

13 December 2017

Karl Bloxham
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Dear Mr Bloxham

Reference: 0051064

Official Information Act Request

We refer to your email of 28 November 2017.

Your request

You asked for the following information under the Official Information Act 1982 (the Act):

Please provide the, Guidelines for a Case Manager relating to preparing, completing, negotiating & maintenance of a claimants individual rehabilitation plan.

Our response

We are providing you with all ACC processes, policies and guidelines relating to individual rehabilitation plans. Please find these six documents attached.

We have withheld staff names from the documents under section 9(2)(a) of the Act, as there is a need to protect the privacy of natural persons. ACC has carefully considered whether there are reasons why it is desirable, in the public interest, to make the information available. ACC is of the view that maintaining an individual's privacy outweighs any public interest in making the information available.

Queries or concerns

If you have any questions about the information provided, ACC will be happy to work with you to answer these. Please address any concerns by emailing GES@acc.co.nz or in writing to *Government Engagement and Support, PO Box 242, Wellington 6140.*

You have the right to complain to the Office of the Ombudsman about our decision. You can call them on 0800 802 602 between 9am and 5pm on weekdays, or write to *The Office of the Ombudsman, PO Box 10152, Wellington 6143.*

Yours sincerely

Government Engagement and Support

Attached:

Guidelines for creating Individual Rehabilitation Plans
Individual Rehabilitation Plans policy
Creating or updating an Individual Rehabilitation Plan process
Creating or updating a paperless IRP process
Individual Rehabilitation Plans FAQs
Social rehabilitation and individual rehabilitation plans policy
Client Centric Individual Rehabilitation Planning template

Guidelines for creating Individual Rehabilitation Plans

Last review 09 Oct 2017

Next review 09 Oct 2018

When to use

You need to develop an IRP with your client as soon as it becomes evident that entitlement is likely to exceed 13 weeks.

Planning an IRP

You need to consider whether an IRP is required as soon as you are allocated a claim. If you expect that a client will recover quickly then they may not require an IRP, but if the claim is likely to exceed 13 weeks, you will need to start planning an IRP.

What to consider

Starting an IRP

- Review the client's claim history and injury details, documents and contacts.
- Carry out the three point contact
- Read the Individual Rehabilitation Plan policy.

Information gathering

You should be well informed about the client's individual circumstances. Make sure you gather information about:

- previous recommendations or assessments
- care indicators or special notes
- authorities to act or representative details
- potential risks or barriers to return to work or independence
- likely realistic rehabilitation goals and timeframes
- resources and interventions that may be required to achieve goals
- assessments that may be needed to establish rehabilitation required
- whether cover needs to be reviewed or investigated.

General Practitioners (GPs), other treatment providers and employers

You need to invite the GP and employer to participate in the creation of the IRP. This can be done by phone, email or by sending the appropriate invitation letter. The client also needs to agree to their participation.

If the client hasn't given their consent and the employer contacts you asking for information

about the client's claim, you mustn't disclose any information to the employer.

Action plans

The action plan will serve as your plan for managing the claim, whereas the IRP is the client's plan. Ideally, you should use the task generated by the action plan for monitoring progress of the claim towards the goals in the IRP and the overall outcome of return to work or independence

Enabling Independence Plans

If you are managing a claim in Enabling Independence you are still required to complete an Individual Rehabilitation Plan. The preferred method for IRPs in Enabling Independence is the paperless IRP. For claims that do not meet the paperless IRP criteria a IRP Document will be required i.e. ACC091 or ACC092.

Paperless IRPs

You will need to identify whether your client is eligible for a Paperless IRP. A paperless IRP is only appropriate:

If the client:	then:
is receiving weekly compensation	<ul style="list-style-type: none">the claim must have a confirmed outcome of return to work same jobthe claim must be less than 365 days (with some expectations, eg. reactivation for simple metalware removal)the client must have a sound relationship with ACCthe clients entitlement must be clearly time-framed or considered stable (eg. 8 weeks of support or on-going home-help at a set level for more than six-months)
is not receiving weekly compensation	<ul style="list-style-type: none">the claim must not have more than three active entitlements (eg. Home Help, Transport and Pain Programme)the client must have a sound relationship with ACC

If your client does not agree to proceed in this way then you will need to complete a IRP Document. See [Creating or Updating a IRP Document](#).

Negotiating an IRP and getting the client's agreement

You need to negotiate with the client and get them to agree to the content of the IRP. If the client won't agree to sign the IRP, you must try to renegotiate it and get the client's agreement. As a last resort, you can consider the client's agreement as 'finalised'. You will then upload the agreed IRP into Eos as a living document on the client's claim.

You must:

- negotiate all goals and actions on the plan with the client
- make sure communication is clear and that dialogue is open and constructive
- allow adequate time for the client to consult with their support, including whānau, GP, employer or advocate
- keep the client well informed about the IRP process and ACC's decision making
- take all reasonable steps to make sure the client understands the plan being proposed and what they are agreeing to
- use help from cultural services, if relevant.

Rehabilitation goals

Consider each client's case on its own merits. Ensure that the chosen goal(s) are client-centric and SMART goals.

Below are some scenarios for a possible overall rehabilitation goal

Rehabilitation outcome	If the client...	then a suitable goal might be...
Vocational, ie for clients receiving weekly compensation	is employed and expects to return to that employment	go back to my job
	is employed but does not expect to return to the same job with that employer	get work that suits my ability or work and manage my life
	is no longer employed but expects to return to similar employment	
Social, ie for clients receiving social rehabilitation	is no longer employed but expects to become vocationally independent in a new job with a new employer	be able to look after myself
	will, with rehabilitation, return to complete independence without ongoing support (this represents the majority of clients)	be independent with some help
	will, with rehabilitation, return to independence with ongoing support, ie clients who need significant rehabilitation and some level of accommodation or adaptation such as artificial limb, wheelchair	
	will require ongoing care and support from ACC for the remainder of their life. This is not a goal that can be set unless the client has been assessed as Long Term Maintenance	

Rehabilitation interventions

Discuss the purpose of each intervention and what they will entail. See the various interventions available for social rehabilitation or vocational rehabilitation. You can provide the client with information sheets on the interventions to take home and read.

You can include interventions that are not ACC funded, but specify this in the IRP. Use the table below to help determine appropriate interventions and how you might document these in the Actions (What & Why). These are examples only however, and it is not an exhaustive list

If the client...	then...
indicates that their job is secure but there are barriers to returning to work, eg the employer is reluctant to have the employee return	consider referring for a Stay At Work programme <ul style="list-style-type: none"> • consider referring to Initial Occupational Assessment and Initial Medical Assessment • ensure you explain the vocational independence process to the client, including the vocational independence assessments
is unlikely to return to their pre-injury role due to the nature of their injury, or the client has lost their job	<ul style="list-style-type: none"> • consider referring for a Medical Case Review if the reason for ongoing incapacity or rehabilitation options require clarification • consider referring for a Back to Work programme following IOA/IMA
is experiencing pain-related disability and this is a barrier to them returning to work or independence	consider referring for a pain management programme. You must discuss referral to a pain programme with the client's GP <ul style="list-style-type: none"> • if the support is likely to be less than 70 hours, over 12 weeks, use the 'Short term home help assessment' script in Eos to determine the level of assistance ACC can provide
requires assistance with their everyday activities because of their injury, eg household cleaning, cooking, washing or dressing, or childcare	<ul style="list-style-type: none"> • if the support is likely to be more than 70 hours, for more than 12 weeks, refer for an Integrated Rehabilitation Assessment (IRA) if you have not already done this • if the HCSS script or IRA have been done, include ACC's contribution to social rehabilitation in the IRP, eg "ACC will fund home help and assistance with showering for x weeks"
needs an intervention that requires their employer's cooperation	gain consent from their employer before adding it to the IRP
is receiving treatment only	they do not need an IRP.

