

Sensitive Claims Service Supplier Workshop

Whāia, whāia
Whāia te tika
Whāia te pono
Whāia te aroha
Mō te oranga tāngata
Kia puta ki te whai ao,
Ki te ao mārama
Haumi e, hui e, tāiki e.

ACC's Purpose Karakia can be used to begin and end meetings and can be interpreted as follows:

Striving to do what is right
Undertaking to act justly
Being considerate of everyone
That it may improve the lives of all



Housekeeping

- Emergency procedures
- Bathroom locations
- Break times
- Catering

Expectations

- You will only get out of the session what you put into it
- Ask questions to confirm your understanding.
- Pop your questions on post-its and add them to the wall.



Agenda

- Welcome
- Summary of Changes
- Contract Management
- Annual Declaration
- Invoicing and Payments
- Transition
- Wrap-up



Choosing a Cover and Treatment Pathway

There are two pathways for kiritaki seeking cover:

Cover and Wellbeing Plan

This is for kiritaki with less complex needs and their treatment needs can be met by Tailored Support to Wellbeing Package A.

Providers need to complete a psychometric assessment tool to understand the impact of sexual abuse or assault on kiritaki.

Specialist Cover Assessment

Specialist Cover Assessment provides a comprehensive assessment of clinical presentation, mental injury diagnosis, and treatment needs leading to treatment under Tailored Support to Wellbeing Package B.



Choosing a Cover and Treatment Pathway

| Cover and Wellbeing Plan | Specialist Cover Assessment |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The kiritaki does not have a significant mental health history outside of the sexual abuse or sexual assault. | The kiritaki has a complex mental health presentation or a significant history of engagement with mental health or addiction services. |
| The Lead Service Provider is confident that the kiritaki can achieve their recovery goals within a maximum of 80 hours of treatment over up to 24 months (under Tailored Support to Wellbeing Package A). | The kiritaki has significant substance abuse issues, active eating disorders, personality disorders, or mental health conditions that need specialist input from a psychiatrist or similar professional. |
| The Lead Service Provider can clarify the injury-related presentation and plan relevant treatment without input from an assessor. | The kiritaki is applying for financial or vocational support from ACC. |
| The Lead Service Provider does not identify any significant risks. | The kiritaki requires other highly specialised ACC entitlements (e.g. residential rehabilitation). |

For further learning on this topic refer to the “Choosing a Cover and Treatment Pathway” module on learning.acc.co.nz



Scenarios

Scenario Tahī

Jamie experienced a single event sexual assault 6 years ago. They have no previous mental health history, and their lead service provider does not identify any risks.

Which service if any, would best meet Jamie's needs?

Cover and Wellbeing Package A



Scenarios

Scenario Rua

Deepak has recently re-engaged in treatment. He last saw an ACC funded counsellor 15 years ago. He already has a covered claim for depression, but is now presenting with more complex needs and addiction issues on top of the symptoms of depression.

Which service if any, would best meet Deepak's needs?

Specialist Cover Assessment and Package B

Scenarios

Scenario Toru

Freya experienced sexual abuse as a child. She is now 30, and has sought treatment to help manage her ongoing anxiety and panic attacks. She's never sought treatment before, but her panic attacks have been so severe over the last 3 months that she's had to give up her job.

Which service if any, would best meet Freya's needs?

Specialist Cover Assessment with Function Assessment and Package B

Scenarios

Scenario Whā

Rebecca is 45 and recently left a relationship where she was sexually assaulted. She has been having flashbacks of the assault and is struggling to look after her children. Her provider is confident that treatment can be completed within a year.

Which service if any, would best meet Rebecca's needs?

Cover and Wellbeing Package A

Scenarios

Scenario Rima

Cheng was sexually abused as a teenager while living in China, and was diagnosed with PTSD 10 years ago. He moved to New Zealand 6 years ago and wants to engage in treatment in New Zealand to manage his PTSD.

Which service if any, would best meet Cheng's needs?

