. In the collection, use and storage of information, ACC will at all times comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994.

Client Welcome Conversation

Weekly Compensation and Employment - Guidelines

PREVENTION. CARE. RECOVERY.
Te Kaporeihana Āwhina Hunga Whara

Client Conversation

The Welcome Conversation guide is designed so that you can intuitively move through the conversation at the client's pace, based on their needs and the natural flow of the conversation. There are nevertheless a few things that we must remember to do to ensure our clients have the best experience possible.

Weekly compensation

Assessing eligibility for income support

We ask our clients about their time off work and earnings information because our legislation requires us to assess this before we can pay weekly compensation. The client also needs to have cover approved for their injury.

Legislation can be complex when it comes to things like extension of earner status, and date of first or subsequent inability to work. If you need help to assess if we can pay a client, gather as much information as you can and let them know we will get back to them about this as soon as possible.

Refresh your knowledge by reviewing Promapp information. For guidance on eligibility, contact the Recovery Support (Technical) hotline, or if the client has complex earnings information, send a 'Setup Weekly Comp Entitlement' task to our Payments team.

What other information needs to be collected to help pay the client weekly compensation?

The following information must be either included in the script or the setup task:

- employment type
- regular work pattern for each employer (see appendix for more information on what to collect for work pattern)
- hours worked in each of the last four weeks for each employer (and if these hours are typical, see appendix for more information on capturing the weeks prior to DOFI)
- information about any periods of unpaid leave (if they are full days and agreed with the employer)
- the preferred pay day if it is not 'Monday'.

The client must also have approved incapacity.

Work and work planning

Learning about work roles

Having a clear understanding of the client's role, duties, and usual pattern of work helps us to understand what they might need to achieve to sustain a successful return to work. Confirming details about the work environment, their job satisfaction and their relationship with their employer build on our understanding and can help us to address any early obstacles identified.

Gaining consent to speak to an employer

Engaging employers is an important part of supporting our clients, but some clients may have concerns about this due to a strained relationship, or the sensitivity of their injury. It is important that we consider whether it is suitable to contact an employer and gain consent from our clients to do so.

When speaking with employers, it's essential you know what information you can share, and what we should leave up to the client to share with their employer. It is very rare for ACC to disclose a sensitive claim to an employer – if we speak with an Employer we are more likely to reference the client as having a non-work injury.

For more information on what can be shared with an Employer, see Disclosure of Clients' Health Information to Employers Policy in Promapp.

Appendix:

Hours Worked Prior To Incapacity

To confirm whether a client was an earner immediately prior to DOFI it is important that the hours worked in the 4 weeks prior to DOFI are accurately recorded against the correct week. Week 1 is where you would record the hours worked for the first week prior to incapacity. For example, if DOFI is 10/02/20 then:

Week 1	Record hours worked during the week 03/02/20 – 09/02/20
Week 2	Record hours worked during the week 27/01/20 – 02/02/20
Week 3	Record hours worked during the week 20/01/20 – 26/01/20
Week 4	Record hours worked during the week 13/01/20 – 19/01/20

Work Patterns for Rotating Rosters information

If during a conversation a client advises they work on a rotating roster this needs to be noted in the welcome conversation and recorded as the maximum numbers of hours they could work on any day Monday to Sunday.

For example, if the most a client would work any day and they are rostered to work is 8 hours you would record the work pattern in the What days and hours of the week do you normally work section of the conversation tool as follows:

MON	TUE	WED	THU	FRI	SAT	SUN
8	8	8	8	8	8	8

Disclosure of clients' health information to employers Policy v13.0

Summary

Objective
This page sets out the rules around what client health information ACC can disclose to employers. We can only disclose clients' health information when doing so is consistent with the purposes for which it was collected. ACC is a health agency for the purposes of the Health Information Privacy Code 2020 and, therefore, is responsible for the actions of its agents under the Privacy Act 2020.

Not all information on a client's file can be made available to an employer – even for a work-related injury. If you are unsure, discuss any requests with your team manager or Privacy Team.

This policy does not apply to pre-employment checks of clients' claims histories. That information is found on the Pre-employment checks policy page.

Owner [redacted]

Expert

Policy

1.0 Rules

a ACC and its agents can only give a client's health information to their employer if the information:

- will clearly help speed up or improve their rehabilitation
- is needed to assess their entitlement to cover and compensation
- is needed to help us apply the Accident Compensation (Experience Rating) Regulations 2011.

These are some of the relevant purposes for which we collect clients' health information.

2.0 What you can disclose

a To help a client's rehabilitation you may give the following information to a client's employer:

- what tasks the client can do now
- steps a client can safely take towards resuming their previous duties
- timeframes for return to work duties
- what help the employee will need in the workplace.

These criteria apply to both work and non-work injuries.

3.0 Work injury claims

a In addition to the above information, we must also tell employers what the claim cover decision is for work injuries. This will include the reasons included in the cover decision letter. (See AC Act 2001, Section 64).

Because work injury claims affect an employer's experience rating, they may apply to ACC for a review of a decision about whether a client's injury is related to their employment with that employer, or whether the injury occurred in the workplace. If this happens, we need to provide information relating to whether the injury happened at work. Other irrelevant information such as treatment provided or non-injury related health information should not be provided.

4.0 What you can't disclose

a Employers may need to know what recommendations are contained in a client's rehabilitation plan, but they do not need to see the plan in its entirety. It is important that we only give employers information that meets the above criteria.

If an employer asks for information about non-work injuries or for information not covered by '2.0 What you can disclose', say we are unable to provide this information and suggest that they should ask the client. If they keep asking, escalate the request to your team manager.

If a client says that they are happy for their employer to see information but the information does not meet the criteria in '2.0 What you can disclose', suggest that the client review the information before making a decision, or give the information to the employer themselves.

Co-morbidities such as drug use, diabetes etc, should not be disclosed to the employer.

Sometimes employees may be obliged to disclose health information to their employer under the Health and Safety at Work Act 2015, however, ACC is not obliged to disclose information to employers to help them meet their obligations under this Act.

NOTE **What if an employer or client asks us to provide a stay at work report to the employer?**
Even if a client gives ACC consent to release a Stay at Work report, we should only release those parts of the report that meet the criteria under '2.0 What you can disclose'. Or provide the report to the client to check first before passing on to their employer.
Check with your team manager or the Privacy Team if you are unsure.

NOTE **What if the employer asks for the clients medical certificate?**
We do not disclose medical certificates to the clients workplace. This often has information regarding additional diagnoses, or personal information the employer does not need.
The client can provide the medical certificate themselves to the employer, or the Dr may be able to provide an employer version of the medical certificate which has reduced information on it.

5.0 Public safety exception

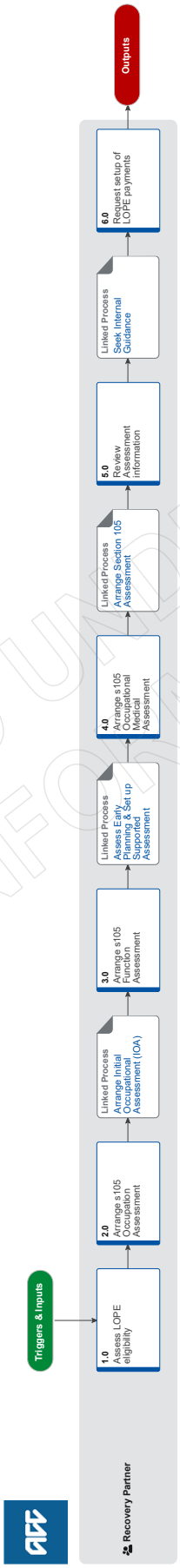
a There may occasionally be situations where ACC must decide whether to disclose a client's health information because doing so would prevent or lessen a serious threat to public health and safety or to the life or health of an individual. See – Privacy Principle 11(f).

You should not consider releasing information under this exception without very good reason. You must consult the Privacy Team before releasing information under this exception.

6.0 Client withholds consent

a If a client says they do not want information to be disclosed to their employer, you will need to discuss this with the client, particularly if the information meets the criteria under '2.0 What you can disclose'.

Assess Loss of Potential Earnings (LOPE) - Sensitive Claims v8.0



Assess Loss of Potential Earnings (LOPE) - Sensitive Claims v8.0

Summary

Objective
Determine eligibility for Loss of Potential Earnings (LOPE) Payments for a client with a Sensitive Claim.

Background
Loss of Potential Earnings (LOPE) assessment for a Sensitive Claim requires a Recovery Partner to first assess the client's eligibility against a set of criteria, then investigate their inability to work by completing three assessments. These assessments must be completed in this order. However, if #2 appears to demonstrate severe incapacity, confirm this with Medical Adviser who may confirm omission of #3 on this occasion.

1) Section 105 Occupation Assessment. This is purchased by following the Initial Occupation Assessment (IOA) process. The purpose of this assessment is to provide supporting information to subsequent assessors so that they can determine whether there is now, or has been at some time in the past, incapacity from engaging in work types for 30+ hours based on their skills, training and education.

2) Section 105 Function Assessment (psychiatric/psychological). If ACC has already determined the client's Personal Injury cover through a Supported Assessment then this assessment will determine the functional effects of the client's mental injury on their ability to engage in work types identified in the Occupation Assessment. If the client has not completed a recent Supported Assessment, then they should be referred for a Supported Assessment with additional questions on Function, as specified in the referral letter for s105 Supported + Function Assessment (psychiatric/psychological)

3) Section 105 Occupational Medical Assessment. This assessment is to determine how the injury has been (retrospectively) or is currently affecting the client's ability to work. This assessment is only used in cases of doubt about incapacity, or when it appears likely that there is no longer any incapacity and that entitlement will be declined. Contact Recovery Support to confirm before omitting referral for this assessment.

Upon completion of all necessary assessments, the Recovery Partner must consult with Recovery Support to determine whether the client is or has in the past been unable, because of his or her personal injury, to engage in work for which he or she is suited by reason of experience, education, or training, or any combination of those things.

Owner [redacted]

Expert

Procedure

1.0 Assess LOPE eligibility

Recovery Partner

a Review the eligibility criteria for LOPE payments. Refer to the Policy, guidelines (Eligibility date of event) and Business Rule links below.

- Loss of Potential Earnings Policy
- LOPE Eligibility Date for Mental Injuries
- How to work out a client s date of event for a sensitive claim

NOTE **What do you need to consider when the entitlement request is received and deemed cover exists?**
Refer to the Deemed Cover and Entitlements Policy for considerations to determine client entitlement eligibility while in deemed cover period.

- Deemed Cover and Entitlements Policy

b Determine what period the client is claiming for and identify clinical and other records that support these periods of incapacity and assist in confirming their event occurred prior to the age of 18.

NOTE **What if the records are not on the claim?**
Refer to the Request Clinical Records process.

PROCESS Request Clinical Records

NOTE **What if there is no ACC18 Medical Certificate that supports the claim?**
Contemporaneous clinical and other records can be used to support backdated periods of incapacity in the absence of ACC18 Medical Certificate.

NOTE **What if historical medical records need to be reviewed to determine the date of injury?**
Consider consulting a Medical Advisor and/or Psychology Advisor by using the following process

PROCESS Seek Internal Guidance

c Determine if the client has been engaged in any full-time study for the period which they are claiming for or to help determine if the client was engaged in full time study prior to the age of 18 (or 16 under the 1972 and 1982 Act) until they sustained their injury.

NOTE **What if the client did engage in full-time study?**
Send a request for information to the confirmed University, Polytechnic or Study Facility to obtain confirmation of course.

d Request Real Time Earnings Information to determine if the client has been in receipt of earnings in excess of the amount of minimum wage. Create a General Task with the heading RTE REQUEST and add the reason and period required:

- RTE REQUEST
- Reason:
- Period required:

e Transfer the General task to Department Queue: Centralised Weekly Compensation.

NOTE **Client Payments will save the Real Time Earnings to the claim and return the task to advise they are now available.**

f Determine if the client has been in receipt of a Work and Income Benefit for periods they are claiming.

NOTE **What if the client has been in receipt of a Work and Income Benefit?**
Request a copy of the medical certificates and a breakdown of the periods the client has been in receipt of a benefit.

• Add VAM010 Vendor ID to the participants
• Send an email to MSD_ACC@msd.govt.nz with the following details:

NAME
Date of Birth –
NHI Number:
ACC claim number:
IRD number:

The above client has requested ACC consider their eligibility for weekly compensation. In order to assess this request, please provide copies of all medical information and / or medical certificates regarding this client work capacity dating from DATE

Please also provide details of any financial assistance the client has received since this date (including weekly benefits, accommodation supplements, etc).

Please see the attached ACC6300 Authority to collect medical and other records form, which provides ACC with the authority needed to request this information.

ACC confirms that if weekly compensation / loss of potential earnings is paid we will refund your department up to the level the client would have received for this period. However, it is likely to be some time before we can decide on this.

Please let me know if there is any further information I can provide to assist with the processing of this request.

g Confirm whether the client meets all eligibility criteria for Loss of Potential earnings before proceeding with the first assessment.

NOTE **What if you are unsure if the client meets the eligibility criteria?**
Go to Seek Internal Guidance
PROCESS Seek Internal Guidance

NOTE **What if the client does not meet the eligibility criteria?**
Go to Issue Recovery Decision
PROCESS Issue Recovery Decision

2.0 Arrange s105 Occupation Assessment
Recovery Partner

a Arrange a s105 Occupation Assessment using the "Arrange Initial Occupational Assessment (IOA)" process.

NOTE **The IOA process is only used to purchase the assessment, and the IOA process on its own would produce the wrong kind of report. You will need to include additional information in the referral task to admin, which is essential for them to action the request correctly. This information is found in the Partnered and Assisted MI Task Templates.**

PROCESS **Arrange Initial Occupational Assessment (IOA)**
Recovery Partner

3.0 Arrange s105 Function Assessment
Recovery Partner

a Before arranging a s105 Function Assessment (Psychiatric/Psychological), consider whether you need to include a Supported Assessment with this.

b Confirm that the client has recently completed a Supported Assessment (within the last two years).

c Arrange a s105 Function Assessment using the "Assess Early Planning & Set up Supported Assessment" process below. You will need to start at the step "Request Supported Assessment" and refer to the notes on Function Assessment for specific guidance for this assessment type.

If the Supported Assessment was recent, the assessor may choose to write the Function Assessment based on notes already written, plus perhaps a telephone call to the client to clarify details.

NOTE **What if the client has NOT had a recent Supported Assessment?**
Arrange a Supported Assessment with additional questions on Function specific to LOPE. This is to determine the effects of the injury on their ability to complete the roles for which they are otherwise suited to.
Arrange this assessment by using the "Assess Early Planning & Set up Supported Assessment" process below. You will need to start at the step "Request Supported Assessment" and refer to the notes on Supported Assessment with additional Function questions for specific guidance for this assessment type.

PROCESS **Assess Early Planning & Set up Supported Assessment**
Recovery Partner

4.0 Arrange s105 Occupational Medical Assessment
Recovery Partner

a Determine if you need to arrange a s105 Medical Assessment.

NOTE **When would you not need to arrange a s105 Medical Assessment?**
If the Function Assessment report shows symptoms so severe as to make any form of gainful employment unsustainable (e.g. in long-term hospitalisation; housebound; safety risks to self or others because of suicidality and/or major cognitive dysfunction) then speak with a Medical Advisor who may advise omitting a s105 Occupational Medical Assessment.
PROCESS Seek Internal Guidance

PROCESS **Arrange Section 105 Assessment**
Recovery Partner

5.0 Review Assessment information
Recovery Partner

a Seek guidance from a SCU Medical Advisor through Recovery Support to assist in determining entitlement for Loss of Potential Earnings based on clinical and other records, incapacity and assessments available.

PROCESS **Seek Internal Guidance**
Recovery Partner

6.0 Request setup of LOPE payments
Recovery Partner

a Discuss with your Team Leader how best to communicate the decision to the client and what information to provide in the WC14 - Accept Application for Weekly Compensation decision letter.
A standardised letter is currently being written for LOPE.

NOTE **What if you have declined the request for LOPE?**

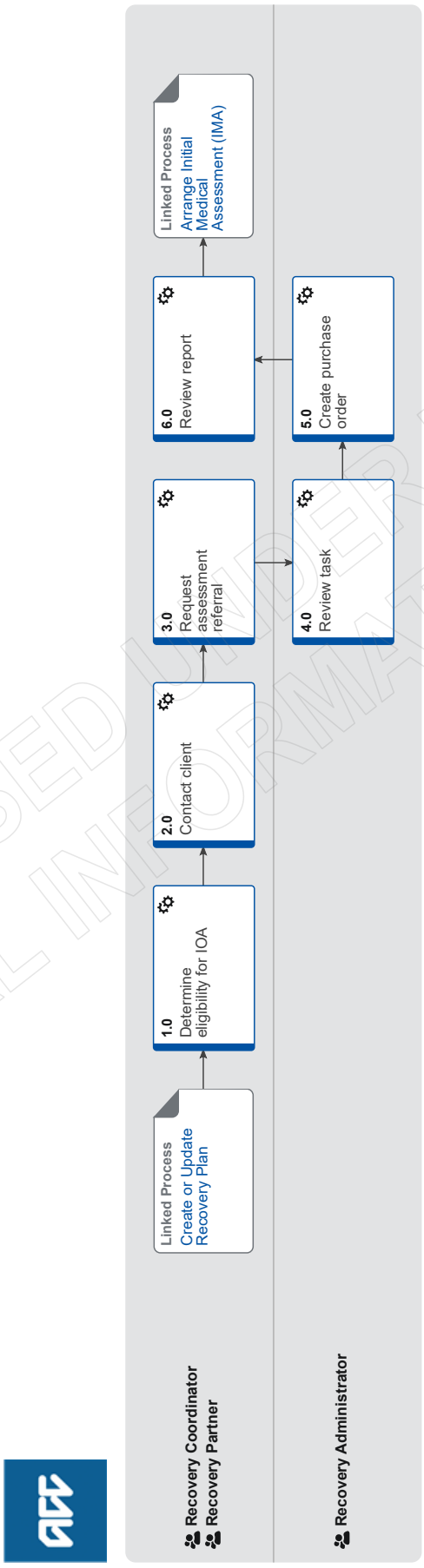
• Advise the client the reason(s) for declining the LOPE request and explain their review rights, refer to the NG Principles Decision Making to support the conversation.
• Create and send the SPD999 Decline entitlement decision – client (declined) letter via the client's preferred communication channel (post or email).
• Record the decision as per the Decision Making Principles.

b Request setup of Weekly Compensation.

NOTE **In the non-standard E-form task that is sent to Payments, clearly state the client has been assessed and is eligible for LOPE.**

Request Set Up of Weekly Compensation Payments
https://go.promapp.com/accnz/Process/Minimode/Pe

Arrange Initial Occupational Assessment (IOA) v27.0



Arrange Initial Occupational Assessment (IOA) v27.0

Summary

Objective
Use the Initial Occupational Assessment (IOA) to identify:

• the client's vocational needs and any vocational barriers to them returning to work or achieving work readiness
• vocational rehabilitation likely to assist the client to return to work or achieve work readiness for the identified work types
• any additional steps the client could take to return to work or achieve work readiness for the identified work types

Background
ACC is required to determine the vocational rehabilitation (VR) needs of a client before providing the client with the appropriate vocational rehabilitation. There are two assessments, the Initial Occupational Assessment (IOA) and the Initial Medical Assessment (IMA), which assess a client's Vocational Rehabilitation (VR) needs when it is unlikely that the client will regain fitness for their pre-injury employment. These assessments are completed together and help establish suitable and sustainable work options to assist in the development and implementation of the client's rehabilitation plan (Recovery Plan).

The IOA is the first of the two assessments and is undertaken to identify the client's education, previous experience and training, and the transferability of these into suitable alternative types of work.

Owner [redacted]

Expert

Procedure

PROCESS **Create or Update Recovery Plan**
Recovery Coordinator, Recovery Partner

1.0 Determine eligibility for IOA
Recovery Coordinator, Recovery Partner

a In Salesforce, go to the claim and open Claim On A Page.

b Ensure the client must meet the following criteria to be eligible for an Initial Occupational Assessment:
• Covered by ACC for an injury; and
• Eligible to receive Vocational Rehabilitation assistance; and
• Unlikely to maintain their current employment; or
• Unlikely to regain fitness for their pre-injury employment.

NOTE **Where do you find more information about Vocational Rehabilitation?**
Refer to the 'About Vocational Rehabilitation (VR) Policy' below.

About Vocational Rehabilitation (VR) Policy

c Ensure the client meets the following criteria to be eligible for an IOA:
• The client's ongoing symptoms are caused by the injury for which they have cover
• Consideration has been given to whether the client may have regained, or be regaining, fitness for their pre-injury employment, and if a section 103 assessment might be more appropriate
• If are there are outstanding cover requests (including deemed cover) which haven't been addressed
• Read 'Guidelines for when to refer for IOA and IMA' for further guidance

Guidelines for when to refer for the IOA and IMA

NOTE **Where do you find more information about IOA?**
Refer to the 'Vocational Rehabilitation Needs Assessment (IOA/IMA) Policy' or 'Initial Occupational Assessment (IOA) Service Page' below.

Vocational Rehabilitation Needs Assessment (IOA/IMA) Policy

Initial Occupational Assessment (IOA) Service Page

NOTE **What are the keys steps required to progress a client through VI assessment?**
Refer to 'Vocational Independence Journey' (Te Whāriki) for support on the end to end view of Vocational Independence.
Use the 'Vocational Independence Assessment Checklist' for a list of the key steps required in progressing a client through VI assessment. This should be used as a reference only to ensure key steps are completed.
Follow the correct Promapp process for details on how to undertake each step.

Vocational Independence Journey

Vocational Independence Assessment Checklist

2.0 Contact client
Recovery Coordinator, Recovery Partner

a Contact the client or the Authority to Act (ATA) by their preferred method of communication.

NOTE **What if you are unable to establish contact?**

1) Attempt a maximum of two contacts over two full working days before leaving a voicemail or sending a notification to request client contact.

2) If you are unable to reach the client, extend the task for an additional two working days and note in the task description that this is the second attempt to contact the client.

3) On the task due date and if there has been no response from the client to the voicemail or notification, send the CM04 - Advise client that you were unable to reach them by phone letter. The CM04 letter will be populated with client injury details, however you need to update the letter as follows:

'We recently tried to contact you about your injury that happened on [date of accident auto]. I tried calling you to talk about how we may be able to help you recover from your injury/injuries, but haven't managed to get in touch.
It would be good to hear from you on how you are progressing or discuss what other support we could offer, please give me a call or email me to arrange a convenient time for me to call you back.'

4) Extend the task date as appropriate to take into account postal delivery and note in the task description this is the third attempt to contact the client and the CM04 letter has been sent.

5) On the task due date and if there has been no contact from the client and they are continuing to receive support, seek internal guidance to determine next steps.

6) If you're in Partnered and no contact is made with the client after 3 attempts, you must contact the provider, GP or other verified contact on the claim.

b Confirm you are speaking with the right person by asking ACC's identity check questions.

Identity Check Policy

c Check the client has granted ACC the authority to collect medical and other records.

View Client Consent

NOTE **What if the client has not granted consent?**
Go to Obtain Client Authority to Collect Information.

PROCESS Obtain Client Authority to Collect Information

d Discuss the following with your client:

• Why you are recommending referring them for this assessment and a reminder of their rights and responsibilities

• Explain that you are arranging an assessment with someone experienced in providing career advice and helping people return to work after an injury. The assessor will be provided with their employment history, any occupational reports and their pre-incapacity earnings to assist with the assessment. The assessor may be able to drive to them or we can assist with transport.

• During the assessment the assessor will note the client's current skills, training and work experience to determine suitable work type options for the client, along with any potential skills they may need to work in the work types identified.

• The assessor can also help them in preparing a CV. Ask if this is something they would like to be requested.

• It would be a good time to explain that it is not the assessor's role to consider their injury and the impact on these roles. This will be considered by an Occupational Physician who we will arrange for them to see once the assessment has been completed.

• The IOA information (and IMA once completed) will be used to identify ANY vocational rehabilitation needs and assist with planning.

Client Legislative Rights and Responsibilities Policy

e Confirm your client understands the purpose of the assessment and agrees to attend.

NOTE **What if the client does not agree to participate?**
Find out why the client does not want to participate, consider their reasoning and alternatives. In Salesforce record this as a Contact action. If you are unsure how to proceed go to Seek Internal Guidance.

PROCESS Seek Internal Guidance

f Advise the client:

• The Occupational Assessor will contact them to schedule an appointment
• They are obliged to give at least 1 days notice if an appointment cannot be kept and failing to attend could risk suspension of entitlements
• If they have a CV, recommend they take this the appointment
• They are able to have a support person with them
• There is no cost to them
• The assessor will send ACC a report which they will receive a copy of.

g Check if the client has a preferred Provider.

Client choice of providers Policy

NOTE **What if the client has a preferred Provider?**
Using the Contracted Suppliers by Geographic Area of Coverage document, confirm the Provider is contracted for this service and add as a participant on the claim.

If they are not a contracted Provider for this service advise alternative Providers to your client.

Add the selected Provider as a participant on the claim.

- Contracted Suppliers by Geographic Area of Coverage
- Service Contracts and Contracted Providers - MFP spreadsheet
- Manage Participants (Eos Online Help)

h In Salesforce, record the conversation as a Contact action, and record the client's agreement to participate.

i Add the Agreed Intervention to the Recovery Plan.

NOTE **What if you are unsure how to add an Agreed Intervention?**
Go to Create or Update Recovery Plan, then return to this process.

PROCESS Create or Update Recovery Plan

j Send a copy of the updated Recovery Plan to the client using their preferred method of contact.

3.0 Request assessment referral

Recovery Coordinator, Recovery Partner

a In Eos, check the following documents are on the claim (if applicable):
• Previous/most recent Vocational Rehabilitation documents (eg Stay At Work or Back To Work reports)
• ACC188 Job task analysis form or Standalone Worksite Assessment report.

b Check for vocational documents on other claims relevant to the assessment (eg previous Stay at Work reports which outlines the current work tasks).

NOTE **What if there are documents on other claims?**
Create a copy and transfer to the other claim:
• Create a bulk print of documents on the other claim and complete mandatory fields and description
• Open PDF document from email link
• File the PDF away to the claim you are creating the referral on
• Repeat these steps if there are documents on other claims

Provide a short and descriptive title to the document properties in the PDF and state the claim number the information came from eg. Medical records and reports from claim: 100XXXXXXXX

Do not create a bulk print on one claim and move it to a different claim as it will not appear in any file copy requested by the client.

c Perform privacy checks on the documents. These must not contain any injury or medical information, this includes the ACC45. This is crucially important as failure to observe constitutes a privacy breach.

- NG SUPPORTING INFORMATION Inbound and Outbound Document Checks
- Privacy Check Before Disclosing Information Policy

NOTE **Can you provide medical information?**
ACC should only provide information that is relevant to the occupational assessor and the assessment that is being completed. If you are providing any medical information, you should advice the client and seek their consent. You should also provide a copy of the ACC6300 Authority to collect medical and other records or note the client's verbal consent.

NOTE **What if you find information that needs to be redacted?**
Send an email to Recovery Administration (recoveryadmin@acc.co.nz) and include the document to be redacted plus your redaction instructions.

d In Eos, create a document group titled 'Initial Occupational Assessment' and add the documents to the group.

- Manage document groups

e In Eos, generate a Vocational Rehabilitation referral task for a 'Initial Occupational Assessment'. For further information refer to Referring Tasks to Recovery Administration - Principles.

- Referring Tasks to Recovery Administration - Principles
- Creating Manage Referral Tasks - System Steps

f Complete the mandatory fields in the e-form.

g Provide the following information in the task if applicable:
• Expected outcome
• Vendor preference
• Reason the referral
• Details of the client's earnings before their incapacity (if you are unsure or can't find the pre-incapacity figures, seek Technical Hotline Guidance)
• Details of the client's recent employment history, including pre-injury occupation
• Factors that may impact the assessment, eg communication difficulties or interpreter, services.
• State if the client has requested CV preparation
• Name of document group or advise no documents are to be sent
• If your client has a care indicator. Refer to 'Disclosure of care indicator information to third parties' policy for information about when this needs to be shared.

NOTE **What are the complex IOA criteria?**
• Dual diagnosis/co-morbidity
• Active mental health issues and/or significant co-morbidity that will make the assessment take longer
• A serious injury profile
• A sensitive claim
• Alcohol and other drug abuse
• Communication issues.

If the client meets one or more of the criteria a complex IOA needs to be requested, use service item code IOA02.

- Disclosure of Care Indicator Information to Third Parties Policy
- NG GUIDELINES Purchase Order Details - Initial Occupational Assessment

h Consider the timing of the task. The task routes to the Recovery Administration team with an SLA of 24 hours.

NOTE **What if the request is urgent and needs to be completed that day?**
Call Recovery Administration, provide the claim number and request the task is completed today.

NOTE **What if you need to arrange an IMA?**
Allow sufficient time for the IOA assessment, receipt of the IOA report and any follow up actions. View the process to arrange an IMA in the process link below.

PROCESS Arrange Initial Medical Assessment (IMA)

4.0 Review task

Recovery Administrator

a Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.

b Check the task provides the following information:
- Expected outcome
- Vendor preference (if applicable)
- Reason for the referral
- Details of the client's recent employment history, including pre-injury occupation
- Details of the client's earnings before their incapacity.

NOTE **What if there is information missing?**
Go to the 'Task clarification' section in the NG PRINCIPLES Working in the Administration Team document below.

Client Admin - Password Protect

NOTE **What if you receive a NGCM - Admin Request task for a re-referral as the Provider is unable to accept a referral?**
Go to Activity 5.0 (a).

NOTE **What if this is a Sensitive Claim?**
You do not need to confirm provider availability before sending a referral for a client with a Mental Injury as we are only sharing earnings information.

5.0 Create purchase order

Recovery Administrator

a In Eos, generate a Purchase Order using referral type Initial Occupational Assessment.

Creating purchase orders using general + QE

NG GUIDELINES Purchase Order Details - Initial Occupational Assessment

Purchase Order - Handy Hints on how to create and edit POs

NOTE **What if this is a re-referral?**
Locate the original Purchase Order and continue with this process.

b Identify and select a contracted provider in the client's geographic area.

NOTE **What if this is a re-referral?**
Update the original Purchase Order with the new Provider and continue with this process.

NOTE **What if a preferred Provider has been specified in the task?**
Select the Vendor from the Contracted Supplier by Geographic Area Coverage list. Go to task (d).

Contracted Suppliers by Geographic Area of Coverage

c Add the selected Provider as a participant on the claim.

Manage Participants (Eos Online Help)

d Approve the Purchase Order.

e Select 'Add documents' and generate the ACC6278 referral for Initial Occupational Assessment.

f Add additional information received in the task to the referral. Do not remove the date of accident from the ACC6278. For guidance refer to the Admin Template - ACC6278 ACC referral for Occupational Assessment.

Admin Template - ACC6278 Initial Occupational Assessment

g Perform privacy checks on the documents in the group. These must not contain any injury or medical information, this includes the ACC45. This is crucially important as failure to observe constitutes a privacy breach.

NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

Privacy Check Before Disclosing Information Policy

NOTE **Can you provide medical information?**
ACC should only provide information that is relevant to the occupational assessor and the assessment that is being completed. If you are providing any medical information, you should advice the client and seek their consent. You should also provide a copy of the ACC6300 Authority to collect medical and other records or note the client's verbal consent.

h Complete the documents and convert them into non-editable PDFs.

i Send client letter and fact sheet and create and send an email using 'Requests and referrals' template for the Vendor.

NGCM - FINAL Emailing from Eos using a Template - System Steps

NOTE **What if there is a document group?**
Open document group and link the ACC6278 to the group and email to the vendor.

NOTE **What if the email is too large to send as a single email?**
Contact the vendor and ask if the referral can be sent by courier.
- If yes, confirm correct physical address then go to Prepare and Send Client Information by Courier then return to this process.
- Otherwise, send by email.

PROCESS Prepare and Send Client Information by Courier

j Send client letter and VIIS01 Vocational Independence Factsheet and create and send an email using 'Requests and referrals' template for the Vendor.

VIIS01 Vocational Independence Factsheet

k In Salesforce, close the referral task.

NOTE **What if you are advised by a Provider they are unable to accept a referral?**
Go to Activity 5.0 (a) and complete a re-referral.

6.0 Review report

Recovery Coordinator, Recovery Partner

a In Eos, open the IOA report.

NOTE **What if the Provider or client advised they failed to attend?**
Go to Manage Non-Compliance.

PROCESS Manage Non-Compliance

b Perform Privacy checks on the report.

NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

c Check the report contains the required information and meets our criteria and quality standards. The IOA evaluation checklist (below) provides a list of these standards and should be used to confirm these have been met before accepting the IOA report from the assessor.

IOA Report Evaluation Checklist

d Contact the client by their preferred method of communication. Inform the client we have received the IOA assessors report which they will receive a copy of.

e Send a copy of the IOA report to the client for comment, ensure there is reasonable time for any actions to occur prior to the Initial Medical Assessment appointment, preferably a minimum of 14 days.

NOTE **What if the client provides comment?**
Send these to the IOA assessor for consideration.

NOTE **What if the client advises there is information in the report which is factually incorrect?**
Contact the Provider and request the incorrect information is updated on the report and an amended report is provided. For further guidance refer to Managing a client's request to change personal information.

NOTE **What if the client advises they disagree with the opinion provided the assessor in the report?**
The client can supply a 'statement of correction' to ACC which is then included with the report. This means any time the report is sent out, the statement of correction must be sent as well.

Managing a client's request to change personal information

f Open the Agreed Intervention "Outcome Comments for Completed Interventions" in the Recovery Plan and add the outcome (record assessment as being completed).

NOTE **What if you are unsure how to add the outcome?**
Go to Create or Update Recovery Plan.

PROCESS Create or Update Recovery Plan

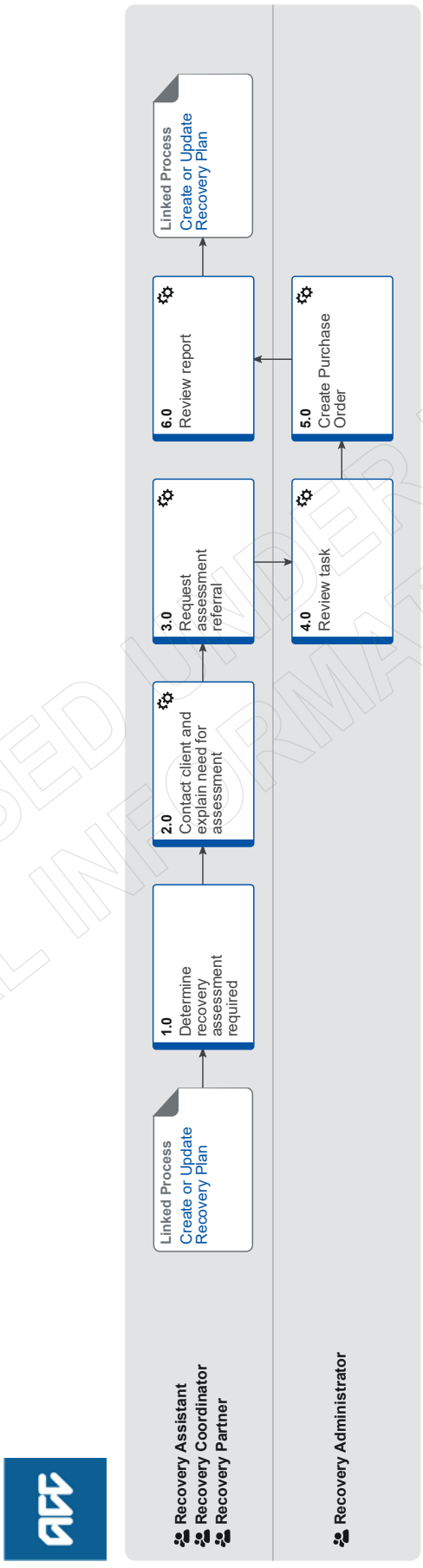
g Go to the Arrange Initial Medical Assessment (IMA) process to continue assessing the client's VR needs.

PROCESS

Arrange Initial Medical Assessment (IMA)

Recovery Coordinator, Recovery Partner

Arrange Section 105 Assessment v11.0



Arrange Section 105 Assessment v11.0

Summary

Objective
To arrange a section 105 Assessment for determining if a client is able to engage in work they're suited to by reason of their experience, education or training (section 105 of the Accident Compensation Act (AC Act) 2001).

It is also used to make an entitlement decision on weekly compensation or LOPE for those clients who were not working at the time of their injury. This includes:
• Determining eligibility for LOPE, or
• Determining whether to cease LOPE or weekly compensation

NOTE: Clients who are not working at the time of their injury can qualify for weekly compensation under 'extension of earner status' or through the purchase of weekly compensation (time out cover) provisions.

NOTE: To be eligible to receive compensation for loss of potential earning capacity, the client must meet all the following criteria:
• have sustained personal injury before reaching the age of 18, or while engaged in full-time study or training which has been continuous since before they turned 18
• have turned 18
• be incapacitated by that personal injury
• not have weekly earnings over the minimum earner rate
• have been incapacitated for more than six months
• not be in full-time study or training that leads to the award of a qualification, during the period for which they are claiming entitlement.

Background
The S105 assessment is provided by a suitably qualified contracted assessor who will provide you with an independent opinion and a detailed report. The assessor will consider whether the client has sufficiently recovered from their injury to be able to substantially engage in work they're suited to by reason of their experience, education or training.

Owner [redacted]

Expert

Procedure

PROCESS **Create or Update Recovery Plan**
Recovery Assistant, Recovery Coordinator, Recovery Partner

1.0 Determine recovery assessment required
Recovery Assistant, Recovery Coordinator, Recovery Partner

a Confirm client's eligibility for the s105 assessment.

NOTE **When would you consider referring for a s105 assessment?**
The s105 Assessment may be requested at any stage during a client's rehabilitation. Before referring for this assessment, ensure the client has completed an Initial Occupational Assessment (IOA).

When it's likely that the client can engage in the work types identified in the IOA as suitable by reason of their experience, education or training – consider the physical demands of the work tasks, medical reports and any vocational rehabilitation that the client has completed.

For additional information or questions, refer to (NGCM) Seek Internal Guidance.

PROCESS Seek Internal Guidance

NOTE **What do you need to consider when the entitlement request is received and deemed cover exists?**
Refer to the Deemed Cover and Entitlements Policy for considerations to determine client entitlement eligibility while in deemed cover period.

Deemed Cover and Entitlements Policy

NOTE **What if you need to test LOPE eligibility?**
The s105 Assessment determines a client's ability to work on the next available working day. Investigations for LOPE can often be retrospective. Where this is the case, the s105 Assessment must identify the specific time period during which the client was medically suited to each job identified, not just their current capacity to work.

In these circumstances, the client should be referred for a s105 LOPE Occupational Assessment prior to s105 assessment. When referring to for the s105 Medical Assessment an additional question will need to be asked, obtaining comment on the client's ability to safely engage in each of the identified work types during the a specific period of time. Please refer to the technical services team for support prior to the referral.

For further information use the links below.

Loss of Potential Earnings (LOPE) s105 Occupational Assessment Service Page

Loss of Potential Earnings (LOPE)

NOTE **What if you are supporting a client with a serious physical injury?**
Instructions for determining eligibility for LOPE and for setting up and managing LOPE payments to serious injury clients, refer to Loss of Potential Earnings (LOPE) for clients with complex physical injuries (The Sauce).

NOTE **What if you need to complete a s105 Medical Assessment?**
To review the eligibility criteria and more information refer to Section 105 Assessment (VMS) Service Page.

Section 105 Assessment (VMS) Service Page

b Ensure current medical notes are on file.

NOTE **What if the current medical notes are not on file?**
Go to (NGCM) Request Clinical Records.
PROCESS Request Clinical Records

2.0 Contact client and explain need for assessment
Recovery Assistant, Recovery Coordinator, Recovery Partner

a Open VMS Sharepoint bookings site and identify potential s105 Providers geographically close to the client.

Group VMS SharePoint site

b Contact the client or ATA by their preferred method of communication.

c Confirm you are speaking with the right person by asking ACC's identity check questions.

Identity Check Policy

d Check that the client has granted authority to collect and share information.

View Client Consent

NOTE **What if the client has not granted ACC authority to collect medical and other records?**
You will need to obtain the client's authority to collect medical and other records. Go to Obtain Client Authority to Collect Information. Once received, return to this process.
PROCESS Obtain Client Authority to Collect Information

e Discuss the following with your client:

• why you are recommending referring them for this assessment and a reminder of their rights and responsibilities
• explain that the assessor specialises in assessing the impacts an injury has on work
• the assessment will include a clinical examination to assess their level of fitness for work
• the documents the assessor will receive with the referral, including the work tasks identified in the IOA
• the assessor will consider their injury(s) and any non-injury restrictions
• the assessor will provider their opinion and recommendations, including any comments on pain and fatigue

NOTE **What if there are no providers at the client's location?**
Discuss suitable transport options with the client. Go to Arrange Ancillary Taxi Service.
PROCESS Arrange Ancillary Taxi Service

Client Legislative Rights and Responsibilities Policy

Client choice of providers Policy

f Confirm your client understands the purpose of the assessment and agrees to attend.

NOTE **What if the client does not agree to participate?**
Find out why the client does not want to participate, consider their reasoning and alternatives. Record this as a contact on the claim. If you are unsure how to proceed go to Seek Internal Guidance
PROCESS Seek Internal Guidance

g Using the VMS Sharepoint booking site identify and agree a suitable provider, date and time with the client and schedule the appointment.
Email the vendor/supplier when am appointment has been booked via the VMS Spreadsheet

NOTE **How do you book through the Centralised Booking Sysetm?**
Use the below process:
PROCESS Book an appointment through the Centralised booking system (CBS)

Group VMS SharePoint site

h Advise the client:

• they will receive details of their appointment by their preferred method of communication (email or post)
• they are able to have a support person with them
• there is no cost to them
• ACC can contribute to travel costs
• the Assessor will send ACC a report which they will receive a copy of.

Manage Participants (Eos Online Help)

i Create a Reminder Action to notify the client of appointment details the day prior to the appointment.

j In Salesforce, add a contact note as a record of the conversation.

k Add the agreed intervention to the Recovery Plan.

NOTE **What if you are unsure how to add an Agreed Intervention?**
Go to (NGCM) Create or Update Recovery Plan, then return to this process.
PROCESS Create or Update Recovery Plan

3.0 Request assessment referral
Recovery Assistant, Recovery Coordinator, Recovery Partner

a In Eos, check the following documents are on the claim (if applicable):

• Previous/most recent Vocational Rehabilitation/Medical documents
• Current medical certificate
• Relevant medical report(s). For clients with a mental injury claim this would include Psychiatric and Psychological reports
• Information about a client's function eg Physiotherapist's notes
• Individual Rehabilitation Plan (IRP)

NOTE **What if there is clinical information missing?**
Go to Request Clinical Records. Once received, return to this process.
PROCESS Request Clinical Records

NOTE **What if you are testing eligibility for LOPE?**
If you are testing eligibility for LOPE and require a retrospective opinion on the clients capacity, then include in the referral the Loss of Potential Earnings (LOPE) s105 Occupational Assessment instead of the IOA. It is recommended that you refer to the Technical Services team for support prior to the referral, go to (NGCM) Seek Internal Guidance.
PROCESS Seek Internal Guidance

b Check if there are documents on other claims relevant to the assessment.

NOTE **What if there are documents on other claims?**
Create a copy and transfer to the other claim:

• Create a bulk print of documents on the other claim and complete mandatory fields and description
• Open PDF document from email link
• File the PDF away to the claim you are creating the referral on
• Repeat these steps if there are documents on other claims

Provide a short and descriptive title to the document properties in the PDF and state the claim number the information came from eg. Medical records and reports from claim: 100XXXXXXXX

Do not create a bulk print on one claim and move it to a different claim as it will not appear in any file copy requested by the client.

c Perform privacy checks on documents.

- NG SUPPORTING INFORMATION Inbound and Outbound Document Checks
- Privacy Check Before Disclosing Information Policy

NOTE **What if you find information that needs to be redacted?**
Send an email to Recovery Administration (recoveryadmin@acc.co.nz) and include the document to be redacted plus your redaction instructions, before adding the document to the document group.

- NGCM - Redact information from PDF documents

d In Eos, create a document group titled 'Section 105 Assessment' and add the documents to the group.

- Manage document groups

e In Eos, generate a Medical Assessment task for an 'Section 105 Assessment'. For further information refer to Referring Tasks to Recovery Administration - Principles.