Examples of Actions for IRPs

What	Why
General treatment	<ul style="list-style-type: none"> Specialist reviews to assess the progress of my recovery and determine a suitable treatment plan for me going forward, or Ongoing reviews with my doctor to check the progress of my recovery and obtain advice for treatment and rehabilitation
Physiotherapy	<ul style="list-style-type: none"> To improve my range of movement and strengthen my knee, or It has been recommended by my doctor to assist with improving the movement and strength in my ankle
Surgery	<ul style="list-style-type: none"> To repair the damage caused by my injury. My surgeon has indicated a ## - ## week recovery period, or As part of my treatment, I'm having surgery to my ankle and my surgeon has advised that my recovery timeframe will be between # - # weeks, or ACC are considering the request for surgery to my back, ACC need to ensure that the request is related to my accident and will assist with my recovery
Stay at work assessment programmes	<ul style="list-style-type: none"> Stay at work assessment <ul style="list-style-type: none"> an occupational therapist will complete a workplace assessment to identify safe and sustainable return to work options that my employer is able to accommodate Stay at work programme or return to work programme <ul style="list-style-type: none"> this programme will allow me to gradually return to work safely and sustainably Strengthening programme <ul style="list-style-type: none"> part of my stay at work programme will involve a functional physiotherapy programme, which will help me develop my strength and function
Taxis to treatment	<ul style="list-style-type: none"> ACC has agreed to fund taxis to and from my injury related medical appointments while I'm unfit to drive, or ACC will fund taxis to and from work while I am unfit to drive, so that I can participate in my return to work programme
Home help and attendant care	<ul style="list-style-type: none"> Home Help <ul style="list-style-type: none"> ACC have agreed to fund # hours of home help support over # weeks to complete vacuuming, mopping & bathroom cleaning. This will help me to manage at home and ensure that I recover in a safe environment, or ACC will fund # hours per week of home care support services over # weeks to help me at home while I recover from my injury Attendant care has been put in place to assist me with showering and dressing

Assessments - integrated rehabilitation assessment

- This assessment will identify my social rehabilitation needs and make recommendations to ACC about the different options available
 - An Integrated Rehabilitation Assessment will identify what level of home help/attendant care support I require
 - ACC have arranged a medical case review to confirm my diagnosis and find out what is causing my current condition, or
- Medical case reviews
- This assessment will be completed by an independent specialist who will give their opinion on what my diagnosis is and what is causing my current incapacity
 - ACC have arranged a single discipline assessment to obtain advice about further treatment/rehabilitation I need to help me with my recovery, or
- Single discipline assessments
- This assessment will be completed by an independent specialist who will provide advice about what further treatment and or rehabilitation might help me with my ongoing recovery
 - ACC have referred me for an occupational physician assessment to determine whether I have the capacity to return to work, or
 - This assessment will determine whether I'm able to return to the work I was doing at the time of my injury
- Occupational physician assessments
- ACC will arrange an initial occupational assessment to identify job options for which I am suitably qualified and experienced, or
 - This assessment will identify a list of job options suitable for me based on my qualifications and experience
- Initial occupational assessments
- ACC have referred me for an initial medical assessment to determine which of the jobs, identified in my initial occupational assessment, are medically sustainable or likely to be medically sustainable and also provide recommendations to assist with my recovery, or
 - This assessment will determine my vocational rehabilitation needs and identify which work types in the initial occupational assessment are medically sustainable or likely to be medically sustainable
- Initial medical assessments

Working with the client

It is important the client understands and agrees to the IRP. The best way to achieve this is by discussing and, where required, writing it with them— whether that be handwritten at a location away from ACC or on the computer in an interview room. You should check with the client their understanding of what you have discussed to ensure they are fully involved in the development of their IRP.

Client disagreement

When a client has problems with their Individual Rehabilitation Plan and does not agree to it, talk to them to:

- find out the reason(s) why they do not agree with the IRP

- discuss their options with them, eg do they need more information, or want to discuss it with someone else
- give the client adequate time to consult their GP, employer or support people.
- offer them assistance from Cultural Services
- suggest mediation so an external facilitator can assist in developing an agreed IRP.

In addition, note the option of 'agreed as finalised' for clients who forget, don't want to send back or misplace their IRP, but do not actually disagree with it.

'Finalising' an IRP that a client has not returned

We need to show we have given the client reasonable opportunity to sign and return an IRP. For example, two to three attempted follow ups over seven working days.

If the client simply fails to return the IRP, then this is **not** reasonable grounds for 'finalising' the plan. You should try to avoid using this too frequently if you can and certainly not because you have forgotten to follow up with the client in a timely manner to check they have received and are happy with the draft plan as per their prior negotiation discussions.

Adding an IRP to Eos

If you have developed an IRP document you will need to check the auto-populated information, especially the client name and occupation. Make sure the language is client centric and rewrite if it isn't.

Enter the following details on the IRP:

- Primary injury. Consistent with Eos medical tab, but client centric language
- Goal of rehabilitation and estimated date of goal completion, ie the same as you selected in the process.

Enter the actions as agreed with the client, along with dates you expect these to be completed and an estimated date the action is to be completed (if applicable). Make sure you use plain language that the client understands. This is the ideal time to ensure that you tailor the contents and style of the IRP to this client.

Clients on home detention

Clients who are on home detention may not be allowed to leave home to take part in vocational rehabilitation programmes. You must discuss with the client any conditions of their sentence that may impact on the IRP and amend the IRP to account for any restrictions.

If you need to contact the client's probation officer to discuss and negotiate conditions, you must get the client's permission beforehand.

If the probation officer does not give permission for the client to attend rehabilitation, this does not constitute a failure to comply by the client. In this situation, you must adjust the IRP to look at other rehabilitation services that are more suitable to the client's circumstances, eg clients

may be able to do an internet-based training programme from their home.

If the client is allowed to attend rehabilitation programmes away from their home, it is ACC's responsibility to fully inform any provider of the conditions of the client's home detention. You must have the client's permission to do this. If the client refuses to give this permission, you must review the type of programmes that are appropriate.

Individual Rehabilitation Plans

Last review 14 Feb 2013

Next review 25 Sep 2013

Introduction

The IRP contains information about the treatment, social rehabilitation and vocational rehabilitation a client needs to restore their health, independence and participation in society to the highest possible level.

An IRP is a legal document under the Accident Compensation Act 2001 (AC Act), ie:

- ACC must provide or do what has been agreed to in an IRP
- the client cannot unreasonably refuse to complete an intervention that has been agreed in the plan.

