

**Appendix B: Risk Likelihood Rating Matrix and Escalation Levels**

Likelihood	
<b>Almost Certain</b>	Event of this nature is expected to occur in most circumstances, >90% chance of occurring in the next 12 months.
<b>Likely</b>	Event of this nature have happened several times before and have a history of re-occurrence. These kinds of events occur once a year. 51-90% chance of occurring in the next 12 months.
<b>Possible</b>	Event of this nature happens every 2-3 years. 26-50% chance of occurring in the next 12 months.
<b>Unlikely</b>	Event of this nature are expected to eventuate within the next 3-10 years. 5-25% chance of occurring in the next 12 months.
<b>Rare</b>	Event of this nature are expected to eventuate within the next 10+ years. <5% chance of occurring in the next 12 months (exceptional circumstances).

<b>Risk</b>	A potential or actual event that, if happens, is expected to affect the outcome or outputs of one or more business objectives in a positive or negative way.
<b>Cause</b>	Existing or possible circumstances that could lead to the risk(s) arising with resulting consequences.
<b>Impact</b>	An outcome based on a risk being realised which affects achievement of business objectives either positively or negatively.
<b>Control</b>	Checks and balances to ensure we are managing risk. Controls can be preventative focused on managing likelihood, or detective, focused on managing impact.

Escalation Levels (as the risk arises)					
	Rare	Unlikely	Possible	Likely	Almost Certain
Severe	High	High	High	Extreme	Extreme
Major	Medium	Medium	High	Extreme	Extreme
Moderate	Low	Medium	Medium	High	High
Minor	Low	Low	Medium	Medium	High
Minimal	Low	Low	Low	Medium	Medium

<b>Extreme</b>	Escalation and acceptance required immediately to the Chief for treatment at Executive level. Requires a treatment plan and/or approved set of controls. Report progress via risk register to the Risk and Compliance Office for notification to Board/RAAC.
<b>High</b>	Escalate to your Tier 3 for acceptance and development of a treatment plan and review of controls with a notification to the Chief. Report progress via risk register to the Risk and Compliance Office.
<b>Medium</b>	Escalate to your manager for development of a treatment plan and review of controls with a notification to your Tier 3 Report progress via risk register to the Risk and Compliance Office.
<b>Low</b>	Discuss at team level, record and monitor in risk register Risk is acceptable in current state Report progress via risk register to the Risk and Compliance Office.



Appendix C: Risk Matrix - Risk impact rating matrix

Impact	Financial	Service Delivery	Customer Experience	Reputation	People	Health & Safety	Legal & Compliance	Change
<b>Severe CE Escalation Required</b>	<p><b>Investments:</b> Daily P&amp;L losses on the investment portfolio &gt; 2bn Impact  <b>OCL:</b> Variance in planned OCL (excluding Economic Factors) &gt;\$2bn impact  <b>Claims:</b> &gt;\$100m impact  <b>Administrative:</b> &gt;\$40m impact  <b>Levies &amp; Appropriations:</b> &gt;\$200m impact  <b>Operational:</b> &gt;\$500 000 in a 12-month period.</p>	<p><u>Critical services*</u>                      Unable to be delivered/accessed for &gt; 2 days.  <u>Non-Critical services</u>                      Operational performance service delivery quality rehabilitation or injury prevention outcomes critically affected permanently or for a sustained period.                      Critical impact with extensive management effort required.                      Extensive operational inefficiencies backlog manual workarounds and handling errors.</p>	<p>Significant number of customers unable to receive or access critical services for &gt; 2 days.                      Critical impact on customer experience and/or stakeholder expectations.                      Contravention of multiple organisational values                      Potentially impacts &gt;25% of customers</p>	<p>Critical sustained impact on Trust and confidence.                      Public/regulatory scrutiny persistent media and public interest impact ability to operate in current form.                      Board Members and Executive subject to sustained scrutiny.</p>	<p>Organisational leadership knowledge engagement capability and/or capacity to deliver its core functions or services is critically affected either permanently or for a sustained period.</p>	<p>Death / Multiple serious injuries to employee(s) or third party.</p>	<p>Organisation wide impact of a court decision or regulatory investigation governance or compliance failure.                      Board Members or Officers personally sanctioned or sued.                      Regulatory breach – for example a failure to comply with FMA or Work Safe ACC subject to prosecution or fine. Major investigation into ACC operations such as a Ministerial Inquiry.                      Privacy breach</p> <ul style="list-style-type: none"> <li>Breach of sensitive or highly sensitive information (or a very large amount of less sensitive information) with actual or potential serious harm to the individual(s).</li> <li>Is likely that more than one type of harm has occurred or may occur and that harm is likely to be ongoing.                      Equivalent to GCPO rating level 5.</li> </ul>	<p>&gt;\$20m impact to project lifetime forecast or BAU ongoing costs per annum.                      &gt;30% variance in committed benefits targets for large / extra-large initiatives*.                      A substantial portion of the agreed project scope cannot be delivered impacting achievement of business outcomes for large / extra-large initiatives*.                      &gt;60 working days' impact on key milestone achievability or go live date for large / extra-large initiatives*.                      There are impacts to multiple downstream dependencies.                      The ability to operate in BAU is severely impacted *as defined in ACC Project Management Methodology (PMM).</p>
<b>Major Involvement of Senior Executive</b>	<p><b>Investments:</b> Daily P&amp;L losses on the investment portfolio \$1bn - \$2bn  <b>OCL:</b> Variance in planned OCL (excluding Economic Factors) \$1bn - \$2bn  <b>Claims:</b> &gt;\$50m impact  <b>Administrative:</b> &gt;\$20m impact  <b>Levies &amp; Appropriations:</b> &gt;\$100m impact  <b>Operational:</b> &gt;\$200 000 - &lt;\$500 000 in a 12-month period.</p>	<p><u>Critical services</u>                      Unable to be delivered/ not accessible for 1/2 – 2 days.  <u>Non-critical services</u>                      Prolonged impacts to Operational performance core function or service quality rehabilitation or injury prevention outcomes.                      Impact can be absorbed with significant management effort required.                      Significant operational inefficiencies backlog manual workarounds and handling errors.</p>	<p>Material numbers of customers unable to receive or access critical services for ½ to 2 days.                      Material deterioration in customer experience and/or impact on stakeholder expectations.                      Contravention of at least one organisational value                      Potentially impacts &gt;5% - &lt;25% of customers</p>	<p>Adverse media coverage (newspaper TV digital and/or social) for over one week.                      Persistent media and public interest impact operational effectiveness Customers impacted and raising significant concerns.                      Long term impact on Trust and confidence.                      Increased stakeholder scrutiny complaints and dissatisfaction.</p>	<p>Organisational leadership knowledge engagement capability and/or capacity to deliver is significantly impaired at a scale impacting core ACC functions or services.</p>	<p>A serious injury / work related illness affecting a person's ability to return to work.</p>	<p>Court decision or regulatory investigation governance or compliance failure requiring changes to operational policy affective multiple clients or processes.                      External review finds our controls as inadequate.                      Identification of a significant legal risk concerning current or past practice affecting a wide range of clients.                      Privacy breach</p> <ul style="list-style-type: none"> <li>Breach of sensitive or highly sensitive information (or a very large amount of less sensitive information) with actual or potential serious harm to the individual(s).</li> </ul> Equivalent to GCPO rating level 4.	<p>&gt;\$10m impact to project lifetime forecast or BAU ongoing costs per annum.                      &gt;20% variance in committed benefits targets for large / extra-large initiatives*.                      A number of key scope items cannot be delivered impacting achievement of business outcomes.                      &gt; 20 working days' impact on key milestone achievability or go live date for large / extra-large initiatives*.                      There is a material delivery impact to downstream dependencies.                      Impairment to critical services or functions in BAU * as defined in ACC Project (Management Methodology) PMM.</p>
<b>Moderate Tier 3 Management</b>	<p><b>Investments:</b> Daily P&amp;L losses on the investment portfolio \$500m- \$1bn  <b>OCL:</b> Variance in planned OCL (excluding Economic Factors) \$500m- \$1bn  <b>Claims:</b> &gt;\$25m impact  <b>Administrative:</b> &gt;\$10m impact  <b>Levies &amp; Appropriations:</b> &gt;\$50m impact  <b>Operational:</b> &gt;\$50 000 - &lt;\$200 000 in a 12-month period.</p>	<p><u>Critical services</u>                      Unable to be delivered/ not accessible for ¼ a day  <u>Non-critical services</u>                      Service or function delivery or effectiveness disrupted or impaired for a sustained period of 1- 2 weeks.                      Key quality standards not met. Operational inefficiencies, backlogs, manual workarounds, handling errors.                      Impact can be absorbed with moderate management effort required.                      Moderate operational inefficiencies backlog manual workarounds and handling errors.</p>	<p>Moderate numbers of customers unable to receive or access critical services for ¼ a day                      Some deterioration in customer experience and/or stakeholder expectations.                      Misalignment with multiple organisational values.                      Potentially impacts 1% - 5% of customers.</p>	<p>Adverse media coverage (newspaper TV digital and/or social) for less than one week.                      Short to medium term impact on Trust and confidence.                      Customers impacted and raising concerns.                      Spike in media and public interest.                      Increased stakeholder scrutiny and dissatisfaction.</p>	<p>Leadership knowledge engagement capability and/or capacity of a Business Group or critical function is impacted resulting in a serious reduction in the efficiency or effectiveness of customer experience or outcomes.</p>	<p>An injury or/ work related illness requiring rehabilitation and lost time less than 6 months.</p>	<p>Court decision or regulatory investigation governance or compliance failure requiring response at an individual client or process level.                      Breach of regulatory obligation that is reportable to a regulator.                      Potential for regulatory investigation.                      Privacy breach</p> <ul style="list-style-type: none"> <li>The information is neither sensitive nor highly sensitive and the actual or potential harm to the individual(s) is serious or</li> <li>The information is sensitive/highly sensitive and the actual or potential harm to the individual(s) is minor</li> </ul> Equivalent to GCPO rating level 3.	<p>&gt;\$5m impact to project lifetime forecast or BAU ongoing costs per annum.                      &gt;20% variance in committed benefits targets                      A number of key scope items cannot be delivered but business outcomes can still be achieved.                      &gt;10 working days' impact on key milestone achievability or go live date.                      BAU performance impacted reducing the efficiency and effectiveness of operations.</p>
<b>Minor Tier 4 Management</b>	<p><b>Investments:</b> Daily P&amp;L losses on the investment portfolio \$250m - \$500m  <b>OCL:</b> Variance in planned OCL (excluding Economic Factors) \$250m - \$500m  <b>Claims:</b> &gt;\$15m impact  <b>Administrative:</b> &gt;\$3m impact  <b>Levies &amp; Appropriations:</b> &gt;\$25m impact  <b>Operational:</b> &gt;\$20 000 - &lt; 50 000 in a 12-month period.</p>	<p><u>Critical Services</u>                      Not delivered/accessed for up to ¼ a day  <u>Non-critical Services</u>                      Service or function delivery or effectiveness disrupted or impaired for a sustained period of 1 day - 1 week                      Operational inefficiencies, backlogs, manual workarounds, handling errors; Increased resource burden;                      Impact can be absorbed with minor management effort required.                      Minor operational inefficiencies, backlog, manual workarounds and handling errors.</p>	<p>Small numbers of customers unable to receive or access critical services for up to ¼ day                      Short term deviation in customer experience and/or stakeholder expectations.                      Misalignment with at least one organisational value.                      Potentially impacts &lt; 1% of customers</p>	<p>Industry knowledge of event/incident. Limited media coverage (newspaper TV digital and/or social) for one day.</p>	<p>Leadership knowledge engagement capability and/or capacity of a Business Group or critical function is impacted resulting in reduced efficiency or effectiveness of operations but which can be managed without significant impact to customer experience or outcomes.</p>	<p>Medical treatment required with loss time of up to a week.</p>	<p>Isolated impact of a court decision or allegation of non-compliance legislative breach or review ineffective governance or non-compliance (e.g. isolated Protected Disclosures Act breach).                      Breach of obligations that is not reportable to a regulator.                      Privacy breach</p> <ul style="list-style-type: none"> <li>Small number of people affected with minor actual or potential harm to the individual(s).</li> </ul> Equivalent to GCPO rating level 2.	<p>&gt;\$2m impact to project lifetime forecast or BAU ongoing costs per annum.                      &gt;10% variance in committed benefits targets.                      Lesser priority items cannot be delivered but no impact to the achievement of business outcomes.                      &lt;10 working days' impact on key milestone achievability, with no impact on go live date.                      BAU performance levels are outside target but being managed internally.</p>
<b>Minimal Business Unit Manager</b>	<p><b>Investments:</b> Daily P&amp;L losses on the investment portfolio &lt;250m  <b>OCL:</b> Variance in planned OCL (excluding Economic Factors) &lt;\$250m  <b>Claims:</b> &gt;\$5m impact  <b>Administrative:</b> &gt;\$1m impact  <b>Levies &amp; Appropriations:</b> &gt;\$5m impact  <b>Operational:</b> &lt; \$20 000 in a 12-month period.</p>	<p><u>Critical services</u>                      Not materially affected.  <u>Non-critical Services</u>                      Service or function delivery, or effectiveness disrupted or impaired for up to 1 day.                      Operational inefficiencies, backlogs, manual workarounds and handling errors.                      Containable short term impact.                      Impact can be absorbed through normal activity.                      Minimal operational inefficiencies, backlog, manual workarounds and handling errors.                      Not systemic.</p>	<p>Minimal impact on customer experience and/or stakeholder expectations.                      Impacts a few customers.</p>	<p>Reputation intact Internal knowledge. No media coverage.                      No impact on Trust and confidence.                      Neutral or isolated media or public interest                      Stakeholder interest managed.</p>	<p>Knowledge engagement capability and/or capacity is impacted at a group or team level and can be managed without impacting the efficiency or effectiveness of operations.</p>	<p>First aid injury / close call.</p>	<p>Breach or non-compliance contained and remedied.                      Breach or non-compliance contained. Temporary operational or administrative burden.                      Technical breach of obligations with insignificant impact non-reportable.                      Privacy breach</p> <ul style="list-style-type: none"> <li>Small number of people affected with no actual or potential harm to the individual.</li> </ul> Equivalent to GCPO rating level 1.	<p>&gt;\$1m impact to project lifetime forecast or BAU ongoing costs per annum.                      &lt;10% variance in committed benefits.                      Marginal impact on project scope with no impact to the achievement of business outcomes.                      Impact on non-key milestone achievability with no impact on go live date.                      No impact on BAU performance.</p>