Cheng is not eligible for cover as they do not meet ordinary resident criteria

Service Providers

- Input from service providers should be considered in conjunction with the therapeutic services delivered by the lead service provider
- Service Providers are ACC-registered professionals
- They are *not* named on a suppliers contract but should appear on the service provider list that is submitted with your annual declaration.
- Suppliers must be able to provide all services, including service provider professions, in their geographic area
- Suppliers need to ensure that any service providers delivering services under their contract:
 - Meet the appropriate requirements in the contract (e.g. police vetting, health and safety requirements)
 - Have registered as an ACC health provider.

For further learning on this topic refer to the “Coordinating a Tailored Support to Wellbeing Package” module on learning.acc.co.nz



Outcome Measures

- Outcome measures help us to understand how kiritaki are tracking towards a return to independence.
- It gives us the ability to accurately report on improvement in outcomes over time.
- It is collected digitally and integrated into ACC systems.
- The link is “pushed” via email to lead service providers at scheduled intervals to collect outcome measures.
- Outcome measures must be submitted to ACC within 15 business days of the email being sent.
- The final outcome measure is “pulled” from the ACC website.
- Submission of outcomes measures will be monitored.

For further learning on this topic refer to the “Outcome Measures” module on learning.acc.co.nz

Primary Outcome Measure EQ-5D

This outcome measure is used for all kiritaki aged 4 and above

Secondary Outcome Measures

Health of the Nation Outcome Score (HoNOS)
or
Hua Oranga

Lead service providers choose the secondary measure most appropriate for kiritaki



Treatment Reviews

Treatment Reviews are only available under Tailored Support to Wellbeing Package B.

They can be completed by any Named Assessment Provider that is not the Lead Service Provider.

ACC can initiate or the Supplier can request a treatment review, during or at the completion of Tailored Support to Wellbeing Package B if:

- i. The kiritaki has completed two full allocations of Package B and the lead service provider is requesting further services;
- ii. There are concerns about treatment progress;
- iii. There is no change in Recovery Goals over time;
- iv. There is a deterioration in progress over time;
- v. There is no clear explanation for lack of progress; or
- vi. Information indicates that the treatment provided no longer meets the injury related need for the Kiritaki.

For further learning on this topic refer to the “Managing Progress and Completing Treatment” module on learning.acc.co.nz





| Role | Description |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Supplier | Responsible for the overall delivery of services under the Sensitive Claims Service. |
| Lead Service Provider | The named service provider responsible for coordinating and delivering services to kiritaki. |
| Named Assessment Provider | A named service provider with additional qualifications and experience that have been approved by ACC to deliver Specialist Cover Assessments and Treatment Reviews. |
| Service Provider | An ACC-registered provider who can deliver services to kiritaki when support and treatment outside of counselling are necessary to help kiritaki achieve their recovery goals. |
| ACC Recovery Teams | These ACC teams work directly with kiritaki, providing help and support for kiritaki to manage their recovery. |
| ACC Engagement & Performance Advisor | Manage the relationship between ACC and suppliers, monitor contracted provider performance, and help people to understand our policies and processes and their obligations when working with kiritaki. |
| Third Party Provider | An external organisation or entity that performs specific functions or tasks on behalf of the supplier. They can deliver cultural support and advice and group-based therapy. |
| ACC Recovery Administration | A team of administrators specialising in sensitive claims that support Recovery Partners and Assistants with administrative functions of the role. |



The Role of the Supplier

As a Supplier, you are responsible for:



Meeting the objectives of the Sensitive Claims Service



Managing referrals to the service



Delivering the full range of pre and post-cover core services within your geographical areas



Maintaining the policies, protocols, guidelines, and procedures outlined in the contract (supplier requirements)



Submitting contract reports as per service level agreements



Monitoring your own performance against the performance indicators



Managing the performance of all providers and personnel delivering services to kiritaki



Ensuring clinical reports, plans and assessments are submitted to ACC on time and of good quality

Annual Declaration

Every year you will provide an annual declaration to ACC to confirm you continue to meet the supplier requirements below.