An IRP must be updated when the client's circumstances change and the agreed interventions no longer apply or cannot be completed.

Rules

General

An IRP must:

- describe the client's rehabilitation goals
- describe the rehabilitation services that are appropriate to meet the client's needs, as identified by assessments or recommended by professional support services. Indicate which of these services ACC will provide, pay for, or contribute to
- describe any assessments that need to be completed, eg Initial Occupational Assessment and Initial Medical Assessment
- be ongoing and active
- be comprehensive and look at the client as a whole person, in the context of their family, whānau and culture.

When must an IRP be created?

An IRP must be prepared for all claims where social or vocational rehabilitation is being provided and the claim is expected to exceed 13 weeks duration. See Section 75.

Claims held in the Short Term Claims Centres do not have IRPs. All claims transferred from an STCC to a branch for case management must have an IRP developed in the branch.

Providing assistance without an IRP

Under the AC Act 2001, Section 76, in the first 13 weeks after we accept a claim, we are able to provide social and vocational rehabilitation assistance to a client without an established IRP. However, if an IRP is developed during or after that period:

- the IRP must consider the client's social and vocational rehabilitation needs
- all social and vocational rehabilitation assistance provided must be included in the IRP.

Exclusions

If the only rehabilitation the client will receive is treatment, an IRP is not legally required, even if the treatment extends beyond 13 weeks.

The following claims do not require an IRP:

- claims open only to pay weekly compensation to the employer (ERA) as reimbursement
- claims awaiting a cover or entitlement decision
- claims open only for payment of an independence allowance
- accidental death claims
- claims declined under section 60, if they are only receiving weekly compensation
- claims open only for fraud, review or appeal.

Legislative requirements

- Before an IRP is agreed, ACC is liable to provide social and vocational rehabilitation to the extent considered necessary in the circumstances. See Section 76.
- Section 77 states that the IRP must identify the:
 - client's needs for rehabilitation, including any social and vocational rehabilitation
 - assessments to be done
 - services appropriate to those needs and whether ACC is liable to provide any or all of those services
 - the services ACC will pay for or contribute to.
- An IRP must be updated from time to time to reflect the outcome of assessments done and progress made under the plan. See Section 78 and Schedule 1, Part 1, (10).
- ACC is required to ask the client to agree to the IRP and if after a reasonable time the client does not agree, ACC can advise the client the IRP is 'regarded as finalised'. See Schedule 1, Part 1, (8). An IRP must only be 'regarded as finalised' as a last resort, after every reasonable effort to gain the client's agreement and signature has failed.
- A client still has the right to review an IRP after agreeing to it, or it being 'regarded as finalised'. See Schedule 1, Part 1, (9).
- ACC is required to fund the services it agreed to provide in the IRP. See Schedule 1, Part 1, (8).

Participants' rights

Schedule 1, Part 1 (7) relates to participants' rights, including:

- the client's right to information about the rehabilitation they are entitled to, including the vocational independence process and the IRP process
- the right to have a support person present when preparing an IRP
- the consequences of agreeing to the IRP
- the lead health practitioner's and employer's right to participate in preparing the IRP
- ACC's responsibility to meet the costs of preparing an IRP.

The client can disagree with or challenge anything that is proposed in their IRP, including any decisions made about their rehabilitation. If this happens the case owner must make every effort to reach agreement with the client.

Who can sign the IRP?

An IRP must be either:

- signed by both the client, or their authorised support person or welfare guardian, and the case owner
- 'regarded as finalised'.

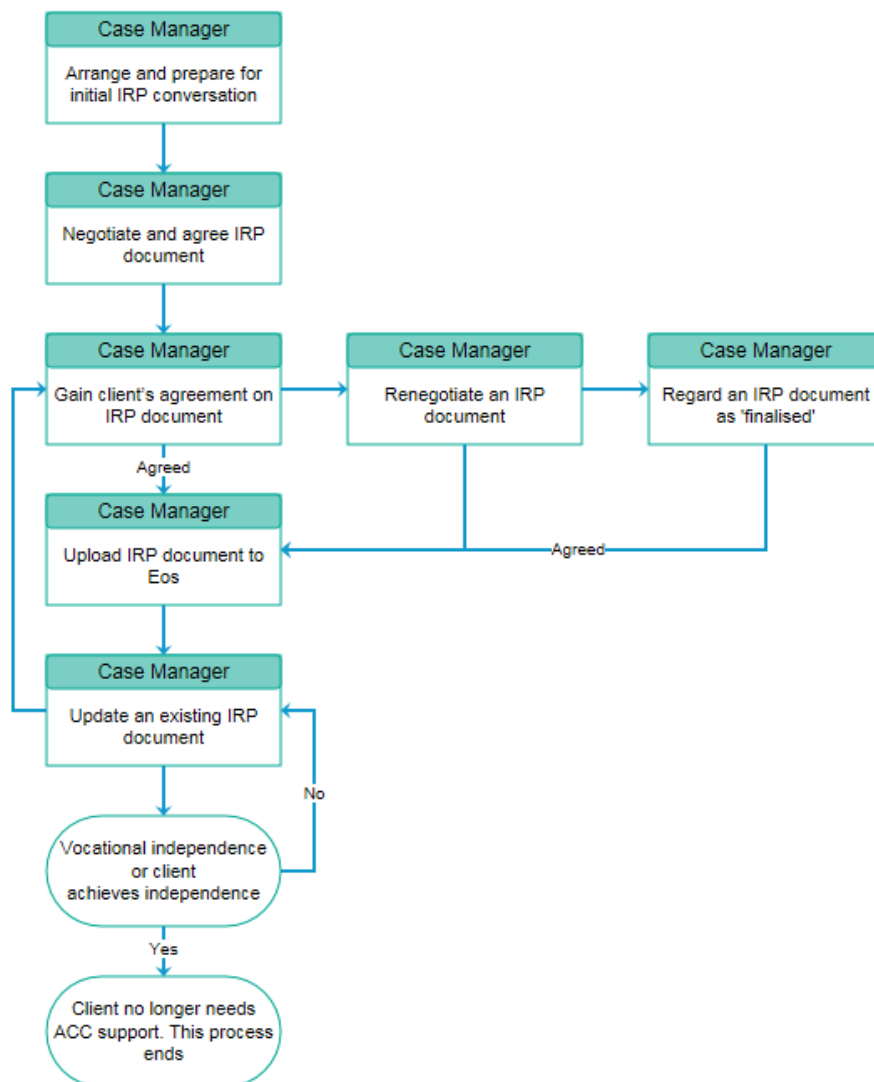
If the client...	then...
is a child under 14	a parent or guardian should sign on their behalf
is temporarily unable to sign the IRP but can communicate	an authorised support person can sign on client's behalf
has no cognitive ability to participate in developing or agreeing to their IRP	<ul style="list-style-type: none">• the client's doctor needs to assess the client's ability to make their own decisions• if there is concern that a client lacks the ability to make or communicate informed decisions, the Family Court may be asked to appoint a welfare guardian for the client. See Protection of Personal and Property Rights Act 1988 (PPPR Act)• the case owner cannot regard the IRP as agreed and signed, as this is acting against the rights of the client. Instead, the client's representative or welfare guardian should sign the IRP, provided they agree with it• ACC may assist with the costs of an application under the PPPR Act for adult clients receiving, and likely to continue to receive, case management in the foreseeable future.