- Creating Manage Referral Tasks - System Steps
- Referring Tasks to Recovery Administration - Principles

f Complete the mandatory fields in the e-form. In the booking sheet field note the region.

g Provide the following information in the task:

• purchase order code
• expected outcome
• vendor
• reason the referral
• factors that may impact the assessment, e.g. communication difficulties or interpreter, services.
• name of document group or advise no documents are to be sent
• If your client has a care indicator. Refer to 'Disclosure of care indicator information to third parties' policy for information about when this needs to be shared

- Disclosure of Care Indicator Information to Third Parties Policy
- NG GUIDELINES Purchase Order Details - Section 105 Assessment

NOTE **What if you are requesting a s105 Occupational Medical Assessment for CMI?**
Refer to the Partnered and Assisted Mental Injury Task Templates document.

- Partnered and Assisted Mental Injury Task Template.docx

h Consider the timing of the task. The tasks route to the Recovery Administration team with an SLA of 24 hours.

NOTE **What if the request is urgent and needs to be completed that day?**
Call Recovery Administration, provide the claim number and request the task is completed today.

NOTE **What if the request is required in the future?**
Set a reminder task for the future date when the support will be required.

When the reminder task is due return to Activity 3.0 Request assessment referral.

Review the contract timeframes and SLAs as specified in the service page.

4.0 Review task
Recovery Administrator

a Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.

b Check the task provides the following information:

• vendor
• reason for the referral

NOTE **What if there is information missing?**
Go to the 'Task clarification' section in NG PRINCIPLES Working in the Administration Team for instructions.

- Client Admin - Password Protect

5.0 Create Purchase Order
Recovery Administrator

a In Eos, generate a Purchase Order using referral type Initial Medical Assessment.

- Purchase Order - Handy Hints on how to create and edit POs
- Creating purchase orders using general + QE
- NG GUIDELINES Purchase Order Details - Section 105 Assessment

b Access VMS Sharepoint to obtain the physical address of the vendor, date and time of the appointment. Add the referral date to the appointment.

- Service Contracts and Contracted Providers - MFP spreadsheet
- Group VMS SharePoint site

c Add the Provider as a participant on the claim.

- Manage Participants (Eos Online Help)

d Approve the purchase order.

NOTE **What if the purchase order requires a higher delegation?**
Refer to the system steps below.

- Request Authorisation for a Purchase Order - System Steps

e Select 'Add documents' and generate the following:

• ACC7402 Section 105 referral - Vendor
• SMR03 Specialist medical review appointment - client letter

NOTE **What if the SMR03 letter won't generate from the purchase order?**
Please generate from the documents tab in EOS.

f Add additional information received in the task to the referral. For guidance refer to the Admin Template - Medical Assessment Section 105.

Admin Template - Medical Assessment Section 105 Referral

NOTE **What if the referral is for a s105 Occupational Medical Assessment for CMI?**
Refer to the Admin Template - s105 Occupational Medical Assessment. Do not send any additional supporting information as the Recovery Team Member will have completed this step.

Admin Template - s105 CMI Occupational Medical Assessment

g Perform privacy checks on the documents

NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

Privacy Check Before Disclosing Information Policy

h Generate a Bulk Print of the “Section 105 Assessment” Document Group by following the system steps below.

i Generate the Bulk Print Index

NOTE **How do you generate the Bulk Print Index?**
- Click properties
- Click view contents less
- Right click convert to PDF
- Save to desktop
- Upload to Claim using document type VCF006
- Label as Bulk Print Index
- Delete file from desktop

Create Bulk Print

j Create and send an email to the Vendor using 'Requests and referrals' template.

NOTE **What if there is a document group?**
Open document group and link the ACC7402 Section 105 referral - Vendor and and bulk print. Save the bulk print to desktop and attach to the email.

NOTE **What if the document group contains an e-form or internal referral that we need in a PDF version?**
Convert the e-form to PDF to enable it to be emailed by Eos.

Convert an Internal Referral e-form to a PDF document.

Client Admin - Password Protect

NOTE **What if you identify the documents you're sending exceed 10MB?**
Use Adobe Pro to
Reduce file size:
- Select Optimize PDF
- Select Reduce File Size

Or
Split document
- Select organize page
- Select Split
- Select Split by File Size (up to 10MB)

The document will save in the same location and the original document and will be name PART1, PART2 (depending in the size of the file being split).

NOTE **What if the document is too large to send in a single email?**
Contact the vendor and ask if the referral can be sent by courier. If yes, confirm correct physical address go to Prepare and Send Client Information by Courier then return to this process. Otherwise, send by email.

PROCESS Prepare and Send Client Information by Courier

k Send the SMR03 Specialist medical review appointment - client letter to the client by their preferred method of communication.

l In Salesforce, closed the assigned referral task.

6.0 Review report

Recovery Assistant, Recovery Coordinator, Recovery Partner

a In Eos, open the Section 105 report

NOTE **What if the Provider or client advised they failed to attend?**
Go to Manage Non-Compliance.

PROCESS Manage Non-Compliance

b Perform Privacy checks on the report.

NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

Privacy Check Before Disclosing Information Policy

c Check the report includes the following:

- a list of the information provided to the assessor
- other information the client has provided the assessor
- the clinical findings from the assessor’s examination, including comments on pain and fatigue
- information about any non-injury related conditions that may impact on the client’s ability to work
- recommendations with regards to the client’s rehabilitation and treatment
- medical opinion and rationale regarding the client’s fitness for work in relation to the work types in the IOA
- a statement regarding whether job types are likely to be medically sustainable for 30 hours or more per week
- comments where accommodations, treatment or rehabilitation may make the work type sustainable in the future
- the client’s comments regarding the recommendations about each work type.

For further guidance refer to the VMS Report Expectations.

NG GUIDELINES VMS Report Expectations

NOTE **What if you have queries in relation to the report or you are concerned about the clinical quality of the report?**
Manage these directly with the assessor. If an amended report is required, this is expected to be received within 2 working days.

d Contact the client by their preferred method of communication. Inform the client we have received the Section 105 assessors report which they will receive a copy of.

Ensure the client understands:
• why the assessment was needed
• the content and recommendations within the report
• explain what will happen next, and if any entitlements may be affected and the various options available

If the report indicates the client can engage in work, best practice is to obtain comment from a medical advisor and from technical services. This will ensure a robust decision is being made prior to issuing any formal decision.

e In Salesforce, record the conversation as a contact on the claim.

Identity Check Policy

f Send a copy of the report to the client for comment.

NOTE **What if the client provides comment?**
Send these to the assessor for consideration.

NOTE **What if the client advises there is information in the report which is factually incorrect?**
Contact the Provider and request the incorrect information is updated on the report and an amended report is provided. For further guidance refer to Managing a client's request to change personal information.

Managing a client's request to change personal information

NOTE **What if the client advises they disagree with the opinion provided by the assessor in the report?**
The client can supply a 'statement of correction' to ACC which is then included with the report. This means any time the report is sent out, the statement of correction must be sent as well.

g Open the Agreed Intervention in the Recovery Plan and add the outcome.

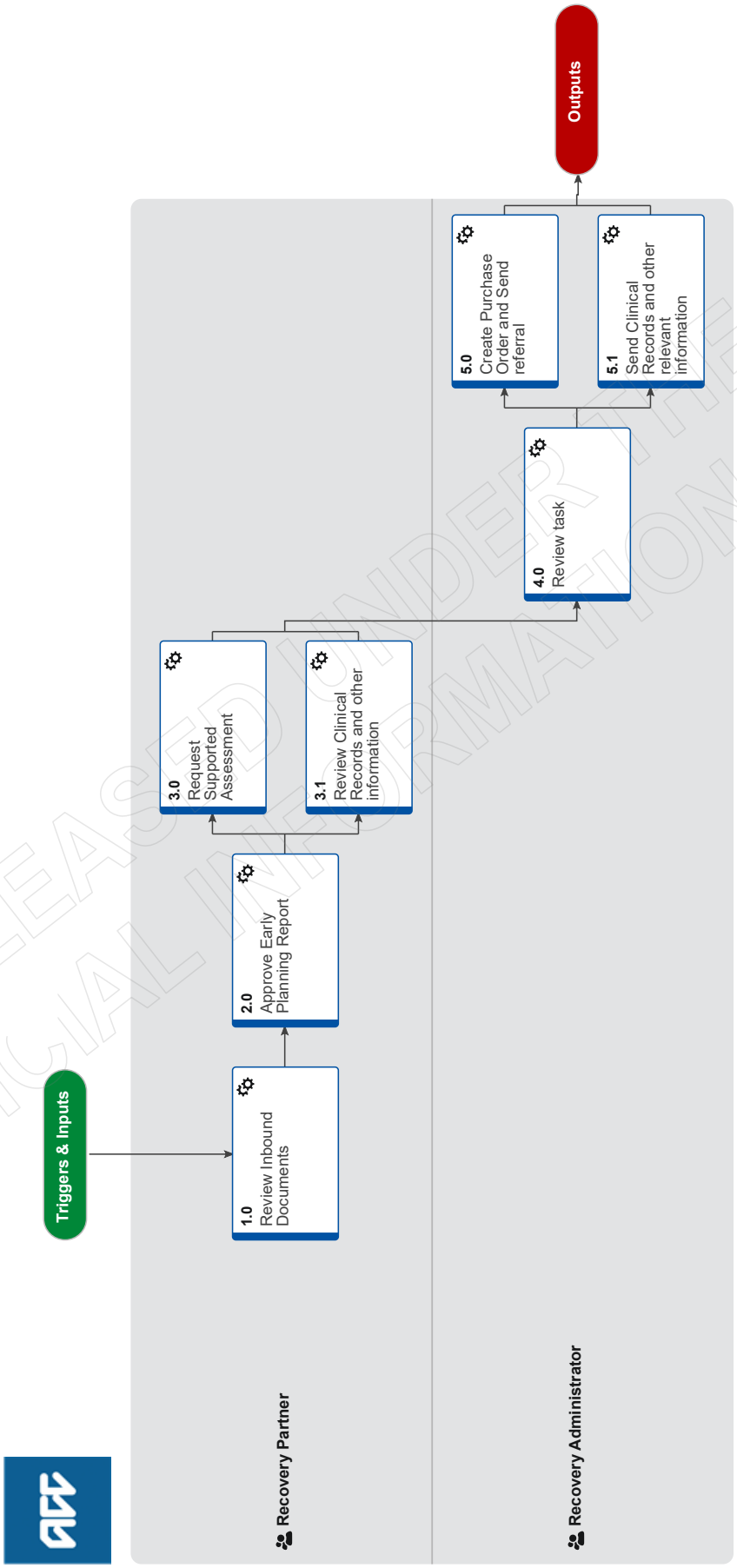
NOTE **What if you are unsure how to add the outcome?**
Go to Create or Update Recovery Plan.
PROCESS Create or Update Recovery Plan

h Determine the next steps to progress the client's recovery.

NOTE **What if you are unsure how to progress the client's recovery?**
Go to Seek Internal Guidance.
PROCESS Seek Internal Guidance

PROCESS **Create or Update Recovery Plan**
Recovery Assistant, Recovery Coordinator, Recovery Partner

Assess Early Planning & Set up Supported Assessment v43.0



Assess Early Planning & Set up Supported Assessment v43.0

Summary

Objective
To identify the current needs of the Client and work with the Client to determine the most appropriate service(s) to address those needs.

Background
The service is for clients who have completed a Getting Started service:

• New Clients who have recently lodged a claim with ACC, and do not have a covered claim.

• Clients who have completed sensitive claim services funded by ACC but need to return to Getting Started to gain longer-term support.

• Returning Clients who have previously received sensitive claim services funded by ACC but disengaged from those services (whether with the same Supplier or a different Supplier).

• A relocating Client who is currently receiving services elsewhere but has engaged via a new Service Provider (excluding clients who were engaged in Support to Wellbeing Long term treatment.

Owner [redacted]

Expert

Procedure

1.0 Review Inbound Documents

Recovery Partner

a In Eos, open the report task:

• the 'IBSC – ACC6426 Early Planning Report received' task, or
• 'NGCM – Action Attached Documentation' task.

NOTE **What do you need to consider when the entitlement request is received and deemed cover exists?**
Refer to the Deemed Cover and Entitlements Policy for considerations to determine client entitlement eligibility while in deemed cover period.

Deemed Cover and Entitlements Policy

b Check the ACC6300 (Authority to collect medical and other records) for the following:

• The document is for the right client
• Both pages have been received
• The client has signed and dated the document

NOTE **What if there is information that is incorrect or incomplete?**
Contact the Lead provider. Advise the ACC6300 contains incorrect or incomplete details. If the provider doesn't respond within 5 working days, contact the Lead provider and supplier to obtain the correct information.

If there is a privacy risk, the ACC6300 needs to be removed from the claim. Discuss the options for removing information with your Team Leader.

NOTE **What if the ACC6300 is not on file or consent has not been provided?**
• Contact to provider to confirm if the form has been completed.
• Contact the client to discuss why ACC needs Authority to collect medical and other records, if the client consent follow the Obtain Client Authority to Collect Information process.
• If the client does not give consent then explain to the client that the assessor needs to refer to previous medical records to get a good understanding of the client's history. If still no consent given then do not request any medical records.

PROCESS Obtain Client Authority to Collect Information

NOTE **What if the client is not proceeding through to a Supported Assessment?**
An ACC6300 is not required at this stage.

c Add the application consent record type and any conditions on the Consent tab.

Add Client Consent

d If the claim is Held, check for receipt of the ACC6242 Early Planning: client confirmation and check for the following:

• It is for the right client
• client has agreed to one of the 3 options for an extension
• client has signed and dated the document

e In Eos, apply a time extension to the claim (Held Claims only)

NOTE **What if the client has not agreed to the second extension?**
• Contact the lead provider to explain that ACC has limited time to make a decision and based on the available information we are unable to confirm a mental injury diagnosis. Advise support will not change and once the assessment has been received we can issue a new decision. Ensure you specify that the client can still proceed with the Supported Assessment, and that they will receive a letter in the mail regarding the decline.
• Confirm with the lead provider if it is OK to contact the client to confirm the decision and send the decision letter, if not send the letter to the provider
• Contact the client to advise them of the decision. Refer to the Best Practice Reference Pack for Declines, Disengagement and Withdrawn claims
• Generate the SCU999 - SCU Cover Decision Client letter and amend as required.
You must remove the following paragraph from the letter:
"Our ability to approve claims has been set out in ACC's legislation. We've said we're unable to approve your claim, this does not mean we are saying that what you have experienced has not affected you, or that what is happening to you is unimportant, only that we can't cover it."

NOTE **How do you apply a time extension?**
Refer to the Timeframes to Determine Cover Policy and Apply time extension (ISSC) system steps.

Apply time extension (ISSC)

Held Claims Calculator

Timeframes to determine cover Policy

f Carry out the Quality and privacy checks. Refer to the ISSC Report Quality Standards Service Page.

Integrated Services for Sensitive Claims (ISSC) Report Quality Standards Service Page

g Review the report for any additional services requested (see section 7 of report) and there is a clear rationale for who and why these services are needed. Refer to the ISSC Operational Guidelines below for more information

Integrated Services for Sensitive Claims (ISSC) Operational Guidelines

h Check if the Date of Accident is correct.

NOTE **What if the Date of Accident doesn't match?**

1) Update the Date of Accident to match the date of the client's first consultation either from the ACC45 or the Engagement Form.
2) Add a Contact Action with the following rationale for the change:
"I have updated the date of accident on the claim based on the information provided in the ACC45. The ACC45 indicates that the first date the client received treatment is XXX. This is in line with Section 36 of the Accident Compensation Act 2001 where the date of accident is the date the client first received treatment, rather than the event date. This can be updated at a later date, if appropriate, if further information comes to light."

2.0 Approve Early Planning Report

Recovery Partner

a Approve the report.

NOTE **What if you reject the report?**

Return the report to the Provider, asking them to re-submit the report with the relevant sections completed. Ensure you copy in the Vendor into the email so they can be made aware of the quality issues.
When emailing the provider don't use the word 'Reject', instead indicate 'We are unable to accept your report because'.

Accept/Reject ISSC Reports

NOTE **What if the report demonstrates the client does not meet the criteria for cover to be accepted?**

We can offer the client 'Support for Next Steps', which is two paid sessions with their Provider to discuss other options to support them.
1) Generate a NGCM Admin Request task to create a Purchase Order.
2) Refer to the 'Partnered and Assisted Mental Injury Task Templates' for Service Codes.
3) Decline the claim, refer to the Complex Mental Injury Decline and Disengagement Best Practice Guide.
4) Go to Issue Recovery Decision process and issue the SCU999 Cover Decision Letter.
Process ends

PROCESS Issue Recovery Decision

Complex Mental Injury Decline and Disengagement Best Practice Guide

b In Eos, add the Personal Wellbeing Index (PWI) information obtained within the provider reports.

NOTE **How do you add the PWI?**

The Personal Wellbeing Index is a client self-assessment initiated by Providers to monitor client progress and impact of treatment.

Navigate to the 'ISSC Interval' tab, select 'Outcome Measures' tab and 'Add'. Select the PWI and enter the scores from the report. Do this by selecting the appropriate PWI outcome measure, entering the date, select the provider & vendor codes from the Report, enter the PWI Report figures.

For additional information go to the weblink below.

NOTE **How do you calculate the PWI?**

Refer to the PWI calculator below.

ISSC Outcome Measures

c Contact the client by their preferred method of communication to discuss the Report.

NOTE **What do you need to discuss with the client at this stage?**

Use the Conduct Recovery Check-in Conversation process. Return to this process following the Recovery Check In.

PROCESS Conduct Recovery Check-in Conversation

NOTE **What if the client is progressing to a Supported Assessment?**

During your Recovery Check-in Conversation you will need to obtain the client's informed consent for ACC to request their relevant Clinical Records and confirm where these records can be requested from.
Informed consent is receiving verbal confirmation from the client that ACC can request the clinical records and show that they understand what is being requested and what the information is being used for.

NOTE **What if you are unable to obtain informed consent?**

If you are unable to obtain this confirmation from the client, email the Lead provider using the following template:

Kia ora XXXX,

I hope you are well. I was hoping you could please obtain the below for me for the [Supported/Psychiatric/Treatment Review/etc] assessment.

Can you please confirm with [Insert Clients name/guardians] that they are okay for the collection of their notes for the above purpose and for them to be released to the assessor?

Please acknowledge the client's permission to collect notes by identifying the below:
DHB (/hospitals if attended any for mental health):
GP (Practice they are enrolled in):
Ministry for Children Oranga Tamariki (/CYFS if any interaction):

Your time and assistance with this is very much appreciated.

NOTE **What if the client wants to go to Support to Wellbeing (Short Term)?**

Support to Wellbeing (Short Term) can be provided to clients, who have recently lodged a new claim (held claim) with ACC or have previously lodged a claim with ACC but never continued passed Early Planning services (declined/held claim). It is not for returning clients who have previously accessed Support to Wellbeing Short Term. They are required to progress to 'Support to Wellbeing' via the Supported Assessment process. Accepted claims should not be funded (Short Term) support to wellbeing.

PROCESS Re-open claim

NOTE **What if the client can go Support to Wellbeing (Short Term)?**

1) Update the claim status to 'Declined' and add 'Cover Status Change Reason'. Refer to the Complex Mental Injury Decline and Disengagement Best Practice Guide on what to record.

2) Issue Recovery Decision and then Close Claim. If the NGCM Admin Request task has not been completed yet, and you have included Close Claim details in it, do not send to Actioned Cases as Recovery Admin will do this when they complete the task. If the claim is a Child & Adolescent claim do not send to Actioned Cases until after you have received a Completion Report. End of Process.

PROCESS Issue Recovery Decision

NOTE **What if the client wants to go to Support to Wellbeing (Long Term)?**

Check if a supported assessment has been undertaken within the last three years.
If yes, generate an 'NGCM Admin Request' task to Recovery Administration, referring to the Partnered and Assisted Mental Injury task templates, to approve Support to Wellbeing Long-term initial approval. Then go to Assess and Fund Support to Wellbeing (Long Term) process.

If not, contact the Provider to discuss if a Supported Assessment is appropriate, then continue with this process.

PROCESS Assess and Fund Support to Wellbeing (Long Term)

d Update the Recovery Plan with an appropriate agreed intervention (if required)

NOTE **What is the appropriate agreed intervention?**

For information on agreed interventions for the ISSC, see the process Create or Update Recovery Plan.

PROCESS Create or Update Recovery Plan

3.0 Request Supported Assessment

Recovery Partner

a Identify who can undertake the Supported Assessment.

NOTE **Who can undertake a Supported Assessment?**

The Client's Lead Provider, if they are an approved ACC Assessor. This is the preferred option if appropriate for the Client and requires clear clinical rationale.
Two Providers: a qualified ACC Assessor and the Client's Lead Provider working together to support the client through the process.

NGCM How to check who can undertake assessments system steps

b Determine whether to refer the client to the Lead Provider or a Clinical Psychiatrist.

NOTE **How do you determine whether to use the Lead Provider or a Clinical Psychiatrist under the Clinical Services Contract?**

The Lead Provider will notify you if they are able to undertake the Supported Assessment. If they are unable to undertake the Supported Assessment, determine who can by searching the 'Contracted Suppliers by Geographic Area of Coverage listing.

NOTE **How do you find Providers who can carry out Supported Assessments if the Lead Provider is unable to?**

The Lead Provider should be finding the Provider to undertake the Support Assessment, but if they have requested you to find someone, use MFP to locate an ISSC Contract Provider in the clients' area.

Contracted Suppliers by Geographic Area of Coverage

Service Contracts and Contracted Providers - MFP spreadsheet

c Add the Provider to the claim as a participant (if not already).

NOTE **How do you add a participant?**

Refer to Manage Participants reference below.

Manage Participants

d In Eos, at Recovery Plan sub case 'Add Activity' and select 'NGCM Admin Request' task.

NOTE **What if you are using a psychiatrist via the Clinical Services Contract?**

Use 'Add Activity' NGCM - Manage Referral >Mental Injury Assessment and complete the eform. Refer to the Task Templates for service codes to include. Note the approval letters to be sent.

Referring Tasks to Recovery Administration - Principles

NOTE **What information should you include in the task when requesting a Supported Assessment?**

- Geographic location
- Confirmed Vendor and Provider
- State clearly if the client has a Care Indicator
- Provide reason for the referral (Cover, Cover and Incapacity or Cover and Treatment)
- Provide the correct service codes (Supported Assessment)

Refer to the Partnered and Assisted Mental Injury Task templates for more info or the Referring Tasks to Recovery Administration - Principles

NOTE **What if the client only wants an assessment for Independence Allowance (IA) purposes?**
We can organise for a 'One Off Supported Assessment'. Refer to the Partnered and Assisted Mental Injury Task templates for more information.

NOTE **What if you are requesting a Function Assessment or a Supported Assessment with additional Function questions for assessing LOPE?**
From the Partnered and Assisted Mental Injury Task Templates document, select the appropriate option under Partnered MI Function Assessment and ensure you instruct Recovery Admin on which template to use (either “s105 Function Assessment” or “Cover + s105 Function Assessment).

NOTE **What if you are requesting a Function Assessment or a Supported Assessment with additional Function questions for assessing Weekly Compensation?**
From the Partnered and Assisted Mental Injury Task Templates document, select the appropriate option under Partnered MI Function Assessment and ensure you instruct Recovery Admin on which template to use (either “s103 Function Assessment” or “Cover + s103 Function Assessment).

Partnered and Assisted Mental Injury Task Template.docx

NOTE **What if the client is not eligible or proceeding with treatment?**
If the client is not eligible, decline the claim and issue decision. Advise the Provider of this and proceed to close the claim.
PROCESS Issue Recovery Decision

Disclosure of Care Indicator Information to Third Parties Policy

e Consider whether to approve Continuity sessions.

NOTE **Why would you consider continuity sessions?**
Continuity sessions are provided when ACC is unable to make a decision within an agreed timeframe due to unanticipated delays. A delay could be clinical records being unavailable before the assessment concludes, availability of appropriate assessors, or additional information being required to make a decision on cover.

Consider approving 10 continuity sessions at the same time you create the Supported Assessment Purchase Order task to ensure therapy continues without interruption. Additional continuity sessions can also be approved for further delays throughout the Supported Assessment Service.

For unanticipated delays it is important that Providers and/or Suppliers contact ACC well before the 10 hours approved for Supported Assessment expires.

Integrated Services for Sensitive Claims Services Service Page

3.1 Review Clinical Records and other information

Recovery Partner

a In Eos, check the claim for clinical records.

NOTE **What if there are no or incomplete clinical records on the claim?**
Double check the client's claim record for archived physical files or other historical information and notify the Lead provider and Assessor. If you need to obtain clinical records go to 'Request Clinical Records' process. Once received return to this process.
PROCESS Request Clinical Records

b Create a document group called 'Supported Assessment'..

Manage document groups

c From the 'Documents' tab add the following to the group:

• Signed ACC6300 or ACC6300D Authority to Collect Medical and other Records (If verbal consent was provided note this in the task eform for Recovery Admin
• Any clinical advisor comments
• Relevant clinical notes
• Any relevant reports, ie medical, psychological, counselling reports
• Any relevant assessments
• Any previous physical files
• Information on ant other ACC claims that might be relevant

d Contact the Assessor to confirm their email address and cellphone number for sending the clinical records. If they are verbally confirming the email address, add on a contact in Salesforce with the details of the conversation and confirmation.

NOTE **What if the specified email address has not been verified?**
Go to Verify an Existing Provider, Vendor or Facility Email Address.
PROCESS Verify an Existing Provider, Vendor or Facility Email Address

e Perform privacy and relevancy checks to ensure that the documents are relevant to the referral, do not contain any third party information and do not contain any other information that needs to be withheld.

For further information refer to Privacy Check Before Disclosing Information Policy and NG SUPPORTING Information Inbound and Outbound Document Checks.

Privacy Check Before Disclosing Information Policy

NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

NOTE **What if you find information that needs to be redacted?**
Send an email to Recovery Administration (recoveryadmin1@acc.co.nz) and include the document to be redacted plus your redaction instructions, before adding the document to the document group.

NGCM - Redact information from PDF documents

NOTE **What if there are documents from other claims that are relevant to the assessment?**
When a request for a referral is required and the supporting documents are on another claim, it is important to transfer the documents to the relevant claim. This will ensure the right documents support the recovery decisions for each claim.

To transfer documents from one claim to another:

• Create a bulk print of all documents on the other relevant claim and complete mandatory fields and description
• Open PDF document from email link
• File the PDF away to the relevant claim
• Repeat these steps if there is relevant documents on multiple relevant claims

The PDF should also be renamed something short but relevant, and identify which claim number the information came from, so it is included/printed in further referrals or copy files eg. Medical records and reports from claim: 100XXXXXXXX

Please do not create a bulk print on one claim and then move it to another claim, renaming it and using it in a referral for advice as it will not appear in any file copy subsequently used.

Manage document groups

f In Eos, from the Recovery Plan sub-case, select 'Add Activity' and select 'NGCM Admin Request' task using the sending documents template in the document below. Check the vendor and provider are added as a participant on the claim if they are not already. Provide the correct service code. Refer to the Purchase Order guidelines.

Partnered and Assisted Mental Injury Task Template.docx

NG GUIDELINES Purchase Order Details - ISSC

4.0 Review task
Recovery Administrator

a Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.

b Review the task to ensure it has all the information you need to proceed.

NOTE **What if the vendor and/or provider is not a participant?**
Return the task to the Recovery Partner advising them that they need to add these participants before you can action this task.

NOTE **What if you don't have all the information you need?**
If required information is missing from the task, or you need guidance on working within the Administration Team, refer to the link below.

Client Admin - Password Protect

5.0 Create Purchase Order and Send referral
Recovery Administrator

a In Eos, move the recovery stage to the requested ISSC stage, and end date the previous purchase order.

NOTE **What if the client is in the Support to Wellbeing - Long Term recovery stage?**
Unless requested, you do not need to move the recovery stage. Purchase the Supported Assessment under the Support to Wellbeing - Long Term stage.

NOTE **How do you move the recovery stage to the requested ISSC stage?**
Refer to Recovery stage movements below.

Recovery stage movements

NOTE **What if there is a purchase order approval for a DNA or Closure Notice?**
Do not end date these particular service codes.

b Generate a new purchase order for the specified referral. Refer to the documents below for further guidance.

NG GUIDELINES Purchase Order Details - ISSC

Creating purchase orders using general + QE

Purchase Order - Handy Hints on how to create and edit POs

c Locate contracted vendors via the Geographic Location search. This must be done even if the vendor details are provided in the task.

Once selected add the vendor as a 'Vendor - Contracted' participant in Eos.

d Approve the Purchase Order.

NOTE **What if the request is for a One off Supported Assessment?**
Refer to the systems steps below.

SYSTEM STEPS Purchasing a One off Supported Assessment

NOTE **What if multiple providers are delivering these services?**
Do not link the lead providers ID number in the purchase order. For the PO where the assessor is under a different supplier it is helpful to add the lead provider and assessor into the comments field of the PO so the relevant letters can have providers names included.

NOTE **What if the request is for a Function Assessment for LOPE?**
If purchasing under ISSC then refer to the Admin Template - MIS07 S105 Function Assessment
If purchasing under the Clinical Psychiatric service then refer to the Admin Template - SCU61 S105 Function Assessment

Admin Template - MIS07 s105 Function Assessment

Admin Template - SCU61 s105 Function Assessment - Psychiatric

NOTE **What if the request is for a Supported Assessment with Function questions for LOPE?**
If purchasing under ISSC then refer to the Admin Template - MIS07 Cover + S105 Function Assessment
If purchasing under the Clinical Psychiatric service then refer to the Admin Template - SCU61 S105 Function Assessment

Admin Template - MIS07 Cover + s105 Function Assessment

Admin Template - SCU61 Cover + s105 Function Assessment - Psychiatric

NOTE **What if the request is for a Function Assessment, or Supported Assessment with Function questions, for Weekly Compensation?**
If purchasing under ISSC then refer to the Admin Template - MIS07 Cover + S103 Function Assessment. Remove the cover assessment section if request is for Function Assessment only.
If purchasing under the Clinical Psychiatric service then refer to the Admin Template - SCU61 + S103 Function Assessment. Remove the Checklist for Cover section if request is for Function Assessment only.

- Admin Template - MIS07 Cover + s103 Function Assessment
- Admin Template - SCU61 Cover + s103 Function Assessment – Psychiatric

NOTE **What if you do not have the delegation to approve the Purchase Order?**
Save the Purchase Order, create a request authorisation task and fill out the e-form.

Refer to the System Steps link below for further information

- Request Authorisation for a Purchase Order - System Steps

e Create the approval letters as indicated in the task.

f Populate with extra information noted on the task you received. Ensure you have checked that all the relevant information within the task has been captured.

g Ensure you have completed the document (to convert the document into a non-editable pdf).

h Send the approval. Refer to the email templates below to see what needs to go into the body of the email and who needs to be notified with the approval.

- Admin Template - Mental Injury email templates

i Close the task. This process ends here

5.1 Send Clinical Records and other relevant information

Recovery Administrator

a Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.

b Perform privacy checks using Inbound and Outbound Document Checks.

- NG SUPPORTING INFORMATION Inbound and Outbound Document Checks
- Client Admin - Password Protect

NOTE **What if the document group contains an old e-form?**
Convert the e-form to PDF so it can be emailed by Eos.

Refer to the System Steps link below for further information and guidance on converting an e-form to a PDF document.

- Convert an Internal Referral e-form to a PDF document.

c Complete the document (to convert the document into a non-editable pdf), and it is password protected. Refer to the document below for information on how to password protect pdfs.

- Client Admin - Password Protect

d Create an email using the Requests and referrals template and attach the referral and document group. Select the most appropriate email address.

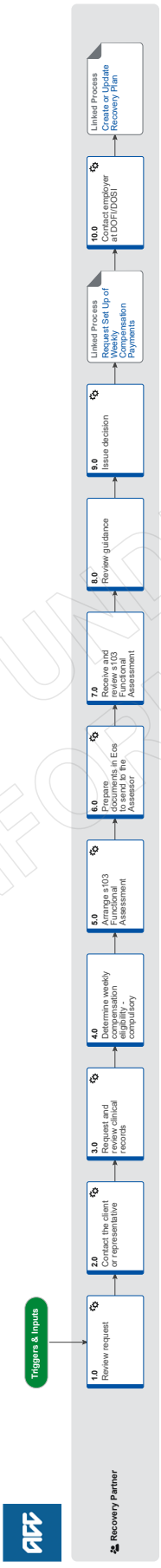
- NGCM - FINAL Emailing from Eos using a Template - System Steps

e Send the documents to the Lead Provider and Assessor (If applicable, refer to the task description).

f Send the password to the lead provider and assessor.

g Close the task.

Assess Weekly Compensation for Sensitive Claims v2.0



Assess Weekly Compensation for Sensitive Claims v2.0

Summary

Objective
To assess weekly compensation entitlement for sensitive claims.

Background
The purpose of Weekly Compensation is to reduce the financial consequences of an injury, by providing some replacement for lost earnings (80% of pre-injury earnings) for as long as the covered injury prevents the person from working.

Weekly Compensation is only available to people who were in paid employment at their Deemed Date of Accident (DDOA) AND at the Date of First Incapacity (DOFI). They must also be an earner at the Date of any Subsequent Incapacity (DOSI).

People who were injured before they were old enough to enter the workforce (that is aged under 18) may instead be eligible for Loss of Potential Earnings.

Owner [redacted]

Expert

Procedure

1.0 Review request
Recovery Partner

a Confirm there is a valid ACC18 on file and that the incapacity is related to an injury that is covered on the clients claim.

NOTE **What if there is not a valid ACC18 on the claim?**
Decline the request due to insufficient information and advise the client to see their primary health care provider.

This process ends.

PROCESS Issue Recovery Decision

b Review the claims history and check for a duplicate claim to determine if there are there other Sensitive Claims, to ensure that cover is sitting on the right claim.

NOTE **What if you find a duplicate claim?**
Link the duplicate claim. Go to Identify and Link Duplicate Claims :: Complex M.I. process.

PROCESS Identify and Link Duplicate Claims :: Identify and link duplicate Sensitive claims

c Review any medical records already on the claim.

NOTE **What should you consider in the medical records?**
Check the medical records to understand:
• What additional medical records may be needed to support the assessment?
• Check to see if there is an earlier Deemed Date of Accident (DDOA) based on the notes on file.

NOTE **What if there is an earlier DDOA on the claim?**
Seek hotline advice from Recovery Support, specifically Technical Services.

PROCESS Seek Internal Guidance

d In Eos, check the Consent tab for a recent ACC6300, note that DHB's require new ones every six months.

NOTE **What if there is not a recent ACC6300 (signed within six months)?**
Obtain a new ACC6300 and send to the client or the provider. Go to Obtain Client Authority to Collect Information process.

PROCESS Obtain Client Authority to Collect Information

e In Eos, check the Indicators tab for a physical file and whether it needs to be requested.

NOTE **What if you need to request a physical file?**
Go to Retrieve Archived Physical Claim Files process.

PROCESS Retrieve Archived Physical Claim Files

NOTE **What if you are unsure if a physical file needs to be requested?**
Check in with your Team Leader to determine if need you need to request.

NOTE **What if the claim is held or a soft decline?**
Refer the client for a Supported Assessment and include the s103 Functional Assessment questions.

2.0 Contact the client or representative
Recovery Partner

a Determine the appropriate person to contact, ie the client or an Authority to Act (ATA).

NOTE **What if you need to add/update the ATA?**
Go to Obtain Authority to Act (ATA) process.

PROCESS Obtain Authority to Act (ATA)

b Contact the client or ATA by their preferred method of communication.

Identity Check Policy

c Conduct the CMI Welcome Conversation or the CMI Weekly Compensation Script (if the Welcome Conversation has already been completed).

NOTE **Where do you find the CMI Welcome Conversation and CMI Weekly Compensation Script?**
Refer to the link below.

PROCESS Conduct CMI Welcome Conversation

d Confirm the clients pre-injury role immediately prior to DDOA. This is to define the role we are testing incapacity against. Use the weblink below to locate the job description (Work types details sheets) and then confirm role requirements/job tasks with the client.

Work type detail sheets

NOTE **What if you can't confirm the client's pre-injury role?**
Send the client an ACC188 Job Task Analysis form to complete. This will provide you with a breakdown in work tasks and functional demands. Obtain the appropriate work detail sheet from the ACC external website.

e Ensure that the client understands why ACC needs to request notes and that they are aware of what period we are requesting for.

NOTE **What if the client has not granted ACC authority to collect medical and other records?**
Obtain verbal or written authority from the client so that we can collect relevant medical or other records.

See Obtain Client Authority to Collect Information process for further guidance.

PROCESS Obtain Client Authority to Collect Information

NOTE **What if the client does not provide authority to collect information?**
Obtain advice from Recovery Support and make a decision based on the information on the claim.

PROCESS Seek Internal Guidance

NOTE **What if the request is for payment of a backdated period of 180 days or more?**
Go to Assess Backdated Weekly Compensation Request. Once you have completed the Assess Backdated Weekly Compensation Request process return to this process and continue with the below tasks.

PROCESS Assess a Backdated Weekly Compensation Request

f Advise the client that it's likely we may request updated clinical records and will contact their employer. Confirm that the client is OK with this and that they are comfortable with us discussing their claim with their employer.

NOTE **Where there is a sensitive claim we must follow directions by the client and not involve the employer unless requested to do so. Ensure you do not show or discuss any sensitive client information with the employer.**

NOTE **What if there are no notes available or you don't need to be request them?**
after completing the task below, go to Activity 4.0 Determine Weekly Compensation Eligibility - Compulsory.

NOTE **What if you need to request updated clinical records?**
Ask the client for relevant health provider who we may need to obtain medical records from.

g Check the claim for a signed ACC165 Your Rights & Responsibilities form.

NOTE **What if there is no signed ACC165 on the claim?**
Discuss the client's rights and responsibilities and confirm that the client understands these. Record this discussion in Salesforce and send an ACC165 to the client.

ACC165 Declaration of rights and responsibilites

3.0 Request and review clinical records
Recovery Partner

a Contact the relevant health provider, to confirm that the client is registered with the practice, prior to making a request for any updated clinical records.

NOTE **What if the client is not registered with the practice?**
The practice may still hold notes for the client, or enquire where the client is actually registered. Contact that practice to see if they hold any information on file.

b Request all mental health records from the periods of incapacity the client is requesting financial support for.

NOTE **How do you request clinical records?**
Refer to Request Clinical Records process.

PROCESS Request Clinical Records

c Review the received clinical records and complete claim and client relevancy check.

NOTE **We get a lot of information coming in from third parties like GPs and DHBs, and mostly that information is just what we asked for. However sometimes we get information we don't need and don't want, even information about unrelated people. Getting unwanted, excessive or irrelevant information from a third party provider isn't a privacy breach, but sending it on later very much is. We have a responsibility to make sure we only send out relevant information and to ensure that, we need to check information as it comes in – if it's not what you need or want, either return to the provider and ask them to resend, or redact the unnecessary information and delete the unredacted version.**

Privacy Check Before Disclosing Information Policy

NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

d Confirm the earliest DDOA based the covered injury and issue a decision letter and in Eos generate a CM03 Blank letter to claimant.

NOTE **Add the following template into the CM03 Blank letter to claimant. [Subject] Your claim has been updated [Letter content] Thank you for your patience while we consider your claim. We have now received further information, which shows that your date of injury has changed. Based on the information provided, we consider that the date you first received treatment for your mental injury, to be your date of injury. In your case your date of your injury has been determined to be [new DDOA date]. Therefore, ACC has updated your Date of injury from [old date] to [new DDOA date] The date the client first receives treatment for a mental injury is regarded as their Deemed Date of Accident, as per section 36(1) of the Accident Compensation Act 2001, rather than the date the events occurred. We're here to help If you'd like to talk about this decision or have any questions, please just get in touch with me using the contact details below. I've also enclosed an information sheet that describes what to do if you disagree with our decision. There are a number of ways we can work with you to resolve things, so please just get in touch and we can talk about it. If we can't resolve things easily you may want to have our decision reviewed. To do this you'll need to apply in writing within three months of the date of this letter. In some circumstances we can accept late applications, such as if events outside of control prevent you from applying in time.**

NOTE **What if the claim is declined or held?**

• Do not make a decision on DDOA until cover has been established.
• In Salesforce, create a Reminder Task and document the earliest date the client has been treated for any mental injuries;
- add the consultation date (eg 15/04/2018)
- client received treatment for 'diagnosis' (eg depression)
- notes location (eg see pg3 of notes).
• Set the due task date to the expiration date of the assessment purchase order.

NOTE **What if the claim is accepted and the clinical records indicate an earlier DDOA?**

Request Real Time Earnings (RTE) information to determine if the client has been in receipt of earnings or to confirm the client earners status at both DDOA and DOFI/DOSI. This requires client consent beforehand.

Please only collect the period for the month of the confirmed date. For example: DDOA or DOFI/DOSI has been confirmed as 15/03/2020. You would request period for 01/03/2020 to 31/03/2020.

Ensure that you are only requesting the RTE for the dates in question. Requesting information from DDOA to DOFI/DOSI is an over request and a potential breach of the clients privacy.

• Create a 'General Task' with the heading RTE REQUEST'
• Add Reason i.e. to confirm earner status at DDOA or DOFI/DOSI
• Period required
• transfer the General Task to the Department Queue: Centralised Weekly Compensation

NOTE **What if you are unsure of the earliest DDOA date?**

Request guidance from Technical Service via Recovery Support.

PROCESS Seek Internal Guidance

CM03 Blank letter to claimant

4.0 Determine weekly compensation eligibility - compulsory

Recovery Partner

a Confirm that the correct DDOA is on file and that the client is an earner.

NOTE **How do you confirm earner status?**

If you need to confirm earner status at DDOA or DOFI/DOSI, request the clients Real Time Earnings (RTE) for the period/date required. Only request what is needed to confirm earner status and this requires client consent beforehand.

Please only collect the period for the month of the confirmed date. For example: DDOA or DOFI/DOSI has been confirmed as 15/03/2020. You would request period for 01/03/2020 to 31/03/2020.

Requesting information from DDOA to DOFI/DOSI is an over request and a potential breach of the clients privacy.

• Create a 'General Task' with the heading RTE REQUEST'
• Add Reason i.e. to confirm earner status at DDOA
• Period required
• transfer the General Task to the Department Queue: Centralised Weekly Compensation

Definition of an Earner

NOTE **What if the client is not an earner at DDOA?**

Decline the request for support and issue a decision letter.

The process ends.

PROCESS Issue Recovery Decision

b Confirm that DOFI or DOSI is correct and that the client is an earner.

NOTE **What if the client is not an earner at DOFI or DOSI?**

Decline the request for support and issue a decision letter.

The process ends.

PROCESS Issue Recovery Decision

c Confirm that there is certification for all periods of incapacity.

NOTE **What if the client meets the criteria for extension of earner status?**

Refer to Extension of Employment Status process below.

PROCESS Extension of Employment Status Policy

NOTE **What if the client meets the criteria for LOPE?**
Refer to Assess Loss of Potential Earning (LOPE) - Sensitive Claims process.
PROCESS Assess Loss of Potential Earnings (LOPE) - Sensitive Claims

NOTE **What if there are gaps in the period of incapacity?**
Review the consultation notes to support incapacity, and consider if a case owner extension is appropriate. Refer to the Delegations Framework spreadsheet (worksheet P. Weekly Comp). If you are unsure obtain guidance from a Medical Advisor.
PROCESS Seek Internal Guidance

Delegations Framework

5.0 Arrange s103 Functional Assessment
Recovery Partner

a Consider including a Supported Assessment before arranging a s103 Functional Assessment.

NOTE **What if you are unsure if a Supported Assessment is required?**
Obtain guidance to determine if a Supported Assessment is required.
PROCESS Seek Internal Guidance

b Identify who can undertake the s103 Functional Assessment.

NOTE **What if you are unsure who can undertake a s103 Functional Assessment?**
Use a Clinical Psychologist or Psychiatrist who holds an ISSC contract or a Clinical Psychiatric contract. If possible, use a Clinician who has treated the client previously, if they meet the above criteria.

Contracted Suppliers by Geographic Area of Coverage

c In Eos, from the Recovery Plan subcase, select and advise Admin of the correct task. Select Partnered MI Function Assessment. If its for ISSC use add activity NGCM - Admin Request task, if its for the psychiatric contract use manage referrals >mental injury assessment task.

NOTE **What information do you need to add into the referral task?**
Refer to the Partnered and Assisted Mental Injury Task Template document.

Partnered and Assisted Mental Injury Task Template.docx

NOTE **How do you add the s103 questions to the referral?**
Refer to the Partnered and Assisted Mental Injury Task Template document above.

Indicate in the task to Recovery Admin that the referral is for an s103 incapacity assessment so that the appropriate questions can be added to the SCU60 letter.

