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

The Sensitive Claims Service

Operational Guidelines

Effective 1 December 2024

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

Contents

1. Introduction

These Operational Guidelines (guidelines) provide information to help deliver the Sensitive Claims Service as defined in the Service Schedule for the Sensitive Claims Service (Service Schedule). These guidelines apply to all suppliers, named service providers, service providers, and personnel delivering services under the Sensitive Claims Service.

These guidelines should be read alongside the Service Schedule and ACC's Standard Terms and Conditions for Health Contracts. If there is any conflict or inconsistency between these guidelines and the Service Schedule, the Service Schedule takes precedence.

ACC will continue to work collaboratively to improve the operational delivery of the Sensitive Claims Service. These guidelines will be updated in response to identified improvement opportunities. Suppliers will be notified when a new version is issued, and the latest version will be available on the ACC website.

1.1 Contacting ACC

The key ACC contacts who can help with any questions regarding the Sensitive Claims Service are listed below.

The supplier must be the first point of contact or escalation before contacting ACC.

Team	Purpose	Phone	Email/ Website
ACC eBusiness Gateway	Queries about submitting the engagement form. Queries about electronic invoicing.	0800 222 994	ebusinessinfo@acc.co.nz Invoicing us (acc.co.nz)
Contact Centre	General queries about sensitive claims.	0800 735 566	sensitiveclaims@acc.co.nz
ACC Recovery Team Members	Queries about specific claims.	0800 735 566 (then request to be transferred to the relevant team).	Partnered Recovery: Specific Recovery Partner email as per their contact details Assisted Recovery: assistedrecovery1@acc.co.nz
Contracts Administrator and Health Procurement Specialists	Queries about your contract. Updating contract details.	0800 400 503	health.procurement@acc.co.nz
Engagement and Performance	Queries regarding service delivery, application of the	0800 222 070	Contact our provider relationship team (acc.co.nz)

Team	Purpose	Phone	Email/ Website
Managers (EPM)	contract, and performance.		
Provider Contact Centre	Queries about manual invoicing. General provider or supplier queries.	0800 222 070	providerhelp@acc.co.nz
Mental Health Portfolio Team	General queries about the service.	N/A	mentalhealth@acc.co.nz
Sensitive Claims Psychology Advisors	Clinical queries about assessment and reports.	09 354 8425	N/A
Website	The ACC website provides helpful information, especially our provider section. Go to www.acc.co.nz/for-providers/		

For more details about who to contact at ACC in different situations, please see Resolving Issues Together (acc.co.nz)

Please report all health, safety and security risks or incidents in writing using the procedure on our website www.acc.co.nz/for-providers/report-health-safety-incidents

1.2 Cover for Mental Injury caused by Sexual Abuse and Assault

Cover

Under the Accident Compensation Act 2001 (the Act), a mental injury is defined as 'a clinically significant behavioural, cognitive, or psychological dysfunction'.

An ACC claim for mental injury caused by sexual abuse or assault is called a sensitive claim.

ACC can provide cover for a sensitive claim where:

- there has been an event of sexual abuse or assault(s), or certain criminal acts, as listed in Schedule 3 of the Act;
- there is a mental injury present, and the sexual abuse or assault event(s) is causally linked to that event; and
- the event occurred in New Zealand or, if the event occurred outside of New Zealand, kiritaki (client) was ordinarily resident in New Zealand when the event occurred.

Cover for a sensitive claim is not provided immediately when a claim is lodged as each of the criteria above need to be confirmed by ACC. Kiritaki can access support while awaiting a cover decision.

Once ACC has accepted cover for a mental injury caused by sexual abuse or assault, treatment and support that is necessary and appropriate for the individual needs of kiritaki can be provided.

The status of a claim at ACC can be:

- Held (where ACC is reviewing a claim and has not yet made a decision on whether to accept or decline the claim, often referred to as claims in ‘pre-cover’);
- Accepted (where the claim has met the criteria for cover and ACC has issued a decision accepting cover); or
- Declined (where the claim has not met the criteria for cover and ACC has issued a decision declining cover).

Declined claims

Claims are declined when one or more of the criteria for cover are not met. Once declined, the claim cannot be re-opened unless there is new information for ACC to consider. If new information is provided, ACC will review the information and issue a new decision.

Claims will also be declined in the following situations:

- there is insufficient information for ACC to confirm cover (ACC will continue to gather the necessary information to determine cover, and kiritaki will be supported throughout);
- kiritaki disengage from services and withdraw their claim before cover is determined; or
- kiritaki decide not to have cover determined and access Short-term Support to Wellbeing. The claim is classified as ‘withdrawn’ in ACC’s system.

In these situations, the claim can be re-opened if kiritaki decide to re-enter services at a later date.

Cover timeframes

Sensitive claims are considered 'complicated’ claims. As a result, ACC may need more time and information to make a cover decision.

ACC has two months from the time of a new claim being lodged to make a decision to either accept or decline a claim. Extensions to this time can be used to allow for additional information to be gathered or assessed to enable a cover decision. There are two extensions available:

- First Extension:
  ACC may extend the initial two-month timeframe to four months. Kiritaki would be informed in writing that more time is required.
- Second Extension:
  ACC may request a further five-month extension after the first extension, allowing up to nine months from the date a claim was lodged to issue a final cover decision. Kiritaki must provide their written permission for ACC to apply this second extension. ACC may ask the lead service provider to send a confirmation form as part of the Early Supports Plan.

If kiritaki decline to extend the decision timeframe, ACC must issue a decision based on the information available at the time.

These cover timeframes apply to:

- recently lodged claims where cover has not been determined; and
- existing claims where a request for additional diagnoses has been made and ACC must accept or decline that request.

2. The Sensitive Claims Service

The Sensitive Claims Service provides support, assessment, and treatment services for kiritaki who have experienced sexual abuse or assault covered by the Act and who have a mental injury caused by that act of sexual abuse or assault. ACC purchases the Sensitive Claims Service to improve the health, independence, and overall quality of life for kiritaki to the maximum extent practicable.

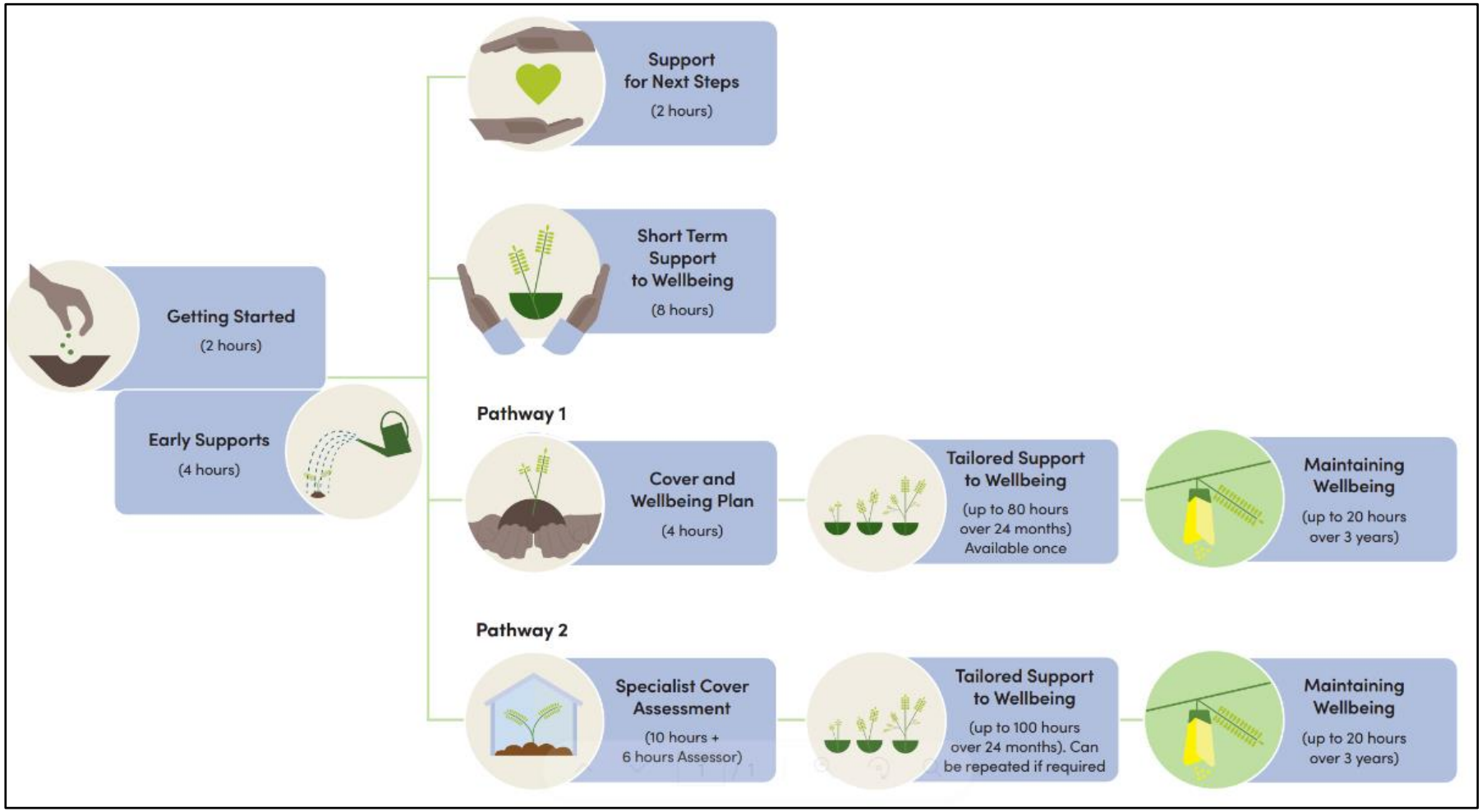
The Sensitive Claims Service puts kiritaki at the centre of their recovery and brings together a range of supports and treatment to assist kiritaki with their recovery. Suppliers, named service providers and service providers have the flexibility to tailor services to the specific needs of kiritaki.

The objectives of the Sensitive Claims Service are:

Timeliness:	Kiritaki receive timely treatment and rehabilitation services
Service Delivery	Kiritaki receive treatment and rehabilitation services that are tailored to their specific injury and needs (cultural or other), based on clinical best practice.
Equity	Kiritaki have equity in access, service experience and outcomes.
Sustainable	Services are appropriate to the needs of kiritaki, delivered at an appropriate point of recovery for kiritaki, and by the Named Service Provider and/or Service Provider best suited to deliver that treatment to ensure services are financially sustainable now and in the future.
Outcomes	Kiritaki have improved health, independence, and overall quality of life (to the maximum extent practicable).
Integration	Kiritaki are referred to other relevant services, supports and organisations, where appropriate, that will contribute to their overall improved health, independence, and quality of life.

Overview of the pathways through the Sensitive Claims Service

The diagram below provides an overview of the support pathways available for kiritaki under the Sensitive Claims Service. Each support pathway is explained in further detail in these Guidelines.



2.1 Accepting referrals

Kiritaki can self-refer into the Sensitive Claims Service or be referred by ACC or a range of social and health organisations.

Suppliers must have an appropriate triage process in place to manage all referrals they receive. This includes (but is not limited to):

- confirming eligibility for services;
- risk identification and mitigation;
- ascertaining the needs of kiritaki to determine the suitable support type and named service provider;
- ensuring kiritaki understand what a 'sensitive claim' is; and
- confirming if kiritaki are returning to support (where they have previously had a claim lodged) or are engaging for the first time.

The supplier has five (5) business days to confirm whether they will accept or decline the referral.

If the referral is accepted, the supplier must contact kiritaki within two (2) business days to make an initial appointment. The appointment should take place as soon as possible with a suitable named service provider.

2.2 Waitlists

Suppliers may choose to manage a waitlist. If so, the supplier should have documentation on how their waitlist will be managed.

Suppliers are expected to:

- have a triage process to assess the needs and risks of kiritaki. If immediate risks are identified that need to be escalated, refer kiritaki to another appropriate support organisation or agency (e.g. crisis support services, General Practitioner or Safe to Talk.);
- seek agreement from kiritaki before placing them on a waitlist;
- provide kiritaki with an indication of the wait time; and
- advise kiritaki they can continue to search for another supplier or named service provider while on a waitlist using www.findsupport.co.nz.

2.3 Declining referrals

Suppliers may decline a referral where:

- they have no capacity to accept the referral;
- a conflict of interest exists, or
- the needs of kiritaki would be better met by another supplier.

If a supplier declines a self-referral, they must:

- offer kiritaki a space on their waitlist (if appropriate); or
- help kiritaki find a suitable alternative supplier in their area. Where an alternative supplier is not able to accept the referral, the supplier must direct kiritaki to www.findsupport.co.nz.

As part of the six-monthly report to ACC, the supplier must keep a record of:

- all referrals declined (not including those that came directly from ACC); and
- the reason for declining the referral.

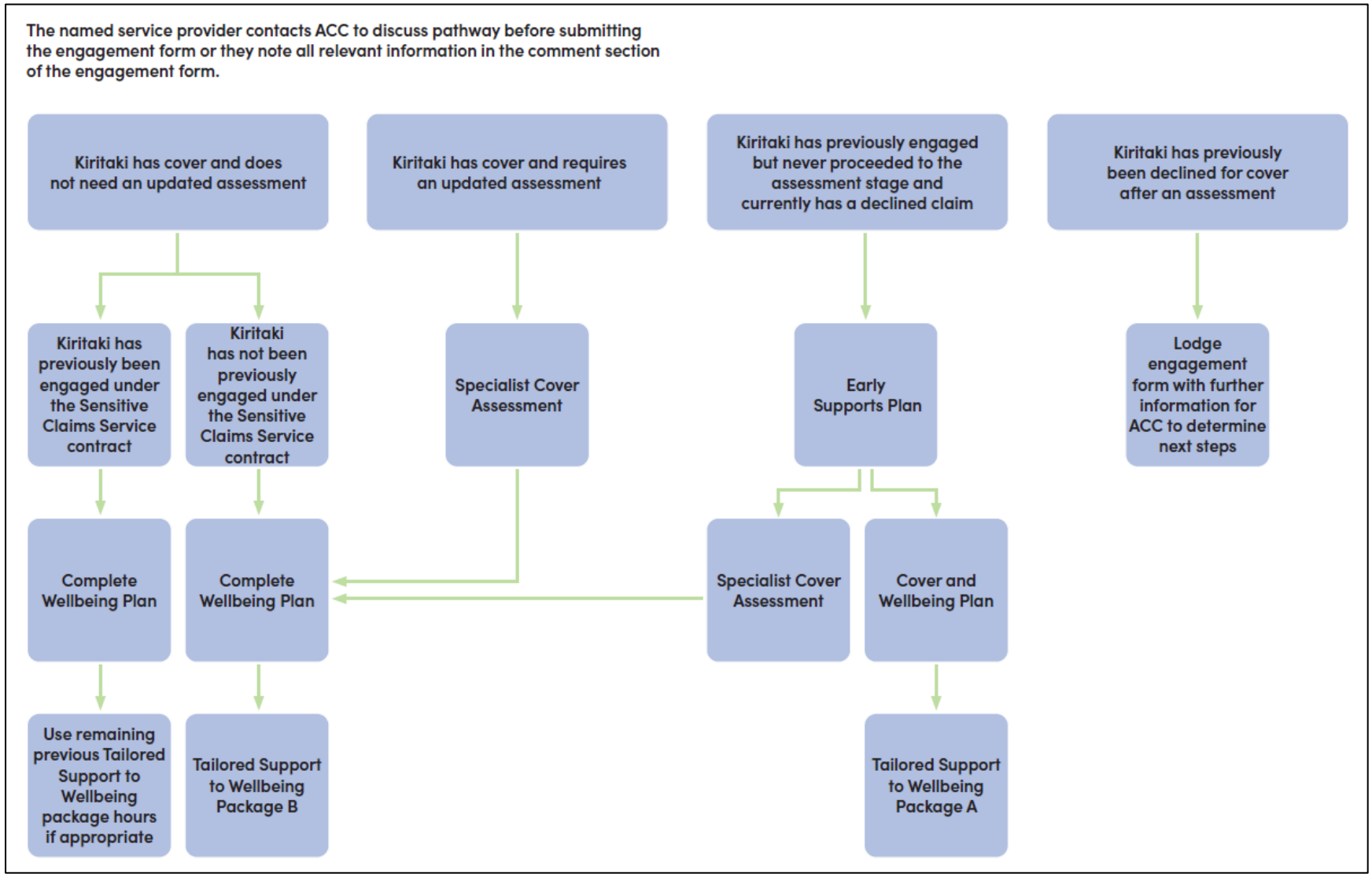
2.4 Returning kiritaki

Kiritaki who want to access services under an existing sensitive claim are regarded as 'returning kiritaki'.