- Contract Management Checklist
- Provider Operating Procedures
- Service Governance Operating Procedures
- Privacy Policy
- Conflict of Interest Policy
- Health and Safety Plan
- Business Continuity Plan
- Working with Māori Strategy
- Transition Plan
- Service Provider List.

Contract Management Checklist

You are responsible for:

- Reviewing the checklist regularly to ensure information is up to date and accurate
- Submitting a copy to ACC when requested.

Key sections to monitor:

1. Key Contract Requirements
2. Contract Reports
3. Policies, Procedures and guidelines.

Annual Declaration

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6-monthly reporting

This reporting helps us to monitor wait times for kiritaki, capacity for the service and key health and safety risks.

You will continue to receive this via a digital survey.

Completing the 6-monthly reporting is essential to help us identify any issues across the sector.



Managing Performance

- The supplier is responsible for all service delivery under the Sensitive Claims Service.
- ACC will take a proactive approach to performance monitoring.
- Clear performance indicators have been developed support kiritaki outcomes.
- Suppliers are encouraged to start thinking about practical strategies to work toward the performance indicators.



Performance Indicators



Timeliness

Reports are submitted on time and of good quality.



Quality

Services for kiritaki are tailored to individual needs based on clinical best practice.



Sustainability

Services are delivered at the right time and correspond with recovery goals.



Kiritaki Outcomes

kiritaki have improved health, independence and quality of life.

Managing Provider Performance

- Performance indicators for suppliers are linked to clinical quality and service utilisation.
- Suppliers need to proactively manage the performance of all providers and personnel delivering services.
- Providers must meet the Report Quality Criteria outlined in the Operational Guidelines.
- Suppliers need to support providers to meet the expected quality standards.





Report Quality Criteria

Clinical reports, assessments and plans need to be:

- Submitted on time
- On the right template
- Meet the quality standards outlined in the report guidelines.

You can only invoice for report writing services after the report has been accepted by ACC.

Quality Criteria

Reports must:

- Be understandable by a reader who may not have a clinical background
- Provide clear clinical rationale
- Only include the necessary information, and any information must be relevant to the report question being answered
- Include the date of the last meeting with kiritaki
- Include the provider declaration
- Include supporting documentation as specified in report templates (e.g. copies of psychometric assessment measures used in the Cover & Wellbeing Plan).



Where Does ACC Come into This?

- Recovery Team Members uphold quality standards when reviewing reports, plans, and assessments.
- Recovery Team Members use the same report quality criteria as providers to review reports.
- Suppliers should have mechanisms to support Named Service Providers.
- There is a hotline available for clinicians to speak with ACC Psychology Advisors.



Quality Reviews

- Quality reviews aim to identify and address concerns about the quality of reports of individual providers.
- The goal is to ensure that suppliers support their providers by delivering reports that meet quality and clinical requirements.
- If a quality review is needed, the supplier will be contacted to discuss the process.
- The supplier work with the provider to address the concerns and improve performance
- If improvements are not made following a quality review the formal performance review process may be initiated.

How is the need for a quality review identified?

1. Through trends in data relating to report quality of an individual provider (for example, a provider has reports returned frequently due to not meeting quality criteria).
2. Via an ACC Psychology Advisor where there are significant clinical concerns that mean:
 - The kiritaki must repeat parts of the Sensitive Claims Service process.
 - Kiritaki progress on their recovery goals is delayed as a result of the concerns.
 - ACC is unable to make a decision relating to cover or supports due to the quality of the report that has been submitted.

Service Utilisation

- Lead Service Providers can now coordinate a Tailored Support to Wellbeing Package that includes various allied health professions.
- Providers need to understand the different services to help kiritaki meet their recovery goals alongside talk therapy.
- Clinical oversight is required to monitor the appropriateness of chosen services for kiritaki recovery goals.
- Both suppliers and providers need to understand the services included in the Tailored Supports Package and those outside it.



