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He Whakaora.**
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Questions and Answers from the Sensitive Claims Service Training

These are responses to questions received during our in-person training sessions for the Sensitive Claims Service.

Topics:

- [Cover Pathways and Assessment](#)
- [Tailored Support to Wellbeing Packages](#)
- [Outcome Measures](#)
- [Supplier requirements & responsibilities](#)
- [Training](#)
- [Travel](#)
- [Transition](#)
- [Kiritaki \(clients\)](#)
- [Other](#)

Cover Pathways and Assessment

If kiritaki are returning to the Sensitive Claims Service, does this automatically trigger a new Specialist Cover Assessment?

No. A new engagement form must be lodged for all returning kiritaki. When this is received, ACC will contact the named service provider to discuss next steps. There is a diagram in the [Sensitive Claims Service Operational Guidelines](#) that highlights the possible pathways for kiritaki returning to services, to support this korero.

If kiritaki meet criteria for a Cover and Wellbeing Plan, apart from elevated risk profile, are they still able to access that pathway?

The Cover and Wellbeing Plan is appropriate when kiritaki do not have a significant mental health history outside of the Schedule 3 event(s); where the lead service provider is confident that their needs 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.

If there are significant risk concerns, either to kiritaki or to others, the Specialist Cover Assessment may be more appropriate.

If a second opinion is needed, with kiritaki consent, the lead service provider can seek advice from an experienced colleague (such as their supplier or supervisor) or contact the ACC Psychology Advisor hotline to seek general advice about selecting the most appropriate cover pathway.

If kiritaki have complex PTSD, is this enough to trigger a Specialist Cover Assessment?

The Cover and Wellbeing Plan is not appropriate where kiritaki present with significant mental health diagnoses and/or a history of engaging with mental health services or addiction services. If kiritaki have complex PTSD the Specialist Cover Assessment would be the most appropriate pathway.

What is included in a Function Assessment?

The Function Assessment 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. 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.

Please refer to the Specialist Cover Assessment report template and the [Sensitive Claims Service Report Guideines](#) for the specific questions. A Function Assessment must be completed by a named assessment provider who is approved by ACC to complete Function Assessments.

How should the lead service provider access an assessor to complete the Function Assessment?

The lead service provider should work with their supplier to find a suitable named assessment provider who is approved by ACC to complete Function Assessments. It is important that if suppliers don't have a suitable assessor, that they use their relationships and connections with other suppliers in their geographical area to find one. If a suitable assessor can't be found, you can contact the Recovery Team Member responsible for the kiritaki.

How will kiritaki be supported if there are delays in accessing medical or other notes while completing a Specialist Cover Assessment?

We are expecting a large proportion of kiritaki to have their needs effectively managed through the Cover and Wellbeing Plan and into Tailored Support to Wellbeing Package A. This will not require access to previous medical or other notes.

During the Specialist Cover Assessment, ACC approve hours for the lead service provider to continue to support kiritaki. Where we identify that further time is required for ACC to determine cover following receipt of a Specialist Cover Assessment, ACC will discuss the use of continuity sessions.

If there are delays outside of the control of the assessor to complete a Specialist Cover Assessment, and kiritaki require support beyond the hours already approved with the lead service provider, contact ACC to discuss further.

Can lead service providers attend other assessments with the kiritaki (for example a Permanent Injury Compensation Assessment)?

While a provider may choose to attend other (non- Sensitive Claims Service) assessments with kiritaki, this time can't be invoiced for using Sensitive Claims Service codes. Providers may want to consider scheduling their regular sessions with kiritaki before or after these assessments to support kiritaki. These sessions could be invoiced as normal under the Sensitive Claims Service.

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

Report guidelines are written in the first person; is this how our reports need to be written?

Reports should be written to meet the quality criteria outlined in the [Sensitive Claims Service Report Guideines](#). These guidelines assist the lead service provider to produce high-quality, clinically appropriate, and fit-for-purpose reports. The guidelines do not include a requirement to write from a first-person point of view.