A new Engagement Form must be lodged for all returning kiritaki. ACC will contact the named service provider to discuss next steps.

The diagram below highlights possible pathways for kiritaki returning to services.

Pathways for returning kiritaki



3. Core and Supporting Services

The Sensitive Claims Service comprises core and supporting services:

- **Core Services** are those that a supplier must be able to directly deliver (through their agreed Named Service Providers or Service Providers) in their agreed geographical area/s.

- **Supporting Services** are those that complement delivery of the core services. A supplier must be able to access service providers (or have them delivered where appropriate by their named service providers) to deliver the supporting services in their agreed geographical area/s.

Pre-Cover Core and Supporting Services

Core Services	Supporting Services
Getting Started	Social Work
Early Supports (and Early Supports Plan)	Whānau Support
Support for Next Steps	Cultural Support and Advice
Short-term Support to Wellbeing	Active Liaison
Cover and Wellbeing Plan	Function Assessment
Specialist Cover Assessment	

Post-Cover Core and Supporting Services

Core Services	Supporting Services
Wellbeing Plan	Cultural Support and Advice
Tailored Support to Wellbeing (Package A and B)	Active Liaison
Treatment Review	Group-based Therapy and Dialectical Behavioural Therapy (DBT) Group
Maintaining Wellbeing	

4. Pre-Cover Core Services

Pre-cover is the duration between kiritaki lodging a claim for cover and ACC issuing a decision on the claim. This stage allows for further investigation to determine cover and whether to accept or decline the claim following appropriate assessment of injuries.

Pre-cover core services are those services that can be accessed prior to cover being determined by ACC.

4.1 Getting Started

This service is for the initial appointment(s) where the named service provider will provide kiritaki with information about the Sensitive Claims Service, gain consent to lodge a claim, then lodge an Engagement Form.

Up to two (2) hours can be used by the named service provider to:

- meet with kiritaki;
- determine if they meet the criteria to access services;
- explain the Sensitive Claims Service;
- explore the needs of kiritaki; and
- start to build a therapeutic relationship and rapport.

This service is for kiritaki who are:

- entering the Sensitive Claims Service and lodging a new claim;
- re-entering the Sensitive Claims Service on an existing claim; or
- changing lead service provider whilst already engaged in services.

Engagement form

On receipt of an Engagement Form, ACC will issue a purchase order for the next relevant services and contact kiritaki to complete a 'Welcome Conversation'.

The Welcome Conversation is the first interaction ACC has with kiritaki. By the close of the call, kiritaki should understand:

- ACC's role in their recovery;
- how ACC will use their information; and
- what entitlements and supports might be available to them.

If kiritaki do not wish to be contacted by ACC, the named service provider must state this on the Engagement Form. ACC will contact the named service provider to confirm support for kiritaki.

The Engagement Form can be accessed and submitted using ACC's eBusiness Portal: https://myacc.co.nz/

Children and young people (under 16)

Named service providers must confirm a safe contact when submitting an Engagement Form for a child or young person. The safe contact is the person who is most appropriate for ACC to contact if required.

4.2 Early Supports

This service is to identify the needs of kiritaki and work with them to determine the most appropriate services to address those needs.

This service must be delivered by a named service provider who will be the lead service provider.

The lead service provider can access:

- up to four (4) hours to meet with kiritaki and work with them to gather information; and
- up to two (2) hours to complete and write the Early Supports Plan for ACC.

In the Early Supports Plan, the lead service provider will:

- identify the initial needs of kiritaki and the services required to meet those needs;
- indicate the named service provider/s or social worker who will deliver the required pre-cover services, how many hours are needed, and the rationale for the services requested; and
- confirm that the event(s) meet the criteria specified in Schedule 3 of the Act while kiritaki was ordinarily resident in New Zealand.

If kiritaki proceed to a Specialist Cover Assessment, the lead service provider must ensure that the following documents are completed and signed:

- ACC8532 Consent for cover timeframe extension - client (this is only required for claims where ACC has not made a cover decision yet); and
- ACC6300 Authority to collect medical or other records.

The Early Supports Plan must be submitted within ten (10) business days of the last Early Supports session with kiritaki.

Once ACC has received and reviewed the Early Supports Plan, ACC will contact the lead service provider and supplier to confirm the next steps.

If the plan is approved, ACC will send a purchase order for the next service items to the supplier and named service provider and contact kiritaki or their safe contact to confirm the services that have been approved.

Early Supports for children and young people

If kiritaki are aged 17 and under at the time they complete an Early Supports Plan, the lead service provider can implement the child or young person pathway.

The Early Supports Plan for children and young people is designed to facilitate access to treatment and supports quickly. The plan includes:

- a section on consent and legal guardianship for children and young people to establish who can make decisions;
- a section to confirm that the child or young person has experienced a Schedule 3 event(s); and

- an option to determine cover for mental injury from the Early Supports Plan if the presentation and needs of the child or young person are clear enough to allow this to happen.

To determine cover through the Early Supports Plan, there must be sufficient evidence for ACC to be satisfied that there is a mental injury(s) present linked to a Schedule 3 event/s.

ACC requires the use of the Health of Nations Outcome Scales for Children and Adolescents (HoNOSCA), or for Infants (HoNOSI), and a second measure such as the Child Trauma Scale, to indicate the presence of mental injury symptoms.

If ACC accepts cover following submission of the Early Supports Plan, the covered injury will be 'Unspecified Trauma or Stressor Related Disorder', indicating that ACC has confirmed a mental injury caused by sexual abuse or assault is present but that a specific diagnosis is not needed to safely provide treatment and support.

Following approval of cover through the Early Supports Plan, the child or young person can access treatment and support through Tailored Support to Wellbeing Package A. The lead service provider will be required to submit a Wellbeing Plan that sets out the allocation of services and hours required under that package.

If the child or young person is not ready to investigate cover this early in the process, and does not require a Specialist Cover Assessment, the Cover and Wellbeing Plan can still be accessed.

4.3 Support for Next Steps

This service is to support kiritaki who are not eligible for ACC services under the Sensitive Claims Service. The supplier and lead service provider (or social worker) will support kiritaki to transition to another non-ACC service and close off the therapeutic relationship.

Pre-cover supporting services cannot be accessed in conjunction with this service.

On receipt of an Early Supports Plan requesting this service, ACC will:

- confirm with the lead service provider and kiritaki, that the claim has been declined; and
- approve two (2) hours of Support for Next Steps.

When this Support for Next Steps service is complete, the named service provider will submit a Closure Notice within ten (10) business days of the last session with kiritaki.

This service can only be used when kiritaki are not eligible for ACC support.

4.4 Short-term Support to Wellbeing

This service provides support to kiritaki who require short-term intervention to support their wellbeing and do not wish to pursue cover for a mental injury through a Cover and Wellbeing Plan or Specialist Cover Assessment (or Early Supports Plan for children and young people).

This service can only be accessed once per claim and only where cover has not yet been determined.

The objective of Short-term Support to Wellbeing is for kiritaki to self-manage by the completion of this service or proceed through one of the cover pathways for further ACC support (where that is required).

ACC will approve up to eight (8) hours of Short-term Support to Wellbeing, for the lead service provider to support kiritaki to achieve the goals documented in the Early Supports Plan.

If kiritaki don't require any further services at completion of this service, the lead service provider must submit a Completion Report to ACC within ten (10) business days of the last Short-term Support to Wellbeing session. The claim will be declined and closed but kiritaki can return to services at a later stage if they wish to pursue cover for a mental injury through one of the cover pathways.

If it is identified before the completion of this service that kiritaki require further support, the lead service provider must contact ACC. It is important that this happens before the expiry of the hours allocated for this service and that an updated Early Supports Plan is submitted to confirm a Cover and Wellbeing Plan or Specialist Cover Assessment. ACC will confirm with the supplier, lead service provider and kiritaki when the next services are approved.

4.5 Cover and Wellbeing Plan

This service is for kiritaki where the lead service provider has determined, based on the needs and presentation of kiritaki, that the use of a Cover and Wellbeing Plan is a clinically appropriate option to establish cover and outline treatment needs.

The Cover and Wellbeing Plan can be completed by the lead service provider (namely a counsellor, psychotherapist, or psychologist). Where the lead service provider is a psychiatrist, a Specialist Cover Assessment must be used.

The Cover and Wellbeing Plan is appropriate to use when:

- kiritaki do not have a significant mental health history outside of the Schedule 3 event(s);
- the lead service provider is confident that the needs of kiritaki can be met through Tailored Support to Wellbeing Package A; and
- the lead service provider does not require input or advice from a named assessment provider to plan treatment or clarify the injury presentation.

The Cover and Wellbeing Plan is not appropriate to use when kiritaki present with:

- significant mental health diagnoses and/or a history of engaging with mental health services or addiction services;
- substance abuse issues, active eating disorders, personality disorders, or mental health conditions that need specialist medication input from a psychiatrist or similar professional;

- significant risk concerns (either to kiritaki or to others); or
- specific ACC treatment or entitlement needs, such as financial entitlements or residential care, that would require a Specialist Cover Assessment to be completed to determine cover and entitlement.

If the lead service provider is unsure which cover pathway is most appropriate, this could indicate that the Cover and Wellbeing Plan is not the appropriate option. If a second opinion is needed, with kiritaki consent, the lead service provider should seek advice from an experienced colleague (such as their supplier or supervisor). The ACC Psychology Advisor hotline can be contacted to seek general advice about selecting the most appropriate cover pathway.

The Cover and Wellbeing Plan must provide sufficient information for ACC to:

- determine cover for Unspecified Trauma or Stressor Related Disorder; and
- approve the Wellbeing Plan and recovery goals for kiritaki.

As part of the Cover and Wellbeing Plan, ACC must be satisfied that there is a mental injury present that is linked to the Schedule 3 event(s). The ‘Impact of Events Scale - Revised’ (IES-R) in the Cover and Wellbeing Plan is used to show the presence of mental injury symptoms and must be completed by kiritaki.

The treatment and goals section of the Cover and Wellbeing Plan is used to describe the goals kiritaki want to achieve and the ACC services and providers that will deliver services under the plan. The recovery goals must be:

- meaningful to kiritaki;
- focus on specific injury-related things that kiritaki would like to see change or improve, instead of broad goal statements; and
- specific, measurable, achievable, relevant, and time-bound (SMART), focussing on the impacts the covered injury is having on kiritaki.

For each goal there must be:

- a description of the services needed to achieve this goal;
- detail on how progress on the goal will be measured; and
- an estimated timeframe for goal completion.

The lead service provider must provide a list of the named service providers or service providers who will be involved in the delivery of services to kiritaki, their profession, and how many hours each provider will need (acknowledging that this may change as the goals and needs of kiritaki progress or change).

Services requested must be necessary and appropriate to support the recovery of kiritaki, and that the hours requested are appropriate.

Once a Cover and Wellbeing Plan has been created and approved by ACC, requests for any changes to a current Wellbeing Plan should be made by the lead service provider who will document the changes in a Progress Report or request ACC to make the change.

Tailored Support to Wellbeing Package A can be accessed following approval of cover through a Cover and Wellbeing Plan. Package A is only available once per claim. If kiritaki are likely to need more support to achieve their goals than Package A can provide, the lead service provider and kiritaki should consider completing a Specialist Cover Assessment

To complete the Cover and Wellbeing Plan, the lead service provider can access:

- up to four (4) hours to meet with kiritaki to gather the necessary information to complete the plan, (including the feedback session with kiritaki once the plan is complete); and
- up to two (2) hours to complete and write the Cover and Wellbeing Plan to submit to ACC.

The Cover and Wellbeing Plan must be submitted to ACC within ten (10) business days of the last session under this service.

If ACC accepts cover following submission of a Cover and Wellbeing Plan, the covered injury will be 'Unspecified Trauma or Stressor Related Disorder', indicating that ACC has confirmed a mental injury caused by sexual abuse or assault is present but that a more specific diagnosis is not needed to safely provide treatment and support.

Lead service providers are not expected to provide additional diagnoses as part of the Cover and Wellbeing Plan. If a specific injury diagnosis is needed to safely provide treatment and support, the Specialist Cover Assessment pathway must be used.

Completing a Cover and Wellbeing Plan for children and young people

While the purpose of the Cover and Wellbeing Plan is the same for both adult kiritaki and for children and young people, there are differences in the information needed in the plan. These differences are outlined in the table below:

Cover and Wellbeing Plan	Children and Young People	Adults
Consent and legal guardianship	Yes – to ensure that it is clear who is making decisions on behalf of the child or young person.	No
Psychometric Measures to determine cover	• Health of Nations Outcome Scales for Children and Adolescents (HoNOSCA); or • Health of Nations Outcome Scales for Children and Adolescents for Infants (HoNOSI); and • one additional measure chosen by the lead service provider.	Impact of Events Scale – Revised (IES-R)

Please note HoNOSI is for children under 4 years. It must be used as part the Cover and Wellbeing Plan but is not used as an outcome measure for this service. See Outcome Measures for guidance.

The difference in psychometric tools is to account for the difference in developmental stages and presentations that can occur across children and young people.

The HoNOSCA, or HoNOSI must be supported by at least one appropriate additional measure chosen by the lead service provider to reflect clinically significant symptoms that the HoNOSCA or HoNOSI would not measure.

This additional measure/s should be the:

- Strengths and Difficulties Questionnaire;
- Child Revised Impact of Events Scale;
- Child Report of Post Traumatic Stress;
- Parent Report of Post Traumatic Stress; or
- other clinically appropriate measure.

In the Cover and Wellbeing Plan, the lead service provider must state which measure/s have been used and why, the result of that measure, and why the result is clinically significant or not.

4.6 Specialist Cover Assessment

This service is for kiritaki where the lead service provider has determined that an assessment by an approved Named Assessment Provider to determine the presenting injuries and appropriate treatment needs is required.

