

Nau mai *Welcome*

Meri Kirihimete! As we near the end of the year, we hope you are able to rest and rejuvenate over summer. In this edition:

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Info & tips from the Sensitive Claims Unit

Your ACC Pānui

Your ACC Pānui is our quarterly update for health service providers about what's happening across ACC, and how we're working with you to achieve the best outcomes for New Zealanders. It doesn't replace these newsletters but will often have information that you and your providers may find relevant and interesting. The [September issue](#), for example, has information about ACC's new Navigation Service.

You can subscribe by emailing YourACCPanui@acc.co.nz.

Operational Guidelines

The ISSC Operational Guidelines have been updated to reflect the recent contract variation. They can be found at www.acc.co.nz under "resources".

Police vetting

There has been some confusion about the requirement for police vetting for all new supplier-authorised persons who will interact with ISSC clients as outlined in the recent contract variation (effective 24 November 2019).

To clarify, this is not a new requirement. ACC's expectation has always been that suppliers carry out police vetting of all new named providers. We have specifically referenced police vetting in this contract variation as we have become aware that some suppliers have not been completing police vetting. This is a requirement for all providers whether they are completing smart approvals or not.

*Please share this newsletter with your providers.
There will be important information for them in each edition.*

There may be other screening processes which are also relevant, however, ACC's expectation is that these would be carried out in addition to police vetting.

The police vetting process takes approx. six weeks, and police will notify the requestor (in this case, the supplier) of any adverse findings. It is then up to the supplier if they wish to investigate further, terminate their relationship with that provider, or submit the provider's application to ACC.

ACC will allow a grace period for the remainder of 2019, however from 2020 we will no longer accept applications without provider police vetting results confirmed.

New ISSC Named Provider Application Forms

Accompanying this newsletter are the new ISSC application forms. Part 1 of these forms have been modified to simplify the application process. Some of the changes are:

- All providers to confirm and submit proof of the APCs and Professional Body Memberships they hold.
- All providers need to declare any adverse findings and conflict of interests
- Supplier to confirm that police vetting for the provider was done and results received before application submitted.
- Removed the complete list of all TAs – only need to give the full base address and the TA where the provider will be working from.

Sections from Part 2 have also been moved to Part 1.

Please ensure you use the new application forms from 7 January 2020. Applications received after this date using the old form will be returned, unprocessed.

Telepsychology Guidelines update

We noticed that we had omitted a very significant "not" from our Telepsychology Guidelines.

Where it used to read:

Telepsychology is to be used with a client who has a specific disorder where it is unlikely that telepsychology would be seen as appropriate.

it now reads:

Telepsychology is not to be used with a client who has a specific disorder where it is unlikely that telepsychology would be seen as appropriate.

If you have downloaded the Guidelines, please disregard them and access the updated Guidelines at www.acc.co.nz, under "Resources".

Cannabis-based medicines

Cannabis-based medicines are not currently registered for use to treat mental health disorders in New Zealand or overseas, and there is a lack of high-quality literature or international guidelines supporting their use.

If a provider believes that ACC should fund a cannabis-based medicine as part of a rehabilitation/recovery plan, they can apply for funding consideration by submitting a completed ACC1171, supporting literature, a current medicine list and clinical reports on treatments and outcomes to date.

However, they should be aware it is unlikely we will approve funding.

Remote Clinic Room Hire

Invoices for Remote Clinic Room hire will only be paid if the use of the space is requested by ACC, or has been discussed and approved in advance.

Using treatment hours for alternative therapies

While there are many therapies that clients may gain some benefit from, we can only fund treatments that are both necessary and appropriate for the covered mental injury.

Requests for alternative therapies will be considered on a case-by-case basis and, if approved, funded at the standard ISSC rates.

If the lead provider plans to work with another provider to deliver additional therapies, this will need to be approved by ACC in advance. The second provider must also be an ISSC treatment provider, and it should be noted that no additional hours will be approved—the hours allocated to the Support to Wellbeing phase will be shared between the providers.

Top-up fees and DNAs

ISSC is a fully-funded service and it is a breach of contract to charge clients top-up fees.