\*Critical Services: Payment of weekly compensation to clients, Payments to providers, Claim lodgement, Support to clients in vulnerable situations.

ACC6267

## Te Ara Tika transfer



Complete this form to refer clients to the Te Ara Tika (TAT).

### 1. Claim details

Client name: [Client full name auto]		Claim number: [Claim number auto]	
Address: [Address Line 1 Auto], [Address Line 2 Auto], [Suburb Auto], [Town Or City Auto], [Post Code Auto]			
Gender: [Gender auto]	Date of birth: [DOB auto]	Date of injury: [Date of injury auto]	Date of first incapacity:
Home phone: [Client home ph auto]	Mobile: [Client mobile auto]	Work phone: [Client work ph auto]	
Present injury diagnosis:			
Weekly compensation rate:	Claims management staff member:		

### 2. Reason for referral

Provide specific details as to the reason why the client has been transferred to TAT, ie how much time has been spent on the claim, what resources have been used and what departments have been contacted?

### 3. Case management plan of interventions

Detail the last two assessments or services the client received and current or future interventions planned.

### 4. Sign off

Te Ara Tika Manager name:

Signature:

Date:

Head of Client Service Delivery name:

Signature:

Date:

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

## ACCESS MONITORING CRITERIA

### Appropriate Access Assessment

We are committed to respecting the personal information and privacy of ACC’s clients, employees, and stakeholders. To achieve this, we must manage the information entrusted to us by adhering to the legislative and policy framework outlined below:

POLICY/GUIDELINE	DESCRIPTION
<a href="#">Personal Information and Privacy Policy</a>	This policy sets out how ACC collects, stores, uses, discloses, retains, and protects personal information in line with the Privacy Act 2020 and the Health Information Privacy Code 2020.
<a href="#">Personal Information and Privacy Guidelines</a>	These guidelines supplement ACC’s Care of Personal Information Policy.
<a href="#">Integrity Policy</a>	This policy sets out the standards of integrity and conduct that ACC’s people must comply with, together with how ACC will manage and investigate potential integrity breaches.
<a href="#">Integrity Guidelines</a>	These guidelines supplement ACC’s Integrity Policy.
<a href="#">Code of Conduct</a>	This policy governs the behaviours of all employees of ACC, to enable us to meet the expectations placed upon us as a Crown Entity. These standards incorporate the standards that apply to all State Servants, detailed in the State Services Standard of Integrity and Conduct.

Aligned to this framework, the criteria below have been developed to use as part of the Access Monitoring Check.

#### Access Assurance Rating:

After discussing the access of each claim with the team member, an Access Assurance Rating must be applied to each instance of access. The options are:

- **Assurance:** This rating should be applied when you are confident that there is a valid business reason for the access and evidence has been identified that supports that the access is in-line with our policies and guidelines.
- **Low Assurance:** This rating should be applied when you have been unable to confirm a valid business reason for the access and/or cannot identify any evidence that would support that the claim access was in-line with our policies and guidelines.

BUSINESS REASON FOR ACCESS	EVIDENCE OF ACCESS	ASSURANCE RATING	COMMENTARY
YES	YES	ASSURANCE	NO
YES / NO	NO	LOW ASSURANCE	YES

A rating of Low Assurance would indicate that second tier validation may be required, including supplying supporting commentary into the Client Information Access Validation Tool.

Ultimately, Team Leaders will need to apply some judgement when determining the Access Assurance Rating and whether second tier validation is required. It's about the reasonableness of the access and subsequent inquiries to decide as to the appropriateness of that access. It may not be definitive, but we need to demonstrate that reasonable steps have been taken (and documented) to verify the access.

The 'business reasons' listed in the criteria below have been identified by frontline staff as valid reasons for accessing a claim. These criteria will be updated over time as more information about valid reasons for access are identified.