6.0 Prepare documents in Eos to send to the Assessor
Recovery Partner

a In Eos, create a document group and name it: s103 Functional Assessment

NOTE **What information do you add to the document group?**
- Signed ACC6300 form
- Medical certificates
- Relevant clinical records
- Pre-injury employment details (ACC188 Job Task Document)
- Any relevant documents (medical, psychological, counselling reports)
- Any relevant assessments

NOTE **What do you need to consider before releasing any information to the Assessor?**
Refer to the Prepare and Complete Sensitive Claims Document Release and follow the process.
PROCESS Prepare and Complete Sensitive Claims Document Release (Provider Only)

NOTE **What if you need to collect clinical notes?**
Go back to step 3, Request and Review Clinical Records

7.0 Receive and review s103 Functional Assessment Report
Recovery Partner

a Review the report carefully and determine if all the questions have been answered.

NOTE **What if the assessor has not answered all the questions?**
Contact the assessor, request the missing information and ask for an amended report.

b Perform Privacy checks on the report.

NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

Privacy Check Before Disclosing Information Policy

c Obtain guidance from Recovery Support.

NOTE **What if you receive a Supported Assessment and a s103 Functional Assessment?**
Obtain combined advice. Psychology Advisor - regarding cover or additional diagnosis and a Medical Advisor - regarding period(s) of incapacity.
PROCESS Seek Internal Guidance

NOTE **What if you only require advice on Incapacity?**
Ensure you get Medical Advisor advice on incapacity. Refer to Seek Internal Guidance process for further guidance.
PROCESS Seek Internal Guidance

8.0 Review guidance
Recovery Partner

a Review the guidance and action any of the recommendations provided by Recovery Support.

NOTE **What if you are unsure about the guidance?**
Discuss with your Team Leader.

NOTE **What if there is a period of more than 180 days incapacity?**
Complete the ACC6217 form and request Technical Guidance. Refer to Assess Backdated Weekly Compensation Request (BDWC) process.

PROCESS Assess a Backdated Weekly Compensation Request

NOTE **What if there are recommendations to be actioned?**
Action the guidance and continue. If unsure discuss with your Team Leader.

9.0 Issue decision
Recovery Partner

a In Eos, create the WC14 Accept application for weekly compensation letter.

WC14 Accept application for weekly compensation

NOTE **What if the decision is to decline?**
Discuss with your Team Leader how best to communicate the decision to the client, if required.
Create SPD999 Decline Entitlement Decision - Client letter.

PROCESS Issue Recovery Decision

SPD999 Decline entitlement decision - client

NOTE **What if the clients preferred communication method is by post?**
Follow the guideline in Sending Letters in NGCM.

NG GUIDELINES Sending Letters in NGCM

b In Eos, generate the ACC255Kōrero mai - Working Together and the FSWC05 Earning while on weekly compensation.

ACC255 Kōrero mai - Working together

FSWC05 Earning while on weekly compensation

c Contact the client or ATA by their preferred method of communication to explain the decision.

Identity Check Policy

d Explain the seven day stand down period to the client/ ATA.

NOTE **If you need to do BDWC we are reliant on information from third parties eg MSD or IR which means there could be delays on receiving the information required to make the entitlement calculations.**

NOTE **What if the client received support from MSD?**
Advise the client that ACC will reimburse MSD if they have been in receipt from MSD or any periods of incapacity. Note not all support is reimbursed fully. If unsure speak to your Team Leader.

e Explain to the client that it is essential that ongoing medical certificates need to be submitted in order to avoid any delays or part payments.

f In Salesforce, record your discussion with the client.

PROCESS

Request Set Up of Weekly Compensation Payments
Recovery Partner

10.0 Contact employer at DOFI/DOSI
Recovery Partner

a Contact the employer to introduce yourself.

b In Salesforce, complete the employer contact transcript.

NOTE **What if the client is Fit For Selected Work (FFSW)?**
Discuss opportunities for a graduated return to work or return to work services with the employer, refer to Set Up Pathways to Employment Support process.

PROCESS Set Up Pathways to Employment Support

NOTE **What if the employer wants to discuss the client's injuries?**
Do not discuss the clients injuries with the employer without obtaining prior consent from the client to do so.

Refer to the NG GUIDELINES Client Welcome Conversation - Weekly Compensation and Employment document below, about obtaining consent.

NG GUIDELINES Client Welcome Conversation - Weekly Compensation and Employment

PROCESS

Create or Update Recovery Plan
Recovery Partner

Deemed Cover and Entitlements Policy v3.0

Summary

Objective
Use this guidance to apply a principle-based, decision-making criteria to determine whether a client is eligible to entitlements while deemed cover exists in order to:
• ensure consistency of decision-making by staff;
• improve the client experience by providing consistent and transparent responses to entitlement requests where there is a period of deemed cover; and
• minimise disputes around whether entitlements are payable or delays in making a decision on an entitlement, and if the matter does go to review, having a robust defensible position in relation to the entitlement request.

Owner [redacted]

Expert

Policy

1.0 Overview

a If ACC fails to meet the agreed timeframes on a cover decision, a client is deemed to have cover for their injury under section 58 of the Accident Compensation Act 2001. Once there is a deemed cover decision, the client will also be eligible for support.

Timeframes to determine cover Policy

b Each entitlement request from a client while deemed cover exists will need to be considered on its own merits.

Deemed cover decisions when timeframes not met Policy

2.0 Determine cover and entitlement eligibility

a Where deemed cover exists and an entitlement has been requested, investigations for both can be done concurrently. However, ACC must ensure that it does not unduly delay making a decision on the entitlement request particularly if the entitlement criteria has been met and cover is still being investigated.

b Clear communication with the client in these cases is crucial. The client will need to be aware that if cover is not granted any entitlement will only be for the duration of the deemed cover period, or where the entitlement has been approved but not undertaken there will be no additional entitlements. For example weekly compensation for incapacity following surgery.

3.0 Principles to use when considering entitlement requests while deemed cover exists

a When an entitlement application is received, for that entitlement to be payable ACC will apply the following principles, with questions targeted to the facts of each case:

i. the entitlement must be required because of the personal injury for which there is deemed cover,
ii. it meets the eligibility criteria for that entitlement, and either
iii. the requested entitlement, treatment, rehabilitation or service must be received within the deemed cover period, or
iv. approval for that entitlement, treatment, rehabilitation or service must be obtained within the deemed cover period if it cannot be paid or completed within the deemed cover period. For example, surgery when the procedure is approved within the deemed cover period but because of surgical wait lists it cannot be completed until after cover has been revoked.

NOTE **What if the entitlement has been approved but an invoice is not received for that entitlement until after the deemed cover period?**
A client can incur costs relating to some entitlements such as ancillary services, pharmaceuticals and non-approval required treatment which can be reimbursed by ACC. If deemed cover is revoked and as long as these entitlements were received within the deemed cover period then ACC can reimburse the client. Any services received outside of the deemed cover period would not be reimbursed if deemed cover is revoked.

NOTE **What if entitlements have been approved for the deemed cover period but the client has on-going needs?**
If cover is not granted then entitlements can only be paid for or approved during the deemed cover period. No other entitlements can flow on from this.

For example if surgery has been approved but not undertaken until after the deemed cover period the client would not be eligible for additional entitlements resulting from the surgery such as weekly compensation. Clear communication with the client is essentially for them to make an informed decision on whether or not to proceed with the approved surgery

4.0 Entitlements not considered while deemed cover exists

a If a client requests either:
- converted weekly compensation or
- permanent injury compensation (Independence Allowance or lump sum)

These requests are to be put on hold until cover is confirmed in the client's favour. It is also recommended that any needs assessment for more longer term or complex injuries are conducted after cover has been confirmed so that all rehabilitation needs can be identified.

5.0 Referral to Technical Services

a If you are unsure about the period that the client should start to receive support or whether they are eligible to receive the entitlement, you can refer the claim to Technical Services for guidance. See the below link for the referral process.

Seek Internal Guidance

Business Rules Portal

Back to search results

Export

Rule Name

How to work out a client s date of event for a sensitive claim

Statement

The **date of event for a sensitive claim** for a **client** must be considered to be one of the following:

- The actual date the abuse occurred where a specific date is provided
- The 1st day of the month where only a month and year for the abuse occurred is provided
- 1 January of the earliest year provided where a range of years over which the abuse occurred is provided

Motivation

Instructions on what date to use when determining the date of event based on information provided by the client

Rule ID

LOPE012

Business Term(s)

Date of event for a sensitive claim

Business Rule Group(s)

Weekly Compensation Loss of Potential Earnings

Additional Information

Approver

[redacted] Operational Policy Advisor; Technical Services

Rule Type

Inference

Approval Date

8/3/2023

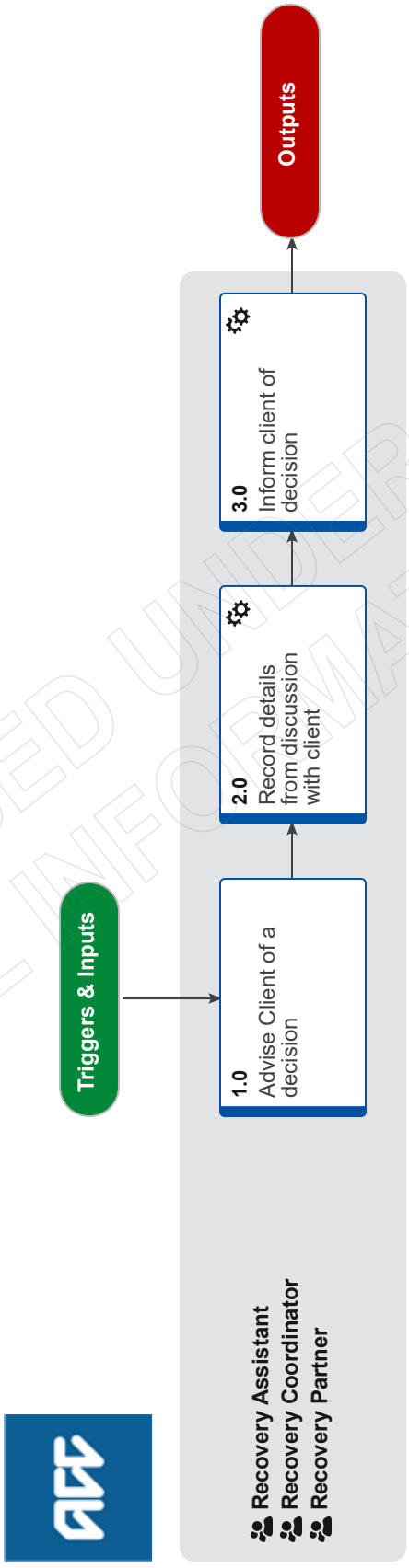
Approver

[redacted] Principal Solicitor; Accident Compensation Law; Legal, Scheme & Commercial

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

Issue Recovery Decision v32.0



Issue Recovery Decision v32.0

Summary

Objective
To record recovery decisions that we've made on a claim, so that in the future these decisions can be easily located by the business.

Background
When documenting our decisions, we need to show a clear rationale and include key details. This is particularly important for decisions where we have not been able to approve a request.

Owner [redacted]

Expert

Procedure

1.0 Advise Client of a decision

Recovery Assistant, Recovery Coordinator, Recovery Partner

a Check the client's preferred communication channel (SMS, email, etc), and if the client has a safe contact.

NOTE **What if the decision is to Decline cover for a Complex Mental Injury claim?**
Contact the Lead Provider to discuss the decision and determine the best way to deliver the decision (consider if there are any safety issues).

Complex Mental Injury Decline and Disengagement Best Practice Guide

NOTE **Does the provider need to receive a decision letter?**
Notifying the provider varies depending on the decision or support that is affected. If a support is being changed the provider is notified when the purchase order is updated. Other circumstances when a provider needs to be notified are addressed in the relevant process. Including but not limited to 'Stop Supports' and 'Maintain Supports'.

PROCESS Stop Supports

NOTE **What if the client has already been contacted?**
Go to Activity 2.0 Record details from discussion with the client.

b Contact the client. Confirm you are speaking with the right person by asking ACC's identity check questions. For CMI claims, refer to the policy below.

Identity Check Policy

Contacting sensitive claims clients Policy

NOTE **What if you are unable to contact the client?**
• If you are unable to reach the client on your first attempt, leave voicemail message and send a call back notification if appropriate. Create a Contact Action on the Recovery Plan to contact the client again in 3 days' time (unless urgent). Note in the task description that this is the first attempt to contact the client. If you are in Assisted Recovery also provide decision rationale in the task description field.

• 2nd attempt in 3 days: leave voicemail message and send another call back notification if appropriate. Consider contacting other stakeholders for an update and to confirm client contact details. Push out the task for another 5 days.

• 3rd attempt in 5 days: send the decision letter. If you are unsure about sending the decision letter, contact a Practice Mentor to discuss.

Create a Notification - System Steps

Recovery Plan - Create Contact Actions - System Steps

NOTE **What if the client requests the Recovery Team Member to discuss the treatment request with another person?**
Refer to the process below

PROCESS Obtain Authority to Act (ATA)

c Discuss the decision with the client and if required ensure you have the client's agreement.

2.0 Record details from discussion with client

Recovery Assistant, Recovery Coordinator, Recovery Partner

a In Salesforce, if relevant record the details of the discussion with the client on the claim.

NG Principles Decision Making

b Create a new contact. Record the following in the description field:

• Decision type [APPROVED/ADVERSE/DECLINED/ PARTIALLY APPROVED] DECISION

• Provide in detail what was requested [eg. 6 hours home help per week over next 4 weeks]

• Who made the request and when

• The final decision

• Who was consulted [eg. Recovery Support hotline guidance from Practice Mentor received 10/03/19]

• Rationale for the final decision [(e.g. Partially approved home help of 2 hours per week to support Helen with cleaning bathroom, laundry, making beds and vacuuming. Did not approve 6 hours per week as agreed with PM that it is likely the agency could achieve the necessary support tasks within 2 hours]

3.0 Inform client of decision

Recovery Assistant, Recovery Coordinator, Recovery Partner

a Create and complete the relevant decision letter.

NOTE: The letter you use will depend on the decision to be made. What is important is that we add the below comment to the decision letter that we use to refer back to the decision that is being revoked.
= this letter revokes and replaces the previous letter of ../../....

NOTE **What if there is a decision to Revoke an injury and replace with a new injury?**
Follow the Revoking Cover process below
PROCESS Revoking Cover

NOTE **Does your client require ongoing financial assistance or support outside of the scope or remit of ACC supports?**
Refer to ACC Partnering with MSD Flowchart and ACC Partnering with MSD which outlines the supports provided by MSD that may be helpful for our clients. Copy and paste the below statement and the relevant MSD links from the flow chart document into your concluding communications with your client ie the decision letter and any final email communications.

"If you require ongoing financial support and/or assistance, you will find information about the services and support offered by the Ministry of Social Development (MSD) on this link [add relevant MSD link/s from the Te Whāriki document]."

- ACC Partnering with MSD Flowchart
- ACC Partnering with MSD

NOTE **What if cover for a Complex Mental Injury is declined?**
Generate and issue the SCU999 letter. Amend as appropriate and remove the following paragraph.
'Our ability to approve claims has been set out in ACC's legislation. We've said we're unable to approve your claim, this does not mean we saying that what you have experienced has not affected you, or that what is happening to you is unimportant, only that we can't cover it.'

NOTE **What if the decision is confirming cover for Mental Injury - for either Mental Injury caused by Physical Injury (MICPI) or for Work Related Mental Injury (WRMI)?**
For both instances send the 'CVR51 Approve cover mental injury' letter
Amend the letter appropriately to reflect the individual situation.

NOTE **What if the decision is not to cover all injuries for a mental injury?**
Issue the MIS12 - Approve Mental Injury and include the following after the paragraph which mentions the client's date of injury.
'Based on Assessment information we have received, we are unable to approve the following injury/injuries The report indicates that the event (s) you experienced didn't cause the mental injury/injuries.
[Add Mental Injury diagnosis]

NOTE **What if the preferred option is email?**
Follow the system steps for Emailing from Eos using a template and attach the 'ACC255 Working Together' document. Ensure that you use the letterhead from "NG GUIDELINES Sending Letters in NGCM" information sheet below.

- NGCM - FINAL Emailing from Eos using a Template - System Steps
- NG GUIDELINES Sending Letters in NGCM

NOTE **What if the preferred communication is by post?**
Generate the appropriate decision letter. At Recovery Plan level 'Add Activity' and select 'NGCM - Send Letter' task. Attach the letter to the task, include a note to print and include the "ACC255 Working Together" document.

NOTE **How do I know when a decision letter is required?**
Refer to the Business Rules below to understand when we need to communicate a decision relating to support(s) for a client in writing.

NOTE **How do I know what supporting information to send with a written decision?**
This is dependent on the decision itself and consideration is on case by case basis – dependant on the client, the nature of the decision and the amount of information we had considered.

The reason for the decision should be sufficiently clear in the letter that providing supporting information will generally not be required.
However, if you have a case where you feel that providing supporting information may be appropriate, then you could check this with our Practice Mentor support.

NOTE **What if a client requests information with a staff members name on it, e.g. Written guidance requests?**
Please follow the Disclosure of staff names and the Privacy Act policy

- Disclosure of staff names and The Privacy Act
- Communicate Decisions about Client Supports

b Update the Recovery plan with the outcome.

c This process ends.

SUPPORTING INFORMATION

LOPE Eligibility Date for Mental Injuries

[redacted]

Introduction

This page provides a summary of how to determine Loss of Potential Earnings (LOPE) eligibility for clients with a deemed date of injury

Determining Loss of Potential Earnings (LOPE) eligibility for clients with a deemed date of injury

To determine LOPE eligibility for clients with a deemed date of injury their eligibility is determined by looking at the event date when the physical act occurred, and if their age were under or over 18 years old at the time it happened.

Establish event date

Reference the information on the claim and use the table below to determine when it occurred either on a specific date, vague date, or the date range an event occurred.

DATE TYPE	EXAMPLE	EVENT DATE TO USE
Specific date	21.03.2004	21.03.2004

(Use the specific date)		
Vague date (Use the first of the month)	March 2004	01.03.2004
Date range (Use the earliest date)	2004-2006	01.01.2004

Determine LOPE eligibility:

Confirm client's date of birth and if they were under 18 at the time of the event.

- If the event date is prior the client turning 18, they are eligible for LOPE.
- If the event date is after the client turning 18they are not eligible for LOPE.

Eligible clients can receive LOPE payments immediately provided at least six months have passed between date of event and deemed date of injury.

Payments must start at the deemed date of injury

Page Details

Content Owner

[redacted]

Content Experts

[redacted]

Topic

Information

Information Type

Guideline/Guidance

Relates To

Internal Claim Client

Loss of Potential Earnings (LOPE) Policy v17.0

Summary

Objective
Use the following guidance to help you determine eligibility, and calculate compensation, for Loss of Potential Earnings capacity (LOPE).

1) Eligibility criteria
2) Determining inability to work
3) Six month inability to work criterion
4) Calculating compensation
5) Definition of full-time study or training
6) Definition: Place of education
7) Definition: Qualification
8) Links to legislation

Owner [redacted]

Expert

Policy

1.0 Eligibility criteria

a To be eligible to receive compensation for loss of potential earning (LOPE) capacity, the client must meet all the following criteria:
- be unable to work due to that personal injury
- is a potential earner
- have turned 18
- not be in full-time study or training that leads to the award of a qualification, during the period for which they are claiming support
- not have weekly earnings over the minimum earner rate
- have been unable to work due to the injury for more than six months

Eligibility to LOPE

Definition of a potential earner

2.0 Determining inability to work

a Inability to work due to the injury, in this case, is determined as 'incapacity' under Section 105 of the Accident Compensation Act 2001 by considering if the client is unable, because of their injury, to engage in work for which they are suited by reason of experience, education or training.
Compensation for loss of potential earning capacity is payable to an eligible client after six months of cumulative inability to work. A client can become unable to work prior to reaching age 18.

Section 105 Assessment (VMS) Service Page
https://go.promapp.com/accnz/Process/3ef695e8-be4

Definition of Incapacity LOPE

3.0 Six month inability to work criterion

a Under clause 47(3) of Schedule 1 of the Accident Compensation Act 2001, weekly compensation for LOPE is payable when a person has been unable to work due to the injury for at least six months. This means that the effective start date for support is only after the six month period of inability to work. Once the LOPE criteria are satisfied, the support is not payable, and cannot be back-dated within that initial six month period of inability to work. Compensation for LOPE incapacity is payable to an eligible client after six months of cumulative inability to work. A client can become unable to work prior to reaching age 18.

NOTE **Example**
A child at the age of five suffers a serious car accident resulting in significant permanent brain damage. As their inability to work can be tested from a period prior to the date they turned 18, by the time the client reaches the age of 18 they are eligible to start receiving weekly compensation for loss of potential earning capacity as they have already been unable to work for six months.

4.0 Calculating compensation

a Any compensation payable under the Accident Compensation Act 2001, Schedule 1 Clause 47 will be calculated as if the client had weekly earnings of under minimum earner rate.

Compensation is payable at 80% and abatement applies, if the person gets earnings during the period of eligibility.

A client is not eligible for compensation for loss of potential earnings if the amount of compensation for loss of earnings they are eligible for is greater than the amount of compensation for loss of potential earnings they are eligible for under Clause 47 of Schedule 1.

Conversely, if the amount of compensation for loss of potential earnings they are eligible for under clause 47 is greater than the amount compensation for actual earnings lost from a job they are eligible for (ie eligibility for loss of earnings under the Schedule), they are not eligible to receive both, only compensation for loss of potential earnings.

Amount payable to a client who is both eligible for LOPE and WC-LOE Better off assessment

Amount of LOPE payable to client with no post incapacity earnings

Initial LOPE abatement excess calculation

LOPE entitlement post abatement calculation

WC LOPE abatement calculation

5.0 Definition of full-time study or training

a The following are all considered full-time study or training:
• a course of study, recognised as full-time by the place of education that administers it. The course leads to a qualification approved by the New Zealand Qualifications Authority and it would be likely to enhance the employment prospects or lead to an award of a qualification
• any work-related study or training which requires an employee to undertake the study or training for an average of no less than 30 hours per week. This leads to a qualification approved by the New Zealand Qualifications Authority and it would be likely to enhance the employment prospect
• any study undertaken overseas as part of a student's continuous and uninterrupted (up until personal injury) full-time study. This applies both to foreign students who have come to New Zealand for study who sustain an injury while in the country, and to New Zealand students who have undertaken part of their studies abroad.

b A client is not eligible for compensation for loss of potential earnings during periods of full-time study or training

Full-time study for potential earners does not include full-time study or training in living or social skills

ACC considers all holiday periods, eg term or semester breaks, to be part of the study, so no eligibility exists for loss of potential earnings for these periods

At a secondary place of education, the main qualification offered to students will be the National Certificate of Educational Achievement (NCEA). The NCEA is awarded to students who achieve at least 80 credits, although a student can attempt to earn more than the minimum number of credits required for the award of the qualification.

NOTE **Example**
At a tertiary place of education, a 120 credit course is considered equivalent to one full year of full-time study. A credit is equivalent to 10 notional learning hours, including time spent on assessment, self-directed learning, and contact with teachers. This means that a part-year course for a lower credit value can also be a full-time course

Engaged in full time study of training at specific date

6.0 Definition: Place of education

a 'Place of education' covers the following types of institutions:
• a composite school, composite private school, secondary school, or special school
• an institution, such as a polytechnic, teachers college, university or wananga
• a registered establishment as defined by Section 159(1) of the Education Act 1989.

Definition of Place of education

7.0 Definition: Qualification

a In the Education Act 1989, the term 'award' is defined as being a degree, diploma, certificate, or other qualification. Qualifications that have been approved by a recognised body and are delivered by an accredited education or training organisation can be found on the New Zealand Register of Quality Assured Qualifications (Kiwiquals)

There is no specific definition in New Zealand law of what a qualification is. The Education Act does not include an exhaustive list of all recognised qualifications. The New Zealand education sector, however, has developed an agreed set of definitions for qualifications. Information on these definitions can be found on Kiwiquals

Kiwiquals Definitions
https://www.nzqa.govt.nz/studying-in-new-zealand/un

Kiwiquals
http://www.kiwiquals.govt.nz.

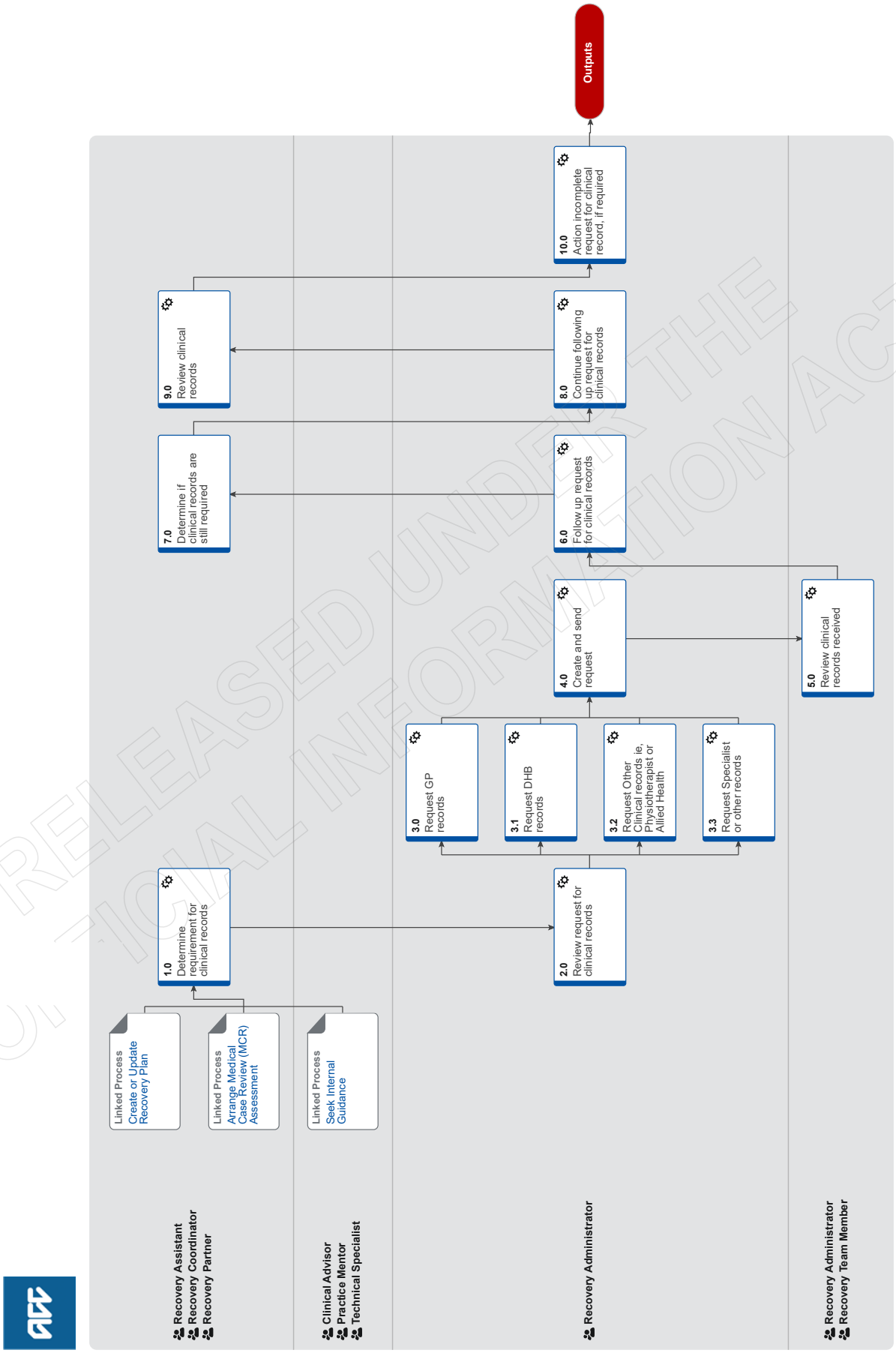
8.0 Links to legislation

Accident Compensation Act 2001, section 105 for determining incapacity of a client who had ceased to be in employment, was a potential earner, or had purchased weekly compensation
http://www.legislation.govt.nz/act/public/2001/0049/lat

Accident Compensation Act 2001, Schedule 1, Clause 47 Weekly compensation for loss of potential earnings capacity
http://www.legislation.govt.nz/act/public/2001/0049/lat

Accident Compensation Act 2001, Section 6 Interpretation
https://www.legislation.govt.nz/act/public/2001/0049/la

Request Clinical Records v95.0



Request Clinical Records v95.0

Summary

Objective
To request medical or clinical records from a client's vendor, so that we have enough information to make a cover, support or treatment decision.

Background
ACC must request medical or clinical records from a client's vendor if we don't already have enough information to make a cover, support or treatment decision. ACC can ask external vendors, including General Practitioners (GPs), District Health Boards (DHBs) and specific treatment vendors (such as physiotherapists or chiropractors) to provide ACC with medical or clinical records related to the case.

Client medical or clinical records help in a range of situations. They:
• help inform cover, support or treatment decisions
• provide further information about the injury, client and diagnosis
• help develop the rehabilitation plan
• help identify and manage any risks.

Each time we request information about a client or a claim, the client should be aware of the request and why we need the information.

Owner [redacted]

Expert

Procedure

PROCESS **Create or Update Recovery Plan**
Recovery Assistant, Recovery Coordinator, Recovery Partner

PROCESS **Arrange Medical Case Review (MCR) Assessment**
Recovery Assistant, Recovery Coordinator, Recovery Partner

PROCESS **Seek Internal Guidance**
Clinical Advisor, Practice Mentor, Technical Specialist

1.0 Determine requirement for clinical records
Recovery Assistant, Recovery Coordinator, Recovery Partner

a Check the claim for information already on the claim, before proceeding.

b Determine what type of medical or clinical records you need to obtain by referring to the links below.

- Best Practice Guidelines for requesting medical notes
- Request medical or clinical records Policy
- Summary of the Health Information Privacy Code Policy
- Personal Information Requests Policy

NOTE **What if you require notes from Oranga Tamariki?**
Use the below link.
PROCESS Request and Obtain External Agency Records

NOTE **What if you need to request records from New Zealand Police?**
Use the below link.
PROCESS Request and Obtain External Agency Records

NOTE **What if you need clinical or medical records from a DHB?**
Check if the reason for requesting the records aligns with one or more of the scenarios for requesting District Health Board (DHB) clinical records

- Scenarios for requesting District Health Board clinical records - Reference

NOTE **What if the information request is for a prison facility?**
you will need to know the current/last facility the client was held.
you must contact them first to confirm they hold the records and confirm the vendor number and email address to send the information request then follow the GP request

NOTE **What if you need to obtain Specialist records or High Tech imaging?**
Specialist notes or High Tech Imaging contracts require them to send through their reports within 5 working days of the patient consultation. Only submit a request for these records if it has been more than 5 working days and they have not been received. A Purchase Order is not required for these requests.

NOTE **What are the timeframes for receiving information?**
If you are requesting information from a DHB, the timeframe is:
• non-urgent request – 21 working days
• urgent request – 6 working days

If you are requesting information from a non-DHB (GP, Medical Centre), the timeframe is:
• non-urgent request – 11 working days
• urgent request – 6 working days

c In Eos, in the Consent tab of the Recovery Plan, check if the client has provided authority to collect medical and other records from third parties or has an ATA in place.

NOTE **What if there is no authority on the client's claim, or the authority has expired?**
Refer to the NG GUIDELINES Obtain Verbal or Written Authority for guidance.
If an ACC6300 is needed, Go to the Obtain Client Authority to Collect Information process.
PROCESS Obtain Client Authority to Collect Information

- ACC Guidelines to obtain verbal or written authority

NOTE **What if you need notes older than 2 years or more and there are multiple claims for the client?**

To ensure ACC only collects information relevant and necessary for decision making, we need to communicate with our clients to determine a timeline for which to collect medical records.
To help guide your conversation with the client to establish a timeline of their engagement with mental health services, organisations and Primary Health Care services, please consider asking the client the following questions:
• Have you spoken to your Doctor about any concerns with being unable to sleep, stress or anxiety?
• Have you spoken with any health care professionals such as Doctors or organisations about the
assault and support?
• When did you first engage with these health care professionals or organisations? DD/MM/YYYY or a rough estimate eg June 2018 is sufficient
• Confirm the client is happy for ACC to collect these clinical records from the date of DD/MM/YYYY to assist in ACC making a cover decision and support decisions on ongoing entitlements and support?

If, following your conversation with the client, you're unable to determine a specific period to request clinical records, then up to 2 years of Clinical Records can be requested as a reasonable timeframe.

If there is a clear reason that 2 years is likely to be insufficient, we can collect up to 5 years if rationale exists that we are reasonably likely to need this. ACC will then be able to determine, once the information is received, whether we have sufficient information for the purpose we requested it. In all instances, it is essential to consult and confirm what information ACC intends to collect, with the client.

At least one claim must have a signed Authority to Collect information (ACC6300) within the current year. Discuss with the client if you need to request information not already on file. Document their verbal authority.

NOTE **What if you are requesting Mental Health notes?**

Before requesting Mental Health notes a signed ACC6300 Authority to collect information must be on the file.

NOTE **What if you need notes where a client has an active claim, but you require notes for other claims for the same client that are inactive?**

Check the other claims for information before proceeding to request information.

Request for notes on Multiple claims, but to one provider, Task on active claim noting all claim numbers

Request for notes on previous claims:
The task should be created on the active claim (if no active claim, task on the claim you need) in the task, note which claim number you need clinical notes for and add the vendor as a participant on claim

d Check that the client has been seen by the Vendor you are requesting records from for this injury/claim.

NOTE **What if the Provider is under contract?**

To check to see if a Provider is under contract, search via MFP, if under contract a purchase order is not required. When completing the e-form, in the 'Purchase Order Number required' drop down box, select 'No'.

NOTE **What if the client has been seen by (including but not limited to) a Specialist or Surgeon at a Private Hospital?**

Contact the Specialists rooms to confirm where this request should be sent. Eg. Private Hospital or Specialists rooms. Add the specialist name to the request for information.

NOTE **What if the claim is for a client with a Mental Injury?**

If you are requesting mental health records from any of the following providers, you must contact them first to confirm they hold the records and confirm the email address to send the information request:
• GP records - Please confirm the name of the Doctor they saw. If there are multiple names, preferably
list the most recent one. If the Doctor is a locum of the Practice, please provide a name of someone
who is registered at the practice. The request will be made under their name instead.
• Physiotherapist or Allied Health providers Specialist or other records
• Mental Health Services or programmes which could be funded through Primary Health Organisations or Non-Governmental Organisations Ensure a contact action is used to record this conversation.

If the email address provided has not been verified, go to Verify Provider and Vendor email addresses then return to this process.

DHB's and Oranga Tamariki are the exception to this as we are not able to verbally confirm that they hold information. If requesting from a DHB, follow the usual process. If requesting from Oranga Tamariki, use below link.

PROCESS Request and Obtain External Agency Records

e In Eos, check the correct Vendor is entered as a participant on the claim.

NOTE **What if the Vendor hasn't been added as a participant?**

Add the Vendor as a participant to the claim

NOTE **What if the provider has not been set up as a Vendor?**

In MFP, confirm the provider is not a Vendor. Contact the Vendor to confirm they hold the records and confirm the email address, physical address and contact phone number for follow-up. In the task to Recovery Administration - note the use of Vendor ACC Default J99966 & above information

Manage Participants

f In Eos, add a NGCM - Information Requests activity and complete as per the Requesting Clinical Records system steps.

Requesting Clinical Records

g Complete the eform with all the relevant information and instructions for Recovery Admin to action.

NOTE **What if the information request is for a GP Practice, 24-hour surgery or 24-Hour Medical Centre?**
Please indicate the name of the Doctor they saw. If there are multiple names, preferably list the most recent one.
If the Doctor is a locum of the Practice, please provide a name of someone who is registered at the practice. The request will be made under their name instead.

NOTE **What if the information request relates to notes needed to make a cover decision?**
Edit the task and change the priority to 'High'.

NOTE **What if the claim is for Mental Injury but requesting notes for physical injuries only**
When creating your task, add title in task description PHYSICAL INJURY NOTES ONLY, not in the request Eform - then complete the eform with all the relevant information and instructions for Recovery Admin to action.
Include: List the diagnoses that you would like notes on and the name of the most recent Doctor who treated them at the facility. If the ACC45 has sensitive material, we will need to have a current ACC6300 to proceed.

NOTE **What information do you need to include in the information request task?**
Refer to the 'Referring Tasks to Recovery Administration - Principles'. Ensure you record all claims numbers you are requesting notes on if requesting notes on more than one claim.

Referring Tasks to Recovery Administration - Principles

NOTE **What if the request for clinical notes is from a DHB?**
Refer to 'Contacts for requesting District Health Board clinical records' to locate who to request the information from and add the DHB as a participant using the correct vendor code.

Contacts for requesting District Health Board clinical records

NOTE **What if the request is for hard materials?**
Clearly state in the task description "Hard materials [type of material] required from [provider] to be sent to [your address]".

NOTE **What if you are requesting medical notes for multiple claims from the same vendor?**
Note the following in the task:

• Specific "from" and "to" dates.

• If you are requesting additional notes for a claim from the same vendor, to avoid duplication check the from and to dates on the previous request.

For example: 1st request for medical information "from" date is 21/06/2019 to 21/08/2019 (Present date in which the purchase order was created). Next request will go "from" 21/08/2019 "to" 21/10/2019.

NOTE **What if the Vendor is a DHB?**
In the NGCM - Information Request, note that the client's ACC6300 needs to be sent with the request.

NOTE **What if you are requesting information prior to seeking internal guidance or information has been requested by an advisor?**
Request the additional information using the Request Clinical Records process above. Then extend the target date of the clarification task to later than the due date of the medical notes task. Ensure you update the clarification task description to reflect you have requested additional information.

h Add a note in the Recovery Plan, under the appropriate Life Area recording the reason for the information request.

NOTE **What if you're a Cover Assessor?**
Edit the 'Confirm Cover Decision' task and add the details to record the request for information.

2.0 Review request for clinical records
Recovery Administrator

a Upon allocation of the 'NGCM - Requested Information' task in Salesforce, open the associated task in Eos and select [Do Task] from your task queue.

b Review the task to check Recovery Team member has provided the name of the Vendor.

NOTE **What if the information needed is from overseas?**
Refer to the Making an overseas payment link below for more information.

Making an overseas payment
http://thesauce/team-spaces/chips/compensation/wee

NOTE **What if the name of the Vendor hasn't been provided in the task?**
The Vendor details should be included in the task. If the details are missing, contact the requestor for the information and ask them to add as a Participant on the claim.

NOTE **What if the vendor has not been added as a Participant on the claim?**
The Recovery Team member should be adding the vendor as the Participant on the claim. but if this has not been completed, contact the Recovery Team Member asking them to add the Vendor as a participant before creating the purchase order

NOTE **What if the vendor is noted as Vendor ACC Default J99966?**
Some records may be requested from Vendors who are not set up as an ACC Provider. In this case, the Vendor Default of J99966 is used.
edit the letter: remove the ACC address and add vendor name and address copy and paste from the task

NOTE **What if the request is for medical notes for multiple claims?**
When requesting notes on Multiple claims, but to one provider, the Purchase Order is created on the active claim; all claims numbers should be listed in the letter.

Request for notes on previous claims:
When requesting notes on a previous claim, the task should be received on an active claim which notes the claim number the notes are needed for. Purchase Order and request letter should be completed on the previous claim number. Close the request task- this will create a follow up task, edit this follow up task with the previous claim number the Purchase Order was created on.

c Check the task to determine if you need to generate a Purchase Order.

NOTE **What if you don't need to create a Purchase Order?**
Go to Activity 4.0 (d) Create and send request.

d Identify the vendor type for the information request.

NOTE **What if the information request is for GP records?**
Go to Activity 3.0.

NOTE **What if the information request is for DHB records?**
Go to Activity 3.1.

NOTE **What if the information request is for private hospital records?**
If PO needed Go to Activity 3.0. if no PO is needed Go to Activity 3.3.

NOTE **What if the information request is for Physiotherapy records?**
Go to Activity 3.2.

NOTE **What if the information request is for Specialist records?**
Go to Activity 3.3.

NOTE **What if the request is for Oranga Tamariki?**
Use the below link.
PROCESS Request and Obtain External Agency Records

NOTE **What if the request is for hard materials?**
If the request is for hard materials (ie tooth sample), include the address of the staff member requesting it in the "How to send the requested information" section of the letter.

NOTE **What if the request is for New Zealand Police**
Use the below link.
PROCESS Request and Obtain External Agency Records

NOTE **What if the information request is for Treatment Injury claim?**
Check the cover status on the General tab and Claim Type, eg Cover Status - Accept, Claim Type Treatment Injury - ticked

If Treatment Injury ticked and Held Claim, follow Request Clinical Records for Treatment Injury - linked below

If Treatment Injury ticked and accept follow 2.0 d

NOTE **What if the information request is for a Maternal Birth Injury (MBI) claim?**
Check the cover status on the General tab and Claim Type, eg Cover Status - Accept, Claim Type
Maternal Birth Injury – ticked Follow 2.0d.

If Treatment is also ticked and claim is accepted, also follow 2.0d.

If Maternal Birth Injury – ticked & Treatment Injury is also ticked and Held Claim, follow Request Clinical Records for Treatment Injury - linked below

Request Clinical Records for Treatment Injury

3.0 Request GP records
Recovery Administrator

NOTE **Can you request Clinical Records electronically via SureMed?**
ACC's preferred method for requesting Clinical Records from GP's is electronically through the SureMed portal. If needed you can still request Clinical Records manually by continuing with this process.
PROCESS Request GP Clinical Records - SureMed

a View the [Add Info] tab in the task.

b Create the Purchase Order.

Creating purchase orders using general + QE

NOTE **What information do you need to create the Purchase Order?**
Choose the appropriate Entitlement Code or a combination of codes:
MEDR – (is an hourly rate for the time taken by the Medical Practitioner to prepare and review the medical notes).
COPY – (is the cost for practice admin staff to photocopy and prepare existing medical notes that may be paper based).

*If you mark the request as 'Urgent', provide the reason.

After selecting the Entitlement code(s), proceed as follows:
1) Rehab Action / Claim: Treatment (Search)
2) Tick the 'Medical Notes/Reports – Tmt (Quick add)
3) Quantity Approved: MEDR - 1, COPY - up to max of 30
4) Frequency: Quarter
5) Create PO
6) Purchase Method: Non-Contracted.

If there are questions for the GP vendor, select the 'MD02a GP - Further info - Medical Notes - Vendor' letter. In this case, select 'In total' as the [Frequency] when raising the PO, this will ensure the document template populates the right quantity. Alternatively, manually amend the template to change quantity from 0 to 1.

c Approve the Purchase Order.

NOTE **What if you get a Limited Payment error message when authorising the Purchase Order?**
If you have received a request to amend a Purchase Order or create a Purchase Order for client reimbursements, change the limited payment indicator.

1) In Eos, go to the 'Validations' tab, select 'Edit' and update the Limited Payment List Indicator to 'No'.
2) Select 'OK'.
3) Go back to the Purchase Order to authorise.

Once you have authorised the Purchase Order and notified the vendor remember to change the Limited Payment List Indicator to 'Yes'.

d Any mention of sexual abuse or sensitive claims needs to be changed to “Mental Injury”.

e Generate the MD01a GP - Further Info - Medical Notes - Vendor letter by selecting 'add documents'.

NOTE **What if the request relates to a Mental Injury claim?**
Refer to the admin template for what needs to be updated in the MD01a letter.

Admin Template - MD01a GP Further Info - Medical Notes - Vendor

NOTE **What if the request is urgent?**
Update the sentence under the 'How to invoice ACC' with the following:
'Please forward the requested reporting within 5 days'.

When emailing add URGENT to the email subject line.

NOTE **What if there are questions to be included in the information request?**
Generate the 'MD02a GP - Further info - Medical Notes - Vendor' letter.

Admin Template - MD02a GP Further info - Medical Reports – Vendor

NOTE **What if the claim is for Mental Injury but requesting notes for physical injuries only**
Follow the task template for physical injury records request, use NGCM Email template.
Make no mention of any mental injuries.
We are not requiring mental health notes, do not add this.

f Text to include in letters, that haven't been updated in Eos:

Privacy
As we are dealing with a client’s medical or clinical records, it is important that both you and ACC comply with the requirements of the Privacy Act 2020 and the Health Information Privacy Code 2020. ACC asks that you supply only the information we need to make a cover, support or treatment decision about this claim, and do not give us any client information that we do not need for that purpose. Please review any records and remove any unrelated information before you send files to us.

3.1 Request DHB records

Recovery Administrator

a View the [Add Info] tab in the task.

b Create the Purchase Order.

Creating purchase orders using general + QE

Contacts for requesting District Health Board clinical records

NOTE **What information do you need to create the Purchase Order?**
Use Entitlement Code DHBC.
If questions need to answered by a DHB Specialist, use Entitlement Code: DHBR1.

After selecting the DHBC Entitlement code, proceed as follows with steps 1 – 6 as below. If you require further information, refer to the 'Creating purchase orders using general + QE System Steps' document below.