For further learning on this topic refer to the “Coordinating a Tailored Support to Wellbeing Package” and “Managing Progress and Completing Treatment” modules on learning.acc.co.nz

What is included in a Tailored Support to Wellbeing Package?

Included

The below services must be included in the hours available under Tailored Support to Wellbeing (A or B):

- Support from Named Service Providers
- Support from Service Providers (including Social Work)
- Whānau Support
- Adjunct therapies (e.g. equine therapy, EMDR).

Additional

The below services are available in addition to the hours available under Tailored Support to Wellbeing (A or B):

- Cultural Support and Advice
- Group-based therapy and DBT group-based therapy
- Active Liaison
- DNA's
- Function Assessment (when not completed as part of Specialist Cover Assessment).

Not Included

Services and entitlements not part of the Sensitive Claims Service must be considered by an ACC Recovery Team Member before approving:

- Financial compensation (e.g. Weekly Compensation)
- Vocational Rehabilitation
- Social Rehabilitation (e.g. childcare)
- Rongoa Māori.



Service Utilisation: Returning Kiritaki

While Tailored Support to Wellbeing Packages provide up to 24 months of support, this does not necessarily need to be delivered in a continuous period.

Kiritaki who exit services before the completion of their Tailored Support to Wellbeing Package (A or B), can return to their package if there are hours available and their needs have not changed.

The Lead Service Provider will always discuss this with a Recovery Team Member before returning to an existing package.

A new Engagement Form will still be required.



Invoicing and Payments





Contract Codes

- Under the new service, there will be two contract numbers: one for invoicing for Named Service and Assessment Providers, and another for Service Providers.
- One contract is for providers named on your contract, and the other is for not-named providers.
- Use the correct contract number for the services provided when generating your invoice.



Service Items



Sensitive Claims Service has a unique service code for invoicing.

“SCS”



“SCS” is followed by further letters that represent the specific service item.

“GS” = Getting Started



A numerical suffix ends the service code. This indicates the provider discipline that delivered the service.

2 = Counsellor L7



Invoicing for Getting Started with a Counsellor L7 should read

SCSGS2

Flexible Invoicing - Example

- You receive a purchase order for Tailored Support to Wellbeing Package A. The Lead Service Provider is a psychologist. They have recommended the kiritaki needs 50 hours of treatment over 18 months, comprised of:
 - 30 hours therapy with the psychologist
 - 10 hours occupational therapy:
 - 10 hours physiotherapy
- You receive the purchase order approval from ACC. This is approved under a single code without any suffixes (SCSWA).
- You know your invoice is correct because you add the correct suffixes and allocate the correct contract number to the named and service provider services.
- The psychologist goes on parental leave part way through the package. You support the kiritaki to move to a new Lead Service Provider. The new provider is a level 6 counsellor.
- We don't need to adjust the purchase order, just switch to the appropriate suffix when you submit your invoice.
- You still need to inform the Recovery Team that the kiritaki has a new provider.



Example – invoicing when there are named providers from other suppliers

- Tina, a lead service provider, is managing a Tailored Support to Wellbeing Package for her kiritaki. The purchase order is approved for 60 hours over 18 months.
- Tina identifies in the 6-month progress report that 10 hours of EMDR Therapy over 3 months will support her kiritaki to achieve their recovery goals.
- Tina isn't qualified to provide this therapy, so she asks her supplier ABC Rehab to access another named service provider for this.
- ABC Rehab don't have another named provider with capacity to deliver EMDR, so they reach out to another supplier, XYZ Therapy.
- ABC Rehab contact ACC to let them know that 10 of the current 60 hours approved for Tina's kiritaki will need to be allocated to XYZ Therapy to deliver EMDR.
- ACC amend the original purchase order for ABC Therapy to cover 50 hours over 18 months.
- ACC issue a new purchase order to XYZ Therapy which provides 10 hours of Tailored Support to Wellbeing over 3 months.
- ABC Rehab is still responsible for oversight of all services delivered to Tina's kiritaki.