An exception can be made for any non-attendance in excess of the ACC covered DNA provision. This should be reflected in your terms of engagement, and you should let the client, and their supporting representative or family/whānau, know both verbally and in writing at the start of the service about the possibility of being charged for non-attendance.

ACC expects you will not charge more than the agreed ACC fee, and will take the Client's financial situation into consideration.

Address verification and providing documents to clients

We have received questions about why we sometimes ask providers to give documents to clients directly.

Many of our clients have told us they do not want to receive this information at their home or email address, and we err on the side of caution when sending out this material.

While it is helpful when providers note on the engagement form whether the client is happy for ACC to send approval letters to their home address, our privacy policy requires us to confirm with personal information with the client.

The best way to do that is to ask the client to call our 0800 number and verify their address and the best and most secure way of sending them information.

Please note: we have recently had issues with incorrect spelling of client email addresses causing emails to bounce back. Please double-check these details before sending them in.

Personal Wellbeing Index (PWI) and WHODAS-2.0

ACC has developed videos to demonstrate how [WHODAS 2.0](#) and [PWI](#) can be used clinically to gain information for treatment planning, and how to score and report the scores.

The **WHODAS-2.0** should be used during the Supported Assessment phase or with the Wellbeing Plan for returning clients, and again at the completion of Support to Wellbeing, and for a Treatment Review Assessment.

The **PWI** should be used for Early Planning or for returning clients with the Wellbeing Plan, and in the Support to Wellbeing (including-short term) completion report.

It is important these assessments are scored and reported correctly as ACC uses the aggregated information from them to monitor how effective the ISSC is in assisting client recovery and could form part of the rationale for any expansions of the service.

If in your practise you use other well-being assessment tools, for example *Tihei-wa Mauri Ora: Indigenous Resource* (Piripi and Body, 2010), you can use this to administer the PWI with your client and translate into the PWI scoring scale for your reporting to ACC.

Supported Assessment Forms

We have made slight changes to the Supported Assessment forms. Updated versions are available on www.acc.co.nz.

Making treatment recommendations and managing client expectations

Careful management of client expectations when making treatment recommendations can reduce disappointment where ACC cannot fund the services due to legislative issues, or where there is a lack of availability. For example:

- Adjunctive treatments, such as Trauma Sensitive Yoga and Equine Therapy can only be provided by ACC registered providers / groupwork providers and are not widely available in all areas.
- ACC does not fund massage therapy at all, and physiotherapy (which will only be considered in instances where there is a covered physical injury) is not fully-funded, so clients may be charged a co-payment.
- Breathing Therapy can only be provided by an ACC registered provider who is specifically qualified to provide trauma-based therapy, such as a counsellor, psychotherapist, psychologist or psychiatrist. ACC will no longer be approving physiotherapists to do this work.

Finally, when making recommendations for treatment please consider the individual's unique circumstances, including their current therapy, work, and childcare commitments, as well their geographical location and access to transport, in addition to their psychological functioning.

Supporting our clients in the right way, at the right time

As you will be aware, ACC is changing the way we support some of our clients through their recovery.

Clients with sensitive claims will continue to access a single, dedicated recovery partner who is trained to provide individualised recovery support.

However, some clients find once they are in active treatment their need for contact with ACC reduces and their needs can be met by a small team of dedicated specialist Recovery Assistants. This approach has advantages such as quicker responses to questions, requests and approvals for services.

Before any change is made to the mode of client support, we'll have a conversation with the client and their lead provider to ensure that they are comfortable with this approach.

Our model is flexible, and we can change the levels of support for our clients in line with their changing recovery needs. Any changes will be discussed in advance with the client and their lead provider.

It's important to note that in the areas where our new way of supporting our clients has been introduced (Timaru, Dunedin, Alexandra, and Invercargill), a client may choose to be managed outside of their local team. You can note this request in the free text box when you lodge the engagement form.

