

21 December 2018

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Tēna koe Karl

**Official Information Act Request, reference: 0053277**

Thank you for your request of 28 November 2018, through the FYI website, asking for the following information under the Official Information Act 1982 (the Act):

I would like to request the criteria that needs to be meet for a Claimants case to be transferred from a local branch to:

1. RIS unit
2. Remote Claims Unit
3. Wellington Central Branch.

**Information from CHIPS**

ACC's source of policy and process information, CHIPS, assists ACC staff who work with claims. The information being provided to you has been extracted from CHIPS pages on 10 December 2018.

Please note that the Recover Independence Service (RIS) you reference was disestablished in 2013. We have interpreted this part of your request to be for the current Long Term Service Claim Unit.

The following CHIPS pages (attached) contain the criteria you have requested:

1. Transferring a claim to the Long Term Service Claim Unit
2. Transferring care indicated clients to the RCU
3. Transferring a claim to the Wellington Central Branch.

**Referrals to the Remote Claims Unit (RCU)**

Any decision to have a client's claim managed from the RCU is made on a case-by-case basis. You will note the CHIPS page *Transferring care indicated clients to the RCU* references care indicators for clients. A client may have a care indicator added to their record after they have exhibited aggressive and threatening behaviour.

**ACC is happy to answer your questions**

If you have any questions, you can email me at [GovernmentServices@acc.co.nz](mailto:GovernmentServices@acc.co.nz).

You have the right to seek an investigation and review of this response, by the Ombudsman. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or by phoning 0800 802 602.

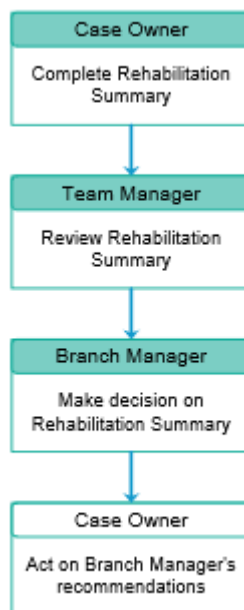
Nāku iti noa, nā

A handwritten signature in blue ink, appearing to be 'Emma Coats', is located below the text 'Nāku iti noa, nā'.

Emma Coats  
**Manager Official Information Act Services**

# 1. Transferring a claim to the Long Term Service Claim Unit

When a client meets the criteria for a Long Terms Service Claim we must decide whether to transfer the claim to the Long Term Service Claim Unit.



## Complete Rehabilitation Summary

### Responsibility

Case Owner

### When to use

Use this instruction to decide whether you have enough information to complete an ACC6247 Rehabilitation Summary.

### Before you begin

Make sure that

- the claim has crossed 912 weekly compensation days paid
- the client is unlikely to return to work (including part-time) now or into the long term foreseeable future (i.e. you are confident that medical evidence indicates that all current rehabilitation and treatment options have been explored), or
- the client is in stable part time employment and has reached a maximum level of work capacity (i.e. working 10 hours per week for at least 12 months with no ability to increase hours and all options to increase hours have been explored).

### Instruction

#### Step 1

If the client is...	then...
63 years old or older and does not want to participate any further in vocational rehabilitation	<ul style="list-style-type: none"> <li>• complete only parts 1, 5 and 6 of the ACC6247 Rehabilitation summary</li> <li>• go to <b>Review Rehabilitation Summary</b></li> </ul>
younger than 63 years old	go to step 2

## Step 2

If...	then...
the client identifies outstanding rehabilitation or treatment	<ul style="list-style-type: none"><li>• this process ends</li><li>• continue with the BAU management</li></ul>
the client has no outstanding rehabilitation or treatment	go to step 3

## Step 3

Complete the AC6247 Rehabilitation summary following the instructions included in the form.