Creating or updating an Individual Rehabilitation Plan document

Last review 09 Oct 2017

Next review 09 Oct 2018

Case Managers use this process to create or update an Individual Rehabilitation Plan (IRP) document. All claims where social and/or vocational rehabilitation is being provided beyond 13 weeks duration from date of lodgement must have an IRP. Any future updates to the IRP must be negotiated and agreed with the client, until the client becomes independent from ACC, ie either returns to independence or work, or achieves vocational independence.



Arrange and prepare for initial IRP conversation

Responsibility

Case Manager

When to use

Use this instruction to contact the client and to prepare for creating an initial Individual Rehabilitation Plan (IRP) document.

Before you begin

Confirm an IRP is required by checking that the rehabilitation or entitlement the client needs is likely to exceed 13 weeks from date of lodgement.

Instruction

Step 1

Review the client's claim history and injury details, documents and contacts. Consider whether a face to face meeting is required for this client.

Step 2

Phone the client to discuss the need for an IRP. Agree with the client whether this will be completed face to face or by phone.

During this first discussion, you must:

- inform the client about what will be discussed
- inform the client that they are welcome to bring, or teleconference in, a support person, family or whānau member
- check whether the client has any special requirements, eg accessing the building, communication
- check whether they are happy for their employer (if employed) to be involved in the rehabilitation planning.
- check whether they are happy for their employer (if employed) to be involved in the rehabilitation planning and to have copies of their work site assessment report (if applicable). The employer can then use it for the client's return to work plan.

If you and the client...	then...
agree to meet	arrange a suitable time for you and the client. Confirm the appointment date, time and location in writing (etxt, email or via the RPL01 Rehab plan appointment - client letter. Include the appropriate version of 'Helping you get back to an everyday life'.
agree to discuss the IRP	confirm if this is an appropriate time and reschedule if not.

If you and the client...	then...
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over the phone

Step 3

Confirm with the client who their lead health practitioner is for the preparation of the IRP.

Step 4

Contact the GP/lead health practitioner to invite them to participate in the development of the IRP. You can do this by phone, email or by sending the RPL02 Invitation to participate in a rehab plan - vendor letter.

You must keep the GP/lead health practitioner updated with the client's progress. You will also need to be proactive and discuss with the GP/lead health practitioner any psychosocial issues.

Step 5

Confirm with the client their employers contact details and discuss including them in the development of the IRP.

If...	then...
The client is willing for the employer to participate	<ul style="list-style-type: none"> • call, email or send the RPL02 Invitation to participate in rehab plan employer letter to invite them to participate in the IRP • work proactively in partnership with the employer making sure you raise any vocational matter with them • this may indicate barriers that you should explore further. You will need to have a meaningful conversation with the client to explore their hesitance and negotiate a solution
the client is unwilling for them to participate	<ul style="list-style-type: none"> • take a common sense approach for dealing with this situation considering the client's right for privacy (section(7)1 of the Privacy Act)

What happens next

Go to Negotiate and agree initial IRP document.

Back to process map ↑

Negotiate and agree IRP document

Responsibility

Case Manager

When to use

Use this instruction to develop and agree an Individual Rehabilitation Plan (IRP) document with the client.

Instruction

Step 1

At the IRP meeting or during your phone discussion, explain to the client:

- that the IRP is a record of an agreement between them and ACC about the rehabilitation we'll provide to help them get back to their everyday life
- that the IRP is developed in partnership with them to help them reach their goals
- ACC's responsibilities towards providing rehabilitation, and to respect the Code of Claimants' Rights
- their responsibilities towards participating in rehabilitation, eg notice for cancelling appointments, telling ACC if they go on holiday
- their rights under the Code of Claimants' Rights
- that they have the right to discuss the IRP with an independent party before agreeing to it
- that they have the right to review their IRP

Ask the client about:

- their goals for their rehabilitation
- their expectations of ACC.

Step 2

Negotiate and agree on a suitable rehabilitation goal (or goals) and date to achieve that goal (or goals). See IRP guidelines.

Step 3

Discuss and negotiate the rehabilitation interventions that will help the client achieve the goal or goals. See IRP guidelines.

In some cases you may need to refer the client for a further assessment to determine interventions, eg Initial Occupational Assessment (IOA), Initial Medical Assessment (IMA), medical case review or Integrated Rehabilitation Assessment (IRA).

Step 4

Agree a date by which you will review the IRP with the client. This usually coincides with a milestone, for instance completion of the agreed interventions, or following the IOA/IMA assessments.

Step 5

Add the overall goal and rehabilitation interventions required to the plan. Print two copies

What happens next

Go to **Gain client's agreement on IRP document**

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Gain client's agreement on IRP document

Responsibility

Case Manager

When to use

Use this instruction when you have finished negotiating a new or updated Individual Rehabilitation Plan (IRP) document with a client and you're ready to get them to agree to the plan.

Instruction

Step 1

If you are completing.....	and.....	then.....
the IRP over the phone	they agree to the goal(s) and actions	<ul style="list-style-type: none">• you sign and date both copies• send both copies to the client with the RPL04 – Draft rehab plan – client letter and a return envelope• set a reminder task to follow up with the client after 7 days
	they do not agree	go to Renegotiate an IRP document <ul style="list-style-type: none">• ask them to sign and date both copies
a paper IRP in a meeting	they agree to the goal(s) and actions	<ul style="list-style-type: none">• you sign and date both copies• the client keeps one copy• give the client both copies
	they would like to take the IRP away to think about or discuss with others	<ul style="list-style-type: none">• set a reminder task to follow up with the client after 7 days
	they do not agree	go to Renegotiate an IRP document

Step 2

Add an IRP outcome in Eos.

If the client...	then set the 'Outcome Status' to
signs the IRP	'Active' and set the 'Outcome Date' to the date when the actions are due to be completed or another milestone on the claim will be achieved.
takes the IRP away or	'Pending' and set the 'Outcome Date' to today's date.
has it posted out to sign	Once the client has signed the IRP, update the 'Outcome Status' to 'Active' and set the 'Outcome Date' to the date when the actions are due to be completed.

What happens next

Go to **Upload IRP document to Eos**.

[Back to process map ↑](#)

Renegotiate an IRP document

Responsibility

Case Manager

When to use

Use this instruction when a client has problems with their Individual Rehabilitation Plan (IRP) document and does not agree to it.

Instruction

Step 1

Talk to the client to renegotiate an IRP they can agree to. See IRP guidelines.

Step 2

If appropriate, consider seeking advice from another staff member (eg Team Manager, Rehabilitation Advisor, MA, PA,TS) to try to find a solution.

Step 3

If the client...	then...
agrees	go to Gain client's agreement on IRP document
refuses to agree to any revised IRP	go to Regard an IRP document as 'finalised'

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Regard an IRP document as 'finalised'

Responsibility

Case Manager

When to use

Use this instruction to regard an Individual Rehabilitation Plan (IRP) as 'finalised' if you have been unable to reach agreement with the client. You should only finalise an IRP as a last resort, when all other methods of obtaining the client's agreement have failed.