The Specialist Cover Assessment is used to establish cover for kiritaki who might have more complex presentations, or who need a greater level of diagnostic assessment to accurately establish their injuries and needs. This could be for a variety of reasons, but the most common are:

- Kiritaki are seeking other entitlements from ACC (like financial entitlements - such as weekly compensation or loss of potential earnings, or residential services) where more information is needed to make an informed decision than the Cover and Wellbeing Plan can provide.
- Kiritaki have a complex mental health history or comorbid conditions like drug or alcohol addiction that would make the Cover and Wellbeing Plan an inappropriate option.
- The lead service provider determines it would not be clinically safe or appropriate to plan treatment and recovery for kiritaki without input from a named assessment provider.
- Kiritaki require treatment and support that cannot be provided through Tailored Support to Wellbeing Package A.
- A more specific injury diagnosis than ‘Unspecified Trauma or Stressor Related Disorder’ is needed to safely provide treatment and support.

The following table indicates who can complete a Specialist Cover Assessment and the hours available:

Assessor	Hours available Assessor	Lead Service Provider
Named Assessment Provider (that is not the Lead Service Provider)	Up to six (6) hours to meet kiritaki and gather information (including the feedback session with kiritaki once the assessment is complete). Up to ten (10) hours to complete the Specialist Cover Assessment Report for ACC.	Up to ten (10) hours to support kiritaki before, during and following the assessment until ACC has made a cover decision.
Named Assessment Provider (that is also the Lead Service Provider)	Up to ten (10) hours to support kiritaki and gather information. Up to ten (10) hours to complete the Specialist Cover Assessment Report for ACC.	

Where the named assessment provider is not the lead service provider, they should work together to support kiritaki through the assessment. This includes sharing information or including the lead service provider in the assessment sessions to support kiritaki.

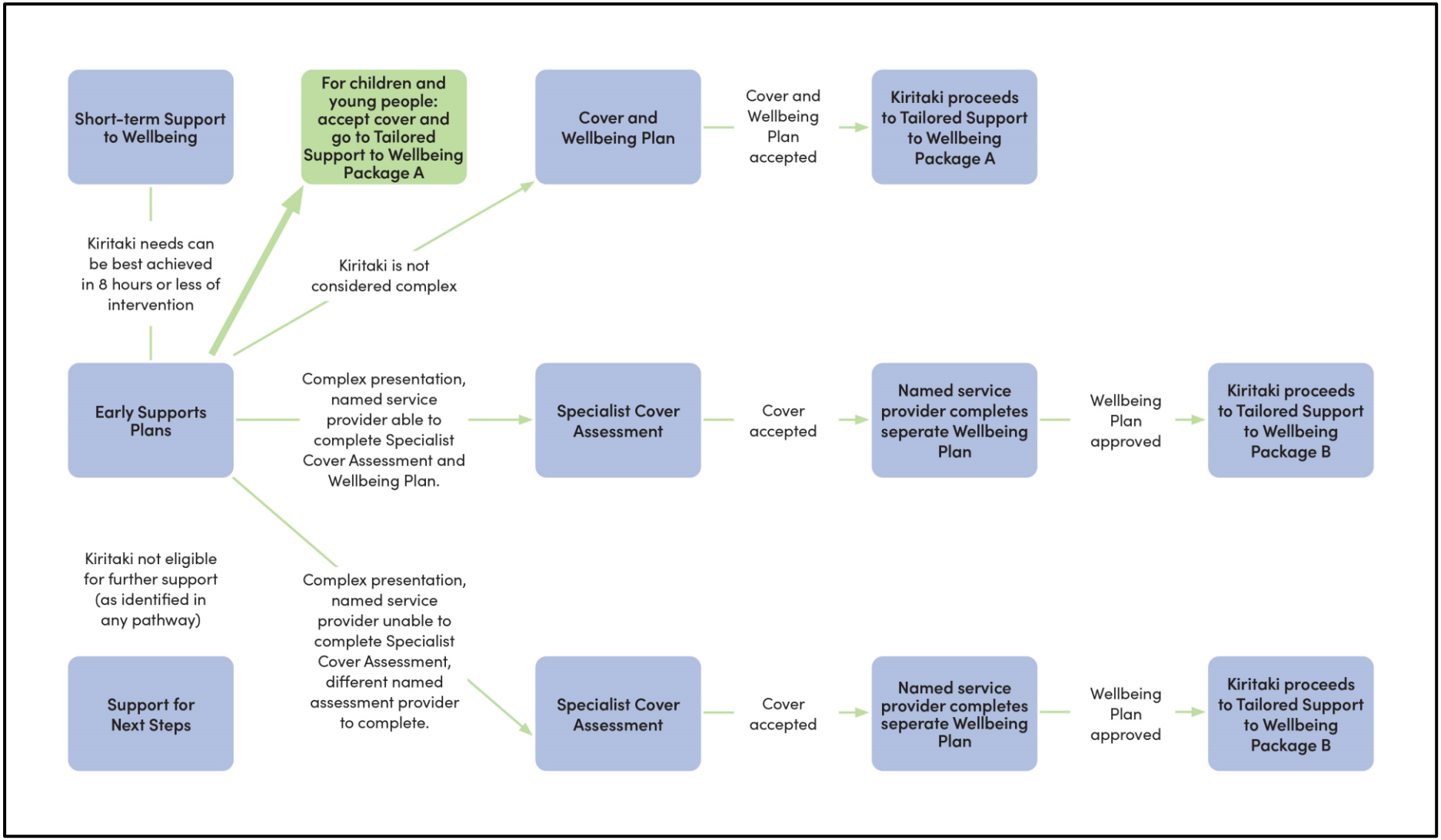
If the named assessment provider requires information from the lead service provider, the time used to do this must be included in the report writing hours available for the assessment. The lead service provider can use Active Liaison for the time they spend gathering and supplying information for the named assessment provider (where they are separate providers). The named assessment provider cannot use Active Liaison hours for this purpose.

A psychiatrist should be considered for the Specialist Cover Assessment when kiritaki have a mental health history that includes mental illness such as bipolar affective disorder or schizophrenia, or where there is a high likelihood that specialist medication (requiring prescription from a psychiatrist or similar provider) will be required.

The Specialist Cover Assessment template includes sections for both cover and function. If the lead service provider or ACC identifies that Weekly Compensation or Loss of Potential Earnings may be an option for kiritaki (i.e. if their ability to work is being impacted by their injuries), then a Function Assessment is required.

A Function Assessment should be completed at the same time as the Specialist Cover Assessment (see Function Assessment) by a named assessment provider who is approved by ACC to complete the Function Assessment. The Specialist Cover Assessment must be submitted to ACC within ten (10) business days of the last session under this service.

Summary of the pathways that can be selected from the Early Supports Plan and assessment options



5. Post-Cover Core Services

Post-cover is the term ACC uses to describe the period following cover being approved through to the completion of services (or when kiritaki exit services).

Post-cover core services can be accessed once kiritaki have cover accepted for mental injury caused by sexual abuse or assault. These services include:

- Wellbeing Plan (following a Specialist Cover Assessment)
- Tailored Support to Wellbeing Packages A and B
- Treatment Review
- Maintaining Wellbeing.

5.1 Wellbeing Plan

The Wellbeing Plan is used when:

- kiritaki have cover accepted following a Specialist Cover Assessment;
- a child or young person has a covered claim following an Early Supports Plan; or
- where kiritaki are re-engaging in services, and it has been agreed with ACC that updated cover is not required.

The Wellbeing Plan details the recovery goals and milestones for kiritaki, and outlines the services required to meet those recovery goals.

Goals in the Wellbeing Plan should be specific, measurable, achievable, relevant, and time-bound (SMART), focussing on the impacts the covered injuries are having on kiritaki.

Each goal must describe the services needed to achieve this goal, how progress will be measured, and the estimated timeframe for goal completion.

The lead service provider must also provide a list of the named service providers and service providers who will be involved in the care of kiritaki, their profession, and how many hours each of those providers will need (acknowledging that this may change as the goals and needs of kiritaki progress). Services and hours requested must be necessary and appropriate to support the recovery of kiritaki.

Up to four (4) hours are available for the lead service provider to meet with kiritaki and develop goals, and up to two (2) hours are available to complete the Wellbeing Plan for ACC. The Wellbeing Plan must be submitted to ACC within ten (10) business days of the last session under this service.

Once a Wellbeing Plan has been approved by ACC, any changes to the plan should be made by the lead service provider who will document the changes in a Progress Report, notify ACC, or request ACC to make a purchase order change if required.

A new Wellbeing Plan is only needed when the end of a Tailored Support to Wellbeing Package B is reached, and further services are required. In this case, a new Wellbeing Plan must be created to set out the goals and services for the new package.

5.2 Tailored Support to Wellbeing Package A and B

Tailored Support to Wellbeing provides personalised treatment and support based on the specific needs of kiritaki, helping them achieve the recovery goals in their Cover and Wellbeing Plan or Wellbeing Plan.

Kiritaki can access a wide range of supports under Package A or B, however there are some differences between the two. The table below highlights the key differences.

Package A	Package B
Available following acceptance of cover from a Cover and Wellbeing Plan For children and young people – Available following acceptance of cover from Early Supports plan and approval of Wellbeing Plan.	Available following acceptance of cover from a Specialist Cover Assessment and approval of subsequent Wellbeing Plan.
Up to 80 hours of support.	Up to 100 hours of support.
Delivered over a maximum of 24 months.	Delivered over a maximum of 24 months.
Can only be accessed once.	Can be repeated once before a Treatment Review is required.
A named service provider (excluding a psychiatrist) can be the lead service provider.	A named service provider (including a psychiatrist) can be the lead service provider.
Access to group-based therapy (excluding Dialectical Behavioural Therapy (DBT) Group-based Therapy).	Access to Dialectical Behavioural Therapy (DBT) Group-based Therapy.

Each package must be tailored to meet the specific needs of kiritaki. This includes tailoring the:

- total number of service hours delivered;
- duration (the time over which services are delivered); and
- services and supports utilised.

Responsibility for the co-ordination of the package of Tailored Support to Wellbeing sits with the supplier and lead service provider. They are responsible for reporting to ACC on progress against recovery goals and will coordinate the treatment and support required.

It is not expected that the maximum allocation of hours or duration available will be used for each kiritaki. The hours requested, and the duration required should align to the specific needs of each kiritaki.

If a change in package hours or duration (up to the maximum limits where these have not already been utilised) is required, this must be approved by ACC. The lead service provider must document the requested change in a Progress Report or contact ACC in writing to make the request as soon as possible.

Input from service providers should be considered in conjunction with the therapeutic services delivered by the lead service provider.

Each service approved as part of a Tailored Support to Wellbeing package must be for the purpose of supporting kiritaki to address injury-related needs and achieve their recovery goals. This will look different depending on the different services requested. Some services may directly focus on an injury-related need, while others are used to remove barriers or address holistic needs that would otherwise prevent kiritaki from achieving their recovery goals. The lead service provider must be clear about how the services requested will help kiritaki meet a given recovery goal.

When considering what supports and services should be involved in a Tailored Support to Wellbeing Package, the lead service provider should identify what type of support will directly enable kiritaki to achieve their recovery goals.

The following table highlights how service providers can support kiritaki:

Profession	Could be used for (including but not limited to):
Social Worker	Provide support to eliminate social barriers preventing kiritaki from accessing treatment, such as assisting them in utilising community budgeting services.
Occupational Therapist	Help kiritaki to achieve functional goals, engage in meaningful activities, and regain independence in their communities. For example, kiritaki with anxiety needing help to access public transport independently.
Physiotherapist	Support kiritaki when their mental injury has physical symptoms, whether somatic or otherwise. For example, kiritaki with vaginismus wants to work toward being physically intimate without experiencing pain. A physiotherapist can provide pelvic floor physiotherapy to help achieve this goal.
Dietitian	Help to address nutrition-related barriers to recovery by developing practical strategies to address them. For example, kiritaki may be struggling to maintain healthy eating habits after an event, and a dietitian could help by creating a personalised meal plan, among other strategies.
Speech Language Therapist	Provide support for with kiritaki who experience challenges with communication and swallowing. For example, kiritaki has experienced an event that has led to problems with choking and swallowing. A speech language therapist can provide practical interventions to help with this.

Profession	Could be used for (including but not limited to):
Registered Nurse	Provide medical advice to kiritaki with a mental injury. For example, providing guidance on infection control for someone engaging in self-harm behaviours.

Moving from Package A to Package B

Kiritaki can move from Package A to Package B if their needs change. The lead service provider must contact ACC to approve a Specialist Cover Assessment. Kiritaki cannot move from Package B to Package A.

On receipt of the specialist cover assessment, ACC will confirm whether cover can be updated, and Package B set up. On approval, a new purchase order will be issued for the lead service provider to complete an updated Wellbeing Plan.

The updated Wellbeing Plan must set out the recovery goals, required hours and services needed to support kiritaki to achieve their recovery goals under Package B. The goals must accurately reflect the needs of kiritaki, consider previous treatment and the further services required.

Progress Report and Progress Check-ins

A Progress Report is due six (6) months from the start of a Tailored Support to Wellbeing Package (once the Wellbeing Plan has been approved). This must be sent using the Progress Report template (see Reporting Requirements).

A Progress Check-in is then required every six (6) months after the Progress Report has been submitted and three (3) months prior to the completion of the Tailored Support to Wellbeing Package (or as required).

Progress Check-ins will be initiated by ACC via an email to the lead service provider. The lead service provider can respond via email or contact ACC to request a call. If a request for a call is made, kiritaki can choose to be present for it if appropriate.

Before updating ACC on progress, the lead service provider must get updates from any other named service providers or service providers involved in the treatment of kiritaki, and include these updates in the Progress Report or Progress Check-in.

The following table provides guidance on what this cadence might look like depending on the duration of the Tailored Support to Wellbeing Package:

Duration of Package	Progress Reports and Check-ins
Less than six (6) months	Completion Report only
Less than nine (9) months	Progress Report at six (6) months and a Completion Report at end of Package
Nine (9) months or more	Progress Report and Progress Check-ins as per the timeframes above

5.3 Treatment Review

This service is an independent review of the treatment that has been delivered, and the progress kiritaki have made towards their recovery goals.

The Treatment Review must:

- cover the current presentation of kiritaki;
- evaluate the extent to which the current Wellbeing Plan and recovery goals identified are on track to be achieved;
- identify current issues or barriers to recovery (including any changes to circumstances); and
- provide recommendations for ongoing treatment if any further treatment is required.

A Treatment Review is not a diagnostic or cover assessment, it is a review of the current covered injuries, to provide an opinion as to whether these injuries have changed due to improvement or deterioration.

The Treatment Review may also include recommendations to change the treatment and support kiritaki require, and/or recommend a new Specialist Cover Assessment if it appears the injury diagnosis may have changed.

A Treatment Review must be completed by a named assessment provider, who cannot be the lead service provider for kiritaki at the time of the request. The supplier is responsible for finding an appropriate named assessment provider for this service.

The named assessment provider must involve kiritaki in the review. This includes meeting with kiritaki to ensure their voice is represented in the report and to assess their current treatment needs.

A paper-based review can be requested if involving kiritaki in the review poses significant risk. ACC must approve a paper-based approach before it proceeds. Any request must include strong rationale as to why kiritaki will not be involved. The lead service provider and named assessment provider must ensure kiritaki are fully informed and consent to the paper-based review process.

A Treatment Review must be completed after two allocations of Tailored Support to Wellbeing Package B have been delivered before further services can be considered. It can also be requested at any time during a package of Tailored Support to Wellbeing Package B but must be confirmed at least three (3) months prior to the completion of Package B.

If it is clear before a Treatment Review that the injury presentation of kiritaki has changed so significantly that another Specialist Cover Assessment is required, this can be done instead of a Treatment Review. However, this must not be the default option for all kiritaki and must be discussed with and approved by ACC first.