1) Rehab Action / Claim: Treatment (Search)
2) Tick the 'Medical Notes/Reports – Tmt (Quick add)
3) Quantity Approved: 1
4) Frequency: Quarter
5) Create PO
6) Purchase method: non contracted
7) Choose the correct vendor. (Use the link above for contacts for requesting DHB Clinical Records).

c Approve the Purchase Order.

NOTE **What if you get a Limited Payment error message when authorising the Purchase Order?**
If you have received a request to amend a Purchase Order or create a Purchase Order for client reimbursements, change the limited payment indicator.

1) In Eos, go to the 'Validations' tab, select 'Edit' and update the Limited Payment List Indicator to 'No'.
2) Select 'OK'.
3) Go back to the Purchase Order to authorise.

Once you have authorised the Purchase Order and notified the vendor remember to change the Limited Payment List Indicator to 'Yes'.

d Any mention of sexual abuse or sensitive claims needs to be changed to “Mental Injury”.

e Generate the ACC2386 - DHB (Vendor) request for copy of notes by selecting 'add documents'.

Admin Template - ACC2386 Clinical Records Request District Health Board

NOTE **What if the request relates to a Mental Injury claim?**
Generate the 'ACC2386 DHB request for copy of notes' letter. Using the instructions in the template modify the letter for a Mental Injury request.

ACC2386 Clinical Records Request District Health Board Mental Injury Template

NOTE **What if there are questions to be included in the request?**
Generate the 'MD02c-DHB-Further Info - medical reports - vendor' letter.

Admin Template - MD02c - DHB Further info - Medical Reports – Vendor

NOTE **What if the claim is for Mental Injury but requesting notes for physical injuries only**
Follow the task template for physical injury records request, use NGCM Email template.
Make no mention of any mental injuries.
We are not requiring mental health notes, do not add this.

3.2 Request Other Clinical records ie, Physiotherapist or Allied Health

Recovery Administrator

a View the [Add Info] tab in the task.

b Create the Purchase Order.

Creating purchase orders using general + QE

NOTE **What information do you need to create the Purchase Order?**

Use Entitlement Code: STPR.
If you have questions requiring answering by the Physiotherapist, Osteopath, Chiropractor or Podiatrist use Entitlement Code: MEDR.

*A contracted physiotherapist may request STPR when they need to spend significant time reviewing and redacting information before sending the notes to ACC, in which case ACC should fund.

After selecting the relevant Entitlement code, proceed as follows:

1) Rehab Action / Claim: Treatment (Search)
2) Tick the 'Medical Notes/Reports – Tmt (Quick add)
3) Quantity Approved: 1
4) Frequency: Quarter
5) Create PO
6) Purchase method: Non-contracted
7) Choose the correct vendor or just type in the correct vendor code.

c Approve the Purchase Order.

NOTE **What if you get a Limited Payment error message when authorising the Purchase Order?**

If you have received a request to amend a Purchase Order or create a Purchase Order for client reimbursements, change the limited payment indicator.

1) In Eos, go to the 'Validations' tab, select 'Edit' and update the Limited Payment List Indicator to 'No'.
2) Select 'OK'.
3) Go back to the Purchase Order to authorise.

Once you have authorised the Purchase Order and notified the vendor remember to change the Limited Payment List Indicator to 'Yes'.

d Any mention of sexual abuse or sensitive claims needs to be changed to “Mental Injury”

e Generate the MD01b Allied - Further info - Medical Notes - Vendor by selecting 'add documents'.

NOTE **What if the request is urgent?**

Under 'Services approved ', update the sentence 'Please forward the requested reporting within 10 days' to 5 days.

NOTE **What if there are questions you need to include?**

Generate the MD02b Allied - Further info - Medical Notes - Vendor letter.

Admin Template - MD02b Allied Further info - Medical Reports – Vendor

NOTE **What if you need to fax the letter?**

Generate the 'MD01b Allied - Further info - Medical Notes fax - Provider'.

Admin Template - MD01b Allied Further info - Medical Notes – Vendor

NOTE **What if the claim is for Mental Injury but requesting notes for physical injuries only**

Follow the task template for physical injury records request, use NGCM Email template.
Make no mention of any mental injuries.
We are not requiring mental health notes, do not add this.

f Amend the MD01b letter to include the 'from to dates' provided in the task by the Recovery Team member

g Text to include in letters, that haven't been updated in Eos:

Privacy
As we are dealing with a client’s medical or clinical records, it is important that both you and ACC comply with the requirements of the Privacy Act 2020 and the Health Information Privacy Code 2020. ACC asks that you supply only the information we need to make a cover, support or treatment decision about this claim, and do not give us any client information that we do not need for that purpose. Please review any records and remove any unrelated information before you send files to us.

3.3 Request Specialist or other records

Recovery Administrator

a View the [Add Info] tab in the task.

b Any mention of sexual abuse or sensitive claims needs to be changed to “Mental Injury”.

NOTE **What if the claim is for Mental Injury but requesting notes for physical injuries only?**

Follow the task template for physical injury records request, use NGCM Email template.
Make no mention of any mental injuries.
We are not requiring mental health notes, do not add this.

c Check if there is a requirement to submit questions to the vendor.

NOTE **What if questions are not needed for the information request?**

Proceed to Activity 4.0 (d) Create and send request.

NOTE **What if the Specialist or 'other' does not have a verified email address?**

If you are requesting notes from a Specialist and they do not have a verified email address, then:

1) Call and verify as the first option
2) Only if absolutely necessary (if they don't want the request emailed) create a letter to FAX as per the steps in 4.0 e Note 1.

d Create the Purchase Order.

NOTE **What information do you need to create the Purchase Order?**

Entitlement Code: MEDR
Entitlement Type: Intervention Medical Notes / Reports - Tmt (Quick Add)
Quantity: 1
Frequency : In Total
Purchase Method Non-Contracted

If there are questions for the Specialist vendor, select the 'MD02a GP - Further info - Medical Notes - Vendor' letter. In this case, select 'In total' as the [Frequency] when raising the PO, this will ensure the document template populates the right quantity. Alternatively, manually amend the template to change quantity from 0 to 1.

e Approve the Purchase Order.

NOTE **What if you get a Limited Payment error message when authorising the Purchase Order?**
If you have received a request to amend a Purchase Order or create a Purchase Order for client reimbursements, change the limited payment indicator.

1). In Eos, go to the 'Validations' tab, select 'Edit' and update the Limited Payment List Indicator to 'No'.
2). Select 'OK'.
3). Go back to the Purchase Order to authorise.

Once you have authorised the Purchase Order and notified the vendor remember to change the Limited Payment List Indicator to 'Yes'.

f Generate the MD02a - GP Further info - Medical Reports letter and modify as per the task. Send an email using the Medical Notes Request Email template and modify accordingly.

Admin Template - MD02a GP Further info - Medical Reports – Vendor

g Text to include in letters, that haven't been updated in Eos and to email template when no PO required:

Privacy
As we are dealing with a client's medical or clinical records, it is important that both you and ACC comply with the requirements of the Privacy Act 2020 and the Health Information Privacy Code 2020. ACC asks that you supply only the information we need to make a cover, support or treatment decision about this claim, and do not give us any client information that we do not need for that purpose. Please review any records and remove any unrelated information before you send files to us.

4.0 Create and send request
Recovery Administrator

a Edit the documents and letters:

1) Change the 'Staff Name' from your name to 'ACC'

2) Copy the document name under the 'Recipient Details' heading and paste into the Document Description' box

3) Untick 'Record a Contact' and then 'Next' (the document will be generated in Word for you to complete)

4) Complete the document using the information provided located in the 'Additional Information' tab

5) Check the details you have entered are correct

6) Save the document and close.

NOTE **What if the task includes questions from a Recovery Team Member?**
Refer to the NG GUIDELINES Sending Letters in NGCM to confirm whose signature should be used.

NG GUIDELINES Sending Letters in NGCM

b In Eos, mark the status of the document as complete, and select OK.

c Complete privacy checks on the completed documents.

Privacy Check Before Disclosing Information Policy

NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

d Create an email using the appropriate template and attach the document(s). Add the client's NHI at the beginning of the email subject field.

NOTE **What email template should you use?**
If Purchase Order created, use 'Medical Notes Request (Purchase Order)
If no Purchase Order created, use 'Medical Notes Request'
Modify accordingly.

NOTE **A copy of the lodgment form (ACC45/46/42) must be sent with every DHB request, or an ACC6300 if there is one on file**

NOTE **What if the request relates to a Mental Injury claim?**
Create an email in outlook. Copy and paste the following text and modify accordingly:

Kia Ora,

ACC have received a claim from *client first name* relating to their Mental injury.

We require Mental health information from between 00/00/0000 and present, to help us make decisions about their claim.

Our preference is to receive all documentation by email, if this is not possible just let us know.

If you have any queries, please do not hesitate to email recoveryadmin1@acc.co.nz or call 0800 222 435 Ext. 22.

Ngā mihi

NGCM - FINAL Emailing from Eos using a Template - System Steps

NOTE **What if the request is for records across multiple claims?**
Send the request from the claim where the PO was created.

NOTE **What if the Vendor's address has not been verified?**
Go to Verify an Existing Provider, Vendor or Facility Email Address.

PROCESS Verify an Existing Provider, Vendor or Facility Email Address

NOTE **What if the request is URGENT?**
State this clearly in the body and subject line of the email.

NOTE **What if the request relates to a Mental Injury claim?**
If the claim relates to a Mental Injury (e.g. stress related injuries), you will need to manually remove the injury details from the Medical Notes Admin Email template(s).

NOTE: Details of a client's physical injury won't populate on the Medical Notes Requests email templates used by Recovery Administration for Purchase Orders or non-Purchase Orders for Sensitive Claims in the Assisted or Partnered Recover teams.

NOTE **What if you need to send a FAX?**
Fax the requests do the following:

(A) – For users with Fax Access
1). Print/Fax the request using RightFax
2). Navigate back to Eos
3). Add a new contact stating: "MD01a [document date and time], sent via fax to: [faxnumber] on [date and time]".

(B) – For users without Fax Access
1). Create the request
2). Update the task details with "Please Fax, Vendor #, Fax #, [Document attached]
3). Link the request to the task
4). Set the priority as 'High'
5). Transfer back to the Admin queue

For guidance on how to use RightFax refer to the document below.

RIghtFax Instructions

e Perform despatch check.

NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

f Send the email.

g In Eos, close the task. This will automatically generate a Follow up Requested Information task for Recovery Administration.

NOTE **What if the request was set as High Priority?**
Edit the Follow Up Requested Information task and set to 5 business days.

NOTE **What if you were requesting records across multiple claims?**
Edit the description in the follow up task to include a list of all the claim numbers and dates are requesting records for. Copy the details from the task.

5.0 Review clinical records received

Recovery Administrator, Recovery Team Member

a Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.

b Complete privacy checks.

NOTE **Perform privacy checks.**
We get a lot of information coming in from third parties like GPs and DHBs, and mostly that information is just what we asked for. However sometimes we get information we don't need and don't want, even information about unrelated people. Getting unwanted, excessive or irrelevant information from a third party provider isn't a privacy breach, but sending it on later very much is. We have a responsibility to make sure we only send out relevant information and to ensure that, we need to check information as it comes in – if it's not what you need or want, either return to the provider and ask them to resend, or redact the unnecessary information and delete the unredacted version.

NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

Privacy Check Before Disclosing Information Policy

c In Eos, upload the information to the claim.

NGCM Filing Away - System Steps

d Update the document and contact properties with an accurate description of the information received.

NOTE **What if you are a Recovery Team Member?**
Locate and edit the associated 'NGCM - Follow up Requested Information' task stating clinical records have been received. Recovery Admin will update the 'Information Requested' tab and close the task.

e Select the 'Information Requested' tab on the Recovery Plan subcase, mark the request as 'Complete' and state 'Information Received', select OK.

f Close the 'NGCM - Follow up Requested Information' task stating clinical records have been received. A NGCM - Review Requested Information task will be auto generated and assigned to the Recovery Team or Individual managing the claim.

NOTE **What if you receive a Review Requested Information Task and the information is incomplete?**
Close the task.
Select 'Information Incomplete and click OK.
Add the details of the information that is missing in the comment box and select a target date.
Click OK. The task will auto-route to Recovery Administration.

if NGCM - Follow up Requested Information request was set as High Priority?
after closing and creating Review Requested Information Task or the information is incomplete
Edit task to high.

6.0 Follow up request for clinical records

Recovery Administrator

a Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.

b In Eos, check the 'Documents' tab to confirm the requested information has not been received before proceeding to contact the vendor.

NOTE **What if you're unable to locate the information in the documents tab?**
1) Check the shared inbox to see if the email has arrived but has not yet been filed away
2) If the information is in the shared inbox, file it away to the claim
3) Copy and paste the email subject line into the Salesforce search bar, opens the related task and close.
4) Check the client's party record under Documents
5) If the vendor has email ACC back with no attach notes, File away, update task with template below
Response from vendor:
See contact:
Action:

c Contact the vendor to follow up on the requested information. Ensure that you check what has previously been requested and only follow up the request for subsequent information (using the date ranges on the request form).

NOTE **How many times do you follow up with the vendor?**
*If it a SureMed request, follow the SureMed pro-mapp pg

Make two attempts to follow up with the Vendor Check Task date inline with below, if not, correct the target date (count from Creation Date), update the task description eg 'JL 18/09/2019 task date correction'.

DHB, the timeframe is:
• non-urgent request – 21 working days
• urgent request – 6 working days

non-DHB (GP, Medical Centre), the timeframe is:
• non-urgent request – 11 working days
• urgent request – 6 working days

1) The first attempt should be made by phoning the vendor, to confirm receipt of initial request.

• Unless you are following up a DHB request email only.(only follow up Urgent DHB notes before 20 days)

• If you are successful in contacting the vendor, Update your task with template below:

• If leaving a message, ensure you provide sufficient details for the vendor to identify the client whose information we require, eg Client full name, NHI or claim number or ACC45 number, DOB
Update your task with template below:

When calling:
(Initials)(Date) - Follow up #
Number called:
Person who you spoke with:
Outcome:
Expected timeframe:
Notes will be sent via:

If you are unable to leave message , eg: line busy, unable to connect or no VM . Put the task on hold , try 2-3 times during the day to establish a successful contact or to leave a message . If unable to make contact, send final email (follow process 2)

• Reset the follow up task target date and time (between 10.00-15.00), if said notes already sent, push task out 3 days (giving time to be received/upload); If no timeframe, push task out 2 weeks. (10 working days)

Exceptions: If the vendor has been in touch and has asked for more time or explained their circumstances, then adjust accordingly

2) Edit the task description with below template (do not delete any information from the task)

When emailing:
(Initials)(Date) - Follow up #
Email sent to:
See contact dated:
Additional info:
Response from vendor:
See contact:
Action:

From the Documents tab in Eos, locate the original request letter that was sent to the vendor. Create new email from template and copy and paste original email (in contacts tab) add the additional content below. In the Email subject

NGCM - FINAL Emailing from Eos using a Template - System Steps

NOTE **What if the vendor has advised that they no longer hold the client's records as the client has transferred to another GP practice?**
Make a note of what the previous vendor has advised on the NGCM – Information Not Received task once the NGCM – Follow up Requested Information task has been closed. Copy in the relevant notes that have been left on the task for the team/RTM to follow.

d Close the 'NGCM - Follow up Requested Information' task.

Information Not Received

e Copy and paste the task description from the 'NGCM - Follow up Requested Information' task into the 'NGCM - Information Requested not Received' task.

NOTE **What other information should you include?**
Include any other relevant information e.g. 'Voice Message says the clinic has closed down'.

7.0 Determine if clinical records are still required

Recovery Assistant, Recovery Coordinator, Recovery Partner

a Review the 'NGCM - Information Requested Not Received' task to determine if you still require the medical or clinical records.

NOTE **What if you no longer require the medical or clinical records?**
Select the NGCM - Information Requested Not Received task. Follow the systems steps for Information not Received.
This process ends.

Information Not Received

NOTE **What if you still require the medical or clinical records?**
Close the 'NGCM - Information Requested Not Received' task.

In the 'Choose Next Step' screen, select option 'Continue to follow-up'.

An 'NGCM - Continue to Follow up Requested Information' task will automatically generate route to Recovery Administration Team.

8.0 Continue following up request for clinical records

Recovery Administrator

a Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.

Continue To Follow Up Requested Information

NOTE **Set the target date and time (between 10.00-15.00) for a week after (5 working days) . Exceptions: If the vendor has been in touch and has asked for more time or explained their circumstances, then adjust accordingly.**

b Review the claim to ensure information is not on file.

NOTE **What if you are unable to locate the information on file?**
• Check the shared inbox to see if the notes have been received. If you have received the notes, file
it away onto the claim, close the salesforce task email task and continue to 8d.
• Review if there are any correspondences to confirm why ACC haven't received the Notes. If you
have identified there are correspondences, update the task with the response from the vendor,
where the correspondence is and the action taken.
• If you have no correspondences or the notes are not on file continue to follow up.

c Contact the vendor to determine why they have been unable to provide the requested information

NOTE **What if the vendor is unable to provide the requested information?**
Add the response into the task to notify the Recovery Team Member. In Eos, record this conversation as a contact on the claim.

Reason: Contact with Provider
Direction: Outgoing
method of Contact: Phone

Description:
Name: (who you spoke to)
PH#:
Detail: (of the conversation)

d Close the 'NGCM - Continue to Follow up Requested Information' task, and select 'Information Requested Not Received'.

9.0 Review clinical records

Recovery Assistant, Recovery Coordinator, Recovery Partner

a Confirm you have received the records requested.

NOTE **What if you need help to interpret the information?**
Go to the Seek Internal Guidance process.
PROCESS Seek Internal Guidance

NOTE **What if the records received are incomplete?**
Follow the system steps below.

Information Incomplete

b Perform privacy checks.

Privacy Check Before Disclosing Information Policy

NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

NOTE **What if the clinical records require redacting or third-party information removed?**

• Email the document for Mental Injury use recoveryadmin1@acc.co.nz; for all others use recoveryadmin@acc.co.nz.

• When emailing to Recovery Administration, provide clear instructions or highlight Document, on the information that needs redacting.

NOTE: Do not add any third-party information into the task or email because this cannot be removed in the future and tasks are provided to a client when they request their claim information. Instead state 'please remove third party information on page xx'.

c In Eos, open the 'NGCM – Review Requested Information' task, select the option to accept records and close the task.

10.0 Action incomplete request for clinical record, if required

Recovery Administrator

a Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.

NOTE **What if the original request was submitted through SureMed**

Go to Request GP clinical record- SureMed and follow step 2.0 NOTE What if information is missing?

PROCESS Request GP Clinical Records - SureMed

b Open the 'NGCM - Incomplete Information Request' task to determine what information is missing. To view the original information request, go to the [Add Info] tab and then click on the 'Inherited' tab.

Information Incomplete

c Contact the vendor to obtain the missing information.

NOTE **What methods and templates do you use for this?**

Call the vendor to discuss what's missing from the original request and ask if they can send the information to ACC. In EOS, record this conversation as a contact on the claim.

NOTE **What if the vendor insists on an email?**

Using the appropriate Eos template, email the vendor and attach the original clinical request and advise the vendor of the missing information as outlined by the Recovery Team Member in the task, and then close the task.

An email example could be:
"Thank you for sending the requested medical information on (insert date). We have reviewed the medical notes and noticed some information is missing. Could you please send a copy of (insert what information is missing here) to us at your earliest convenience. Thank you"

This will then create the NGCM - Follow up Request for Clinical Records task.

d In Eos, close NGCM - Incomplete Information Request task. This will then create the 'NGCM - Follow up Request for Clinical Records' task.
Check to see if it has generated a Follow Up Requested Information task.
If it has generated a follow up task, make a note on the task to specify that it is the follow up of the Incomplete Information Request task and set the task target date for 10 working days
from task creation.

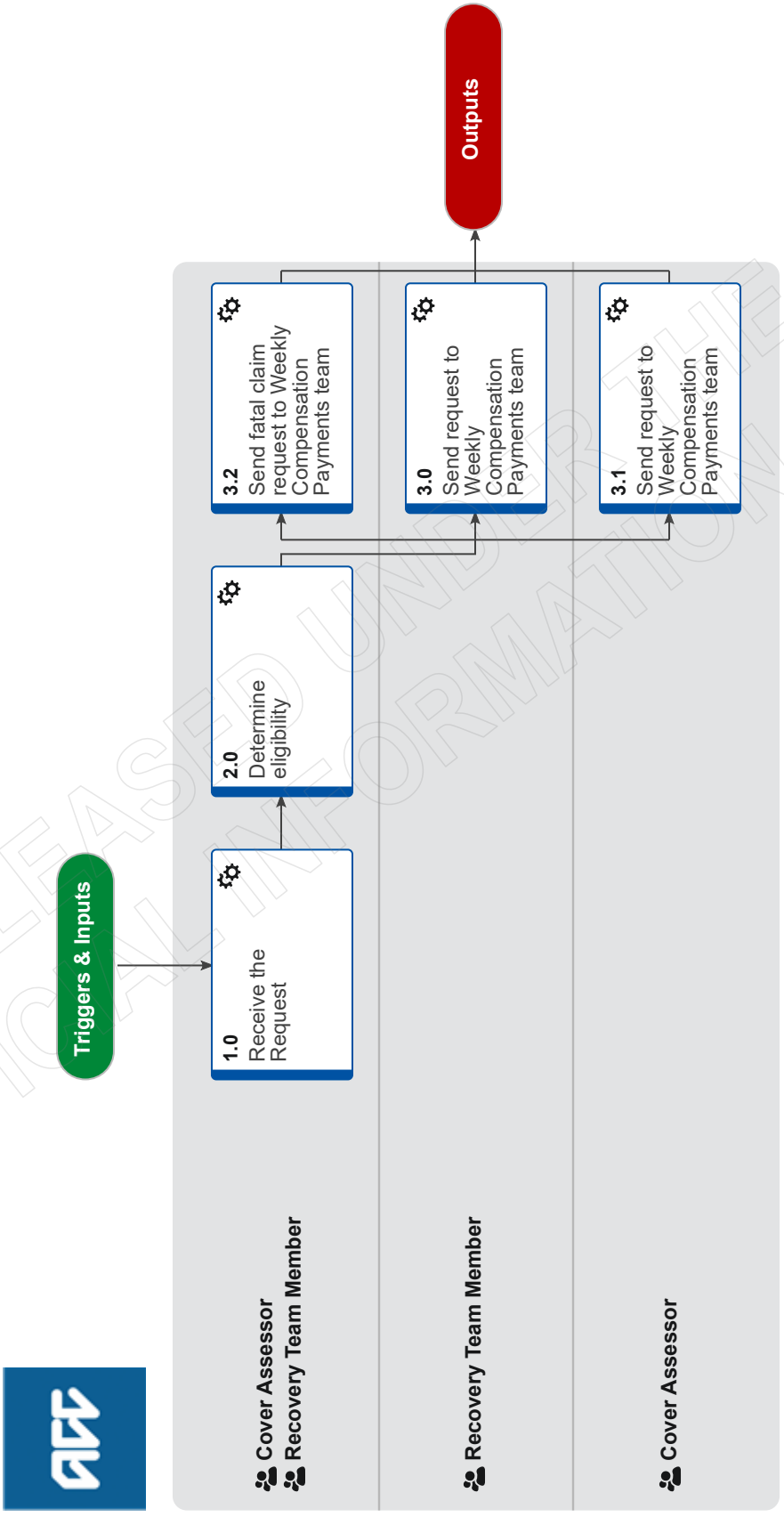
NOTE **If it hasn't generated a follow up?**

• Go to the 'Task' tab on the ACC45 Claim.
• Click on the 'Incomplete Information Request' task so it brings it up in the preview space below. Do not fully open it.
• Click on the 'Process View' tab.
• Find the blue square.
• Click the play button on the right side of the square.
• This should have generated the 'Follow Up Requested Information' task.
• Follow the steps above regarding editing the task and the target date.

e Edit the 'NGCM - Follow up Request for Clinical Records' task and record your initials, today's date, attempt number and discussion had with the provider regarding the missing information.

f Go to Activity 6.0, 'Follow up Request for Clinical Records' if required.

Request Set Up of Weekly Compensation Payments v39.0



Request Set Up of Weekly Compensation Payments v39.0

Summary

Objective
To create the Setup Weekly Comp Entitlement task so that the Payments Team can set up the weekly compensation payment.

Note: if the backdated payments period is greater than or equal to 90 days in duration you must use the Backdated Weekly Compensation Procedure to request setup of entitlement.

Background
A client has applied for weekly compensation and a Case Manager needs to determine if they are eligible for weekly compensation. Once they are deemed eligible, information is gathered from the client, and the Case Manager adds the Set up WC task which auto-routes to the Centralised Weekly Compensation queue.

Owner [redacted]

Expert

Procedure

1.0 Receive the Request

Cover Assessor, Recovery Team Member

a Review the request to see if an alternative process needs to be followed.

NOTE **What do you need to consider when the entitlement request is received and deemed cover exists?**
Refer to the Deemed Cover and Entitlements Policy for considerations to determine client entitlement eligibility while in deemed cover period.

Deemed Cover and Entitlements Policy

NOTE **What happens if the request comes through MyACC?**
Refer to the information below for specific instructions for MyACC requests for weekly compensation.

Supporting Information MyACC Tasks

NOTE **What if the request is to transfer weekly compensation from one claim to another?**
Refer to Promapp page 'Further Personal Injury'

PROCESS Determine Transfer of Weekly Compensation to a new claim due to Further Injury

NOTE **What if the request is for Backdated Weekly Compensation (BDWC)?**
Requests for backdated weekly compensation of 90 days or more have their own process. Refer to Promapp page 'Assess Backdated Weekly Compensation Request (BDWC)'

PROCESS Assess a Backdated Weekly Compensation Request

NOTE **What if weekly compensation needs to be set up as part of a handback of an Accredited Employer claim?**
Refer to Promapp page 'AEP Annual Claims Handback'

PROCESS AEP Annual Claims Handback

NOTE **What if you need to Reinstate Weekly Compensation?**
In EOS, at ACC45 level, complete the reinstatement information in the Non Standard WC Setup Eform. Create the 'Setup Weekly Comp Entitlement' task, select the appropriate task type based on employment type from the employment types noted in 3.1 c" (The Eform should link automatically), and the task will auto route to the Centralised Weekly Compensation queue.

Review the below business rule Criteria for reinstatement of weekly compensation payment of a client for further details.

Criteria for reinstatement of weekly compensation payment of a client

Full return to pre-injury role definition

Add a Non standard WC set up Eform

NOTE **What if you think the request is delayed?**
Review the Delayed Request for weekly compensation criteria to determine this.

PROCESS Assess Delayed Request for Weekly Compensation (DRWC)

2.0 Determine eligibility

Cover Assessor, Recovery Team Member

a Confirm the client's eligibility to receive weekly compensation.

Eligibility Criteria for Weekly Compensation Policy

Eligibility for weekly compensation for accidental death claims Policy

NOTE **What are the eligibility criteria for weekly compensation payments?**
The eligibility criteria for weekly compensation payments are:

• the claim for personal injury is accepted for cover under the Accident Compensation Act 2001, and
• ACC is responsible for managing the claim (that is, it is not a work-related personal injury suffered by an employee of an accredited employer), and
• the client has made a written or verbal application for weekly compensation, and
• the client is unable to work because of the personal injury under either section 103 or section 105.

NOTE **What if the client's employment has been terminated prior to incapacity?**
The extension of employment status criteria will need to be met in order to confirm eligibility. Refer to Promapp page 'Extension of Employment Status' for the criteria.

If the clients employment has been terminated prior to incapacity you will need to:
• Obtain the final pay details from their employer via the 'ACC040 Termination Pay Information
• Request Employer' form (generated in Eos)
• Explain to the client that this measure is required to determine their eligibility to weekly compensation

If completing a Welcome Conversation in Salesforce:
• Select the tick box under the Extension of Earner flowchart image to show this criteria applies and to prevent a Weekly Comp set up task being created at the end.
• Use the 'Gather remaining weekly comp info' reminder to show what documents have been sent and to whom as weekly compensation cannot be set up until this information is received.

Extension of employment status Policy

NOTE **What if the client's employment has been terminated post incapacity and the set up will include termination pay?**
You will need to:
• Obtain the final pay details from their employer via the 'ACC040 Termination pay information request - employer' form (generate in EOS)
• Explain to the client that this measure is required to determine if abatement applies and avoid overpayment
• Create a reminder action in salesforce noting that once the ACC040 has been returned, continue the process as below and attach this information to the set up task at 3.0c

To continue on with the set up request (while waiting for the ACC040), if possible:

• Confirm the final date of employment and record this in the 'Additional notes relating to earner status' section in the Weekly Comp Tab of the Welcome Conversation
• Amend the loaded incapacity from the final date of employment to 'Yes' to abatement (to avoid an over payment)
• Add details about what the abatement period is for in the 'Additional Notes' section in the Setup Weekly Comp task pop out that happens at the end of the Welcome (if all non-negotiables are collected)
• Create a reminder action in Salesforce noting that once the ACC040 has been returned, review if abatement applies by following the Manage Abatement in Eos process
• Continue with the process as below

PROCESS Manage Abatement in Eos

NOTE **What if the client does not meet the eligibility criteria?**
Decline the request, ensure the correct decision letter and fact sheets are sent to the relevant parties.

Send the:

• SPD999 - Decline entitlement decision - client (sent initially and every subsequent decline)
• ACC255 Working Together Factsheet (sent initially and every subsequent decline)

Check the Earner status under the employment tab and if appropriate, change to 'Non Earner' once the decline decision has been issued.
Process ends.

For steps on issuing a decline decision see Issue Recovery Decision below:

PROCESS Issue Recovery Decision

b Check if the Medical Certificate is valid and ensure the incapacity has been approved.

NOTE **How does the Incapacity Table in Salesforce work?**
• All incapacity on the claim (medical or approved) is sent to Salesforce when a Welcome Conversation is opened
• If Incapacity exists on the claim, you'll see this detail in the Roles and Responsibilities section of the Weekly Comp Tab
• Incapacity must be approved in Eos from the DOFI or DOSI date to be able to set up Weekly Compensation
• Use the [Approve Incapacity] button to be taken into Eos to add/approve incapacity
• Once incapacity has been added/approved, use the [Refresh] button and follow the message prompt to click on the 'Weekly Comp Tab' so new incapacity details are sent to Salesforce
• If approved incapacity does match the DOFI or DOSI date, a warning will show in the Roles & Responsibilities section

NOTE **What if the Medical Certificate is valid but needs approving/adjustments (for example, extended, reduced, or there is a gap in incapacity?)**
Incapacity needs to be approved in EOS to match the corresponding DOFI and/or DOSI period of entitlement and gaps in incapacity must be bridged before the request is sent to Payments. You can approve a gap in incapacity of up to 28 days (90 days for SI profiled claims) if the gap is in line with the client's injury.

See the "Maintain Weekly Compensation" process below:

PROCESS Maintain Weekly Compensation

NOTE **What if the medical certificate is invalid?**
Inform the client that we cannot accept the medical certificate and ask they see their specialist or GP. If you are unsure if the medical certificate is invalid, refer to Rules for Medical Certificates for Inability to Work.

PROCESS Rules for Medical Certificates for Inability to Work Policy

c Identify the appropriate next step in the process to take.

NOTE **What if I'm a Recovery Team Member?**
Go to activity 3.0

NOTE **What if you are a Cover Assessor setting up support for an accepted Work Related Gradual Process Injury (WRGPI) claim for mesothelioma?**
Go to activity 3.1

NOTE **What if you are a Cover Assessor setting up support for an accepted fatal claim?**
go to activity 3.2

3.0 Send request to Weekly Compensation Payments team (Recovery Team Member)

Recovery Team Member

a Ensure the Welcome Conversation has been successfully completed and documented.

Non-negotiables met instructional video

Non-negotiables missing instructional video

NOTE **How do you document the welcome conversation?**
Refer to the process below.

PROCESS Conduct Welcome Conversation

NOTE **What if your request is for a DOSI (subsequent incapacity)?**
You will still need to complete a Welcome conversation transcript or Weekly Compensation script for the subsequent incapacity with all relevant details for the DOSI (as you would a DOFI - First Incapacity).

For Recovery Team Members working in Salesforce, if a full Welcome Conversation is not required, only complete the Weekly Comp Tab then save at the Close Out Tab to prompt the Weekly Comp set up task at the end.

NOTE **What if a self-employed or shareholder client advises their tax return hasn't been lodged for the most recently completed income year?**
If the tax returns have been lodged for the previous financial year - We'll do an interim assessment based off the previous years return OR an estimate if the client will be lodging a return of less than the previous year (this can avoid an overpayment). The client nominates which they would prefer.

If the tax returns have not been lodged for the previous financial year either - we'll do an assessment based off an estimate of what the client will be lodging.

Refer to page Consider an Interim, Estimate or Advance of Weekly Compensation Policy.

NOTE **What are the non negotiables required for clients who are employees?**
- Bank Account
- IRD number
- Tax Code
- Work Pattern
- Average hours worked per week for the prior four weeks
- Incapacity approved in EOS (in line with DOFI/DOSI)
- Incurred date - DOFI must be on this date or after it, never before it.
- Is client receiving an income tested benefit
- Correct fund code

Consider an interim estimate or advance of weekly compensation Policy

b Ensure all the information required by the payments team has been provided including the non negotiables for each employment type.

NOTE **How do you resolve the Salesforce 'Weekly Comp information required' prompts?**

Salesforce will alert you to any missing non-negotiable information for weekly compensation set up when saving at the Close Out Tab. Weekly Compensation should not be set up until this information is collected.

The following explains what each prompt means:

- DOFI/DOSI: a DOFI or DOSI date must have been entered
- Bank Account: a bank account must have been entered
- IRD Number: an IRD number must have been entered
- Gather necessary information to confirm Extension of Earner status applies: Weekly Comp cannot be set up until this information is gathered. If this does not apply to the client then untick the box under the flowchart image for this criteria
- MSD Benefits: this question must have been answered
- Work Type tick box required (Employed/Self-employed/Shareholder): the tick box for the clients income source must be ticked for Salesforce to identify this as the income source.
- Work Pattern: enter the client's work pattern in the relevant income source section
- Hours worked in the 4 weeks prior to incapacity: enter the hours the client worked in the 4 weeks prior to incapacity in the relevant income source section
- Earner Type (Perm/Non-Perm): Must have answered this question in the income source section (employee only)
- Days of leave without pay in the last 52 weeks: must have answered this question in the income source section
- Incapacity must be approved from DOFI/DOSI date: If you have approved incapacity in line with the DOFI or DOSI date entered, use the [Refresh] button to send the new incapacity details to Salesforce to resolve this error
- Further confirmation required for new/recent self employed earners. Refer to 'Request Set Up of Weekly Compensation Payments' promapp page: See the note for 'What is required for clients who are self-employed'.
- Further confirmation required for new/recent shareholder earners. Refer to 'Request Set Up of Weekly Compensation Payments' promapp page: See the note for 'What is required for clients who are shareholder employees'.

NOTE **What if the request is for a future dated period of incapacity?**

There must be an approved incapacity on the claim for the Weekly Compensation Set Up task to be processed by the payments team.

The Weekly Compensation Set Up task cannot be sent for processing if the request is more than seven days before the approved incapacity.

If the client does not have a medical certificate and you deem it appropriate, create a case owner incapacity approval.

If a case owner incapacity approval is not appropriate, direct the client to apply via MyACC or call back to complete their request when they have a valid medical certificate.

PROCESS Medical Certification for Non-Serious Injury Claims

Add approved incapacity without documentation

NOTE **What is required for clients who are Self-Employed?**

- Bank Account
- IRD number
- Tax Code
- Work Pattern
- Average hours worked per week for the prior four weeks
- Incapacity approved in EOS (in line with DOFI/DOSI)
- Incurred Date in EOS (general tab) the same as or before DOFI
- If the client is receiving an income tested benefit
- Fund code is correct
- Proof of self-employment if a client is considered new self-employed or has never lodged a return
- If 'recently' self-employed (has only passed 1 balance date prior to DOFI/DOSI) confirm whether
the client has lodged their tax return and what date they started self-employment (so that the return is divided by the correct amount of full or part weeks). Also check if the client has any employee earnings in the 52 weeks prior to DOFI/DOSI.
- See 'Categories of self and shareholder employment' promapp page for Newly, Recently and
Established criteria

PROCESS Categories of self and shareholder employment

NOTE **Where can you find information about how Self-Employed weekly earnings are calculated?**

PROCESS Calculate Weekly Earnings – Self-Employed

NOTE **What is required for clients who are Shareholder Employees?**

- Bank Account
- IRD number
- Tax Code
- Work Pattern
- Average hours worked per week for the prior four weeks
- Incapacity approved in EOS (in line with DOFI/DOSI)
- Incurred Date in EOS (general tab) the same as or before DOFI
- If the client is receiving an income tested benefit
- How they receive their income (PAYE/End of year salary allocation)
- Fund code is correct
- Proof of employment if a client is considered a new shareholder employee

NOTE **Where can you find information about how Shareholder Employee weekly earnings are calculated?**

PROCESS Calculate Weekly Earnings – Shareholder Employee

NOTE **What is required when sending an ACC044 Statutory Declaration to a newly self employed client**

Please cut and paste below into the body of the ACC044 as this contains the information required to confirm the client's self employment status.

I started being self-employed on:
…… (start date) (initial)
I will file end of financial year tax returns on 31 March …….. (year) (initial)
I work ..... hours (on average) per week:
…… (initial)
I understand that I am liable to pay ACC levies:
…… (initial)

NOTE **Which is the correct task type?**

Task types are:
- Setup Weekly Compensation – Employee (For Employee Setup request)
- Setup Weekly Compensation – Self Employed (For Self-employed Setup request)
- Setup Weekly Compensation – Shareholder Employee (For Shareholder Employee (Both PAYE and Non-PAYE) Setup request)
- Setup Weekly Compensation – BDWC (For LOPE and any Setup request greater than or equal to 90 days backdated entitlement)

If the client has multiple employers:
- For Employee and Self-employed clients – Use the Setup Weekly Compensation - Self Employed task.
- For Employee and Shareholder clients - Use the Setup Weekly Compensation – Shareholder Employee task.
- For Self-employed and Shareholder clients – Use the Setup Weekly Compensation – Shareholder Employee task.

Add a Weekly Compensation setup task (Eos online help)

Link a document to a task in Eos

NOTE **What if the information has been captured in the Client Welcome Conversation tool?**

The Client Welcome Conversation tool is located under 'Pre-Salesforce Conversation Tools' on the NGCM Knowledge Landing page. If the information has been captured in this tool, then the Recovery Team Member will need to paste the information into the task description - rather than linking the transcript.

NG TOOL Client Welcome Conversation

c Add any notes or instructions to the task description that the approver may require eg if fast tracking is required.

NOTE **When should the Setup Weekly Compensation Task be set to high priority?**

Only tasks for those clients that are vulnerable or in financial hardship are to be set to a high priority status.

d Process ends here.

NOTE **What if you want to update the payment notification method?**

Refer to system step below.

Update the payment notification method

3.1 Send request to Weekly Compensation Payments team (Cover Assessor)

Cover Assessor

a Ensure the Weekly Compensation script has been successfully completed and documented.

Add a weekly compensation script (EOS Online Help)

NOTE **What if a self-employed or shareholder client advises their tax return hasn't been lodged for the most recently completed income year?**

If the tax returns have been lodged for the previous financial year - We'll do an interim assessment based off the previous years return OR an estimate if the client will be lodging a return of less than the previous year (this can avoid an overpayment). The client nominates which they would prefer.

If the tax returns have not been lodged for the previous financial year either - we'll do an assessment based off an estimate of what the client will be lodging.

Refer to page Consider an Interim, Estimate or Advance of Weekly Compensation Policy

Consider an interim estimate or advance of weekly compensation Policy

b Ensure all the information required by the Payments team has been provided.

NOTE **What is required for clients who are employees?**
- Bank Account
- IRD number
- Tax Code
- Work Pattern
- Average hours worked per week for the prior four weeks
- Incapacity approved in EOS (in line with DOFI/DOSI)
- Incurred Date in EOS (general tab) the same as or before DOFI
- Earner Type [Permanent/Non-Permanent]
- Days of leave without pay in the last 52 weeks
- If the client is receiving an income tested benefit
- Fund Code is correct

NOTE **What is required for clients who are self-employed?**
- Bank Account
- IRD number
- Tax Code
- Work Pattern
- Average hours worked per week for the prior four weeks
- Incapacity approved in EOS (in line with DOFI/DOSI)
- Incurred Date in EOS (general tab) the same as or before DOFI
- If the client is receiving an income tested benefit
- Fund code is correct
- Proof of self-employment if a client is considered new self-employed or has never lodged a return

Confirm Self-Employed Person is an Earner Policy

NOTE **What is required for clients who are shareholder employees?**
- Bank Account
- IRD number
- Tax Code
- Work Pattern
- Average hours worked per week for the prior four weeks
- Incapacity approved in EOS (in line with DOFI/DOSI)
- Incurred Date in EOS (general tab) the same as or before DOFI
- If the client is receiving an income tested benefit
- How they receive their income (PAYE/End of year salary allocation)
- Fund code is correct
- Proof of employment if a client is considered a new shareholder employee

c In Eos, add the relevant Setup Weekly Compensation task.

NOTE **Which is the correct task type?**
Task types are:
- Setup Weekly Compensation – Employee (For Employee Setup request)
- Setup Weekly Compensation – Self Employed (For Self-employed Setup request)
- Setup Weekly Compensation – Shareholder Employee (For Shareholder Employee (Both PAYE and Non-PAYE) Setup request)
- Setup Weekly Compensation – BDWC (For LOPE and any Setup request greater than or equal to 90 days backdated entitlement)

If the client has multiple employers:
- For Employee and Self-employed clients – Use the Setup Weekly Compensation - Self Employed task.
- For Employee and Shareholder clients - Use the Setup Weekly Compensation – Shareholder Employee task.
- For Self-employed and Shareholder clients – Use the Setup Weekly Compensation – Shareholder Employee task.

Add a Weekly Compensation setup task (Eos online help)

d Link the Weekly Compensation transcript to the task.

e Add any notes or instructions to the task description that the approver may require eg if fast tracking is required.

f Process ends here.

3.2 Send fatal claim request to Weekly Compensation Payments team

Cover Assessor, Recovery Team Member

a In Eos, confirm if the accidental death claimant or dependant has an existing:
- Tax Code
- IRD number
- Bank Account

Validate these are correct. (If missing or incorrect – as below)

View a tax code

View party details

View a payment preference

NOTE **What if the tax code is missing or incorrect?**
Go to the Manage Client Tax Code to update this before creating the setup task. However, if it's a fatal claim, confirm the tax code for each dependant and include this information in the set up task.

PROCESS Manage Client Tax Code

NOTE **What if the IRD number is missing or incorrect?**
Go to the Manage Client IRD Number to update this before creating the setup task.

PROCESS Manage Client IRD Number

NOTE **What if the bank account number is missing or incorrect?**
Go to the Manage Client Bank Account and Notification before creating the setup task.

PROCESS Manage Client Bank Account and Notification

b Capture client information (there is no script for a fatal weekly compensation set up).

NOTE **What if the deceased client was not self employed, a non-PAYE shareholder or had an accountant?**

No forms are required. The payments team will collect the earnings information.

However, if there is not an IRD number on the deceased party record, you will need to contact the family representative, so that the payments team can refer to IR RTE.

Once you have confirmed the deceased's IRD number, then continue to capture all the required information in the Setup Weekly Comp Entitlement task.

NOTE **What if the deceased client was self employed or a non PAYE-shareholder and they did not have an accountant?**

Send the:

• ACD143 Self employed weekly compensation information request - party
• ACC748 Fatals questionnaire for self-employed or shareholder employee.

Once you receive the completed ACC748 back from the family, then continue to capture all the required information in the Setup Weekly Comp Entitlement task.