Instruction

Step 1

Meet with or phone the client and if appropriate, their support people, and explain that if they continue to disagree to the IRP, the Accident Compensation Act (AC Act) 2001 allows ACC to regard the IRP as if it is agreed without the client's agreement.

Record in the Eos 'Contacts' tab that this was explained to the client.

Step 2

Give the client the opportunity to consider these issues. Answer any questions and continue to try and reach an agreement. Remember to record everything discussed in Eos.

You should consult with your TM/Technical Specialist/Rehabilitation Advisor to ensure you have considered all the appropriate options to overcome the barrier(s).

Step 3

If the client...	then...
now agrees and signs the renegotiated IRP	<p>go to Gain client's agreement on IRP</p> <ul style="list-style-type: none">clearly note in Eos that this IRP is regarded as 'agreed under Clause 8 of Schedule 1 Agreement to plan without the client's actual agreement'
declines to agree after a reasonable period, normally 14 days	<ul style="list-style-type: none">send the RPL07 IRP regarded as finalised after discussion – client letter to the client explaining that the IRP is regarded as agreed. Include a clear rationale for why that measure has been takenstamp or write 'Regarded as finalised' and the date on the IRP, and enclose a copy

What happens next

Go to **Upload IRP document to Eos**.

[Back to process map ↑](#)

Upload IRP document to Eos

Responsibility

Case Manager

When to use

Use this instruction to save an agreed or 'regarded as finalised' Individual Rehabilitation Plan (IRP) in Eos.

Instruction

Step 1

Upload the signed Individual Rehabilitation Plan to Eos

See Preparing, scanning and filing documents for VCF.

Step 2

Log a hard-copy document in Eos

In...	enter the following details...
'Document type'	<ul style="list-style-type: none">'ACC091' for the initial IRP, or'ACC092' for any subsequent IRP
'Comments'	<ul style="list-style-type: none">'Signed IRP', or'Regarded as finalised'
'Status'	'Signed'
'Signature date'	Select the date the IRP was signed by the client or the date the IRP was regarded as finalised
'Signed by'	Select the appropriate option: 'Claimant', 'Regarded as finalised' or 'Representative'
'Direction'	'Incoming'
'Reason'	'Contact with claimant'
'Source media'	'Original' <ul style="list-style-type: none">'Signed IRP', or
'Description'	<ul style="list-style-type: none">'Regarded as finalised'
'Security level'	'Not Selected'

Remember to change 'Outcome Status' to 'Active' and enter the 'Outcome Date'.

What happens next

Unless the client is declared vocationally independent, revisit the client's IRP when ready, and go to **Update an existing IRP document**.

[Back to process map](#) ↑

Update an existing IRP document

Responsibility

Case Manager

When to use

Use this instruction to update an Individual Rehabilitation Plan (IRP) document. The IRP should be updated:

- when previous interventions have been completed
- when any new interventions are needed for rehabilitation
- after an Initial Occupation Assessment (IOA), Initial Medical Assessment (IMA), or any assessment recommending changes to rehabilitation
- before the client enters vocational independence (VI), ie vocational rehabilitation is complete and the injury is no longer preventing the client from obtaining suitable work.

Instruction

Step 1

Contact the client to discuss updating their IRP document. Agree with the client whether you will update the IRP over the phone or face to face.

During this first discussion, you must:

- inform the client about what will be discussed
- confirm that they are welcome to bring, or teleconference in, a support person, family or whānau member
- re-check whether the client has any special requirements, eg accessing the building, communication
- re-check whether they are happy for their employer and GP to be involved in the rehabilitation planning, if the employer or GP asked to be involved during the initial IRP
- send them the IOA and IMA reports to read, review and comment on before the meeting, if an IOA or IMA has been completed.

If the client...	then...
agrees to meet	<ul style="list-style-type: none">• Arrange a suitable time for you and the client. Confirm the appointment time, date and location in writing (etxt, email or via the

If the client...	then...
	RPL01 Rehab plan appointment – client letter
	<ul style="list-style-type: none"> go to step 2
agrees to discuss the IRP over the phone	<ul style="list-style-type: none"> confirm if this is an appropriate time and reschedule if not go to step 2

Step 2

Meet with the client.

If the...	then...
client is ready for VI entry	<ul style="list-style-type: none"> update IRP with new actions see Deciding whether VI assessment is needed explain the purpose of the meeting is to update the IRP following the IOA and IMA assessments and plan the next step in their recovery ask the client if they have any questions, comments or concerns about the IOA and IMA reports. Listen to their concerns and address them. using the 6 digit code as well as the description, list on the IRP all the jobs: <ul style="list-style-type: none"> identified as medically sustainable in the IMA identified as likely to be medically sustainable in the IMA
IRP needs changing after an IOA or IMA	<ul style="list-style-type: none"> explain that the IOA and IMA help us direct the rehabilitation ACC will provide explain the role of the IOA and IMA in the vocational independence process remind the client they always have the right to ask questions, discuss any aspect of their claim with another person, and review any decision ACC makes, including the plan itself
client continues to have injury-related rehabilitation needs	discuss and negotiate rehabilitation that will help the client to achieve their rehabilitation goals, ie reassess social rehabilitation like home help, fund pain management programme etc.

Step 3

Review the goals of the IRP and the outcome dates previously agreed with the client.

If...	then...
the goals are still relevant and up to date	the goal and outcome dates can remain as they

If...	then...
the goals need to change, eg due to a change in client circumstances	<p>are</p> <ul style="list-style-type: none"> • discuss and negotiate a new goal and outcome date with the client • on the Eos 'Contacts' tab, record the reason why the goal has been changed.
previous goals/actions have been completed	record this on the IRP

Step 4

If the client has not completed the rehabilitation from the previous IRP, or if the rehabilitation is no longer relevant, then discuss this with the client and note this on the 'Contacts' tab.

Step 5

If the client has had an IOA or IMA, then:

- take into account any recommendations made in the IOA or IMA about vocational or other rehabilitation and treatment
- consider the client's individual circumstances when negotiating the rehabilitation interventions.

If...	then...
<p>the client:</p> <ul style="list-style-type: none"> • doesn't have any identified functional or vocational rehabilitation needs • is motivated to find a job specified as suitable in the IOA and IMA • only requires assistance to access job markets 	<ul style="list-style-type: none"> • the Back to Work service is likely to be suitable for the client • if these clients are not successful in getting a job, then they are highly likely to be found 'work ready' under the vocational independence process
<p>the IOA and IMA indicate that the client:</p> <ul style="list-style-type: none"> • is unable to return to their pre-injury employment • is unable to maintain their current employment, due to injury-related factors • will need vocational rehabilitation to be work ready, ie they have the capacity to obtain employment or have regained or acquired vocational independence 	<p>Back to Work are likely to be suitable for the client</p>
the IOA and IMA indicate that further treatment or rehabilitation is required	<ul style="list-style-type: none"> • consider referring the client for the recommended rehabilitation or treatment, eg pain management intervention, training for independence programme,

If...	then...
	<p>psychological services etc.</p> <ul style="list-style-type: none">• if possible, vocational rehabilitation should always continue at the same time as any other planned treatment or rehabilitation.• input from professional services, eg MA, CAP, may be required here.

