



Summary

Objective

Refer to this guidance when managing requests for support. This page outlines the types of support available to clients, and informs you what constitutes a request for support, who can apply for support, and the timeframes we follow when considering requests for support.

- 1) Support available to clients
- 2) Who can apply for support?
- 3) General enquiries or requests to change support are not requests for support
- 4) Relevant support
- 5) Requests for types of support we do not provide
- 6) Verbal applications
- 7) Timeframes for decisions on support
- 8) Lodgement date for support claims
- 9) Record the date the request is received
- 10) Unable to make support decision within timeframe
- 11) Review on the grounds of unreasonable delay

Owner

Expert

Policy

1.0 Types of support available to clients

- a** Types of support available to clients include:
- rehabilitation, comprising treatment, social rehabilitation, and vocational rehabilitation
 - lump sum compensation for permanent impairment arising from injuries occurring on or after 1 April 2002
 - independence allowance, for impairment arising from injuries before 1 April 2002
 - weekly compensation
 - support for fatal injuries, e.g. funeral grant, survivors grant, childcare, weekly compensation.

2.0 Who can apply for support?

- a** Applications for support can be made by:
- clients
 - treatment providers, in respect of treatment costs
 - legal guardians of clients, e.g. parents of children
 - family members authorised by the client
 - advocates and lawyers authorised to act on the client's behalf.
- b** If a client has suffered cognitive impairment due to their injury, the immediate family may apply for assistance on their behalf.

3.0 General enquiries or requests to change support are not requests for support

- a** If a client asks what assistance is available from ACC, this does not constitute a claim for support.
- b** Requests for a change to the current level of support are not requests for support.

4.0 Relevant type of support

- a** Always consider requests for assistance in terms of the relevant type of support, e.g. a client may ask ACC to buy them a car but the relevant type of support is Transport for Independence.

5.0 Requests for types of support we do not provide

- a** In some cases, ACC receives inquiries regarding supports we do not provide, such as gardening. In most cases, clarification on what assistance we provide is sufficient, and a decline letter with review rights is not required.
- b** Should the client insist on this assistance, or formally request the service, item or support, consideration should be given to any relevant type of support that would meet their need. For example, offering the client home help instead of gardening.
- c** If the client continues to insist that ACC provide the service, item, or support, then ACC should consider the refusal of the item as a decision. A decline letter with review rights should be issued.

6.0 Verbal applications

- a** Verbal applications must be:
- requests for a specific type of support, e.g. housing modifications or transport for independence
 - recorded in the appropriate system with the date of the application.
- b** You must acknowledge the request for entitlement, and advise the client of their rights under the Code of ACC Claimants' Rights (the ACC Code). See Working with the Code of ACC Claimants' Rights

Code of ACC Claimants' Rights (the ACC Code).pdf

Working with the Code of ACC Claimants rights

7.0 Timeframes for decisions on support

- a** ACC has a legislative requirement, as well as obligations under the ACC Code, to make every decision regarding a claim in a timely manner. This includes decisions on support.
- b** ACC regards 21 days as a reasonable timeframe for the majority of decisions on support.

8.0 Lodgement date for claims for support


- a** A claim for support is lodged on the later date of either:
- when the cover decision is made, or
 - the client applies for the support.

9.0 Record the date the request is received

- a** Record the date the claim for support was lodged, to:
- ensure we make decisions in a timely manner
 - allow arrears to be paid, if applicable (we sometimes pay arrears for rehabilitation)
 - allow for subsequent checking if required.


10.0 Unable to make decision on support within timeframe

- a If a client has a covered injury, but it is unlikely that we can make a decision on a requested type of support within 21 days of the claim being lodged, we must contact the client about the reason for the delay and send the ENT01 Further information required (30K) letter to the client acknowledging the application advising that more time is required to process the application.

 ENT01 Agreement to extend time (unable to issue decision)


11.0 If no cover decision

- a If a client requests a new type of support but their injury does not yet have a cover decision, send the ENT05 Cover decision pending (31K) letter advising the application will be processed if the cover is awarded.

 ENT05 Cover decision pending

12.0 Review on the grounds of unreasonable delay

- a A client may apply for a review of any delay that they believe is unreasonable in processing a claim for support.
- b What is considered unreasonable will depend on all the circumstances of the case.
- c If the reviewer believes that we have not made a decision within a reasonable timeframe, they may direct us to make a decision on the claim within a specified timeframe, or they may make the decision for us.
- d Under Accident Compensation Act 2001, section 135(2) (g) a client can only make an application for review on the grounds of unreasonable delay after 21 days have passed since the date on which the claim for support was made. However, we cannot refuse to send the matter to review if fewer than 21 days have passed.

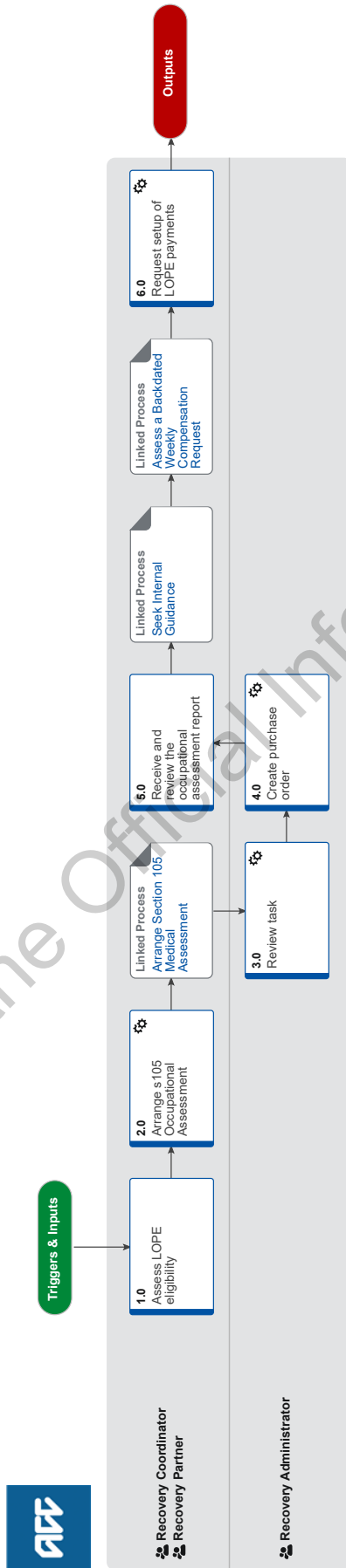
 Accident Compensation Act 2001, section 135(2)(g)
How to apply for review
<http://www.legislation.govt.nz/act/public/2001/0049/lal>

Timeframes

None Noted

Assess Loss of Potential Earnings (LOPE) - Physical Injury

[Historical] v12.1



Assess Loss of Potential Earnings (LOPE) - Physical Injury

[Historical] v12.1



Summary

Objective

Determine eligibility for Loss of Potential Earnings (LOPE) Payments for a client with a Physical Injury.

