



Summary

Objective

To assess and arrange Neuropsychological assessment requests to support a client's covered injury.

These requests are managed directly by Recovery Team Members.

Background

The neuropsychological assessment service aims to:

- confirm the existence of traumatic brain injury (TBI) and determine how the client is affected by the TBI
- confirm whether the client's symptoms have been caused by the injury or if there may be other possible causes
- provide recommendations for intervention, if appropriate.

Assessments look at the client's cognitive, behavioural, emotional, social and vocational functioning.

Owner [Out of Scope]

Expert

Procedure

1.0 Receive assessment request

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Assess the request for a Neuropsychological Assessment, refer to Neuropsychological Assessment Overview Service Page for more information on the assessment.

- Neuropsychological Assessment Overview Service Page
- Neuropsychological assessment overview
<https://go.promapp.com/accnz/Process/8ce3affe-0691>

NOTE What if the request involves a change or update in the client's diagnosis or covered injury?

Refer to the process below.

- PROCESS** Assess Cover for an Additional Injury or Change in Diagnosis

2.0 Determine need for assessment

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Confirm the client's eligibility for the assessment.

NOTE What is the eligibility criteria for a Neuropsychological assessment?

A client is eligible for a neuropsychological assessment when they've suffered a covered personal physical injury for which they have entitlement. See the AC Act 2001, Section 67 for more information.

- AC Act 2001, Section 67
<https://legislation.govt.nz/act/public/2001/0049/latest/>

NOTE What do you need to consider when the entitlement request is received and deemed cover exists?

Refer to the Deemed Cover and Entitlements Policy for considerations to determine client entitlement eligibility while in deemed cover period.

- Deemed Cover and Entitlements Policy

NOTE What if further guidance is needed to determine if an assessment is needed?

Refer to Seek Internal Guidance.

- PROCESS** Seek Internal Guidance

- b** Approve or decline the request. Refer to NG Principles Decision Making.

- NG Principles Decision Making

3.0 Contact client or family to discuss assessment

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Contact the client to discuss the need for a Neuropsychological Assessment.

- b** Confirm you are speaking with the right person by asking ACC's identity check questions. If this is not the client, ensure the requestor has an Authority to Act on file.

- Identity Check Policy

NOTE What if the client requests the Recovery Team Member to discuss the treatment request with another person?

Go to Obtain Authority to Act (ATA).

- PROCESS** Obtain Authority to Act (ATA)

- c** Explain the purpose of the assessment, and what their rights and responsibilities are.

- Client Legislative Rights and Responsibilities Policy

NOTE What if the client has a preferred provider?

If the client has a preference, load the provider and their vendor as a participant. Ensure the vendor and provider are contracted for this service by using the Geographic Location search. This enables Recovery Administration to validate the email and then email the purchase order directly from Eos if required.

- The Recovery Team Member must ensure all known participants are loaded on the file and then removed when no longer relevant. For information on how to manage participants, refer to Manage Participants (Eos Online Help).

- Manage Participants (Eos Online Help)

- Client choice of providers Policy

- d** Check the client has provided consent to collect and share information.

- View Client Consent

NOTE What if the client has not provided consent?


Go to Obtain Client Authority to Collect Information.

- PROCESS** Obtain Client Authority to Collect Information

- e** In Salesforce, record the details of the discussion with the client as a contact.

NOTE What do you have to do to document your decision?

Refer to Issue Recovery Decision process.

 **PROCESS** Issue Recovery Decision


NOTE What if the request is declined?

Generate the SPD999 decision letter and create an NGCM - Send Letter task.

f Add the Neuropsychological Assessment action as an agreed intervention to the Recovery Plan.

NOTE How do you update the Recovery Plan?


Go to Create or Update Recovery Plan.

 **PROCESS** Create or Update Recovery Plan

g Contact the client's GP or relevant specialist (if necessary) to request relevant medical information needed to assess the assessment request, refer to the process below.

NOTE How do you request medical records?

Refer to Request Clinical Records.

 **PROCESS** Request Clinical Records

NOTE What if you find information that needs to be redacted?

Send an email to Recovery Administration (recoveryadmin@acc.co.nz) and include the document to be redacted plus your redaction instructions, before adding the document to the document group.

 NGCM - Redact information from PDF documents

c Add the documents to the group.


NOTE What if there are documents from other claims that are relevant to the assessment?

When a request for a referral is required and the supporting documents are on another claim, it is important to transfer the documents to the relevant claim. This will ensure the right documents support the recovery decisions for each claim. To transfer documents from one claim to another:

- Create a bulk print of all documents on the other relevant claim and complete mandatory fields and description
- Open PDF document from email link
- File the PDF away to the relevant claim
- Repeat these steps if there is relevant documents on multiple relevant claims

The PDF should also be renamed something short but relevant, and identify which claim number the information came from, so it is included/printed in further referrals or copy files eg. Medical records and reports from claim: 100XXXXXXXX

Do not create a bulk print on one claim and then move it to another claim, renaming it and using it in a referral for advice as it will not appear in any file copy subsequently used.

 Manage document groups

d At Recovery Plan level, select Add Activity and select NGCM - Manage Referral task.

 Creating Manage Referral Tasks - System Steps

NOTE What information do you need to include in the task/e-form?

Refer to the 'Manage Referral Task Templates document'

 Manage Referral Task Templates


NOTE What are the NP104 Standard questions to be included?

- a. Provide a summary of injury and medical history as well as all other personal history of relevance
- b. Fully assess cognitive and psychological/affective functioning, incorporating named measures of performance and symptom validity
- c. Provide a detailed, balanced clinical opinion on causation of any cognitive or psychological symptoms/difficulties identified, including discussion of injury versus non-injury factors
- d. Provide your opinion on whether or not there is/are any residual cognitive or other difficulty/ies related to the index event and the functional impact/s of those difficulties
- e. Provide your recommendations for any additional assessment/s required
- f. Provide your recommendations for ongoing input required and the appropriate avenues for accessing this

4.0 Request assessment referral

Cover Assessor, Recovery Assistant, Recovery Coordinator, Recovery Partner

a In Eos, create a referral-specific document group and name it 'Neuropsychological Assessment'. Refer to the system steps below for further guidance.

 Manage document groups

NOTE What documents need to be included?


- A recent medical certificate
- ACC6300 or ACC6300D Authority to Collect medical and other Records. NOTE: If verbal consent was provided note this is in the task eform for Recovery Admin
- Any clinical advisor comments
- Relevant clinical notes
- Any relevant reports, ie medical, psychological, counselling reports

Refer to the Neuropsychological assessment referral page below for more information

 **PROCESS** Neuropsychological Assessment Referrals Service Page

NOTE What if you don't have the information to complete the referral?