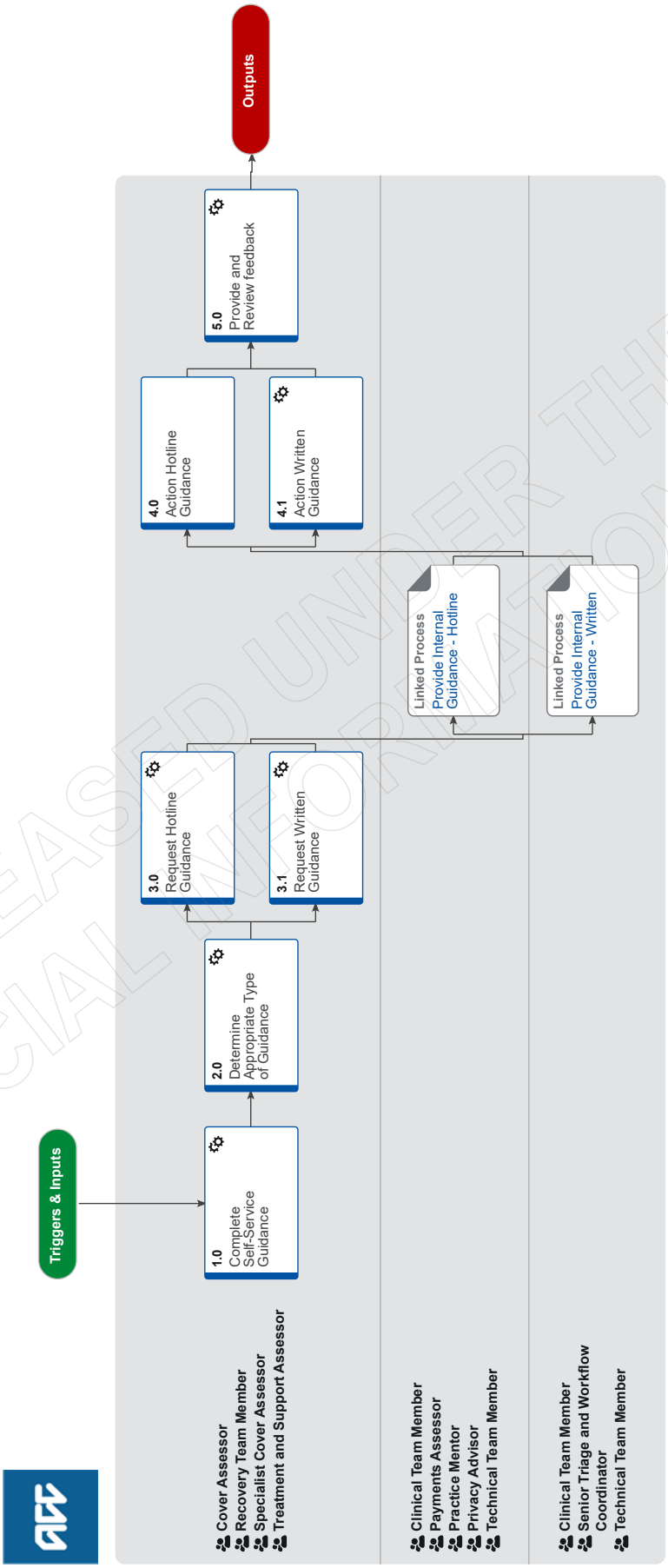
c In EOS, add the Setup Weekly Compensation task, and manually re-route the task to the Weekly compensation complex queue.

NOTE **What information should be included in the task description?**

• IRD number of the deceased
• Accountant involved? Have family given permission? (as there will be a cost if ACC ask questions)
• Flag any pay periods that need editing (eg children in study)
• Flag any non-payable periods (eg imprisonment)
• Flag any hold periods (eg possible MSD)
• Spouse employed/ receiving MSD?

d This process ends.

Seek Internal Guidance v123.0



Seek Internal Guidance v123.0

Summary

Objective
To assist in making decisions by receiving internal specialist guidance from a number of different areas:

• Clinical Services
• Technical Services
• Practice Mentors
• Payments
• Technical Overpayments
• Privacy

Background
Seeking internal guidance is a three tiered process:

Tier 1 - Self-Service: Using the information available on Promapp and Te Whāriki to make a decision
Tier 2 - Hotline Guidance: Guidance provided by a short (less than 15 minutes) phone call
Tier 3 - Written Guidance: Comprehensive guidance provided within a written guidance form in Salesforce, which creates a transcript in Eos

Owner [redacted]

Expert

Procedure

1.0 Complete Self-Service Guidance

Cover Assessor, Recovery Team Member, Specialist Cover Assessor, Treatment and Support Assessor

a Review the following on the client's claim:

• claim history and current circumstances
• read and consider relevant documents
• check for and review previous guidance
• check for and review outstanding investigations
• check for outstanding reports and/or records

b Refer to Promapp to check if next steps can be identified in using one or more of the following:

• Process pages - having knowledge of the objective, background and expected outcome of the range of services provided by ACC could help you determine the next steps to progress your client's recovery.

• Policy pages - having knowledge of legislation, payments and legal aspects of the services and supports provided by ACC could help you determine the next steps to progress your client's recovery.

• Service pages - having knowledge of the services provided by contracted Providers could help you determine the next steps to progress your client's recovery.

NOTE **What if you are trying to make a cover decision?**
Refer to the processes in the Make Cover Decision group in Promapp or refer to the Cover Traffic Light tool to assist in determining cover for particular injuries or injury types.

Make Cover Decision

TOOL - Add or change diagnosis decision traffic light

NOTE **What if you need additional guidelines, tools and information to support case management?**
Refer to the Te Whāriki site to search.

Te Whāriki Home Page

NOTE **What if you need to obtain approval for services/costs outside of your delegation?**
Refer to the Delegations Framework to determine whether you can approve. If approval is needed, refer to Activity 3.1 to Request Written Guidance

Delegations Framework

c Attempt to problem solve the issue with your Team Leader prior to seeking guidance, and that you have put together a question that is appropriate for clinical or technical guidance.

NOTE **What kind of query is considered not appropriate for clinical or technical services?**
Ensure you are not contacting an advisor or specialist asking "What are the next steps on a claim", or "Whether or not ACC can fund something", you must attempt to provide more information relevant to the client's injury.

2.0 Determine Appropriate Type of Guidance

Cover Assessor, Recovery Team Member, Specialist Cover Assessor, Treatment and Support Assessor

a Use the Recovery Support Decision Tree tool linked below to determine what kind of guidance you need.

Recovery Support Decision Tree

NOTE **What if you are still unsure what type of guidance is needed?**
Attempt to run through the decision tree tool alongside your Team Leader. If you are still unsure, contact a Practice Mentor to discuss your issue and the best way forward.

NOTE **What if you need to request guidance on a Surgery claim?**
If you require guidance on a Surgery claim, there are two channels, ensure you use the decision tree tool to determine which one to use:
• For invoicing and coding queries that are appropriate for hotline guidance, email your query to clinicaladvisorsurgery@acc.co.nz
• For written guidance queries:
• If you are seeking guidance from a Principal Clinical Advisor (CAP referral), refer to the CAP referral process document under activity 3.1 (a)
• For invoicing and coding queries that are appropriate for written guidance on a Surgery claim, use the written guidance request form in Salesforce. Once you've submitted your guidance request, update the task description with the code "TACDUN"

NOTE **What if you are working in the Remote Claims Unit or requiring guidance on a Staff claim or High Profile claim?**

Refer to the knowledge article below on how to request Hotline and Written Guidance for the above scenarios.

For written guidance on a Staff claim, do not raise this in Salesforce, these tasks must be created in Eos. Use the Written guidance template below and refer to the system steps for creating/sending the task.

Remote claims, Staff and High Profile claims - Seek internal guidance

Written guidance template for non-Salesforce users.docx

NOTE **What if a provider is requesting to speak directly with a Psychology Advisor?**

The following external Psychology hotline numbers can be shared with providers: Sensitive claims: 09 354 8425 Physical injury: 09 354 8426

This is for PROVIDERS ONLY and must not be released to clients.

b Go to Activity 3.0 to request Hotline Guidance, or Activity 3.1 to request Written Guidance.

3.0 Request Hotline Guidance

Cover Assessor, Recovery Team Member, Specialist Cover Assessor, Treatment and Support Assessor

a Prepare for requesting guidance using ISBAR (Identify, Situation, Background, Accident, Request). Continue to refer to the Recovery Support Decision Tree tool for additional things to remember/consider and tips for best practice.

Ensure you provide your full name when requesting hotline guidance.

I	Identify	Who are you and where are you calling from? Who is the client: • Age • Gender	E.g. I'm Michelle, a Recovery Assistant working in Assisted Recovery in Dunedin. The client is a 23-year-old male
S	Situation	What are the current covered injuries?	He has a fractured tibia/fibula
B	Background	Occupation Any relevant background information e.g. previous notable injuries/claims co-morbidities if known	He is a builder, with 5 previous claims, but none for this body site or injury code
A	Accident	Details of accident, date, mechanism of injury, any treatment already provided	He fell down a flight of stairs in July.
R	Request	What is your question?	He is non-weight bearing and has just called asking for a seat he can sit on in the shower. He lives with his parents who are helping him at home. Should I have a shower stool delivered to the client or do I need to do a Social Rehabilitation Assessment?

Hotline ISBAR.PNG

Recovery Support Decision Tree

b If calling from Genesys Cloud, call the 'Recovery Support' queue.

Otherwise, dial extension 50118 and select one of the following options:

• Select option 1 for Clinical Services. You will then be asked to select from the following options:
1 - for Clinical Advisors
2 - for Psychology Advisors - sensitive claims
3 - for Psychology Advisors - physical injuries
4 - for Pharmaceutical Advisors
5 - for Treatment Injury Medical Advisors
6 - for Sensitive Claim Medical Advisors

• Select option 2 for Technical Services. You will then be asked to select from the following options:
1 - for Transport for Independence Specialists
2 - for Housing Modifications Specialists
3 - for Technical Accounting Specialists
4 - for Technical Specialists in relation to a Sensitive Claim
5 - for General Technical Specialists

• Select option 3 for Practice Mentors.

• Select option 4 for Payments Assessors. You will then be asked to select from the following options:
1 - Sensitive Claims Payments
2 - Travel
3 - All Other Client Reimbursements
4 - Payments Assessor

• Select option 5 for Privacy Advisors

• Select option 6 for Client Administration Support related to a physical injury

• Select option 7 for Client Administration Support related to a mental injury

NOTE **What if my query is regarding a mental injury claim?**

All requests for guidance on mental injury claims must go to a Psychology Advisor.

NOTE **What if the Hotline is not answered?**

Keep trying the Hotline. If, after a few more attempts, there is still no answer add a note to the task in Eos (or update the description in Salesforce) and try again at your earliest convenience.

If you are working in Assisted Recovery, update the description to say "Attempt to call the Hotline again", before putting the task on hold so you can pull another one from the queue. Aim to complete any on hold tasks by the end of the day, taking them off hold and returning them to the queue if you're unable to do so.

NOTE **What if you need advice from a Practice Mentor about a Mental Injury (MI) claim?**

Recovery Partners (MI) can book a 1x1 session with a Practice Mentor ahead of time using the link after this note.

If you need advice from a Practice Mentor right away you can call ring Recovery Support, select Option 3 and the Practice Mentor will take the claim number of the claim you need support on. This will then be passed on to the Practice Mentor with Mental Injury capability to get in contact with you.

Knowledge & Capability Bookings Calendar

c Go to activity 4.0 to action the Hotline Guidance.

3.1 Request Written Guidance

Cover Assessor, Recovery Team Member, Specialist Cover Assessor, Treatment and Support Assessor

a Prepare for requesting guidance using ISBAR (Identify, Situation, Background, Accident, Request). Refer to the Recovery Support Decision Tree tool for additional things to remember/consider and tips for best practice.

The Decision Tree Tool references key medical information that must be on file prior to submitting a written guidance request, ensure you have attempted to request this information. Clinical and Technical staff will not be able to provide written guidance if there is insufficient information on file.

Recovery Support Decision Tree

NOTE **What are the standards needed when seeking guidance?**
Refer to the Standards for Seeking Guidance and Written Guidance Questions below.

Standards for Seeking Guidance

Written Guidance Questions

NOTE **What does a quality referral look like?**
Refer to the Written guidance example below.

Written guidance example

NOTE **What if you need written guidance from a Principal Clinical Advisor (PCA) for a Surgery claim?**
Refer to the CAP referral process (SF) guide below.

CAP referral process (SF)

NOTE **What if you need to request written guidance where there is a CAP referral in progress?**
Call the Surgery team on 83566 to discuss whether additional question(s) can be added to the existing CAP referral. Note: CAP will not answer questions regarding ongoing incapacity.

Principal Clinical Advisor consideration list

Delegations Framework

b Check the necessary supporting documents and information is on the claim.

NOTE **What if there are documents and/or information missing on the claim?**
Refer to the Request Clinical Records process.

PROCESS Request Clinical Records

c In Salesforce, select the 'Recovery Support' tab and 'Create Guidance'. Follow the steps and complete the fields on the written guidance form.

If there are relevant documents on file you want the advisor/specialist to review, collate them into a document group entitled 'Written Guidance document group' in Eos, and reference the name and date in the 'Documents or contacts relating to the request' section. Ensure you also note if documents from multiple claims have been added to the group.

If there are relevant contacts on file you want the advisor/specialist to review, ensure you specify the date and contact description in the 'Documents or contacts relating to the request' section.

If you need to add any particular information regarding who the guidance request should go to (i.e. If this needs to go to a specific specialist discipline), specify this information in the 'Triage Written Guidance' task description. (This is located inside the 'information' heading, ensure you save the change to the description)

NOTE **What if the claim is for maternal birth injury?**
Type "#MBI" in the 'information' heading of the 'Triage written guidance' task description.

Recovery Support FAQs.docx

NOTE **What priority should I select for my Written Guidance request?**
Check the Written Guidance Priority Categories document to see whether or not your request falls into one of the P1/P2 categories. Speak with your Team Leader if you are unsure whether or not a certain scenario falls into a P1/P2 category. If your reason for escalation does not meet the P1/P2 categories, but your Team Leader agrees your request should be escalated, then please email clinicaltriage@acc.co.nz with your Team Leader approval and reason for requesting escalation.

Written Guidance requests falling into a P1/P2 category should be submitted as follows:
• Select 'P1 - High' or 'P2 - Medium' under 'What's the priority for this request?'
• Select relevant drop down option under 'Why is the request urgent?'

Written Guidance requests not falling into a P1/P2 category should be submitted as P3 - Low.

High and Medium Priority Categories for Written Guidance Requests

NOTE **What if you want to cancel, save as a draft, or add additional information to your guidance request?**

• To cancel: Go to the guidance request you have submitted and select 'Cancel Written Guidance,' then provide a reason for cancellation (i.e. if other client information was entered in the request, select the reason as 'Cancelled due to error').
Note - the information submitted in the form is not discoverable by the client until the written guidance has been accepted and a transcript is created in Eos, if you cancel, there will be no record of it on the client's file

• Save as draft: At the bottom of the written guidance form select the tick box labelled ‘Save as Draft’ then click 'Next', then when you are ready to complete your guidance request, go back to the written guidance request in salesforce and select ‘Edit Written Guidance’

If you are saving the request as a draft because you are awaiting some additional information:

For claims assessment staff - create a follow up task in Eos to revisit the draft guidance request once the information has been received

For Recovery team members – create a reminder action in salesforce to revisit the draft guidance request once the information has been received

• If you need to add additional information to a Written Guidance request that has been sent to Triage or allocated to an advisor – select ‘Additional Information to a Guidance request’ on the guidance request in salesforce

NOTE **What if you are a non-Salesforce user and you require written guidance?**

Ensure you request your guidance via the 'Complete Internal Referral' task and then transfer the task into the Regional Clinical Advice - CENTRAL queue or the Operations Support queue.

Please use the referral template document below.

Written guidance template for non-Salesforce users.docx

NOTE **What if you require written guidance on a claim not migrated to Salesforce?**

There is a system error which means Recovery Team Members cannot access Salesforce in order to make referrals on very old claims.

For very old claims where you are unable to access Salesforce in order to make a request for clinical advice, please action the referral using the NGCM pathway (see below systems steps) on EOS and mark the task as “OLDER EOS CLAIM, SF unavailable”.

This label will ensure the Triage Team does not return the task due to being submitted in the wrong queue.

(NGCM) Create Request for Written Guidance

NOTE **What if you require written guidance on a Mental injury claim or disentitlement for a Wilfully Self-inflicted (WSI)/suicide claim?**

If you require guidance on the below:

• Work-related Mental Injury (WRMI) claims, and Treatment Injury Mental Injury (TIMI) claims

• Complex mental injury caused by sexual abuse (MICSA) and complex mental injury caused by physical abuse (MICPI) claims, for example, where a combination of clinical, legal and technical factors complicates the decision, for instance: multiple related claims involving technical and medico-legal complexity; where the causal link to injury is unclear or contentious; and/or the diagnosis is unusual or contentious.

• Wilfully self-inflicted (WSI)/suicide claims where the evidence to support a decision is unclear or equivocal; and/or there are clinical, legal or technical complexities that complicate the decision.

Request written guidance from a Psychology advisor, and complete the forms as outlined below. You need to fill out the relevant sections on either an ACC1517 (Mental Injury Cover form) or ACC6178 (Disentitlement for WSI or suicide claims). Ensure you leave the document as incomplete.

Complete the written guidance request form as per the current process (if you have completed an ACC6178 you can still select the tick box for 'Have one of the above ACC documents been completed') and indicate in your summary 'Refer to the ACC1517 (or ACC6178) document uploaded on XX/YY/ZZZZ'.

The PA will then arrange a Complex Mental Injury Panel (CMIP) comment via Technical Services. Once the Psychology Advisor and CMIP have completed their comments in the ACC1517/ACC6178, complete these documents and action the recommendations.

You can refer to the delegations spreadsheet below which shows what types of claims need to be referred to the Complex Mental Injury panel.

Delegations Framework

NOTE **What if you require written guidance from a Technical Accounting Specialist?**

Refer to the following page for more information on Technical accounting and what information needs to be included with a written guidance request.

NB: Due to the complexity of these requests there is a 3 day Service Level Agreement for urgent (client is in financial distress) tasks and a 20 day Service Level Agreement for all other requests.

PROCESS Referring to the Technical Accounting Specialists for Advice

NOTE **What if you require guidance on a claim where weekly compensation has been paid for less than six months and you're considering suspending entitlements, as the covered injury has resolved?**
Submit written guidance to clinical only (there is no need to tick coordinated guidance). However, if due to the complexity of the client or their situation, and technical guidance is still required, then tick the box for coordinated guidance.

NOTE **What if you are working on a claim that is in 'Actioned Cases'?**
Written Guidance must be requested on 'active' claim, you will need to transfer this into the appropriate queue/name.

d Go to Activity 4.1 'Action Written Guidance' once you have received your guidance.

NOTE **What if you have already submitted your written guidance request, and you need to update the priority?**
If you have received new information that changes the priority of the request, complete the steps below:
• Open the claim in Salesforce.
• Click on the 'Recovery Support' tab and then click on the relevant Guidance Number to open it.
• Now you should be on the 'Details' page. Click on the 'Update Guidance Priority' button to change the priority of the request.
• Check the Written Guidance Priority Categories document to see which category your request meets.
• Select 'P1 - High' or 'P2 - Medium' under 'What's the priority for this request?'
• Select the relevant drop-down P code option under 'Why is the request urgent?'
• If your reason for escalation does not meet one of the pre-set categories, you should email clinicaltriage@acc.co.nz with your Team Leader approval and reason for requesting escalation.

FYI – If you wanted to check the progress of the task, you can click on the 'Related' tab and then click on the open task number:
• If the guidance is still with the Triage team, it will be the 'Triage Written Guidance request' task type.
• If it has already been triaged and allocated to an Advisor queue, it will be the 'Provide Written Guidance' task type.

High and Medium Priority Categories for Written Guidance Requests

PROCESS **Provide Internal Guidance - Hotline**
Clinical Team Member, Payments Assessor, Practice Mentor, Privacy Advisor, Technical Team Member

PROCESS **Provide Internal Guidance - Written**
Clinical Team Member, Senior Triage and Workflow Coordinator, Technical Team Member

4.0 Action Hotline Guidance
Cover Assessor, Recovery Team Member, Specialist Cover Assessor, Treatment and Support Assessor

a Consider the advice documented by the Advisor, Specialist or Assessor and undertake the next steps.

NOTE **What if you need to clarify the guidance provided by the Advisor, Specialist or Assessor?**
Message or call the Advisor, Specialist or Assessor directly to clarify the guidance.

NOTE **What if you want an Advisor, Specialist, or Practice Mentor hotline comment to be removed from file or amended?**
The only instances a clinical or technical comment should be removed/ deleted is when the guidance is on the wrong claim. In rare instances the Advisor may need to amend or add an addendum to the guidance. Only an Advisor's or Specialist's manager can delete their own comment, neither a frontline staff member or another advisor can delete your comment.

If the comment needs to be removed/amended ensure you reach out to the advisor or specialist who provided the guidance and include their manager in the discussion.

Receive Written Guidance (Recovery Team Member)

4.1 Action Written Guidance
Cover Assessor, Recovery Team Member, Specialist Cover Assessor, Treatment and Support Assessor

a In Salesforce, review the guidance provided on the Written Guidance request by selecting the 'details' tab.

NOTE **What if you are requested to provide clarification on a guidance request?**
If this is via IM or call, clarify the question directly with them.

If this is via Salesforce, open the Guidance Request and click 'Provide Clarification on Guidance Request', read the clarification question and provide the clarification. If you need to cancel or put the request on hold you can do this at this step.

If you need to request additional information in order to clarify the request, use the Request Clinical Records process. In Salesforce, extend the target date of the clarification task to later than the due date of the medical notes task. Ensure you update the task description to reflect you have requested additional information (if you are in Assisted Recovery and are returning this to the queue, update the description when you do this).

NOTE **What if the written guidance is on a claim not migrated to Salesforce?**

For very old claims where you are unable to access Salesforce in order to make a request for clinical advice, a written guidance referral would have been actioned using the NGCM pathway in EOS.

- If you decide to accept the written guidance or to ask for clarification on the written guidance provided, use the Review Written Guidance system steps below.

- If the Advisor had asked for clarification within the written guidance, use the Respond to Clarification Request from Advisor system steps below.

Receive Written Guidance (Recovery Team Member)

Respond to Clarification Request from Advisor (Recovery Team Member)

b Accept the guidance provided by selecting 'Accept Guidance', or request clarification if required.

NOTE **What if the advice is unclear or the questions are unanswered?**

Select 'Clarification Required on Guidance Provided' and input your clarification question(s).

NOTE **What if you want an Advisor or Specialist's written guidance to be removed from file or amended**

Comments within a Written Guidance form cannot be deleted or edited once the Advisor or Specialist has submitted their guidance.

If the wrong client's information has been included, please cancel the guidance in Salesforce and submit a new request.

NOTE **What if your request for written guidance was related to transferring weekly compensation to a different claim for a further injury?**

Refer to the below process ("Transfer Weekly Compensation to a New Claim due to Further Injury")

PROCESS Transfer Weekly Compensation from one claim to another

Add an Eform

c Once the guidance has been accepted a transcript will be created in Eos.

NOTE **What if guidance indicates it's appropriate to suspend entitlements where weekly compensation has been paid for less than six months, as the injury has resolved?**

Copy and complete the decision rationale template below and paste this into a NGCM General Task (in Eos). Assign it to a leader from your hub. Message them to let them know it's there.

• Decision type SUSPEND ENTITLEMENTS DECISION
• Who was consulted [eg. Recovery Support hotline guidance from Practice Mentor received 10/03/23 and Written guidance from Clinical Advisor received 24/03/23]
• Rationale for the final decision [(e.g. Suspend all entitlements as Clinical guidance has confirmed the client's covered injury has resolved) or (Suspend all entitlements as Clinical guidance has confirmed the client's covered injury has resolved and the reason for ongoing incapacity is non-injury related)]

The leader will review and send the task back to you within 24 hours - with either their support or if they wish to discuss further.

Once your Team Leader has endorsed the decision, create a new Salesforce contact action and copy the body of the NGCM General Task into the Outcome Summary of your Salesforce contact. Close the NGCM General Task.

Follow the relevant steps in the below page for "Stop Supports".

PROCESS Stop Supports

NOTE **What if guidance indicates I have sufficient information to issue a decision?**

See the below page for "Issue Recovery Decision"

PROCESS Issue Recovery Decision

NOTE **What if I'm unable to locate my Written Guidance request?**

The Written Guidance process is a cog process meaning that when one action is completed it creates a new task in the process to be actioned.

For example: Once the triage process is completed, the 'Triage Written Guidance' task will be closed and a 'Provide Written Guidance Task' is automatically created which is then assigned to the appropriate advisor.

The instructional video below provides an overview of the Recovery Support Written Guidance process in Salesforce and EOS and support in locating the various tasks in this cog process.

An overview of the Recovery Support Written Guidance process in Salesforce and EOS

5.0 Provide and Review feedback

Cover Assessor, Recovery Team Member, Specialist Cover Assessor, Treatment and Support Assessor

a If applicable, provide feedback on the guidance received.

NOTE **How do you provide feedback on the Hotline guidance you have received?**
In Salesforce, navigate to the Recovery Support tab and select the 'Provide Feedback' option. On the Provide Feedback form, complete the mandatory question and comments sections, and submit your feedback.

NOTE **How do you provide feedback on written guidance?**
When you accept the written guidance in Salesforce, you will get the option to provide feedback, select this option, and complete the mandatory fields.

b If applicable, review feedback on the guidance request you submitted.

NOTE **What if you want to review some feedback you have received?**
You will be notified you have received feedback by getting an alert notification from the "bell" icon in Salesforce. If you select this you will be able to review the feedback.

Alternatively, if you select the nine dots in the top left corner of the Salesforce window, and search for "Feedback", you can select this Feedback option.
From here you can select the drop down arrow to show different list views which display feedback from a range of dates.

NOTE **What if you are a Team Leader and you want to subscribe to a feedback report?**
Complete the steps below in Salesforce:

• Select 9 dots to the left of "Work Load Management"
• Type in "Reports"
• Select "All Folders' and then "Feedback Reports"
• Open the new report " My Team's Feedback – Last 7 days"
• Click the down arrow at the top right of the report and select subscribe
• Schedule when you want the report subscription email e.g. 9am on a Monday every week. Confirm recipient being added and run report as = "Me"
• Result will be an email to your inbox at that time/day, with a link to the report in Salesforce
• Last step will be to use the Team Leader filter, to narrow the results to your team members i.e. use the name your Salesforce user is set up with

Gather Information for Self-Employed Clients v10.0

Summary

Objective
Self-employed can be classified as:

• new
• recent
• established

The classification of new, recent, or established self-employment is based on when the client commenced work as a self-employed person in relation to the date of first incapacity or the date of subsequent incapacity (DOFI/DOSI) and affects the calculation of weekly earnings.

Use this guidance to help gather information for self-employed clients who become unable to work because of an injury from 1 July 2010.

1) Gather earnings details
2) Validating earnings details from self-employment
3) Changed from shareholder employee to self-employed.

Owner [redacted]

Expert [s 9(2)(a)]

Procedure

1.0 Gather earnings details

a If ACC accepts that a client is in self-employment when they become unable to work due to their injury (date of first incapacity 'DOFI' or date of subsequent incapacity 'DOSI'), then details of earnings, as declared to Inland Revenue, need to be gathered for both of the following:
• the most recently completed income year prior to DOFI or DOSI
• the next previous income year.

The 'next previous income year' is a legislative term that refers to the income year prior to the most recently completed income year.

If a self-employed person has also received earnings as an employee within the 52 weeks prior to DOFI or DOSI, ACC must collect details of all employee earnings within that period, whether or not the employment as an employee was still held at DOFI or DOSI.
This rule will only apply to clients covered under Cover-Plus Extra if the employment as an employee is still held at DOFI or DOSI.

For all self-employed calculations, weekly compensation payments, except for weekly compensation paid on accidental death claims, are considered 'earnings as an employee' and must therefore be gathered from EOS, Pathway or Reporting and taken into account for the weekly earnings calculation.

NOTE **Example**
If a person becomes unable to work on 17 May 2018 and their income year ends on 31 March, ACC must gather the following:

• the person's self-employed earnings, as declared to Inland Revenue, for the income year ending 31 March 2018 and 31 March 2017. These can be gathered from Juno.

• all employee earnings from the 52 weeks prior to 17 May 2018, gathered through the Real Time Earnings (RTE) portal, the ACC003 Employee earnings certificate, or the ACC005 Previous employee earnings certificate

• the details of any weekly compensation paid in the 52 weeks prior to the DOFI/DOSI from Pathway.

b Income returns do not have to be lodged until 7 July, or even 31 March of the next year if handled by an agent. Therefore, the nearer the date of injury is to the end of the most recent income year, the more likely it is that the client will not have yet lodged their return with Inland Revenue.

Earnings details sought from Juno for income years ending on or prior to 31 March 2001 must not be used for the final calculation of weekly earnings. In this case, actual earnings information must be sought from Inland Revenue.

c For income years ending on or prior to 31 March 2001, Juno only contains the amount of self-employed earnings liable for levies, which may be the minimum full-time figure or capped at the maximum amount liable for levies, rather than the actual self-employed earnings, as declared to Inland Revenue. For income years ending on or after 31 March 2002, Juno contains both these amounts.

d If the client was in self-employment at DOFI/DOSI, then details of earnings, as declared to Inland Revenue, must to be gathered for both:
• the most recently completed income year prior to DOFI/DOSI
• the next previous income year.

2.0 Validating earnings details from self-employment

a When reviewing accounts to validate the client's self-employed earnings, usually when an income return has been lodged after DOFI, look for any:

• fluctuations in:
— turnover or gross profit
— fluctuations in gross profit percentage
— debtors or creditors
— working capital

• change in method of allocating business profits. For example, the client may have historically received 50% of business profits, but has now been allocated a higher proportion

• change in business structure, eg the business may have changed from operating as a partnership to a limited company

• amounts shown in financial statements that do not agree with figures on Juno.

There are many ways to adjust accounts in light of the inability to work. If the figures are unusually high, consider a referral to a Technical Accounting Specialist.

Also consider the degree of risk involved with that particular claim. If the amount involved is insignificant or the claim is very short-term, it may be inappropriate to require an expert review of the financial statements.

If the figures for the current income year before the Inland Revenue Department are significantly higher, or the return was lodged after the injury occurred, these earnings will need to be validated before being accepted.

For the method on how to validate self-employed earnings, refer to Validating self-employed earnings.

For the method on how to gather earnings information relating to a self-employed weekly earnings calculation, refer to Gather earnings details and Unreasonably influenced earnings after the date of incapacity.

- Gather earnings details
- Unreasonably influenced earnings after the date of incapacity
- Validating self-employed earnings

3.0 Changed from shareholder employee to self-employed

a A new self-employed person is a client who first starts working as a self-employed person in the tax year in which the inability to work began. Therefore, at DOFI/DOSI they will have no self-employed earnings in the most recently completed income year or the next previous income year.

Under Accident Compensation Act 2001, Schedule 1 Clause 38A a client who has changed from a shareholder employee to a new self-employed person, may have their support based on their shareholder employee income in the most recently completed income year. All of the following must apply:

• they must be working as a self-employed person immediately before DOFI/DOSI, and not as a shareholder employee

• they did not have any earnings as a self-employed person in the most recently completed income year prior to DOFI/DOSI, that is, they must have started as a self-employed person after the end of the most recently completed tax year, normally 31 March

• they had earnings as a shareholder employee in the most recently completed income year prior to DOFI/DOSI

• there is no gap in employment, ie they changed from being a shareholder employee to being a self-employed person with no gap in between.

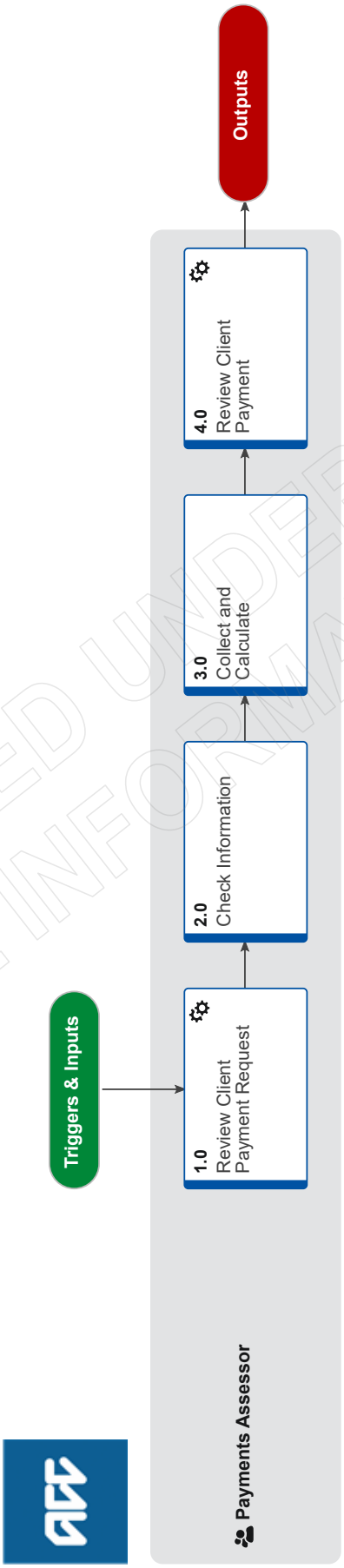
Where this applies, get details of shareholder employee income for the income year prior to DOFI/DOSI. For the most recently completed tax year, details will be included on Juno.

NOTE **Example**
DOFI/DOSI is 1 July 2018. The person had worked for 10 years as a shareholder employee in a building company. On 1 April 2018 they sell their building company shares but continue working for the company as a self-employed contractor. In this situation, AC Act 2001, Schedule 1 Clause 38A applies as all the conditions have been met.

If shareholder employee earnings for the relevant year are not yet available an interim payment can be considered based on shareholder employee earnings for the next previous tax year.

- Schedule 1, Clause 38A - Weekly earnings if self-employed claimant had earnings as a shareholder-employee in the relevant year
  http://www.legislation.govt.nz/act/public/2001/0049/lat
- Gather information for shareholder employees Policy
- Consider an interim estimate or advance of weekly compensation Policy

Set Up Weekly Compensation - Loss Of Potential Earnings (LOPE) v19.0



Set Up Weekly Compensation - Loss Of Potential Earnings (LOPE) v19.0

Summary

Objective
This process is used to set up and check weekly compensation for loss of potential earnings (LOPE) which is available to clients with long term injuries who were injured before the age of eighteen .

Background
To be eligible to receive compensation for loss of potential earnings, the client needs to be considered unable, because of their injury, to engage in full-time work for which they are suited due to their experience, education or training. They must also have been:

• not in employment immediately prior to their incapacity
• have sustained their injury before reaching the age of 18, or while engaged in full-time study or training which has been continuous since before they turned 18, and
• have now turned 18, and been unable to work (over the minimum earner rate) due to their injury for more than 6 months.

Owner [redacted]

Expert [s 9(2)(a)]

Procedure

1.0 Review Client Payment Request
Payments Assessor

a In Eos, receive Setup Weekly Compensation task

b Review the non-standard script and check the client meets LOPE eligibility using the policy below

NOTE **What are the Non-negotiables that need to be covered within the LOPE Setup Weekly Compensation request?**
• A Non-Standard Script containing DOFI/DOSI date
• Written Guidance from Technical Services
• Bank Account
• IRD number
• Tax Code
• Incapacity approved in EOS (in line with DOFI/DOSI) - Including the 6 month stand down period (26 full weeks = 182 days)
• Incurred Date in EOS (general tab) in line with DOFI

If incomplete, contact the relevant Recovery Team Member to provide the required information to proceed.

Loss of Potential Earnings Policy

2.0 Check Information
Payments Assessor

a Check the claim for the information required to release a payment

NOTE **What information is required to release a payment?**
• IRD number
• Tax code
• Validated bank account

NOTE **What if the bank account is deactivated, hasn't been entered or needs changing?**
Refer to Manage Client Bank Account and Notification process.
PROCESS Manage Client Bank Account and Notification

NOTE **What if a tax code needs to be changed or added?**
Refer to Manage Client Tax Code process.
PROCESS Manage Client Tax Code

NOTE **What if the IRD number needs to be changed or added?**
Refer to Manage Client IRD Number process.
PROCESS Manage Client IRD Number

b Check that incapacity has been approved (Including the 6 month stand down period (26 full weeks = 182 days))

NOTE **What if backdated weekly compensation is required?**
Refer to Set Up Backdated Weekly Compensation process
PROCESS Set Up Backdated Weekly Compensation

View incapacity details

Establish a payment of backdated weekly compensation for 90 days or more Policy

3.0 Collect and Calculate
Payments Assessor

a Check for earnings information. Refer to the Use of Inland Revenue Real-Time Earnings Web-Service Policy for guidance.

Use of Inland Revenue Real-Time Earnings Web-Service Policy

Retrieve earnings from IR

NOTE **What if Abatement is required?**
Then refer to the Manage Abatement process.
PROCESS Manage Abatement in Eos

NOTE **What if there is MSD benefit income?**
Refer to Reimburse Ministry of Social Development process.
PROCESS Reimburse Ministry of Social Development

b Add a collection point.

Add a collection period

c Add collection point data.

Add LOPE to a collection point

NOTE **What if there are other earnings?**
Other earnings can only be used if the client was engaged in employment at Date of Accident and an earner at Date of Incapacity. To include, Refer to Set Up Weekly Compensation - PAYE (Complex) - Collect and calculate
Once completed, return to this procedure
PROCESS Set Up Weekly Compensation - PAYE

d Calculate loss of potential earnings

NOTE **What if the client was engaged in employment at Date of Accident and an earner at Date of Incapacity and you have added other earnings in the collection point data?**
The system will automatically base weekly compensation on the minimum earners' rate OR pre incapacity earnings whichever is higher.

e Create Weekly Compensation subcase.

Set up a Weekly Compensation entitlement subcase

f Add full-time study periods if required

NOTE **How would i know if there are any full time study periods?**
A client is not eligible for compensation for loss of potential earnings during periods of full-time study or training.

Frontline should have investigated and confirmed any full-time study periods prior to you receiving the request to set up Loss of Potential Earnings Weekly Compensation, as per the 'Loss of Potential Earnings (LOPE) Policy' below.

An indicater on the RTE could be the client receiving a Student Allowance during a period of payable LOPE Weekly Compensation. This would need to be investigated.

PROCESS Loss of Potential Earnings (LOPE) Policy

View a party period

Add a full time study period

4.0 Review Client Payment

Payments Assessor

a Check that the system derived NZSQA date is correct. This will need to be modified in the situations detailed in the notes below.

NOTE **What if you are calculating a further injury period where the eligibility for support is still in the first week of the further injury claim?**
You will need to adjust the end date of eligibility (NZSQA) so that it is correctly calculated from the date the client first became eligible (date of first entitlement, DOFE) on the further injury claim so that the NZSQA election date is correct.

NOTE **What if the client was not paid any ACC support on the date they first became eligible (date of first entitlement, DOFE)?**
You'll need to adjust the end date of the client's eligibility (NZSQA) from the subsequent date the client became unable to work due to the injury (date of subsequent incapacity, DOSI) so that the NZSQA election date is correct.

Weekly Compensation and New Zealand Superannuation (pre-1 July 2019)

b Review and modify the client's Pay Period End Day as appropriate.

NOTE **What Pay Period End Day should you choose?**
• Apply Pay Period End Day Sunday unless the client has pre incapacity employment then the Pay Period End Day is set to match the Employers Pay Period End Day. Default as Sunday if abatement is received via MyACC.

• ERA claims will default to the employers selected Pay Period End Day - no change necessary

c Review and modify the client's Pay Day if required.

Set a preferred pay day

d Check payable and non-payable periods

NOTE **How do I prevent Eos from displaying $0 due events for LOPE stand down and full-time study periods?**
Add a Do Not Pay period for the corresponding date ranges.

e Review all calculated payments and indicate that they are ready for approval

View due events

Initiate payments for approval

NOTE **What if the payment schedule of due events exceeds 2 years?**
You will receive a validation message alerting you that the system will perform the calculation off-line as it will take longer than usual. You're able to carry out other work while this calculation is performed and the system will send you a task when it is complete. Once complete you need to return to the claim and carry out any further activities required.

f Send the Setup Weekly Compensation task for Approval and Release. Add any notes or instruction to the task description that the approver may require, such as fast track.

NOTE **What if I didn't receive a Setup Weekly Compensation task?**
Create an Approve Weekly Compensation Entitlements task. Add any notes or instruction to the task description that the approver may require, such as fast track. Send to the Centralised Weekly Compensation Approval queue.

Categories of self and shareholder employment v9.0

Summary

Objective
Use this guidance to help you to apply the correct formula to calculate weekly compensation for self-employed or shareholder employees. The formula depends on whether the client is classified as either a new, recent or established earner. This guidance helps you classify self-employed or shareholder employees into their correct earner types (i.e. new, recent or established).

1) Rules
2) New
3) Recent
4) Established

Owner [redacted]

Expert

Procedure

1.0 Rules

a The formula used to calculate weekly compensation for self-employed or shareholder employee's depends on whether the client is classified as either a new, recent or established earner, see below for definitions.

When making the decision on which category a client fits into, you need to consider the two completed tax years prior to DOFI/DOSI to see if the client had commenced employment in that period.

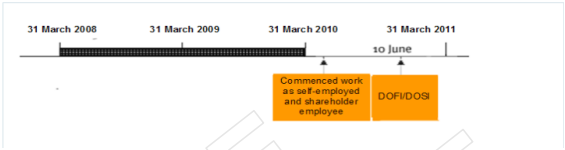
It is not relevant if the client has been previously a self-employed/shareholder employee if it is outside the two year period.

NOTE **Example**
A client had been a builder in a limited liability company from 1995 – 2005, and had then ceased his business to become an employee of a hardware distributor. On 1 September 2009, he left his employee job to recommence business as a builder in a limited liability company before getting injured on 12 April 2010.
This client is a 'recent' shareholder employee, because in the two completed tax years prior to DOFI/DOSI they had commenced employment of that type, part way through the most recently completed tax year, 2009. The past history would not be considered for the purposes of selecting which category to assess weekly compensation under.

2.0 New

a New self-employed and shareholder employees are those who had commenced in that employment type part of the way through the current tax year. That is, they had not yet passed a balance date, usually 31 March, when they first became unable to work due to the injury.

NOTE **Example**
In the two completed tax years prior to the date the client first or subsequently became unable to work (date of first incapacity 'DOFI' or date of subsequent incapacity 'DOSI'), the client had not been working in either year, but had commenced employment in the tax year of the incapacity. Therefore they are classed as new to this employment type.



New - Categories of self and shareholder employment Policy.PNG

3.0 Recent

a Recent self-employed and shareholder employees are clients who in the last two completed tax years had commenced in that employment type part way through the most recently completed tax year. That is, they have only been in business long enough to pass one balance date, usually 31 March.

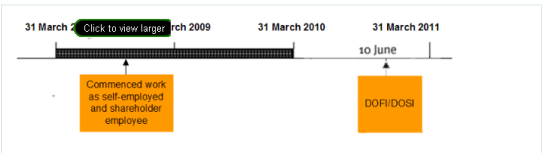
NOTE **Example**
If a self-employed person or a shareholder employee becomes unable to work due to the injury on 10 June 2010, and had started business between 31 March 2009 and 31 March 2010, they are classed as recent to this employment type. This assumes a tax year ending 31 March.

Recent - Categories of self and shareholder employment Policy.PNG

4.0 Established

a Established self-employed and shareholder employees are those who in the last two completed tax years had been in that employment type for both tax years. That is, they had been in that employment for at least one full tax year.

NOTE **Example**
A client becomes unable to work due to the injury on 10 June 2010, and had been in self or shareholder employment since 1 October 2008. They are considered to be established, because they have been in shareholder employment in both the tax year ending 31 March 2010 and 31 March 2009.



Established - Categories of self and shareholder employment Policy.PNG

Gather Information for Shareholder Employees Policy v14.0

Summary

Objective
Use this guidance to help determine the steps needed to gather information for shareholder employees. The documents below are to be used for claims where the client becomes unable to work due to the injury from 1 July 2010.

1) Types of shareholder employees
2) Gathering earnings details - Overview
3) Shareholder employee earnings types
4) Where to get earnings details from
5) Validating shareholder employee's earnings
6) Special case 1: New shareholder employees
7) Special case 2: Nil earnings declared for recent or established non-PAYE shareholder employee
8) Links to legislation

Owner [redacted]

Expert

Policy

1.0 Types of shareholder employees

a Shareholder employees can be classified as:
- new
- recent
- established

The classification as a new, recent, or established shareholder employee is based on when the client commenced work as a shareholder employee in relation to the date they become unable to work due to the injury (date of first incapacity 'DOFI' or date of subsequent incapacity 'DOSI'), and affects the calculation of weekly earnings.

2.0 Gathering earnings details – Overview

a If ACC accepts that a client is in shareholder employment at DOFI or DOSI then details of earnings, as declared to Inland Revenue, need to be gathered for both of the following:
- the most recently completed tax year prior to DOFI or DOSI
- the next previous tax year.

For all shareholder employees, weekly compensation, except for fatal accidents, is considered earnings as an employee and details of such payments must be gathered for the weekly compensation calculation Eos.

NOTE **Example**
If a person becomes unable to work on 17 July 2010 and their tax year ends on 31 March, ACC needs to collect:
- the person's shareholder employee earnings, as declared to Inland Revenue for the tax years ending 31 March 2010 and 31 March 2009
- all employee earnings in the 52 weeks prior to 17 July 2010.

b Tax returns don't have to be lodged until 7 July, or 31 March of the next year if handled by an agent. The nearer to the date of injury is to the end of the most recent tax year, the more likely the client won't have lodged their return with Inland Revenue. Details of the client's shareholder earnings declared to Inland Revenue can be gathered from Juno.