Background

Who LOPE is for?

All clients who are potential earners should have their eligibility for Loss of Potential Earnings checked. The definition of a potential earner is a claimant who, at the time of sustaining their injury they were either:

- Is less than 18 years of age on the date they are considered to be a potential earner

OR

- in full-time study or training that was continuous since before reaching 18 years of age

Loss of Potential Earnings (LOPE) assessment for a Physical Injury Claim requires a Recovery Team Member to first assess the client's eligibility against a set of criteria, then investigate their inability to work. This may include the following assessment types:

1) Section 105 Occupational Assessment. This is purchased by following the Initial Occupational Assessment (IOA) process. The purpose of this assessment is to provide supporting information to subsequent assessors so that they can determine whether there is now, or has been at some time in the past, incapacity from engaging in work types for 30+ hours based on their skills, training and education.

2) Section 105 Medical Assessment. This assessment is to determine how the injury has been (retrospectively) or is currently affecting the client's ability to work. This assessment is only used in cases of doubt about incapacity, or when it appears likely that there is no longer any incapacity and that entitlement will be declined. Contact Recovery Support to confirm before omitting referral for this assessment.

Upon receipt of relevant information, the Recovery Team Member may consult with Recovery Support to determine whether the client is or has in the past been unable, because of his or her personal injury, to engage in work for which he or she is suited by reason of experience, education, or training, or any combination of those things.

The intention behind Loss of Potential Earnings (LOPE) is to provide an income for young adults who, as a result of their injury, are unlikely to gain paid employment or will face significant challenges securing paid employment. The value of Loss of Potential Earnings payment is set by ACC and fixed relative to the adult minimum wage. LOPE starts when the person is a young adult and in many cases continues until they're eligible for National Superannuation.

Owner



Expert

Procedure

1.0 Assess LOPE eligibility

Recovery Coordinator, Recovery Partner

a Review the eligibility criteria for LOPE payments.

Loss of Potential Earnings Policy

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

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

Deemed Cover and Entitlements Policy

b Determine Eligibility:

- What period the client is claiming for?
- Identify clinical and other records that support these periods of incapacity
- Assist in confirming (passive) the injury occurred prior to the age of 18.

eg "confirm the injury occurred prior to the age of 18."

NOTE What if the records are not on the claim?

Refer to the Request Clinical Records process.

PROCESS Request Clinical Records

NOTE What if there is no ACC18 Medical Certificate that supports the claim?

Check clinical and other records can be used to support backdated periods of incapacity in the absence of ACC18 Medical Certificate.

c Determine if the client has been engaged in any full-time study for the period which they are claiming for, or if the client was engaged in full time study prior to the age of 18 (or 16 under the 1972 and 1982 Act), until they sustained their injury.

NOTE What if the client did engage in full-time study?

Send a request for information to the confirmed education provider to obtain confirmation of the course, including course dates.

d Confirm that the client meets all eligibility criteria for Loss of Potential earnings.

NOTE What if you are unsure if the client meets the eligibility criteria?

Go to Seek Internal Guidance

PROCESS Seek Internal Guidance

NOTE What if the client does not meet the eligibility criteria?

Decline the request. Go to Issues Recovery Decision.

PROCESS Issue Recovery Decision

2.0 Arrange s105 Occupational Assessment

Recovery Coordinator, Recovery Partner

a In Eos, generate a Vocational Rehabilitation referral task for a 'Initial Occupational Assessment'. For further information refer to Referring Tasks to Recovery Administration - Principles.

NOTE What if client is not able to engage in s105 Assessment?

If the client is non-verbal or behavioural reasons is unable to engage in s105 Occupational Assessment, request clinical written guidance.

Referring Tasks to Recovery Administration - Principles

📄 Creating Manage Referral Tasks - System Steps

b Complete the mandatory fields in the e-form.

NOTE What information is required?

- Purchase order code: VIO105 Vocational Independence Occupational Assessment Loss of Potential Earnings Section 105 assessment (one unit)
- Investigation Period: Incapacity start and to date eg May 1996 to present
- Vendor preference (if applicable)
- Reason for the referral.

If your client has a care plan indicator, refer to 'Considerations for Disclosure of Care Plan Indicators' page for information about when this needs to be shared.

📄 Considerations for Disclosure of Care Plan Indicators

c Send the task to the Recovery Admin within 24 hours.

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

Call Recovery Administration, provide the claim number and request the task is completed today.

NOTE What if the request is required in the future?

If the support is required in the future, set a reminder task for the future date when the support will be required.

When the reminder task is due return to Activity 2.0 Arrange s105 Occupational Assessment.

Review the contract timeframes and SLAs as specified in the service page.

📄 Purchase Order - Handy Hints on how to create and edit POs

b Identify and select a contracted provider in the client's geographic area.

NOTE What if this is a re-referral?

Update the original Purchase Order with the new Provider and continue with this process.

NOTE What if a preferred provider has been specified in the task?

Select the vendor from the Contracted Suppliers tool below. Go to task (c).

📄 Contracted Suppliers Tool

c Add the selected vendor as a participant on the claim.

📄 Manage Participants (Eos Online Help)

NOTE What if the purchase order requires a higher delegation?

Refer to the system steps below.

📄 Request Authorisation for a Purchase Order - System Steps

d Select 'Add documents' and generate the ACC6278 referral for Loss of Potential Earnings Occupational Assessment.

e Add additional information received in the task to the referral. For guidance refer to the ACC6278 - ACC referral for Occupational Assessment. Obtain ACC7416 from the link below as this document cannot be generated from Eos yet.

📄 Admin Template - ACC6278 Initial Occupational Assessment

📄 ACC7416 Loss of Potential Earnings Occupational Assessment

f Perform privacy checks on the documents in the group.

NOTE These must not contain any injury or medical information. This is crucially important as failure to observe constitutes a privacy breach.

📄 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

📄 Privacy Check Before Disclosing Information Policy

NOTE Can you provide medical information?

ACC will provide information that is relevant to the occupational assessor and the assessment that is being completed. If you are providing any medical information, advise the client and seek their consent. You should also provide a copy of the ACC6300 Authority to collect medical and other records form.

g Complete the documents and convert the ACC6278 into a non-editable PDF, leaving the ACC7416 as an editable word document.

h Create and send an email using 'Requests and referrals' template

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

NOTE What if there is a document group?

Open document group and link the ACC7416 and VIO03 to the group and email to the vendor.

📄 **PROCESS Arrange Section 105 Assessment**
Recovery Coordinator, Recovery Partner

3.0 Review task

Recovery Administrator

a In Eos select 'Do Task' from your task queue.

b Check the task provides the following information:

- purchase order code (VIO105)
- investigation period
- vendor preference (if applicable)
- reason for the referral.