Request the information needed.

 **PROCESS** Request Clinical Records

b Perform privacy checks on documents.


 Privacy Check Before Disclosing Information Policy

NOTE What do you need to check?

Check documents:




- are relevant to the referral
- do not contain any third party information
- do not contain any other information that needs to be withheld.

For details on what checks you need to complete before sending documents out, refer to NG SUPPORTING INFORMATION Inbound and Outbound Document Checks.

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

NOTE How do you refer a task to Recovery Administration?

Refer to Referring Tasks to Recovery Administration - Principles for further information and guidance.

-  Contracted Suppliers by Geographic Area of Coverage
-  Service Contracts and Contracted Providers - MFP spreadsheet
-  Referring Tasks to Recovery Administration - Principles

NOTE What do you do if Mental Injury Claim Information needs to be sent with a referral from a Physical Injury Claim?


In Eos, manually transfer the Referral Task generated to the Recovery Administration department with the Sensitive Claims Administrator Role.

If Complex Mental Injury reports need to be sent with the referral and there is an open claim, the Recovery Partner can be contacted directly to arrange this. If there is not an open claim, you will need to send a task through to the Partnered Recovery queue for allocation to a Recovery Partner who can help.

NOTE What if your client has a Care indicator?

You need to clearly outline this in the e-form.

Refer to the 'Disclosure of care indicator information to third parties' policy below for more information on how information is disclosed.

-  Disclosure of Care Indicator Information to Third Parties Policy

NOTE What if the request is urgent and needs to be completed that day?

- Call Recovery Administration
- Give the Recovery Administrator who answers the call the claim number
- The Recovery Administrator will open the claim in Eos and find the task on the claim
- Transfer the task into the Recovery Administrator's name. This will move it to their personal Eos queue and stop it from being reallocated by Salesforce.

NOTE What if the request is required in the future?

If the request is required in the future, set a reminder task for the future date when the service will be required. When the reminder task comes up send a task to Recovery Administration to continue with the process. Consider the contract timeframes and SLAs as specified in the service page

NOTE What are the SLAs?

The referral tasks route to the Recovery Administration team with an SLA of 24 hours.

NOTE What if you need to seek vendor availability?

Within the task, note if applicable:

- Availability for telehealth or preference for face sessions, or openness to both
- How far can the client travel
- Provider gender preference
- Additional provider skills, specialties or experiences? (EDMR/CBT, paediatrics, experience with prisoners)


Advise in task if you require Admin to advise of positive Vendor responses, prior to sending referral to next best available Vendor.

5.0 Review task**Recovery Administrator**

- a Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.
- b Review the tasks to ensure it has the required information to complete the referral form

NOTE What if you don't have all the information you need

If required information is missing from the task, or you need guidance on working within the Administration Team, refer to the link below




-  NG PRINCIPLES Working in the Administration Team

6.0 Confirm availability of provider**Recovery Administrator**

- a Identify and select the vendor as specified in the task.




NOTE What if no vendor is specified in the task?

Refer to Client Admin - Finding Providers System Steps

-  Client Admin - Finding Providers System Steps
 -  Contracted Suppliers by Geographic Area of Coverage
- b Add the vendor as a participant on the claim.
 -  Add a participant

7.0 Create purchase order**Recovery Administrator**

- a In Eos, generate a purchase order for the specified referral. Refer to the document below to confirm what information is needed for the purchase order.

-  Creating purchase orders using general + QE
-  Purchase Order - Handy Hints on how to create and edit POs
-  [Purchase Order Details - Neuropsychological Assessment.docx](#)

NOTE What if a vendor has not been specified?

If no vendor has been specified, select an appropriate contracted vendor for the referral type and client's geographic area.


-  Manage Participants (Eos Online Help)

- b Approve the purchase order.

NOTE What if the purchase order requires a higher delegation?

Save the purchase order. Create and send a Request Authorisation task to a Recovery Leader for a purchase order approval.



Refer to the link below.

-  Request Authorisation for a Purchase Order - System Steps


8.0 Create and send referral documents**Recovery Administrator**

- a Create the referral for a Neuropsychological assessment documents: ACC110 referral to the Vendor and the NPS01 Referral to the client.

- b** Populate the ACC110 with information noted on the referral task and include the NP104 standard questions. Ensure you have checked that all the relevant information within the task has been captured.

-  Admin Template - ACC110 Neuropsychological Assessment Referral - vendor
-  Admin Template - NPS01 Neuropsychological assessment - Client


- c** Complete the document (to convert the document into a non-editable pdf).
- d** Link the referral document to the document group already created.
- e** Perform privacy checks using Inbound and Outbound Document Checks.

-  NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

NOTE What if the document group contains an old e-form?



Convert the e-form to PDF so it can be emailed by Eos.

Refer to the System Steps link below for further information and guidance on how to convert an e-form to PDF.


-  Convert an Internal Referral e-form to a PDF document.

NOTE What if the referral contains sensitive personal information?

If the referral contains unnecessary sensitive personal information, refer to NG PRINCIPLES Working in the Administration Team, for information and guidance on redactions, password protecting documents and sending passwords to providers.

-  NG PRINCIPLES Working in the Administration Team
-  Sending docs to providers.docx


- f** Create an email to the provider using the Requests and referrals template, attach the referral and document group and select the most appropriate email address (commonly listed under General Purchasing).

-  NGCM - FINAL Emailing from Eos using a Template - System Steps

- g** Send the referral to the provider.

NOTE What if the provider requires the documents to be sent via courier?


Go to Prepare and Send Client Information by Courier process.

-  **PROCESS** Prepare and Send Client Information by Courier

- h** Check the client's preferred communication channel (SMS, email, etc), and if the client has a safe contact (if this has not been included in the referral task).

NOTE How do I confirm if the client has a safe contact?

Refer to the process below

-  View a safe contact (Eos Online Help)

- i** Send the NPS01 Neuropsychological Assessment referral letter to the client.

NOTE How do you send a notification to a client?

Refer to the system steps below.

-  Create a Notification - System Steps

- j** In Salesforce, close the assigned referral task.

9.0 Receive and review Assessment Report

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Review the Neuropsychological Assessment report (NP104).

NOTE What should you be checking in the report?


Check the following:

- All sections of the report are completed
- Injury, client and Provider details are correct
- Diagnoses (if relevant) are clearly stated
- An explanation for the development of the symptoms and the causal link to the injury event
- There are clear, logical and practical treatment recommendations

NOTE What if the client fails to attend and/or participate in the Neuropsychological Assessment?

If the client fails to attend or take part in the assessment, you should find out why.