While the Treatment Review is underway, kiritaki can still access services and supports under their package of Tailored Support to Wellbeing Package B. Once the review is received by ACC, the Recovery Team Member supporting kiritaki will contact the lead service provider to discuss the recommendations and confirm next steps.

Unless there is new information or new Schedule 3 events, the relevant background information (including discussion of the events) should be taken from previous reports and case notes, not gathered from kiritaki again.

The Treatment Review must be submitted to ACC within ten (10) business days of the last session under this service.

5.4 Maintaining Wellbeing

This service is for kiritaki who have completed a Tailored Support to Wellbeing package (either package A or B). It can be used by named service providers or service providers to deliver short, on-demand interventions to support kiritaki to maintain their self-management plan and recovery.

Up to 20 hours for up to three (3) years are pre-approved on receipt of a Completion Report by ACC. These hours can be used as required by kiritaki (there is no fixed number of hours per year).

The lead service provider must have oversight of the service and notify ACC of any change in circumstance.

If all hours for this service are used, or if kiritaki require additional supports, the lead service provider must:

- advise ACC as soon as practicable, but no later than the completion of the final approved Maintaining Wellbeing session; and
- complete an Engagement Form to commence further services if the needs of kiritaki are best met through the Sensitive Claims Service.

A non-attendance fee is not available for this service and cannot be invoiced for if kiritaki do not attend a planned session.

Kiritaki will need to re-enter the Sensitive Claims Service if they require further support after all hours for this service are used or if it has been three (3) years since they were last engaged in a Tailored Support to Wellbeing Package and further services are required.

6. Supporting Services (Pre- and Post-Cover)

Supporting Services support kiritaki to effectively engage in core services under the Sensitive Claims Service. These services must be identified and arranged by the lead service provider. Pre-and Post Cover Supporting Services include:

Pre-Cover Supporting Services	Post Cover Supporting Services
Social Work	Cultural Support and Advice
Whānau Support	Active Liaison
Cultural Support and Advice	Group-based Therapy and Dialectical Behavioural Therapy (DBT) Group
Active Liaison	
Function Assessment	

Progress and outcomes from these services must be included in the appropriate reports from the lead service provider, although personal details of other parties (such as whānau members) should not be included.

6.1 Social Work

This service aims to manage and/ or remove any social barriers that prevent or compromise the ability of kiritaki to engage in core services.

Social Work must be planned and facilitated by a Social Worker who is a service provider. The Social Worker does not have to be under the same supplier as the lead service provider.

Delivery of social work can be used to advise and connect kiritaki to other (non-ACC) services and agencies that are available in their communities, to help ensure effective engagement with treatment and remove psychosocial barriers.

Social Work cannot be used to support kiritaki through a court process or to advocate for kiritaki with ACC.

In pre-cover support, a combined pool of hours is available to be used to deliver Social Work and/or Whānau Support. The total hours can be used flexibly between these two services to ensure support can best meet the specific needs of kiritaki. See table in Whānau Support below.

In post-cover support, hours for Social Work and/ or Whānau Support are included in the total hours for Tailored Support to Wellbeing Packages A and B.

6.2 Whānau Support

This service is used to support kiritaki recovery through the provision of early education and support to whānau about the effects of sexual abuse and assault.

For the purposes of this service whānau may include family, relatives, and friends of kiritaki or an extended family or community of related families who live together in the same area.

This service may involve providing whānau:

- education about the effects of sexual abuse and assault;
- strategies to deal with behavioural or emotional issues of kiritaki; or
- coping strategies to ensure the stability of the home environment.

Whānau Support cannot be used for:

- treatment or support for whānau concerns that are not related to the covered injury of kiritaki;
- reimbursement of costs for whānau to attend sessions;
- treatment of whānau members requiring support for their own sexual abuse or assault trauma. Instead, whānau members can choose to lodge their own claim if they require support from ACC; or

- Resource Teachers: Learning and Behaviour (RTLBs) or special education to assist with issues related to school. ACC may be able to support accessing these agencies through Social Work or another social rehabilitation contract.

The table below highlights the hours available:

Pre-cover support Social Work and Whānau Support

Pre-Cover	Adults	Children and Young People
Social Work and Whānau Support	10 hours (pre-approved) from Getting Started to the Early Supports Plan.	30 hours (pre-approved) from Getting Started to completion of pre-cover core services.
	By request through the Early Supports Plan If kiritaki is proceeding to: • Support to Next Steps – no further hours • Short-term support to wellbeing – up to an additional 20 hours • Cover and Wellbeing Plan – up to an additional 10 hours • Specialist Cover Assessment – up to an additional 20 hours	See above.

Post-cover support Social Work and Whānau Support

Post-Cover	Adults	Children and Young People
Social Work and Whānau Support	Social Work and Whānau Support are included in the total number of hours available through Tailored Support to Wellbeing packages.	Social Work and Whānau Support are included in the total number of hours available through Tailored Support to Wellbeing packages.

6.3 Cultural Support and Advice

This service allows provision for a named service provider or service provider to seek advice and support to remove cultural barriers that are impacting on kiritaki engagement and/ or recovery.

A named service provider or service provider can request this service to work with an appropriate person (third party provider) with the stature and expertise necessary to facilitate the removal of cultural barriers. This service may be used by the provider, or by the provider and kiritaki depending on what is required.

Examples of who might be an appropriate person to deliver this service include, but are not limited to:

- kaumatua or community elders
- faith leaders
- community leaders (for example from Rainbow/Takatāpui or Disability communities).

The removal of cultural barriers will be different for different people and may include facilitating access to culturally relevant social services, supports, and community networks along with addressing culturally specific spiritual or holistic aspects of healing.

Cultural Support and Advice does not replace Cultural Supervision for named service providers or service providers. The distinction between Cultural Supervision and Cultural Support and Advice is:

- Cultural Supervision is intended to increase a named service provider or service provider's cultural competency in general.
- Cultural Support and Advice is relevant to a specific kiritaki, aligns to their treatment goals, and focusses on the removal of cultural barriers to increase the effectiveness of services for that kiritaki.

Cultural Support and Advice must not be used to deliver Rongoā Māori. While an appropriate person to deliver this service may be a Rongoā Māori practitioner, the two services are for different purposes. Rongoā Māori is managed and funded separately to the Sensitive Claims Service. For more information on Rongoā Services see 'Other ACC Services'.

During Pre-Cover services, up to ten (10) hours of Cultural Support and Advice are available.

During Post-Cover services, up to twenty (20) hours of Cultural Support and Advice can be used over the up to 24-month period of a package of Tailored Support to Wellbeing. It is expected that no more than ten (10) hours would be used per 12-month period, but where it is necessary to access the remaining sessions sooner, ACC must be emailed with the rationale for this.

6.4 Active Liaison

Active Liaison can be used by any named service provider or Social Worker working with kiritaki to coordinate key activities that will support their rehabilitation and recovery.

This can include:

- the coordination and sharing of information between parties who are working with kiritaki in their recovery, such as other named service providers or service providers, other agencies, and non-ACC health providers; or
- taking part in cross-agency meetings focused on the care of kiritaki.

Active Liaison hours are not for:

- a named service provider or service provider to attend court with kiritaki. Active Liaison could be requested for the provider to liaise with and connect kiritaki to a Court Victim Advisor or other appropriate support service;
- advocating to ACC on behalf of kiritaki; or
- time spent communicating with ACC.

During Pre-Cover services, up to ten (10) hours of Active Liaison is available.

During Post-Cover services, up to twenty (20) hours of Active Liaison can be used over the up to 24-month period of a package of Tailored Support to Wellbeing. It is expected that no more than ten (10) hours would be used per 12-month period, but where it is necessary to access the remaining sessions sooner, ACC must be emailed with the rationale for this.

6.5 Function Assessment

This service assesses the impact of the mental injury on the capacity of kiritaki to work in their pre-injury role or to commence work in roles deemed suitable by reason of experience, education or training.

If kiritaki are unable to work because of their covered injuries (referred to as ‘incapacity to work’), they may be eligible for financial assistance from ACC in the form of either Loss of Potential Earnings (LOPE) or Weekly Compensation (WC).

The Function Assessment gathers the information ACC needs to make an entitlement decision based on key questions from the Act:

- Weekly Compensation

  Are kiritaki unable, because of their personal injury, to engage in employment in which they were employed when the personal injury occurred (Section 103 of the Act).
- Loss of Potential Earnings

  Are kiritaki unable, because of their personal injury, to engage in work for which they are suited by reason of experience, education, or training, or any combination of those things (Section 105 of the Act).

A Function Assessment can only be completed by a named assessment provider who:

- is a psychiatrist or clinical psychologist; and
- has been approved by ACC to deliver the function assessment.

The Function Assessment looks at the presentation and injuries of kiritaki, and describes how those injuries are impacting their functioning, particularly in their work and daily life.

The named assessment provider only needs to comment on the functional impacts of the injuries and is not required to suggest to ACC whether the financial entitlement should be approved. This is a decision ACC will make based on the information received in the report.

Function Assessment as part of a Specialist Cover Assessment

Where possible, the Function Assessment should be completed in conjunction with a Specialist Cover Assessment to reduce the number of assessments kiritaki participate in.

To support this, the Function Assessment questions are included in the Specialist Cover Assessment template and should be completed as part of the Specialist Cover Assessment process whenever possible. The named assessment provider (who is approved by ACC to deliver Function Assessment) must complete both the cover and function components.

Two (2) additional hours for this service (in addition to the standard Specialist Cover Assessment hours) are available when the Function Assessment is completed as part of the Specialist Cover Assessment.

Function Assessment as a standalone assessment

If kiritaki already have cover from a previous Specialist Cover Assessment or equivalent ACC assessment, the Function Assessment can be completed as a standalone service.

Where possible, this should be completed by the same named assessment provider who completed the cover assessment with kiritaki (if they are approved to complete function assessments) to avoid kiritaki needing to repeat information.

A total of up to eight (8) hours (six (6) hours of assessment time and two (2) hours for the report) are available when the Function Assessment is completed as a standalone service.

6.6 Group-based Therapy

This service is to help kiritaki develop specific skills within a structured therapeutic group setting. Kiritaki can only be included in a group if they require the specific skills being addressed by that group.

Group-based Therapy is a Post-Cover Supporting Service available in conjunction with a Tailored Support to Wellbeing Package A or B.

Up to two allocations of 32 hours of Group-based Therapy can be approved per package of Tailored Support to Wellbeing. Only one allocation can be approved at a time.

The maximum hours provided for this service also include non-contact time for providers to prepare for group-based therapy sessions and to complete any post-session administration.

Group-based Therapy can only be invoiced for following the provision of the service (invoicing in advance is not allowed).

Who can deliver Group-based Therapy

Group-based Therapy can be delivered by either:

- two (2) named service providers approved to deliver Group-based Therapy;
- one (1) named service provider and one (1) provisional named service provider approved to deliver Group-based Therapy; or

- one (1) named service provider approved to deliver Group-based Therapy and one (1) third-party provider with significant skills and expertise relevant to the purpose of the Group-based Therapy.

Where a provisional named service provider or third-party provider is used, they must deliver the group-based therapy with a full experience named service provider. This means the full experience named service provider must be at all group-based therapy sessions with the provisional named service provider or third-party provider.

Suppliers are responsible for ensuring all facilitators of groups approved under their contract have the appropriate skills to deliver the group-based therapy (relative to the purpose of the group) and that necessary background and safety checks have been completed to ensure the safety of kiritaki.

Telehealth can be used to deliver group-based therapy, but this must be approved by ACC when requesting to set up the group. To change the mode of service delivery for an established group, approval must be sought from ACC through the Mental Health Portfolio team.

Care must be taken when contacting kiritaki who participate in group-based therapy. The named service provider should contact kiritaki individually, or in ways that don't involve sharing contact information of any kiritaki with others who are joining or part of the group.

Where kiritaki actively disengage from a group, the named service provider(s) leading the group will notify the lead service provider as soon as practicable. The lead service provider must notify the supplier.

Requesting approval to set up a group

Suppliers and named service providers wanting to establish a therapy group for kiritaki must follow the process found on the ACC website.

It is expected that for groups being set up in a Supplier's geographical area, they have rooms available for the delivery of services. Where a supplier cannot provide a room and remote clinic room hire is required, this must:

- meet the requirements in the Service Schedule for Remote Clinic Room Hire; and
- be requested in writing as part of the request to set up a group.

Support groups and un-structured group-based therapy are not included in this service and are not included as part of the Sensitive Claims Service.

6.7 Dialectical Behavioural Therapy (DBT) Group-based Therapy

This service is designed primarily (but not exclusively) for kiritaki with complex trauma and/or personality disturbance.

DBT Group-based Therapy is available in conjunction with Tailored Support to Wellbeing Package B.

Up to 104 hours per 12 months (two hours per week over a 52-week period) are available for this service.

DBT Group-based Therapy must be delivered within a maximum of 2 hours per week over a 12-month period. The maximum hours provided for this service also include non-contact time for providers to prepare for DBT group-based therapy sessions and to complete any post-session administration.

DBT Group-based Therapy can only be invoiced for following the provision of the service (invoicing in advance is not allowed).

Who can deliver DBT Group-based Therapy

DBT Group-based Therapy can be delivered by either:

- two (2) approved named service providers with specific training in DBT approved to deliver DBT Group-based Therapy; or
- one (1) named service provider and one (1) provisional named service provider approved to deliver DBT Group-based Therapy; or
- one (1) named service provider with specific training in DBT approved to deliver DBT Group-based Therapy and on (1) third-party provider with specific training in DBT.

Kiritaki may participate in DBT Group-based Therapy and one other form of group-based therapy at a time, if appropriate.

7. Exiting Services

Kiritaki can exit during services or at the completion of services. Reporting is required to notify ACC when kiritaki exit or complete services. The following section covers the required reporting.

7.1 Completion Report

The Completion Report informs ACC when kiritaki have completed a Short-term Support to Wellbeing service or Tailored Support to Wellbeing (Package A or Package B).

The report must include:

- the goals that have been achieved or partially achieved;
- changes to their presentation and living situation since the previous reports;
- any current risk factors including ongoing risk of harm to self or others, or risk from others;
- any other non-ACC funded providers, specialists, or agencies have been involved in the recovery and care of kiritaki, and how those services have supported kiritaki with their recovery goals and any other information that is deemed relevant;
- any next steps outside of ACC support that may be required; and
- a brief description of the self-management plan for kiritaki that will maintain their treatment momentum independently from ACC.

Up to two (2) hours are available for the lead service provider to complete the Completion Report for ACC.

The Completion Report must be submitted to ACC within ten (10) business days of the last session of Short-term Support to Wellbeing or Tailored Support to Wellbeing Package A or Package B.

7.2 Kiritaki leaving the service before completion

The term ‘disengagement’ is used to describe a range of situations where kiritaki no longer want to access services or withdraw before completing services.

Wherever possible, the supplier and lead service provider must ensure they have contacted kiritaki (where possible), confirmed the reason for disengagement, and confirm that there are no immediate safety risks by ending services. If risks are identified, the supplier or lead service provider must notify ACC.

When kiritaki disengage, the supplier must ensure that the lead service provider sends ACC a partially completed report, or where that is not possible a Closure Notice.

7.3 Closure Notice

The Closure Notice provides information to ACC when kiritaki have stopped accessing services to help ACC better support kiritaki if they return to services later.

A Closure Notice should be sent in the following circumstances:

- if kiritaki disengage before the conclusion of their current service; or
- at the completion of the Support for Next Steps service.