**Access Evaluation Criteria**

**Reasons for access that can be evidenced on the claim**

BUSINESS REASON	DESCRIPTION	EXAMPLE	EVIDENCE
<b>Claim establishment</b>	Registration of a claim or client record	<ul style="list-style-type: none"> <li>• Claim registration</li> <li>• Upload or update client/claim information as part of lodgement</li> </ul>	<ul style="list-style-type: none"> <li>• Logs in Eos</li> </ul>
<b>Request for information from party to claim</b>	The team member receives a request for information for (or from?) a claim party (eg client, ATA, or provider)	<ul style="list-style-type: none"> <li>• Phone call requesting information</li> <li>• Feedback received from client</li> <li>• Complaint received from client</li> <li>• Emailed document</li> <li>• Client Administration task</li> <li>• MyACC setups</li> <li>• Responding to live chats</li> <li>• Email responses</li> </ul>	<ul style="list-style-type: none"> <li>• Contacts in Eos</li> <li>• Email filed away</li> <li>• Task details logged</li> <li>• Logs in Salesforce</li> <li>• Document added to claim</li> </ul>
<b>Planned task or intervention</b>	Action was required to complete a planned task	<ul style="list-style-type: none"> <li>• EOS task or Salesforce intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Logs in Eos or Salesforce</li> </ul>
<b>Allocate work</b>	Team member receives a request internally to perform an action on a claim	<ul style="list-style-type: none"> <li>• Workforce management allocate claim to department or team member</li> <li>• Workforce management/Team Leader allocate task</li> </ul>	<ul style="list-style-type: none"> <li>• Contacts in Eos</li> <li>• Case Owner field</li> <li>• Task details</li> </ul>

<p><b>Internal work request</b></p>		<ul style="list-style-type: none"> <li>• Entitlement task to Recovery Admin</li> <li>• Recovery Support – Hotline or written guidance</li> <li>• Request from Payment team to extend a PO</li> <li>• Managing CC task queues</li> <li>• Managing a colleagues inbox</li> </ul>	<ul style="list-style-type: none"> <li>• Contacts in Eos</li> <li>• Logs in Salesforce</li> <li>• Task details</li> </ul>
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**Reasons for access that may not be evidenced on the claim**

BUSINESS REASON	DESCRIPTION	EXAMPLE	POSSIBLE EVIDENCE (IF ANY)
<p><b>Advice or Guidance</b></p>	<p>Team member accessed the claim to provide support, or guidance for learning purposes</p>	<ul style="list-style-type: none"> <li>• Seeking advice from a colleague</li> <li>• Providing training</li> <li>• Buddying</li> <li>• Floorwalking</li> <li>• Supporting with threatening calls</li> <li>• Reception cover queries where access is restricted re sensitive claims</li> </ul>	<ul style="list-style-type: none"> <li>• Induction material</li> <li>• Support plan</li> <li>• Floorwalker tracker</li> <li>• Buddy feedback</li> </ul>
<p><b>Review previous claim(s)</b></p>	<p>Reviewed previous claim to assess cover, duplication or entitlement for a new claim</p>	<ul style="list-style-type: none"> <li>• Mental Injury claims</li> <li>• Surgery requests</li> <li>• Previous Rehab</li> <li>• Consequential injuries</li> </ul>	<ul style="list-style-type: none"> <li>• Written guidance</li> <li>• Recovery plan</li> <li>• Duplicate tab</li> </ul>
<p><b>Service or quality review</b></p>	<p>Action was required to provide quality or service assurance</p>	<ul style="list-style-type: none"> <li>• Side-by-sides</li> <li>• CXQ</li> <li>• Quality assurance reviews</li> <li>• Access Monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• Side-by-side feedback forms</li> </ul>

<p><b>Other requests</b></p>	<p>A request required action that falls outside of the norm</p>	<ul style="list-style-type: none"> <li>• Responding to a Ministerial</li> <li>• System maintenance</li> <li>• Provide anonymised information for analysis/ training</li> </ul>	
<p><b>Locate correct claim</b></p>	<p>Claim accessed to identify the correct claim to action a request or information</p>	<ul style="list-style-type: none"> <li>• Uploading a document (without claim number) to the correct claim</li> <li>• Accessing multiple claims to find P/O</li> <li>• Client unable to recall claim number</li> <li>• Entering an incorrect claim # in the search</li> </ul>	<ul style="list-style-type: none"> <li>• Logs in Eos</li> <li>• Duplicate tab</li> </ul>
<p><b>Request or information from party to claim</b></p>	<p>Team member received a request/information from a party to the claim (eg provider)</p>	<ul style="list-style-type: none"> <li>• Provider may call or email querying an invoice that has not released or a purchase order</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence could sit in MFP or in the Genesys Engage system</li> </ul>

Kia ora,

Your team has been selected to complete Client Information Access Monitoring Checks next month. These checks will be used to help provide assurance that staff are accessing and using client personal information for valid business reasons, and in line with our privacy obligations.

As a people leader, you have one month to complete these checks, but we recommend you do this early to make it easier for your people to recall details of their access to the claim. We will refresh the data for the next group of leaders at the end of this month, at which time you will not be able to capture your results.

To assist you to complete the checks with each member of your team, please follow the link to the Promapp procedure [Conduct Claims Access Monitoring Check Procedure](#).

Here you will find instructions on how to complete the checks, as well as links to all the relevant tools and information you will require.

RELEASED UNDER THE  
OFFICIAL INFORMATION ACT





# Approved Information Sharing Agreements (AISAs)

[Out of Scope]

There are a variety of ways ACC can share information under the [Privacy Act 2020](#).

Approved information sharing agreements (AISAs) are a mechanism introduced by the Government to make it easier for organisations to share personal information. AISAs work by giving an exemption from privacy principles in the Privacy Act.

This page guides you through the process of establishing an AISA and the key requirements for set up.

If you want to find out more about AISAs, including set up, contact a member of the [Privacy Team](#) who'll be able to help you with your information sharing needs.

## Key requirements for AISAs

- **AISA requirements**

The requirements for AISAs are set out in section 96 of the Privacy Act 1993. The Privacy Amendment

Regulations 2013 set out the matters on which the Privacy Commissioner may require a lead agency to report under section 96S(1)(b) of the Act on the operation of an AISA. When establishing an AISA, the parties must consider the matters set out in section 96N to which the relevant Minister must have regard before recommending an Order in Council.

- **Relevant parties and services**

ACC can enter into AISAs with both public and private sector agencies for the purpose of delivering public services (section 96A, Act). Public services are public functions or duties that are conferred on a public sector agency by law or by a policy of the Government.

- **Requirement to have lead agency**

An AISA must have a lead agency. The lead agency must be a government department or the Police or the New Zealand Transport Agency. ACC cannot be a lead agency under the Act. If there is more than one government department, the parties must agree which will be the lead agency (section 96H, Act). The responsibilities of the lead agency are set out in section 96S of the Act.

- **Terms of AISAs**

Personal information shared under an AISA must be shared in accordance with the terms of the AISA. The terms of an AISA must include everything set out in sections 96I to 96K of the Act.

- **Adverse action against individuals**

Parties to an AISA must give at least 10 working days' written notice to an individual of adverse action against them as a result of personal information shared under the agreement (section 96Q, Act). This requirement applies unless the AISA provides for, or the Privacy Commissioner approves, a shorter period of notice or a dispensation from giving notice (section 96R, Act).

## Process for establishing an AISA

### Identify problem

Identify the public services to be facilitated, the information to be shared and the relevant parties. Obtain approval for starting discussions with external parties. Involve the Information Governance Committee from the outset.

## **Meet and talk**

Meet external parties to discuss information sharing and agree who will be the lead agency. Identify privacy risks. Contact the Office of the Privacy Commissioner (OPC) to find out what their expectations are and what help they can give.

## **Obtain agreement in principle from ACC Executive**

Then notify Minister for ACC.

## **Parties agree on terms of information sharing agreement including:**

- the parties and lead agency
- information to be shared
- how personal information may be used
- how information will be protected

## **Plan and agree process for approval of AISA by Order in Council.**

## **Consult**

Consult with the Privacy Commissioner, any person or organisation that represents the interests of the class of individuals, and relevant others whose personal information will be shared.

## **Minister considers and recommends AISA**

Work with lead agency to ensure submissions, impact on privacy and net benefits are taken into account. Work with lead agency to brief the lead agency's Minister as necessary.

## **Order in Council**

This will be made on the recommendation of the lead agency's Minister.

### **Publish and review**

The lead agency publishes the AISA and regularly publishes a report on the AISA's operation. The Privacy Commissioner may review the AISA and may publish a report on its operation.

### **Amend agreements**

Any amendment to the AISA is done by repeating steps 4-8, but this is not necessary if changes have no privacy implications. Lead agency must place most up to date AISA on the internet.

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[Back to search results](#)[↓ Export](#)**Rule Name****Two month maximum cover decision timeframe****Statement**

The **maximum cover decision timeframe** for a **claim** is always two months from the **date of lodgement** of that claim if all of the following are true:

- the claim is a **complicated claim**
- ACC has all the information needed to make a **cover decision** on the claim within two months from the date of lodgement.

**Motivation**

This ensures ACC makes a cover decision within the legislative timeframe for a complicated claim.

**Rule ID**

CovDec-005

### Linked Rule(s)

[Complicated claim definition](#) [Maximum cover decision timeframe](#)  
[Advising client of four month maximum cover decision timeframe](#)

### Process(s)

[Assess Claim for Cover](#) [Extend Cover Decision Timeframe](#) [Monitor Cover Decision Timeframes](#)

### Owner(s)

[Manager Technical Services](#)

### Business Term(s)

[claim](#) [complicated claim](#) [cover decision](#) [date of injury](#) [date of lodgement](#)  
[maximum cover decision timeframe](#)

### Business Rule Group(s)

[Cover Decision](#)

### Source(s)

[Accident Compensation Act 2001, s57](#) [Timeframes to determine cover](#)

**Approver**

[Out of Scope] Technical Policy Team Manager

**Author**

[Out of Scope]

**Activation Date**

01/10/2008

**Approver**

[Out of Scope] Principal Solicitor, AC Law

**Approval Date**

24/12/2018

**Rule Type**

Inference

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**Contact**

If you have any comments or require any clarification, contact [EBR@acc.co.nz](mailto:EBR@acc.co.nz).

Client Information Access Validation Tool ☆

Access Of Access Of Department Access Of Man... Created By Assessment Date Access Date Claim Number Business Reaso... Evidence Commentary Assurance Follow Up Requ... ID



Welcome to your new list
Select the New button to get started.