In some cases you may need to decline or stop entitlements/supports.

-  **PROCESS** Manage Non-Compliance

- b** Determine the next steps based on the recommendations in the report.

NOTE When should you seek internal clinical guidance?

If the following criteria are met, consider following the assessor's advice without seeking internal clinical comment:

1. The client has cover for a moderate or severe traumatic brain injury (TBI), and
2. The neuropsychological assessor is not recommending any additional covered injury, and
3. You do not have any concerns regarding the report's conclusions or recommendations.


If the following criteria are met, consider seeking internal clinical advice from a Psychology Advisor via the hotline:

1. You are unsure regarding aspects of the conclusions or recommendations of the neuropsychological assessment report, or
2. The neuropsychological assessor has raised concerns regarding risk, issues or client vulnerability.

If the following criteria are met, consider seeking internal clinical advice from a Psychology Advisor via written guidance:

1. The client has a suspected or covered mild traumatic brain injury (concussion) sustained more than six months ago, and
2. The neuropsychological assessor has concluded that the client has injury-related cognitive impairment, or
3. The neuropsychological assessor has suggested that the client may be entitled to cover for an additional condition (e.g. a mental injury).

Go to the Seek Internal Guidance process, if clinical guidance is required.

-  **PROCESS** Seek Internal Guidance

NOTE What if you're considering suspending entitlement(s)?

In cases of Complex Mental Injury/Traumatic Brain Injury consider obtaining Psychology Advisor and/or Medical Advisor guidance before suspending entitlements. Refer to the 'Seek Internal Guidance' process for details on how to do this.

 **PROCESS** Seek Internal Guidance

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Summary

Objective

The neuropsychological assessment service aims to:

- confirm the existence of traumatic brain injury (TBI) and determine how the client is affected by the TBI
- confirm whether the client's symptoms have been caused by the injury or if there may be other possible causes
- provide recommendations for intervention, if appropriate.

Assessments look at the client's cognitive, behavioural and emotional, and social and vocational functioning.

Owner

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Expert

Procedure

1.0 Who is this service for?

- a** A client is eligible for a neuropsychological assessment when they've suffered a covered personal injury for which they have entitlement. See the AC Act 2001, Section 67 for more information.

AC Act 2001, Section 67
<https://www.westlaw.co.nz/maf/wlnz/app/authenticatic>

2.0 Qualifications

- a** The neuropsychological report must be signed by a trained and ACC-contracted neuropsychology provider.
- b** Trainees
 Trainee neuropsychologists may do a neuropsychological assessment and report. Their supervising neuropsychologist must be a named provider and ensure the trainee meets the criteria in the contract.

If a neuropsychological provider doesn't have the experience to be a named provider they can do the assessment as long as they meet the following criteria:

- they're a registered psychologist in NZ with a clinical scope of practice
- they hold a current Annual Practising Certificate with the NZ Psychologists Board
- they're a current member of at least one of the following:
 - NZPS Institute of Clinical Psychology
 - NZ College of Clinical Psychologists
 - an international Neuropsychological Society acceptable to ACC
- they have successfully completed a university based postgraduate course in clinical neuropsychology.

3.0 Service details

- Neuropsychological assessments
<https://go.promapp.com/accnz/Process/d50e5fb0-34f>
- Neuropsychological assessment referrals
<https://go.promapp.com/accnz/Process/c276e516-2c5>

4.0 Timeframes

- a** The service provider must meet the timeframes shown below. If they can't meet any of the required timeframes they should advise the claims management staff member within the same timeframe.
- The Supplier contacts the Client to arrange an appointment for an assessment within 5 Business Days of receiving the referral
 - The Service Provider initiates the Assessment within 15 Business Days of the Client being contacted
 - Once the Assessment is initiated, the Service Provider completes the Assessment within 15 Business Days
 - The Service Provider completes the Client Feedback Session within 10 Business Days of completing the assessment
 - The Neuropsychological Assessment Report is sent to ACC within 15 Business Days of completing the Assessment

Summary

Objective

Guidelines for Making Neuropsychological Assessment Referrals (NP104)

Owner


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Procedure

1.0 About referrals

- a** • There needs to be a clear and valid reason for referring for a neuropsychological assessment as these assessments are time consuming for clients and relatively costly for ACC.
 - Where case owners have established that a neuropsychological assessment is necessary and appropriate for a client with cover for traumatic brain injury, there is no need to refer for Psychology Advisor (PA) comment prior to making the referral. Standard questions/requests are suggested below, under 'Making the referral' (4.0). In practice, most experienced neuropsychological assessors are familiar with the areas that need to be assessed.
 - If cover for traumatic brain injury has not yet been established, and a neuropsychological assessment has been recommended as part of the cover investigations, psychology advice should be sought via the PA Hotline in the first instance.
 - For clients who have sustained moderate to severe traumatic brain injuries, referral for a neuropsychological assessment would usually occur no sooner than six months' post-injury. The aim is to identify those longer-term enduring cognitive, behavioural and emotional difficulties which need targeting in rehabilitation. However, there may be times when an assessment may occur earlier than six months' post-injury, such as when a client has made a rapid recovery and wants to return to employment.
 - While there is no need to involve a Psychology Advisor when considering a first neuropsychological assessment, Psychology Advisors should be consulted via the Hotline when case owners are considering a neuropsychological re-assessment, to ensure that the timing is appropriate.
 - If a referral is made directly to the service provider, ie not by the case owner, the provider must get the case owner's approval before starting any part of the assessment.
 - We do not pay a provider if they don't have prior approval.
 - All referrals must be in writing.
 - The assessment must be arranged and carried out within expected timeframes. Refer to Neuropsychological Assessment Overview Service Page (1.0 Who is this service for? and 4.0 Timeframes).

 [Neuropsychological Assessment Overview Service Page](#)

 [Psychology Advisors \(PAs\) Team Space](#)

 [Neuropsychological Assessment Overview Service Page](#)

b Additional Considerations in Assessments of Children/Adolescents:


Case owners can refer for neuropsychological assessment when clients (or parents/guardians) are concerned about cognitive, behavioural and/or emotional difficulties that are impacting on recovery and/or return to school and/or where the provider has recommended the assessment.

The neuropsychological assessment with children/adolescents aims to:

- a) Confirm the existence of traumatic brain injury (TBI) and determine how the client is affected by the TBI.
- b) Clarify the possible role of brain injury related cognitive difficulties in presenting behavioural and/or emotional concerns.
- c) Provide a re-assessment to track recovery/ cognitive development
- d) Provide recommendations for intervention (or any changes in the existing rehabilitation plans), if appropriate.

2.0 Choosing a provider

- a** Approved neuropsychological assessment providers can be found on the list linked below.

