Cover criteria for physical injury

Contact | Last review 26 Feb 2016 | Next review 26 Feb 2017

Introduction

A client must have sustained a personal injury for us to consider their claim for cover. A physical injury is sustained where there is evidence of actual damage to the body.

Rules

The type of physical injury must be diagnosed for us to consider a claim for cover. The presence of pain is not enough to establish that there's a physical injury.

Physical injuries can include the following:

- wounds, lacerations, contusions, etc
- burns
- sprains and strains
- work-related gradual process injuries, eg tendonitis, occupational noise-induced hearing loss etc
- work-related infections or diseases
- fractures, amputations or dislocations
- blindness
- poisoning
- unconsciousness or loss of consciousness
- a foreign body in the eye. For orifices other than the eye, the presence of a foreign body does not automatically mean a physical injury has been sustained.

If you're unsure about any diagnosis, consult the branch medical advisor (BMA).

Poisoning

Adults who suffer a physical injury from poisoning must meet the criteria for inhalation and oral ingestion before we'll accept their claim for cover.

Children

It's often difficult to determine if a child has sustained a physical injury from poisoning. If a child has a poisoning event, determine cover on a case-by-case basis.

We consider that a physical injury has occurred when the information on the claim file shows:

- the child has ingested a substance that is, or is believed to be, potentially toxic or corrosive
- the child has received some form of active treatment or intervention from a medical practitioner.

Always seek advice from the BMA before declining a claim for child poisoning.

Choking

If a person presents following a choking occurrence, we will consider whether they have sustained a physical injury .eg damage to the throat. The claim must meet the criteria for inhalation and oral ingestion and the injury must also be identified before we can accept it for cover.

About traumatic brain injury

Contact | Last review 10 Dec 2015 | Next review 09 Dec 2016

Introduction

TBI can be classified based on severity, mechanism (closed or penetrating head injury), or other features such as whether the injury is in a specific location or over a widespread area.

Head injury usually refers to TBI, but is a broader category because it can involve damage to structures other than the brain, such as the scalp and skull. There needs to have been a loss of consciousness for a diagnosis of moderate TBI.

Rules

Severity classifications to diagnose TBI (acute stage)

The following table shows the severity classifications used to diagnose TBI at the acute stage. These classifications are from the Evidence-based best practice guideline – traumatic brain injury: diagnosis, acute management and rehabilitation July 2006.

Severity of injury	Glasgow Coma Scale (GCS)	Post-traumatic Amnesia (PTA) duration
Mild	13-15	less than 24 hours
Moderate	9-12	1-6 days
Severe	3-8	7 days or more

If there is a conflict between the severity level for the GCS score and the PTA duration, use the more severe category to classify the client's moderate to severe status.

Example:

If a GCS score is 14 (mild), but PTA is 2 days (moderate), then classify the client with moderate TBI.

Mild traumatic brain injury (MTBI)

Concussion is the most common type of TBI. The term 'concussion' has been used for centuries and is still commonly used in sports medicine. MTBI is a technical term used more commonly in general medical contexts.

Frequently defined as a head injury with brief loss of brain function, concussion can also cause physical, cognitive, and emotional symptoms. There does not have to be an observed loss of consciousness in an MTBI.

Post-concussion syndrome (PCS)

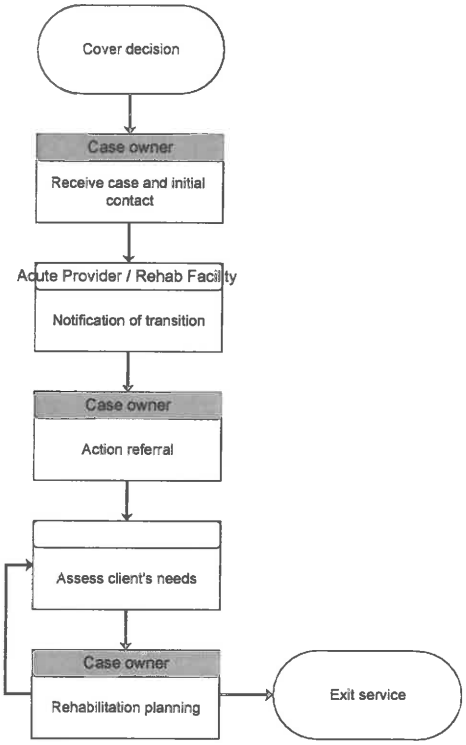
In post-concussion syndrome, symptoms do not resolve for weeks, months, or years after a concussion and may occasionally be permanent. Symptoms may include headaches, dizziness, fatigue, anxiety, memory and attention problems, sleep problems, and irritability.