Exception: Multiple suppliers

Under the Sensitive Claims Service, a single purchase order will go to the supplier responsible for delivering services to kiritaki.

The supplier will manage payment to the service providers not named on their contract, even if the service provider is from another organisation.

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



Invoicing During Transition

There are several critical pieces of information that you will need over the transition period to make sure invoices are correct and can be accurately processed.

Reminder: All purchase orders that need to be approved or amended must be requested **before Wednesday 20 November 2024**. This is to allow sufficient time for them to be issued before Friday 30 November 2024.

Contract Codes

Three contract codes will be provided for invoicing during the transition.

One code is for ISSC invoicing, and the other two are for Sensitive Claims Service invoicing.

It's important to use the correct contract code for each invoice.



Invoicing During Transition

There are several critical pieces of information that you will need over the transition period to make sure invoices are correct and can be accurately processed.

Reminder: All purchase orders that need to be approved or amended must be requested **before Wednesday 20 November 2024**. This is to allow sufficient time for them to be issued before Friday 30 November 2024.

Submitting Invoices

Incorrect codes on an invoice can cause payment delays.

Submit separate invoices for ISSC and Sensitive Claims Services.

This practice minimises mistakes and payment delays.



Invoicing During Transition

There are several critical pieces of information that you will need over the transition period to make sure invoices are correct and can be accurately processed.

Reminder: All purchase orders that need to be approved or amended must be requested **before Wednesday 20 November 2024**. This is to allow sufficient time for them to be issued before Friday 30 November 2024.

Service Codes

Use the service codes from the ISSC Service Schedule for invoicing under the ISSC contract.

For the new Sensitive Claims Services, refer to the new Service Schedule for the unique codes.

The codes start similarly: 'SC' for ISSC, 'SCS' for new services, so it's important to use the correct ones for each service type.



Administration and Management Fee

The Administration & Management fee is paid to cover the supplier for:

- Receiving and managing referrals
- Setting up claims
- Supporting personnel
- Overseeing the workforce
- Administering the contract
- Ensuring timely reports
- Meeting performance indicators.

During Transition

- Paid once on the completion of the engagement Form
- If client moves to a new supplier, Admin fee payable by ACC
- If client returns to same supplier, Admin Fee is not payable.



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- Overseeing the workforce
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- Ensuring timely reports
- Meeting performance indicators.

Changing Suppliers

from 1 December 2024:

- If the kiritaki moves to a new supplier, the admin fee is payable by ACC
- If the kiritaki returns to the same supplier, the admin fee is not payable within 24 months of the last Engagement Form being lodged *and* kiritaki have not been engaged in services over that period.



Administration and Management Fee

Example 1

A Supplier has decided not to continue onto the new Sensitive Claims Services contract. One of their Named Service Providers moves to a new Supplier and takes their current case load with them.

In this situation, the new supplier can invoice for the admin and management fee for each kiritaki that will be supported under their contract.

Example 2

A kiritaki disengaged from the service in October 2025 and then returns to the same supplier in October 2026. The last Engagement Form was lodged in June 2025. In this situation the supplier cannot invoice for the Administration and Management Fee again.

The fee can only be claimed again if the kiritaki returns to treatment *and* it has been more than 24 months since the Engagement Form was lodged.

Example 3

A kiritaki disengaged from services under supplier ABC Rehab in April 2025. The Engagement Form was submitted in January 2025.

In November 2025 they re-engage in treatment with a new supplier, XYZ Therapy, and a new Engagement Form is submitted.

In this situation, XYZ Therapy can claim the admin and management fee as the kiritaki has engaged a new supplier.

Travel

ACC can request reporting on your use of travel. This needs to include:

- Details of any claim where the cost of travel is greater than 15% (per annum) of the total service cost and supporting rationale if this is the case
- Details of how the travel was monitored.



In 2023, ACC funded **2.84 million kms** in travel with **38,000 hours of travel** time for providers working under the ISSC contract.



Every hour a provider is travelling is an hour they can't provide services to kiritaki.