If kiritaki has disengaged the lead service provider must attempt to contact them within four (4) weeks from the last contact to attempt to re-engage them or confirm the reason for disengagement and ensure there are no safety risks present.

If no contact can be made, or the lead service provider has confirmation kiritaki have exited services, a partially completed report should be submitted to ACC (e.g. a partially completed Early Supports Plan, Cover and Wellbeing Plan, Specialist Cover Assessment, or a Completion Report). Where there is not possible, a Closure Notice should be submitted.

If kiritaki decide to end services early because they feel they have received what they need from the services, then a Completion Report should be used, not a Closure Notice.

ACC will attempt to contact kiritaki when a partially completed report or Closure Notice is received, to confirm their situation and if any other ACC support is needed. If there is a reason why ACC should not try to contact kiritaki, this must be included in the partially completed report or Closure Notice.

A fixed fee is available to complete and submit a Closure Notice. Where partially completed reports are submitted, the fee associated with the relevant report should be used instead.

The Closure Report template can be found on the Resources section of ACC's website. This template is to be used for both adult kiritaki, and for children and young people.

When to use a partially completed report or Closure Notice

The following table provides guidance on when a partially completed report or Closure Notice would be submitted to ACC when kiritaki exit services.

Service	When to submit a partially completed report	When to submit a Closure Notice
Early Supports	• Information has been gathered from kiritaki about the events and personal history; or • The Early Supports Plan is nearing completion but kiritaki disengage before submission to ACC.	Kiritaki disengage during the Getting Started sessions; or Kiritaki disengage during this stage before any work is done on the Early Supports Plan.
Short-term Support to Wellbeing	• Progress has been made on the recovery goals before kiritaki disengage. • Additional information has been confirmed since the last report.	Kiritaki disengages before progress is made on the recovery goals.
Cover and Wellbeing Plan	• The Cover and Wellbeing Plan is nearing completion but kiritaki disengage before submission to ACC; or • Psychometrics have been completed; or • Additional information has been confirmed since the last report.	Kiritaki disengages before progress is made on the recovery goals.
Specialist Cover Assessment	• The Specialist Cover Assessment is nearing completion but kiritaki disengage before submission to ACC; or • Medical notes and health history have been reviewed and summarised in the report; or • Psychometrics have been completed; or • Additional information has been confirmed since the last report.	Kiritaki disengages before progress is made on the recovery goals.
Tailored Support to Wellbeing	• Progress has been made on some of the recovery goals	Kiritaki disengages before progress is made on the recovery goals.

Service	When to submit a partially completed report	When to submit a Closure Notice
(Package A or B)	(even if the goals have not been achieved). • Additional information has been confirmed since the last report	

7.4 Transitioning kiritaki to another lead service provider or supplier

Continuity of care for kiritaki

If a named service provider or service provider can no longer deliver services, continuity of care for kiritaki is paramount.

The supplier is responsible for ensuring continuity of care. This may include confirming another appropriate provider to support kiritaki.

Where possible, the current named service provider or service provider must support kiritaki to transition to a new named service provider or service provider.

Transition between providers

Kiritaki must be involved when it is necessary to choose an alternative lead service provider (and/ or supplier). The incumbent and new lead service provider must support and manage a seamless transition for kiritaki. Active liaison hours can be used to pay the incumbent and new lead service provider to manage this transition.

If the new lead service provider is with a different supplier, the original supplier must also agree to the transition.

In the event the supplier cannot address an unexpected departure of a lead service provider, they must notify ACC as soon as possible. The supplier must also implement their business continuity and transition plan to address the unexpected loss of service for kiritaki.

Transition between suppliers

There may be circumstances where a lead service provider changes suppliers, and transfers kiritaki with them. In all circumstances, continuity of service provision for kiritaki is paramount.

The lead service provider requesting the transfer must confirm that the following criteria has been met:

- kiritaki are fully informed and agree to the change of supplier; and
- the original supplier agrees to the transfer.

The lead service provider must then contact ACC via email

- requesting the transfer;
- confirming that the requirements above have been met; and

- advising the date when the transfer needs to occur.

ACC will reply acknowledging the request, confirming the transfer and make any required changes/ updates to purchase orders. The new supplier may then invoice for the Administration and Management Fee.

8. Geographical Areas, Regions, and Travel

The term ‘geographical area’ is used to describe the New Zealand Territorial Authorities used in the Sensitive Claims Service contract that define the geographical areas where suppliers can deliver services.

The term ‘region’ is used to identify groups of geographical areas that sit within each region of New Zealand.

The supplier must comply with and ensure all named service providers, services providers and personnel comply with ACC’s Travel Policy for Providers.

8.1 Delivering services within a supplier’s region and geographical areas

A supplier must be able to provide all services in the approved geographical areas as follows:

- have named service providers in each geographical area/s to deliver all pre- and post-cover core services;
- have a named assessment provider/s named on their contract available across each region the supplier has geographical area/s in (a named assessment provider is not required in each specific geographical area, but there must be one for each region where a supplier has an approved geographical area/s); and
- have access to service providers in each region a supplier has approved geographical area/s.

8.2 Delivering services outside of supplier’s geographical areas

Suppliers may provide services outside of their approved geographical areas to address capacity and capability constraints in other areas, subject to approval by ACC.

If a supplier requests approval from ACC to deliver services outside of their approved geographical areas, they must consider and confirm:

- if inter-regional travel is the most effective use of time and resource to address capacity and capability gaps and would not create additional capacity constraints within another geographical area; and
- that there is not another supplier with an appropriate named service provider or service provider available in that area to support kiritaki.

The supplier and named service provider must have awareness of other services and supports available in the geographical area of kiritaki to facilitate and coordinate additional services and support where this is required (e.g. crisis support agencies).

Delivering services in the geographical areas specified in a supplier's contract must be the priority for that supplier. Suppliers should not request ACC to approve named service providers and service providers to deliver services outside of the supplier's geographical areas if doing so would cause capacity issues within those areas.

Approval Process

A request from a supplier to provide services outside of their approved geographical area(s) to address capacity and capability constraints in other areas must be emailed from the supplier (copying in the named service provider or service provider) to ACC and include:

- a robust rationale; and
- a clinically appropriate and sustainable service delivery plan.

ACC will send a reply email to the supplier (copying in the named service provider or service provider) confirming the outcome of the request. Until written confirmation is received, travel requests are considered declined. Any travel invoices submitted before written approval is given, will be declined.

When ACC will not pay for travel

ACC will not pay for travel between geographical areas where a named service provider or service provider has a base or facility in more than one of those areas.

Supplier monitoring and reporting

Suppliers must monitor and minimise the cost of travel. They must be able to report travel costs when requested by ACC.

8.3 Delivering of services through Telehealth

Delivery of services through telehealth within an approved geographical area

Telehealth may be used to deliver services where it is considered appropriate and safe.

Telehealth should be chosen intentionally to provide accessible, flexible, and efficient services to kiritaki who face barriers to in-person care. It should not be the default choice or selected based solely on the preference of named service providers, or service providers.

Where telehealth is deemed appropriate and the named service provider and kiritaki are in the same geographical area, approval from ACC is not required.

Delivery of services through telehealth outside an approved geographical area

ACC can consider requests for telehealth where kiritaki and named service provider are no longer located in the same geographical area where:

- kiritaki has cover approved on their claim; and

- is engaged in services through Tailored Support to Wellbeing Package A or Package B.

The supplier can submit a request (via email) to ACC with a risk assessment plan. ACC will consider the request and provide a decision by return email to the supplier. Services must not be delivered by telehealth in this situation until approval is confirmed by ACC.

9. Administration and Management

The Administration and Management fees described below are used to support the delivery of the Sensitive Claims Service.

9.1 Administration and Management Fee

The Administration and Management Fee is payable to the supplier by ACC to recognise and support the administration and management suppliers undertake to ensure treatment, support, and rehabilitation is provided to kiritaki.

Administration and management include, but is not limited to:

- receiving and managing referrals
- setting up claims
- on-boarding new providers and providing ongoing support
- administering the contract
- ensuring services are delivered in a timely manner and reports submitted to ACC
- oversight of delivery of services
- oversight of service utilisation and spend
- delivering against the performance indicators set out in the contract.

For new kiritaki (kiritaki that the supplier has not worked with before), the supplier may invoice for the Administration and Management Fee after the completion of the Getting Started service.

For returning kiritaki (kiritaki the supplier has worked with previously), the supplier can only invoice for the Administration and Management Fee again if the previous Engagement Form was lodged more than 24 months ago. This does not include where kiritaki have been continuously engaged with services for that period.

9.2 Non-Attendance Fee

A non-attendance fee is payable when kiritaki fail to attend a scheduled appointment without giving two (2) working days prior notice to the named service provider or service provider.

Kiritaki should be advised that if they can’t attend an appointment for any reason, they need to let their named service provider or service provider know in advance, and to reschedule the appointment. Suppliers must oversee and support named service providers and service provider to put in place processes that help kiritaki maintain engagement in services.

There are set allocations of hours for this service during Pre-Cover and Post-Cover services:

- up to six (6) non-attendance fees are available during pre-cover services; and
- up to ten (10) non-attendance fees are available per 24 months during post-cover services.

If there are remaining hours of this service when pre-cover services are complete, those remaining hours cannot be used during post-cover services.

Non-Attendance Fees can be used for all Sensitive Claims Service components, except for Group-based Therapy and DBT Group-based Therapy. These services can continue with the remaining group members if kiritaki do not attend.

Kiritaki may occasionally miss an appointment without giving sufficient notice. In these instances, the lead service provider should consider the safety of kiritaki and take appropriate action, including safety checks, if they are concerned.

9.3 Continuity Sessions

This service is to provide continuity of service for kiritaki where ACC requires further time to determine cover through a Specialist Cover Assessment.

Where ACC confirms that further time is required to determine cover following receipt of a Specialist Cover Assessment, ACC will:

- contact the supplier and lead service provider to advise of the potential delay; and
- discuss and confirm with the lead service provider how many continuity sessions will be required.

9.4 Obtaining Clinical Records

ACC collects kiritaki information to help determine whether a claim can be accepted for cover and, if the claim is accepted, what services and/ or financial entitlements may be provided. The written authority of kiritaki to collect this information must be obtained before any information can be collected.

ACC applies privacy principles when collecting any kiritaki information. ACC will:

- obtain the authority needed
- specify what information is needed and why this is required;
- return or destroy information we receive that was not requested; and
- use information solely for the purposes intended when it was requested.

Kiritaki authority is obtained at the following stages:

- at the Getting Started stage when the electronic Engagement Form is completed and submitted to ACC; and
- When kiritaki and lead service provider have determined that a Specialist Cover Assessment is required.

ACC may obtain the authority of kiritaki directly at other stages if the previously obtained authority is no longer considered valid or was initially limited.

To gain the authority of kiritaki to collect information, an ACC6300 ‘Authority to collect medical and other records’ form must be completed and signed by kiritaki and returned to ACC. The lead service provider should take kiritaki through the ACC6300 form and facilitate this being sent to ACC with the Early Supports Plan.

If kiritaki don’t agree to complete and sign the ACC6300 form, they have the option of agreeing to a personally tailored authority with ACC. They would need to contact ACC directly to discuss this option.

Requesting clinical records directly

Where appropriate and with the consent of kiritaki, the supplier may request medical records directly rather than having these provided through ACC. An example of this is where kiritaki do not agree to ACC seeing their medical records but agree that it is important for a named assessment provider to access them.

In this situation, suppliers must have a consent form that they can use to gain the written consent of kiritaki to access the required information. Suppliers must ensure this consent is sent with any request for information. The ACC6300 consent form cannot be used for this purpose, as it is specific to providing consent for ACC to gather information.

Where a supplier directly requests medical information, ACC can be invoiced for associated costs. The amount payable is either the fee listed in the pricing table of Service Schedule or the actual cost of requesting the information, whichever is lowest.

10. Accessing other ACC services

Under the Act, kiritaki can request entitlements if they have an accepted claim for cover. Entitlements (often referred to as supports) fall under three broad categories:

- Treatment
- Social Rehabilitation
- Vocational Rehabilitation.

All ACC supports have specific eligibility criteria that kiritaki must meet to receive them.

Lead service providers can identify and discuss potential ACC supports with kiritaki but should refrain from discussing their eligibility. All supports are dependent on the individual circumstances of kiritaki, so it is important that these conversations occur between ACC and kiritaki.

If kiritaki have or develop any specific needs that fall outside the scope of the Sensitive Claims Service, the lead service provider should speak to ACC to discuss whether they may be eligible for ACC support to address these needs. ACC will discuss any eligibility criteria directly with kiritaki and can give general eligibility information to lead service providers where needed.

These other services are not included as part of the Sensitive Claims Service.

10.1 Rongoā Māori

Rongoā Māori is managed and funded separately to the Sensitive Claims Service.

For more information about Rongoā Māori, including a list of practitioners who are registered to deliver services for kiritaki, refer to the ACC website: Using rongoā Māori services (acc.co.nz)

10.2 Other ACC Assessments

The Sensitive Claims Service is for kiritaki who have a mental injury caused by sexual abuse or assault. For kiritaki who have experienced a mental injury caused by physical injury, a treatment injury, or a work-related mental injury, comprehensive assessments are available under ACC's Psychological or Psychiatric Services Contracts.

ACC can also provide neuropsychological or cognitive assessment where there may be cognitive factors that are interfering with the recovery of kiritaki accessing the Sensitive Claims Service (for example, following a traumatic brain injury). Given the nature of these assessments and the extra demands they may place on kiritaki, these additional assessments are not recommended where the results are unlikely to add anything of significance to planned further treatment or support services.

If the above assessments are being considered for kiritaki, contact ACC to discuss. ACC can provide advice on the appropriate next steps.

Some kiritaki who experience a permanent loss of functioning (impairment) because of their covered injuries may be eligible to receive Permanent Injury Compensation (PIC). This will require other assessments outside of the Sensitive Claims Service. It is recommended that ACC is made aware as early as possible if kiritaki wishes to apply for this support to ensure they progress through specialist cover assessment (and access to Tailored Support to Wellbeing Package B). ACC will follow up with kiritaki directly to progress this application.

While lead service providers or a service provider may choose to attend other ACC assessments with kiritaki as a support person, the time spent as a support person cannot be invoiced for using Sensitive Claims Service codes. ACC does not fund this time and there is no provision under the contract for providers to be paid to attend non-Sensitive Claims Service assessments as support people.

Providers may want to consider scheduling their regular sessions with kiritaki before or after these assessments are due to occur to provide support to the kiritaki and can invoice for those sessions as normal.

Named service providers do have a role to play in ensuring that any necessary information to support other assessments is passed to the relevant assessor, with consent from the kiritaki, and Active Liaison can be used to cover the time for this.

Medication Reviews

If kiritaki require medication, it is expected the Specialist Cover Assessment process will first be used to determine the exact presentation of the injuries and treatment needs of kiritaki.

If an additional review is required, ACC can fund psychiatric assessments and review of medication for kiritaki when this is needed to support the recovery from specific covered mental injuries.

Before approving a medication review, ACC must confirm that kiritaki have multiple co-morbidities (simultaneous conditions or injuries), and/ or are taking multiple medications.

The lead service provider requesting the medication review must work with kiritaki and their primary care prescriber (their GP or Psychiatrist) to ensure that:

- co-morbidities impacting on wellbeing have been addressed by the primary care prescriber;
- social factors impacting on wellbeing have been addressed by the lead service provider or other provider;
- adherence to taking medicines or complying with treatment is identified by the lead service provider or other provider; and
- medicines (for both mental health and non-mental health conditions) are reviewed.