Managing Traumatic Brain Injury Residential Rehabilitation service

Claims management staff use this process when they receive a referral or notification of a client entering the Traumatic Brain Injury Residential Rehabilitation (TBIRR) service. Refer to the TBIRR service pages for information about client eligibility and rehabilitation planning.

Contact	Last review 01 Mar 2016	Next review 01 Mar 2017

Click on a shaded box for instruction details



Show all instructions

Receive case and initial contact

Responsibility

Branch case owner

When to use

Use this instruction when you receive a claim from Cover assessment.

Before you begin

Claims should be assigned to a case owner urgently after cover is approved.

Three-point contact must be completed within two working days of allocation of case. Review the Principals of effective three-point contact.

Instruction

Step 1

Respond immediately.

Familiarise yourself with the claim and prepare for three-point contact. See Completing initial three-point contact and action.

Step 2

Add a 'Contact' in Eos, and call the acute service provider that is treating the client.

Step 3

Discuss the client's status and needs.

Step 4

Request that the acute provider put you through to the client's next of kin or family. If they are unavailable, ask the provider for their contact information, or that they ask the family to call you if that is not possible.

Step 5

Introduce yourself to the family or next of kin, offer assistance and be supportive. If requested explain what help ACC can provide to address any immediate needs, and discuss the next steps.

Step 6

Call the specialised supplier that covers the client's area and ensure they know about the client.

Step 7

Refer to the eligibility criteria for Serious Injury. Follow the instructions.

What happens next

Once the acute provider or rehabilitation facility inform you of a transition to TBIRR, go to **Action referral**.

Action referral

When to use

Use this instruction when you receive a referral or notification for a covered TBI being transferred to the TBIRR service.

Before you begin

You must complete all referrals within two working days.

Referrals are not needed for Residential Rehabilitation or Day rehabilitation when the client is located in the acute DHB setting.

Instruction

Step 1

Receive email in your inbox from acute provider or the TBIRR provider with referral or notification.

Step 2

Read referral or notification and:

If the referral is for...	and...	then...
either: • Residential Rehabilitation • Day Rehabilitation	the client is located in the DHB acute setting	• add a contact in Eos • go to **Rehabilitation planning**
Emerging Consciousness	the client is located in the DHB acute setting	go to step 3
either: • Residential Rehabilitation • Day Rehabilitation • Emerging Consciousness	the client is located in the community	go to step 3

Step 3

Consult the criteria for TBIRR services.

Step 4

Review the following

- GCS/PTA score
- Wessex Head Injury Matrix score
- specialist recommendation

Step 5

Consult with ACC clinical staff where required.

Step 6

Decide whether to approve the referral.

Step 7

Notify the acute and rehabilitation supplier of the decision.

If the decision is not to allow the client to enter the TBIRR service then discuss alternative arrangements such as the Residential Support Service.

Step 8

Record your decision in Eos.

What happens next

Go to **Rehabilitation planning**

Rehabilitation planning

Responsibility

Branch case owner

When to use

Use this instruction during rehabilitation to review and approve rehabilitation plans provided by TBIRR providers.

Before you begin

As well as the following instruction the rehabilitation provider will contact you while drafting the plan to provide ACC's input.

Instruction

Step 1

Receive the new or resubmitted rehabilitation plan.

Step 2

Review rehabilitation plan against the criteria and the client's goals.

If the plan...	then...
is clear and provides all the information required to understand the client's needs, goals and the plan of action to meet those needs	go to step 3
is unclear and does not provide all the information required to understand the client's needs, goals and the plan of action to meet those needs	• contact the provider to make the necessary changes • go back to step 1

Step 3

Record details of the rehabilitation plan in Eos.

If the plan...	then...
is new	go to step 7
has been resubmitted	go to step 4

Step 4

Where appropriate, make a new funding decision for the service.

Step 5

If the client is in Day Rehabilitation, generate or update a purchase order.

Step 6

If the client has been scheduled for discharge out of the service in the latest plan, begin arranging the other services, including having providers from other services visit the client in the rehabilitation facility. Select the appropriate suppliers to provide:

- Home and Community Support
- Training for Independence service

- Residential rehabilitation service (slow stream)
- Post discharge assessments such as Serious Needs Assessment
- Housing modifications, etc

Step 7

Email TBIRR provider with comments, approval and if appropriate the new purchase order(s).