Earnings details sought from Juno for tax years ending on or prior to 31 March 2001 mustn't be used for the final calculation of weekly earnings. In this case, actual earnings information must be sought from Inland Revenue using the Real Time Earnings (RTE) portal.

3.0 Shareholder employee earnings types

a ACC needs to also determine how the shareholder receives salary from the company in which they are a shareholder employee. The company may pay the shareholder employee any of the following:
- a regular salary subject to PAYE deductions
- an annual salary and/or directors fees not subject to PAYE deductions
- both of the above.

If the shareholder receives a salary, which is subject to PAYE deductions, ACC needs to gather details of their PAYE earnings for the 4/52 weeks prior to DOFI or DOSI.

4.0 Where to get earnings details from

a Details of the client's earnings as a shareholder employee can be gathered from the:
- Real Time Earnings portal
- company record in Juno, showing individual earnings, by company
- company accountant or payroll clerk on the ACC729 PAYE-Shareholder employee earnings certificate.

ACC729 Shareholder employee earnings certificate

b This will depend on:
- how the shareholder employee receives earnings from the company or multiple companies, eg PAYE, non PAYE, or both, and
- the tax year required for the final calculation of weekly earnings.

Use the attached table IMAGE to determine where to get earnings details.

If the shareholder employee receives...	then collect earnings details from...
only a non-PAYE salary from the company	• from company records, or • Juno See Obtaining earnings details for a shareholder employee from IPS2 if applicable
only a PAYE salary from the company	the company accountant or payroll clerk, sending the ACC729 Shareholder employee earnings certificate
both a non-PAYE salary and a PAYE salary from the company	both: • the company accountant or payroll clerk, sending the ACC729 • Juno to confirm annual non-PAYE salary See Obtaining earnings details for a shareholder employee from IPS2 if applicable

Where to get earnings details from.PNG

Non-standard balance dates Policy

Tax return lodged post incapacity Policy

Definition – Earnings as an employee Policy

5.0 Validating shareholder employee's earnings

a The Real Time Earnings portal, ACC729 PAYE-Shareholder employee earnings certificate, and the ACC004 Questionnaire for self-employed or shareholder employee, along with information gathered from scripting, if relevant, clarify if the client is a shareholder employee.

If required, this needs to be confirmed with the company's accountant.

Generally, the Shareholder End of Year salary allocation declared to Inland Revenue for the most recently completed tax year can be accepted.

Section 15 of the Accident Compensation Act 2001 allows ACC to set an amount that represents 'reasonable remuneration' if the salary set by the company includes a significant dividend component, as opposed to payment for services actually provided by the person as an employee or director.

Note: Be particular about checking this if the end of year salary is declared to Inland Revenue after the injury occurred. ACC can reject the tax return if it's determined that it has been unreasonably influenced by the inability to work.

Consult with an Technical Accounting Advisor to get an indication of an amount representing 'reasonable remuneration'.

Advise the Business Customer Contact Centre (BCCC) of the new remuneration figure, so that they can amend the levy charged.

- ACC729 Shareholder employee earnings certificate
- ACC004 Questionnaire for self-employed or shareholder employee

6.0 Special case 1: New shareholder employees

a A new shareholder employee is a client who first starts working as a shareholder employee in the tax year that the client became unable to work due to the injury. At DOFI or DOSI, they will have no shareholder employee earnings in the most recently completed tax year or the next previous tax year.

Under Accident Compensation Act 2001, Schedule 1 Clause 40, a client who has changed from being self-employed to a new shareholder employee may have their support based on their self-employed earnings in the most recently completed tax year. All of the following must apply:

• they must be working as a shareholder employee immediately before DOFI or DOSI and not as a self-employed person

• in the most recently completed tax year prior to DOFI or DOSI, they didn't have any earnings as a shareholder employee, ie they must have started as a shareholder employee after the end of the most recently completed tax year, normally 31 March

• they had earnings as a self-employed person in the most recently completed tax year prior to DOFI or DOSI

• there is no gap in employment, ie they changed from being self-employed to being a shareholder employee with no gap in between.

Where this may apply, get details of self-employed earnings for the tax year prior to DOFI or DOSI. For the most recently completed tax year, details will be included in Juno.

If self employed earnings for the relevant year aren't yet available, an interim payment can be considered based on self employed earnings for the next previous tax year. See Consider an interim, estimate, or advance of weekly compensation.

Note: A wash up is not required on an assessment for a New Shareholder as validation of employment and eligibility is managed prior to any request to setup weekly compensation.

- Consider an interim estimate or advance of weekly compensation

NOTE **Example**

DOFI or DOSI is 1 July 2010. The person had worked for 10 years as a self-employed builder. On 1 April 2010, they change their building business from self-employed to a limited liability company. The date of the company's incorporation is 1 April 2010. In this situation, the client can have their self-employed earnings from the year ending 31 March 2010, for their weekly compensation assessment.

b Consider Other Income

NOTE **What if the client is a new shareholder with no other income sources in the 52 weeks?**

Then the client's entitlement to weekly compensation is Nil in the short term earnings period:
- If they are FULL TIME (30+ hours per week in the last 4 weeks and this is expected to continue) then they will get $0.00 weekly compensation in the short-term earnings period but will be uplifted to minimum weekly earnings if they reach the long-term period (day 36 after DOFI).

- If they are PART TIME (less than 30 hours average in the 4 weeks prior and in the tax year) then they are not entitled to weekly compensation in either the short-term or long term weekly compensation periods.

NOTE **What if there is other income in the 52 weeks?**

Then any employee income is included in the calculation of entitlement ensure you investigate:
- the actual period of employment(s)
- any unpaid leave periods or gaps in employment
- leave on the termination of employment (extend the employment by the number of days paid)

7.0 Special case 2: Nil earnings declared for recent or established non-PAYE shareholder employee

a Both of the following must be met for a recent or established non-PAYE shareholder employee to qualify for a weekly earnings assessment and be eligible for weekly compensation:
• ACC accepts the client is an earner if they've shown that they're a shareholder employee actively working for a company
• have earnings as a shareholder employee immediately before they became unable to work.

ACC accepts that a recent or established non-PAYE shareholder employee has earnings immediately before they became unable to work if, in the most recent tax year:

• they received earnings as a shareholder employee, as shown on Juno, evidence of earnings in the relevant year indicates that there are likely to be earnings immediately before they became unable to work

• there are no earnings but there's evidence of a recent significant change in the company, and as a result of the change, a salary would reasonably have been expected in the tax year in which the client became unable to work

• the shareholder employee has nil earnings as there's no profit available for allocation as shareholder salary. The reason for there being no profit is if the client's company's earnings are affected by the client's previous period of inability to work during the relevant year. The nil earnings are uplifted to the full time minimum rate for calculating a client's weekly compensation under the Accident Compensation Act 2001, Schedule 1, Clause 42.
Refer to Determine if recent or established non-PAYE shareholder had earnings where NIL declared in Juno.

Determine if recent or established non-PAYE shareholder had earnings where NIL declared in Juno

b Consider Other Income

NOTE **What if the Recent or Established Shareholder has a Nil Return in the most recent tax year and no other income sources in the 52 weeks?**

Then the client's entitlement to weekly compensation is Nil in the short term earnings period:
- If they are FULL TIME (30+ hours per week in the last 4 weeks and this is expected to continue) then they will get $0.00 weekly compensation in the short-term earnings period but will be uplifted to the minimum if they reach the long-term period (day 36 after DOFI)

- If they are PART TIME (less than 30 hours average in the 4 weeks prior and in the tax year) then they are not entitled to weekly compensation in either the short-term or long term weekly compensation periods

NOTE **What if there is other income in the 52 weeks?**

Then any employee income is included in the calculation of entitlement ensure you investigate:
- the actual period of employment(s)
- any unpaid leave periods or gaps in employment
- leave on the termination of employment (extend the employment by the number of days paid)

8.0 Links to legislation

Accident Compensation Act 2001, section 15 - earnings as a shareholder employee
http://www.legislation.govt.nz/act/public/2001/0049/lat

Accident Compensation Act 2001, Schedule 1, Clause 40
http://www.legislation.govt.nz/act/public/2001/0049/lat

Accident Compensation Act 2001, Schedule 1, Clause 42
http://www.legislation.govt.nz/act/public/2001/0049/lat

PROCESS **Calculate Weekly Earnings – Shareholder Employee**

PROCESS **Categories of self and shareholder employment**

PROCESS **Earnings as a Shareholder Employee**

PROCESS **Using the Employee Earnings in the Self Employed or Shareholder Employee Calculation Policy**

PROCESS **Non-Standard Balance Dates**

PROCESS **Different Methods of Taxation**

PROCESS **How to Identify a Shareholder Employee Policy**

Using the Employee Earnings in the Self Employed or Shareholder Employee Calculation Policy v9.0

Summary

Objective
When calculating employee earning in the self employed or shareholder employee calculation all earnings must be used in earnings assessment.

Owner [redacted]

Expert

Policy

1.0 Rules

a Under AC Act 2001, Schedule 1 Clauses 38 and 39, self employed and shareholder employees must have any past employee earnings in the 52 weeks prior to DOFI/ DOSI used in their weekly earnings assessment, if it is beneficial to do so.

The client's total employee earnings must be tested under all eligible calculation provisions, with the client getting the calculation that provides the highest rate.

ACC's calculator will test the employee earnings in all relevant weekly compensation assessments behind the scenes. It is programmed to provide the client with the highest weekly compensation rate in the short and long term periods, automatically.

Some examples of how the employee earnings must be tested are shown in the table attached.

AC Act 2001, Schedule 1 Clauses 38 and 39
https://www.westlaw.co.nz/maf/wlnz/app/document?d

If...	then...
the client is self employed or a non paye shareholder employee and held no employee job at DOFI/ DOSI, but did have past employee earnings in the 52 weeks prior to DOFI/DOSI	the client is entitled to have their employee earnings used in their self employed or shareholder employee calculation under Clause 38 or 39 of the AC Act 2001, only if it is beneficial to include the employee earnings
the client is a self employed or a non paye shareholder employee and held employee position(s) at DOFI/DOSI	the client is entitled to have their employee earnings used in either: • the self employed or shareholder employee calculation under Clause 38 or 39 of the AC Act 2001 • the employee calculation under Clause 34 or 36 Schedule 1 of the AC Act 2001 The client will get the calculation that provides the highest rate
the client is a PAYE shareholder employee at DOFI DOSI and held past position(s) as an employee in the 52 weeks prior to DOFI/DOSI	the client is entitled to have their earnings used as follows: either: • using the total earnings as a shareholder employee in the relevant year, and any employee earnings in the 52 weeks prior to DOFI in a calculation under Clause 39 Schedule 1 of the AC Act 2001 • using only the PAYE portion of the shareholder earnings in a calculation under Clause 34 or 36 Schedule 1 of the AC Act 2001 **Note:** If the PAYE shareholder earnings are used as PAYE shareholder earnings under Clause 39 Schedule 1 of the AC Act 2001, they **cannot** also be considered employee earnings in that calculation, ie the earnings can only be used once in a calculation. If a calculation is done under Clause 34 Schedule 1 of the AC Act 2001 then earnings from past employee employments that have ceased prior to DOFI **cannot** be used in a separate calculation under Clause 39 Schedule 1 of the AC Act 2001. Pathway will assess the 'greater of' all possible scenarios and pay the client the highest rate.

Using the employee earnings in the self employed or shareholder employee calculation Policy.PNG

2.0 Using the 'greater of' provisions

a AC Act 2001, Schedule 1 Clauses 38(4) and 39(4) allow self employed and shareholder employee calculations to be made with or without employee earnings included. Depending on which calculation provides the client with the highest rate of weekly compensation, this is the 'greater of' calculation.

The client may be better off not having the employee earnings used in the assessment, if either:
• the client is a recent, or established shareholder employee, and the employee earnings were low
• if the employment is still held at DOFI, and the client would be eligible for a lesser divisor and therefore have a higher weekly compensation rate if the earnings are used in an assessment under the employee weekly compensation provisions.

The following are examples of the calculations.

AC Act 2001, Schedule 1 Clauses 38(4) and 39(4)
https://www.westlaw.co.nz/maf/wlnz/app/document?&

NOTE **Example 1: An established self employed person or non-paye shareholder employee with $40,000 earnings in the relevant year.**
Calculation (a) test the employee earnings in the self employed or shareholder employee calculation:
• earnings as an employee divided by 52 (5000/ 52 = $96.15) plus
• shareholder employee earnings divided by number of weeks in relevant year ($40,000/ 52 = $769.23)

TOTAL = $865.38

NOTE **Example 2: a permanent employee job held at DOFI which had commenced 20 weeks prior to DOFI with total employee earnings of $5000.**
Calculation (b) test employee earnings in the employee calculation under AC Act 2001, Schedule 1 Clause 34 and then combine the figure with the shareholder employee amount:
• earnings as an employee divided by 20 (5000/ 20 =$250) plus
• shareholder employee earnings divided by number of weeks in relevant year ($40,000/ 52 = $769.23)

TOTAL = $1019.23

b In this scenario the client would not be better off under calculation (a) where the employee earnings are included in the shareholder employee calculation.

If a client has their employee earnings used in the shareholder employee assessment, they cannot have those earnings also used under any other calculation provision.

Pathway or Eos will perform the 'greater of' assessment behind the scenes. It is programmed to test all possible scenarios and provide the client with the highest weekly compensation rate in each period.

3.0 Special case: Multiple employee jobs or multiple periods of employment in the 52 weeks prior to DOFI/ DOSI

a If a client has more than one set of employee earnings in the 52 weeks prior to DOFI/ DOSI, or there are gaps in employment, it may be more difficult to work out the exact periods of employment to establish a divisor.

If the client is a new or recent shareholder employee, the divisor will be the number of full or part weeks in which the earnings were earned over. It is important to collect the exact date periods for each employment, giving consideration to any termination pay or holiday pay paid in each employment.

See Calculate weekly earnings - Shareholder employee with multiple jobs.

Calculate weekly earnings - shareholder employee with multiple jobs

About Vocational Rehabilitation (VR) Policy v14.0

Summary

Objective
This policy defines vocational rehabilitation. Use this policy to understand:
1. What is vocational rehabilitation
2. Eligibility to vocational rehabilitation
3. Vocational Rehabilitation and the Recovery Plan (RP) / Individual Rehabilitation Plan (IRP)
4. Preferred vocational rehabilitation options
5. Requirements for vocational rehabilitation
6. Duration of vocational rehabilitation
7. Legislation Reference

Owner [redacted]

Expert

Policy

1.0 What is Vocational Rehabilitation

a We define Vocational Rehabilitation (VR) as the assistance necessary to achieve a meaningful and sustainable vocational outcome, whether this be to assist a client to return to work or where this is not reasonably practical, prepare the client for work readiness.

The goal of VR is to assist the client to:

• Maintain employment ('Return to my preinjury role'); or
• Obtain employment ('Return to a lighter work type'); or
• Regain or acquire vocational independence ('Work and manage my life'). Refer to the Vocational Independence Journey for more information.

Vocational Independence Journey

2.0 Eligibility to Vocational Rehabilitation

a We must provide VR to any client who has a covered personal injury and is either:

• entitled to weekly compensation or Loss Of Potential Earnings (LOPE)
• likely to be entitled to weekly compensation if we don't provide vocational assistance
• no longer entitled to weekly compensation because they've reached the NZ Superannuation Qualifying Age (NZSQA)
• on parental leave.

We must start to consider VR as soon as we decide that a client is likely to be eligible.

3.0 Vocational Rehabilitation and the Recovery Plan (RP)

a All clients who could be entitled to VR must have a Recovery Plan (RP).

You must develop the RP within 13 weeks of the client's injury being accepted for cover.

When determining a client's VR you must take into account the VR outcome agreed in their RP.

For more information see:

Recovery Plan Policy

Create or Update Recovery Plan

4.0 Preferred Vocational Rehabilitation options

a You must determine whether the client can return to the same employment and employer they had before their incapacity. If this isn't possible, decide which of the following is the most reasonable and practical option for the client:

• return to a different kind of employment with their previous employer
• return to the same kind of employment with a different employer
• use their experience, education, or training in a different kind of employment with a different employer
• help the client to use as many of their pre-injury skills as possible to get employment.

5.0 Requirements of Vocational Rehabilitation

a The vocational rehabilitation provided to a client must meet the following criteria:

• be likely to achieve the vocational goals recorded in the client's RP
• cost-effective and perhaps help to reduce other costs, such as weekly compensation
• appropriate in the client's circumstances
• sustainable by the client in the long term
• tailored to the client's needs and abilities, especially if they have a serious injury

NOTE **Examples**

A client's pre-injury work required them to have a specific tertiary qualification. They can't return to that particular type of work. We can provide rehabilitation assistance to support them in doing other similar work that also uses that qualification

A client's brain injury means they can never return to their previous level of employment. We aim to return them to the closest equivalent level of employment that their injury will allow them to sustain

6.0 Duration of Vocational Rehabilitation

a We must provide VR for the minimum period necessary to achieve the client's vocational outcome in their RP, but typically must not provide it for longer than 3 years (which needs not be consecutive).

ACC can provide VR for longer than 3 years at its discretion if it still fulfils the requirements of VR. Technical guidance should be sought in this circumstance.

We must resume VR, with the client's agreement, if they are unable to sustain their return to work or work readiness after the initial VR. You must note the agreement in their RP.

7.0 Links to Legislation

- Accident Compensation Act 2001, Section 85 - Corporation liable to provide vocational rehabilitation
  http://legislation.govt.nz/act/public/2001/0049/latest/D
- Accident Compensation Act 2001, Section 86 - Matters to be considered in deciding whether to provide vocational rehabilitation
  http://legislation.govt.nz/act/public/2001/0049/latest/D
- Accident Compensation Act 2001, Section 87 - Further matters to be considered in deciding whether to provide vocational rehabilitation
  http://legislation.govt.nz/act/public/2001/0049/latest/D
- Accident Compensation Act 2001, Section 88 - Vocational rehabilitation may start or resume if circumstances change
  http://legislation.govt.nz/act/public/2001/0049/latest/D

Client Choice of Providers Policy v14.0

Summary

Objective
It is ACC's responsibility to choose an appropriate provider for a client who is referred for the following:

• medical specialist assessments
• social rehabilitation assessments
• vocational rehabilitation: initial occupational and medical assessments
• vocational independence: occupational and medical assessments.

These assessments help determine cover or entitlements.

AC Act 2001, Section 72(1)(d) states that clients have a responsibility to undergo assessments conducted by a registered health professional specified by ACC.

Owner [redacted]

Expert

Policy

1.0 Client selection not limited for other services

a The guidelines governing other areas of client choice are broader and allow the client greater flexibility to choose their own provider in the following areas:

• treatment that a client receives from a health provider, such as a General Practitioner, physiotherapist, acupuncturist, etc

• home-based care, such as home help, attendant care, etc

• audiologists who are required to fit hearing aids

• counselling.

2.0 Considering client preferences

a Always remember ACC's obligations under the Code of ACC Claimants' Rights and Claims (the ACC Code). Refer to Working with the Code of ACC Claimants' Rights Policy.

Working with the Code of ACC Claimants' Rights Policy

Part 3 Code of ACC Claimants' Rights, and claims https://www.legislation.govt.nz/act/public/2001/0049/la

3.0 Clients may prefer a particular provider

a These are based on:

• their values
• their personal circumstances
• their culture
• the nature of the assessment itself

b These preferences should be accommodated where possible. For example:

• a female client with a medical misadventure birthing injury may wish to be assessed by a female specialist

• Māori or Pacific peoples may wish to be assessed by a Māori or Pacific provider.

4.0 If a client objects to the provider we have chosen

a If a client has concerns about the provider they've been referred to, but does not nominate another provider, then we must offer the client a choice of at least two alternative providers, if there are two available, and give the client five days to select one of the alternative providers.

If the client does not respond with their choice of provider within the five-day timeframe, we will continue to use the provider initially selected.

If the client nominates their own provider we must objectively consider the request. See attached table.

If...	then...
there will be more than a four week delay in getting an appointment with the client's preferred provider and this delay would impede the client's rehabilitation	we must decline the client's request
the client's nominated IMA or VIMA provider is not currently contracted to ACC	
the client's nominated provider does not hold qualifications that meet the legislative requirements, however note we can invite the nominated provider to apply for a contract	
the client needs a specialised assessment and their nominated provider does not cover that scope of practice	
none of the above apply	we must agree to the client's request

Client object to provider.PNG

Contracted Suppliers by Geographic Area of Coverage

5.0 When a client will not comply with our choice of provider

a If, after the considerations above have been taken into account, we are unable to reach agreement with the client then we may consider whether to decline the client's entitlement as a last resort. See Decline entitlement when client is non-compliant .

You must document all considerations and actions in detail.

Decline Entitlement When Client is Non-compliant Policy

6.0 Consider alternatives when a lack of provider may cause an unreasonable delay

a AC Act 2001, Section 54 requires ACC to make decisions in a timely manner. If there are difficulties finding an appropriate provider within the client's locality, then consider:

• transporting the client to a location or city where there is a greater number of available providers

• fully investigating appropriate providers who will travel to the client.

b Before asking a provider to travel to a client's location, consider:

• any cultural or other specific requirements the client has, eg disability, language requirements, etc

• the provider's skills and competencies relevant to the client's particular needs.

AC Act 2001, Section 54
https://www.legislation.govt.nz/act/public/2001/0049/la

Client Legislative Rights and Responsibilities Policy v11.0

Summary

Objective
This page describes the rights and responsibilities of clients when they make a claim with us. It includes specific legislation, protection of information, representation and human rights issues. This information will help you to comply with the legislative requirements when dealing with client claims.

Owner [redacted]

Expert

Policy

1.0 Rules

a The following rules cover:
- client rights
- client responsibilities
- cultural differences
- communication
- guidelines for human rights issues
- guidelines for privacy issues.

2.0 Cost of support

a Clients have the right to have the support they are eligible for funded by ACC to the maximum extent possible. We'll cover the majority of costs of required assessments and other necessary rehabilitation interventions. Sometimes, however, the regulated limit of our contribution does not match the entire amount charged by the provider and so the client must also make a contribution, as a part-charge or surcharge.

A part-charge may be incurred when:

- the client's general practitioner (GP) charges more for a consultation than we're able to pay under the regulations. The client can be charged by the provider for the additional amount

- the client was intending to pay a particular treatment cost, but an injury has increased the treatment necessary. We'll pay only for that proportion of the treatment that is necessary to address the injury

- the client wants a more expensive intervention than we consider is necessary to address the injury. We'll pay the basic cost sufficient to address the assessed need, and the client can choose to pay for an 'upgrade'.

3.0 Representation and support

a The client has the right to bring friends, family members, whānau or other representatives with them for support whenever they meet with us or with an assessor or service provider. They don't have to explain or justify their reasons for this.

4.0 Information protection

a All information about the client is protected under the:

- Privacy Act 2020
  https://www.westlaw.co.nz/maf/wlnz/app/document?tc
- Health Information Privacy Code 1994.
  https://privacy.org.nz/forums-and-seminars/health-infc

5.0 Information about our decisions

a The client has the right to access all the information about decisions we make on their rehabilitation. We need to clearly explain why we consider any course of action appropriate.

6.0 Informing the client

a Use the VOCIS130 Returning to work after an injury information sheet to provide the client with information about their rights and responsibilities for their vocational rehabilitation.

- VOCIS130 Returning to work after an injury - client

b If you're working in Next Generation Case Management, refer to the guidelines below on when and how to inform clients of their rights and responsibilities.

- NG GUIDELINES Client Legislative Rights and Responsibilities

7.0 Reasonable time to consider

a We must allow the client a reasonable amount of time to consider information we provide to them, before they make any decisions based on it. We need to provide them with the relevant information as early as possible and make sure they fully understand it before we ask them to decide or agree to it.

8.0 Challenging decisions

a The client has the right to challenge any decision they disagree with, or the results of any assessment. If they do we must look seriously at whether agreement is possible. This can include getting opinions from others or revisiting the decision-making process. We must make a serious effort to reach agreement and will only defend our decision at review if agreement is unable to be reached.

9.0 Client's responsibility to participate in rehabilitation

a The client is responsible for as much of their own rehabilitation as they can achieve, considering the injury. In terms of the rehabilitation process, we expect them to:

• participate in all stages of developing their Recovery Plan
• attend assessment appointments
• carry out their part of any agreed interventions
• avoid activities that they agree are counterproductive to achieving the outcome.

We enable them to do this by discussing the outcome and each planned intervention as the rehabilitation progresses and asking them to agree to their Recovery Plan. This represents their commitment to meet the responsibilities they've agreed to. If the client refuses to participate, without reasonable grounds, we aren't obliged to provide those interventions to them.

10.0 If the client does not meet their responsibilities

a We can withhold support for the client if, without good reason, they:

• fail to comply with any requirements of the legislation related to their claim
• refuse to undergo medical or surgical treatment that will assist their recovery from injury
• fail to comply with what they agreed in their Recovery Plan.

11.0 Cultural differences - ACC policies

a We have established partnership relationships with Māori who have participated, and continue to participate in developing, monitoring and evaluating all areas of our case management processes. This includes:

• developing culturally appropriate practices and procedures, eg it's appropriate to involve the client's whānau in developing a Recovery Plan
• encouraging more Māori participation in our organisation
• prioritising our resource allocations to take account of Māori health needs and perspectives
• reporting on indicators about our responsiveness to Māori in the annual service agreement report to the Minister for ACC.

12.0 How this affects what we do

a Our policies recognise the multicultural nature of our society. This is important in how we manage clients' cases, particularly rehabilitation, because we have to be able to show we've taken account of each client's cultural differences.

By being aware of and accepting our differences, we can respond appropriately to meet our requirements and clients' needs under the legislation.

13.0 How to comply with this policy

a You must:

• actively recognise, acknowledge and respect the differences between people, regardless of their age, gender, ethnicity, religion, socio-economic status, sexual orientation or ability
• identify your own response to these differences
• work collaboratively and cooperate with people who are different from you in these ways
• behave in a way that doesn't discriminate against them because of these differences.

14.0 Communication issues

a ACC is committed to communicating with clients so we:

• empower them to identify their own cultural identity and communication needs
• identify sources of cultural expertise and support for them, such as their extended family, religious groups, community groups, national organisations etc
• ensure we spell and pronounce their names correctly
• ensure that any information exchanged has been clearly understood by all parties involved.

15.0 Guidelines for human rights issues

a All legislation and civil practice, including our case management processes, must comply with the public law rights contained in the:
• Human Rights Act 1993
• New Zealand Bill of Rights Act 1990.

You must be sufficiently familiar with this legislation to ensure you comply with it.

16.0 Code of Health and Disability Rights

Code of Health and Disability Services Consumers' Rights
https://www.hdc.org.nz/your-rights/about-the-code/co

17.0 Guidelines for privacy issues

a The Privacy Act 2020 and Health Information Privacy Code 1994 (the Code) control how we deal with personal information about the client, including:

• how we collect, store and dispose of information
• how we access the information
• who has access to the information
• the client's right to access the information and correct it.

The Privacy Act covers all personal information while the Code focuses on personal health information.

They govern all situations where we:

• collect information about the client from them
• collect information about the client from others
• provide information about the client to others
• use information about the client for our own processes and procedures.

Privacy Act 2020
https://www.westlaw.co.nz/maf/wlnz/app/document?tc

18.0 Dealing with requests for information

a If you receive a request for personal information about a client, from anyone other than the client, you must comply with the requirements of the Privacy Act when you respond.

19.0 Specific requirements

a When dealing with personal information about a rehabilitation client you must:
• ask the client to provide the information themselves wherever possible, to make sure that it's as accurate as possible
• ask the client to confirm that any information provided by anyone else is accurate and complete, and to correct it if it's incorrect
• record any client-requested correction you disagree with and the reasons why you did not make the change
• only collect information for the purpose of processing the claim
• dispose of securely, preferably by shredding, any information that is no longer required
• store all personal information securely, so that only authorised people can access it
• not give anyone permission to access the information unless they're permitted to under the Privacy Act
• ask the client for written authority to let someone else have access to the information.

Disclosure of care indicator information to third parties Policy v14.0

Summary

Objective
For more information about care indicator clients go to Care indicated clients.

Owner [s 9(2)(a)]

Expert [redacted]

Policy

1.0 Reasons for disclosure

a The Health and Safety at Work Act 2015 recognises that an organisation can influence the health and safety of people working for another agency, such as contracted providers. Therefore, you must consider whether information contained in a care indicator should be disclosed to third parties.
You can disclose care indicator information to assist third parties, such as suppliers/providers, FairWay Resolution Ltd, and other government agencies to allow them to:

• perform their role as part of managing the claim eg. undertake an assessment, and/ or
• enable them to mitigate any health and safety risk.

2.0 When to disclose

a You must disclose care indicator information when you:

• refer a care indicated client to a provider
• become aware that a client has self-referred to a provider, eg. they visit a new GP or physiotherapist
• receive new information about client risk and there are third parties already providing services to a client.

NOTE **What reason can I give that allows me to disclose**
Principle 11 of the Privacy Act allows for disclosure when there is reasonable grounds to believe that disclosure is necessary to prevent or lessen a serious threat to public safety or the life or health of another individual

NOTE **What if the care indicator is not active and appears greyed out?**
Inactive care indicator Information can NOT be disclosed to third parties.

3.0 Considering what information to disclose

a You can disclose information when it is necessary for health and safety purposes, and in proportion to the situation. This means in some situations, limited disclosure of the risks will be adequate. However, in other circumstances the risk identified may warrant detailed disclosure.

To assess this you must consider:

1. Whether the care indicator information is relevant for the third party, eg.

- if the information concerns a known reaction to a particular clinical intervention, this information may only be relevant for a provider who will undertake that clinical intervention.

2. Whether alternative options will mitigate risk without disclosure, eg.

- if a client has a history of repeated sexist language and behaviour, a referral to a provider of a particular gender may mitigate this risk without the need for disclosure.

3. The nature of the care indicator information, ie. the client's particular behaviours and when they occurred: eg.

- previous violent behaviour would likely present a greater health and safety risk than abusive language

- recent behaviour may be more relevant than behaviour that occurred over a year ago.

4. The type of third party affected, including the type of service they provide and their relationship with ACC, eg:

- a client's behaviour may present a lower health and safety risk than abusive language, or

- a provider conducting an assessment that could affect ongoing entitlements may have a higher health and safety risk than a provider the client has referred themselves to for treatment.

5. The requirement for ACC to provide a security guard when requested the provider.

4.0 Deciding on disclosure

a For disclosure to service providers, determine that disclosure is necessary for health and safety purposes and proportionate to the situation (see Considering the level of information to disclose). Where you have concerns around a decision, these should be escalated to your Team Leader.

For disclosure to non-claim related third parties, the team leader/site lead can determine whether to disclose information. For urgent disclosures ie. when ACC is informed that a client is about to visit a third party's office, the leader should disclose to the third party, then inform ACC's Health, Safety and Wellbeing, and Privacy teams.

When disclosure does not need to occur immediately, the leader should first consult with these teams.

5.0 How to send Care Indicator information to third parties

a The staff member dealing with a care Indicated client referral must advise Service Providers in writing, either:

• prior to the provider's initial contact with the client, or
• as soon as possible when ACC receives new information about client risk, and the third party is already providing services to the client.

Complete and send the following template to the third party, in writing on referral, or by email.

NOTE **Example Email**

Dear [insert name],

As a partner of ACC, we will disclose information to enable you to assess your safety when carrying out work on our behalf. This includes client care indicated information which is necessary for your health and safety purposes.

We will supply a security guard on request for any appointment where you believe the client is a threat to your self or others at you site.

This client had a Care Indicator placed on their file [insert year].The Care Indicator relates to an incident involving [insert incident or behavior details].

If you need any more information or support in dealing with this client please contact me on the details below.

Thank you,

[Insert name and contact details]

b Note: If not documented in the referral, a record of this advice is to be added as a contact at party level in Eos using the 'Claimant care notes' option.

Add a contact - EOS

6.0 Security guards for care indicated client appointments

a If the Service Provider requests a security guard because of concern about their own personal safety, or that of their staff, the request should be tasked to client administration.

See Ordering security for staff and provider safety.

For non-claim related third parties, the Client service leader should inform the relevant third party as soon as practicable with all the necessary information so that the third party can make a fully informed decision to ensure their safety.

Order an urgent security guard

7.0 What should I do if a third party provider advises me of an incident involving an ACC client?

a If a third party provider advises you of a health and safety risk or incident involving an ACC client, please ask the provider to fill out a third party incident report available on our external website.

Please also notify your manager of the incident and follow the procedures set out in Assessing a client's risk level.

Third party report
https://forms.acc.co.nz/INCIDENT_REPORTING/inde

Identity Check Policy v14.0

Summary

Objective
When you need to discuss or release a client's personal information, you must first confirm you are dealing with the correct person by asking ACC's identity check questions.

Background
We ask these questions in to ensure that:
- we are speaking with the right person about the right claim
- the client's information is kept safe and secure
- we meet our obligations under Information Privacy Principles 5 and 11 of the Privacy Act 2020 / Rules 5 and 11 of the Health Information Privacy Code

This applies whether the person is the client, or a third party.

Owner [redacted]

Expert

Policy

1.0 Client identity check

a When dealing with a client, you must first ask them for their claim number

b If they have their claim number then you must ask them for:
- The client's full name (including middle name/s)
- The client's date of birth
- The client's address

c If they do not have their claim number then you must confirm the following:
- The client's full name
- The client's date of birth
- The clients address
- and either where the injury occurred, the injury type or their mobile number or other identifier eg IRD number

NOTE **What if the client's address has changed?**
Ensure you ask an alternative identifier before updating and verifying the client's address.
When updating the address, ensure that you also check the suburb, town/city and postcode are correct.

NOTE **What if it is not appropriate to ask for the type of injury?**
It is not always appropriate to ask for the type of injury the client has sustained e.g. if the claim is of a sensitive nature. In this case please ask for an alternative identifier

NOTE **What if the client has concerns the call is not from ACC in an outgoing call?**
Advise the client they do not have to answer the questions, but we will be unable to continue the conversation.
Invite the client to call us back on the 0800 number, which can either be given to them or they can find this on our website.

NOTE **Always ask the client to provide their information, rather than asking if it is correct**
For example, ask "What is your DOB?" rather than "Is your DOB 01 January 1987"?

NOTE **What if a client requests to use a password instead of answering our identify check questions?**
Unfortunately, we cannot add a password to a client's file to be used as part of future identify checks. We do not currently have a technological solution to support this functionality.
Reassure the client that we ask them these questions to help keep their information safe.
You can also remind them of other options for communicating with ACC e.g. verified email address or via MyACC

2.0 Authority to Act (ATA) & Advocates identity check

a When dealing with an ATA or advocate, you must locate the claimant/claim by asking the caller to provide:
- The client's full name (including middle name/s)
- The client's date of birth
- The client's address / phone number
- The client's claim number

b If the caller cannot provide the claim number, they must be able to provide one of:
- Injury type
- How the injury occurred
- Date of injury

NOTE **What if it is not appropriate to ask for the type of injury?**
It is not always appropriate to ask for the type of injury the client has sustained. In this case please ask for an alternative identifier

c After identifying the client's record, you must confirm that the caller has appropriate authority to speak on the client's behalf / access the client's information.
You must ask the ATA/Advocate to provide:
- Their full name and contact details

You must check that:
- They have been added as a participant on the claim AND/OR
- There is a signed ACC5937 Authority to Act form or equivalent on the claim

NOTE **What if they are not a participant on the claim?**
If they are not a participant on the claim, you must look for the ACC5937 or equivalent evidence that the client has given them authority to act.
ATA's should only be added as a participant once we have received an ACC5937 or similar and should be removed from the participant list if the ATA relationship has ended.

PROCESS Obtain Authority to Act (ATA)

3.0 Provider identity check

a When dealing with a provider, you must ask for:
- The callers first and last name
- The name of the practice or company they are calling from
- Their Vendor or Provider ID

NOTE **What if the caller can't provide their Vendor or Provider ID?**
You can still continue with the call; however, ask them for an additional client identifier in step b. If you have any reason to believe that the caller is not who they say they are you must ask them to call back with their ID.

b Once you have confirmed the callers identity you can locate the claim by asking them to provide:
• The client's full name
And one of:
• The client's date of birth
• The client's claim number/ACC45 number
• The client's NHI number
• Injury type
• How the injury occurred
• Date of injury

4.0 Employer identity check

a When dealing with an employer, you must ask for:
• The callers full name
• The name of the employer/workplace

b Once you have confirmed the callers identity you can locate the claim by asking them to provide:
• The client's full name
And one of:
• The client's claim number/ACC45 number
• The client's address (if known)
• The client's date of birth (if known)
• Client's body site injured
• How the injury occurred (if work related)
• Date of injury
• Client IRD number

Privacy check before disclosing information Policy v22.0

Summary

Objective
When providing personal information to a client, client advocate, client lawyer, provider, supplier or employer, you must take care to protect individual privacy at all times. See also Responding to a request for official or personal information.

Owner [redacted]

Expert

Policy

1.0 Rules

a You must check all incoming client documentation to ensure the information relates to the client and does not contain inappropriate or non-injury related information.

You must complete a content and privacy check before disclosing any personal information, even if we initiated the disclosure. A content check ensures we only give the information that was requested and is relevant. A privacy check ensures we only give information about the client who is requesting it.

You must also include an appropriate covering letter when providing requested information.

If sending information via email to an external email address make sure the email address has been verified in Eos first.

2.0 Privacy checking client information

a Before you provide a copy of a client's personal information or file you must complete a privacy check to ensure that no other person's information is included.

The case owner or Client Information Requests team (CIR) is responsible for privacy checking full client copy files that they prepare.

For anything other than a minor enclosure you must add a 'Contact' in Eos noting that documents have been privacy checked prior to disclosure.

In particular, you must ensure:

• the recipient's name and address is correct and, if appropriate, check the 'Verification and 'Valid Address' statuses
• information about people other than the client is removed
• any information that may negatively affect the client's physical or mental health is discussed with their medical practitioner (e.g. GP or Psychiatrist) prior to release. If the medical practitioner agrees it may be harmful, we can withhold that information
• any information you send to a supplier is fit for purpose. Only provide what is required, particularly in respect to non-injury conditions.

Before you do the privacy check, clear your work area. If possible, use the dedicated privacy desk in your unit or an available empty desk.

3.0 Printing client information

a Only print documents for one client at a time, unless you're batch printing and processing a bulk mailing of a standard letter. Make sure the number of letters matches the number of envelopes.

When you print client information you must:

• always use secure print or user box functionality to print enclosures

• always fasten documents using staples, not paper clips. When printing a multiple page letter use the Multi-functional Device (MFD) staple functionality, if available

• avoid using mail merge

• not put post-it notes on letters.

4.0 Enclosure types

a There are two types of enclosure, substantial and minor.

A substantial enclosure generally contains varied and potentially sensitive health information or multiple documents.

NOTE **Examples**
• independence allowance report
• vocational independence report
• home and community support assessment report
• medical case review report
• complex social rehabilitation assessment
• lump sum independence allowance (LSIA) assessment

b A minor enclosure is routine correspondence or one or two short documents.

NOTE **Examples**
• a 1 or 2 page letter, eg a letter approving home help
• a letter with a form or information sheet included
• a short report with limited medical information in it, eg a report about a simple injury such as a broken ankle that does not refer to pain issues or other medical conditions
• reimbursement claim forms

5.0 When to use the ACC6173 Information disclosure checklist

a Full or partial copy file

If you're providing a full copy file or partial copy file you must complete an ACC6173 information disclosure checklist when you do the privacy check.

b Substantial enclosure

If you're providing a substantial enclosure completing an ACC6173 information disclosure checklist is optional. You may still find it useful to follow the checklist to make sure you don't miss anything.

c Minor enclosure

If you're providing a minor enclosure completing an ACC6173 information disclosure checklist is optional. But you must make sure that:

• the recipient's name and address is correct and, if appropriate, check the 'Verification and 'Valid Address' statuses
• information about people other than the client is removed
• any information that may negatively affect the client's physical or mental health is discussed with their medical practitioner (e.g. GP or Psychiatrist) prior to release. If the medical practitioner agrees it may be harmful, we can withhold that information
• any information you send to a supplier is fit for purpose. Only provide what is required, particularly in respect to non-injury conditions.

any information you send to a supplier is fit for purpose. Only provide what is required.

ACC6173 Information Disclosure Checklist

6.0 Client addresses

a You must check the 'Verification' and 'Valid Address' statuses of the client or authorised representative's physical address, and either verify or reverify by telephone or in person as needed.

Verify their address on first contact, and then either:

• at regular intervals
• before you provide any information by email, post or courier.

Only use a window envelope or labelope to display the address and make sure only the name and address are visible.

Always print the address from Eos using the CLI05 Address label and make sure Eos is set to default to the postal address.

7.0 Changes to a client's residential or mailing address

a Changes to a client's residential or mailing address must be requested by either:

• the client
• someone with authority to act on behalf of the client. There must be a signed ACC5937 Authority to act form on the client's file.

We'll accept written notification of a change of address by letter, on a signed ACC form such as an ACC250, or on an ACC210 Change of bank account or address form. We will also accept a scanned copy by email. See Communication using email.

We'll accept verbal notification of a change of address from the client, after they confirm their identity by providing the attached information.

ACC5937 Authority to act - Client

The client must supply their...	and either...
• full name, including middle names or any aliases • date of birth • full address, including suburb, town or city • home or mobile phone numbers	• the date of the accident • the type of injury sustained • how the injury was caused • their ACC number or ACC45 number

Changes to a client's residential or postal address.PNG

ACC210 Change of bank account or address

Communication using email (Clients)
https://au.promapp.com/accnz/Process/45278637-26

b Any time the client provides information that we can verify in Eos, make sure that you check the 'Verification' status and verify or re-verify as appropriate.

c A current Home address in Eos should always be a residential address.

8.0 Temporary client addresses

a If the client has a temporary physical address, the client must specifically confirm that the temporary address is appropriate for ACC to send documents to. If they do, in Eos add the temporary address as the home address. Task to remember to update Eos once the client returns to their normal mailing address.

If the client does not request for mail to be sent to their temporary address, then do not change their home address to the temporary address. The client must collect the information from an ACC office.

You may send blank forms to a temporary address. They must not contain any client details.

9.0 Alternative address

a An alternative address should only be used as a mailing address IF the current home address does not receive mail.

For example,
- where the client uses a PO box instead of receiving mail to their home address
- where the client is deceased, we should keep the address as their last physical address and load the details of their representative as the alternative address.

Add or edit alternative address

10.0 Client email addresses

a Ensure you:

• only use a verified client email address in Eos
• create emails and attach documents from within Eos
• complete a privacy check
• have disabled auto population of email addressess in Outlook

The "ACC Privacy Check" tool will also support a targeted second check for emails sent externally which include any attachments, or client or customer identifiers.

11.0 Provider and supplier addresses

a If you're an Eos user you must use Eos when checking provider and vendor addresses. See Searching for provider or vendor addresses in Eos. Make sure you compare the provider or vendor's contact details with those in Eos. If they need updating you must:

• ask them to email you their new contact details
• email the new details to the Provider/Vendor Registrations (PVR) team at Registrations@acc.co.nz and put 'Change contact details' in the subject line.

Or, the provider or vendor may email the PVR team with a copy to you. Physical and email addresses, phone and fax numbers are automatically updated in Eos from the Medical Fees Processing (MFP) system.

See also Communication using email.

Communication using email (clients)
https://au.promapp.com/accnz/Process/45278637-26

NOTE **What if a vendor/provider is no longer involved in a claim?**
Once a vendor or provider is no longer actively involved in the claim, remove them from the participants list. This reduces the chance of incorrectly selecting them and appropriately disclosing information later on

Manage Participants

12.0 Delivery options for clients, client advocates, client lawyers

a If a client, their advocate, or their lawyer requests a copy of the client's file, we prefer to provide an electronic copy on a password protected CD or USB. You may send the CD or USB by post with an appropriate covering letter. See Responding to a request for official or personal information.

If they want a printed copy we prefer that they collect it from us. We do this to ensure their information is secure and only accessed by authorised people.

Only consider sending personal information by courier if specifically requested. See 18.0 'When to send client information by courier' below.

Complete Client Information request

13.0 Exception – Clients in prison

a If a client is in prison and they don't have an advocate, we can only provide them with a printed copy of their file. Clients in prison generally don't have access to computers. You must send them an INP12 Personal info request - provide info - clients in prison letter, which includes suitable wording for clients in prison about the risks of using a courier. Do not use the ACC6181 information sheet.

Please note that in most cases we'll need to write to a client in prison as we'll be unable to contact them by telephone. However, if you're able to phone a client who's in prison, you can record their preferred delivery method as a Contact in Eos. Do not release the information until you receive the client's instructions.

If the client has not nominated a lawyer or advocate for us to send the information to, you must contact the client when their information is ready to advise that we will prepare a paper copy to be couriered to the prison. The client will need to be made aware that prison staff check all incoming packages, which may include their package.