## Step 4

If there are...	then...
no outstanding internal clinical questions requiring advice	go to <b>Review Rehabilitation Summary</b>
outstanding internal clinical advice questions requiring advice	<ul style="list-style-type: none"><li>• ask the Clinical Advisor to provide specific clinical inputs which will be included into the Rehabilitation Summary</li><li>• go to <b>Review Rehabilitation Summary</b></li></ul>

## Review Rehabilitation Summary

### Responsibility

Team Manager

### When to use

Use this instruction to help you review the Rehabilitation Summary and make a recommendation to the Branch Manager.

### Step 1

Review information on the Rehabilitation Summary in conjunction with the client's claim in Eos.

### Step 2

If there is...	then...
insufficient information on the Rehabilitation Summary ie the case owner has not completed all of the necessary sections	<ul style="list-style-type: none"><li>• let the case owner know that they need to complete the missing information on the Rehabilitation Summary</li><li>• repeat <b>Complete Rehabilitation Summary</b></li></ul>
there is sufficient information	go to step 3

### Step 3

Write your recommendation on the Rehabilitation Summary and give this to the Branch Manager to make a decision.

### What happens next

Go to **Make decision on Rehabilitation Summary**

# Make decision on Rehabilitation Summary

## Responsibility

Branch Manager

## When to use

Use this instruction to help you review and either approve/decline/or request further information on the Rehabilitation Summary.

### Step 1

Review the information in the Rehabilitation Summary and make a decision on whether the claim can be transferred to the Long Term Service Claims (LTSC) Unit.

### Step 2

If there is...	then...
enough information	<ul style="list-style-type: none"><li>record your decision on the Rehabilitation Summary and sign and date the form</li><li>go to step 3</li></ul>
not enough information	<ul style="list-style-type: none"><li>ask the Team Manager to provide more information</li><li>repeat <b>Review Rehabilitation Summary</b></li></ul>

### Step 3

If you...	then...
agree with the recommendation to transfer to LTSC	<ul style="list-style-type: none"><li>update the LTSC indicator in Eos</li><li>record a rationale in the free text box in Eos</li><li>go to step 4</li></ul>
don't agree with the recommendation to transfer to LTSC	go to step 4

### Step 4

Send the Rehabilitation Summary to the Team Manager.

## What happens next

Go to **Act of Branch Manager recommendations**

# Act on Branch Manager recommendations

## Responsibility

Case Owner

## When to use

Use this instruction when a Branch Manager has provided guidance on proceeding with a Long Term Service Claim (LTSC).

### Step 1

Discuss the Branch Manager's decision with your Team Manager.

## Step 2

Scan and save the Rehabilitation Summary into the client's claim in Eos.

## Step 3

Complete the actions documented by the Branch Manager.

If the decision is to...	then...
accept for LTSC	<ul style="list-style-type: none"><li>• complete the ACC6250 Transfer checklist for Long Terms Service Claims</li><li>• contact the client to<ul style="list-style-type: none"><li>• discuss the outcome,</li><li>• answer any client questions</li><li>• determine the most appropriate method of ongoing contact or plan the next case management steps.</li></ul></li><li>• record this contact in Eos</li><li>• go to step 4</li></ul>
not accept for LTSC	<ul style="list-style-type: none"><li>• update the Action Plan and IRP</li><li>• continue to manage the client using best practice case management guidelines</li><li>• this process ends</li></ul>

## Step 4

Request that the claim is reviewed by the LTSCU.

## Step 5

If accepted by the LTSCU, ask a Team Manager to transfer the electronic claim to the LTSC Unit in Eos.

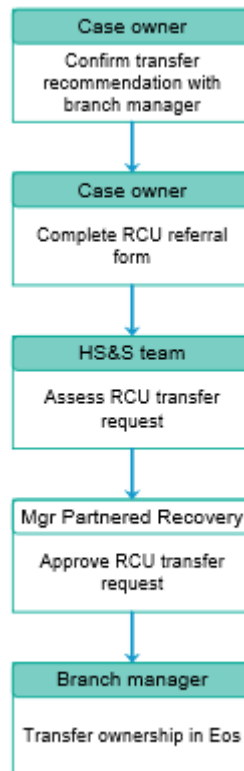
## What happens next

This process ends.