NOTE What if you receive a task for a Care Plan Indicator client?

Refer to the page 'Considerations for Disclosure of Care Plan Indicators' to determine what you need to do with the information received.

📄 Considerations for Disclosure of Care Plan Indicators

NOTE What if you receive a NGCM - Admin Request task for a re-referral as the Provider is unable to accept a referral?

Go to Activity 4.0 (b).

4.0 Create purchase order


Recovery Administrator

a In Eos, generate a purchase order using the purchase order code VIO105 and Vocational Rehabilitation and Independence Rehabilitation Action.

📄 Creating purchase orders using general + QE

NOTE What if the email is too large to send as a single email?

Contact the vendor and ask if the referral can be sent by courier. If yes, confirm correct physical address then go to Prepare and Send Client Information by Courier then return to this process. Otherwise, send by email.

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


i In Salesforce, close the referral task

NOTE What if you are advised by a Provider they are unable to accept a referral?

Go to Activity 4.0 (b) and complete a re-referral.


NOTE What if you have declined the request for LOPE?

- Advise the client the reason(s) for declining the LOPE request and explain their review rights. Refer to the NG Principles Decision Making document to support the conversation.
- Create and send the SPD999 Decline entitlement decision – client letter via the client's preferred method of communication.
- Record the decision as per the Decision Making Principles.

 NG Principles Decision Making

 Add a Non standard WC set up Eform

b In Eos, add the Setup Weekly Compensation - BDWC task and link the non-standard WC set up eform and ACC6217 (if applicable) to the task.

 Add a Weekly Compensation setup task (Eos online help)

 Link a document to a task in Eos

5.0 Receive and review the occupational assessment report

Recovery Coordinator, Recovery Partner

a Receive report.

b Review report to check that details are correct to claim.

c Confirm entitlement for loss of potential earnings based on clinical and other records, certified incapacity and the assessments available. This must be done via seeking technical written guidance.

d Determine if you need to arrange a s105 Medical Assessment.




NOTE When would you not need to arrange a s105 Medical Assessment?

If the available medical information shows symptoms so severe as to make any form of gainful employment unsustainable (e.g. in long-term hospitalisation; housebound; safety risks to self or others and/or major cognitive dysfunction) then speak with Recovery Support (Medical Advisor) who may advise omitting a s105 Medical Assessment.

 **PROCESS** Seek Internal Guidance

e Consider Backdated Weekly Compensation Process and whether an ACC6217 needs to be completed.

Timeframes

Activity	Incl.	Active Time	Wait Time
 Arrange Section 105 Assessment	×	-	-
 Seek Internal Guidance	×	-	-
 Assess a Backdated Weekly Compensation Request	×	-	-

 **PROCESS**

Seek Internal Guidance

Recovery Coordinator, Recovery Partner

 **PROCESS**

Assess a Backdated Weekly Compensation Request

Recovery Coordinator, Recovery Partner

6.0 Request setup of LOPE payments

Recovery Coordinator, Recovery Partner

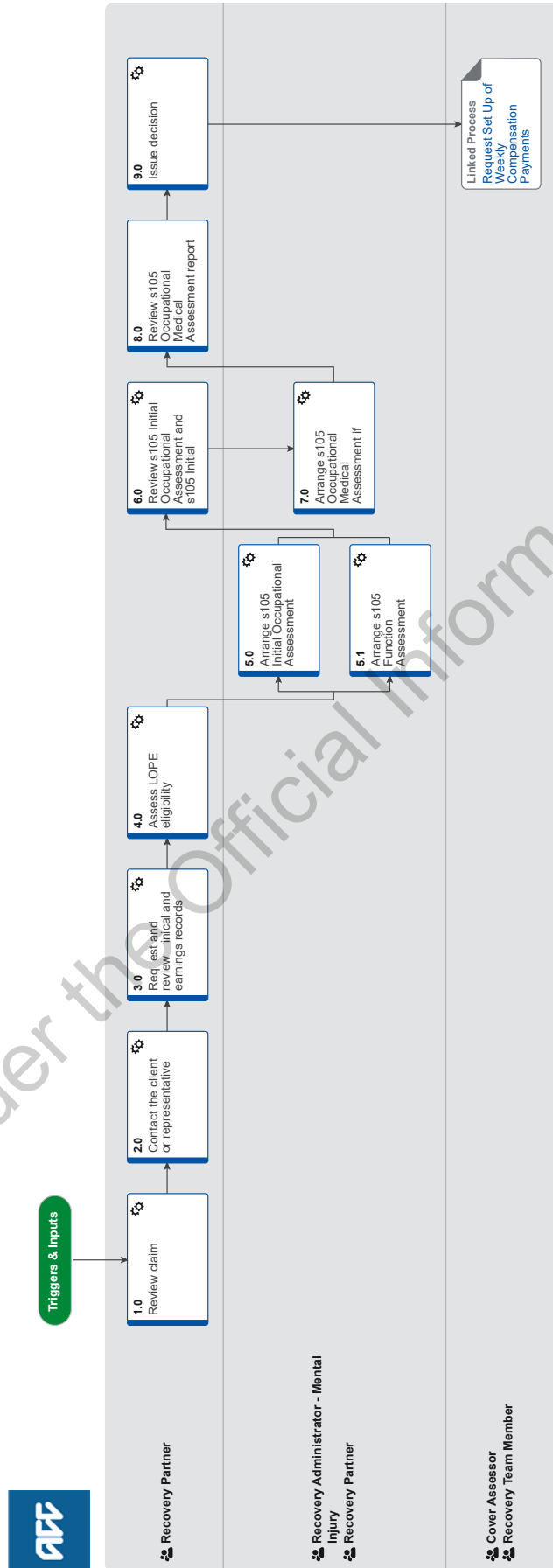
NOTE Is PPPR necessary before starting LOPE payments?

Visit the 'Personal and Property Orders for Clients Policy' page to help determine this. (Link cannot currently be shared).

a Contact to the client and to discuss details of the WC14 - Accept Application for Weekly Compensation decision letter, answering any questions they may have.

Assess Loss of Potential Earnings (LOPE) - Sensitive Claims

[Historical] v17.3



Released under the Official Information Act 1982

Assess Loss of Potential Earnings (LOPE) - Sensitive Claims

[Historical] v17.3



Summary

Objective

Determine eligibility for Loss of Potential Earnings (LOPE) Payments for a client with a Sensitive Claim.

Background

Loss of Potential Earnings (LOPE) assessment for a Sensitive Claim requires a Recovery Partner to first assess the client's eligibility against a set of criteria, then investigate their inability to work by completing three assessments. These assessments must be completed in this order. However, if #2 appears to demonstrate severe incapacity, confirm this with Medical Advisor who may confirm omission of #3 on this occasion.