What happens next

When the TBIRR provider sends an updated plan go back to step 1 until the client exits the service.

Concussion service

Contact | Last review 06 Aug 2015 | Next review 05 Aug 2016

Introduction

The Concussion service is an interdisciplinary traumatic brain injury (TBI) service. The service aims to prevent long-term consequences, such as post-concussion syndrome (PCS), by identifying clients at risk of PCS and giving them effective interventions and education.

Who is this service for?

Clients who have sustained a brain injury, or are suspected of having a brain injury that needs investigation.

Key features

The Concussion service deals with:

- moderate traumatic brain injury (TBI)
- mild traumatic brain injury (MTBI)
- post-concussion syndrome (PCS).

There are three phases that are fully flexible to the needs of the situation. These should not be considered fixed and are open to negotiation by the ACC case owner and the provider.

- Referral:
  - investigation of the clinical and psycho-social background of the client
  - confirmation of the diagnosis where unconfirmed
- Assessment:
  - identify and assess the client's risks to recovery
  - assessment of the client's therapy needs
  - development of a rehabilitation plan
  - provision of TBI & rehabilitation education to the client, family & whanau
  - development of the Client Summary report for ACC
- Therapy:
  - provision of therapy services
  - reviewing the results
  - adapting where appropriate
  - notifying ACC of the outcome.

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

Service details

- Concussion service responsibilities
- Concussion service eligibility
- Concussion service exclusions
- Concussion service assessment and treatment
- Concussion service client non-attendance
- Concussion service completion
- Concussion service timeframes

Concussion service responsibilities

Contact | Last review 06 Aug 2015 | Next review 05 Aug 2016

ACC responsibilities

We're responsible to...	for...
clients	• ensuring they're eligible to receive services, ie have cover for a 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	• 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:
	  • 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)	• notifying the decline of the referral • keeping them informed of the client's progress
employers	• encouraging them to keep the client's job open
other service providers, eg Stay at Work	• keeping them informed of any relevant information for coordinating the rehabilitation process

Referrer responsibilities

The referrer has a responsibility to 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 post-concussion syndrome (PCS).

The referrer is expected to complete and submit an ACC883 Concussion service referral (184K) form for approval. However, other formats for the request are acceptable if the information requested on the ACC883 is provided.

Provider responsibilities

Providers are responsible to...	for...
clients	• ensuring the education, assessment and therapy provided is appropriate to the diagnosis • providing services promptly, for example: • making the first appointment within 2 days of the referral being received

Providers are responsible to...	for...
	• holding the first appointment within 5 days of the referral being received • encouraging the client's self-management and active participation in the rehabilitation process • providing high quality assessments and treatment services • ensuring the interdisciplinary team works together through all stages • using only clinically necessary services • ncluding the client's family and whānau, where appropriate
ACC	• investigating when we request clarification of the diagnosis • nominating a provider to have primary contact with ACC (via the key worker) • ensuring the client has a confirmed diagnosis prior to commencing therapy by: • investigating prior clinical notes relating to the claim • conducting the appropriate clinical assessments to confirm the diagnosis • working within timeframes outlined in the service specification or as agreed with the case owner, including: • conducting client needs assessments • submitting reports • generally acting in a timely way to maximise the client's rehabilitation outcome and keep weekly compensation costs down • demonstrating commitment to the contracted outcome by completing section 12 of the ACC884 Client Summary • maintaining contact with the case owner (as agreed) to discuss changes or developments, eg change in symptoms or work readiness, or social, family, or financial issues etc, to help ACC support the client • giving us a copy of any clinical information provided to or collected from the GP • maintaining high quality clinical notes to: • support and verify any risk assessment or ACC884 Client Summary form information • aid decision-making for ACC and other providers as appropriate • operating the service within the terms and principles of the Concussion Service contract and these Operational Guidelines
GPs	• providing timely relevant clinical information to support the overall care of the client such as: • assessment and treatment programmes including medication • rehabilitation plans for return to work • recommending return to work time frames
other service providers, eg Stay at Work or other	• maintaining good working relationships based on respect for each other's area of focus • providing and receiving information appropriate to the situation and need

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.