We recently held a couple of webinars to discuss these changes. Thank you to all those who gave up their time to attend and submit questions. Anyone who would like to view the webinars will need to register via:

[December 3 2019 webinar link](#)

[December 10 2019 webinar link](#)

You can send any further questions to mentalhealth@acc.co.nz.

More information about our new way of supporting client recovery can be found on the ACC [website](#).

We will hold more webinars as we continue the roll-out of our new way of working across the country.

Profile: Al-Anon Family

We are profiling a new organisation each quarter. In this edition we're focussing on Al-Anon Family. If you would like to nominate an organisation or supplier to be profiled, or you would like to be profiled, send an email to mentalhealth@acc.co.nz.

Al-Anon Family Groups has but one purpose: to help friends and families of alcoholics. We do this by practicing a Twelve Step program, welcoming and giving comfort to families of alcoholics and giving understanding and encouragement to the alcoholic. We believe that alcoholism is a family illness and that changed attitudes can aid recovery.

We are a nationwide fellowship and have numerous meetings around New Zealand. We can also assist by:

- Supplying you with literature and other resources
- Connecting you with local people who can meet and assist someone who wishes to attend a meeting, however, feels fearful and anxious in doing so.
- Contacting a person who is thinking of coming to a meeting and wants to know about our fellowship and what to expect.
- Providing speakers for group meetings; both of people struggling with addiction, and of friends and families of people struggling with addiction.
- Providing speakers at your organisation, to increase awareness of our fellowship.

While our primary purpose is to help friends and families who have been affected by someone else's drinking, we are also filling a gap that exists in support for families that have been affected by other addictions. We are finding that more families are turning to Al-Anon Family groups for help, and dual addiction is becoming more prevalent in New Zealand. While, in some cases, drugs may be the reason for someone reaching out for help from our fellowship in the first instance, inevitably we find that alcoholism has also played a large part in their lives.

Information on our meetings and our contact details can be found [here](#).

We look forward to assisting you in any way we can.

Spotlight: Pain Management Service

The Pain Management Service provides specialist clinical treatment, support and education to clients who have persistent pain or are at risk of developing persistent pain as a result of their covered injury. The client does not have to have a pain-related covered injury.

The Service is provided by a range of health professionals, including physiotherapists, occupational therapists, psychologists and medical specialists working under a lead supplier, and aims to reduce the impact of pain following an injury through:

- a biopsychosocial model that considers the client's individual needs, goals and context.
- a coordinated multidisciplinary approach to service delivery, taking into consideration other treatment and rehabilitation services being provided.
- education to help clients understand and self-manage their pain.

If you believe your client would benefit from this service, please notify the client's GP or ACC Recovery Team member.

Supplier Days 2020

By now you should have received an invite to the 2020 Supplier Days. The days will be held around the country over February and March 2020. There will be information for suppliers, providers and administrators, and will be a chance for you to give us feedback and ask questions.

We will also provide an update on ACC's plan for service continuity leading up to the November 2020 contract expiry date. We are currently working through the detailed process for contract continuation with existing suppliers.

Date (2020)	Day	Location
10 Feb	Monday	Hamilton
12 Feb	Wednesday	Tauranga
14 Feb	Friday	Rotorua
17 Feb	Monday	Gisborne
19 Feb	Wednesday	Hastings
21 Feb	Friday	Masterton
24 Feb	Monday	New Plymouth
26 Feb	Wednesday	Whanganui
27 Feb	Thursday	Palmerston North
2 Mar	Monday	Whangarei
4 Mar	Wednesday	Newmarket
5 Mar	Thursday	Henderson
6 Mar	Friday	Counties-Manakau
9 Mar	Monday	Nelson
11 Mar	Wednesday	Timaru
17 Mar	Tuesday	Invercargill
18 Mar	Wednesday	Christchurch
20 Mar	Friday	Dunedin
23 Mar	Monday	Wellington

Thank you to those who have already replied with numbers of people attending. If you haven't already, please email mentalhealth@acc.co.nz with an estimate of people attending from your organisation. We will confirm details for each region in the new year.

Psychology Advisor Hotline

The Psychology Advisor Hotline (09 354 8425) is available if you have any clinical-related questions.