The primary care prescriber, lead service provider and kiritaki must:

- agree the whole medicine regimen will be reviewed and outline any specific questions they want the review to address;
- record the medicine history/ outcomes to date and the current medicine list and have sent this information to ACC; and
- identify whether a medical specialist (e.g. a psychiatrist) or a clinical pharmacist or other specialist should undertake the medicines review.

If ACC agrees to a medication review referral, ACC will make a referral to the medication review provider (e.g. a psychiatrist) with the specific questions from the lead service provider, primary care prescriber and kiritaki. The referral will include a history, outcomes to date and a list of medicines. The report and recommendations will help the primary care prescriber, lead service provider and kiritaki to:

- improve therapeutic effectiveness;
- minimise adverse effects;
- minimise interactions;
- educate kiritaki about the purpose/s of their medicines; and
- enable the primary care prescriber to stop and/or start medicines.

The provider undertaking the medication review will be asked to send a copy of their report to the lead service provider, primary care prescriber, kiritaki and ACC. The following are the responsibility of the various individuals who receive the medication review report:

Who	What
Primary care prescriber	Prescribing changes Medicines education
Lead service provider	Adherence support Integration of the medicine review recommendations into the Wellbeing Plan

11. Safety Requirements

11.1 Health and Safety

Maintaining the safety of all parties involved in delivering services under the Sensitive Claims Service is the highest priority. This includes, but is not limited to kiritaki, their whānau, suppliers, named service providers, service providers, personnel, and ACC staff.

The Service Schedule for the Sensitive Claims Service covers the health and safety requirements for this service. The supplier, named service provider(s), service providers and any personnel supporting kiritaki must ensure any health and safety risks identified are appropriately managed and monitored throughout the delivery of services. The supplier must maintain a Health and Safety Risk Management Plan relating to the delivery of the services.

Stopping sessions with kiritaki

Any session with kiritaki should be terminated immediately if kiritaki, or their support person/ representatives, cause those delivering services to feel threatened or unsafe.

Any threatening behaviour should be reported to the police immediately if it is warranted. If this occurs, the named service provider or service provider should advise ACC and any other parties that are at risk as soon as possible. Please report to ACC in writing using the online form on ACC's website.

If a supplier, named service provider or service provider would like to stop seeing kiritaki due to safety concerns, they must notify ACC as soon as possible and fully document the reasons for the termination of services in their final report.

If a security guard is required because of concern about safety, the supplier should contact ACC to arrange this. Guards can be arranged at any initial or subsequent appointment and can be arranged in plain clothes if needed.

Communication regarding kiritaki with a Care Indicator

If ACC is aware of previous behaviour from kiritaki that would mean they may pose a safety risk, they will have an ACC Care Indicator activated.

ACC will provide suppliers and those delivering services with any relevant information we hold, to help mitigate health and safety risks and to aid the supplier and those delivering services to decide if they wish to continue doing so.

ACC will provide this information in writing or via phone, as soon as we become aware that kiritaki are accessing services, or when ACC receives new information about kiritaki that indicates they may pose a risk.

Health issues for suppliers, lead service providers, and service providers which may impact on the safety of kiritaki

Named service providers and service providers must inform their supplier and their own clinical supervisor of any significant personal or health issues that have the potential to impact their ability to work safely and effectively with kiritaki.

Such issues might include physical health problems, significant stressors, or mental health difficulties significant enough to require treatment. They should also inform their treating clinician of the nature of their work so that their treating clinician can factor this into any treatment advice.

In instances where there is an arrangement between suppliers to access named service providers and/ or service providers, it is their responsibility to ensure that the supplier who is supporting kiritaki is made aware of any issues that may impact the delivery of services.

Where the supplier is also the named service provider or service provider, they are responsible for informing their own clinical supervisor and treating provider of any significant personal or health issues that have the potential to impact kiritaki care.

Suppliers have the responsibility to ensure that where issues are identified, there is a plan in place through the individual's clinical supervisor and/ or treating clinician to ensure that the ongoing safety of the individual and kiritaki is monitored.

The supplier will also need to ensure that obligations in relation to the professions covered under the Health Practitioners Competency Assurance Act 2003 (HPCA) are met; or that the appropriate professional association is contacted, and the applicable concerns management process is followed.

Concerns about the work of another named service provider or service provider:

If a named service provider or service provider is concerned that another's work is putting the safety of kiritaki at risk, they have a responsibility to raise this concern.

It is the responsibility of the concerned person to raise these points directly with the individual and, if necessary, to notify that individual's supplier, supervisor, or professional body if the issue is considered sufficiently significant.

Suppliers, named service providers, and service providers should consult with their own supervisor and professional body's ethical requirements when considering such notifications. The supplier must also notify ACC when risk is identified.

11.2 Cultural Safety and Competency

Cultural safety requires anyone delivering services under the Sensitive Claims Service to reflect on how their own views and biases impact on their interactions and the care they

provide. Cultural safety benefits all kiritaki and communities and is centred around the experience of safe care and empowerment for kiritaki and their whānau.

Cultural safety is the outcome of recognising and respecting cultural identities and communities, and safely meeting their needs to achieve positive health outcomes and experiences.

Cultural identities and communities may include, but are not limited to, communities based on indigenous status, age or generation, gender, sexual orientation, socioeconomic status, ethnicity, religious or spiritual belief, and disability.

Anyone delivering ACC funded services to kiritaki must comply with ACC's Kawa Whakaruruhau (Cultural Safety) Policy. This includes any suppliers, named service providers, service providers, and other personnel delivering services.

Anyone employed by or contracted to a supplier must comply with the requirements under Kawa Whakaruruhau in a manner that is consistent across that supplier's business. Regular cultural safety training and development should be undertaken by all personnel working for the supplier. This is the responsibility of the supplier and is not facilitated or funded by ACC.

Working with kiritaki Māori

All supplier's practices and professional development must, in addition to meeting the requirements of Kawa Whakaruruhau:

- apply ACC's Te Whānau Māori me ō mahi: Guidance on Māori Cultural Competencies for Providers;
- identify and remove barriers to care for kiritaki within their whānau; and
- maintain records that demonstrate the application of this policy.

Suppliers must have a working with Māori Strategy that supports them in meetings these obligations.

The supplier's self-monitoring should include establishing regular cultural safety self-review and peer review practices for all personnel working for that supplier. This is the responsibility of the supplier and is not facilitated or funded by ACC.

Providing services for children and young people:

Services to children and young people must only be delivered by named service providers and service providers who:

- have specific expertise and experience in working with children and/ or young people; and
- and have passed the necessary safety checks.

Suppliers need to ensure that named service providers and service providers maintain the required specifications and safety checks.

Named service providers and service providers working with children and young people with a disability must be aware of the services which are most appropriate to support that

individual. While ACC may not cover some of the physical and cognitive disabilities the child or young person presents with, the impact of these disabilities should be included in any assessment and treatment plans.

12. Reporting Requirements

Suppliers and named service providers are required to submit a range of reports to ACC. These reports help ACC to set up services, monitor progress of kiritaki and ensure services are being delivered in accordance with the contract. The following section covers the reports that are required through the Sensitive Claims Service.

12.1 Report templates and guidance

The following table lists each Sensitive Claims Service report template. The correct template must be used for each stage of the service.

List of Report Templates

Report Number	Report Name
N/A	Engagement Form
ACC8530	Early Supports Plan – adult
ACC8531	Early Supports Plan – child and young person
ACC8534	Cover and Wellbeing Plan – adult
ACC8535	Cover and Wellbeing Plan – child and young person
ACC8536	Specialist Cover Assessment – adult
ACC8537	Specialist Cover Assessment – child and young person
ACC8541	Wellbeing Plan
ACC8542	Progress Report
N/A	Progress Check-in
ACC8543	Treatment Review
ACC8544	Completion Report
ACC8545	Closure Notice

All templates and Report Guidelines can be found on the Resources section of ACC's website.

The Report Guidelines provide information to help lead service providers and named assessment providers to create high quality, clinically appropriate, and fit for purpose reports under the Sensitive Claims Service. The Report Guidelines provide:

- additional information and clarification to support completion of a report;
- general quality criteria that apply to all reports; and

- quality criteria that apply to each report.

To complete a report:

- follow the instructions and guidance in the report template;
- use the Report Guidelines, choose the relevant report from the Table of Contents and follow any additional information and guidance;
- ensure the report meets all the general quality criteria; and
- ensure the report meets the quality criteria that is specific to the report being completed.

ACC will not accept reports that are handwritten or submitted on the incorrect template.

Once completed, reports must be sent to sensitiveclaimsreports@acc.co.nz within the timeframes specified for each report in the Service Schedule.

Reports that do not meet ACC quality standards will be returned to the supplier for resubmission. ACC will provide information to the supplier on the aspects of the report that need to be addressed or require more clarity.

Invoices must not be submitted for reports until ACC has received the report and confirmed with the supplier that it has been accepted.

12.2 Outcome Measures

Outcome measures are standardised tools that measure the health status of kiritaki at a specific point in time. Primary and secondary measures are used in the Sensitive Claims Service:

- **Primary outcome measure** is completed for all kiritaki and is used to understand how the Sensitive Claims Service is improving health outcomes for different population groups.

- **Secondary outcome measure** is chosen by the lead service provider and kiritaki from the options listed below. The secondary measure provides a more detailed view of kiritaki health and their progression towards recovery.

Primary outcome measure

The primary outcome measure for the Sensitive Claims Service is EQ-5D. This is compulsory for all kiritaki aged four (4) and above.

The following EQ-5D outcomes measures are available:

Kiritaki group	EQ-5D outcome measure
Adults aged 16 years and above	EQ5D 5L
Children and young people aged 8 to 15 years	EQ5D Y

Kiritaki group	EQ-5D outcome measure
Children aged 4 to 7 years	EQ5D Y (Proxy version)
Children under 4 years	No measure required

EQ-5D measures health-related quality of life across five areas:

1. mobility
2. self-care
3. usual activities
4. pain/discomfort
5. depression/anxiety.

The EQ-5D uses a five-point rating scale. Kiritaki are asked to indicate their health on the day by selecting the most appropriate statement for each of the five questions.

The EQ-5D must be completed with or by kiritaki.

Information about the use and scoring of EQ-5D can be found at https://euroqol.org/.

Secondary outcome measures

A secondary outcome measure is compulsory for all kiritaki aged four (4) and above.

Two secondary outcome measures are available:

- Health of the Nation Outcome Scale (HoNOS); or
- Hua Oranga outcome scale.

For children and young people aged between 4 years and 15 years, the HoNOS scale must be used as the secondary outcome measure.

All kiritaki 16 years and older must complete one of the secondary outcome measures. Lead service providers should work with kiritaki to choose the most appropriate measure.

Once a secondary measure has been selected and used, this cannot be changed to a different secondary outcome measure partway through services – the same outcome measure must be used throughout.

Health of the Nation Outcome Scale (HoNOS)

HoNOS measures change in the health and social functioning of people experiencing mental illness.

The following HoNOS outcome measures are available:

Kiritaki group	HoNOS outcome measure
Adults aged 65 years and over	HoNOS65+ guide
Adults aged 18 to 65 years	HoNOS adult guide

Kiritaki group	HoNOS outcome measure
Adults who have an intellectual disability	HoNOS-LD guide
Children and young people aged 4 to 17 years	HoNOSCA guide
Children under 4 years	No measure required

HoNOS has 12-18 questions that use a five-point rating scale.

A collaborative approach should be used to collect any of the suite of HoNOS outcome measures. Discussing ratings with kiritaki is one way they can participate in their care and treatment, and it may allow for further conversations about recovery.

HoNOS is a clinician rated measure, that means that ratings are to be determined and submitted by the lead service provider. Kiritaki do not directly participate in the rating process, nor does the lead service provider use the HoNOS questions as a structured interview.

The lead service provider must inform kiritaki they will be completing the measure and discuss the results with kiritaki prior to submitting to ACC. The lead service provider should also routinely share the HoNOS ratings with kiritaki as part of a collaborative care plan.

Dual use of HoNOSCA

The Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) must also be used as one of the psychometric tools to establish the presence of injury related symptoms when assessing cover for children and young people through the Early Supports Plan or the Cover and Wellbeing Plan.

Lead service providers must keep the dual use of the tool in mind when working with children and young people and complete the HoNOSCA separately for outcome measures and for assessing cover.

Hua Oranga

Hua Oranga is a Māori health outcome measure and can be used by kiritaki of any ethnicity aged over 16 years.

It focuses on four dimensions of wellbeing:

1. Taha Hinengaro (mental and emotional)
2. Taha Wairua (spiritual)
3. Taha Tinana, (physical)
4. Taha Whanau (social)

Hua Oranga uses a five-point rating scale. Kiritaki are asked to indicate their health on the day by selecting the most appropriate statement for each of the 16 questions.

Hua Oranga must be completed with or by kiritaki.

Information about the use of Hua Oranga can be found on their website.

Online system to collect outcome measures

ACC has created an online system where all outcome measures must be submitted.

The outcome measure system does not require a login or password, however, to submit the information to ACC the following information is required:

- Claim ID
- Provider ID
- Supplier/vendor ID
- Kiritaki date of birth
- Kiritaki full name.

Request to submit outcome measures

When an engagement form is received, the named service provider will receive an email with an invitation to complete outcome measures.

From the first request for outcome measures, these will then be requested at regular intervals; every three or six months depending on which services kiritaki are engaged in.

At completion of services, the lead service provider must access the online system from the ACC website – an email will not be generated from ACC at completion of services.

Outcome measures must be completed and submitted back to ACC within fifteen (15) business days from the date the lead service provider receives the email with the link from ACC.

The following table summarises when outcome measures will be requested and the due date:

Outcome measure	Via	Due Date
After submission of an Engagement Form.	Link from ACC after an Engagement Form is lodged.	Within fifteen (15) business days from the lead service provider receiving the email prompt from ACC.
Every six (6) months from submission of an Engagement Form.	Link from ACC at six (6) month intervals.	Within fifteen (15) business days of the lead service provider receiving the email prompt from ACC.
Every three (3) months from submission of an Engagement form if kiritaki	Link from ACC at three (3) month intervals.	Within fifteen (15) business days of the lead service provider receiving the email

Outcome measure	Via	Due Date
access Support to Wellbeing Short Term.		prompt from ACC.
At completion of services.	Lead Service Provider to access link from ACC website.	Prior to, or at the same time as submission of the Completion Report.

There may be times during treatment when it is not possible to complete the outcome measures in the next session with kiritaki. When this is the case, the outcome measures must be completed and submitted as soon as feasible. Outcome measures must be submitted at each interval where an email is sent from ACC and at completion of services.

Collecting and submitting information

Both the primary and a secondary outcome measure must be completed and submitted. Once a secondary measure has been selected and used, the same outcome measure must be used throughout.

Each outcome measure email that ACC sends can only be used once and is specific to each kiritaki. As the online system does not require a login, the system does not save the information. This means that all information needs to be entered at the same time and on the same day.

It is at the discretion of the lead service provider to determine how they collect the information to then enter into ACC's online system. It is important to consider the following points:

- information to complete each outcome measure must be gathered in a clinically safe and appropriate way; and
- kiritaki must agree that the information collected through the outcome measure surveys can be submitted to ACC.

It may be appropriate to record the scores on the available templates, then enter the results into the online system (noting EQ-5D and Hua Oranga are completed with or by kiritaki, and the HoNOS measures are completed independently by the lead service provider). This approach ensures that kiritaki can be easily informed of the information that will be submitted to ACC and give their confirmation to proceed.