1) Section 105 Occupation Assessment. This is purchased by following the Vocational Independence Occupational Assessment (VIOA) process. The purpose of this assessment is to provide supporting information to subsequent assessors so that they can determine whether there is now, or has been at some time in the past, incapacity from engaging in work types for 30+ hours based on their skills, training and education.

2) Section 105 Function Assessment (psychiatric/psychological). If ACC has already determined the client's Personal Injury cover through a Specialist Cover Assessment then this assessment will determine the functional effects of the client's mental injury on their ability to engage in work types identified in the Occupation Assessment. If the client has not completed a recent Assessment, then they should be referred for a Specialist Cover Assessment with additional questions on Function, as specified in the referral letter for s105 Specialist Cover Assessment + Function Assessment (psychiatric/psychological)

3) Section 105 Occupational Medical Assessment. This assessment is to determine how the injury has been (retrospectively) or is currently affecting the client's ability to work. This assessment is only used in cases of doubt about incapacity, or when it appears likely that there is no longer any incapacity and that entitlement will be declined. Contact Recovery Support to confirm before omitting referral for this assessment.

Upon completion of all necessary assessments, the Recovery Partner must consult with Recovery Support to determine whether the client is or has in the past been unable, because of his or her personal injury, to engage in work for which he or she is suited by reason of experience, education, or training, or any combination of those things.

Owner



Expert

Procedure

1.0 Review claim

Recovery Partner

a Understand LOPE eligibility criteria.

Loss of Potential Earnings Policy

b In Eos, check the claims history for medical notes to ensure that Deemed Date of Injury (DDOI) is accurate or if there is an earlier DDOI."

c Determine Eligibility:

- What period the client is claiming for?
- Identify clinical and other records that support these periods of incapacity.
- Assist in confirming (passive) the injury or Event occurred prior to the age of 18.

NOTE What do you do if the claim status is held or declined?

You need to determine cover first. Refer to the Assess Early Supports Plan process. You can investigate cover and financial entitlements alongside each other to avoid delay in kiritaki accessing support.

PROCESS Assess Early Supports Plan

NOTE What if there is no ACC18 Medical Certificate that supports the claim?

Ask the client to obtain current and ongoing ACC18 Medical Certificate from their GP.

Existing clinical and other records can be used to support backdated periods of incapacity in the absence of an ACC18 Medical Certificate.

Rules for Medical Certificates for Inability to Work Policy

d Check the claims history and check for a duplicate claim to determine if there are other Sensitive claims. This ensures that cover is sitting on the right claim.

NOTE What if you find a duplicate claim?

Link the duplicate claim. Go to Identify and Link Duplicate Claims :: Identify and link duplicate Sensitive claims.

PROCESS Identify and Link Duplicate Claims :: Identify and link duplicate Sensitive claims

e Check the Indicators tab to find out if physical file exists.

NOTE How do you request a physical file?

Refer to the Retrieve Archived Physical Claim Files process to request and obtain physical files.

PROCESS Retrieve Archived Physical Claim Files

NOTE What if the medical/clinical records are not on the claim?

Refer to the Request Clinical Records process.

PROCESS Request Clinical Records

f In Eos, check the claim for medical/clinical records and Consent tab for a signed ACC6300 within the last 12months.

NOTE DHBs require a new ACC6300 every 12 months.

NOTE What if there is no recent ACC6300 signed within 12 months?

Obtain a new ACC6300 and send to the client or the provider. Refer to the Obtain Client Authority to Collect Information process.


PROCESS Obtain Client Authority to Collect Information

NOTE What should you consider in the medical/clinical records already on the claim?

Check the medical records to understand:

- What additional medical records may be needed to support the assessments.

g Determine if the client meets the Sensitive claims criteria as outlined in section '1.0 Eligibility' and '2.0 Schedule 3 of the Accident Compensation Act 2001' of the Cover Criteria for Sensitive Claims Policy.

 Cover Criteria for Sensitive Claims Policy

NOTE What if the client meets the Sensitive claims criteria?

Determine whether appropriate to organise Specialist Cover Assessment and Function Assessment before client engaging Cover and Well-being Plan stage.

Go to activity '6.0 Arrange s105 Function Assessment'.

NOTE What if you are unsure if the client meets Sensitive claims criteria.

Discuss the claim with your Team Leader, Recovery Partner Level 2 or Practice Mentor.


2.0 Contact the client or representative

Recovery Partner

- a** Determine whether you will contact the client or an Authority to Act (ATA).

NOTE What if you need to add or update the ATA?

Refer to Obtain Authority to Act (ATA) process.

 **PROCESS** Obtain Authority to Act (ATA)

- b** Contact the client or ATA by their preferred method of communication. Advise receipt of request and explain LOPE eligibility criteria.

NOTE Do you need to send a letter to the client to confirm receipt of entitlement request?

Only if the client requests it. To do this, generate the 'WC41 Investigate link - client' and replace 'relevant pre-existing conditions you have like arthritis' with 'relevant pre-existing mental health conditions you have'.

 WC41 - Investigate link - client

- c** Confirm with the client what periods to investigate LOPE for.

NOTE How do you confirm the client LOPE claim period?

Review clinical and other records that may support these periods of incapacity and assist in confirming the client's injury occurred prior to the age of 18.

- d** Determine if the client has been engaged in any full-time study for the period which they are claiming for or prior to the age of 18 until they sustained their injury.

NOTE What if the claim was lodged and accepted under the 1972 or 1982 Act?

Determine if the client was in full-time study prior to the age of 16.

NOTE Why do we need to determine if the client has been engaged in any full-time study or training for the period which they are claiming for?

As per the LOPE policy, one of the eligibility criteria is the client must not be in full-time study or training that leads to the award of a qualification during the period for which they are claiming support.

 Loss of Potential Earnings Policy

NOTE What if the client did engage in full-time study?

Send the ACC138 Certificate of attendance to the client to request information from the University, Polytechnic or Study Facility to obtain confirmation of course.

 ACC138 Certificate of attendance

NOTE What is considered full-time study or training?

Refer to section '5.0 Definition of full-time study or training' of the LOPE Policy.


- e** Ensure that the client understands why ACC needs to request notes, Real Time Earnings (RTE) and Ministry of Social Development (MSD) benefit information and that they are aware of what period we are requesting for.

NOTE Why do we need to request relevant information from IR and MSD?

We use the information to confirm previous earnings from IR and MSD to help assess eligibility and potential entitlement for LOPE.

NOTE What if the client has not granted ACC authority to collect medical and other records?

Obtain verbal and written consent from the client so that we can collect relevant medical or other records. See Obtain Client Authority to Collect Information process for further guidance.

 **PROCESS** Obtain Client Authority to Collect Information

- f** Advise the client that we may request updated clinical records. Confirm that the client is OK with this.