Preparing client information in a CIT

14.0 Information for reviews and appeals

a If a full or partial copy file is required for a review or appeal, or a transcript of a review hearing, you may:

• ask the recipient to collect it from an ACC office
• send it to them by post on a password protected CD or USB
• send it to them by email within a password protected PDF if the file is small. This is not recommended for large files that need more than one email
• deliver it in person to the client if appropriate, after completing an identity check (eg. as part of a scheduled outreach visit).

Only send the information by courier if this is specifically requested. See 18.0 'When to send client information by courier' below.

Do not use post (if printed) to provide full or partial copy files, review transcripts or relevant documents that relate to a review or appeal.

15.0 Collecting from an ACC office

a A requestor may collect their information or file from an ACC office:

• If the information is prepared at a different office, you must courier it to the appropriate ACC branch or unit to be collected. Double envelope the information before you place it in the courier bag

• You must check the person's authorisation and identification before handing over the information. Complete the ACC6179 form and upload to the claim)

For more information see Responding to a request for official or personal information.

Complete Client Information request

16.0 Sending information by email

a If using email to send or receive client information ensure you:

• remember the "one email, one client" rule. Each email you send, with or without attachments, must only refer to a single client or recipient
• send your email and attachments to a verified email address
• complete a privacy check
• check all email threads and delete any information that is not relevant to the client
• ask another staff member to double check attachments if you have any doubts about sending the information
• never use a Multi-Functional Device (MFD) to send documents outside of ACC
• use the "ACC Privacy Check" email notification to check all attachments before sending your email.

When sending a verification email from Eos, remove the party name from the 'Subject' field and replace it with "Please confirm your email address"

- The easy guide to email and messaging (ACC Sharepoint)
- Communication using email (clients) https://au.promapp.com/accnz/Process/45278637-26
- Risks associated with email communication (client) https://au.promapp.com/accnz/Process/Minimode/Pe
- What to include in emails to clients, providers and employers https://au.promapp.com/accnz/Process/Minimode/Pe

17.0 When to send client information by post

a You can use post to send client information if it's a minor enclosure or it's on a password protected CD.

You can send substantial enclosures by post, however, you must:

• obtain the client's agreement for it to be posted, especially if it contains sensitive personal information
• record this agreement in Eos and make the client aware of the nature of the material in the enclosure
• check with the client before sending each enclosure.

If the client has any concerns about the material being posted then you must use an alternative delivery method, such as a courier.

You must carefully check the items that you place in the envelope to make sure:

• they relate to the right client, the right claim(s) and the right request
• multi-page items are stapled and there are no missing pages or extra pages attached.

Ensure the envelope is securely sealed before sending.

NOTE **Envelope peer checks**
If you're sending more than one page, the Privacy Team highly recommend getting a colleague to check your letter before the envelope is sealed. This involves taking the documents out of the envelope and checking that they relate to the right client and are supposed to be included. Many privacy breaches have been prevented by a peer check!

18.0 When to send client information by courier

a You may only use a courier to provide information to a client, client advocate or client lawyer if you have the client's consent to use courier.

• You must reconfirm consent separately for each information request
• The client must specifically request delivery by courier
• You must let them know the risks of sending their information by courier. See the ACC6181 Receiving personal information by courier information sheet

Before providing any information by courier you must:

• check the recipient's address including, if appropriate, the 'Verification' and 'Valid Address' statuses and the recipient's authority to receive the information
• place the information in a clearly addressed envelope or package before you put it in the courier bag.

For more details see Responding to a request for official or personal information.

- ACC6181 Receiving personal information by courier
- Complete Client Information request

NOTE **Exception**
If the client is in prison, you must send them an INP12 Personal info request - provide info - clients in prison letter, which includes suitable wording for clients in prison about the risks of using a courier. Do not use the ACC6181 information sheet.

- INP12 Personal info request - provide info - clients in prison

19.0 Clients that live overseas

a You may send personal information to a client if they live overseas.

You may only send client information to their advocate, insurer, representative or employer if you have the client's consent and the requestor has authority to act on behalf of the client. See the Privacy Act 2020, Principle 6, Subclause (1)(b).

The staff member preparing the password protected CD, eg case owner, is responsible for sending the disk overseas.

20.0 Delivery options for suppliers, providers, GPs and employers

a You may send documents by courier if requested by a supplier, provider, General Practitioner (GP) or employer. You must request a signature on delivery.

Only include information about one client in a package or envelope and make sure the package is clearly addressed before you place it in the courier bag.

If you need to send information about multiple clients, use a separate courier bag for each client. This applies to both printed information and password protected CDs.

21.0 What to do when client information is returned to us

a When someone returns client information to us, eg personal information that has been included with a referral to a provider or a copy file returned from a Review Hearing or Appeal, you must create a 'Contact' in Eos to record what's been received before you place the documents in the document destruction bin.

Create the 'Contact' at Claim level. If multiple claims are involved, create it at Party level.

Make sure you include:
• as much detail as possible about what was received, eg "Medical Case Review copy medical notes", "Appeal copy file" etc, and how it was received, eg sealed envelope, attached to provider report etc
• what you did with the documents, eg placed in secure document destruction bin, uploaded to claim file record etc, and any other relevant information.

Vocational Rehabilitation Needs Assessment (IOA/IMA) Policy v12.0

Summary

Objective
This policy defines the assessments required when assessing the vocational rehabilitation needs of a client. Use this policy to understand:

1. Eligibility criteria
2. Initial Occupational Assessment (IOA)
3. Initial Medical Assessment (IMA)
4. When to refer for IOA/IMA
5. Legislation References

Background
ACC is required to determine the vocational rehabilitation (VR) needs of a client before providing the client with the appropriate vocational rehabilitation. There are two assessments used to assess a client's needs, the initial occupational assessment and the initial medical assessment. These assessments are completed together and help establish suitable and sustainable work options that vocational rehabilitation can be targeted towards.

Owner [redacted]

Expert

Policy

1.0 Eligibility Criteria

a To be eligible for referral for an IOA and IMA the client must be:

• entitled to receive VR assistance
• unlikely to maintain their current employment; or
• unlikely to regain fitness for their pre-injury employment
• have completed an IOA (prior to the IMA)

2.0 Initial Occupational Assessment (IOA)

a An IOA is undertaken by an occupational assessor (vocational or career's consultant) who will identify the types of work that may be appropriate for the client based on their skills, education, and experience. This is not a medical assessment and effects of the client's injury are not taken into account during this assessment.

The assessment will also identify:

• the client's vocational needs and any vocational barriers to them returning to work or achieving work readiness
• vocational rehabilitation likely to assist the client to return to work or achieve work readiness for the identified work types
• any additional steps the client could take to return to work or achieve work readiness for the identified work types

3.0 Requirements when making an IOA referral

a When referring the client for an IOA you should:

• Tell the client:
- about the assessment
- that we will provide their pre-incapacity earnings to the occupational assessor
- that they're entitled to bring a support person or persons to the assessment
• provide all the IOA related information to the assessor, including the client's employment history, occupational reports and pre-incapacity earnings (do not include medical information as it is not relevant for the IOA)
• tell the assessor about any behaviour that could indicate risk, including any potential for the client to become aggressive or violent
• take all reasonable steps to safeguard the assessor, such as providing a security service if needed
• record the agreement to undertake an IOA, and its purpose, on the client's Recovery Plan (RP) / Individual Rehabilitation Plan (IRP)

4.0 Information covered in the assessment

a We must ensure that the IOA report meets our criteria and quality standards. The IOA evaluation checklist provides a checklist of these standards and should be used to confirm these have been met before accepting the IOA report form the assessor.

IOA Report Evaluation Checklist

5.0 Work types – what's a reasonable number?

a In most situations, 8-12 work type detail sheets are reasonable for an IOA.

To have an excessive number of similar work types in an IOA doesn't influence the VR provided or whether a client will eventually be found vocationally independent.

6.0 Initial Medical Assessment (IMA)

a An IMA is undertaken by a medical assessor (occupational physician) to determine whether the types of work identified in the IOA are, or are likely to be, medically sustainable for a client taking into account the effects of their injuries.

An IMA should also identify:

• any recommended rehabilitation or treatment the client needs to help them return to work or achieve work readiness
• if it is indicated that regaining fitness for the pre-injury role is achievable

7.0 Requirements for IMA Referrals

a When referring the client for an IMA you should:

• Tell the client:
- about the assessment
- that they're entitled to bring a support person or persons to the assessment
• provide all the related information to the assessor, including the IOA and medical, rehabilitation and vocational reports
• tell the assessor about any behaviour that could indicate risk, including any potential for the client to become aggressive or violent
• take all reasonable steps to safeguard the assessor, such as providing a security service if needed
• record the agreement to undertake an IMA, and its purpose, on the client's Recovery Plan (RP) / Individual Rehabilitation Plan (IRP).

8.0 Information covered in the assessment

a We must ensure that the IMA report meets our criteria and quality standards. The IMA evaluation checklist provides a checklist of these standards and should be used to confirm these have been met before accepting the IMA report form the assessor.

IMA Report Evaluation Checklist

9.0 When to refer for an IOA and IMA

a When there is information to indicate that the client may not regain fitness, or sustain, the employment they held at the time of their injury, consideration should be given to assessment of their vocational rehabilitation needs via an IOA and IMA.

Guidelines for when to refer for the IOA and IMA

b If the decision is made to refer the client for these assessments, the client's circumstances should be taken into consideration when scheduling the assessments.

NOTE **Examples**

A client has recently begun treatment for significant PTSD symptoms. Check with the treating provider when it would be appropriate for the client to engage with an IOA assessor to discuss future vocational options.

A client has surgery scheduled in the near future. The IMA assessment should be scheduled following adequate recovery from surgery.

10.0 Links to Legislation

Accident Compensation Act 2001, Section 89 - Assessment of claimant's vocational rehabilitation needs
http://legislation.govt.nz/act/public/2001/0049/latest/D

Accident Compensation Act 2001, Section 90 - Occupational assessor
http://legislation.govt.nz/act/public/2001/0049/latest/D

Accident Compensation Act 2001, Section 91 - Conduct of initial occupational assessment
http://legislation.govt.nz/act/public/2001/0049/latest/D

Accident Compensation Act 2001, Section 92 - Report on initial occupational assessment
http://legislation.govt.nz/act/public/2001/0049/latest/D

Accident Compensation Act 2001, Section 93 - Medical assessor
http://legislation.govt.nz/act/public/2001/0049/latest/D

Accident Compensation Act 2001, Section 94 - Assessments when medical assessor unavailable
http://legislation.govt.nz/act/public/2001/0049/latest/D

Accident Compensation Act 2001, Section 95 - Conduct of initial medical assessment
http://legislation.govt.nz/act/public/2001/0049/latest/D

Accident Compensation Act 2001, Section 96 - Report on initial medical assessment
http://legislation.govt.nz/act/public/2001/0049/latest/D

Client Choice of Providers Policy v14.0

Summary

Objective
It is ACC's responsibility to choose an appropriate provider for a client who is referred for the following:

• medical specialist assessments
• social rehabilitation assessments
• vocational rehabilitation: initial occupational and medical assessments
• vocational independence: occupational and medical assessments.

These assessments help determine cover or entitlements.

AC Act 2001, Section 72(1)(d) states that clients have a responsibility to undergo assessments conducted by a registered health professional specified by ACC.

Owner [redacted]

Expert

Policy

1.0 Client selection not limited for other services

a The guidelines governing other areas of client choice are broader and allow the client greater flexibility to choose their own provider in the following areas:

• treatment that a client receives from a health provider, such as a General Practitioner, physiotherapist, acupuncturist, etc

• home-based care, such as home help, attendant care, etc

• audiologists who are required to fit hearing aids

• counselling.

2.0 Considering client preferences

a Always remember ACC's obligations under the Code of ACC Claimants' Rights and Claims (the ACC Code). Refer to Working with the Code of ACC Claimants' Rights Policy.

Working with the Code of ACC Claimants' Rights Policy

Part 3 Code of ACC Claimants' Rights, and claims https://www.legislation.govt.nz/act/public/2001/0049/la

3.0 Clients may prefer a particular provider

a These are based on:

• their values
• their personal circumstances
• their culture
• the nature of the assessment itself

b These preferences should be accommodated where possible. For example:

• a female client with a medical misadventure birthing injury may wish to be assessed by a female specialist

• Māori or Pacific peoples may wish to be assessed by a Māori or Pacific provider.

4.0 If a client objects to the provider we have chosen

a If a client has concerns about the provider they've been referred to, but does not nominate another provider, then we must offer the client a choice of at least two alternative providers, if there are two available, and give the client five days to select one of the alternative providers.

If the client does not respond with their choice of provider within the five-day timeframe, we will continue to use the provider initially selected.

If the client nominates their own provider we must objectively consider the request. See attached table.

If...	then...
there will be more than a four week delay in getting an appointment with the client's preferred provider and this delay would impede the client's rehabilitation	we must decline the client's request
the client's nominated IMA or VIMA provider is not currently contracted to ACC	
the client's nominated provider does not hold qualifications that meet the legislative requirements, however note we can invite the nominated provider to apply for a contract	
the client needs a specialised assessment and their nominated provider does not cover that scope of practice	
none of the above apply	we must agree to the client's request

Client object to provider.PNG

Contracted Suppliers by Geographic Area of Coverage

5.0 When a client will not comply with our choice of provider

a If, after the considerations above have been taken into account, we are unable to reach agreement with the client then we may consider whether to decline the client's entitlement as a last resort. See Decline entitlement when client is non-compliant .

You must document all considerations and actions in detail.

Decline Entitlement When Client is Non-compliant Policy

6.0 Consider alternatives when a lack of provider may cause an unreasonable delay

a AC Act 2001, Section 54 requires ACC to make decisions in a timely manner. If there are difficulties finding an appropriate provider within the client's locality, then consider:

• transporting the client to a location or city where there is a greater number of available providers

• fully investigating appropriate providers who will travel to the client.

b Before asking a provider to travel to a client's location, consider:

• any cultural or other specific requirements the client has, eg disability, language requirements, etc

• the provider's skills and competencies relevant to the client's particular needs.

AC Act 2001, Section 54
https://www.legislation.govt.nz/act/public/2001/0049/la

Identity Check Policy v14.0

Summary

Objective
When you need to discuss or release a client's personal information, you must first confirm you are dealing with the correct person by asking ACC's identity check questions.

Background
We ask these questions in to ensure that:
- we are speaking with the right person about the right claim
- the client's information is kept safe and secure
- we meet our obligations under Information Privacy Principles 5 and 11 of the Privacy Act 2020 / Rules 5 and 11 of the Health Information Privacy Code

This applies whether the person is the client, or a third party.

Owner [redacted]

Expert

Policy

1.0 Client identity check

a When dealing with a client, you must first ask them for their claim number

b If they have their claim number then you must ask them for:
- The client's full name (including middle name/s)
- The client's date of birth
- The client's address

c If they do not have their claim number then you must confirm the following:
- The client's full name
- The client's date of birth
- The clients address
- and either where the injury occurred, the injury type or their mobile number or other identifier eg IRD number

NOTE **What if the client's address has changed?**
Ensure you ask an alternative identifier before updating and verifying the client's address.
When updating the address, ensure that you also check the suburb, town/city and postcode are correct.

NOTE **What if it is not appropriate to ask for the type of injury?**
It is not always appropriate to ask for the type of injury the client has sustained e.g. if the claim is of a sensitive nature. In this case please ask for an alternative identifier

NOTE **What if the client has concerns the call is not from ACC in an outgoing call?**
Advise the client they do not have to answer the questions, but we will be unable to continue the conversation.
Invite the client to call us back on the 0800 number, which can either be given to them or they can find this on our website.

NOTE **Always ask the client to provide their information, rather than asking if it is correct**
For example, ask "What is your DOB?" rather than "Is your DOB 01 January 1987"?

NOTE **What if a client requests to use a password instead of answering our identify check questions?**
Unfortunately, we cannot add a password to a client's file to be used as part of future identify checks. We do not currently have a technological solution to support this functionality.
Reassure the client that we ask them these questions to help keep their information safe.
You can also remind them of other options for communicating with ACC e.g. verified email address or via MyACC

2.0 Authority to Act (ATA) & Advocates identity check

a When dealing with an ATA or advocate, you must locate the claimant/claim by asking the caller to provide:
- The client's full name (including middle name/s)
- The client's date of birth
- The client's address / phone number
- The client's claim number

b If the caller cannot provide the claim number, they must be able to provide one of:
- Injury type
- How the injury occurred
- Date of injury

NOTE **What if it is not appropriate to ask for the type of injury?**
It is not always appropriate to ask for the type of injury the client has sustained. In this case please ask for an alternative identifier

c After identifying the client's record, you must confirm that the caller has appropriate authority to speak on the client's behalf / access the client's information.
You must ask the ATA/Advocate to provide:
- Their full name and contact details

You must check that:
- They have been added as a participant on the claim AND/OR
- There is a signed ACC5937 Authority to Act form or equivalent on the claim

NOTE **What if they are not a participant on the claim?**
If they are not a participant on the claim, you must look for the ACC5937 or equivalent evidence that the client has given them authority to act.
ATA's should only be added as a participant once we have received an ACC5937 or similar and should be removed from the participant list if the ATA relationship has ended.

PROCESS Obtain Authority to Act (ATA)

3.0 Provider identity check

a When dealing with a provider, you must ask for:
- The callers first and last name
- The name of the practice or company they are calling from
- Their Vendor or Provider ID

NOTE **What if the caller can't provide their Vendor or Provider ID?**
You can still continue with the call; however, ask them for an additional client identifier in step b. If you have any reason to believe that the caller is not who they say they are you must ask them to call back with their ID.

b Once you have confirmed the callers identity you can locate the claim by asking them to provide:
• The client's full name
And one of:
• The client's date of birth
• The client's claim number/ACC45 number
• The client's NHI number
• Injury type
• How the injury occurred
• Date of injury

4.0 Employer identity check

a When dealing with an employer, you must ask for:
• The callers full name
• The name of the employer/workplace

b Once you have confirmed the callers identity you can locate the claim by asking them to provide:
• The client's full name
And one of:
• The client's claim number/ACC45 number
• The client's address (if known)
• The client's date of birth (if known)
• Client's body site injured
• How the injury occurred (if work related)
• Date of injury
• Client IRD number

Deemed Cover and Entitlements Policy v3.0

Summary

Objective
Use this guidance to apply a principle-based, decision-making criteria to determine whether a client is eligible to entitlements while deemed cover exists in order to:
• ensure consistency of decision-making by staff;
• improve the client experience by providing consistent and transparent responses to entitlement requests where there is a period of deemed cover; and
• minimise disputes around whether entitlements are payable or delays in making a decision on an entitlement, and if the matter does go to review, having a robust defensible position in relation to the entitlement request.

Owner [redacted]

Expert

Policy

1.0 Overview

a If ACC fails to meet the agreed timeframes on a cover decision, a client is deemed to have cover for their injury under section 58 of the Accident Compensation Act 2001. Once there is a deemed cover decision, the client will also be eligible for support.

Timeframes to determine cover Policy

b Each entitlement request from a client while deemed cover exists will need to be considered on its own merits.

Deemed cover decisions when timeframes not met Policy

2.0 Determine cover and entitlement eligibility

a Where deemed cover exists and an entitlement has been requested, investigations for both can be done concurrently. However, ACC must ensure that it does not unduly delay making a decision on the entitlement request particularly if the entitlement criteria has been met and cover is still being investigated.

b Clear communication with the client in these cases is crucial. The client will need to be aware that if cover is not granted any entitlement will only be for the duration of the deemed cover period, or where the entitlement has been approved but not undertaken there will be no additional entitlements. For example weekly compensation for incapacity following surgery.

3.0 Principles to use when considering entitlement requests while deemed cover exists

a When an entitlement application is received, for that entitlement to be payable ACC will apply the following principles, with questions targeted to the facts of each case:

i. the entitlement must be required because of the personal injury for which there is deemed cover,
ii. it meets the eligibility criteria for that entitlement, and either
iii. the requested entitlement, treatment, rehabilitation or service must be received within the deemed cover period, or
iv. approval for that entitlement, treatment, rehabilitation or service must be obtained within the deemed cover period if it cannot be paid or completed within the deemed cover period. For example, surgery when the procedure is approved within the deemed cover period but because of surgical wait lists it cannot be completed until after cover has been revoked.

NOTE **What if the entitlement has been approved but an invoice is not received for that entitlement until after the deemed cover period?**
A client can incur costs relating to some entitlements such as ancillary services, pharmaceuticals and non-approval required treatment which can be reimbursed by ACC. If deemed cover is revoked and as long as these entitlements were received within the deemed cover period then ACC can reimburse the client. Any services received outside of the deemed cover period would not be reimbursed if deemed cover is revoked.

NOTE **What if entitlements have been approved for the deemed cover period but the client has on-going needs?**
If cover is not granted then entitlements can only be paid for or approved during the deemed cover period. No other entitlements can flow on from this.

For example if surgery has been approved but not undertaken until after the deemed cover period the client would not be eligible for additional entitlements resulting from the surgery such as weekly compensation. Clear communication with the client is essentially for them to make an informed decision on whether or not to proceed with the approved surgery

4.0 Entitlements not considered while deemed cover exists

a If a client requests either:
- converted weekly compensation or
- permanent injury compensation (Independence Allowance or lump sum)

These requests are to be put on hold until cover is confirmed in the client's favour. It is also recommended that any needs assessment for more longer term or complex injuries are conducted after cover has been confirmed so that all rehabilitation needs can be identified.

5.0 Referral to Technical Services

a If you are unsure about the period that the client should start to receive support or whether they are eligible to receive the entitlement, you can refer the claim to Technical Services for guidance. See the below link for the referral process.

Seek Internal Guidance

Timeframes to Determine Cover Policy v19.0

Summary

Objective
Use this guidance to help you meet the legislative timeframes when making any cover decisions for non-complicated and complicated claims. Refer to this guidance if you do not have enough information to make a cover decision within the time-frames, and require an extension to continue to assess cover.

1) Rules
2) Non-complicated claims
3) Complicated claims
4) Additional extension
5) Links to legislation

Owner [redacted]

Expert

Policy

1.0 Rules

a ACC operates under strict legislative timeframes for making cover decisions. If we don't meet these time-frames, a client's cover decision is deemed in their favour under the Accident Compensation Act 2001, section 58.

b For more details about timeframes for cover decisions, see the business rules below:

- Decision table - Extending the cover decision time-frame

c For more information about claims for additional diag-noses or changes in diagnosis, see:

PROCESS **Assess Cover for an Additional Injury or Change in Diagnosis**

2.0 Non-complicated claims

a We must determine cover within 21 days of lodgement for claims that are non-complicated.

b If there is not enough information to make a cover deci-sion within the 21 day timeframe, we must inform the client that a decision cannot be made and the timeframe is being extended up to four months from the date of lodgement. Use the CVR30 Time Extension - advise - claimant (42K) letter in cases where the client cannot be contacted to be informed about the extension verbally. Where the client can be contacted written confirmation must still be sent via the client's preferred contact method (if known) or via email or text (if not known) using the template noted below.

"RE: Injury/diagnosis ACC is investigating
From ACC: We're still working on getting (information) from your (source of information). This information is important to help us assess your claim. We'll be in touch as soon as possible and advise that we are required to make a decision by XXXXXX. If you have any questions, please call us on 0800 XXXXX"

c We must make a final decision within four months of the claim being lodged.

d See the business rules below for the definition of a non-complicated claim, and the decision table in section 1.b Rules for additional information about the timeframes for non-complicated claims:

- Non-complicated claim definition
- Cover decision time limit

3.0 Complicated claims

a The following claims are considered complicated:

- personal injury caused by a work-related gradual process, disease or infection
- treatment injury
- claims for cover lodged 12 months after the date of accident (late claims)
- mental injury caused by certain criminal acts (sensitive claims)
- work-related mental injury.

We must make a cover decision within two months of a complicated claim being lodged. If we can't make a deci-sion we must inform the client that we're extending the timeframe up to four months from the date of lodgement. Use the CVR30 Time Extension - advise - claimant (42K) letter in cases where the client cannot be contacted to be informed about the extension verbally. Where the client can be contacted written confirmation must still be sent via the client's preferred contact method (if known) or via email or text (if not known) using the template noted below.

"RE: Injury/diagnosis ACC is investigating
From ACC: We're still working on getting (information) from your (source of information). This information is important to help us assess your claim. We'll be in touch as soon as possible and advise that we are required to make a decision by XXXXXX. If you have any questions, please call us on 0800 XXXXX "

See Accident Compensation Act 2001, section 57.

b See the business rules below for the definition of a complicated claim, and the decision table in section 1.b Rules for additional information about the timeframes for complicated claims:

- Complicated claim definition
- Cover decision time limit

4.0 Additional extension

a It's possible to extend the timeframe for a complicated claim cover decision by up to nine months from the date the claim was lodged. The client must agree to this further extension, agreement can be obtained verbally from the client, however written confirmation must still be sent via the client's preferred contact method using the template noted below.
The client should be requested to agree to the additional extension in writing by signing the form attached to the CVR31 Time Extension - request claimant (88.5K) letter, where:
• the client cannot be contacted,
• additional information is needed to be included or
• there is a need for clear documented information in relation to the extension to avoid any potential miscommunications

Template for written confirmation (non CVR31)

"RE: Injury/diagnosis ACC is investigating
From ACC: As discussed with me on XXXX you have agreed to a further extension to making a decision. We're still working on getting (information) from your (source of information). This information is important to help us assess your claim. We'll be in touch as soon as possible and advise that we are required to make a decision by XXXXXX. If you have any questions, please call us on 0800 XXXXX"

We must make a final decision within nine months of the claim being lodged.

b For more detail on when you may extend the timeframe for a complicated cover decision by up to nine months from the date of lodgement, see the decision table in section 1.b Rules.

5.0 Links to legislation

- Accident Compensation Act 2001, section 56 Steps Corporation takes to action claims for cover
  http://www.legislation.govt.nz/act/public/2001/0049/lat
- Accident Compensation Act 2001, section 57 Steps Corporation takes to action complicated claims for cover
  http://www.legislation.govt.nz/act/public/2001/0049/lat
- Accident Compensation Act 2001, section 58 Effect of failure to meet time limits
  http://www.legislation.govt.nz/act/public/2001/0049/lat

PROCESS **Extend Cover Decision Timeframe**

Communicate Decisions about Client Supports Policy [Historical] v8.1

Summary

Objective
Use this guidance when identifying how to notify a client about a decision about support(s) relating to their claim.

1) When a written communication must be sent to a client
2) What a written communication is to specify
3) Types of written communication
4) Acceptance of late review when written communication not sent
5) Where to record decisions

Owner [redacted]

Expert

Policy

1.0 When a written communication about a support must be sent to a client

a The following business rule defines the circumstances in which we must communicate a decision relating to support(s) for a client in writing.

Written communication of a decision about support for a client

NOTE **When is a written communication not needed?**
When do I not need to send a written notification? When ALL of the following are true:
1. The client has NOT requested written communication
2. The decision is in the client's favour
3. The client has been notified by some other channel (call, text, MyACC)
4. The client does not need to know the specific details (e.g. entitlement amount) of the decision

2.0 What a written communication is to specify

a The following business rule defines the information that we must include when we communicate a decision to a client in writing.

What a written communication to a client is to specify

3.0 Types of written communication

a This business rules defines the accepted forms of communication we can use when notifying a client about a decision in writing.

Written communication of decisions

4.0 Acceptance of late review when written communication not sent

a The following business rule defines what we must do if a client submits a late review application relating to a decision that was not communicated to them in writing.

Acceptance of late review application when written communication not sent

5.0 Where to record decisions

a The following business rule defines where to record a decision and other relevant information relating to a client's claim.

Recording decisions relating to clients

Disclosure of staff names and the Privacy Act v18.0

Summary

Objective
When a client makes a personal information request to ACC under the Privacy Act 2020 (the Act), they are entitled to:

• know whether we hold information about them; and
• access that information if it is retrievable.

The right to access personal information is a strong one and there is always a 'presumption of access'. This means that if someone asks us for their information, which may include staff names, the starting position is that we will provide it.

ACC recognises that there will be instances, however, where it will be appropriate and desirable to withhold the names of our employees. ACC's approach will always be to eliminate, reduce or mitigate instances where harm could eventuate for our people if their names were to be released. In every instance, ACC will endeavour to be compliant with our obligations under the Act and will treat instances on a case by case basis.

Note: This policy is intended for consideration where an individual (or their representative) has requested access to their own personal information. These are not guidelines for what information ACC chooses to disclose in the course of administering the Scheme or in the course of day-to-day work. Please refer to the relevant process guides to determine the information ACC should disclose in the course of specific work.

Owner [redacted]

Expert

Policy

1.0 What information do we release to clients?

a When a client makes a full or part copy file request under the Act, or requests any other personal information about themselves, we may provide a range of information including:

• physical documentation, e.g. medical notes
• digital footprint or other access report (ie, Eos access logs)
• contact notes
• task lists
• decision documents, e.g. the ACC850 (Decision Rationale)
• opinions from Psychology Advisors, Medical Advisors or other clinical advisors.

If staff have been involved in a claim they should have the expectation that their name will be released as part of a copy file request, or other requests to access personal information. This applies even if the staff member has acted in an advisory capacity only or had no direct interaction with the client.

2.0 Assessing risks related to disclosing staff names to our clients

a While a client's right to access information is strong, it is not absolute. We can withhold personal information in limited circumstances. One of these is safety grounds:

Section 49(1)(a)(i) - Endanger the safety of any individual

If there is no risk to safety, but there is a likelihood of serious harassment, then there may be grounds to withhold staff names to prevent the likelihood of harassment:

Section 49(1)(a)(ii) - Likely cause serious harassment

ACC is committed to the health and safety of its staff. Ensuring that staff are kept safe, enabling them to return home in the same mental and physical condition that they left, is a key priority for ACC.

Therefore, if releasing a staff member's name could put their health or safety at risk, or put them at risk of harassment or otherwise endanger them, we will withhold it under the applicable section of the Act. Advice from the Privacy team should first be sought, to ensure the application of the correct grounds and justification is used.

3.0 Consider each case individually

a Simply because a client has exhibited risky behaviour does not automatically mean they present a danger to staff. When determining whether to withhold a staff member's name, each case should be considered on its own merits. There is no 'blanket rule'.

NOTE **What does 'likely to endanger' mean?**
'Likely' means a distinct or significant possibility of harm. There must be evidence, from which the conclusion can be reasonably drawn, that harm will occur if a name is disclosed.
It is not enough that there is a risk of annoyance, unwanted contact, or (non-physical) harassment. The risk must be one of actual physical harm. If such a risk does exist, we will withhold the names of at-risk staff.

NOTE **What does 'likely to cause serious harassment' mean?**
For grounds of harassment, 'significant likelihood' must exist. This means a very likely outcome of tangible harassment if the information was to be released. Harassment is repeated, unwanted contact with other individuals in ways that fall short of posing a physical danger to those individuals but that seriously detract from their quality of life. Harassment can include, among other things, patterns of behaviour such as making contact in an obtrusive manner; following, stopping or accosting someone; the provision of offensive material or communication; acting in a way that causes someone to fear for their safety.

NOTE **Remote Claims Unit clients**

If a client is in the Remote Claims Unit (RCU), it can be assumed that the threshold for 'possibility of harm' has been passed, so we would withhold all staff names from after they were transferred to RCU (with the exception of their current RCU case manager). Requests for information for RCU clients should be managed by the appropriate contacts within the RCU, or support services like the Client Information Request team.

4.0 What to consider when deciding whether to withhold a staff name

a • The nature of the behaviour – a history of physical violence may present a greater risk than someone who is verbally abusive
• Focus of behaviour – does the client react differently to people of a particular sex, age or gender?
• When the behaviour occurred – recent behaviour may be a better indicator of risk than behaviour that occurred in the past
• Patterns of behaviour – has the client negatively reacted to certain types of ACC requests, e.g. to attend an assessment, or to specific decision-types, e.g. a decline of entitlement?
• Is the staff member's name and nature of involvement in their claim already known to the requestor?

b There may be other reasons to withhold staff names that are quite specific to the scenario at hand, and there may be reasons under the Privacy Act that would allow withholding staff names. Specifically, these considerations are covered in sections 49-53 of the Privacy Act. Please contact the Privacy Team if you believe there is a reason to withhold a staff member's name outside of reasons relating to safety or harassment.

5.0 Frequently asked questions

a Why is your name being released if you only provided an opinion?

If you have investigated an aspect of a claim decision, reviewed a client's medical or injury history, or participated in a process that has resulted in a formal decision, the client has a right to know your name.

The fact that you looked at a file is personal information about the client and they have a right to access it. If the client may present a risk to you, then the person releasing the information will need to decide whether there is a reason to withhold your name using the above criteria.@TODO: Enter some text here

b Why is your name being disclosed to clients that could potentially pose a risk to staff?

Due to how ACC records information, and our clients' right to access information about themselves, it is likely that your name will be disclosed as part of your involvement in a client's claim. If you work in an advisory capacity and do not want to give an opinion on certain types of claims, eg Remote Claim Unit claims, you should discuss this with your manager. It's better to do this before you start working on the claim as we may not be able to withhold your name later.

c Your client wants to know who is on an external panel.

If a referral has been made on a claim for an opinion by an external panel, and the client wants to know who was involved in looking at, and commenting on their injury, they have a right to know. If the client poses a risk, you should consider whether there is a reason to withhold that information using the above criteria.

6.0 Decisions by the Privacy Commissioner

a If we withhold a staff name, the client has the right to complain to the Privacy Commissioner. Staff should be aware that, if the Privacy Commissioner finds that there was insufficient risk of harm to the staff member to warrant withholding of their name, they may require us to release it to the client.

7.0 Official Information Act requests

a It's important to note that we apply a slightly different rule for Official Information Act 1982 (OIA) requests.

OIA requests are usually about ACC's management, business practices and policies, or other information that ACC holds which is not personal information - this is considered 'official information' and requests under the OIA are usually not requests for personal information about the requestor (which are access requests under the Privacy Act).
However, some responses may include documents that contain staff names. The OIA team will generally contact staff who have their names attached to a policy or business practice to check if they have any concerns with having their name being released as part of the response. ACC considers each request individually, and weighs up the public interest in the release of the information. See the guidance from the Ombudsman for more information.

Ombudsman Guidance on Releasing Employee Names and Contact Details
https://accnz.sharepoint.com/sites/OurNews/SitePage

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Export

Rule Name

Initial LOPE abatement excess calculation

Statement

The **initial LOPE abatement excess calculation** equals the amount calculated from the following formula:
(A x 0.80) + B)) – A
Where:
A = **Minimum earner rate** for a **client** at a specific date
B = Post incapacity earnings

Motivation

To work out the excess a client earns above the min rate

Rule ID

LOPE006

Linked Rule(s)

WC LOPE abatement calculation Rule statement Template

Business Term(s)

client Initial LOPE abatement excess calculation

Business Rule Group(s)

Calculation

Additional Information

28/07/2022

[redacted] Operational Policy Advisor; Technical Services

Choose one: Inference, Constraint, Obligation, Conditionally allowed, Computation, Wrapper, Advice

[redacted] Principal Solicitor; Accident Compensation Law; Legal, Scheme & Commercial

Approval Date

27/07/2022

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

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Export

Rule Name

Definition of Incapacity LOPE

Statement

A **client** must be considered to be **incapacitated [LOPE]** if all of the following are true:

- The client has suffered a **personal injury**.
- The client is a **potential earner** at the **date of injury**.
- **ACC** has **medical evidence** to support that the client is unable to perform a job the client is suited for by at least one of the following:
  - experience
  - education
  - training

because of a personal injury the client has cover for.

Motivation

To specify when a potential earner client is to be considered unable to work due to an injury

Rule ID

LOPE007

Linked Rule(s)

Rule statement Template

Business Term(s)

client

Business Rule Group(s)

Eligibility Weekly Compensation Loss of Potential Earnings

Additional Information

dd/mm/yy

[redacted] Principal Solicitor; Accident Compensation Law; Legal, Scheme & Commercial

17/11/2021

Approver

[s 9(2)(a)] Operational Policy Manager; Technical Services

Rule Type

Inference

Author

[redacted] Operational Policy Advisor; Technical Services

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

Business Rules Portal

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Export

Rule Name

Amount of LOPE payable to client with no post incapacity earnings

Statement

The amount of **Weekly Compensation for loss of potential earnings** entitlement of a **client** equals the amount calculated from the following formula if the client has no **post incapacity earnings**:
A x 0.80
Where:
A = **Minimum earner rate** for a client at specific date

Motivation

To specify how the amount of LOPE payable to a client is to be calculated when the client has no other earnings

Rule ID

LOPE004

Business Term(s)

client weekly compensation entitlement [for loss of potential earnings]

Business Rule Group(s)

Eligibility Weekly Compensation Loss of Potential Earnings

Additional Information

Approval Date

17/11/2021

Approver

[redacted] Principal Solicitor; Accident Compensation Law; Legal, Scheme & Commercial

Rule Type

Computation

Author

[redacted] Operational Policy Advisor; Technical Services

Activation Date

dd/mm/yy

Approver

[s 9(2)(a)] Operational Policy Manager; Technical Services

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

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Export

Rule Name

Amount payable to a client who is both eligible for LOPE and WC-LOE Better off assessment

Statement

The amount of **weekly compensation** payable to a **client** of whom all of the following is true at the date of injury:

- The client is entitled to **weekly compensation for loss of potential earnings** (WC-LOPE)
- The client is entitled to **weekly compensation for loss of earnings** (WC-LOE)

is always the greater of the following amounts payable to the client:

- The WC-LOPE amount entitled to the client.
- WC-LOE amount entitled to the client.

Motivation

To ensure a client gets the maximum possible ACC entitlement

Rule ID

LOPE010

Linked Rule(s)

Rule statement Template

Business Term(s)

client

Business Rule Group(s)

Eligibility Weekly Compensation Loss of Potential Earnings

Additional Information

Rule Type

Computation

Activation Date

dd/mm/yy

Approval Date

17/11/2021

Approver

[redacted] Principal Solicitor; Accident Compensation Law; Legal, Scheme & Commercial

Author

[redacted] Operational Policy Advisor; Technical Services

Approver

[s 9(2)(a)] Operational Policy Manager; Technical Services

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

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Export

Rule Name

Definition of Place of education

Statement

A place must be considered to be a **place of education** if the place *is any* of the following:

- A composite school
- A composite private school
- A secondary school
- A special school
- A polytechnic institution
- A teacher's college
- A university
- A wananga
- A private training establishment that has been granted registration by the Qualifications Authority in the Education and Training Act 2020.

Motivation

To specify what is considered a place of education for the purposes of LOPE

Rule ID

LOPE008

Linked Rule(s)

Eligibility to LOPE Rule statement Template

Business Term(s)

client

Business Rule Group(s)

Eligibility Weekly Compensation Loss of Potential Earnings

Additional Information

Activation Date

dd/mm/yy

Retrieving Rules and Terms with all custom attributes

Approver

Searching Business Rules for 'LOPE'

[redacted] Principal Solicitor; Accident Compensation Law; Legal, Scheme & Commercial

Approver

[s 9(2)(a)] Operational Policy Manager; Technical Services

Author

[redacted] Operational Policy Analyst, Technical Service

Approval Date

17/11/2021

Rule Type

Inference

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

Personal information requests Policy v19.0

Summary

Objective
Knowledge about different types of information requests and how to handle them.

Background
The Privacy Act 2020 contains 13 Information Privacy Principles for collecting, accessing and releasing personal information. The Health Information Privacy Code 2020 contains 13 Health Information Privacy Rules for collecting, accessing and releasing an individual's health information.

We must all understand these principles and rules when handling requests for the release of personal and health information. For more information see 'Differences between personal and health information'.

Owner [redacted]

Expert

Policy

1.0 Who can request personal information?

a Under the Privacy Act 2020, only the client, their representative, or a person with authority to act on their behalf may request information that we hold about that individual.

If the request for personal information is from...	then treat it as a request under the ...
the individual concerned or their authorised representative	Privacy Act 1993
another individual	Official Information Act 1982
an organisation or government agency	

Who can request personal information..PNG

NOTE **Definitions**
Under the Privacy Act, the individual is someone requesting information for themselves. An individual's representative is defined in the Health Information Privacy Code 2020 as their parent/guardian if they are under 16, OR the executor/administrator of their estate if they are deceased.

b Under the Official Information Act 1982 (OIA) the following parties may request information that we hold about a client:
• a third party administrator
• an insurance company assessing a related claim
• any other person or organisation.

This does not necessarily mean we can release all the information requested. Please see the Official Information Requests Policy for assistance.

PROCESS **Official Information Requests Policy**

2.0 Response time

a Under the Privacy Act, we must make a decision on a request for personal information:

• as soon as reasonably practicable
• within a maximum of 20 working days after receiving the request.

INP01 - Acknowledge Personal Info Request; INPIS02 - All About Requesting Personal Information

NOTE **Extension of response time**
Sometimes you may need a time extension to respond to a request for personal information. Extensions are allowed where:
- large quantities of information are involved
- searching through large quantities of information will unreasonably interfere with ACC's operations
- you need to consult with other business units.

You may only make one request for an extension so you must be able to complete the response within the extended timeframe.

You must formally notify the requestor about an extension of time within the 20-working day limit and include the:
- extension period required
- reason(s) for the extension
- advice that the requestor has the right to lodge a complaint about the extension with the Office of the Privacy Commissioner.

INP02 Personal Information Request - Advise Time Extension

NOTE **Late decisions on personal information requests**
If we have missed the 20 working day timeframe for responding to personal information requests, this will need to be reported in the Privacy Reporting Tool as a privacy breach.
PROCESS Report a Privacy Breach

Privacy Reporting Tool
https://accnz.sharepoint.com/sites/PrivacyHub/SitePa

3.0 Transferring a personal information request

a If we don't hold the requested personal information, but know another agency that does, we can transfer the request to the other agency under the Privacy Act 2020, Section 43. The transfer must be arranged within 10 working days from the date of receiving the request.

INP04 Personal Information Request Transfer - Government Agency

b You will also need to notify the requestor that you are transferring their information request.

INP03 Personal Information Request Transfer

4.0 Releasing personal information

a We must release requested personal information unless we have good reasons to withhold it. See 'When to withhold personal information'

PROCESS **When to withhold personal information Policy**

5.0 Releasing only part of the requested personal information

a Sometimes it's appropriate to release only part of the personal information requested. The Privacy Act, Section 43 permits us to redact the part(s) of the document containing this information before releasing it. We must provide reasons for withholding any parts of the information.

We must use the Adobe Pro redaction function to redact the information so that the recipient cannot read any of the information that has been redacted.

NOTE **Example**

• When information identifies multiple individuals it may be appropriate to delete information about other people from the document before we release it

• When a client's medical practitioner advises that disclosing particular information would be likely to affect the client's physical or mental health.

6.0 Requests for Access Logs/Footprint Reports

a Access logs, also known as footprint reports, are spreadsheets ACC is able to generate to show each time a member of staff has accessed a client's claim file or party record in Eos. The access log contains limited information, showing only the time and date of access to an Eos claim (or party record), the name of the staff member who accessed it, their user ID, 'job title' and 'department' (as recorded in Eos) at the time the report was run.

This report contains personal information about our clients and is readily retrievable by ACC, so people have a right to request this information from us under the Privacy Act.

If you receive a request for an access log or footprint report, refer to Request for Access Log/Footprint Report.

PROCESS **Complete Digital Footprint Request**

7.0 Charging for information

a ACC cannot charge for providing personal information. Private agencies may choose to charge for personal information requests but public service agencies cannot.

8.0 Requests from members of Parliament

a We frequently receive enquiries from members of Parliament (MPs), or their electorate office staff, advising that they're acting on behalf of an ACC client or customers.

If you're concerned about disclosing or releasing the information, contact the client to confirm the MP is acting on their behalf. If you're unsure of how to proceed, contact Government Services for advice.

9.0 Requests from members of the New Zealand Police

a We occasionally receive requests from the Police for information about clients. These should be referred to the Privacy Team who will provide advice on whether it is appropriate to release the information requested.

If you receive a written request, please email it to the Privacy Team on privacy.officer@acc.co.nz.

If you receive a verbal request, advise the Police that they must make their request in writing and send it to privacy.officer@acc.co.nz.

Under no circumstances should you disclose any information about the client before consulting with the Privacy Team.

10.0 Requests from insurance companies for client information

a If you receive a request from an insurance company for a copy of a client's file(s), see 'Manage requests for client information' from insurers' policy and 'Respond to a private insurer request for client information' process.

Manage requests for client information from insurers Policy

PROCESS **Respond to a private insurer request for client information**

11.0 Office of the Privacy Commissioner

a The Office of the Privacy Commissioner is responsible for investigating complaints about the withholding or disclosure of personal information. Our Privacy team manages ACC's liaison with the Office of the Privacy Commissioner.