Concussion Service eligibility

Contact | Last review 06 Aug 2015 | Next review 05 Aug 2016

A client can access the Concussion service if referred by a medical practitioner or an ACC case manager. A client cannot be referred if the injury was more than 12 months before the referral and any subsequent treatment. Clients cannot self-refer.

Referral by a medical practitioner

To be referred by a medical practitioner all of the following must apply. The client must:

- have an accepted ACC claim
- be diagnosed with mild TBI, moderate TBI or post-concussion syndrome or have a referral requesting confirmation of the diagnosis
- have ongoing signs, symptoms and risk factors, such as those shown in the following table.

Ongoing signs and symptoms	Additional risk factors
• mood changes • memory problems • fatigue • difficulty concentrating • loss of balance • headaches • visual disturbances • nausea • muscular aches • dizziness	• the inability to work or attend school for more than one week • second or subsequent MTBI within six 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

Referral by a case manager

To be referred by the case manager it should be considered likely that the client has received a TBI and would benefit from this service.

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
- they haven't recovered as expected because of a prior head injury or because they're elderly or a child and have had a fall.

'Would benefit' means:

- the early education component will help them to cope with the immediate impacts of a brain injury
- the assessment process will clarify the existence of a brain injury by either:
  - supporting their ongoing need for services
  - identifying that their reported symptoms are not brain injury related.

Note that the client does not need to have suffered a direct blow to the head or a loss of consciousness. Just the motion of stopping violently is enough to cause damage.

The referral should include a request for investigation and diagnosis including differential diagnosis.

Concussion Service exclusions

Contact	Last review 03 Aug 2015	Next review 02 Aug 2016

Services not included in the Concussion service

- Transport of the client to and from the clinic or place of service
- Service provider travel to or from their residence to their place of business
- Service provider travel from their normal place of business to another place of their business
- 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.

Concussion Service assessment and treatment

Contact | Last review 06 Aug 2015 | Next review 05 Aug 2016

The Concussion service (CS) is a flexible service that adapts to the needs of the client. The process has three phases, referral, assessment and therapy. These phases are flexible and interchangeable to reflect the circumstances. The provider and ACC discuss and agree on the appropriate route for the client.

The following table is a guide to the phases of the Concussion Service and the associated activities. Again, these phases should not be seen a rigid stages. The case owner and the provider should regularly discuss the client's needs.

Phase	Activities	Appropriate service item code
Referral	Investigation	TBI21, TBI29
	Diagnosis	TBI22, TBI23, TBI24, TBI25
Assessment	Risk assessment	TBI21
	Assessment of therapy needs	TBI22, TBI23, TBI24, TBI25
	Rehabilitation planning	TBI21
	Education	TBI21
	Notification	TBI21, TBI29
Therapy	Therapy & review	TBI26, TBI27, TBI28
	Notification	TBI29

Variations in time avaliability

Hours for all service items may be varied with the agreement of the case owner but only if:

- the service is multi-disciplinary (single discipline needs are met under other contracts)
- the rehabilitation plan fully explains the need for services, goals and expected outcomes and timeframes.

Services can not exceed the maximum funding of $3,000 for the total service cost.

Referral phase

Clients can be referred by general practitioners or emergency departments. The referrer can only refer clients who:

- need and will benefit from the Concussion Service
- have signs and symptoms of mild to moderate tramatic brain injury (TBI) or post-concussion syndrome (PCS)
- were injured within 12 months of referral.

ACC will also comply with the above criteria. The supplier should decline any referral that does not meet the above conditions.

Who cannot refer?

Allied health professionals, such as a physiotherapist operating independently in the community, cannot refer a client to the Concussion Service. 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.

Investigation

The service item Education and assessment (TBI21) requires the supplier to investigate both clinical and the psycho-social background of the client. It is important that the supplier 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
- any Emergency Department clinical notes

- 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.

The supplier's interdisciplinary team develops a rehabilitation plan that describes client's goals (expressed as SMART goals) and the therapy required to meet those goals. ACC and the supplier will finalise and agree service composition and timeliness. The plan may be adapted as new information comes to hand.

Diagnosis

The provider may receive referrals with the clinical diagnosis confirmed or still in question.
If the diagnosis is confirmed the provider can begin the investigation and assessments immediately.
If the diagnosis is still in question then the case owner must ask the supplier to confirm the diagnosis using an assessment. The medical assessor should not assume a diagnosis until the appropriate tests and investigations have ruled out other causes for the presenting signs and symptoms.