Step 6

Discuss and negotiate a new or modified intervention with the client. See IRP guidelines.

Step 7

Agree the new rehabilitation interventions. Add the overall goal and rehabilitation interventions required to the plan. Print two copies.

What happens next

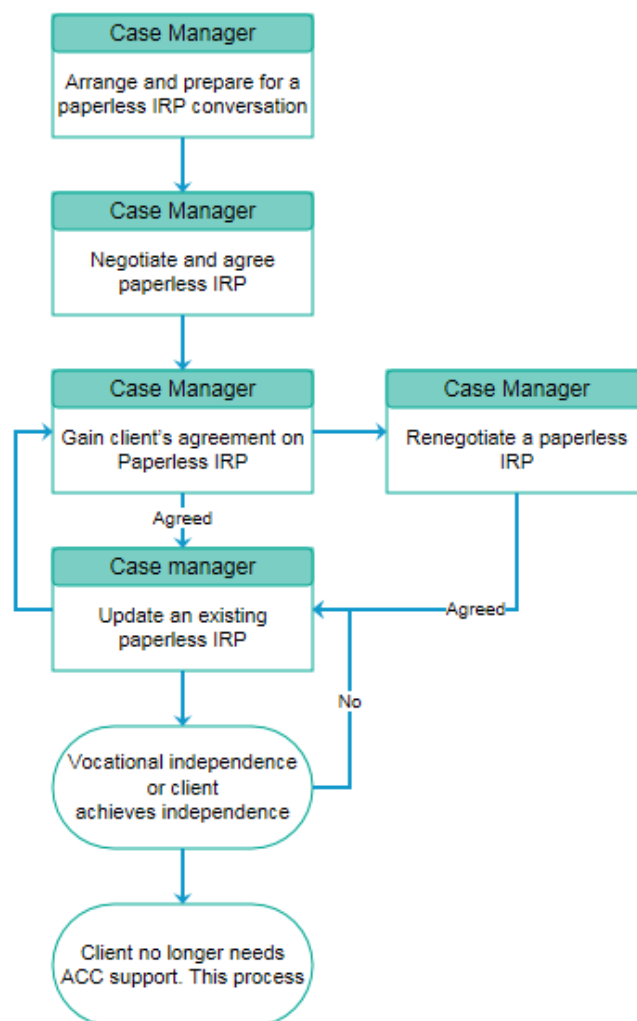
Ask the client to agree to the updated IRP. Go to **Gain client's agreement on IRP document**.

Creating or updating a paperless IRP

Last review 27 Nov 2017

Next review 27 Nov 2018

Case Managers use this process to create or update a paperless Individual Rehabilitation Plan (IRP). All claims where social and/or vocational rehabilitation is being provided beyond 13 weeks duration from date of lodgement must have an IRP. Any future updates to the IRP must be negotiated and agreed with the client, until the client becomes independent from ACC, ie either returns to independence or work, or achieves vocational independence.



When to consider

A Paperless IRP is only appropriate when the claim is considered to have low complexity and there is no benefit to the client in receiving an IRP Document. The specific criteria for Paperless IRPs are:

If the client...	then...
is receiving weekly compensation	<ul style="list-style-type: none">the claim must have a confirmed outcome of return to work same jobthe claim must be less than 365 days (with some expectations, eg. reactivation for simple metalware removal)the client must have a sound relationship with ACC
is not receiving weekly compensation	<ul style="list-style-type: none">the clients entitlement must be clearly time-framed or considered stable (eg. 8 weeks of support or on-going home-help at a set level for more than six-months)the claim must not have more than three active entitlements (eg. Home Help, Transport and Pain Programme)the client must have a sound relationship with ACC

Regardless of whether your client is receiving weekly compensation or not, the decision to progress with a Paperless IRP must be discussed with them. If the client does not agree to proceed with a Paperless IRP you will need to complete an IRP Document (see Creating or Updating an IRP Document).

Arrange and prepare for a paperless IRP conversation

Responsibility

Case Manager

When to use

Use this instruction to contact the client and to prepare for creating an initial Paperless Individual Rehabilitation Plan (IRP).

Before you begin

Confirm an IRP is required by checking that the rehabilitation or entitlement the client needs is likely to exceed 13 weeks from date of lodgement.

Instruction

Step 1

Review the client's claim history and injury details, documents and contacts. Consider whether a face to face meeting is required for this client.

Step 2

Phone the client to discuss the need for an IRP. Agree with the client whether this will be completed face to face or by phone.

During this first discussion, you must:

- inform the client about what will be discussed
- inform the client that they are welcome to bring, or teleconference in, a support person, family or whānau member
- check whether the client has any special requirements, eg accessing the building, communication
- check whether they are happy for their employer (if employed) to be involved in the rehabilitation planning.
- check whether they are happy for their employer (if employed) to be involved in the rehabilitation planning and to have copies of their work site assessment report (if applicable). The employer can then use it for the client's return to work plan.

If you and the client...	then...
agree to meet	arrange a suitable time for you and the client. Confirm the appointment date, time and location in writing (etxt, email or via the RPL01 Rehab plan appointment - client letter. Include the appropriate version of 'Helping you get back to an everyday life'.
agree to discuss the IRP over the phone	confirm if this is an appropriate time and reschedule if not.

Step 3

Confirm with the client who their lead health practitioner is for the preparation of the IRP.

Step 4

Contact the GP/lead health practitioner to invite them to participate in the development of the IRP. You can do this by phone, email or by sending the RPL02 Invitation to participate in a rehab plan - vendor letter.

You must keep the GP/lead health practitioner updated with the client's progress. You will also need to be proactive and discuss with the GP/lead health practitioner any psychosocial issues.

Step 5

Confirm with the client their employers contact details and discuss including them in the development of the IRP.

If...	then...
the client is willing for the employer to participate	<ul style="list-style-type: none">• call, email or send the RPL02 Invitation to participate in rehab plan - employer letter to invite them to participate in the IRP• work proactively in partnership with the employer making sure you raise any vocational matter with them
the client is unwilling for them to participate	<ul style="list-style-type: none">• this may indicate barriers that you should explore further. You will need to have a meaningful conversation with the client to explore their hesitance and negotiate a solution• take a common sense approach for dealing with this situation considering the client's right for privacy (section(7)1 of the Privacy Act)

What happens next

Go to Negotiate and agree paperless IRP.

[Back to process map ↑](#)

Negotiate and agree paperless IRP

Responsibility

Case Manager

When to use

Use this instruction to develop and agree a paperless Individual Rehabilitation Plan (IRP) with the client.

Instruction

Step 1

At the IRP meeting or during your phone discussion, explain to the client:

- that the IRP is a record of an agreement between them and ACC about the rehabilitation we'll provide to help them get back to their everyday life
- that the IRP is developed in partnership with them to help them reach their goals
- ACC's responsibilities towards providing rehabilitation, and to respect the Code of Claimants' Rights
- their responsibilities towards participating in rehabilitation, eg notice for cancelling appointments, telling ACC if they go on holiday
- their rights under the Code of Claimants' Rights

- that they have the right to discuss the IRP with an independent party before agreeing to it
- that they have the right to review their IRP

Ask the client about:

- their goals for their rehabilitation
- their expectations of ACC.