Request medical or clinical records Policy v18.0

Summary

Objective
Client medical or clinical records help in a range of situations. They:

• help inform cover and support decisions

• provide further information about the injury, client and diagnosis

• help develop the rehabilitation plan

• help identify and manage any risks.

We can ask providers, including general practitioners (GPs) and District Health Boards (DHBs) to provide us with these medical or clinical records. See Requesting clinical records from DHBs. Providers who spend time preparing medical or clinical records (including completing an ACC554 LSIA medical certificate), can invoice ACC for that time.

Owner [redacted]

Expert

Policy

1.0 Rules

a When dealing with a client's medical or clinical records, we must take care to observe the requirements of the Privacy Act 2020 and the Health Information Privacy Code 2020. For more information, and the difference between personal and health information see ACC's privacy page.

A client must supply us with the information we need to make a decision about a claim unless they have a reasonable reason not to. See the Accident Compensation (AC) Act 2001, Section 72. Section 55 of the Act refers to the 'Responsibilities of the claimant to assist in establishment of cover and entitlements' and generally extends to responsibilities at the request of the Corporation. This means that ACC will, as part of its investigative role, request the relevant supporting information from the client, and their treating providers. Once investigations are complete, a decision can be made on the claim.

All medical or clinical records provided to ACC must be kept on the client's file.

Accident Compensation Act 2001, section 72 - Responsibilites of claimant who receives entitlement
http://www.legislation.govt.nz/act/public/2001/0049/lat

2.0 When to request medical or clinical records

a When the client requests cover, additional diagnosis, support, or treatment from ACC, the onus/responsibility rests with the client and/or their provider to supply supporting clinical or medical information to help us to make the decision. If the client and/ or their provider has not supplied the supporting information, ACC will, as part of its investigative role, request the relevant supporting information from the client, and their treating providers. Once investigations are complete, a decision can be made on the claim.
On the other hand, if ACC is considering withdrawing support or treatment, revoking cover, or ceasing entitlements such as weekly compensation, then the onus/responsibility sits with ACC to request the supporting medical or clinical records

Before making a request, you must ensure that the information has not already been requested. You must also check that clients are registered patients at the medical practices where notes need to be requested from.

When a provider requests additional treatment or other support on behalf of their client they should include all medical or clinical records with their request, at no additional charge to ACC or the client.

b Overseas medical records maybe required in ordered to determine cover on a claim.
In these cases, it is ACC's position that ACC is responsible for the sourcing of the medical records from the overseas provider as well as paying the provider directly for those records.
This responsibility doesn't extend to ACC sourcing and purchasing overseas medical records for the purpose of investigating entitlement and/or treatment.

c Sections 56 and 57 Accident Compensation Act 2001 (the act) state that ACC must investigate cover on a claim at its own expense. There is nothing in the act barring ACC from gathering medical records from overseas when the records are required to determine cover.

d Examples of when overseas medical records maybe required to determine cover:
• A client who meets the definition of being ordinarily resident in New Zealand who suffers a personal injury whilst overseas and seeks cover for that injury when they return to New Zealand.
• A medical specialist comment is required from an overseas-based specialist due to the level of expertise required (e.g. complex treatment injury claims where an opinion is sought from an overseas based medical specialist who is an expert in the relevant field).
• A client has immigrated to New Zealand and it needs to be determined whether their personal injury sustained in New Zealand is a new injury or a reaggravation of an injury that occurred overseas before the client emigrated.

Making an Overseas payment
http://thesauce/team-spaces/chips/compensation/inde

PROCESS **Request Clinical Records**

PROCESS **Request Clinical Records for Treatment Injury**

3.0 Limits on what we can request

a You must have a reason for requesting medical or clinical records.

We're only allowed to request information relating to the claim, so the provider must review the record and edit out any unrelated information. You must therefore use the correct service code to allow them to do this if necessary and invoice us correctly.

4.0 Medical or clinical record request forms and letters

a You must use the correct form or letter to request medical or clinical records.

b To request clinical notes and medical reports from providers use the relevant form or letter:

MD09a Further info – consultation notes – vendor

MD09b Allied - Further info - Consultation Notes - Vendor

NOTE **Please make sure you have specified where the provider/vendor should send the requested notes to (the correct return email or postal address).**

c Work Injury Inquiry Team

MD10b Allied - Further info - Medical Questionnaire - Vendor

5.0 Non-DHB provider medical or clinical records - Prior approval

a If medical or clinical records are likely to take more than an hour to prepare, the provider must get prior approval from the case manager who raised the initial request.

6.0 Service codes and prices

a See Codes and prices for non-DHB medical or clinical records.

Codes and prices for non-DHB clinical records

7.0 Types of medical or clinical records

a The type of medical or clinical record(s) required will depend on the reason for the request. Records can include:

• copies of specialist reports, directed from one medical practitioner to another
• investigation results
• clinical notes
• reports by medical consultants
• hospital records, including admission and discharge summaries
• counselling notes for sensitive claims
• notes on surgical operations
• pathology and laboratory tests
• reports on special tests and diagnostic procedures including x-ray and scan results
• physiotherapy notes.

8.0 Quality

a The number of medical or clinical record pages received from a provider may not reflect the time spent reviewing and editing. If you have concerns about the quality or quantity of provider medical or clinical records or their invoices, discuss this with:

• a medical advisor
• your supplier manager
• the provider.

9.0 District Health Board (DHB) medical or clinical records - Knowing your DHB

a Knowing how the DHB you work with stores and processes their client medical or clinical records will help you with your requests. For example if a client is still in hospital, their medical record will be on their hospital ward, rather than with the hospital medical records department.

Avoid making duplicate requests. You must make sure the request is necessary and complete the forms thoroughly.

Request the medical or clinical records from the correct contact.

10.0 Level of urgency

If needed to...	then request the information within...
• inform a cover decision • inform an entitlement decision • confirm the injury or details of the injury • identify any other entitlements the client may be receiving through the DHB	5 days
• help develop the rehabilitation plan • identify and manage any risks • gather information about the client and their injury	10 days

Timeframes for Clinical notes..PNG

11.0 Prior approval

a If you're requesting more than 340 pages from the DHB, they will seek prior approval from the case owner. The case owner must then consider whether the volume of information is actually needed. If it is needed, either:

• amend the request to be more specific, ie request a date range or a particular treatment event, or

• give approval to proceed as originally requested, and adjust the purchase approval increasing the price accordingly.

12.0 Service codes and prices

a • the payment rates that DHBs charge ACC for copies of medical or clinical records are standardised across the country
• the DHBs know to claim payment for a range rather than a number of pages, eg 1-20 pages etc.

13.0 What we don't pay for

a Missing mandatory information including:

• documentation required as part of the Non Acute Rehabilitation Services Schedule (ACC74, ACC739, ACC9 and ACC740)

• documentation that may be attached to support the ACC705 which could include Emergency Department/ Discharge report, ACC45, Allied Health Needs Assessment

• services provided in a fracture clinic under the Clinical Services contract.

A purchase order should not be loaded for a payment for these requests.

14.0 Types of medical or clinical records

a The type of medical or clinical record requested will differ depending on the reason for the request. Also see Scenarios for requesting DHB clinical records.

Scenarios for requesting District Health Board clinical records - Reference

Type of record requested on ACC2386 (Clinical Records Request – DHB)	Example
Operation notes	Note on surgical operations
Clinical letters or notes	The medical or clinical records that describe all assessment and treatment by the team or specialist that have managed the client's injury either while an inpatient and/or outpatient – should be requested using the DHBC code. If you need a specialist's opinion on a specific question use the DHBR1 code and an MD02c letter
Radiology reports	X-ray, MRI, CT scan reports. Do not request hard copies of x-rays and MRIs. Radiology reports may be included in an Assessment Report Treatment Plan (ARTP)
Discharge summary	Summary of treatment received and ongoing plan when the client is discharged from hospital
Other, eg physiotherapist, OT	Reports/records/assessments from the physiotherapist, occupational therapist, speech therapist, social worker, who saw the client while they were in hospital. If you require an answer to a specific question, request this using the DHBR2 code and MD02c letter

Types of medical records.PNG

15.0 Exceptions

a • The Elective Surgery, Treatment Injury and National Serious Injury Service units may have specific requirements when:
— making a request for a medical or clinical record
— determining cover or support
— managing the rehabilitation or risks
• What is requested is generally directed and reviewed by a Clinical Panel
• Treatment injury or elective surgery may request the client's full DHB record including nursing notes.

b When requiring mental health records, there are specific timeframes and requirements:

To ensure ACC only collects information relevant and necessary for decision making, we need to communicate with our clients to determine a timeline for which to collect mental health records.

This aids in establishing a timeline with the client of their engagement with mental health services, organizations and Primary Health Care services.

16.0 Quality

a The number of pages received from a DHB may not reflect the time spent reviewing and editing. If you have concerns about the quality or quantity of medical or clinical records or their invoices, discuss this with your team manager.

17.0 Completing the ACC2386 Clinical Records Request – DHB

a All components for Section 1 (vendor details), Section 2 and 4 (patient details) and Section 6 (ACC staff member details) must be completed.

Section 3 (request details) is the most important section to complete accurately and may take the longest.

• Injury – review the claim Injury and Medical tab in Eos to assist you in identifying or confirming the injury
• Dates you require the records – you may have many options for confirming the dates the client was in hospital for example, ACC74, ACC9, ACC705 or check with the client directly.

ACC2386 DHB request for copy of notes - Vendor

NOTE **Please make sure you have specified where the provider/vendor should send the requested notes to (the correct return email or postal address).**

Summary of the Health Information Privacy Code Policy v12.0

Summary

Objective
The Health Information Privacy Code 2020 (the Code) applies specific rules to organisations acting as health agencies to ensure that individual privacy is protected. The Code contains 13 Health Information Privacy Rules and works in conjunction with the Privacy Act 2020. It recognises that health information is special and needs to be treated differently as it:

•is considered confidential
•can be sensitive
•may have ongoing use.

With regard to the collection, use, storage and disclosure of health information the 13 Health Information Privacy Rules take the place of the 13 Information Privacy Principles of the Privacy Act 2020 and describe how the code is put into practice.

As of 1 December 2020, the new Privacy Act will come into effect. Please contact us if this page has not been updated by December 2020.

Owner [redacted]

Expert

Policy

1.0 Rules

a You must handle health information in particular ways.

You must make sure you know, understand and comply with the health information privacy rules as there may be financial or other consequences for breaching them.

Complaints regarding breaches of these rules can be made to the Office of the Privacy Commissioner and, if necessary, to the Human Rights Review Tribunal.

2.0 The 13 Health Information Privacy Rules in brief

a 1. Only collect health information if you really need it
2. Get it straight from the people concerned
3. Tell them what you're going to do with it
4. Be considerate when you're collecting it
5. Take care of it once you've got it
6. People can see their health information if they want to
7. They can correct it if it's wrong
8. Make sure health information is correct, up-to-date, complete, relevant, and not misleading, before you use it
9. Get rid of it when you're done with it
10 .Use it for the purpose you got it
11. Only disclose it if you have a good reason
12. Only disclose it overseas if the recipient is subject to NZ's privacy law or a comparable overseas law.
13. Only assign unique identifiers where permitted.

For a full description of these rules, see Complete health information privacy rules.

Health Information Privacy Code 2020
https://www.privacy.org.nz/privacy-act-2020/codes-of-

Back to search results

Export

Rule Name

Full return to pre-injury role definition

Statement

A **client** must be considered to have made a full return to the **pre-injury role** if all of the following are true for the client after returning to their pre-injury role:

- The client was able to work their full pre-injury hours.
- The client was able to perform all the pre-injury duties.
- The client did not require additional breaks to complete any of the following:
  - The duties of the pre-injury role.
  - The hours of the pre-injury role.
- No special arrangements are made for the client to complete either of the following:
  - The duties of the pre-injury role.
  - The hours of the pre-injury role.

Motivation

Rule motivation text

Rule ID

WCR-002

Additional Information

Activation Date

dd/mm/yy

Author

Full name

Approver

Name, position, team

Reviewer

Name, Position, Team

Rule Type

Choose one: Inference, Constraint, Obligation, Conditionally allowed, Computation, Wrapper, Advice

dd/mm/yy

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

Consider an Interim, Estimate or Advance of Weekly Compensation Policy v16.0

Summary

Objective
This policy governs interim, estimate or advance weekly compensation payments to clients. The type of payment and scenarios when they apply are dependent on the client's earner type, ie whether they are self-employed, shareholder, or PAYE employees.

Owner [redacted]

Expert

Policy

1.0 Interim payments

a Accident Compensation Act 2001 (AC Act 2001) Schedule 1 Clause 37, allows ACC to make an interim weekly compensation calculation to a self-employed client, when their income return for the most recently completed income year prior to DOFI/DOSI is not yet available.

The interim calculation is based on the next previous income year prior to DOFI/DOSI and is payable for the earlier of three months or until the income return for the relevant year is available.

Interim payments do not apply to shareholder employees.

AC Act 2001, Schedule 1 Clause 37

2.0 Estimate payments

a AC Act 2001, Schedule 1 Clause 45, allows ACC to estimate an amount of weekly earnings for both self-employed and shareholder employees when actual earnings details are not available.

AC Act 2001, Schedule 1 Clause 45

3.0 Estimates for shareholder employees

a Estimates for shareholder employees, are to be applied when the client's income return for the most recently completed income year, prior to DOFI/DOSI is not yet available. In these cases, estimates can be based on the shareholder employee's earnings in the next previous income year.

Estimates also apply if the client has changed from self-employment, to shareholder employment and earnings from self employment in the relevant year are unavailable.

If the next previous income year is also not available, an estimate may be applied at the minimum weekly earnings rate, if the client is eligible.

Estimates, like interims, are only payable for the earlier of three months or until the tax return for the relevant year is available.

Calculate Weekly Earnings – Shareholder Employee

4.0 Estimates for self-employed

a Estimates for self-employed are to be applied, when neither the relevant income year earnings details, nor the next previous income year earnings details are available.

Estimates also apply if the client has changed from shareholder employment to self-employment and earnings as a shareholder for the relevant year are unavailable.

See Calculate weekly earnings (shareholder employee) linked below.

The estimate may be applied at the minimum weekly earnings rate, if the client is eligible.

Estimates, like interims, are only payable for the earlier of three months or until the tax return for the relevant year is available.

Calculate Weekly Earnings – Shareholder Employee

5.0 Interim and estimates when the client also has employee earnings

a Interims and estimates apply to the self-employed or non PAYE shareholder employee earnings only. If the client is self-employed or shareholder employee and also has held employee earnings, even if they are not held at DOFI, they are eligible for having their employee earnings used in the calculation under the following clauses: (links below)
• under AC Act 2001, Schedule 1 Clause 38 if self-employed
• under AC Act 2001, Schedule 1 Clause 39 if a shareholder employee.

You cannot estimate employee earnings if some, or all, of the employee earnings are not available, eg in multiple employment situations. An interim or estimate can only apply to the self-employed or shareholder employee earnings.

If some employee earnings details are not available, weekly compensation must be calculated based on the available details and reassessed once the additional earnings details become available.

If the self-employed or shareholder employee earnings are not available and an interim or estimate has been applied to those earnings, this figure will be used alongside the employee earnings in the weekly earnings calculation. The terms 'interim' and 'estimate' only apply to the self-employed or shareholder employee earnings.

AC Act 2001, Schedule 1 Clause 38

AC Act 2001, Schedule 1 Clause 39

6.0 Applying estimates

a Use the following scenarios to determine whether an estimate or interim assessment is applicable.

NOTE **What if the client is self-employed and their earnings in the most recently completed income year are not available?**

They are eligible for an interim assessment under AC Act 2001, Schedule 1 Clause 37, based on their earnings as a self-employed person in the next previous income year. If the income returns for the next previous and most recently completed income years are both unavailable, income details for the previous year can be used to calculate an interim payment

See Calculate an estimate or interim payment linked below.

Alternatively, the client may be eligible to receive weekly compensation based on the minimum weekly earnings rate. This is because they are in full-time employment or are liable to pay the minimum full-time earner levy. In this case, the estimate can apply based on the minimum weekly earnings rate (link below).

NOTE **What if the client is a shareholder employee and their earnings in the most recently completed income year are not available?**

Clients may have an estimate based on their earnings as a shareholder employee in the next previous income year. If the income returns for the next previous and most recently completed income years are both unavailable, the client is eligible to receive weekly compensation based on the minimum weekly earnings rate. This is because they are in full-time employment. In this case, the estimate can be based on the minimum weekly earnings rate in the long term period

See Calculate weekly compensation linked below,

NOTE **What if the client is a self-employed or a shareholder employee and had employee earnings in the 52 weeks prior to DOFI/DOSI, and the most recently completed income year earnings details are not readily available but the employee details are?**

They may have a composite calculation based on an interim assessment of their self-employed or shareholder employee earnings calculated on the earnings details from the next previous income year, and any employee earnings in the 52 weeks prior to DOFI/DOSI.

If the income returns for the next previous and most recently completed income years are both unavailable, then the estimate can be based on the minimum weekly earnings rate in the short term and long term periods if they are self-employed and eligible to receive weekly compensation.

If there are employee earnings involved in the calculation, then the client would get the employee earnings amount and the minimum rate in the short term and the higher of the employee earnings and the minimum rate in the long term period.

Note: If the client is a shareholder employee, then they may be eligible for an increase to the minimum rate in the long term period only.

NOTE **What if the client is a self-employed or shareholder employee had employee earnings in the 52 weeks prior to DOFI/DOSI and the most recently completed income year details are available, but the employee earnings details are not?**

They may have weekly compensation assessed on the self-employed or shareholder employee earnings only. Once the employee earnings are provided, the weekly compensation has to be reassessed, by adding the employee earnings to the calculation.

Note: If the client has had multiple employers and some earnings details are not yet available via RTE, then base weekly compensation on the available earnings sets only, and reassess once the other details have been obtained.

- AC Act 2001, Schedule 1 Clause 37
- Calculate an estimate or interim payment established Self-Employed or Shareholder employee Policy
- Calculate Weekly Compensation

7.0 Duration of estimates

a Weekly compensation based on estimated weekly earnings should continue until the earlier of:
- the date that the income return for the most recent income year is available
- three months from DOFI/DOSI.

8.0 Duration of interim or estimate when employee earnings are included in the calculation

a If the weekly compensation calculation consists of both of the following:
- an interim or estimate of self-employed (or shareholder employee) earnings
- employee earnings in the 52 weeks prior to DOFI/DOSI.

At the end of the three month period, EOS will automatically stop the interim/estimate rate, if confident that the client is a legitimate self-employed or shareholder employee:
- continue weekly compensation based on the employee earnings rate alone. This is because ACC has the actual employee earnings details to base an actual calculation on
- if the employee earnings rate is less than the minimum rate, and the client is eligible, you will need to manually raise the amount to the minimum full-time earner rate.

Note: No advance is to be paid in these situations under of the AC Act 2001, Section 131, because the client will already be eligible for the higher of the minimum rate and the weekly earnings rate based on the employee earnings.

- AC Act 2001, Section 131

9.0 Managing risk of overpayment when making interim or estimate payments

a There is a potential for overpayment if earnings from the most recently completed income year end up being lower than those from the next previous income year, ie the figure on which the interim payments are based.

Note: This risk increases if the client is a recent self-employed or shareholder employee that also has employee earnings included in the calculation.

ACC can manage this risk by contacting the client to find out how well the business did in the most recently completed income year.

If it seems likely that the most recent income year's earnings will be lower:
• suggest to the client that weekly compensation be based on a lower earnings rate to avoid a potential overpayment
• explain that this is an interim assessment and that the payment will need to be adjusted once the most recent financial year's earnings details are available
• advise the client that they should lodge their return as soon as possible, and suggest a timeframe of three months for this.

NOTE **Example: A client has not lodged their tax returns for the most recent tax year**
A person is unable to work due to their injury from July 2010, and has not yet lodged a return with Inland Revenue for the income year ending 31 March 2010.

Juno confirms earnings for the 31 March 2009 income year as $20,000, and the person advises that they worked full-time in the weeks prior to DOFI/DOSI.

Assess the person's weekly compensation as follows:
• earnings in the 2009 income year of $20,000 can be used in an interim assessment
• this needs to be reassessed when the 2010 income-year earnings are confirmed by Inland Revenue, and an adjustment made
• if the return is still not lodged after three months, remind them of their obligation to lodge the return, stop the interim payments, and consider paying an advance.
• if the client has a tax agent managing their tax affairs - the return for the 2010 income year must be lodged with Inland Revenue by 31 March 2011. If the client does not have a tax agent returns need to be filed by 7 July 2010.
• if no returns are lodged at the end of these periods consider suspending advance payments until it is lodged. If there is a concern that there has been an overpayment refer the matter to the Technical Accounting Service (TAS)

10.0 Advance payments

a An advance of weekly compensation can be paid to a client if there is going to be a delay in getting earnings details and this delay is beyond the client's control.

Advances are payable when ACC is satisfied the client is eligible for weekly compensation and can be paid until such time as the relevant earnings information to calculate weekly compensation is available.

Advances can also be paid once a client's eligibility for an interim or estimate has ceased, ie after the 3 month period has expired.

Note: The maximum advance payable is the minimum weekly compensation rate; however the following also needs to be considered when applying advances:

* An advance can be reduced from the minimum rate if the client is receiving earnings while they are unable to work due to the injury (abatement) and/or:

* If a client has CURRENT employee income on the collection point, then they are entitled to continue to receive the employee earnings in addition to any advance amount. In this scenario the advance we pay may exceed Minimum Weekly earnings.

* Advance rates in EOS must be added for the total 80% Weekly Compensation amount we wish to pay for the period.

See the Make a Weekly Compensation Advance Payment procedure linked below for instructions on making an advance payment.

PROCESS **Make a Weekly Compensation Advance Payment**

11.0 Consider an advance for employee and PAYE shareholder employees

a AC Act 2001, Section 131, outlines the provisions for making an advance payment.

NOTE **What is the eligibility criteria?**
An employee is eligible to receive an advance of weekly compensation if all the following apply:
• they were in employment at DOFI/DOSI and are unable to work due to the injury
• ACC is satisfied that they have employee earnings in the period before they became unable to work. Contact the employer directly to confirm this, or the client can provide payslips or bank account statements
• the earnings details required to make a full weekly earnings assessment are not yet available, and the delay in getting earnings details is not the client's fault.

NOTE **When is an employee not eligible for an advance?**
The client is not eligible to receive an advance of weekly compensation if any of the following apply:
• the employer is continuing to pay the client while they are unable to work due to the injury
• the client had no earnings before DOFI/DOSI
• it is the client's fault that the earnings information is unavailable.

AC Act 2001, Section 131

12.0 Consider an advance for self-employed and non-PAYE shareholder employees

a An advance of weekly compensation can be paid to a client if there is going to be a delay in getting earnings details, and this delay is beyond the client's control. If an interim or estimate is applicable this should be considered in preference to an advance.

Note: Self-employed and shareholder employees are generally required to have lodged tax returns for a particular income year and paid levies, by 31 March of the following income year. This means that tax returns for the next previous income year should have been lodged with Inland Revenue by DOFI/DOSI. Consider whether the client could be considered at fault if this is not the case.

NOTE **What is the eligibility criteria?**

Consider an advance, if you are satisfied that the client is:
• a self-employed earner or a non-PAYE shareholder employee
• is unable to work due to the injury, and one of the following apply:
— the requested information is yet to be returned to ACC and weekly compensation payments need to commence as soon as possible
— Juno indicates that the most recently completed income year's liable earnings are not yet available from Inland Revenue and Juno indicates that the next previous income year's liable earnings are not available
— ACC has made either interim or estimate based payments for three months and the most recently completed income year details are still not available from Inland Revenue.

NOTE **Example: Tax return for the income year has not yet been prepared**

A person started a business partway through the 2009/2010 income year, and became unable to work due to the injury on 1 August 2010. As a result, they had no self-employed income in the next previous income year. Their tax return for the 2009/2010 income-year has not yet been prepared.

As the unavailability of the return is not their fault, they are eligible for an advance. They have stated that they work full-time, and will be declaring to Inland Revenue that they are liable to pay the minimum annual earner levy.

An advance based on weekly earnings could be paid at the minimum full-time earner rate. Alternatively, a calculation based on estimated income for the year ending 31 March 2010 could be considered.

13.0 When employee earnings are included in the calculation

a If a composite of self-employed or shareholder employee earnings and employee earnings in the 52 weeks prior to DOFI/DOSI, an advance can only be paid up until the employee earnings are available. This is because the client will already be eligible for the higher of the minimum rate and the weekly earnings rate based on the employee earnings.

Consider both of the following in this situation:
• continue weekly compensation based on the employee earnings rate alone. This is because ACC has the actual employee earnings details to base an actual calculation on
• if the employee earnings rate is less than the minimum rate and the client is eligible, you will need to manually raise the amount to the minimum full-time earner rate..

14.0 Calculation method for advance

a Advance payments for self-employed and non-PAYE shareholder employee clients are usually set based on the minimum earner rate.

Only use this figure if confident that either:
• the client is liable to pay the minimum annual earner levy
• the client's final earnings will exceed this figure.

Otherwise, negotiate an appropriate lower weekly rate with the client.

For information on current minimum earner rates see Minimum earner rates sections 2.0 and 3.0 on the below Policy page. These rates are subject to change through regulation.

Weekly Compensation Indexation (Accident Compensation Act 2001)

NOTE **Period advance payable**

An advance is payable until the earlier of:
• the date that the earnings information is received and final calculation can be completed
• the date that it can no longer be said that the delay in provision of earnings information is beyond the client's control. For example, where the client has failed to meet applicable Inland Revenue tax return lodgement deadline.

NOTE **Completing final assessment**

Once the client's earnings details are available the final assessment is to be completed. The amount that has been paid as an advance needs to be taken into account in any arrears calculation.

If the client is self-employed and has been paid an advance based on their liability to pay the minimum annual earner levy and this is confirmed as the final amount, no additional payment will be due. Changes need to be made to EOS to confirm this as a final amount and notification of this as a final assessment is to be provided to the client.

Deemed Cover and Entitlements Policy v3.0

Summary

Objective
Use this guidance to apply a principle-based, decision-making criteria to determine whether a client is eligible to entitlements while deemed cover exists in order to:
• ensure consistency of decision-making by staff;
• improve the client experience by providing consistent and transparent responses to entitlement requests where there is a period of deemed cover; and
• minimise disputes around whether entitlements are payable or delays in making a decision on an entitlement, and if the matter does go to review, having a robust defensible position in relation to the entitlement request.

Owner [redacted]

Expert

Policy

1.0 Overview

a If ACC fails to meet the agreed timeframes on a cover decision, a client is deemed to have cover for their injury under section 58 of the Accident Compensation Act 2001. Once there is a deemed cover decision, the client will also be eligible for support.

Timeframes to determine cover Policy

b Each entitlement request from a client while deemed cover exists will need to be considered on its own merits.

Deemed cover decisions when timeframes not met Policy

2.0 Determine cover and entitlement eligibility

a Where deemed cover exists and an entitlement has been requested, investigations for both can be done concurrently. However, ACC must ensure that it does not unduly delay making a decision on the entitlement request particularly if the entitlement criteria has been met and cover is still being investigated.

b Clear communication with the client in these cases is crucial. The client will need to be aware that if cover is not granted any entitlement will only be for the duration of the deemed cover period, or where the entitlement has been approved but not undertaken there will be no additional entitlements. For example weekly compensation for incapacity following surgery.

3.0 Principles to use when considering entitlement requests while deemed cover exists

a When an entitlement application is received, for that entitlement to be payable ACC will apply the following principles, with questions targeted to the facts of each case:

i. the entitlement must be required because of the personal injury for which there is deemed cover,
ii. it meets the eligibility criteria for that entitlement, and either
iii. the requested entitlement, treatment, rehabilitation or service must be received within the deemed cover period, or
iv. approval for that entitlement, treatment, rehabilitation or service must be obtained within the deemed cover period if it cannot be paid or completed within the deemed cover period. For example, surgery when the procedure is approved within the deemed cover period but because of surgical wait lists it cannot be completed until after cover has been revoked.

NOTE **What if the entitlement has been approved but an invoice is not received for that entitlement until after the deemed cover period?**
A client can incur costs relating to some entitlements such as ancillary services, pharmaceuticals and non-approval required treatment which can be reimbursed by ACC. If deemed cover is revoked and as long as these entitlements were received within the deemed cover period then ACC can reimburse the client. Any services received outside of the deemed cover period would not be reimbursed if deemed cover is revoked.

NOTE **What if entitlements have been approved for the deemed cover period but the client has on-going needs?**
If cover is not granted then entitlements can only be paid for or approved during the deemed cover period. No other entitlements can flow on from this.

For example if surgery has been approved but not undertaken until after the deemed cover period the client would not be eligible for additional entitlements resulting from the surgery such as weekly compensation. Clear communication with the client is essentially for them to make an informed decision on whether or not to proceed with the approved surgery

4.0 Entitlements not considered while deemed cover exists

a If a client requests either:
- converted weekly compensation or
- permanent injury compensation (Independence Allowance or lump sum)

These requests are to be put on hold until cover is confirmed in the client's favour. It is also recommended that any needs assessment for more longer term or complex injuries are conducted after cover has been confirmed so that all rehabilitation needs can be identified.

5.0 Referral to Technical Services

a If you are unsure about the period that the client should start to receive support or whether they are eligible to receive the entitlement, you can refer the claim to Technical Services for guidance. See the below link for the referral process.

Seek Internal Guidance

Eligibility for weekly compensation for accidental death claims Policy v6.0

Summary

Objective
If a deceased person was an earner at the date of death, then weekly compensation can be payable to a surviving spouse, child or other dependant. The amount payable is a proportion of the compensation that would have been paid to the deceased if they had survived with full incapacity.

Establishing eligibility for weekly compensation for accidental death claims is similar to normal weekly compensation claims. The main difference is that the person who receives compensation is the surviving dependant, not the deceased.

See Entitlements – weekly compensation.

This document covers the additional considerations that apply when dealing with weekly compensation for accidental death claims.
• AC Act 2001, Schedule 1, Clause 48 sets out the weekly compensation entitlement for a person who suffers a new injury resulting in death
• AC Act 2001, Schedule 1, Clause 66 covers weekly compensation for a surviving spouse
• AC Act 2001, Schedule 1, Clause 70 covers weekly compensation for a child
• AC Act 2001, Schedule 1, Clause 71 covers weekly compensation for an other dependant.

Owner [redacted]

Expert

Policy

1.0 Eligibility criteria

a A spouse, partner, child or other dependant of the deceased is eligible for weekly compensation if all the following apply:

• ACC has accepted a claim for cover under the AC Act for the accidental death
• the surviving accidental death claimant has applied for weekly compensation, with regards to the accidental death claim
• the survivor qualifies as a spouse, child or other dependant of the deceased
• at the date of death the deceased:
- was an earner or potential earner
- was receiving weekly compensation
- had purchased earner status (ACC Timeout)

A claim can be made by more than one surviving accidental death claimant, eg a surviving spouse may make a claim on their own behalf and any surviving children of the deceased.

See Entitlements – weekly compensation.

- Entitlements – weekly compensation
  https://go.promapp.com/accnz/Process/3898de90-28
- Eligibility criteria for weekly compensation for an accidental death client

2.0 Dependants living overseas

a A surviving accidental death claimant who lives overseas may still be eligible for weekly compensation if the deceased had earnings that were taxable in New Zealand.

3.0 Ineligible survivors

a An accidental death claimant is not entitled to any payments if:

• they are imprisoned
• the deceased died as the result of suicide or a wilfully self-inflicted injury.

See Disentitlement for more information.

- Suspension & disentitlement
- Murder accused must not be paid fatal claim entitlements Policy
- Suspending weekly compensation for an imprisoned accidental death client

4.0 Compensation for several dependants

a Weekly compensation payable to a surviving accidental death claimant is based on a proportion of the weekly compensation, subject to indexation, that would have been paid to the deceased client had they survived with full incapacity. Abatement does not apply.

If there are a number of dependants, the total compensation payable for all dependants must not exceed the compensation that would have been paid to the deceased. In this situation, a pro-rata calculation is performed. AC Act 2001, Schedule 1, Clause 74 specifies the pro-rata calculation, if total compensation would exceed the maximum.

- AC Act 2001, Schedule 1, Clause 74
  https://www.westlaw.co.nz/maf/wlnz/app/document?d
- How to calculate maximum payments – weekly compensation for accidental death Policy

5.0 Establishing number of eligible surviving accidental death claimants

a We must establish how many surviving accidental death claimants may be eligible for weekly compensation. If we start paying weekly compensation to accidental death claimants and then discover another accidental death claimantexists, the weekly compensation must be recalculated using the new information.

Once the entitlements are recalculated, ACC has to consider recovering any possible overpayments.

- Definition of a spouse of a deceased client
- Definition of a child of a deceased client
- Criteria for a person to be an other dependant of a deceased client
- Definition of a partner to a deceased client

6.0 Date that weekly compensation is paid from

a Weekly compensation is payable to surviving accidental death claimants from the date of the deceased's death. There is no first week stand down period, even if the deceased suffered a non-work injury. Compensation is always based on the long-term calculation of weekly earnings. There is no short-term period of eligibility.

Start date for accidental death weekly compensation

Extension of Employment Status Policy v18.0

Summary

Objective
Refer to this guidance to help you determine when extension of employment status applies. This guidance applies to claims where the client became unable to work from 1 July 2010.

1) When to consider extension of employment status
2) Confirm employment has ceased
3) Required information to confirm cessation for self or shareholder employment
4) Extension of employment status applies
5) Eligibility criteria
6) Situations where the client had 'arranged' to enter an employment agreement
7) Criteria for extension: termination pay
8) Criteria for extension: employee job to go to
9) Seasonal workers
10) Level of proof: employee job to go to

Owner [redacted]

Expert

Policy

1.0 When to consider extension of employment status

a Consider a client's eligibility for extension of employment status under the Accident Compensation Act 2001, Schedule 1 Clause 43, if all the following apply:

• they are unable to work due to the injury

• the date they first or subsequently became unable to work (date of first incapacity 'DOFI' or date of subsequent incapacity 'DOSI') is after the date that the client recently ceased employment as either:
— an employee
— a self-employed person
— a shareholder employee

• they do not otherwise have employment.

2.0 Confirm employment has ceased

a For clients who were employees before they became unable to work, confirm the date their employment was terminated with their last employer.

b For clients who were either self-employed or shareholder employees before they became unable to work, as these clients were their own employers, determining the date that employment ceases requires more information.

3.0 Required information to confirm cessation of self or shareholder employment

a ACC can generally accept that self-employment or shareholder employment has ceased from the date the last of the following activities is carried out, including:

• the date the client's business ceased to trade

• the date the client fulfilled the business tax obligations required by Inland Revenue when, ceasing to operate a business, e.g. completing a business cessation form, cancelling employer registration, cancelling GST registration, and filing a final tax return

• the date their accountant confirms the client has ceased their employment

• the date the premises used for carrying out the business has either been sold or a lease has expired or been terminated

• the date when assets essential for the continuation of the business have been disposed of

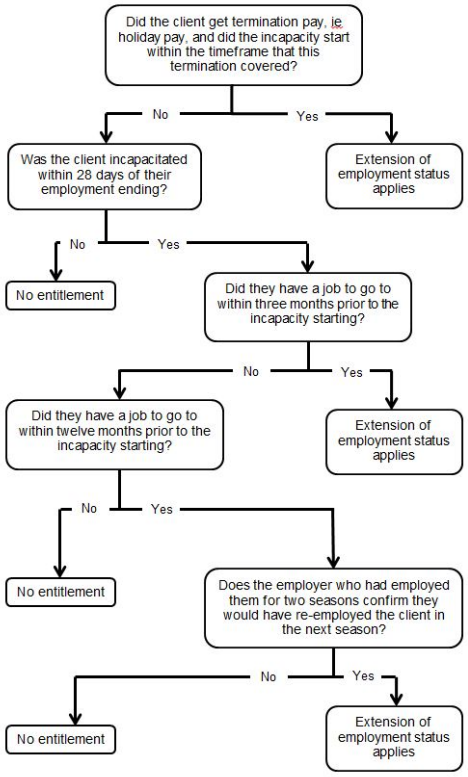
• the date when services previously used by the business, such as telephone, bank accounts, insurances and power, have been discontinued

• the date of bankruptcy of a self-employed person or the date the company of a shareholder employee, has been struck off the Companies Register, if applicable.

b If further clarification is required to determine if a client's self-employment or shareholder employment has ceased, please contact the Technical Accounting Services team.

4.0 Extension of employment status

a Use the flowchart attached to help determine when extension of employment status applies.



Does extension of employment status.jpg

b Special case: Calculating Termination Pay for Extension of Entitlement When Holiday Pay is Included in Wages.

Some employees do not receive a final payment upon ceasing employment as their holiday pay or leave entitlements are built into their hourly rate of pay. This is usually calculated as a flat 8% of earnings in the period.

Clients who have terminated employment prior to their injury can still be eligible for weekly compensation by applying the extension of entitlement rules.

For these clients, ACC will need to consider the portion of holiday pay included in wages, and then add this to the end of the employment period to extend the entitlement.

If a client has had multiple periods of employment with the same employer in the 52 week period, we only consider the income from the last period of employment when calculating the holiday pay portion. These extrapolated earnings are not eligible for abatement.

NOTE **Example**

Shea has been working for a recruitment agency, as and when required, when she is injured. She tells her case owner that she last worked for them 7 days before her injury and her holiday pay is included in her hourly rate. She advises she has been with them for about 5 Months working off and on as needed Monday to Friday. The employer confirms: $8,500 gross was earned over an 18 week period.

Calculation What Is It?
$8,500 ÷ 1.08 (8% Holiday pay component) = $7,870.37 this is the wage component before holiday pay was added

$8,500 - $7,870.37 = $629.63 this is the holiday pay associated to the
earnings ($7,870.37 + $629.63 = $8,500)

$7,870.37 ÷ 18 weeks = $437.24 this is the average earnings per week
(without holiday pay component)

Termination $629.63 ÷ $437.24 = 1.44 weeks the termination compared to the average weekly earnings

Extension = 7.2 days (1.44 ÷ 0.2 per day Mon-Fri) – therefore Shea qualifies for weekly compensation by 0.2 of a day.

5.0 Eligibility criteria

a A client can have extended employment status if, at DOFI/DOSI, they had recently stopped work, and fit one of the following scenarios:

• they received a termination payment on ceasing employment that equates to a certain number of days pay; this number of days is added to their employment cease date (the date the client last worked for their employer) and they become unable to work within this extended period

• they become unable to work due to the injury within 28 days of ceasing employment and if it were not for the inability to work, they would have been employed as an employee within either:

— three months after the date they became unable to work, had entered an employment agreement or had arranged to enter an employment agreement before they became unable to work

— twelve months after the date they became unable to work, if the client is a seasonal worker and the employer, who must have employed the client for the last two seasons, confirms there is a reasonable expectation they would have re-employed the client in the next season.

NOTE **How do we determine whether a client who left their employment is unable to work?**
Section 105 of the Accident Compensation Act 2001 applies if a client had recently ceased employment and satisfies the extension of employment status criteria. Under this provision 'Incapacity' is determined based on whether the client's personal injury restricts or prevents them, mentally or physically, from being able to engage in employment for which they are suited by reason of education, experience or training, or a combination of these things.

PROCESS Definition of Incapacity Policy

b The business rule below defines the Extension of Earner Criteria.

Extension of earner status criteria

c When considering Accident Compensation Act 2001, Schedule 1 Clause 43:

• the above scenarios run concurrently, not consecutively. That is, consider the 28 days in scenario 2 as running from the last day of employment, not from any extended date due to termination pay

• the extension due to termination pay, runs from the day the employment ceased

• the period that the client has been employed prior to DOFI/DOSI is not relevant in determining if the extension applies.

See 'Determine extension - employee job to go to' below.

Accident Compensation Act 2001, Schedule 1 Clause 43
http://www.legislation.govt.nz/act/public/2001/0049/lat

Determine extension - employee job to go to - Reference

6.0 Situations where the client had 'arranged' to enter into an employment agreement

a Under the Accident Compensation Act 2001, Schedule 1 Clause 43(3)(a), extension of earner status can apply if a client had entered into an employment agreement, or had arranged to enter an employment agreement, before the client became unable to work due to the injury (i.e. something short of an employment agreement, but also something more than a mere hope of employment).

NOTE **Example**
If an employer advises that a client was 'on my staffing list awaiting a vacancy', ACC would need to seek further clarification of what the staffing list entailed. If this was simply a list used for replacements once a current employee resigned, this could be considered insufficient to constitute 'an arrangement to enter into an employment agreement'.

However, if the employer advised the list was used to take on workers as work became available and it is clear the work due to its nature would become available, and the client would have been hired in the immediate future, then this could constitute an 'arrangement to enter into an employment agreement'.

b Ultimately, the question that needs to be satisfied is whether at the date the client became unable to work due to the injury, the arrangement in place meant it was more likely than not that they would have been in employment in the immediate future.

c If there are doubts about a client's eligibility when they have 'arranged to enter into an employment agreement', a comprehensive referral can be completed and forwarded to the Weekly Compensation Panel. See the below link for the referral process to the Weekly Compensation Panel.

Technical Services Panels

7.0 Criteria for extension: termination pay

a If a client received a payment of earnings on which an earner levy is payable (such as holiday pay) upon ceasing work as an employee, they are considered to be an earner for the equivalent number of days to which the payment relates.

NOTE **Example**
If a person is paid 10 days' holiday pay upon termination, they continue to be classified as an employee for 10 working days after the actual date they finished work. In this situation, if they became unable to work due to the injury within those 10 working days of ceasing employment, they are eligible for weekly compensation under this category.

When considering the number of days pay, have regard to the person's work pattern. For example, 10 days holiday pay for a 3 day per week worker would extend the person status as an employee by 3 weeks and 1 day.

8.0 Criteria for extension: Employee job to go to

a The client is eligible for weekly compensation if all the following criteria are met:

• they become unable to work due to the injury within 28 days of ceasing employment either as an employee, a self-employed person or a shareholder employee, and

• if it was not for the inability to work, they would have been employed as an employee within:

— three months after the date they became unable to work and had entered an employment agreement or had arranged to enter an employment agreement before they became unable to work

— twelve months after the date they became unable to work, if the client is a seasonal worker and the employer (who must have employed the client for the last two seasons, over the last two years) confirms that there is a reasonable expectation that they would have re-employed the client in the next season.

b The prospective employer is required to complete a ACC685 Prospective employer declaration.

ACC685 Prospective employer declaration

9.0 Seasonal workers

a A seasonal worker is an employee:
• whose employment is governed by the availability of work, and
•there is an understanding between the employer and employee that the employment will terminate when the work is no longer available.

To meet this definition of a seasonal worker, the client must demonstrate that they have worked for the employer for at least the last two seasons over the last two years.

NOTE **Examples**

A person is employed as an apple picker on the understanding that the work will terminate for that season when there are no more apples to be picked; therefore, they are a seasonal worker.

A university student is employed in a supermarket for each holiday period, and the work terminates when the student returns to university. This is not considered to be seasonal employment as the availability of work continues despite the fact that the student is not available to work.

b Typical types of seasonal workers include:
• shearers
• freezing workers
• floriculture workers
• horticulture workers
• ski industry workers.

c This is not an exhaustive list. If unsure if a client is a seasonal worker, contact a Technical Specialist.

10.0 Level of proof: employee job to go to

a If a client is injured within 28 days of ceasing employment, ACC will accept that a client is eligible for weekly compensation, if either of the following applies:

• They will be employed as an employee within 3 months of the date they became unable to work due to the injury, and had entered an employment agreement or had arranged to enter the employment agreement before they became unable to work, and the prospective employer confirms in writing the date the arrangement was made and the expected start date.

• They will be employed as an employee within 12 months (for seasonal workers) and the employer confirms in writing that they have employed the client for the last two consecutive seasons and would, if not for the inability to work, be likely to re-employ the client for the next season.

b The prospective employer must be a valid employer registered with Inland Revenue and ACC for the purposes of paying PAYE tax and employer levy respectively. Use the employer search on Pathway to establish if an employer is registered with ACC.

NOTE **Example 1**

A hardware shop assistant ceases employment as an employee on 20 May and gets no termination pay. On 25 May, they sustain personal injury and become unable to work. There is no indication they had a job to go to.

They become unable to work within 28 days of ceasing work, so the first criterion is met, but they do not have a job to go to within 3 months of DOFI and therefore this person is not eligible for extension of employee earner status.

NOTE **Example 2**

A person works every year in a fruit pack house from December to March. The person suffers an injury and becomes unable to work within 28 days of finishing the 2009 season. The employer is contacted and confirms in writing that the person has worked for them in the last two seasons, ie 2008 and 2009 and that there is a reasonable expectation that the person would be called upon to work in the next season, ie 2010. The employer is confirmed as a registered employer for tax and levy purposes.

ACC would accept that the person meets the extension of employment criteria and would provide weekly compensation to that client.