RELEASED UNDER THE OFFICIAL INFORMATION ACT

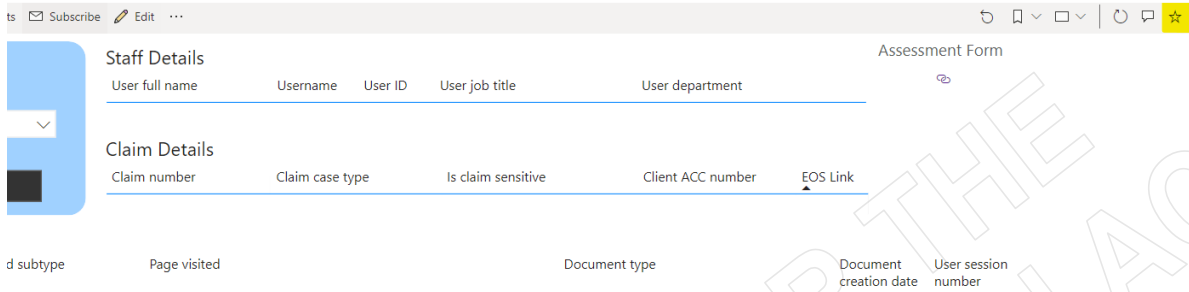


## **Leader Instructions for the Client Information Access report & Client Information Access Validation Tool**

- Below is a link to the **Client Information Access Report** in Power BI.

[Client Information Access Review Tool](#)

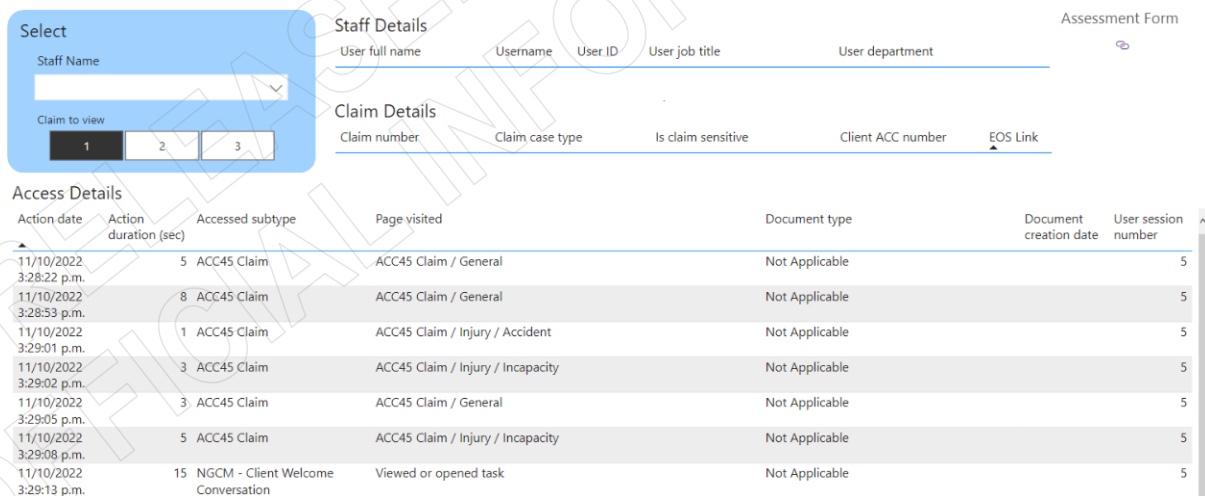
- Please select the star highlighted in the top right to save this report as one of your favourites.



**This reporting has row-level security, so you can only see information surfaced for your direct reports.**

The Access monitoring report will display your team members and the examples of claims access of which you need to check 3 examples alongside your team member.

*If one of your Team Members does not have any access information in the Client Information Access Report they can be excluded from the checks.*



*Note: Sometimes you may need to refresh the browser in order to see the claims in the report.*

When you have completed your assessment checks with your team member, you need to record your findings.

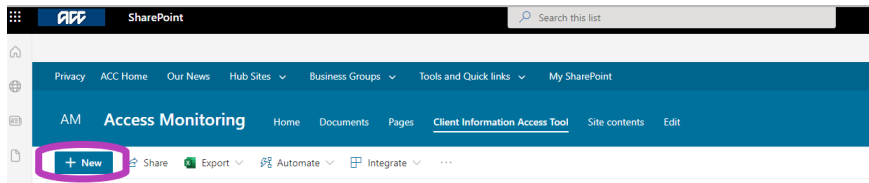
### **Recording your Findings in the Client Information Access Validation Tool:**

Please find below a link to the Access Monitoring SharePoint Page:

[Access Monitoring SharePoint Page](#)

This page is where you input the findings of your assessment.

Select the **New** button to open the Client Information Access Validation Tool



#### New item

Access Of  
Enter a name or email address

Assessment Date  
Enter a date

Access Date  
Enter a date

Business Reason for Access  
—

Evidence  
—

Commentary  
Enter value here

Assurance  
—

Follow Up Required  
No

Apply label  
None

Please input your Team Members name in the *access of section*.

There are two date sections – the date you are completing the form (the assessment date) and the date your team member accessed the claim you have assessed.

Please select from the drop-down options the **Business Reason** for the access, and the **Evidence** cited to support the access was appropriate.

Please use the commentary box to explain your findings if the Business Process or Evidence is not one of the selection options.

If you have assurance, please select **Yes**.

If further validation is required, please select **Low** then specify if follow up is required Yes/ No

Please select People Management at the *Apply label* section.

### ***Client Information Access Validation Reporting:***

The Client Information Access Validation findings are captured in Reporting that can be found here:

[Client Information Access Validation Reporting](#)

This reporting provides:

- The volume of checks completed
- The volume of checks with Assurance
- The volume of checks with Low Assurance
- Tracking of the volume of Assurance & Low Assurance over time
- The % rate of Assurance from the total of checks made
- The proportion of Business Reasons selected
- The proportion of Evidence reason selected.

The report also enables selection of all Client Information Access validation checks by Function.

# Managing a Provider or Supplier Privacy Breach

[Out of Scope]

Here's where you can find help on what to do if one of our Providers or Suppliers breaches privacy

## Step 1

When a provider or supplier privacy breach has been received, inform your Engagement and Performance Team Manager, Manager Strategic Partnerships and Performance, and Provider Service Delivery (PSD) Business Advisor via email.

## Step 2

Contact provider or supplier to make sure their breach management process has started. Request the following information and enter into the Privacy Reporting Tool:

- explanation of how breach occurred
- what information was disclosed
- how many clients are affected and what type, eg sensitive
- when and how the client will be notified, and what their response was
- steps that will be taken by the provider/supplier to correct their processes to prevent further breaches.

## Step 3

Advise the provider or supplier that ACC requires daily written updates and a final written report of how the breach is being managed and solved.

**Step 4**

Update Manager Strategic Partnerships and Performance, PSD Business Advisor, and Engagement and Performance Team Manager.

**Step 5**

Determine risk of the breach. If there is possible harm to any individual, or possibility of media involvement then you should immediately contact the Privacy Team, and the Manager completes an [Issues Alert Template](#).

**Step 6**

Manager updates the [Privacy Reporting Tool](#) as an Other Party Data Loss – should be done within 24 hours.

**Step 7**

Write to the provider or supplier to clarify ACC's expectations.

**Step 8**

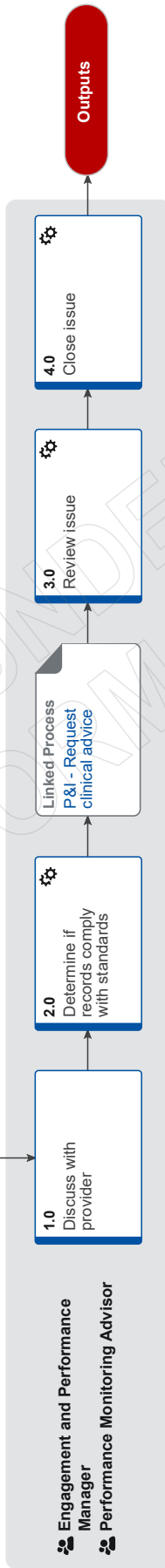
Seek updates from the provider or supplier until the breach has been resolved, and provide updates to your line manager, the Privacy Team and the Corporate Issues Manager.

**Step 9**

Once the privacy breach has closed, the Engagement and Performance Manager will provide ongoing support to the supplier or provider to manage their staff's performance and work with them on their processes to prevent future privacy breaches.



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## Summary

### Objective

The purpose of this process is for ACC to identify and manage issues related to quality of clinical records.

### Background

If this process is not suitable for the situation you are managing please discuss how to manage the issue with your manager.

The process is needed to guide and improve providers' professional conduct, competency, contractual issues and potentially resolve other complaints.

**Owner** [Out of Scope]

**Expert**

## Procedure

### 1.0 Discuss with provider

Engagement and Performance Manager, Performance Monitoring Advisor

- a** Notify the provider that you will ask to see a sample of clinical records when completing an onsite visit. If not undertaking a visit (e.g. PMA working remotely), advise the provider that you want to see a sample of clinical records during your phone call and follow up the request in writing.
- b** When onsite, request to see 10 clinical records relating to the issue being explored.

### 2.0 Determine if records comply with standards

Engagement and Performance Manager, Performance Monitoring Advisor

- a** Complete the 'EPM clinical record check' spreadsheet

 Copy of 20170925 EPM clinical records check V2 (002).xlsx

**NOTE** What if the notes do not meet requirements (clinical issue)?

 **PROCESS** P&I - Request clinical advice

**NOTE** What if the notes do not meet requirements (education issue)?

Provide education relevant to issue.  
Continue to Activity 5.0.