Where the reports do contain a first-person statement, it is because we are asking the provider to make a declaration. By indicating yes, the provider is confirming the point in question (for example *"I have explained to the kiritaki that they can participate in a feedback session before this report is submitted to ACC."*)

Tailored Support to Wellbeing Packages

Is there an ability to access more than the 80 hours in Tailored Support to Wellbeing Package A?

No. Tailored Support to Wellbeing Package A provides up to 80 hours over a period of up to 24 months. If kiritaki require further support the lead service provider must contact ACC to arrange a Specialist Cover Assessment.

The lead service provider should notify ACC as soon as they become aware that the needs of the kiritaki have changed, and more support is required (they shouldn't wait until the end of the package). The lead service provider can contact the Recovery Team Member at any time, as well as use the Progress Report and Progress Check-ins to request further support.

What happens if kiritaki complete their package of hours before 24 months?

The Tailored Support to Wellbeing Packages are an allocation of up to 80 or up to 100 hours over a duration of up to 24 months. 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 and recovery goals of each kiritaki.

Under Tailored Support to Wellbeing Package B, if kiritaki complete their package hours before the end of a 24-month duration and they still require more support, the same expectations and requirements apply as it would if they received their support over the full 24-month duration.

Does the 80 or 100 hours in Tailored Support to Wellbeing packages include hours used by service providers?

Yes, the available hours in Tailored Support to Wellbeing Packages (up to 80 or up to 100 hours) can be utilised by named service providers and service providers to support kiritaki to address injury-related needs and achieve their Recovery Goals.

Does the 100 hours, in Tailored Support to Wellbeing Package B, include hours used for treatment reviews?

No, the hours for a treatment review are separate from hours available as part of Tailored Support to Wellbeing Package B. If there are already approved services under the package while the treatment review is being completed, these services can continue.

It is expected that a treatment review will be completed before the end of the package, therefore there should be no interruption to the kiritaki.

If a kiritaki does not access the full 80 hours, and another event occurs, can more hours be requested, what are the options?

If another event occurs, the lead service provider should contact the Recovery Team supporting the kiritaki to discuss appropriate next steps as a range of factors are taken into consideration.

Is there flexibility in timeliness to send wellbeing plan reports in to ACC eg: kiritaki is sick and can't make the meeting?

The Wellbeing Plan must be submitted to ACC within ten business days of the last face-to-face session with the kiritaki under this service.

Is there a limit of how much time can pass between when a kiritaki disengages and reengages in service?

No there is no limit. If kiritaki disengage, the lead service provider must send ACC a partially completed report or a Closure Notice (refer to the [Sensitive Claims Service Operational Guidelines](#) for when to send each report type).

A new Engagement Form must be lodged for all returning kiritaki. When this is received, ACC will contact the named service provider to discuss next steps. There is a diagram in the Operations Guidelines that highlights the possible pathways for kiritaki returning to services, to support this korero.

Will there be an exit package to support kiritaki?

Yes, once kiritaki have completed Tailored Support to Wellbeing Package A or Package B, they will have access to Maintaining Wellbeing. This service is to maintain and refine their self-management plan and recovery through short, on demand interventions as required for up to 20 hours over three (3) years.

Who can deliver treatment reviews? Can they be from the same supplier as the lead service provider?

A treatment review can be completed by any named assessment provider, who is not the lead service provider. This includes named assessment providers who work for the same supplier as the lead service provider. If for any reason the named assessment provider identifies a conflict of interest, they should decline the referral and advise the supplier.

As a supplier how do I request a treatment review?

In the first instance you should discuss the need for a treatment review with the lead service provider. The lead service provider or supplier can request a treatment review by contacting the Recovery Team member who is supporting the kiritaki.

Outcome Measures

How will ACC use the outcome measures data, and will you consider that treatment progression might not be linear?

ACC has created an online system where all outcome measures must be submitted. We will aggregate outcome measure data to understand how the Sensitive Claims Service is improving health outcomes for all kiritaki. Outcome measures form just one part of the picture, and will be considered alongside other data, reports, and outcomes.

Yes, we will take into account that kiritaki outcome scores may not improve in a linear way.

You can find more information about the outcome measures and how they are collected in the [Sensitive Claims Service Operational Guidelines](#). There is also an e-learning module that can be accessed via our [Learning@ACC](#) platform.