 [Contracted Suppliers by Geographic Area of Coverage](#)

3.0 Service location

- a** Assessment venues are specified in the individual provider's contract. Alternative venues may be used with the prior approval of the case owner.
 - If the case owner asks the provider to assess a client in a different location from the provider's usual place of practice, the provider may invoice ACC for travel time, kilometres travelled, and the cost of room hire, as set out in the contract in Part A, Clause 4
 - You must direct clients to the nearest approved provider location. If a client needs to travel to the appointment, see Non-emergency transport for guidelines on reimbursing for travel.

NOTE When can Telehealth be used to provide services?

Services can be delivered by Telehealth, where clinically appropriate. Telehealth Services must:

- have client or authorised representative consent (recorded in the clinical notes), and with the option of an in-person meeting if the client prefers
- be preceded by an initial risk assessment to ensure client safety
- meet the same required standards of care provided through an in-person consultation
- have clinical records that meet ACC and professional body requirements
- meet the requirements outlined in the standards/guidelines of the New Zealand Psychologist's Board
- If there is a difference between the regulatory body statements and what is stated in this contract, then the contract conditions take precedence
- have both the client receiving the Telehealth service, and the provider delivering the Telehealth service, physically present in New Zealand and at the time the service is provided.

The 'Alias Code' for Telehealth Services is NP104T

4.0 Making the referral

- a** The case owner sends the referral document (ACC110) to the contracted service provider, along with all relevant information, such as GP notes, hospital records including: ambulance records, hospital admission report/s, any daily hospital progress notes (usually hand-written records) when available, hospital discharge report/s, imaging (CTI MRI scan) findings, rehabilitation progress reports, Concussion Clinic notes, counselling, psychological and psychiatric assessment and intervention/treatment reports, vocational and other medical reports. Relevant pre-injury GP/mental health notes for a period of 2 years pre-dating the head injury up to present should be accessed and included with the neuropsychology assessment referral.

Note: GP notes should include mental health concerns (e.g. symptoms of low mood, depression, anxiety, trauma, stress, and other non-specific symptoms such as headache, fatigue), head injuries/brain injuries, persistent/chronic pain and unexplained medical symptoms. Internal clinical guidance transcripts related to the head injury should also be sent, along with a summary of other head/brain injury/concussion, mental injury, and sensitive claims and relevant records for those claims. It is important to obtain client consent to share the sensitive claim information.

- Provide the reason for referral so that the provider knows exactly why the referral is being made. If there are complexities present, please outline what these are. It is important that the assessor has a comprehensive understanding of the client and any risks/complexities which are present. Risks include risk of harm to the client or other people (such as providers), such as aggressive behaviour. Complexities might include multiple head injury claims associated with persisting impairment, the presence of mental injury, or claims with a history of external reviews.


- There is one purchase order code – NP104. The maximum of 16 hours should be entered in the purchase order as the neuropsychologist only bills for the number of hours actually used.


- Please see below suggested questions and areas of focus for neuropsychological assessments for both adults and young people. It is important to look carefully at the areas of focus to determine whether they are relevant for the client in question and to establish whether any further information is required from the assessor.

- All neuropsychological assessment reports need to be reviewed by the Psychology Advisors.


NOTE What if you need to request medical or clinical records

Go to Request Clinical Records process

 **PROCESS** Request Clinical Records

 ACC110 Neuropsychological assessment referral – vendor


- b** Send NPS01 to the client to advise that the provider will be in contact.

 NPS01 Neuropsychological assessment request - claimant letter

C Areas of Focus to include in Neuropsychological Referrals:

Case owners can request that providers carry out a neuropsychological assessment incorporating the following requests:

- a) Provide a summary of injury and medical history as well as all other personal history of relevance
- b) Fully assess cognitive and psychological/affective functioning, incorporating named measures of performance and symptom validity
- c) Provide a detailed, balanced clinical opinion on causation of any cognitive or psychological symptoms/difficulties identified, including discussion of injury versus non-injury factors
- d) Opinion on whether or not there is/are any residual cognitive or other difficulty/ies related to the index event and the functional impact/s of those difficulties
- e) Provide your recommendations for any additional assessment/s required
- f) Provide your recommendations for ongoing input required and the appropriate avenues for accessing this

 **PROCESS** **Assess and Arrange Neuropsychological Assessment**

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Summary

Objective

The Concussion Service is flexible service and can be adapted to client needs.

The provider will assess and triage the client to determine their rehabilitation needs. In consultation with the client, the provider and ACC will agree on the appropriate services for the client's rehabilitation.

Owner

[Out of Scope]

Expert

Procedure

1.0 Case Reviews

- a** All clients who are referred to the Concussion Service must receive the following services:
- Education about Concussion
 - A case review by a medical specialist
 - A case review by a clinical neuropsychologist.

The case reviews allow the medical specialist and the neuropsychologist to conduct a preliminary review of the client's clinical history, any risks that may hinder the client's recovery, and to determine whether they need to see the client face to face. (The case reviews may be conducted solely on the referral documentation provided) and a decision could be made to:

- confirm diagnosis and recommend further assessment and treatment within the concussion service
- decline the client
- recommend the client be referred to other services
- other recommendations which the provider will discuss with the case owner.

2.0 Assessment of therapy needs

- a** The client's needs should be assessed throughout the rehabilitation. Clinical assessments are completed by professionals working in their scope of practice and within the interdisciplinary team.

- b** Where clients are assessed as needing more services that are available under the concussion services, a referral to Training for Independence - Traumatic Brain Injury (TI-TBI) should be made as early as possible. In this situation, please keep the following in mind:

- Clients who have been identified as having more complex needs should be discharged from the Concussion Service and referred to other services such as: Clinical Services, Neuropsychology contract, Training for Independence (TBI) or other appropriate services. Providers will notify ACC of this decision via the ACC884 Client Summary Form.

- Providers should only recommend that a client stay in the Concussion Service if they feel they can achieve an outcome within the maximum funding limit. If during the assessment phase the providers feel that the clients needs are too complex to be able to achieve an outcome within this service they should be discharging client out of the Concussion Service at that time and no further treatment and rehabilitation should be undertaken or invoiced for under the Concussion Service.

- Where a recommendation has been made for a client to exit the concussion service and be referred for a Training for Independence program, no further treatment should be invoiced for under the Concussion Contract. The only exception to this is if the client still requires a Neuropsychological Screen. In this instance, the Concussion supplier can keep the client's file open until the screen has been completed then invoice for the Neuropsychological Screen (TBI23) accordingly.