- b** If not completed already, create a Provider issue or case in Salesforce.


### **PROCESS** P&I - Request clinical advice

Engagement and Performance Manager, Performance Monitoring Advisor

### 3.0 Review issue

Engagement and Performance Manager, Performance Monitoring Advisor


- a** Arrange follow up review with provider

 PSD06 Uplift clinical records - review

**NOTE** Has the issue been resolved?

If the issue is resolved then complete step 4 - Close issue or case in Salesforce.

If the issue is unresolved, refer the issue to the Provider Risk of Harm group (P&I) or Provider Issues Management Group (PIMG).

 **PROCESS** PSD - Refer issue to Provider Remedies Group (PRG)

**NOTE** Does the Restrict invoice process need to be used?

If the issue is unresolved, consider Restrict Invoice Process

 **PROCESS** P&I - Restrict Invoice

### 4.0 Close issue

Engagement and Performance Manager, Performance Monitoring Advisor

- a** Upload all communication and documentation to Salesforce and then update the Salesforce issue or case to closed.

# Referral for new claim lodgement

This form is completed by internal staff when a new claim needs to be lodged.



PREVENTION. CARE. RECOVERY.

Te Kaporeihana Āwhina Hunga Whara

## CLIENT DETAILS

Person ID:			
Related ACC45 number (if applicable):		NHI Number:	
Client's First name(s):			
Client's Surname:		Date of Birth:	
Fund code of new claim:			

## NEW CLAIM DETAILS

Read code, injury description or injury diagnosis:			
Accident description:			
Date new injury identified (note that this date will be recorded in Eos as the date of accident):			
Document/report where the injury is recorded e.g. ACC45, if clinical notes, please note page number		Document(s) attached <input type="checkbox"/>	
Provider name and ACC provider number:		Date of signing form:	
Has the client given consent for the claim to be lodged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	The client <b>must</b> be advised of the new claim and provide consent agreeing to the claim being lodged.

## COMMENTS:

Record the date of lodgement

## TRANSFER CLAIM TO:

## COMPLETED BY:

Name:	
Title:	
ACC Business Unit	
Date:	

Please email this form to [hamilton.registration@acc.co.nz](mailto:hamilton.registration@acc.co.nz) and save a copy in the client's documents in Eos.

# Relevant Documents

## Resolution Services - Induction Guide 21

'Relevant documents' describes to the bulk print that the Review Specialist completes to notify the Client Information Team (CIT) what documents need to be prepared and released, and it notifies the Review Provider what the relevant documents are.

Relevant documents should be selected in consultation with the customer where possible but must be completed before the 'prepare task' is sent to CIT.

### How to complete a bulk print in EOS

1. On the documents tab on EOS, select the 'Print Doc(s)' button on the right-hand side of the screen
2. In the drop-down boxes, select 'Dispute' as the purpose and 'DO NOT RELEASE' in the 'Releasable To' section.
3. Enter the relevant review number(s) in the Description box.
4. Starting from the last page, select the box for each relevant document that needs to be included in the bulk print. At the end of each page, press the 'Add to Print' button on the right side of the page and it will move the documents to the 'Documents to Print' section.
5. Repeat step 4 for each page.
6. Once all of the required documents have been selected and moved to the 'Documents to Print' section, press the Date/Time filter twice to move the documents into chronological order.
7. Select the 'Print' button at the bottom right. This will generate an email to be sent to you with the PDF file.
8. Open the PDF file and ensure that it is in chronological order and there are no errors.
9. Press 'Close' and it will take you back to the Documents tab.

### Deciding what the relevant documents are

Determining relevant documents depends on the type of review decision as well as your conversation with the customer.

A starting point would be to consider whether the information was decided based on medical information or other factual evidence that was gathered.

- The ACC45 Claim Lodgement form (where one is available), decision letter (where applicable) and ACC33 Review Application are required relevant documents in all cases.
- If the customer has an Authority to Act, the Authority to Act form will be a relevant document.
- You must consider the final package that the customer and the reviewer will receive and what information the reviewer will need to consider the issue at review.
- Each relevant document selection should be done on a case-by-case basis and consider the facts of the case. It is better to include more documents than miss out an important document.
- For decisions based on clinical evidence and medical grounds, all medical information will be required. Additional documents such as medical certificates, vocational assessments and social rehabilitation assessments will need to be considered individually.
- For decisions about weekly compensation, all medical certificates, weekly compensation calculation documents and vocational information will be required. If the decision is about a decline, cessation or suspension of weekly compensation, medical documents will also be required.

### Examples:



**Cover**

1. ACC45/ACC18 (document used to lodge claim with ACC)
2. Cover timeframe extension letters
3. Completed questionnaires
4. Medical notes for cover investigation
5. Radiology or other diagnostic information
6. Specialist referrals
7. Specialist reports
8. Clinical and/or Technical Specialist comment for cover investigation
9. Relevant contacts (if any)<sup>1</sup>
10. Cover decision letter
11. Review application

**Surgery or Additional Treatment**

1. ACC45
2. Injury history for same body site
3. Cover decisions
4. Radiology or other diagnostic information
5. All medical notes – especially those from the treating provider
6. ARTP or request for additional treatment
7. CAP or clinical advisor comment
8. Surgery decision
9. Review application

**Lump Sum/Independence Allowance**

1. ACC45 of each claim for cover included in the assessment
2. Schedule of client injuries (permission is required from the customer for this)
3. ACC54 (Application form)
4. ACC554 (LSIA Medical Certificate) for each injury assessed
5. IA/LS payment report.
6. Medical notes used for the assessment (usually uploaded as a document group)
7. AMA Report
8. Previous AMA reports
9. AMA Peer Review Report
10. IA/LS decision letter
11. Review application

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<sup>1</sup> If the review specialist wishes to specifically refer to contacts recorded in the print claim file, its recommended to copy and paste the full contact or email into a word document and store it as a document in Eos.

### **Vocational Independence**

1. ACC45 for each claim with incapacity or the schedule of client injuries
2. Pre-Injury Job description.
3. Relevant contacts
4. Medical certificates
5. Individual Rehabilitation Plan/s
6. Vocational rehabilitation/pain program completion reports/s
7. All medical reports and notes that are relevant to the covered physical injuries
8. Internal clinical comments
9. Initial Medical Assessment
10. Initial Occupational Assessment
11. Vocational Independence Occupational Assessments
12. Vocational Independence Medical Assessments
13. Blank letters that show that we have followed legislative requirements (e.g. letter notifying customer of entry into VI)
14. Internal Vocational Independence sign off forms
15. Technical Specialist comments
16. Vocational Independence decision letter
17. Review application

### **Suspension of entitlements**

1. ACC45 Claim Lodgement Form
2. Medical certificates (if suspension is regarding weekly compensation)
3. Cover timeframe extension letters
4. Medical notes
5. Radiology or other diagnostic information
6. Specialist referrals and reports
7. Medical Case Review
8. Clinical opinions
9. Technical Specialist comments
10. Relevant contacts
11. Suspension decision letter
12. Review application



**Ask your buddy or Senior Review Specialist to show you how to complete a bulk print and discuss how they are deciding which documents are relevant**

# Resolution agreement scenarios



## Withdrawal

### Treatment overseas

#### Scenario

A customer has applied for funding to get treatment overseas because the treatment is not offered in New Zealand.

#### Action

You take the time to explain the:

- decision
- legislative bounds that ACC must work within
- review process
- likely outcome of a review hearing (ie that a reviewer cannot award an entitlement clearly excluded under the legislation).

The customer, through conversation, understands that there is no chance of a positive outcome at review and withdraws their application.

#### Rationale

This is a clear-cut case in which there is zero chance of the customer getting the outcome they want.

### Training independence programme

#### Scenario

A customer has applied for a review after their request for a training for independence programme was declined.

The customer suffered from post-traumatic stress disorder (PTSD), which they believed was inhibiting them from returning to their pre-injury role.

This request was declined because ACC had ascertained that the PTSD was not the cause of incapacity.

#### Action

Through the completion of a thorough administrative review, you read that a recent psychologist advisor commented that the incapacity is more likely to be caused by major depressive disorder (MDD). MDD is covered under the customer's sensitive claim.

You arrange for the case owner in the Sensitive Claims Unit (SCU) to consider the customer's request for a training for independence programme. The customer agrees to withdraw their review on this basis.

#### Rationale

There is a clear medical comment on file detailing and supporting the ACC decision.

The customer will be issued a fresh decision (from the SCU). The customer can exercise their review rights on that decision if they are not happy with it.

## Overturn – incorrect decision

### Suspension

#### Scenario

A customer has had their entitlement suspended under section 117 and they have subsequently lodged a review.

A thorough administrative review reveals that the customer was not given any notice period. Also, there is a mental injury cover under a separate sensitive claim that has not been considered by the decision maker when suspending entitlements.

#### Action

You speak with the decision maker and explain your concerns with the decision. You also explain that this is not a defensible decision to take to a review hearing.

You recommend the decision is overturned, entitlement reinstated and that the decision maker seeks technical comment prior to reattempting suspension.

#### Rationale

This is clearly incorrect and ACC's decision does not meet the legislation criteria.

The onus is on ACC to demonstrate that:

- ACC has sufficient basis to suspend entitlements
- a reasonable period of notice is given.

### Weekly compensation

#### Scenario

A customer has applied for weekly compensation and has been declined because they were not considered an earner at the date of first incapacity.

The customer explains during your first initial phone call they feel upset because now they can't start their new job they had lined up.

You asked some further questions. You found out that they were incapacitated within 28 days of ceasing employment. If they had not been incapacitated, then they would have been employed as an employee within 3 months of their incapacity starting.

The customer has an email confirmation of the job offer.