All information submitted via the online system will be safe and secure. A copy of ACC's privacy policy can be found online.

Supplier Responsibilities

Suppliers are responsible for:

- ensuring that outcome measures are submitted to ACC in accordance with the timelines stated in the Service Schedule; and
- having oversight of outcome measures as part of delivery against the performance indicators set out in the Service Schedule.

Suppliers access to outcome measures submitted to ACC

Suppliers are responsible for processes that provide oversight of outcome measures. How this works is up to the individual supplier.

On submission of outcome measures to ACC through the online system, the lead service provider can print to PDF a record of the submitted outcome measures and share these with their supplier, where that is required. This must be done at the time of submission as there is no ability to regain access to the outcome measure once submitted.

How ACC will use outcome measures

ACC will review outcome measures alongside review of any other plans and reports that are submitted for kiritaki. If a deteriorating trend is identified it is expected that commentary is provided in the progress reports/check-ins.

ACC will also use both primary and secondary outcome measures:

- for organisational reporting purposes to measure the overall success of the Sensitive Claims Service;
- to highlight any differences in outcomes across kiritaki groups, to inform decision making; and
- to understand a view of kiritaki health and their progression towards recovery.

ACC will also aggregate outcome measures data and share.

Aggregate data will also be shared with third parties (owners of the outcome measures) for the purpose of improving the validity of the measures. No identifiable information will be provided to third parties.

12.3 Quality review process

The quality review process may be used when ACC identifies quality issues with reports or assessments being submitted by a supplier and named service provider. ACC personnel or others engaged by ACC may review the quality of a single report or review several reports to understand quality trends. ACC will use its Psychology Advisor team to provide clinical input to the review process.

The quality review process will focus on the quality of the reports and assessments that are submitted and not on individual clinical opinion. Differences in clinical opinion between named service providers and ACC will be resolved by either:

- a conversation between the parties to reach a joint decision; or
- by involving a third-party clinical perspective (e.g. another named service provider) where necessary.

Activating the quality review process

ACC will notify a supplier and named service provider when a quality review is required. This can be when:

- a named service provider is identified as having multiple reports or assessments returned for not meeting report quality criteria; or
- there is significant clinical or quality concerns on a specific report that would result in:
    - kiritaki repeating parts of the Sensitive Claims Service process; or
    - disruption or delay to kiritaki progress; or
    - ACC being unable to make a decision relating to cover or supports due to the quality of the report that has been submitted.

Responsibilities during the quality review process

Once the quality review process has been initiated, the supplier and named service provider are expected to co-operate with the process and provide any requested information to the quality reviewer appointed by ACC.

Receipt of the quality review

Following the quality review process, ACC will either:

- accept the report or assessment as satisfactory, providing the supplier and the named service provider with the quality review report; or
- return the report or assessment to the supplier and named service provider with the quality review report and seek amendments to the aspects in concern; or
- request the supplier and the Named Service Provider liaise with ACC's Clinical Advisor to discuss aspects of concern before seeking amendments.

If ACC returns a report or assessment for amendment, we will work with the supplier to discuss the concerns and jointly plan the necessary actions to address them. The supplier will be provided information about the specific concerns that have been identified and any other relevant information.

The supplier is expected to work with the named service provider to develop a plan on how to address the concerns and ensure quality reporting is submitted to ACC. Depending on the circumstance, this plan may range from agreed next steps for the resubmission of a report, to a formal performance improvement plan being put in place for the named service provider. There is no payment available where a report is required to be resubmitted.

Outcomes

Following the completion of a quality review process, ACC will need to see that improvements have been made and that concerns have been addressed. Once this happens the process will end but may be restarted if the quality concerns reoccur.

If improvements are not seen and the quality concerns persist, the supplier will need to ensure that they action the appropriate next steps from their performance management process and notify ACC of the outcome. If there is no further improvement following any performance improvement or quality review process, ACC will formally review its position on the contractual relationship in alignment with Clause 20 in the Standard Terms and Conditions for Health Contracts.

12.4 Supplier contract reporting

Supplier six monthly reporting

As part of measuring wait times and capacity for the Sensitive Claims Service, ACC requires suppliers to complete and submit reporting every six months, by the last business day of January and last business day of July for the duration of the contract.

The report must be submitted electronically. ACC will contact suppliers by email to provide access to an electronic link.

This report has sections that are compulsory and a section that is optional. ACC requires all suppliers to confirm:

- a waitlist is held, the number of kiritaki on that waitlist and the average wait times;
- the number of referrals received that had to be declined (this does not include referrals from ACC); and
- the key health and safety risks to delivering services.

ACC will also ask suppliers to (optionally) provide an indication of the top three factors affecting their ability to accept referrals.

ACC will use the information collected to:

- confirm the national average wait time to access services (broken down by region);
- identify areas where there are significant capacity constraints; and
- inform future work to support the delivery of services.

ACC will share collated findings through our regular provider update. ACC will not disclose commercially sensitive information about individual suppliers.

Contract management checklist

Suppliers must maintain a contract management checklist to manage compliance to the service requirements and inform completion of the annual declaration.

All suppliers are required to submit a completed contract management checklist as part of the procurement process to apply to be a supplier.

It is a requirement for suppliers to maintain and update this checklist for the duration of the contract. ACC can request this checklist at any time.

The contact management checklist is broken down into three key sections:

Section	Description
Key Contract Requirements:	This section tracks: • all Named Service Providers, Service Providers, and personnel all meet the required safety, qualification, and experience standards

Section	Description
	• all Named Service Providers, Service Providers, and personnel comply with induction and development requirements; and • supplier responsibilities, management processes, frequencies, and due dates.
Contract Reports	This section: • lists the reports suppliers must submit; and • helps suppliers keep track of report deadlines to fulfil their contractual requirements.
Policies, Procedures, and Guidelines	This section: • details the policies and procedures suppliers need to deliver services; and • allows suppliers to monitor review dates and communication methods for necessary updates.

List of named service providers and service providers

Suppliers must maintain a list of all approved named service providers and service providers delivering services under their contract. As part of this list, the supplier must confirm that all listed named service providers and service providers meet the provider criteria and qualifications set out in the service schedule.

The list of named service providers and service providers must be supplied on the ACC approved form. It must be submitted annually as part of the annual declaration.

Annual Declaration

Suppliers will receive an email with an invitation to complete the annual declaration and list of named service providers and service providers no later than 1 May each year for the duration of the contract.

The annual declaration and list of named service providers and service providers must be completed on the templates linked in the email and submitted to ACC no later than 1 July each year, or as otherwise requested by ACC, for the duration of the contract.

The information is used by ACC to ensure that suppliers comply with their obligations under the contract. The annual declaration must be signed by an authorised signatory for the supplier.

If the annual declaration highlights any concerns, ACC will contact the supplier directly to discuss and develop a plan to address them.

12.5 Security of kiritaki information

ACC does not have the ability to dictate the common functions suppliers use to enable their business practices (such as email or note taking systems). Suppliers must maintain information security systems, procedures and processes in accordance with Good Industry

Practice to protect kiritaki information. Suppliers must ensure all reasonable steps are taken so that kiritaki personal information is protected against loss or unlawful access, use, or disclosure, as per Part C, Clause 14.2q of the Service Schedule.

13. Performance

13.1 Performance indicators

ACC will measure the supplier's delivery of the service against the following performance indicators:

Timeliness

Objective	Kiritaki receive timely treatment and rehabilitation services.
Indicator	The percentage of reports: • Early Supports Plans • Cover and Wellbeing Plans • Specialist Cover Assessments; and • Wellbeing Plans are received within expected timeframes and that meet accepted quality criteria as defined in the Operational Guidelines.
Calculation	The number of reports that meet the quality criteria and are submitted to ACC within the required timeframes shown as a ratio of all reports submitted during the reporting period.
Target	To be monitored and benchmarked against other suppliers.

Quality

Objective	Kiritaki receive treatment and rehabilitation services that are tailored to their specific injury and needs (cultural or other), based on clinical best practice.
Indicator	The ratio of kiritaki accessing each of the different service pathways (including accessing multiple service pathways) identified through the Early Supports Plan.
Calculation	The number of claims entering each service pathway during the reporting period, shown as a ratio of overall sensitive claims; and The number of claims that utilise more than one service pathway shown as a ratio of overall sensitive claims.
Target	To be monitored and benchmarked against other suppliers.

Sustainability

Objective	Services are appropriate to the needs of kiritaki, delivered at an appropriate point of recovery for kiritaki, and by the provider best suited to deliver that

	treatment to ensure services are financially sustainable now and in the future.
Indicator	The average cost and number of hours and services used to treat and support kiritaki and their identified injury needs.
Calculation	The total number of hours invoiced on a claim where a partially completed report, Closure Notice or a Completion Report has been submitted, shown as an average and median for: • Tailored Support to Wellbeing Package A; • Tailored Support to Wellbeing Package B. The correlation between hours invoiced for services, types of services invoiced and service costs for specific cohorts, compared with rate of outcomes achieved or exceeded for those cohorts.
Target	To be monitored and benchmarked against other suppliers.

Outcomes for kiritaki

Objective	Kiritaki have improved health, independence, and overall quality of life (to the maximum extent practicable).
Indicator	Primary and secondary outcome measures show improved health related quality of life at service exit.
Calculation	The average and median change between first and subsequent, and first and final primary measure, and first and subsequent and first and final secondary outcome measure scores.
Target	To be monitored and benchmarked against other suppliers.

Objective	Kiritaki have improved health, independence, and overall quality of life (to the maximum extent practicable).
Indicator	The proportion of kiritaki who achieve or exceed their recovery goals at service exit.
Calculation	The ratio of kiritaki goals set during assessment and treatment that are reported as achieved or exceeded in Completion Reports.
Target	To be monitored and benchmarked against other suppliers.

The performance indicators are intended to complement each other and build a comprehensive picture for the delivery of services against the contract.

Each performance indicator is based on a continuous measurement period to be monitored and benchmarked against other suppliers during the delivery of the services. Once sufficient baseline information has been gathered, ACC will set specific targets against the performance indicators.

In addition to the performance indicators ACC will use other data sources to generate insights and better understand how the service and those supplying services are performing.

13.2 Monitoring performance

Suppliers must:

- monitor their own performance against the performance indictors and requirements in the contract;
- continually review, evaluate, and improve their delivery of services;
- ensure that all named service providers, service providers and other personnel complete the 'Introduction to Sensitive Claims' induction and development module available via ACC's Learning Management System: https://learning.acc.co.nz/; and
- have processes in place to confirm
    - which additional learning modules have been completed by providers;
    - to identify any gaps in learning (through complaints, performance conversations, or feedback from ACC); and
    - address gaps in learning promptly through further training and support.

ACC will:

- work with suppliers to understand how the service can continue to improve to meet the needs of kiritaki;
- will vary the contract or these guidelines where required to implement improvements to the service;
- will regularly monitor and evaluate supplier performance using the performance indicators and other collated data that ACC holds; and
- provide high-quality, accurate feedback on performance and support to inform the improvement of services as required.

Performance monitoring framework

The Performance Monitoring Framework for this service is a four-stage evaluation and improvement process, which incorporates and aligns to improvement clauses under ACC's Standard Terms and Conditions for Health Contracts:

Performance monitoring framework	
Stage	**Description**
Stage one Self-management of performance issues	The Supplier will: • proactively manage service change variation and implement self-management of performance issues leading to improved outcomes for kiritaki; • make decisions and use their judgement to ensure their personnel provide the best care to kiritaki; and

Performance monitoring framework	
Stage	**Description**
	• identify and correct any issues and/or risks and keep ACC informed of any impacts to kiritaki outcomes or goal attainment. ACC will: • use supplier and ACC claim data to identify issues and variations to enhance outcomes for kiritaki through joint governance and oversight.
Stage two Intervention or remedy actions	If required, ACC will: • implement any interventions or remedy actions regarding improvement of performance. Performance-based service limitation may include (but is not limited to): • capping service referral volumes • ceasing service referral volumes • reduced future opportunities; or • introducing periodic reviews to verify performance outcomes.
Stage three Performance Improvement Plan (PIP)	ACC and the supplier will: • work collaboratively to resolve any service level compliance issues and restore full-service provision via the introduction of an agreed performance improvement plan (PIP); and • agree on service remedy provisions relating to a return to expected service improvements within an agreed timeframe. If the PIP fails to achieve the desired outcomes, ACC will progress to the next stage of performance monitoring framework.
Stage four Review of contractual relationship	If there is no further improvement following the agreed PIP, ACC will: • formally review its position on the contractual relationship in alignment with Clause 20 of the ACC Standard Terms and Conditions for Health Contracts.

Performance Reviews

The supplier and ACC will review the supplier's delivery of the service and compliance with the Sensitive Claims Service contract annually or as otherwise required. When these reviews are undertaken, they will consider:

- the supplier’s performance against the Performance Indicators (once the targets for these have been set);
- the extent to which the Service has been delivered in accordance with the service requirements and quality standards;

- if the supplier is subject to a Performance Improvement Plan, compliance with the requirements of the Performance Improvement Plan, and
- compliance with any other requirements under the Contract.

Service reviews may also be undertaken by ACC when needed to investigate issues or concerns under the Performance Monitoring Framework. ACC will work directly with the supplier to establish the need for review, and the actions that are needed to address any concerns.

14. Invoicing

General information about how to invoice ACC can be found on the ACC website: How to invoice us (acc.co.nz).

Invoicing must be based on the actual service time used (up to the maximum allowed) and can only be submitted once a service has been delivered, or a report has been accepted (approved) by ACC. Partial hours will be rounded to the closest quarter hour. No margin or premium may be added to the costs incurred for any services.

Suppliers are responsible for:

- invoicing ACC accurately for services delivered to kiritaki under the Sensitive Claims Service
- paying any named service provider, service provider or other personnel who delivered the service as per your individual agreements.

Suppliers are not responsible for paying a psychiatrist providing services under ACC's Psychiatric Services contract as the psychiatrist will invoice ACC directly.

Suppliers must invoice Cultural Support and Advice for the actual costs incurred or up to the maximum price paid as per the Service Schedule.

Service approval

The following services do not require approval (through a purchase order) from ACC:

- Short-term Support to Wellbeing
- Social Work and Whānau Support in pre-cover services, specifically:
    - For adult kiritaki, the first 10 hours available; and
    - For children and young people, the 30 hours available.
- Active Liaison and Cultural Support and Advice in pre-cover and post-cover services
- Non-attendance fee in pre-cover services
- Maintaining Wellbeing
- Closure and Completion Reports
- Administration and Management Fee.

All other Sensitive Claims Services require approval via a purchase order before they can be delivered. A purchase order will retrospectively be provided for Getting Started services.

ACC will send a purchase order to the supplier as confirmation that the service has been approved. ACC will also email any service providers or named service providers that are delivering services to kiritaki to inform them the services have been approved.

The supplier must manage payment to:

- Named service providers on their contract; and
- All service providers and other third parties (such as cultural advisors) even if they are from another organisation.

The only exception to this is where a supplier needs to use a named service provider or named assessment provider from another supplier. In this situation, ACC will issue a separate purchase order to the other supplier for the hours indicated.

The supplier responsible for the kiritaki must still ensure oversight of all services delivered.

Contract numbers

Suppliers will be issued with two contract numbers – one for use with named service providers, and one for use with service providers. Suppliers must provide the correct contract number on the invoice.