Are the outcome measures appropriate for neurodivergent kiritaki and kiritaki with a learning disability?

The outcome measures have been chosen to be suitable for as wide a range of kiritaki as possible. The HoNOS-LD is available for adults who have a learning disability.

We recommend that providers access the clinical guidance and learning material about the use of each measure from the relevant organisations.

Can a provider send ACC other outcome measure results if they have been collected as part of treatment?

No, the lead service provider must collect and submit to ACC the outcome measures that are listed in the [Sensitive Claims Service Operational Guidelines](#). If the provider chooses to collect other outcome measures as part of their clinical practice, these should not be sent to ACC as we only collect information where it is relevant and required.

How do suppliers access outcome measures results, and will we be advised when outcome measures are missing?

Suppliers are responsible for processes that provide oversight of the submission of outcome measures. How this works is up to the individual supplier. As part of your application to hold the Sensitive Claims Service contract, you would have advised ACC of the processes or mechanisms in your business to monitor and oversee outcome measures.

On submission of outcome measures to ACC 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. ACC will not automatically advise suppliers when outcome measures are missing.

Supplier requirements & responsibilities

As a supplier how often do I need to police vet providers and do I need to police vet a provider if they also work for another supplier who has vetted them?

A police vetting result is a point-in-time check that should form one part of the process for determining a provider's suitability to deliver services to kiritaki.

As a supplier you are responsible for ensuring that all providers and personnel who deliver services to kiritaki under your contract meet the requirements in the Service Schedule, including experience and police vetting requirements.

Please refer to the police vetting website to understand your role and responsibilities

<https://www.police.govt.nz/advice/services/businesses-and-organisations/nz-police-vetting-service>

Do social workers need to be named on our contract?

Social workers who deliver social work only are service providers and do not need to be named on a supplier's contract. Social workers delivering counselling services need to be approved as named service providers by ACC and named on a supplier's contract.

Will there be an opportunity for suppliers to view the data that ACC has relating to provider performance?

All suppliers must have their own processes and systems in place to monitor and oversee provider performance. Where provider or supplier performance concerns are identified by ACC, the ACC Engagement and Performance Managers will contact the supplier with evidence of the concerns to understand what support is in place to address them.

ACC are in the early stages of working through how to proactively share performance data with suppliers. We will keep you informed of our progress.

How will suppliers know about report quality concerns between ACC and providers?

Suppliers should have mechanisms in place to oversee and monitor report quality. In addition to this, if ACC returns a report due to issues with report quality, the supplier will be copied into the communication. The supplier is expected to work with the provider to address and rectify the concerns raised.

In the supplier Annual Declaration form, what is meant by transition plan?

This refers to the process or procedure that all suppliers must have in place to support the transition of kiritaki to another provider and/or supplier where this is required or requested.

Why do suppliers need to use two contract codes to invoice for services?

To allow greater flexibility and reduce the number of purchase order amendments we require suppliers to manage invoicing using two contract codes. This is because our system needs to differentiate between providers who fall under the counsellor regulations (named service providers) and those who don't (service providers), which we can't do on the same contract ID.

Training

Will all individual providers get access to the eLearning modules?

Yes, all approved named service providers and suppliers can access our eLearning modules about the Sensitive Claims Service. If you did not receive a login to access the eLearning modules, you can visit <https://learning.acc.co.nz/login/index.php> to create an account. For technical difficulties logging into the system, email learningsupportSCS@catalyst.net.nz for assistance.

What learning information is available for service providers (registered nurses, occupational therapists, physiotherapists, dietitians, speech language therapists, and social workers)?

Suppliers are expected to have systems and processes in place to ensure all personnel who deliver services to kiritaki understand the requirements of the service.

In addition, service providers can access the [Sensitive Claims Service Operational Guidelines](#) as well as any additional information and FAQs available on the ACC website. Service providers can also access the eLearning modules, by visiting <https://learning.acc.co.nz/login/index.php> to create an account.

Travel

Can providers still travel under the new Sensitive Claims Service?