No Suitable Provider?

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.
- Explore neighbouring geographical areas first, and then expand outward from the local region.

Telehealth

Suppliers and providers must refer to the telehealth guidelines to capture:

- Clinical safety and quality, including assessment and mitigation of telehealth-specific risks
- Technology requirements, data storage and privacy
- Additional considerations such as legal authority
- Prior approval is not required for telehealth if delivered to kiritaki within their geographical area.

Exception: Delivering telehealth outside of your geographical area

When the kiritaki and their provider are no longer in the same area, ACC approval is required. We can consider continuing services through telehealth where:

- The kiritaki has a covered claim
- It is clinically appropriate
- Safety is maintained for the kiritaki; and
- The kiritaki requests to continue with Services with that Named Service Provider via Telehealth.
- A risk assessment plan is provided and approved.



Transitioning from Support to Wellbeing Long Term under ISSC

Transitioning from Support to Wellbeing Long Term under ISSC doesn't guarantee a full allocation of Tailored Support to Wellbeing Package B.

An allocation is not always the full 100 hours over 24 months.

- In all cases the lead service provider will submit a new Wellbeing Plan outlining the kiritaki recovery goals and the services required to achieve the goals under the Sensitive Claims Service.
- The lead service provider will need to consider what services the kiritaki has already received under the ISSC
- The lead service provider needs to consider how many hours of treatment the kiritaki has already received.
- There are things that will need to occur under the new service depending how long the kiritaki have been in ISSC.



Transitioning from Support to Wellbeing Long Term under ISSC

Under 100 hours

For kiritaki who have accessed under 100 hours of Support to Wellbeing Long Term:

- Managed as if they were a new kiritaki in Tailored Support to Wellbeing Package B following approval of a new Wellbeing Plan.

Between 100-199 hours

For kiritaki who have accessed between 100-199 hours of Support to Wellbeing Long Term:

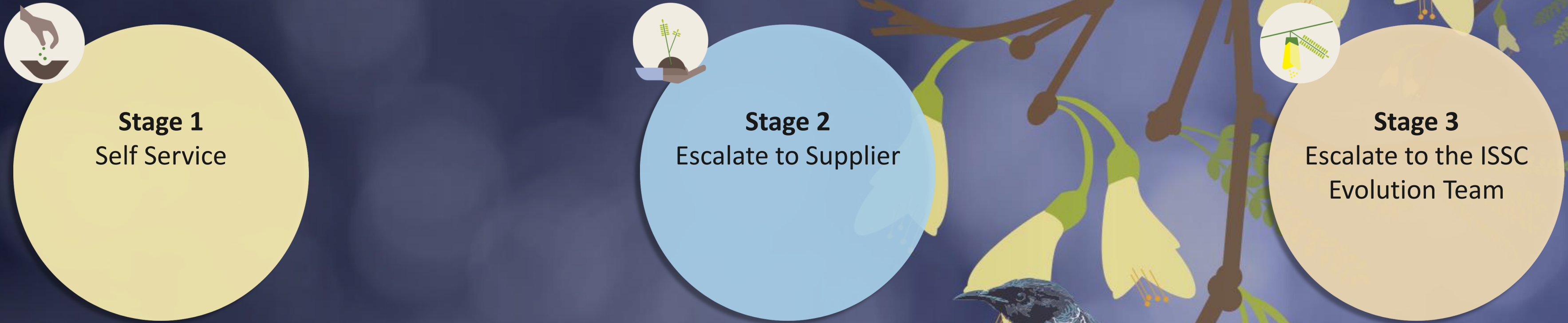
- One allocation of Tailored Support to Wellbeing Package B can be given following approval of the new Wellbeing Plan before a Treatment Review is required.

200 hours or more

For kiritaki who have accessed 200 hours or more of Support to Wellbeing Long Term:

- ACC will provide a purchase order for up to six months of services (a maximum of 30 hours).
- A Treatment Review must be completed within 6 months before further treatment can be considered.

Escalation Process



Wrap-Up

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