#### Action

You ask for the email confirmation of this job offer and send this through to the case owner.

You contact the case owner and explain your reason for overturning the decision.

#### Rationale

This is clearly incorrect. ACC's decision does not meet the legislation criteria.

## Overturn – new information

### Scenario

A customer applies for a review because they have had their back-surgery request declined.

You conduct your administrative review. The surgeon has some strong points, and so too does the Clinical Advisory Panel (CAP) – but in the opposite direction. The weight of evidence is equal on both sides – the argument is balanced.

### Action

You speak with the customer and explain your thoughts about the case.

You advise that you want to obtain an external radiologist review to ask some specific questions about the radiological imaging.

You receive a report, from the external radiologist, which supports the treating surgeon and tips the balance in favour of the customer.

You request that the elective surgery unit overturn this decision in light of new evidence.

### Rationale

With the evidence now tipping in favour of the customer, the review is unlikely to be defensible.

### Scenario

A customer was declined cover for a work related gradual process condition, and has lodged a review challenging ACC's decision.

You conduct your administrative review and see that little information was gathered about the customer's employment. You see that ACC has based its decision primarily on a lead occupational health advisor's (LOHA) comment.

### Action

You request that the decision maker refer the customer for an assessment with an occupational physician.

The completed report supports that the customer's occupation is the primary cause of the diagnosed condition.

### Rationale

In some cases, an occupational physician's assessment in favour of the customer will over ride ACC at review. This doesn't mean that ACC's decision wasn't robust. We are unlikely to defend our decision because the report was in favour of the customer.

## Resolution Services Expert Advice Referrals

See the following pages for referral advice.

[Technical Services](#)

[Clinical Services](#)

[Legal Services](#)

[Technical Accounting Services](#)

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## Summary

### Objective

We must provide submissions for all review hearings.

### Owner

[Out of Scope]

### Expert

## Policy

### 1.0 Rules

- a** Unless ACC and the reviewer agree on an alternative timeframe we must provide a submission at least 14 calendar days prior to the hearing to:


- the reviewer
- the applicant
- any appointed representative of the applicant.

You must be ready to challenge any new evidence that contradicts previous evidence provided by an applicant or their representative.

#### **NOTE Example**

A self-employed client alleges the number of hours they worked changes their status from part-time to full-time. If you know of previous evidence that contradicts this, you must locate and provide that evidence at the review hearing.

### 2.0 Preparing submissions

- a** To prepare submissions you must complete the actions in the following table within the timeframes shown. The timeframe starts from the day ACC receives the review application. If the submission is for a complex claim, start preparing for it as soon as possible.
-  ACC2199 ACC submissions template

Action	within....	or....
The client or other interested party must lodge their application for a review e.g. ACC33	3 months of the decision date, unless the delay is a result of extenuating circumstances	the review owner may decide there are no extenuating circumstances and decline the review for being 'out of time'
The business unit must lodge the application with the Review Unit (Resolution Services)	24 hours of receiving it from the client or interested party	we may not meet the required timeframes
The Review Unit must lodge the application	24 hours of receiving it in the Review Unit	we may not meet the required timeframes
The review owner must complete the administrative review actions (Eos related tasks)	7 calendar days of receiving the review application or reapplication.	we may not meet the required process timeframes
The review owner must arrange for a Case Conference to take place with the client and review provider	75 days of the review application being received	we may not meet the required process timeframes and risk not having a hearing date set down within 3 months.
We must provide a copy of the relevant documents (or full file if requested) to the selected review provider	no later than 14 calendar days before the Case Conference	we fail to meet the contract requirements
The reviewer must set a review date	3 months, unless the client agree to a delay or the reviewer adjourns the hearing	the review decision may be automatically deemed in the client's favour
We must provide written review submissions	14 days prior to the review hearing	we fail to meet the contract requirements
The reviewer must issue a review decision	28 calendar days of the hearing	the reviewer fails to meet their contract standards
We must pay review costs	28 calendar days of the decision being issued	we fail to meet our internal performance standards and legislative requirements
If the application is withdrawn, we must make sure the client returns a signed ACC34 (Request to withdraw a review application), or equivalent document.	3 months of the date of lodging their review application or reapplication	the review decision may be automatically deemed in the client's favour



Timeframes for review application or reapplications lodged after 1 April 2002 .PNG





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

# Review Written Guidance (Recovery Team Member) – System Steps

## Document Purpose

This document explains the steps involved in accepting Written Guidance by a **Recovery Team Member**.

## Table of Contents

Receive Written Guidance – System Steps.....	1
Request Clarification from Advisor (Recovery Team Member) – System Steps .....	2
Accept Written Guidance (Recovery Team Member) – System Steps.....	3

## Receive Written Guidance – System Steps

<i>Receive Written Guidance – System Steps</i>	
1	<ol style="list-style-type: none"> <li>1. Open the <b>NGCM - Written Guidance for Case Owner</b> task</li> <li>2. Click on the <b>Add. Info</b> Tab to review Written Guidance provided</li> </ol>
2	Decide whether to: <ul style="list-style-type: none"> <li>• <b>Accept Written Guidance</b> – Go to <a href="#">Accept Written Guidance (Recovery Team Member) – System Steps</a></li> <li>• <b>Ask for clarification on the Written Guidance</b> – Go to <a href="#">Request Clarification from Advisor (Recovery Team Member) – System Steps</a></li> </ul>

## Request Clarification from Advisor (Recovery Team Member) – System Steps

<i>Request Clarification from Advisor (Recovery Team Member) – System Steps</i>	
1	<ol style="list-style-type: none"> <li>1. Open the <b>NGCM - Written Guidance for Case Owner</b> task</li> <li>2. Select the <b>Add Info</b> Tab</li> <li>3. Select the <b>Change</b> Button</li> </ol>
2	Select the <b>Tick to add Clarification Questions &amp; Answers</b> field <i>(to activate a tick in this field)</i>
3	Enter details of the clarification required in the <b>Clarification Questions &amp; Answers</b> field Select <b>OK</b>
4	From the <b>NGCM - Written Guidance for Case Owner</b> task, select the <b>Close Task</b> Button <i>(located above the Activity Details Tab)</i>
5	<ol style="list-style-type: none"> <li>1. In the '<b>Choose Next Step</b>' screen presented: <ul style="list-style-type: none"> <li>• Select Step <b>Clarify Response</b></li> <li>• When choosing a Reason in this screen, select the Type of Advisor you need clarification from <i>(e.g. Clinical or Technical)</i></li> </ul> </li> <li>2. Select <b>OK</b></li> </ol> <p><b>NOTE:</b> You will be taken back to the Tasks Tab in the Recovery Support Sub-case. A <b>NGCM- Clarify Written Guidance Response</b> task is created and automatically assigned to the right department. <b>Don't manually transfer this task</b></p>

## Accept Written Guidance (Recovery Team Member) – System Steps

Accept Written Guidance (Recovery Team Member) – System Steps																			
<b>1</b>	<ol style="list-style-type: none"> <li>From the <b>NGCM - Written Guidance for Case Owner</b> task, select the <b>Close Task</b> Button <i>(located above the Activity Details Tab)</i></li> <li>On the <b>Choose Next Step</b> screen presented, select <b>Accept Guidance</b> then select <b>OK</b></li> </ol>																		
<b>2</b>	<p>Add a description for the <b>Written Guidance Transcript</b> so it can be easily identified</p> <ol style="list-style-type: none"> <li>In the <b>Recovery Support</b> Sub-case, select the <b>Documents</b> Tab &gt; <b>Documents for Claim</b> Sub-tab</li> <li>Select the checkbox to the left of the <b>Written Guidance Transcript</b> document then select <b>Open</b>:</li> </ol> <div style="border: 1px solid #ccc; padding: 5px; margin: 5px 0;"> <p>Documents For Case</p> <p>From <input type="text" value="11/05/2019"/> To <input type="text" value="10/06/2019"/> <input type="checkbox"/> Display Removed Documents</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th><input type="checkbox"/> Date/Time</th> <th>Creator</th> <th>Status</th> <th>Document Type</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> 0/06/2019 11:42</td> <td>Recovery Assistant User</td> <td>Complete</td> <td><a href="#">Written Guidance transcript</a></td> </tr> </tbody> </table> </div> <p><i>NOTE: The transcript will open in a new window</i></p> <ol style="list-style-type: none"> <li>Select the <b>Properties</b> Button</li> <li>In the <b>Document Properties</b> screen, in the <b>Description</b> field enter one of the following labels: <ul style="list-style-type: none"> <li>Clinical Advice - &lt;Advisor's Name&gt;</li> <li>Technical Guidance – &lt;Advisor's Name&gt;</li> <li>Clinical &amp; Technical – &lt;Advisor's Name&gt;</li> <li>Practice Advice – &lt;Practice Mentor Name&gt;</li> </ul> </li> </ol> <div style="border: 1px solid #ccc; padding: 5px; margin: 5px 0;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date/Time</th> <th>Creator</th> <th>Status</th> <th>Document Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>09/04/2020 11:51</td> <td>Recovery Assistant User</td> <td>Complete</td> <td><a href="#">Written Guidance transcript</a></td> <td>Clinical Advice - Dr J Smith</td> </tr> </tbody> </table> </div>	<input type="checkbox"/> Date/Time	Creator	Status	Document Type	<input checked="" type="checkbox"/> 0/06/2019 11:42	Recovery Assistant User	Complete	<a href="#">Written Guidance transcript</a>	Date/Time	Creator	Status	Document Type	Description	09/04/2020 11:51	Recovery Assistant User	Complete	<a href="#">Written Guidance transcript</a>	Clinical Advice - Dr J Smith
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Date/Time	Creator	Status	Document Type	Description															
09/04/2020 11:51	Recovery Assistant User	Complete	<a href="#">Written Guidance transcript</a>	Clinical Advice - Dr J Smith															



## Summary

### Objective

There is a number of parties involved in the housing modification process, including:

- our clients
- their family/whānau
- housing assessors
- the Housing Modification Services supplier
- architects and builders.