Yes, travel can still be used where it is appropriate, and must be used efficiently and effectively. If there are no suitable providers in your geographic area, you need to use the closest named service provider or service provider that can meet the needs of kiritaki. Prior approval is required from ACC.

Please read the [Service Schedule](#) and [Sensitive Claims Service Operational Guidelines](#). You can also find information in [ACC's Travel Policy](#).

What are the geographical boundaries?

The boundaries for geographical areas match the boundaries for territorial authorities, maintained by Statistics New Zealand – see [Geographic Boundary Viewer](#)

When needing to get approval for travel, who can suppliers contact at ACC?

You should contact the Recovery Team member supporting the kiritaki. This will either be a Recovery Partner or the Assisted Recovery team (email assistedrecovery1@acc.co.nz).

Transition

Do we put kiritaki through a Supported Assessment now or hold off until the new Sensitive Claims Service goes live?

Please refer to the [Transition Guide](#), as the answer will depend on the circumstances of the individual kiritaki.

For a kiritaki that is in their first year of Maintaining Wellbeing under the ISSC, what happens when the provider requests the next 12 months' worth of support?

The kiritaki can continue to access current Maintaining Wellbeing up to the end of the transition period (31 May 2025) if the request for the next 12 months was received before 20 November 2024. If more services are needed after that, the kiritaki and provider will have to reengage in services under the Sensitive Claims Service to

determine if more Maintaining Wellbeing is appropriate, or if reengagement in services is more appropriate - depending on how much further support the kiritaki is likely to need.

Can we request treatment reviews now under the ISSC contract, if we know kiritaki have accessed more than 200 hours of therapy?

Yes, treatment reviews can still be requested now under the ISSC contract, if that is in the best interests of the kiritaki. Please ensure that any request for a treatment review under the ISSC contract is made before 20 November 2024 and meets the requirements of the ISSC Service Schedule and Operational Guidelines.

During transition, if kiritaki have had a recent treatment review under the ISSC, the recommendations will be considered when any Sensitive Claims Services are approved.

How will providers delivering Training for Independence Sensitive Claims be notified of the transition guidelines?

We previously advised all suppliers who deliver the current Training of Independence Sensitive Claims contract that the contract ends on 30 November 2024 and about the transition guidelines.

Kiritaki (clients)

Is ACC preparing any type of resource for kiritaki about changes to the Sensitive Claims Service?

To help you have conversations with kiritaki about the new service, please see our [guidance document](#) and frequently asked questions. You can direct kiritaki to this resource if they have questions and want to learn more about the new service.

We will also be updating the sensitive claims pages on our website with information about the new Sensitive Claims Service at the end of November 2024. Kiritaki can also speak to Recovery Team Members about any questions they have.

Are kiritaki going to have a dedicated Recovery Partner?

We have not made any changes to the case management model. All kiritaki will have a dedicated Recovery Partner when they first engage with ACC. Adult kiritaki, with their consent, may transition to Assisted Recovery (where they are supported by a team of Recovery Assistants) if they have no significant risks and are actively engaged and well supported in the services.

If kiritaki are not happy with their provider, what is the process to identify and manage that? Is it anonymous?

All suppliers must have a complaints process that is made available to kiritaki. If kiritaki need or want to transfer to another provider, the supplier must support this process. If kiritaki have concerns with their provider they can speak to the provider, the supplier or ACC. All concerns will be managed, and if requested this can be anonymous.

Other

When do group-based therapy applications re-open and how can I see what group-based therapy is available in my area?

ACC will re-open the applications for group-based therapy on 03 February 2025.

Providers should engage with their supplier to understand the groups being held in their area. The supplier responsible for a group must advertise the group to all other suppliers in the geographical area the group will be held in, unless it is fully booked.

Can suppliers/providers access Psychology Advisor hotline via phone only or can they access it via email?

The Psychology Advisor hotline can only be reached by phone. You can contact the hotline at the following numbers:

For sensitive claims: 09 354 8425

For physical injury: 09 354 8426

Provider toll-free number: 0800 222 070

Does ACC capture data about kiritaki who are going through the court system while receiving sensitive claims services?

No this is not data that ACC captures.