## 2. Transferring care indicated clients to the RCU

Case Owners, Branch Managers and Regional Operational Managers use this process to transfer a care indicated client to the Remote Claims Unit (RCU).

If the transfer is approved, the branch manager arranges the transfer. If the transfer is not approved, we continue to manage the client in line with their individual management plan.



### Confirm transfer recommendation with branch manager

#### Responsibility

Case owner

#### When to use

Use this instruction to confirm a Remote Claims Unit (RCU) transfer recommendation with the branch manager.

#### Instruction

##### Step 1

Discuss the client transfer to the RCU with your branch manager, focusing on the specific threats made to ACC staff or providers. Useful information to discuss includes:

- details of the risk events that led to the care indicator being put in place
- details of any events or actions that demonstrate the client could pose a direct risk to the safety of staff or providers
- historical information about the client
- the reason why the RCU transfer is the best course of action.

#### What happens next

The branch manager will discuss the RCU application with the Health, Safety and Wellbeing Team

If the transfer is...	then...
agreed	go to Complete RCU referral form
not agreed	<ul style="list-style-type: none"> <li>• discuss an alternative solution with the branch manager</li> <li>• go back to the Managing care indicated clients process</li> </ul>

## Complete RCU referral form

### Responsibility

Case owner

### When to use

Use this instruction to complete a Remote Claims Unit (RCU) referral form to apply for a client to be transferred to the RCU.

### Instruction

#### Step 1

Complete an ACC2222 Remote Claims Unit referral form and have this endorsed by your branch manager.

#### Step 2

Email the completed form to the Security Advisor.

### What happens next

Go to Assess RCU transfer request.

## Assess RCU transfer request

### Responsibility

Security Advisor

### When to use

Use this instruction to review a request to transfer a care indicated client to the Remote Claims Unit (RCU).

### Instruction

#### Step 1

Review the party record in Eos, the client file and the ACC2222 Remote Claims Unit referral form. Contact the branch manager to discuss if required.

#### Step 2

Consider whether all management options have been exhausted before deciding whether the client meets the criteria for the RCU. Contact the RCU manager with a recommendation as to whether the client should be transferred or not.

### Step 3

Use the following table when the RCU manager, in consultation with the Manager Partnered Recovery, reaches a decision.

If the decision is...	then...
to transfer the client	go to step 4
not to transfer the client	<ul style="list-style-type: none"><li>refer the matter back to the branch manager with suggestions for the client's management plan</li><li>go back to the Managing care indicator clients process</li></ul>

### Step 4

Inform the branch manager of the decision.

### What happens next

The RCU staff complete the transfer process to the RCU.  
Go to Transfer ownership in Eos.

## Transfer ownership in Eos

### Responsibility

Branch manager

### When to use

Use this instruction when the Manager Partnered Recovery approves a request to transfer a client to the Remote Claims Unit (RCU).

### Instruction

#### Step 1

Complete (or get the case owner to complete) an ACC29 File summary and overview form and upload it to the claim file along with all other relevant information.

#### Step 2

Open the client's active claim and click the 'To Department' magnifying glass icon.

#### Step 3

Navigate to and click on the 'Remote Claims Unit' department (page 2).

#### Step 4

Click the 'Reason' drop-down menu and select 'Requested from Branch/CC'.

#### Step 5

Add any other applicable information to the 'Description' field and click 'OK'.