NOTE What if you need to request updated clinical records?


Ask the client for their relevant health provider who we may need to obtain medical records from.

NOTE What if there are no notes available or you don't need to request them?

After completing the tasks below, go to activity 4.0 Determine LOPE eligibility.

NOTE What if there are other relevant claims on file?

Ask the client if there are other relevant claims on file where we may obtain relevant information from and refer to Prepare and Complete Sensitive Claims Document Release activity 2.d, note 3.

 **PROCESS** Prepare and Complete Sensitive Claims Document Release (Provider Only)

- g** Advise the client that we may need to contact their employer. Confirm that the client is OK with this and that they are comfortable with us discussing their claim with their employer.


NOTE What if the client requests to not involve their employer?

Where there is a Sensitive claim, we must follow directions by the client and not involve the employer unless requested to do so. Ensure you do not show or discuss any sensitive client information with the employer.

- h** Advise client and/or ATA of the six month stand down period.

NOTE What is the six month stand down period?

As per the LOPE Policy, to be eligible to receive compensation for LOPE, the client must meet all criteria including 'have been unable to work due to the injury for more than six months'.

 Loss of Potential Earnings Policy

NOTE What if the client received support from MSD?

Advise the client that ACC will reimburse MSD if they have been in receipt from MSD during any periods of eligibility or entitlement. Note not all support is reimbursed fully. If unsure speak to your Team Leader or Recovery Partner Level 2.

- i Check the claim for a signed ACC165 Declaration of Rights and Responsibilities form.

NOTE What if there is no signed ACC165 on the claim?


Discuss the client's rights and responsibilities and confirm that the client understands these. Record this discussion in Salesforce and send an ACC165 to the client.

- j Advise the client on the next steps and to gain further information if necessary. Refer to the process map to help give the client a high level overview of the steps we follow when processing their request

NOTE What do you need to advise the client of and what information is required?

- What will happen as part of this process including information around assessments.
- ACC may need to collect more information from their relevant providers (list providers and get client approval to contact).
- That we may contact their current employer to gather relevant information (applicable only if currently employed).
- Confirm with the client when and how they would like to be kept up to date with progress.
- Set expectations about timeframes and completing all recommended treatment assessments and rehabilitation.
- What it would mean if there is no clear link between their covered injuries and incapacity to work.

- k In Salesforce, refer to Conduct Recovery Check-in Conversation process to update the Recovery Check-in task at the timeframe agreed with the client to update them on progress.

 Conduct Recovery Check-in Conversation

- l In Salesforce, populate the Vocational Life Area with the relevant details and create a future dated Reminder task to record vital information using the LOPE Sensitive Claims Investigation Template.

 LOPE Sensitive Claims Investigation Template


3.0 Request and review clinical and earnings records

Recovery Partner

- a Request relevant medical/clinical records if the client has given permission.

NOTE What if you are requesting medical notes for a client with a Sensitive Claim?

Refer to 'Requesting Medical Notes for a Client with a Sensitive Claim'.

 Requesting Medical Notes for a Client with a Sensitive Claim

NOTE What do you need to do prior to making a request for any updated medical/clinical records?

Contact the relevant health providers to confirm that the client is registered with the practice.


NOTE What if the client is not registered with the practice?

The practice may still hold notes for the client, or enquire where the client is actually registered. Contact that practice to see if they hold any information on file.

- b Request all mental health records for the periods of incapacity the client is requesting financial support for.

NOTE How do you request clinical records?

Refer to Request Clinical Records process.

 **PROCESS** Request Clinical Records


- c Review the clinical records obtained and complete claim and client relevancy check.

NOTE What do we do with the clinical information received?

Check information as it comes in. If it's not what you need or want, either return to the provider and ask them to resend or redact the unnecessary information and delete the unredacted version.

If unsure, check with Team Leader or Recovery Partner Level 2.

 Privacy Check Before Disclosing Information Policy

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

- d Confirm the earliest DDOI based on information available

NOTE What if the claim is declined or held?

- Do not make a decision on DDOI until cover has been established.
- In Salesforce, create a Reminder Task and document the earliest date the client has been treated for any mental injuries;
 - add the consultation date (eg 15/04/2018)
 - client received treatment for 'diagnosis' (eg depression)
 - notes location (eg see pg3 of notes).
- Set the due task date to the expiration date of the assessment purchase order.

NOTE What if the claim is accepted and/or clinical records indicate an earlier DDOI?

Request guidance from a Psychology Advisor and Technical Specialist via Recovery Support.

 **PROCESS** Seek Internal Guidance

- e In Eos, generate the 'CVR17 Update deemed date of injury - client' to claimant to issue a decision letter if an earlier DDOI has been determined by Psychology Advisor and/or Technical Specialist.

 CVR17 Update deemed date of injury - client

NOTE On what claims would the DDOI apply?

DDOI would only apply to claims lodged under the 1992, 1998 and 2001 Acts, and not the 1972 or 1982 Acts. There are different rules applying to the dates of injury under 1972 Act, and no clear rule under the 1982 Act. In these two scenarios, seek guidance from a Technical Specialist.

- f Retrieve the earnings from IR to confirm the client was employed during the periods of incapacity.

NOTE How do you obtain Inland Revenue (IR) earnings information if the client was in employment?

1) Request Real Time Earnings (RTE) information to determine if the client has been in receipt of any earnings between DDOI and DOFI/DOSI. This will also help confirm client's dates of employment. This requires client consent beforehand.

Only collect the period for the month of the confirmed date. For example: DDOI or DOFI/DOSI has been confirmed as 15/03/2020. You would request period for 01/03/2020 to 31/03/2020. Ensure that you are only requesting the RTE for the dates in question. Requesting information from DDOI to DOFI/DOSI is an over request and a potential breach of the client's privacy.

2) Create a 'General Task' with the heading RTE REQUEST'

3) Add Reason e.g. to confirm earner status at DDOI or DOFI/DOSI

4) Period required

5) Transfer the General Task to Weekly Compensation Sensitive Claims queue.

NOTE How will you know when earnings information is available?

Client Payments will save the RTE to the claim and return the task to advise they are now available.

NOTE What if IR is unable to provide RTE breakdown on backdated periods?

There are limitations to how far back IR can provide the breakdown of RTE. For RTE requests before 2000, IR may be able to provide the year earnings but not the earnings by week or month. In this case, ask the client to provide evidence of their earnings to confirm their earner status in the period required.

Seek Technical Guidance if unsure of information received in RTE.

- g** Consider requesting MSD benefit information for the periods the client is claiming LOPE using the following instructions.

NOTE Why should you request benefit information from MSD?




To help determine if the client has been incapacitated to work if medical/clinical records are not enough to clearly indicate this.

 MSD Benefit Information Request Email Template

4.0 Assess LOPE eligibility


Recovery Partner

- a** Review the eligibility criteria for LOPE payments. Refer to the policy, guidelines on eligibility date for MI and business rules below.