Each of these parties has specific roles and responsibilities to ensure the modification process goes smoothly.

### Owner

[Out of Scope]

### Expert

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## Procedure

### 1.0 Clients and their family/whānau


a Before beginning any modifications the client and their family/whanau need to:

- advise the property owner (if the client doesn't own the property) that ACC is considering modifications to the property
- participate in a housing assessment with an ACC contracted Housing Assessor
- discuss, with the Housing Assessor, their injury-related needs, and likely issues with the current home environment that might get in the way of them achieving their agreed rehabilitation outcomes
- discuss and finalise the proposed modifications, as identified on the preliminary drawings, with ACC, the Housing Assessor and Project Manager, to identify the essential modifications required to meet the injury-related need.
- read, complete, sign and return the ACC1564 Housing modification responsibilities, plans or documentation required in order for the request for funding to continue (this includes part-payment or cost contributions they will be making)
- liaise with the Project Manager to agree access to the home, arrange a start date, and to schedule and agree a timeframe for the work
- work with their ACC case owner to make arrangements for alternative accommodation, if this is required while the modifications are in progress and the home cannot be occupied
- contact the ACC case owner directly if dissatisfied with the process regarding funding for the purchase of home modifications

During the modification process, the client and their family/whanau need to:

- inform the Project Manager of any issues or concerns with the building work
- communicate with the Project Manager directly regarding any questions they may have regarding the building work

On completion of the housing modifications the client and their family/whanau need to work with the Housing Assessor and Project Manager to undertake a final assessment to ensure the completed modifications meet their injury-related needs.


 ACC1564 Housing modification responsibilities

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## 2.0 Property owners

a Before any modifications begin the property owner needs to:

- review and discuss the plans and specifications of the proposed housing modifications with the client (where the client is not the property owner), their family or whānau and the ACC Housing Assessor to gain a clear understanding of the scope of works and the process involved
- provide written agreement for the proposed home modifications to be carried out on ACC1563 Housing modification consent form
- discuss, agree and document with the Project Manager, the method of construction and disposal of any fixtures, fittings or materials that will be removed or affected during the course of the home modifications
- confirm and document with the Project Manager any items they wish to retain, which will need to be removed during construction
- agree with the Project Manager the extent of 'make good' required to the immediate areas where fixtures, fittings, walls, floors etc, surrounding the modifications that have been affected
- discuss with the Project Manager any additional remedial work that is required on the property before the modifications can be undertaken
- agree in writing to be responsible for any costs associated with additional work they require over the agreed injury-related home modifications and the payment arrangements
- liaise with their insurance company to identify whether the insurer has any specific requirements regarding modifications to the property.

 ACC1563 Housing modification consent form

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### 3.0 ACC case owners

a Before any modifications begin the case owner needs to:

- provide the client with information explaining the housing modification process (ACC1564 Housing modification responsibilities) and their roles and responsibilities
- submit a referral to a Housing Assessor to assess the client, consider their injury-related needs, and likely issues with the current home environment in achieving their agreed rehabilitation outcomes
- provide the Housing Assessor with any information that may be relevant to the housing assessment
- ensure that only information relevant to the modification process, is provided to the Housing Modification Service supplier. For example, it may not be appropriate to share the entire Support Need Assessment report with Housing Modification Service.

For standard and complex modifications the case owner should:


- review the Housing Assessment Report to ensure the proposed solution meets the agreed client rehabilitation outcomes, and submit a referral to the Housing Modification Service supplier where housing modifications are required to meet the client's injury-related needs
- inform the client and assessor that following assessment, a referral has been made to the Housing Modification Service
- attend the initial site visit and consider, with the client, Housing Assessor and Project Manager a range of home modification options to determine the most appropriate and cost effective solution(s) that will meet the client's injury-related needs to achieve the agreed rehabilitation outcomes
- review the preliminary plans and ACC457 Housing modification service report following the site visit. Identify the delegation holder and approve or decline the preliminary plans and advise the Housing Modification Service supplier of this instruction. Discuss the preliminary plans with the client and ensure that they are in agreement and that they are provided with the support needed to understand the plans, including who to contact with questions
- review and approve the final working drawings and tender recommendations
- provide the client with a decision letter clearly identifying ACC's agreed contribution toward the housing modifications
- provide the Housing Assessor and Housing Modification Service supplier with a copy of the decision letter and adjust the purchase order in line with the decision letter in a timely manner to facilitate the process.


During the modification process the case owner needs to:

- attend site meetings with the client, housing assessor and Project Manager (as required)
- consider and respond to any requests for variations/changes to the agreed modifications to ensure these will meet the client's injury related needs

On completion of the housing modifications the case owner needs to:

- ensure that any agreed outcomes/actions are finalised, eg a decrease in attendant care, ending of alternative accommodation etc, and that any further assessments required are

 ACC1564 Housing modification responsibilities

 ACC457 Housing modification service report

 Arranging Standard/Complex Housing Modifications

<https://au.promapp.com/accnz/Process/Minimode/Permalink/F0U1MiWPGzrna55fNr4dgJ>

## 4.0 Housing assessor

a Before any modifications begin the housing assessor needs to:




- work with the client, their family/whānau, caregivers, support people and other rehabilitation services, eg Spinal Rehabilitation Services, to assess the client's functional abilities, limitations, injury-related needs and identify the outcomes to be achieved
- discuss with the client practicable solutions that could meet their injury-related needs, including equipment solutions that will meet any injury-related needs in a more timely and cost effective manner
- consider temporary housing modification solutions
- explain the process for assessment and completion of housing modifications to the client
- support the client to select suitable housing (where this is identified as a more appropriate option) that will meet their injury-related needs and can be practicably modified (if required)
- meet the timeframes and key deliverables identified in their ACC contract
- use the correct ACC reporting forms (ACC263 Housing modification assessment report - minor & ACC257 Housing modification assessment report - standard and complex) and provide a clear rationale and description of the proposed modification solution(s), including options that have been considered, and identify why the proposed solution represents the most appropriate and cost effective solution to meet the client's injury-related needs to achieve the agreed rehabilitation outcomes. Provide clear information regarding the client's equipment and the specifications of each item
- ensure they clearly identify any client preferred housing modification options
- work with the Project Manager to clearly identify and deliver practicable housing modification solutions that will meet the client's injury-related needs
- sign off on the plans and specifications with the client, Project Manager and ACC, to confirm that the requested specifications will meet the client's injury-related needs
- where the client has identified a preferred option, confirm in writing that the client's design/specification will meet their injury-related needs

During the modification process the housing assessor needs to:

- complete onsite visits with the Project Manager while the modifications are in progress (where required and necessary)
- consider and respond to any requests for variations/changes to the agreed modifications to ensure these will meet the client's injury-related needs

On completion of the housing modifications the housing assessor needs to:

- meet onsite with the Project Manager to ensure that the modifications meet the Client's injury-related needs and complete the ACC1565 Housing modification certificate of satisfactory completion

-  ACC263 Housing modification assessment report - minor modifications
-  ACC257 Housing modification assessment report - standard and complex modifications
-  ACC1565 Housing modification certificate of satisfactory completion



## 5.0 Housing Modification Service supplier

a Before any modifications begin the Housing Modification Service supplier needs to:


- ensure that ACC is not identified as a contracting party at any stage of the housing modification process
- maintain and validate a schedule of rates for commonly purchased housing modifications
- be responsible for managing Housing Modification projects on behalf of ACC whether these projects are completed directly by the Supplier or sub-contracted by the Supplier to a third party
- provide technical support and advice to ACC and the housing assessor on potential modification solutions that will meet clients injury-related needs in a practicable cost effective manner
- provide information and advice to clients regarding the housing modification process and expected timeframes
- engage project managers, building consultants and building contractors to work in consultation with the client, housing assessors and ACC to identify, document, cost and undertake the most practicable and cost effective modification option(s) including validating on ACC's behalf the competitiveness of quotes
- review the technical aspects of the proposed housing modifications and engage any technical expert opinion and advice where this is indicated
- consult with the client, housing assessor and ACC if any technical challenges are identified with the proposed housing modifications which could interfere with the ability for the proposed housing modifications to be completed
- provide agreed copies of the plans and specifications (preliminary and working including all variations) to the Client, Housing Assessor, Property Owner and Project Manager

During the modification process the Housing Modification Service supplier needs to:

- respond to any issues which arise during the building process and facilitate a resolution where a dispute has arisen ensuring an appropriate escalation model is used to communicate these to ACC
- communicate to ACC any variations to the agreed plans and specifications that have been agreed between the Project Manager, client and Housing Assessor and once approval has been obtained from ACC, engage the building consultant/ architect/ designer to update the working drawings and specifications
- meet the timeframes and key deliverables identified in their ACC contract
- provide a freephone help desk function that will quickly and accurately respond to client questions
- maintain an online real-time project management tracker to enable the client, ACC and Housing Assessor to easily identify progress on their housing modification project.