3.0 Clinical History

- a** The service item 'Education and assessment' (TBI21 or TBI31) requires the provider to gather both clinical and the psycho-social background of the client. It is important that the provider collects all information about the client that may be relevant to their rehabilitation and recovery, including:

- GP clinical notes, specifically about prior brain injuries and other health issues such as depression, mental illness etc up to five years previous
- any clinical notes from Te Whatu Ora District hospitals (previously DHBs) acute services such as emergency department, wards etc
- work or education information, to help assess the cognitive demands on the client throughout the recovery
- family composition and responsibilities, to help assess any stressors that may hinder recover and where ACC may need to provide supports
- social background, to identify any underlying social issues that may hinder recovery

4.0 Requesting Clinical notes from GPs and DHBs

- a The provider can pay and reclaim from ACC costs associated with the obtaining of the clinical notes using COPY. The maximum is \$30.

When a Concussion Service provider:

- is a DHB and they obtain up to 5 years of GP client notes and are billed by the GP they can be reimbursed by ACC billing COPY
- is a DHB and they review up to 5 years of DHB notes they can cannot bill ACC as they have not incurred a cost, unless a copy of those notes are requested by ACC as which point ACC will pay the normal charges.
- is not a DHB and they obtain up to 5 years of GP client notes and are billed by the GP they can be reimbursed by ACC billing COPY obtains client notes but is not billed the provider cannot seek reimbursement.
- obtains client notes but is not billed the provider cannot seek reimbursement.

5.0 Assessment

- a The supplier will submit the ACC884 Concussion service client summary form when all the assessments are completed and will make recommendations on the way forward. Prior to this the case owner can expect to be kept updated on the client's progress where appropriate via email and phone.
- b When the Assessment, Education and Triage stage has been completed and if the Supplier requests further services via the ACC884 - The purchase order will need to be updated. See table below

Treatment and Rehabilitation (services as appropriate to meet the injury related needs of the client)			
Code	Service item	Hours	Load onto the purchase order (if requested in ACC884 and as appropriate)
TBI26	Allied health or nurse therapy session	8 max	YES
TBI27	Psychological consultation	5 max	YES
TBI28	Medical consultation	2 max	YES
TBI29	Key Worker	2 max	YES
TBI25	Other Specialist Assessment	At cost	YES



Treatment and Rehabilitation (services as appropriate to meet the injury related needs of the client).PNG

6.0 Completion Report

- a The provider will keep in contact with the case owner throughout the rehabilitation programme by phone or email. They will notify ACC formally using the ACC884 Concussion service client summary form when the client's rehabilitation is complete. This may include recommendations for further services.

7.0 Rehabilitation planning

- a The supplier's interdisciplinary team will develop a rehabilitation plan that describes client's goals (expressed as SMART goals) and the therapy required to meet those goals.

ACC and the provider will finalise and agree service composition and timeliness. The plan may be adapted as new information comes to hand.

8.0 Risks to Recovery

- a The risk to recovery assessment is described in the Concussion Service Operational Guidelines. It is a communication tool used by suppliers to indicate to ACC any barriers or hindrances the client may be facing in their rehabilitation and recovery.

The matrix describes the client's risks in four main categories:

- physical
- psychological
- social
- work (including study and activities requiring an increased cognitive function).

The matrix rates those risks based on their potential impact on the client's recovery:

- 1 – No/Low Risks
- 2 – Low-Medium
- 3 – Medium
- 4 – Medium/High
- 5 - High.

The risk to recovery assessment is an important part of the triage process and can help to determine whether the client's rehabilitation and service needs can be met within the funding limit of the Concussion Service.

Refer to the Concussion Service Operational Guidelines on the TBI Contracted Providers page for full detail on the risk assessment.

9.0 Triage


- a The Concussion service has a strong triage focus and a full interdisciplinary team using all available information will determine the suitability of the service for the client.
- b If the client:
 - has recovered and no longer requires treatment, or
 - has needs greater than what the Concussion Service can provide

the provider will recommend the client exits from the service

- c If the client has needs that can be met within the scope of the Concussion Service, either by itself or alongside other services, the provider will recommend the client continues with the service and suggest appropriate services

10.0 Triage and Planning Report

- a The key worker will keep in contact with the case owner throughout the rehabilitation programme by phone or email. They will notify ACC formally using the ACC884 Concussion Service Client Summary form when the triage recommendation and rehabilitation plan has been finalised by the interdisciplinary team.

 ACC884 Concussion service client summary

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OFFICIAL INFORMATION ACT

Summary

Objective

The Concussion Service is a clinical assessment and rehabilitation service for clients with a mild to moderate traumatic brain injury (TBI). The service is delivered by an interdisciplinary team of professionals specialised in the diagnosis and rehabilitation of TBI. The service aims to prevent long-term consequences, such as persisting concussion symptoms, by identifying clients at risk and delivering effective assessments, education, triage and rehabilitation.

Owner

[Out of Scope]

Expert

Procedure

1.0 Who is this service for?

- a** Clients who have been diagnosed with a mild to moderate traumatic brain injury, or are suspected of having a brain injury that needs investigation. The Concussion Service deals with:

- mild to moderate traumatic brain injury (TBI)
- persisting concussion symptoms (PCS).

2.0 Key features

- a** The purpose of the Concussion Service is to:
- Confirm a diagnosis of concussion or rule out diagnosis of concussion
 - Support the Client's recovery and prompt return to every-day life including work or school
 - Reduce the incidence of further brain injury, and long term consequences, such as persisting concussion symptoms by providing clients with education and effective interventions

The Concussion Service is delivered by an interdisciplinary team (IDT). The core IDT is made up of a:

- Medical Specialist
- Neuropsychologist
- Occupational Therapist
- Physiotherapist

- b** The IDT may also include a:

- Nurse
- GP
- Speech Language Therapist
- Psychologist
- Social Worker
- Optometrist

- c** The IDT is co-ordinated by a key worker to ensure that the service is flexible to meet the individual needs of the client.
- The concussion service is capped at \$3,551.98 (GST exclusive).
 - The maximum timeframe for treatment within the Concussion Service is 6 months. Ideally clients should be complete treatment and rehabilitation within 16 weeks of referral.
 - Clients who have more complex needs should be referred to other services such as: the clinical services contract, neuropsychology contract, Training for Independence (TBI) or other appropriate services.

• Providers should only recommend that a client stay in the Concussion Service if they feel they can achieve an outcome within the maximum funding limit. If during the assessment phase the providers feel that the clients needs are too complex to be able to achieve an outcome within this service they should be discharging client out of the Concussion Service at that time and no further treatment and rehabilitation should be undertaken or invoiced for under the Concussion Service.