Step 2

Negotiate and agree on a suitable rehabilitation goal (or goals) and date to achieve that goal (or goals). See Guidelines for creating Individual Rehabilitation Plans.

Step 3

Discuss and negotiate the rehabilitation interventions that will help the client achieve the goal or goals. See Guidelines for creating Individual Rehabilitation Plans.

Step 4

Agree a date by which you will review the IRP with the client. This usually coincides with a milestone, for instance completion of the agreed interventions.

What happens next

Go to Gain client's agreement on Paperless IRP

[Back to process map ↑](#)

Gain client's agreement on Paperless IRP

Responsibility

Case Manager

When to use

Use this instruction when you have finished negotiating a new or updated Paperless Individual Rehabilitation Plan (IRP) with a client and you're ready to get them to agree to the plan.

Instruction

Step 1

If...	then...
they agree to the goal(s) and actions	<ul style="list-style-type: none"> • add a contact in EOS which clearly states what was discussed and agreed. This contact should be headed up 'IRP DISCUSSION' See Paperless IRP Quick Reference Guide.

If...	then...
	<ul style="list-style-type: none"> Go to Step 2

they do not agree to the goal(s) and actions

- go to **Renegotiate a paperless IRP**

Step 2

Add an IRP outcome in Eos.

The 'Outcome Status' needs to be 'Active' and the 'Outcome Date' set to the date when the actions are due to be completed or another milestone on the claim will be achieved.

Step 3

Add a Paperless IRP placeholder to Eos.

If...	then...
<p>this is the first IRP on the claim</p>	<ul style="list-style-type: none"> upload the Paperless IRP Placeholder to Eos as ACC091 the status of the document will need to be 'Signed' with a description of Paperless IRP Placeholder See Paperless IRP Quick Reference Guide
<p>this is a subsequent IRP</p>	<ul style="list-style-type: none"> check that the previous IRP or IRP placeholder has been loaded on Eos as an ACC091 or ACC092 with a document status of 'Signed'

What happens next

Work with the client to achieve the overall outcome goal of the IRP. Revisit the clients IRP as required, and when ready, go to Update an existing Paperless IRP

Back to process map ↑

Renegotiate a paperless IRP

Responsibility

Case Manager

When to use

Use this instruction when a client has problems with their Paperless Individual Rehabilitation Plan (IRP) and does not agree to it.

Instruction

Step 1

Talk to the client to renegotiate an IRP they can agree to. See Guidelines for creating Individual Rehabilitation Plans.

Step 2

If appropriate, consider seeking advice from another staff member (eg Team Manager, Rehabilitation Advisor, MA, PA,TS) to try to find a solution.

Step 3

If the client...	then...
agrees	<ul style="list-style-type: none">• go to Gain client's agreement on Paperless IRP
refuses to agree to any revised IRP	<ul style="list-style-type: none">• it is likely to be inappropriate to continue with a Paperless IRP• Refer to Creating or Updating an IRP Document – Regard an IRP as 'finalised'

What happens next

Go to Update an existing paperless IRP

[Back to process map ↑](#)

Update an existing paperless IRP

Responsibility

Case Manager

When to use

Use this instruction to update a Paperless Individual Rehabilitation Plan (IRP).

Instruction

Step 1

Consider whether the client still meets the criteria for a Paperless IRP. If you are unsure whether a Paperless IRP is appropriate for your client, discuss this with your Team Manager.

As a guide, a Paperless IRP is not appropriate when:

- it is unclear whether the client will be able to return to their pre-injury employment i.e the client may require IOA or IMA
- the client has lodged a review with ACC on their current claim

- the client's treatment and rehabilitation pathway is unclear or complicated by non-ACC factors
- the client does not agree to proceed in this way

If the client...	then...
meets the criteria for a Paperless IRP	<ul style="list-style-type: none"> • go to Step 2
no longer meets the criteria for a Paperless IRP	<ul style="list-style-type: none"> • refer to Creating or Updating an IRP Document

Step 2

Contact the client to discuss updating their IRP. Agree with the client whether you will update the IRP over the phone or face to face.

During this first discussion, you must:

- inform the client about what will be discussed
- confirm that they are welcome to bring, or teleconference in, a support person, family or whānau member
- re-check whether the client has any special requirements, eg accessing the building, communication
- re-check whether they are happy for their employer and GP to be involved in the rehabilitation planning, if the employer or GP asked to be involved during the initial IRP

If the client...	then...
agrees to meet	<ul style="list-style-type: none"> • arrange a suitable time for you and the client. Confirm the appointment time, date and location in writing (etxt, email or via the RPL01 Rehab plan appointment – client letter)
agrees to discuss the IRP over the phone	<ul style="list-style-type: none"> • confirm if this is an appropriate time and reschedule if not

Step 3

Review the goals of the IRP and the outcome dates previously agreed with the client.

If...	then...
the goals are still relevant and up to date	<p>the goal and outcome dates can remain as they are</p> <ul style="list-style-type: none"> • discuss and negotiate a new goal and outcome date with the client
the goals need to change, eg due to a change in client circumstances	<ul style="list-style-type: none"> • on the Eos 'Contacts' tab, record the reason why the goal has been changed.

If...	then...
previous goals/actions have been completed	record this in Eos 'Contacts' tab

Step 4

If the client has not completed the rehabilitation from the previous IRP, or if the rehabilitation is no longer relevant, then discuss this with the client and note this on the 'Contacts' tab.

Step 6

Discuss and negotiate a new or modified intervention with the client. See Guidelines for creating Individual Rehabilitation Plans.

Step 7

Agree the new rehabilitation interventions.

What happens next

Ask the client to agree to the updated IRP. Go to Gain client's agreement on IRP.

Individual Rehabilitation Plans frequently asked questions (FAQs)

Last review 14 Aug 2017

Next review 14 Aug 2018

Using the IRP form

Question:

How do I use the Action Completed column?

Answer:

With the Action Completed column you should keep the action on the IRP until it has been noted as completed or otherwise, and you can use Eos Contacts to add more detail if needed.

With the next IRP you create this action will come off as you add new actions. However there will be individual preferences here - some of you might like to keep the completed actions on the next IRP to give your client greater visibility of the progress they've made on their plan.

Question:

What does and doesn't actually need to go into an IRP?

Answer:

All rehabilitation either Social or Vocational that's provided to the client needs to be included in the IRP along with any Medical or Treatment interventions that supports the client to achieve their goal. It is important that the interventions are written in a client centric way. You also need to ensure that you discuss with the client what their personal goals are and include these in the IRP as well.

We've also got some guidelines to help you with this.

Question:

Is the 'regarded as finalised' process the same as the 'deemed' process?

Answer:

Yes, it's the same process.

Remember - your client has the right to request a review of the “regarded as finalised” decision. If they do, you can find more information about our mediation process here:

<http://thesauce/team-spaces/chips/issues/disputes/index.htm>

Question:

Can the target rehabilitation date be different to the outcome date in the plan tab?

Answer:

Yes. The plan tab target date (Rehabilitation Path) doesn't have to match the IRP outcome date.