Service codes and suffixes

Each service has a unique service code (listed in the service schedule) and each profession who can deliver services has a unique suffix number (listed below).

The supplier must ensure that both an accurate service code and suffix are provided when invoicing ACC.

Purchase orders sent by ACC will not contain the suffix that specifies the profession of the named service provider or service provider who delivered the service. Suppliers must add this when invoicing ACC.

Suffix	Profession
1	Counsellor Level 6
2	Counsellor / Social Worker Therapist Level 7+
3	Psychotherapist
4	Psychologist
5	Psychiatrist
6	Service Provider (for example, a Social Worker or Occupational Therapist)

15. Applying to add providers or geographical areas

Suppliers may request a change to their Sensitive Claims Service contract with ACC, this may include requesting to:

- approve a new named service provider

- add a new or existing named service provider to the contract
- increase the number of named service providers on the contract (beyond the initial approval limits)
- remove a named service provider from the contract
- add geographical areas to a contract
- update information about changes to the Supplier's business
- change or update Find Support details for a named service provider
- Named Service Provider adding another type of service component.

The table below describes how to request changes and the information needed by ACC to consider the request.

Contract-related changes

Change required	How	Information required
Approve a new named service provider	Provider completes and submits a named service provider application through the ACC approved digital channel. A provider must be approved through this process before being named on a supplier's contract. Once approved, the named service provider must send a copy of their official approval to the supplier they intend to work with. No applications for named service providers will be considered between 15 December to 31 January each year.	All sections of the application form must be completed. The minimum requirements are detailed here.
Add an approved or existing named service provider to a supplier's Sensitive Claims Service contract	Once a named service provider sends a copy of their official approval, the supplier can submit a request to Health procurement at health.procurement@acc.co.nz for that named service provider to be named on their contract or through the ACC approved digital channel. Requests will be accepted throughout the year on business days, unless otherwise notified by ACC. A new named service provider application is not required if one has already been approved by ACC to be named on a supplier's contract.	The information required include: • named service provider name • ACC Provider ID • copy of their official approval • contract number the named service provider is to be added to • supplier confirmation that the named service provider has an updated APC and relevant membership • supplier confirmation that the named service

Change required	How	Information required
		provider has a clear police vet and Children's Worker Safety Check (if relevant), and is safe to start providing services under the Supplier's contract • number of named service providers that can be named on the contract (e.g. supplier was approved by ACC as a small, medium or large supplier through the procurement process) • number of named service providers the Supplier has on the contract.
Increase to the number of named service providers on the contract (beyond the initial approval limits)	Where a request to add named service providers is above the initial limit allowed for on the contact, ACC will need to confirm the supplier's ability to support additional named service providers. ACC may request more information prior to the approval of additional named service providers to the Supplier's contract. When requested, additional information must be emailed to ACChealthtenders@acc.co.nz or submitted through the ACC approved digital channel.	If required, the Supplier must submit: • an updated contract management checklist • an updated list of named service providers and service providers with the additional named service providers • evidence demonstrating the supplier's ability to manage the increase in Named Service Providers on your contract • confirmation there are no outstanding serious adverse findings or performance issues unreported to ACC
Remove a named service provider from the contract	Where a supplier requires the removal of a named service provider from their contract, the request must be emailed to health.procurement@acc.co.nz or submitted through the ACC approved digital channel The supplier must ensure kiritaki continue to be supported either through transition to another named service provider (where the existing named service provider is ceasing to deliver services) or support the transition	The information required include: • the request to remove a named service provider removed from their contract • name and ACC Provider ID of the named service provider • contract number • reason for removal from the contract

Change required	How	Information required
	to another supplier if the existing named service provider is changing suppliers. Continuity of care for kiritaki is paramount.	• confirmation all billing for the provider has been completed.
Add geographical areas to a contract	For a supplier to hold a geographical area they must be able to provide all services in that area: • Named service provider to deliver all pre and post cover core services; • Have a named assessment provider named on the contract across each region the supplier has (or intends to have) geographical areas; and • Have access to service providers in each region a supplier has approved geographical areas (and any they intend to have). ACC requires confirmation of the above; and that the named service provider has a base address in the geographical area. The required information must be emailed to Health procurement at health.procurement@acc.co.nz or submitted through the ACC approved digital channel.	The minimum information required includes: • named service provider • ACC Provider ID • base address of the named service provider • confirmation that: – there is a named service provider to deliver all pre and post cover core services; – a named assessment provider is named on the contract in the region the supplier is requesting to have a geographical area; and – the supplier has access to service providers in each region a supplier is requesting the addition of a geographical area. ACC may request further information to assess and approve new geographical areas on a supplier's contract. Services cannot be delivered in a new geographical area until confirmation of approval is received from ACC.
Update ACC of changes to the Supplier's business	If there are legal changes to the Supplier's business including change of ownership (novation), go to the resources section of ACC's website and complete the relevant form: • ACC5930 Changes to your business for health contractors Submit the form to the email address listed on the specific form.	Supplier completes the relevant form with the requested information as required by that form.

Change required	How	Information required
Change or update details for a named service provider on the Find Support website	Where a named service provider wants to make any changes to their information about their profile on Find Support, they must email the changes to health.procurement@acc.co.nz The named service provider's supplier(s) should be cc'd into the email to ACC.	The email from the named service provider must include: • Named service provider name • ACC Provider ID • Details of the change
Named service provider changing qualification levels	• Where a named service provider is seeking to change their qualification level on ACC's records, the required information must be emailed to Health procurement at health.procurement@acc.co.nz or submitted through the ACC approved digital channel.	The named service provider must include the following information: • Named service provider name • ACC Provider ID • Current APC • Evidence of current membership with relevant professional associations • Academic transcripts and any other evidence to demonstrate the level of qualifications
Named service provider adding another type of service component	Where a named service provider is seeking to add another service component (e.g. approved as a psychologist and is now applying to be a named assessment provider) a new named service provider application must be submitted to ACC. Provider completes and submits a named service provider application through the ACC approved digital channel. Once approved, the named service provider must send evidence of their approval to their supplier. The application must be approved before services can be delivered. No applications for named service providers will be considered between 15 December to 31 January each year.	All sections of the application form must be completed. The minimum requirements are detailed here.

Suppliers may request other changes that will not directly impact their Sensitive Claims Service contract with ACC, this may include changes:

- to a supplier's contact details
- of a named service provider or service provider details.

The table below describes how to request changes and the information needed by ACC to action the request.

Non-contract related changes

Change required	How	Information required
Change to Supplier's contact details	To change contact details or request access to the eBusiness Gateway for electronic invoicing, go to resources section of ACC's website and search for: • ACC1534 Change of Vendor Details	Supplier completes the relevant form with the requested information.
Change of Named Service Provider or Service Provider details	For changes to any of the provider's information below, the provider emails registrations@acc.co.nz • Name • Physical address • Postal address • Email address • Work phone number • Mobile phone number • Preferred contact number.	Provider emails: • ACC Provider ID • Provider Name • Relevant change

15.1 Information required for new named service providers

Below is the minimum information required when a provider applies to be a named service provider or add an additional service component under the Sensitive Claims Service.

ACC may request further information where needed to make a determination on the request as required.

Service applied for	Information required	Who must submit this information
Provisional Treatment	• Evidence of minimum Level 6 NZQA recognised qualification • Evidence of APC and interim/ full membership of relevant bodies as per the Service Schedule for the Sensitive Claims Service	All provider types who do not meet the minimum

Service applied for	Information required	Who must submit this information

	• CV with clear evidence of at least 12-month FTE experience post qualification in a mental health setting and experience working with survivors of sexual abuse and assault obtained or maintained in the last five years
	• Completion of questions on:
	  ○ Abnormal psychology,
	  ○ Skills in two or more therapy models of therapeutic intervention,
	  ○ Human development
	  ○ Basic assessment skills,
	  ○ Therapeutic intervention skills, and
	  ○ Family dynamics.
	• Written agreement with supervisor who must be a Sensitive Claims named service provider.
		requirement for full Treatment

Treatment including cover and wellbeing plans	• Evidence of minimum Level 6 NZQA recognised qualification
	• Evidence of full APC and full membership of relevant bodies as per the Service Schedule for the Sensitive Claims Service
	• CV with evidence of minimum 2-year FTE experience post qualification in mental health setting and experience working with survivors of sexual abuse and assault obtained or maintained in the last five years
	• *Completion of questions on:
	  ○ Abnormal psychology,
	  ○ Skills in two or more therapy models of therapeutic intervention,
	  ○ Human development
	  ○ Basic assessment skills,
	  ○ Therapeutic intervention skills, and
	  ○ Family dynamics.
	NOTE: Providers who do not meet the 2- year FTE experience post qualification in a mental health setting and experience working with survivors of sexual abuse and assault obtained or maintained in the last five years may be approved as a provisional treatment provider if all other areas are sufficient.
		All provider types
		*Item marked * do not apply to Clinical Psychologists and Psychiatrists*

Service applied for	Information required	Who must submit this information

Moving from Provisional Treatment to Full Treatment	• Evidence of full APC and relevant membership as per the Service Schedule for the Sensitive Claims Service
	• Supervisor report (ACC named service provider) that MUST cover the following questions:
	  ○ How many kiritaki has the provider seen and over what period?
	  ○ How many Eary Support Plans, Wellbeing Plans, progress reports and completion reports have been completed?
	  ○ What is the frequency of supervision?
	  ○ What is the Supervisor's comment on factors such as but not limited to:
	  ▪ therapy skills
	  ▪ recognition of factors compromising progress
	  ▪ ability to make appropriate referrals to other services.
		Provisional treatment providers only

Specialist Cover Assessment	• Evidence of minimum Level 8 NZQA recognised qualification
	• Evidence of full APC and full membership of relevant bodies as per Service Schedule for the Sensitive Claims Service
	• CV with evidence of minimum 2-year FTE experience post qualification in mental health setting and experience working with survivors of sexual abuse and assault obtained or maintained in the last five years
	• *Completion of questions on:
	  ○ Assessment, classification, and clinical formulation;
	  ○ Abnormal psychology;
	  ○ Skills in two or more models of therapeutic intervention;
	  ○ Human development; and
	  ○ Knowledge and skills in the use of psychometric tools (if using psychometrics).
		All provider types
		*Item marked * do not apply to Clinical Psychologists and Psychiatrists*

Group-based therapy	• Evidence of minimum Level 6 NZQA recognised qualification	All provider types

Service applied for	Information required	Who must submit this information

	• Evidence of APC and interim/ full membership of relevant bodies as per Service Schedule for the Sensitive Claims Service
	• CV with:
	  ○ clear evidence of at least 12-month FTE experience post qualification in a mental health setting and experience working with survivors of sexual abuse and assault obtained or maintained in the last five years
	  ○ evidence of experience in group work that involves DBT, or group work clearly related to managing anxiety, depression, addictions, anger or trauma.	

Function Assessment	• Confirmation that the provider has already been approved as a Named Service Provider delivering Specialist Cover Assessments
	• *Confirmation that the provider has completed at least 10 specialist cover assessments (previously referred to as supported assessments)
	• *Confirmation of supervisor who is a clinical psychologist or psychiatrist who has undertaken incapacity assessments for ACC (this may be in addition to the regular supervisor and specific to function assessments only). Please provide the supervisor's ACC provider ID.
	• *Letter from supervisor to confirm the following:
	  ○ they have undertaken incapacity/ function assessments and the number of such assessments completed
	  ○ they agree to supervise you in function assessments.
		Clinical Psychologist and Psychiatrists only
		*Items marked * do not apply to Psychiatrists*

16. Definitions

The following table provides definitions of key terms used on this document. It does not repeat any terms already defined in the Service Schedule for the Sensitive Claims Service.

Word	Definition
Care indicator	An ACC indicator indicates that kiritaki may pose a potential risk to the safety of others. Criteria that are considered to pose a risk include:

Word	Definition
	• Continued intimidating and/or offensive behaviour (for example, body language and verbal dialogue has made employees feel unsafe). • Being abusive, verbally or in writing. • Making threats to ACC, ACC employees or agents acting on behalf of ACC. • Have been or are physically violent.
Consent	Legal agreement to a treatment plan, rehabilitation outcome, or assessment. Can be provided by: • adult kiritaki or their agreed Authority to Act; • children and young people who are Gillick Competent; or • or legal guardians of children and young people.
Cultural safety	Cultural safety is the outcome of recognising and respecting cultural identities and communities, and safely meeting the needs of kiritaki to achieve positive health outcomes and experiences.
Gillick competency	The process to determine whether a child or young person (under 16 years of age) can consent to their own treatment, without the need for parental or guardian permission.
Legal guardianship	A person appointed by the court as a guardian under the Oranga Tamariki Act 1989 or the Care of Children Act 2004
Ordinarily resident	As per Section 17 of the Accident Compensation Act 2001, a person is ordinarily resident in New Zealand if he or she: a) has New Zealand as his or her permanent place of residence, whether or not he or she also has a place of residence outside New Zealand; and b) is in one of the following categories: i. a New Zealand citizen: ii. a holder of a residence class visa granted under the Immigration Act 2009: iii. a person who is a spouse or a partner, child, or other dependant of any person referred to in subparagraph (i) or (ii), and who generally accompanies the person referred to in the subparagraph.
Purchase order	When approval is required from ACC to deliver services, this is sent via a purchase order. The purchase order will include the:

Word	Definition
	• purchase order number • service and the service item code approved • date range and amount of service approved.
Region	An area of New Zealand that has several Geographical Areas within it. For example, Northland is a region that includes the Geographical Areas of Far North District, Whangārei District, and Kaipara District.
Schedule 3 event	An event that falls within the description of offences listed in Schedule 3 of the Accident Compensation Act 2001.
Self-referral	Kiritaki referring themselves to the service for access to support and services without consulting with primary health care services.

17. Reference Documents

ACC documents

ACC Document	Link
Service Schedule for the Sensitive Claims Service	Can be accessed at: Sensitive Claims Service Resources
Sexual Abuse and Mental injury; Practice Guidelines for Aotearoa New Zealand	Can be accessed at: ACC4451
Kawa Whakaruruhau (Cultural Safety) Policy	Can be accessed at: cultural-safety-policy.pdf (acc.co.nz)
Te Whānau Māori me ō mahi: Guidance on Māori Cultural Competencies for Providers	Can be accessed at: acc-te-whanau-maori-me-o-mahi-guidance.pdf
Sensitive Claims Service report templates	Can be accessed at: Sensitive Claims Service Resources
Sensitive Claims Service Report Guidelines	Can be accessed at: Sensitive Claims Service Resources
Travel Policy for Providers	Can be accessed at: ACC Travel Policy for Providers
Telehealth guidance	Can be accessed at: acc8331-telehealth-guide.pdf

Legislation

Legislation	Link
Accident Compensation Act 2001	Accident Compensation Act 2001 No 49 (as at 06 September 2023), Public Act Contents – New Zealand Legislation
Accident Compensation (Definitions) Regulations 2019	Accident Compensation (Definitions) Regulations 2019 (LI 2019/194) (as at 30 October 2022) Contents – New Zealand Legislation
Accident Insurance (“Counsellor”) Regulations 1999	Accident Insurance (“Counsellor”) Regulations 1999 (SR 1999/166) (as at 25 September 2020) – New Zealand Legislation
Schedule 3 Events	Accident Compensation Act 2001 No 49 (as at 06 September 2023), Public Act Schedule 3 Cover for mental injury caused by certain acts dealt with in Crimes Act 1961 – New Zealand Legislation