• Where a recommendation has been made for a client to exit the concussion service and be referred for a Training for Independence program, no further treatment should be invoiced for under the Concussion contract. The only exception to this is if the client still requires a Neuropsychological Screen. In this instance, the Concussion supplier can keep the client's file open until the screen has been completed then invoice for the Neuropsychological Screen (TBI23) accordingly.

- d** Services are delivered up to a maximum spend of \$3,551.98 (GST exclusive).
- e** Clients who require more services than are available under the Concussion Service are referred to other services as recommended by the Supplier on the ACC884.

3.0 Eligibility for Concussion Services

- a** To be referred to the Concussion Service, the Client must meet all the following criteria:
- Have sustained a TBI (or suspected TBI) within the previous 12 months
 - Have an accepted ACC claim, and
 - Be diagnosed with or be suspected of having a mild TBI, moderate TBI or persisting concussion symptoms

AND Have at least one of the following on-going signs and symptoms:

- Mood changes
- Memory problems
- Fatigue
- Difficulty concentrating
- Loss of balance
- Headaches
- Visual disturbances
- Nausea
- Muscular aches
- Dizziness

AND have at least one of the additional risk factors such as:

- The inability to work or attend school for more than one week
 - Second or subsequent MTBI within 6 months
 - Post traumatic amnesia lasting more than 12 hours
 - A requirement to operate machinery or drive at work
 - A pre-existing psychiatric disorder or substance abuse problem
 - A high functioning job such as engineer, medical practitioner or lawyer
 - Currently attending secondary or tertiary education
- b** A client is 'likely' to have received a TBI if the mechanism of injury indicates that the head and brain has been moving and then stopped rapidly, eg as a result of a motor vehicle crash, sports injury or fall from a bike and hitting the ground hard
- c** If the accident occurred more than 12 months ago, the concussion service should be declined, and other services should be considered.

4.0 Referrals into the Concussion Service

- a** The referrer must only refer Clients who meet the eligibility criteria. The Supplier should decline any referral that does not meet these criteria.
- b** Referrals can come from the following:
- Te Whatu Ora (Health NZ) hospitals – via a Medical Practitioner or an Allied Health professional acting on behalf of a Medical Professional
 - General Practitioner (GP) or Accident and Medical (A & M)
 - ACC – via a Recovery Team Member
 - Note: No prior approval is required for the Assessment and Triage stage (until 30 June 2023).

- c** The referral should be completed using the ACC883 Concussion Service Referral form:
- GP's and UCCs can send the ACC883 to either ACC or directly to the Concussion Supplier.
- Te Whatu Ora (Health NZ) District Hospitals can continue to use the ACC883 but it is preferred that they use the ACC7988.
- If sent to ACC – the Recovery Team Member will approve the service if appropriate and forward the referral document to a Concussion Supplier.

Te Whatu Ora (Health NZ) District Hospitals can send the ACC7988 directly to the Concussion Supplier. ACC will be cc'd in to this referral for our records.

If a provider is unable to accept a referral, they will notify ACC, and ACC is to select and refer to another provider using the current process.

- ACC led referrals can be sent straight to the Concussion Supplier. Recovery Team Members will need to generate the ACC883 in EOS and fill it in with as much claim details as possible. The ACC883 will then need to be included as part of the relevant document group prior to the referral task being sent to Recovery Admin to process.

ACC883 Concussion service referral

- d** For continuity of service, clients should be referred to the Supplier named in the referral information unless there is a reason to refer the client to a different Supplier, such as:
- a clinical reason the client should be referred elsewhere
 - to avoid clients having to undertake unnecessary travel
 - the client chooses a particular supplier
 - there is another reason that ACC makes in the best interests of the client
- e** Referrals for children and adolescents into the Concussion Services are made on an ACC7412 which is equivalent to the ACC883 adult referral form. Prior to sending a referral for children and adolescents, a phone call should be made to the Supplier to check that the Supplier has expertise to provide services to a Child or Adolescent.
- f** Referrals cannot be sent from other clinical professionals (such as a physiotherapist in the community). They may, however, refer a Client to a registered Medical Practitioner for a medical assessment, after which the Client may be referred to the Concussion service.
- g** Clients cannot self-refer into this service.

5.0 Assessment and Triage of Client

- a** The assessment component of this service covers investigation of the presenting symptoms, diagnosis and treatment as follows:
- education about mild to moderate traumatic brain injury to the client
 - identify and assess the client's risks to recovery
 - all clients undergo a case review by a Medical Specialist and Neuropsychologist to assess the need for full assessments (this is a file review of all relevant clinical notes)
 - investigation of the clinical and psycho-social background of the client
 - confirmation of the diagnosis where unconfirmed
 - assessment of the client's therapy needs
 - development of a rehabilitation plan
 - development of the client summary report
 - referral to other services if needed

- b Phone triage: If a Service Provider after a phone call to the client determines the client doesn't need to enter the concussion service, the supplier can charge the TBI05 code (no prior approval required).


6.0 Updating the client's diagnosis

- a When we don't have a confirmed diagnosis the case owner must ask the provider to confirm the diagnosis during a medical assessment.

The provider is responsible for ensuring there is a confirmed diagnosis before therapy services are provided.

- b For example, Section 2 of the ACC883 asks the referrer: What is the suspected or confirmed injury diagnosis? If the referrer writes their suspected diagnosis then the Concussion Supplier will undertake an assessment of the client to determine whether the Client has a diagnosis of Concussion.
- c At times, a GP might list an additional diagnosis of Concussion onto a Medical Certificate stating that a client is not fit for work due to a concussion and there is no diagnosis listed on the ACC45. In addition, a Concussion Supplier might also list an additional diagnosis of Concussion on a report to ACC where concussion has not previously been listed on the ACC45.
- d In these instances, where a subsequent diagnosis of Concussion has been made:
 - 1) Check that that the diagnosis has been made by a Medical Practitioner as only a Medical Specialist or GP can make a diagnosis of Concussion. This is because only a Medical Professional (GP etc) can rule out (or confirm) the presence of any other medical conditions which may be contributing to the Client's symptoms.
 - 2) Request lodgement notes or clinical notes
 - 3) Seek Clinical Advice

- e Follow the process for updating a client's diagnosis

 Updating a Client's diagnosis process
<https://go.promapp.com/accnz/Process/Minimode/Pei>

- f When we don't have a confirmed diagnosis the case owner must ask the provider to confirm the diagnosis during a medical assessment.

The provider is responsible for ensuring there is a confirmed diagnosis before therapy services are provided.

7.0 Reimbursement of costs when requesting a copy of client clinical notes

- a Where a Provider provides up to 5 years of clinical notes they can be reimbursed \$1 per page up to a max of \$30 by sending an invoice to ACC using the code COPY. A purchase order is not required. ACC can provide a purchase order if costs exceed \$30.