-  Loss of Potential Earnings Policy
-  LOPE Eligibility Date for Mental Injuries
-  How to work out a clients date of event for a sensitive claim

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

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

 Deemed Cover and Entitlements Policy

- b** Confirm that the client meets the eligibility criteria before proceeding with the first assessment:

- be a potential earner
- have turned 18
- earnings are under minimum rate
- not be in full-time study

NOTE What if you are unsure if the client meets the eligibility criteria?

Speak to your Team Leader, Recovery Partner Level 2 or Practice Mentor.

NOTE What if the client doesn't meet the 1-4 of the eligibility criteria for LOPE?

Go to 10.0c NOTE 2 to generate the decline decision letter and communicate the decision to the client.

NOTE What if the client may meet the eligibility criteria for weekly compensation?

Consider which entitlement is more beneficial for the client, i.e. LOPE weekly amount vs Weekly Compensation weekly amount.

If unsure, speak to your Team Leader, Recovery Partner Level 2 or Practice Mentor support.

 **PROCESS** Assess Weekly Compensation for Sensitive Claims

NOTE How do you determine which financial support is more beneficial for the client?

Review RTE earnings to determine clients previous earnings.

NOTE What if the client may benefit more on Weekly Compensation?

If the Weekly Compensation amount appears to be higher, go to the Assess Weekly Compensation for Sensitive Claims process. This process ends.

 **PROCESS** Assess Weekly Compensation for Sensitive Claims

- c** Contact the client or ATA to confirm and explain what the next steps are.

NOTE What are the next steps?


- 1) s105 Initial Occupation Assessment,
- 2) s105 Specialist Cover Assessment and Function Assessment, and
- 3) if needed, s105 Occupation Medical Assessment.

Find out from the client at this time if the client has a vendor and/or assessor preferences ie gender, location.

- d** In Salesforce add or update Agreed Interventions on the Recovery Plan if the client agrees to the above assessments.



NOTE How do you add or update Agreed Interventions?

Refer to Create or Update Recovery Plan process activity 2.2c.

 **PROCESS** Create or Update Recovery Plan

5.0 Arrange s105 Initial Occupational Assessment Recovery Administrator - Mental Injury, Recovery Partner

- a** In Eos, generate a Vocational Independence Occupational Assessment referral task for a 'Vocational Initial Occupational Assessment' to purchase the assessment.

-  Referring Tasks to Recovery Administration - Principles
-  Creating Manage Referral Tasks - System Steps



- b** Complete the mandatory fields in the e-form.

- c** Provide additional information in the task if applicable.

NOTE What information is important to include in the task?

- Expected outcome
- Vendor preference if applicable
- Reason for the referral
- Factors that may impact the assessment, e.g. communication difficulties or interpreter services
- State if the client has requested CV preparation
- Name of document group or advise no documents are to be sent
- If your client has a care plan indicator. Refer to 'Considerations for Disclosure of Care Plan indicators' page for information about when this needs to be shared.
- The purchase order code for a LOPE IOA is VIO105. Do not use IOA02.

Additional information is found in the Partnered MI Occupational Assessment section of the Partnered and Assisted Mental Injury Task Templates.

-  Considerations for Disclosure of Care Plan Indicators
-  Partnered and Assisted Mental Injury Task Template

NOTE What if assessor notifies us that the client did not attend (DNA) the assessment?

In Eos, generate an NGCM Admin Request task. Advise Recovery Admin to add one of the codes below including quantity (1 or 2) and timeframe to the current Purchase Order for the assessor.

- IOADNAC - Did not attend Complex IOA
 - IOADNAR - Did not attend Reassessment
 - IOADNAV - Did not attend CV preparation
- Note: Two DNAs per client referral


- d** Call Recovery Administration, provide the claim number and request the task is completed today if urgent.


- e** Review the task and create the purchase order (performed by Recovery Administrator).

NOTE How does the Recovery Administrator do this?

Refer to Assess Loss of Potential Earnings (LOPE) - Physical Injury process activities '3.0 Review task' and '4.0 Create purchase order'.

Note the following difference with Sensitive claims purchase orders: If the ACC195 does not generate from the purchase order, open ACC195 linked below, populate the blank form as necessary and attach to the email to the supplier/provider.

-  **PROCESS** Assess Loss of Potential Earnings (LOPE) - Physical Injury

-  ACC195 - Application for Loss of Potential Earnings


5.1 Arrange s105 Function Assessment Recovery Administrator - Mental Injury, Recovery Partner

- a** Confirm that the client has completed a Supported Assessment/ Specialist Cover Assessment within the last two years.

NOTE What if the client has not had a recent Supported Assessment/ Specialist Cover Assessment?

Arrange a Specialist Cover Assessment with additional questions on Function specific to LOPE. This is to determine the effects of the injury on their work capacity.


Arrange this assessment using the Set Up Specialist Cover Assessment and/or Function Assessment process. You will need to start at activity '3.0 Create request for Specialist Cover Assessment' and refer to the notes on Specialist Cover Assessment with additional Function questions for specific guidance for this assessment type.

-  **PROCESS** Set up Specialist Cover Assessment and/or Function Assessment

- b** Seek Medical Advisor opinion via Hotline or Rapid Advice Medical (RAM) session before referring for further assessment

NOTE What can the Medical Advisor Hotline help with?


The Medical Advisors may be able to determine whether a Function Assessment is required based on the assessment and clinical/medical records we have on file. They can also provide comment on what clinical information we may need to request from treatment providers eg GP, Te Whatu Ora (DHB).

-  **PROCESS** Seek Internal Guidance

NOTE How do you organise a RAM session?

Speak to your Team Leader to book a session.

- c** Use the Contracted Suppliers list to find a Clinical Psychologist or Psychiatrist who holds an SCS contract or a Clinical Psychiatric contract to undertake the s105 Function Assessment. If possible, use a Clinician who has treated the client previously.

-  Contracted Suppliers Tool

- d** In Eos, generate a s105 Function Assessment referral task.

NOTE How do you create a S105 Functional Assessment referral task under Sensitive Claims Service?

1) From the ACC45 tab, press add Activity and select Request SCS Purchase Order. Select New Purchase Order Request. Complete template details. In Services select: SCSFA - Function Assessment - 6 hours (In Total); End Date 6 months
SCSFAR - Function Assessment Report - 2 hours (In Total); End Date 6 months
Letter Info: One-off Function Assessment - Vendor and One-off Function Assessment - Client and complete details.

-  Create or Update Purchase Orders | Sensitive Claims Service

NOTE How do you create a s105 Function Assessment referral task under clinical psychiatric contract?


1) From the Recovery Plan sub-case, create the correct Admin task.