If the provider is investigating the diagnosis then the provider must ensure the client understands that the diagnosis has not been confirmed and that they may or may not have a brain injury. This reduces the likelihood of the client becoming invested in the TBI diagnosis when it maybe another injury such as neck strain. Providers may still provide interim advice on managing pain and other symptoms without linking the cause to a TBI diagnosis.

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

Triage

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.

If the client...	**the provider should...**
has recovered and no longer needs the CS	recommend the client exit the CS using the ACC884
has needs that can be meet within the limitations of CS, either by itself or in conjunction with other services	recommend the client continues in the CS and suggest appropriate services using the ACC884
has needs that are greater than can be provided in the CS	recommend the client exit the CS as soon as identified using the ACC884

Assessment phase

Risk assessment

Risk assessment describes the client's rehabilitation within four main categories - physical, psychological, work, and social. The rating system rates the impact of the TBI on these categories from little to none (1) to significant (5). The risk assessment is an important part of the triage process and can help to determine whether the client's needs can be met within Concussion Service limits.

The risk assessment is based on all available information. The provider interviews the client to identify and document their physical (including the current injury), psychological, work, and social history. This helps identify any barriers to a rapid recovery. If the provider has concerns about the accuracy of the risk assessment because of a lack of disclosure by the client, they may, with the client's approval, contact the client's family, friends, and employer to ask further questions. If they do so the provider must take care to maintain client confidentiality. If risks cannot be identified due to non-disclosure, then the assessment score will be at the less complex rating (1-2), which will affect the level of services provided. The provider should explain to the client that the amount of service available is based on the information they give.

Note that while a supplier may choose to have this service provided by a doctor, psychologist or neuropsychologist, the risk assessment will only be paid at the contract TBI21 allied health rate, as it is not a clinical assessment.

Assessment of therapy needs

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. The clinical records maintained should meet or exceed the expectations of the professional bodies.

Rehabilitation planning

The education given to the client and their family should be clear and easy to understand. If the diagnosis was not confirmed, then the provider will limit the education content to dealing with the symptoms. Once the diagnosis is confirmed as a mild or moderate TBI then education on TBI can be provided.

The provider should explain the partnership between the provider and the ACC case owner in the client's rehabilitation.

Notification

The supplier 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 rehabilitation plan has been agreed by the interdisciplinary team
- the rehabilitation is complete.

Therapy phase

Therapies help and coach the client in their rehabilitation. We expect the majority of clients with concussion to rehabilitate within three months.

Suppliers have to be available to clients for up to 12 months after the referral to provide advice. If face-to-face therapy is required the supplier may contact ACC to seek approval for time to provide this assistance, as this would be treated as Training for Independence.

Key worker time

The supplier will allocate a key worker for every accepted case. This key worker is responsible for:

- ensuring the coordination between the interdisciplinary team
- maintaining contact with the client to remind them of appointments and assist in identifying their needs
- maintaining contact with ACC as agreed
- ensuring the clinical notes are up to date and are of a high standard.

The provider may allocate up to four hours of key worker time to coordinate ACC, GP and client communication, collect clinical notes and organise the interdisciplinary team.

- This time is charged to us on a used time basis in five minute blocks
- There must be a record of the time spent to support the billing
- The records must be available on request.

Concussion Service client non-attendance

Contact ' Last review 01 Feb 2016 Next review 31 Jan 2017

If a client does not attend (DNA) an appointment, we'll pay up to one non-attendance fee per Concussion service.

Option to bill clients for further non-attendance

A provider can choose to bill clients directly for further non-attendance, up to the maximum value of the ACC DNA fee, when the following conditions are met:

- the client and their family and friends were informed both verbally and in writing at the beginning of the service that they may be charged for non-attendance
- the supplier has a documented policy explaining their fees
- the supplier has made every effort to remind the client about the appointment, eg by appointment card, reminder letter, phone call or text message.

Before billing a client for non-attendance the supplier must believe that:

- invoicing will help the client comply with the service requirements
- the client has the ability to pay.

Possible reimbursement to the client

If a supplier bills a client for non-attendance the case manager may choose to reimburse the client, if there are exceptional and reasonable grounds for the non-attendance, such as the client's child has had an accident.

Exit due to non-attendance

Clients can be exited from the service if they repeatedly miss appointments. This means all services and entitlements including weekly compensation will cease. Clients must be informed of this when they enter the Concussion service.