8.0 Treatment and Rehabilitation

- a Where the Client requires therapy following the assessment stage, the Treatment and Rehabilitation should cover:

- Providing advice on managing concussion symptoms
- Therapy to help the client manage emotional and psychological issues
- Medical treatment for symptoms which may require medication
- Notifying ACC of the outcome.


9.0 Provision of Concussion Services to Children

- a Children and young people can recover from Concussion and many children can be managed with treatment and education and support to self-manage their symptoms. However, some children who present with multiple orthopaedic injuries (eg from playing sport) or repeated head injuries should be escalated to a full Neuropsychological assessment – without any delay in referral process

NOTE Definition of Children

Children are defined here as 0-16 years, or still at school. The provider will also take the client's developmental stage into account - eg some 16 year olds may be independent and can be treated in the same way as an adult. Other clients may be developmentally delayed and remain at school longer.

- b Where a Clinical Neuropsychological assessment is undertaken, consideration should be given to whether additional time is needed as five hours may not be adequate when assessing children and young people.
- c Where indicated by the Provider, children may require a longer period of time in the concussion service to allow the provider to monitor and support the child or young person during the school term.
- d Before making the referral, always contact the Supplier first to check they have the specialist skills in their team to provide services to children.
- e You can also search for Concussion Service Providers and whether they provide child and youth services using the link below

 Concussion Service Providers
<https://www.acc.co.nz/for-providers/treatment-recovery>

10.0 Timeframes

- a The service and stages must be completed within the expected timeframes.

Provider timeframes

The provider must...	within...
confirm the accepted Concussion Service referral	one business day of receiving the referral
contact the client to make and appointment	one business day of receiving referral
hold an appointment with the client	five business days of accepting the referral
provide all services to a client	six months from the acceptance of referral date, although 16 weeks is considered optimal
provide all clinical notes when the client is exiting the service without recovery	the same timeframe as the ACC884 Concussion service client summary is submitted
provide clinical notes requested by ACC	five business days of the request
submit the ACC884 Concussion service client summary	<ul style="list-style-type: none"> • two days of identifying a need for further services, or • five business days of <ul style="list-style-type: none"> • completing the required services • the client's exit from the service with a recovery or no need for ACC services
submit the ACC885 Concussion services – Did-Not-Attend report	one business day of client non-attendance

Timeframes - Provider.PNG

ACC timeframes





ACC must...	within...
make a decision on the referral	two business days of receiving a fully completed referral form
respond to the supplier	two business days of receiving an ACC884 Concussion service client summary
confirm funding	two business days of receiving ACC885 Concussion services – Did-Not-Attend report

Timeframes - Acc.PNG

- b** If you are not able to make a decision to accept or decline a claim within two days of receipt of the referral, you must seek advice either from a case manager mentor, team manager, seek clinical advice, or go back to the referrer and seek further information or clarification.

PROCESS **Concussion Service Assessments Service Page**

11.0 Service details

-  Concussion Service client non-attendance
<https://go.promapp.com/accnz/Process/Minimode/Pei>
-  Concussion Service therapy
<https://go.promapp.com/accnz/Process/1e3cd255-a31>
-  Concussion Service assessments
<https://go.promapp.com/accnz/Process/17cb7c4c-fd7>
-  Concussion service initial purchase order
<https://go.promapp.com/accnz/Process/a722a895-ca>

12.0 Exclusions

- a**
 - Transport of the client to and from the clinic or place of service
 - Provider travel to or from their residence to their place of business or the clinic
 - Services provided under other entitlements such as:
 - inpatient services for traumatic brain injury (TBI)
 - elective surgical treatment arising out of any assessment
 - social rehabilitation assessments
 - vocational rehabilitation services, where there is an identified need for long-term support
 - long-term clinical psychological therapy
 - comprehensive neuropsychological or neuropsychiatric assessment and treatments
 - radiological and other clinical investigations, eg: computerised tomography (CT), magnetic resonance imaging (MRI), electro-encephalogram (EEG), sleep studies.

13.0 Responsibilities

a ACC responsibilities

We're responsible to...	for...
clients	<ul style="list-style-type: none"> • ensuring they're eligible to receive services, ie have cover for a traumatic brain injury (TBI) under the AC Act 2001 • ensuring they get the appropriate services and support to help them rehabilitate and return to everyday life, including work or school • making timely and effective decisions
service providers	<ul style="list-style-type: none"> • making prompt decisions based on the available information or, if the information is unavailable, investigating as appropriate • working with the provider to rehabilitate the client • agreeing new timeframes if the client's needs cannot be addressed within the normal timeframe • keeping them up to date of: <ul style="list-style-type: none"> • any delays or issues that may impact on service provision • any other assigned service suppliers such as vocational services • who the lead supplier is where services need to be coordinated • following up with the provider if they have not been in touch as agreed • seeking clarification from the provider if progress and outcomes are not being achieved
General Practitioners (GPs)	<ul style="list-style-type: none"> • notifying the decline of the referral • keeping them informed of the client's progress
employers	<ul style="list-style-type: none"> • encouraging them to keep the client's job open
other service providers, eg Stay at Work	<ul style="list-style-type: none"> • keeping them informed of any relevant information for coordinating the rehabilitation process

 ACC responsibilities.PNG

b Provider responsibilities

 Provider responsibilities.docx



c Referrer responsibilities:

- 1) Only refer clients who need and will benefit from the Concussion Service. The client should have signs and symptoms of mild to moderate TBI or persisting concussion symptoms (PCS).
- 2) Complete and submit an ACC883 Concussion service referral form for approval. Please note: a Medical Practitioner or DHB may refer a client using other formats eg a referral letter. This is acceptable if the information provided is similar standard to the information which would be provided on an ACC883

d Client responsibilities

The client is responsible for:

- attending scheduled appointments or reorganising them when unable to attend
- participating in the rehabilitation process
- discussing any problems that may impact their recovery with their case manager and provider.

-  ACC885 Concussion service - did not attend
-  ACC884 Concussion service client summary

14.0 Measuring outcomes

a We consider the service successful when:

- the client has returned to the usual activities of everyday life and no longer needs any support from ACC for their brain injury
- services are provided in the shortest timeframe and at the lowest cost, while still being clinically appropriate
- clients are satisfied with the services provided.

15.0 Completing the service

a A client has completed the service when:

- they've returned to work and/or everyday life and no longer need support from ACC for their brain injury
- they've withdrawn from the service
- we've withdrawn the service from the client
- the maximum funding limit is reached
- they've received all approved services and no further services have been approved
- Six months from the date of referral has passed.