On completion of the housing modifications the Housing Modification Service supplier needs to:

- submit the ACC1565 Housing modification certificate of satisfactory completion to ACC

 ACC1565 Housing modification certificate of satisfactory completion

## 6.0 Housing Modification Service project manager

a Before any modifications begin the Housing Modification Service project manager needs to:

- provide onsite advice to the Housing Assessor and work with them and the client and their family/whānau to determine the most cost effective housing modification solution(s) that will meet the client's injury-related needs
- provide options for scopes of work and estimates when requested by ACC
- obtain fixed price quotations based on the approved plans and specifications
- facilitate the tender process (where relevant) and advise building contractors of the outcomes of this process
- provide the property owner with information explaining the housing modification process and their roles and responsibilities
- obtain approval from the property owner prior to commencement of any modifications
- obtain all necessary consents at the start of the building process and the consent compliance certificate for the Property Owner on completion of the work
- negotiate a timetable of the approved work between the client, property owner and the building contractor and advise ACC
- discuss, agree and document with the property owner, before the start of the housing modifications, the disposal of any fixtures, fitting or materials that will be removed during the course of the modifications
- confirm and document with the client and their family or whānau any items they wish to retain that need to be removed during construction
- agree and document with the property owner, the extent to which they will 'make good' the immediate areas where fixtures, fittings, walls, floors, etc. surrounding the modifications have been affected
- discuss with the Property Owner any issues identified regarding potential rectification work required before the start of the modifications and retain a written record of this

During the modification process the Housing Modification Service project manager needs to:

- monitor and inspect the building work as it progresses and ensure that any documentation required is completed at the conclusion of the work and all relevant quality standards are met
- where applicable manage any building work variation processes and assist in the resolution of any disputes between the Client and the Building Contractor ensuring that these are clearly communicated to the Housing Modification Service supplier

On completion of the housing modifications the Housing Modification Service project manager needs to:

- notify the Housing Assessor and attend a final sign-off site visit with the Housing Assessor, to ensure the modifications have been completed and agreed and meet all relevant standards

Note that for Minor and Standard Modifications that don't need a separate Project Manager/building consultant/ architect/ designer, the building contractor will carry out the role of Project Manager

## 7.0 Housing Modification Service building consultant/ architect/ designer

**a** Before any modifications begin the Housing Modification Service building consultant/ architect/ designer needs to:

- on request from the Housing Modification Service, work with the Project Manager, Housing Assessor, Client and their family/whānau to prepare preliminary drawings and specifications of the proposed housing modifications to meet the injury-related needs
- on approval to proceed with working drawings, prepare detailed plans and specifications of the agreed housing modifications
- submit all plans and specifications to the Housing Modification Service

During the modification process the Housing Modification Service building consultant/ architect/ designer needs to:

- on request from the Housing Modification Service supplier, amend/update the plans and specifications to reflect any agreed variations/changes identified and agreed with ACC during the course of the modifications

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## 8.0 Housing Modification Service building contractor

a The Housing Modification Service building contractor needs to:

- act as Project Manager for Minor and Standard Modifications that don't require a separate project manager/building consultant/architect/designer
- act in accordance with relevant codes of conduct and good business practice in all dealings with the client, their family, whānau and support people
- ensure that at all times any information regarding the client, their family, whānau and support people is held in the strictest confidence and their privacy is maintained
- make no approach to the client, their family, whānau or support people for the purpose of obtaining additional work

Before any modifications begin the Housing Modification Service building contractor needs to:

- liaise with the project manager/Housing Modification Service supplier/housing assessor as required
- discuss with the client, their family/whānau and property owner the specifications of the proposed modifications and ensure that all people are aware of any potential impacts the proposed modifications may have on the surrounding environment or on their responsibility to upgrade existing facilities
- provide itemised quotations based on the proposed plans and specifications
- discuss, agree and document with the property owner before the start of the housing modifications the disposal of any fixtures, fitting or materials that will be removed during the course of the modifications
- discuss with the property owner any issues identified regarding potential rectification work required before the start of the modifications and retain a written record of this
- inform the project manager/ Housing Modification Service supplier of any additional and / or private work requested by the client. Additional work outside of the agreed injury-related need constitutes a separate contract between the client and the building contractor
- engage in a separate contract of work with the client, their family or whānau directly where a part payment is required by the person towards the cost of their modifications
- negotiate a start time and schedule of work with the client, their family/whānau and advise the Housing Modification Service supplier of these time frames. The start time will be negotiated with the project manager if relevant

During the modification process the Housing Modification Service building contractor needs to:

- commence work within the agreed timeframes
- inform the client, project manager/Housing Modification Service supplier of any likely time delays in completing the work
- liaise with the housing assessor/ project manager regarding certain specifications where it has been documented that these specifications were to be determined on site
- complete the housing modifications in accordance with the specifications as provided by the designer or Project Manager (as applicable) and any relevant building code regulations and product specifications. Where any ch



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## Summary

### Objective

The rules for who has a right to be present and heard at a review hearing are outlined in the AC Act 2001, Section 142.

**Owner** Needs to be reassigned N/A

**Expert** Needs to be reassigned N/A

## Policy

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# Whole of Person and Allocation Rules

## Guidelines

### Introduction

Under NGCM ACC considers the person rather than the claim or injury, aiming to frame a service around customer need. Clients who have more than one open or active claim may be able to have all claims managed by one person if that is their preference - the Whole of Person (WOP) approach. The decision to have this approach, or to have claims managed separately, sits with the client.

To understand the client's preference a conversation with the client and / or provider is a **must** and is **not negotiable**.

### Offering Whole of Person Management for clients with a Sensitive Claim

If a client has a physical injury in Assisted or Supported Recovery and an open Sensitive claim, the client may benefit from WOP management. Not all clients with a physical injury in Assisted or Supported will benefit from WOP management or a change in Recovery Team.

Recovery Team Members must discuss the claim with their Team Leader before any WOP management decisions are made. If it may be appropriate to consider WOP management, the Team Leader will liaise with a Partnered Recovery Team Leader to establish if WOP management will be beneficial. This will depend on several factors relating to the sensitive claim, including the status of the sensitive claim. Please refer WOP Leader Guidelines, which are also linked to the Transition Claim page in Promapp.

The client should only be offered WOP management **after** a Leader-to-Leader conversation has taken place that has established if the client *will* benefit from a change in Recovery Team to Partnered Recovery MI for WOP management. This will ensure further treatment and rehabilitation support is matched to their injury needs.

If the client **does not** wish for the Whole of Person approach when offered, the claim(s) will remain managed separately, where they currently are.

[Whole of Person Leader Guidelines for Claims Transition consideration](#)

### Allocations and new PICBA claims

Where a client has an active sensitive claim and a new Physical Injury claim is received that requires active case management, the new physical injury claim is automatically routed to the Recovery Partner managing the sensitive claim. The Recovery Partner (Mental Injury) has a conversation with the client to establish if the client would like Whole of Person management and may separate the management of the claim.

Scenarios for allocation rules where the client has **agreed** to Whole of Person approach:

- Client has Partnered Mental Injury claim and non-complex Physical Injury claim(s) = claims managed by Partnered Mental Injury Recovery Partner
- Client has both Partnered Mental Injury and Partnered Physical Injury claims = claims managed by Partnered Physical Injury Recovery Partner
- Client has a Supported claim and a **(non-sensitive)** Assisted claim = claims managed by Recovery Coordinator

**NOTE: Non-complex, in this context means the claim would not meet the criteria for Partnered Recovery team**

The allocation process completed by the Real Time Analyst (RTA) team:

- Real Time Analyst's (RTA) receive claims for allocation to Supported and Partnered Recovery.
- RTA checks for existing open claims and action as follows

Open claims in Assisted:

- RTA notes in the task to the Recovery Partner/Coordinator who receives the new claim of open claims in Assisted, which may be Mental Injury (MI) or Physical Injury (PI). If WOP discussion is required, this is completed by the Recovery Partner/Coordinator (as the Assisted team do not have a relationship with the client), after referring to the WOP Leader Guidelines to establish if the client will benefit from WOP management.

Open claims in Supported:

- If a new claim is received into Partnered Recovery: RTA emails Recovery Coordinator from RTA mailbox to alert to Partnered claim and advise consideration of WOP management by Recovery Coordinator (as Recovery Coordinator has relationship with client). A Whole of Person leader conversation will take place before offering WOP management to the client. This will ensure the client will benefit from a change in Recovery Team to manage the physical injury and sensitive claim together.
- If a new Supported claim is received: RTA will allocate this claim to the current Recovery Coordinator

**Note:** If the new claim is received into Supported and there is an SI or S claim in Assisted, these claims will remain separate unless WOP management is appropriate for the client.

Open claims in Partnered:

- If open claim is Partnered MI and the PI claim is not Partnered PI, then the new claim will be allocated to the current MI Recovery Partner.
- If open claim is Partnered PI, then the new claim will be allocated to the current PI Recovery Partner
- If the new claim is a Sensitive Claim you can refer to your leader if you have any concerns regarding the best way to manage the clients claims.

#### **Partnered Mental and Physical Injury Child and Adolescent claims (up to the age of 18 years):**

- RTA follows same process as for claims of adult clients to identify other open claims and alerts current case owners WOP conversation required with Parent / Guardian
- If existing case owner does not have a relationship with client, the receiving Recovery Partner has the WOP conversation with Parent / Guardian
- Partnered MI claim allocated to Recovery Partner who has the skills to work with younger age group clients

**Note:** An Assisted MI claim and an Assisted PI claim, which did not Transition from Partnered Recovery, will remain in Assisted Recovery as two separate / unique claims and do not require the WOP management.

**Note:** If a client has more than two claims in Assisted the Recovery Assistants are required to seek guidance through Recovery Support for consideration of WOP management.

**Note:** If a Supported claim is moved to a Recovery Partner as part of the Whole of Person management approach, this claim will remain with the Recovery Partner until the sensitive claim is closed or transitioned to Assisted MI. At this time, the physical injury claim will be transitioned to the appropriate Recovery Team using the transition claim guidelines, or if appropriate closed.

[Transition Claim | Nintex Promapp®](#)