Concussion service completion

Contact [redacted] Last review 06 Aug 2015 Next review 05 Aug 2016

Completing the service

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
- 12 months from the date of referral has passed
- they've died.

Measuring outcomes

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 report on overall satisfaction with the services provided.

Concussion service timeframes

Contact | Last review 06 Aug 2015 | Next review 05 Aug 2016

The following tables show the expected timeframes for providing the Concussion service. Case owners should monitor these timeframes and follow up any delays.

Provider timeframes

The provider must...	within...
confirm the accepted Concussion service referral	1 working day of receiving the referral
contact the client to make and appointment	1 working day of receiving referral
hold appointment with the client	5 working days of accepting the referral
provide all services to a client	12 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	when submitting the ACC884 Concussion service client summary (247K)
provide clinical notes requested by ACC	5 working days of the request

submit the ACC884 Concussion service client summary (247K)	• 2 days of identifying a need for further services
	• 5 working days of:
	  • 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 (152K)	1 working day of client non-attendance
submit quarterly data on a client discharged from the service	1 month of completing the quarterly period

ACC timeframes

ACC must...	within...
make a decision on the referral	2 working days of receiving a fully completed referral form
respond to the supplier	2 working days of receiving an ACC884 Concussion service client summary (247K)
confirm funding	2 working days of receiving ACC885 Concussion services – Did-Not-Attend report (152K)

Training for independence services

Contact - Last review 14 Jul 2016 Next review 14 Jul 2017

Introduction

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, a long term residential facility (that is not a rehabilitation facility), rest home, community, school, workplace, or remotely via tele-rehabilitation.

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.

Who are these services for?

Any client who needs training and coaching to increase their level of independence can receive TI or TIAS. The service is available to clients with any injury type, such as a fractured hip, fractured neck of femur, serious brain injury, spinal injury, burns or mental injury.

TI or TIAS is for clients who have injury-related needs that can be met by:

- **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
  - in developing social and communication skills, and establishing social confidence
  - in strengthening and 'range of motion physical activities that the client can continue independently and durably maintain with or without family or carer support
  - for the client's family, friends, carers or colleagues, so they can help the client with their rehabilitation
  - how to manage behaviour, health, budgeting and hygiene.
- **promoting and empowering** the client and their family/whānau/carers by:
  - helping them to develop SMART goals
  - 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
  - introducing or re-introducing the client to 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 ordinary physical activities to maintain a level of physical fitness
  - promoting healthy choices about lifestyle, which may include education around drugs and alcohol, exercise and nutrition.

Eligibility criteria

To access TI or TIAS 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.
  - claims management staff.
- meet any additional eligibility criteria under each TI or TIAS programme.

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.

Key features

The two categories of Training for Independence services are:

- **Training for Independence (TI) services**. These are to meet needs that can be achieved within either three months (non-serious injury clients) or six months (long term/serious injury clients) and include:
  - TI for children and young people
  - TI for adults with a traumatic brain injury
  - TI for adults with sensitive claims
  - TI for adults with other injuries.
- **Training for Independence Advisory Service (TIAS)**, which has two services types:
  - TIAS Short Term programmes. This service is for clients who have needs that can be met in six 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
  - TIAS Wellbeing Advisory services. These are for serious injury clients, or clients who have a comparable complex injury, who need intermittent support over an extended period of time. The clients should have received prior training and coaching to the maximum extent practicable. This service can be used to maintain the client's function or skills and prevent secondary injury.

Each of these services include flexible and tailored programmes to meet the individual's identified needs and achieve specific outcomes in the required timeframes.

Gym memberships

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

- needed to introduce a client to ongoing participation in physical, recreational, social or community activity
- limited to a specific timeframe

Should we decide to fund the gym membership the case owner should create a purchase order for the gym. It is not the supplier's responsibility to fund the membership fee.

Complementary and alternative services

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:

- Home and Community Support services – Return to Independence or Maximise Independence
- treatment, eg physiotherapy, chiropractor, osteopath
- Vocational Rehabilitation (SAW 1, 2, 3, 4)
- equipment, housing, vehicle modifications
- for serious injury clients only, Supported Living, Supported Activities, Supported Employment or Transition

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 of maximum benefit to the client's rehabilitation

Service details

- TI or TIAS programme selection
- TI or TIAS programme details
- Supplier selection and referrals
- Service delivery, key roles and equipment
- Plans, reports and service exit
- Consider and arrange for a client's ongoing needs
- Timeframes and non-attendance