Questions about contractual issues such as payments, purchase orders or number of sessions can be directed to Recovery Team Members (or Service Co-ordinators).

We are planning monthly teleconferences with Psychology Advisors. More information will be made available in the new year.

Quarterly reporting

Quarterly reports for September to November 2019 are due now. The survey link is available [here](#). Reports received after the 20th will be considered late. If there are genuine issues causing delay [contact your local EPM](#)

Here are a few key highlights from the June to August 2019 report:

- 6,547 referrals were received over the quarter—a 10% increase compared to the previous quarter.
- 44% were self-referrals from clients, 22% came from ACC, 7% from other suppliers and 5% from GPs/Primary Care—similar to the previous three quarters.
- A total of 991 clients were referred on to other services (up 11% from the last quarter), primarily to community services (28%)—a change from last quarter, where most clients were referred to GPs/Primary Care (24% this quarter).
- 28% of suppliers say they have a client waitlist, up 2% from last quarter. Clients on waitlists were reported to wait for an average of six weeks, down from 13 weeks last quarter.
- There are clients on waitlists in about half of all Territorial Authorities (TAs), and suppliers in almost all TAs who indicate they have capacity to see clients.

We would like to stress the importance of networking with other suppliers in your area to support clients to find a suitable provider if there is no-one available within your own teams. Please visit findsupport.co.nz for details.

Over the Christmas period

- Named provider applications will be processed up until 18 December 2019. Any received after this date will be processed from 7 January 2020.
- If you are not going to be available at any time over the Christmas period, please let the Sensitive Claims Unit know by emailing the dates you are unavailable to sensitiveclaims@acc.co.nz.
- The Sensitive Claims Unit will be open over Christmas apart from the statutory holidays. There will be less staff over this time, so please be mindful of this.
- Portfolio will be away from 23 December 2019 until 6 January 2020.

Key Contacts

Sam Nelson – Team Manager Triage	(04) 816 5477 sam.nelson2@acc.co.nz
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Chelsea Brouwers – Team Manager Administration	(04) 816 5562 chelsea.brouwers@acc.co.nz
Tamara Wetere – Team Manager Child & Adolescent team	(04) 8165957 tamara.wetere@acc.co.nz
Lorraine Anderson – Team Manager Child & Adolescent team	(04) 816 7370 lorraine.anderson@acc.co.nz
Kristy Feek – Team Manager	(04) 816 5868 Kristy.feek@acc.co.nz
Ruth Lloyd – Team Manager Treatment Only	(04) 816 5681 ruth.lloyd@acc.co.nz
Colin Sharp – Team Manager Adult team	(04) 816 6366 colin.sharp@acc.co.nz
Meredith Willis – Team Manager	(04) 816 5941 Meredith.willis@acc.co.nz
Lisa Tod - Team Manager Adult team	(04) 816 6527 lisa.tod@acc.co.nz
Stuart Knight – Team Manager Rehabilitation Team	(04) 816 7281 stuart.knight@acc.co.nz
Jeremy Ollington – Centre Support Manager	(07) 859 8132 Jeremy.ollington@acc.co.nz
Jennifer Linney – Manager, Sensitive Claims	(04) 816 7334 Jennifer.linney@acc.co.nz
Trish Fredericksen - Client Service Leader for Partnered Recovery	(03) 440 0222 Trish.Fredericksen@acc.co.nz
Tracey Hood – Complex Mental Injury Team Leader	(03) 470 5730 Tracey.Hood@acc.co.nz
Michelle Groenendal - Complex Mental Injury Team Leader	(03) 470 5896 Michelle.Groenendal@acc.co.nz
For reports	sensitiveclaimsproviderreports@acc.co.nz
For general queries	sensitiveclaims@acc.co.nz
Psychology Advisor Hotline	(09) 354 8425

To update contractual and referral information please email health.procurement@acc.co.nz.

If you need to contact the Portfolio team (including queries about the newsletter and reporting link), please email mentalhealth@acc.co.nz. If you have any queries or feedback, or ideas for what you would like to see included in the next newsletter, we would love to hear from you.