The IRP outcome date is the outcome of the current IRP plan. The plan tab target date is the expected outcome of independence from ACC. The IRP outcome date mustn't be updated without consultation with the client.

For example, for claims where the target date is only a few weeks ahead (a relatively straight forward claim) the two dates will match. For claims with multiple injuries and a long recovery time the two dates are unlikely to match. This is because there'll be a number of IRPs updated as the client's rehabilitation progresses.

The target date for independence from ACC may change if there are multiple injuries and it's a complex claim, especially if the client is undergoing various treatments, surgeries etc, ie the target date for independence will depend on your client's recovery.

Goal Setting

Question:

What if a client doesn't meet all their IRP goals?

Answer:

You should discuss any outstanding goals with your client to find out why the goal wasn't completed. This will help you to determine the next steps to be taken, ie is further rehabilitation required? Then when it comes time to update their IRP you can note what has happened or if the goal is no longer relevant. You'd note this in the Action Completed column with a note in Eos explaining what's happened and why.

We often include social activities on a clients' IRP, ie 'playing golf'. These types of goals should be recorded as a separate action and as an “activity of daily living” goal. The goal is not a vocational rehabilitation goal or a requirement for their participation in work. If your client

has not been able to resume 'playing golf', but has successfully returned to work, this doesn't mean the agreed vocational rehabilitation goals haven't been met.

Question:

Can you give us some examples of how to write them?

Answer:

There is information in CHIPS that will give you some ideas. A key focus of client-centric IRPs is that we want to move away from pre-scripted actions. You need to think and consider what is appropriate and best relates to the needs of your client. IRPs need to be written in a way that is meaningful to the client, or anyone else that the client may choose to discuss this plan with. ACC jargon should not be used.

IRPs and Vocational Independence/Initial Occupational Assessment/Initial Medical Assessment

Question:

Does VI testing need to be included on the IRP?

Answer:

There's no hard and fast rule about this. However you should consider the fact that VI testing is not rehabilitation. Including this on your client's IRP moves the intent away from client centricity to getting the client through VI.

Question:

If a client is entering VI, do we still need to have an IRP on file?

Answer:

VI assessments do not stop ACC from providing further assistance to your client, ie your client may require ongoing physiotherapy, home help etc. It's only a client's entitlement to weekly compensation that is affected by a determination of VI. Also, Job Search Assistance or Budget Advice can be put on their IRP.

Remember if you are including the VI Assessments, your IRP outcome date should still be current for the duration of the VI assessments and the following 3 month job search period.

Question:

Do the outcomes from the IOA/IMA need to be on every IRP after the outcomes have been received?

Answer:

Our current process requires the medically sustainable work types to be documented on the IRP. There's no hard and fast rule about keeping these on every IRP – you make this call on a case by case client-centric basis, ie for some clients this may be helpful, but for others it's unnecessary.

Client-centric approach**Question:**

What if we don't have time to be person-centred?

Answer:

We don't have time not to be person centred. Its all part of being Tika, by ensuring that we are doing the right thing for our customers, in the right way, at the right time and ensuring that the customer is at the heart of everything that we do.

Question:

We've been told we can't use compliance statements on IRP's in the past. Is it ok if I say 'I will...'on an IRP?

Answer:

When you set a goal you commit to achieving it. Stating "I will..." reflects the fact that your client has made a commitment to work towards achieving their particular goal – their goal should be meaningful, relevant and achievable.

Question:

How do client-centred IRP's stand up at review?

Answer:

A client-centred IRP is no different to previous IRPs and is what the legislation requires. We're asking you to make the IRP more meaningful for your client instead of a process with pre-scripted interventions.

NSIS have considerable experience developing client centric IRPs and we haven't had any issues with review. Other areas of the Network already take this approach and don't have issues at review either. Refer to the question above where social rehabilitation goals are discussed.

Legislation and compliance

Question:

The legislative timeframe for having an IRP is 13 weeks from the date cover is accepted (s75). CHIPS says "an IRP must be created for all claims where social or vocational rehabilitation is being provided and the claim is expected to exceed 13 weeks duration". Duration usually means WC days paid – so which time period here is right?

Answer:

The 13 weeks commences from the earliest of the WC paid from date or the Cover Decision date. IRPs are important but only when appropriate. The IRP KPI is set at 90% to allow 10% of fails were it just isn't possible or isn't appropriate to have an IRP.

When we talk about delayed incapacity claims there are several exclusions that do provide some relief.

IRPs over 13 Weeks

1. Claims with < 28 day WC are not tested
2. Claims are not tested on the week of reactivation

This does mean that you have to get on to it quickly. However if a claim is not going to have more than four weeks WC even if it is delayed incapacity it should not be a fail.

Question:

How does client-centred planning fit with the legislation on IRP's?

Answer:

The IRP is your client's individual rehabilitation plan. The client-centred planning approach fits in well with the legislation. It doesn't mean that ACC is agreeing to provide social and vocational rehabilitation entitlements that are not necessary and appropriate to enable the

client to return to independence or work from their covered injury. Instead we are treating the client as an individual when developing their IRP rather than only documenting what ACC will provide.

Question:

Is ACC liable if a client doesn't achieve all of the goals on their IRP?

Answer:

No. Refer to the earlier question about Goal Setting above. Where your client has a specific goal they wish to achieve but it's not one that's necessary or appropriate to enable your client to return to independence or work, then document this as a separate action in their IRP and indicate that this is the client's goal, and they are personally responsible for it.

Question:

How do I ask the client whether they consent to involving the employer in the IRP planning process?

Answer:

When you have your first discussion with your client, check with them if they're happy for their employer (if employed) to be involved in the rehabilitation planning.

There's no need for your client to put this in writing. If your client does agree to their employer participating, then send the RPL02 letter. If the client doesn't want them involved in the planning, make a note of the client's response in Contacts in Eos.

Social rehabilitation and individual rehabilitation plans

Last review 20 May 2013

Next review 20 May 2014

Introduction

If a client requires an Individual Rehabilitation Plan (IRP) then it must contain certain information about the client's social rehabilitation.

Rules

IRP content

In addition to all the normal requirements for IRP content and how it is prepared and modified, a client's IRP must also include:

- the social rehabilitation outcome to be achieved and the expected date for achieving that outcome
- the results of the social rehabilitation assessment, either:
 - identifying that a package of care has been put in place
 - listing the identified needs
 - stating that 'No social rehabilitation needs were identified' for the individual client.

See AC Act 2001, Section 77

Providing assistance without an IRP

Under AC Act 2001, Section 76, in the first 13 weeks after we accept a claim, we are able to provide social rehabilitation assistance to a client without an established IRP. However, if an IRP is developed during or after that period:




- the IRP must consider the client's social rehabilitation needs
- all social rehabilitation assistance provided must be included in the IRP.

All claims transferred to the branch must have an IRP.

Client Centric Individual Rehabilitation Planning



'no decision about me without me'

-  **CHIPS** Managing Claims at ACC → Claim management → Process → Creating or updating an IRP
-  **SMART** Specific | Measurable | Achievable | Relevant | Time Bound
-  **KEY** Client Centred | Record in Contacts | Negotiate | Mitigate SCARF

KEEP

What will I keep doing well?

START

What new things will I start doing?

STOP

What old habits will I stop doing?