• For clinical psychiatric contract use NGCM – Manage Referral Tasks > Mental Injury Assessment task.

2) Refer to the Partnered and Assisted Mental Injury Task Template document to select the appropriate option under 'Partnered MI Function Assessment'.

3) Complete all sections of the referral template. Ensure you instruct Recovery Admin on which template to add to the referral. Either:

- s105 Function Assessment, or
- Cover + s105 Function Assessment


 Partnered and Assisted Mental Injury Task Template

- e** Review the task and create the purchase order (performed by Recovery Administrator).


NOTE How does the Recovery Administrator do this?

To review task refer to Create and Edit Purchase Order and Send Documents for Sensitive claims procedure activities 1.0 Review task

To generate the purchase order, refer to Create and Edit Purchase Order and Send Documents for Sensitive claims procedure activities 2.0 Create purchase order if needed

 **PROCESS** Create and Edit Purchase Order and Send Documents for Sensitive Claims


- f** Create a document group and name it 's105 Function Assessment'.

 Manage document groups

- g** Send relevant documents and information to the assessor.

NOTE How do you send above information to a provider?

Refer to the Prepare and Complete Sensitive Claims Document Release (Provider Only) process.

 **PROCESS** Prepare and Complete Sensitive Claims Document Release (Provider Only)

NOTE What documents do you need to provide?

• Signed ACC6300 or ACC6300D Authority to Collect Medical and other Records. If verbal consent was provided note this in the task e-form for Recovery Admin.

- s105 Initial Occupational Assessment
- Any relevant Recovery Support guidance
- Relevant clinical notes
- Any relevant reports, ie medical, psychological, counselling reports
- Any relevant assessments
- Any relevant previous physical files
- Information on any other ACC claims that might be relevant


- h** Contact the assessor to confirm their email address and cellphone number for sending the clinical records.

NOTE What if the assessor is verbally confirming the email address?

In Salesforce, add a contact with the details of the conversation and confirmation for privacy reasons.

NOTE What if the specified email address has not been verified?

Refer to Verify an Existing Provider, Vendor or Facility Email Address.

 **PROCESS** Verify an Existing Provider, Vendor or Facility Email Address

- i** Send to the provider the:

- medical notes
- assessment pack
- assessment report
- IBSC reports and any other types of sensitive or confidential information.


6.0 Review s105 Initial Occupational Assessment and s105 Initial Function Assessment reports
Recovery Partner

- a** In Eos, review the s105 Initial Occupational Assessment and s105 Initial Function Assessment reports carefully and determine if all the questions have been answered.


NOTE What if the assessor has not answered all the questions?

Contact the assessor, request the missing information and ask for an amended report.

- b** Perform privacy checks on the reports ensuring all the details are relevant to the client.

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

- c** Generate ACC6217 Backdated Incapacity Rationale form complete the necessary fields and leave as 'incomplete' in the claim for Medical Advisor and Technical Specialists to complete.

 ACC6217 Backdated incapacity rationale & referral for interest on late payment of weekly compensation

- d** Obtain Written guidance from Recovery Support.

NOTE What can Recovery Support assist with?

• Seek guidance from Medical Advisor and Technical Specialist, to assist in determining eligibility for LOPE based on clinical and other records, incapacity and assessments available.

If a Supported Assessment was completed, seek guidance from a Psychology Advisor in addition to Medical Advisor and Technical Specialist.

• Whether a s105 Occupational Medical Assessment is required before we issue a LOPE decision.

• If s105 Occupational Medical Assessment is not required, is there sufficient information to issue a LOPE entitlement decision. If yes, then progress to activity 10.0 Issue decision.

 **PROCESS** Seek Internal Guidance


7.0 Arrange s105 Occupational Medical Assessment if required

Recovery Administrator - Mental Injury, Recovery Partner

- a** Determine if you need to arrange a s105 Occupational Medical Assessment.

NOTE What if a s105 Occupational Medical Assessment is required?

Refer to Arrange Section 105 Assessment process activity '2.0 Contact client and explain need for assessment' then return to this step to continue.

 **PROCESS** Arrange Section 105 Assessment

NOTE When would you not need to arrange a s105 Occupational Medical Assessment?

When Recovery Support provides guidance that a s105 Occupational Medical Assessment is not required to determine eligibility for LOPE.

Go to activity 10.0 Issue decision.

- b** In Eos, generate an Initial Medical Assessment referral to purchase the assessment.

NOTE How do you create a task for Recovery Administration?

Use 'Add Activity', NGCM – Manage Referral Tasks > Medical Assessment Referrals> S105 Assessment and complete all sections in the e-form as well as the template, by transferring the information into the 'Specific service elements' section.


Code: VMS03

Investigation period: Incapacity start and to date eg May 1996 to present


Additional details: Please specify whether assessing current/ongoing incapacity and/or earlier incapacity

NOTE Where can you find more details on the Occupational Medical Assessment referral?

Refer to the Partnered MI Section 105 Occupational Medical Assessment details in the Partnered and Assisted Mental Injury Task Template.

 Partnered and Assisted Mental Injury Task Template


- c** Create a document group and name it 's105 Occupational Medical Assessment'.

 Manage document groups

- d** Send relevant documents and information to the assessor.

NOTE How do you send above information to a provider?

Refer to the Prepare and Complete Sensitive Claims Document Release (Provider Only) process.

 **PROCESS** Prepare and Complete Sensitive Claims Document Release (Provider Only)


NOTE What documents do you need to provide?

- Signed ACC6300 or ACC6300D Authority to Collect Medical and other Records. If verbal consent was provided note this in the task e-form for Recovery Admin.
- s105 Initial Occupational Assessment
- Any relevant Recovery Support guidance
- Relevant clinical notes
- Any relevant reports, ie medical, psychological, counselling reports
- Any relevant assessments
- Any relevant previous physical files
- Information on any other ACC claims that might be relevant

- e** Review the task and create the purchase order (performed by Recovery Administrator).

NOTE How does the Recovery Administrator do this?

Refer to the Arrange Section 105 Assessment procedure activities '4.0 Review task' and '5.0 Create Purchase Order'.

 **PROCESS** Arrange Section 105 Assessment


8.0 Review s105 Occupational Medical Assessment report

Recovery Partner

- a** Review s105 Occupational Medical Assessment report to determine if all relevant information has been included.

NOTE What information should be included?

Refer to activity '4.0 What should you expect from the IMA?' of the Initial Medical Assessment (IMA) Service Page.

 Initial Medical Assessment Service Page

- b** Seek guidance from a Psychology Advisor, Medical Advisor and Technical Specialist to assist in determining entitlement for LOPE based on clinical and other records, incapacity and assessments available.

NOTE What information do we need to provide?

- 1) Make note of any periods of incapacity based on historical and current medical records including benefits information collected from MSD.
- 2) Note periods of employment and earnings over minimum wage.
- 3) Key information from assessment reports obtained such as treatment recommendations, impact of non-covered injuries.