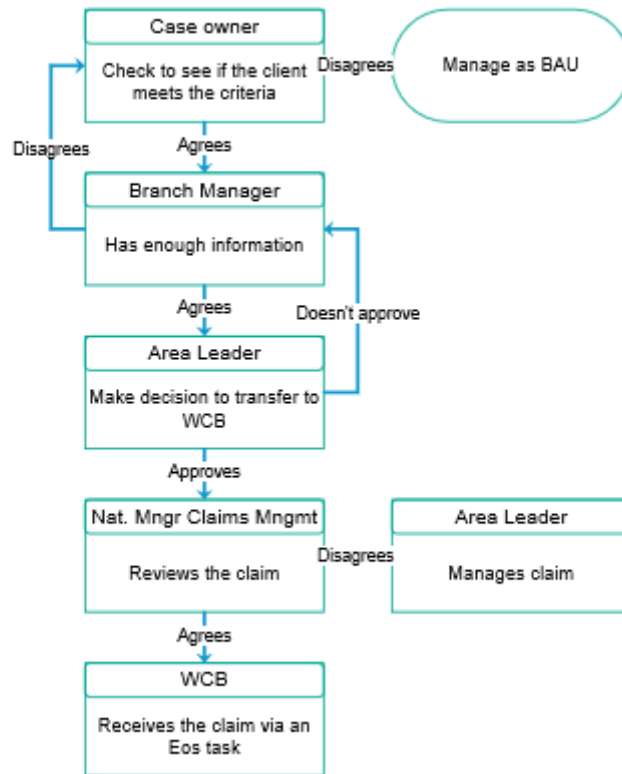
### What happens next

Repeat steps 2-5 for each of the client's active claims.  
This process ends.



### 3. Transferring a claim to the Wellington Central Branch

Case owners, branch managers and area leaders use this process to transfer a claim to the Wellington Central Branch (WCB).



### Complete a referral form Responsibility

Case owner

### When to use

Use this instruction to decide when and how to use the referral form for transferring a claim to the Wellington Central Branch (WCB). This ensures complex clients will be managed in the one place allowing us to be flexible yet consistent in looking after the client's needs.

### Before you begin

Make sure you have:

- the correct client file for completing the referral form.
- enough evidence to show the client meets the criteria to be transferred to WCB

### WCB criteria

The client has placed unreasonable demands on staff time, to the extent that case management of the claim has become unduly burdensome in the view of the Branch/Centre Manager. This may include, without limitation, repeated frivolous requests, complaints or phone calls/correspondence of a confrontational nature.

## Instruction

### Step 1

If the client...	then...
meets the WCB criteria	<ul style="list-style-type: none"><li>complete the ACC6267 Wellington Central Branch transfer form for transferring client to WCB</li><li>go to step 2</li></ul>
does not meet the WCB criteria	Manage as BAU

### Step 2

Send the form to the Branch Manager in your area for review

### Step 3

If there...	then...
is enough information	<ul style="list-style-type: none"><li>the Branch Manager will send it to the Area Leader for endorsement</li><li>go to Make decision to transfer to WCB.</li></ul>
is not enough information	the Branch Manager will ask the Case Owner to provide more information. If not available, other options need to be looked at such as discussing with other managers on appropriate strategies.

## What happens next

Go to Make decision to transfer to WCB

## Make decision to transfer to WCB

### Responsibility

Area Leader/National Manager Claims Management Network

### When to use

Use this instruction to endorse and approve the transfer of client to WCB

### Before you begin

Make sure you have the form that has been reviewed by the Branch Manager.

### Step 1

If there is...	then...
insufficient information on the form	The Area Leader returns the form to Branch Manager to complete the missing information.
sufficient information	<ul style="list-style-type: none"><li>the Area Leader endorses the form and sends to National Manager Claims Management Network for approval</li><li>go to step 2.</li></ul>

## Step 2

If you...	then...
agree with the recommendation to transfer to WCB	ask the Case Owner to complete the full File summary and overview then upload it to the claim file along with all other relevant information such as contacts, and transfer claim to WCB Via Eos task.
don't agree with the recommendation to transfer to WCB	return the form to the Area Leader to manage.

End of the process