Summary

Objective

The Training for Independence (TI) and Training for Independence Advisory Service (TIAS) programmes provide education, support, training, and rehabilitation to clients in the most appropriate setting for the client, eg their own home, community, school, workplace, or remotely via telehealth where clinically appropriate.

The services are outcome focused and allow for providers to tailor services to a client's needs. The services aim to:

- restore the client's independence and ability to participate in their wider community as much as possible
- reduce the client's need for ongoing rehabilitation and support services.

Training and coaching can also be provided to the client's family and carers where appropriate to assist the client with their rehabilitation goals.

Owner

[Out of Scope]

Expert

Procedure

1.0 Who are these services for?




- a** The Training for Independence (TI) service is available to clients with a covered injury, such as a fractured hip, serious brain injury, spinal injury, burns or mental injury who require training and coaching to increase their level of independence and who meet the eligibility criteria.

1.1 Eligibility criteria

- a** To access TI or Advisory programmes a client must:
- have an accepted claim for cover
 - have an assessed need for a TI service. The client's needs may have been identified by:
 - a social rehabilitation assessment or reassessment
 - a medical report, eg an acute hospital admission discharge report, the ACC705 Referral for Support Services on Discharge, the ACC706 - Early Notification of Complex Case or General Practitioner's report
 - a recommendation from another relevant assessment/ service, eg Neuropsychological Assessment, Concussion Service, Psychiatric Services, clinical psychologist report etc.
 - Recovery Team Members
 - meet any additional eligibility criteria under each TI or TIAS programme.
- b** If there is doubt about the need for TI, consider obtaining a Social Rehabilitation Assessment to confirm.

See TI or TIAS programme selection for further eligibility criteria and what to do if the client is not eligible for TI or TIAS.


 [TI or TIAS Programme Selection Service Page](#)

- c** Referral into Training for Independence service
-  [ACC2134 Training for independence referral](#)
 -  [ACC705 Referral for Support Services on Discharge](#)
 -  [ACC706 - Early Notification of Complex Case](#)

1.2 What services are delivered under the TI contract?





- a** Each of these services include flexible and tailored programmes to meet the individual's identified needs and achieve specific outcomes in the required timeframes.
- b** Types of services delivered under this contract:
- education of the client and their family/whānau/carers about the impact of the injury
 - training and coaching, eg: energy conservation and how to manage fatigue, behaviour, health, budgeting and hygiene.
 - developing social and communication skills, and establishing social confidence
 - identifying and managing any injury-related risks and teaching how to manage these risks safely, eg a person living alone may have rugs or electrical cords on the floor
 - engaging the client with community-based activities and teaching them skills to be able to access these activities safely, appropriately and independently
 - rebuilding a client's confidence by increasing independence with daily tasks, such as self cares, mobility, household management, childcare and transport
 - promoting healthy choices about lifestyle, which may include education around drugs and alcohol, exercise and nutrition.

1.3 Training for Independence contracts (service schedules)

- a** The five Training for Independence services each have a separate service schedule (or contract) for each service. The Operational Guidelines covers all the TI services.
- b** TI - Adults with Traumatic Brain Injuries service schedule
-  [Training for Independence - adults with traumatic brain injuries service schedule](#)

NOTE Adults with TBI who are discharged from a TBIRR facility

Please note: The TI-Adults with Traumatic Brain Injuries contract enables TBIRR Suppliers to refer to a TI-TBI provider without the need for obtaining ACC approval.

- c** TI - Children and Young People service schedule
-  [Training for Independence - Children and Young People Service schedule](#)
- d** TI - Adults with Sensitive Claims service schedule
-  [Training for Independence - adults with Sensitive Claims](#)
- e** TI - Advisory Services service schedule
-  [Training for Independence Advisory Services - Service Schedule](#)
- f** TI - Adults with other injuries service schedule <https://www.acc.co.nz/assets/contracts/tis-og.pdf>
-  [Training for Independence - Adults with other injuries service schedule](#)

1.4 Training for Independence Operational Guidelines

-  [Training for Independence - Operational Guidelines](#)

2.0 Key Features

- a** The two categories of Training for Independence services are:
- Training for Independence (TI) services. These services meet client needs that include:
 - I. TI for children and young people
 - II. TI for adults with a traumatic brain injury
 - III. TI for adults with sensitive claims
 - IV. TI for adults with other injuries.

Advisory Services which has two services types:

- Advisory Services Short Term programmes. This service is for clients who have needs that can be met in eight weeks and a maximum of six hours. It is to assist clients who have an injury but may require coaching and training to restore their normal pre-injury level of confidence and independence, eg an elderly client who has a fracture neck of femur and has needs that can be met in six weeks
- Advisory Services Long Term . These are for clients who need support over an extended period of time. This service can be used to maintain the client's function or skills and prevent secondary injury.

b Timeframe

Rehabilitation goals should be able to be achieved within either three months (non-serious injury clients) or six months (long term/serious injury clients).

c Gym memberships/Pool passes

We do not usually fund gym memberships as they are considered the personal responsibility of a client. However, we may fund gym memberships alongside an approved TI or TIAS programme if the gym membership is:

- targeted to achieving a specific rehabilitation goal (eg work conditioning which will result in a return to work, or use of an injured limb which will result in a return to usual daily activities)
- limited to a specific timeframe, with clear goals which are reported on by the Provider

If approved, gym memberships/pool passes must be funded outside of the TI contracts.

- d** Clients progress should be monitored throughout the TI service to determine if the client is achieving their agreed rehabilitation goals. If there is doubt about the need for TI, consider obtaining a Social Rehabilitation Assessment or referring the client to another more appropriate service.


See TI or TIAS programme selection for further eligibility criteria and what to do if the client is not eligible for TI or TIAS.

3.0 Complementary and alternative services

- a** Depending on the client's identified needs, it may be more appropriate to provide other option(s) in addition to, or instead of, TI or TIAS, eg:
- Integrated Home and Community Support services or Living my Life
 - Vocational Rehabilitation
 - Equipment, housing, vehicle modifications

It's important to consider the timing of any other services in relation to any TI or TIAS programme provided, so that the services provided are co-ordinated.

4.0 Related pages

-  [Vocational Rehabilitation Services Overview \(VOC\) Service Page](#)
-  [Integrated Home and Community Support \(IHCS\) service](#)
-  [About the Managed Rehabilitation Equipment Services Service Page](#)
-  [Concussion Service Assessments Service Page](#)
-  [Social Rehabilitation Assessment Service Page](#)
-  [Neuropsychological Assessment Overview Service Page](#)
-  [Clinical Psychiatric Services Service Page](#)
-  [Other Social Rehabilitation](#)