 **PROCESS** Seek Internal Guidance

9.0 Issue decision


Recovery Partner

- a** Review that we have considered the right information, kept our clients informed throughout the assessment process, and show accountability for our final decision.

 NG Principles Decision Making

- b** Contact the client or ATA by their preferred method of communication to explain the decision and send decision letter.

NOTE Refer to activities '1.0 Advise Client of a decision' and '2.0 Record details from discussion with client' of the Issue Recovery Decision process.

 **PROCESS** Issue Recovery Decision

NOTE What else do you need to discuss with the client?

- Explain the six month stand down period. As per the LOPE Policy, to be eligible to receive compensation for LOPE, the client must meet all criteria including 'have been unable to work due to the injury for more than six months'.
- If you need to do backdated weekly compensation (BDWC), you are reliant on information from third parties eg MSD or IR which means there could be delays on receiving the information required to make the financial support calculations.
- If the client received support from MSD, advise the client that ACC will reimburse MSD if they have been in receipt from MSD during any periods of incapacity. Note not all support is reimbursed fully. If unsure speak to your Team Leader or Recovery Partner Level 2.
- Explain to the client that it is essential that ongoing medical certificates need to be submitted in order for payments to continue uninterrupted without delays or part payments.
- Complete the non-standard e-form in Eos that is to be sent Payments team.

Ensure you record that these points have been discussed with the client.


NOTE What if the decision is to decline the request for LOPE?

Discuss with your Team Leader or Recovery Partner Level 2 how best to communicate the decline decision to the client.

Create and send the SPD999 Decline entitlement decision – client (declined) letter via the client's preferred communication channel (phone, post or email) including the ACC255 Kōrero mai - Working Together.


Consider if the decision needs to be communicated in a safe environment such as in therapy session.


This process ends.

 **PROCESS** Issue Recovery Decision

 SPD999 Decline entitlement decision - client

c In Eos, generate the WCO50 accept weekly compensation letter, including the ACC255 working together and FSW05 earning while on weekly compensation to send via the client's preferred communication channel.

 WCO50 Accept application for weekly compensation - LOPE


 ACC255 Kōrero mai - Working together

 FSWC05 Earning while on weekly compensation

d Update Recovery Plan.

NOTE How do you create or update the Recovery Plan?

Refer to the Create or Update Recovery Plan process.

 **PROCESS** Create or Update Recovery Plan

e Request set up of Weekly Compensation - LOPE payments.

NOTE What additional information do you need to provide in your request?

In the non-standard e-form task that is sent to Payments, clearly state the client has been assessed and is eligible for LOPE.

Go to activity '3.0 Send request to Weekly Compensation Payments team (Recovery Team Member)' of the Request Set Up of Weekly Compensation Payments process.

 **PROCESS** **Request Set Up of Weekly Compensation Payments**
Cover Assessor, Recovery Team Member

Timeframes

Activity	Incl.	Active Time	Wait Time
 Request Set Up of Weekly Compensation Payments	+	-	-



SUPPORTING INFORMATION

LOPE Interim guidelines

Introduction

Summary: This page provides interim guidelines for staff to use following the TN Court of Appeal decision.

TN Court of Appeal decision

In the Court of Appeal judgment of ACC v TN the judge confirmed that a client who suffered a mental injury from childhood sexual abuse, but received treatment after age 18, may be a potential earner and eligible for loss of potential earnings compensation (LOPE) back to the age they would be first entitled.

What does this mean for you?

We are working through the full implications of the TN court decision. Whilst that work is in progress, please apply these interim guidelines to all requests for weekly compensation relating to sensitive claims.

Deemed date of injury

There is no change to the approach to establishing Deemed Date of Injury (DDOI).

New claims still require an assessment using section 36 to determine the deemed date of injury.

Existing claims should not have the DDOI changed unless there is new evidence to indicate that they first received treatment for the mental injury at a different date.

Compensation for Loss of Earnings

There is also no change to eligibility for Weekly compensation based on Loss of Earnings for sensitive claims clients who were earners at deemed date of injury, regardless of event date.

Clients can only be considered for compensation for loss of earnings for periods of incapacity that occur on or AFTER deemed date of injury.

To be eligible for earnings based weekly compensation the client must have been an earner at DDOI and the date of incapacity and the period of incapacity must be on or after DDOI.

If a client (who is an earner at DDOI) applies for compensation relating to periods prior to the DDOI they may also be eligible to LOPE for these periods, providing they meet the eligibility criteria for that entitlement.

Compensation for Loss of Potential Earnings

Where a client was a non-earner at the Deemed Date of Injury, they may be considered as potential earners if their event date is before age 18.

Periods of Incapacity

Clients can be considered for LOPE for all periods of incapacity after they turn 18 (once the 6 month standdown provisions have been met – the standdown period can be completed prior to the client turning 18). This includes periods of incapacity that occur before DDOI.

Special case - where the client has cover and the date they suffered their injury was prior to 1 April 1974

If the client's date of event is prior to 1 April 1974, the earliest that LOPE can be backdated to is 1 July 1992.

'Better off rule'

Clients who were earners at DDOI can be considered under the 'better off' rule for any periods of incapacity **ON** or **AFTER** DDOI.

If they are also potential earners based on event date, they may be considered for LOPE for periods between age 18 and DDOI.

They may also be considered for LOPE for periods of incapacity after DDOI where they were non-earners at date of subsequent incapacity (DOSI).

How to establish event date

Reference the information on the claim and use the table below to determine when it occurred either on a specific date, vague date, or the date range an event occurred.

DATE TYPE	EXAMPLE	EVENT DATE TO USE
Specific date (Use the specific date)	21.03.2004	21.03.2004
Vague date (Use the first of the month)	March 2004	01.03.2004
Date range (Use the earliest date)	2004-2006	01.01.2004

Determine whether a client is a potential earner

Confirm client's date of birth and if they were under 18 at the time of the event.

- If the event date is prior the client turning 18, they are eligible for LOPE.
- If the event date is after the client turning 18 they are not eligible for LOPE.

Eligible clients can receive LOPE payments immediately provided at least six months have passed between date of event and deemed date of injury.

Queries

If you have any queries for individual claims, please contact Technical Services via the [Seek Internal Guidance process](#).

Any questions regarding the interim guidelines please email Operational Policy on OperationalPolicy@acc.co.nz with the header "TN interim guidelines query"

Page Details

Content Owner



Content Experts



Topic

ACC: Rehabilitation and Treatment

Information Type

Guidance

Relates To

Internal Rehabilitation and Treatment

Released under the Official Information Act 1982



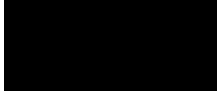
Summary

Objective

Use the following guidance to help you determine eligibility, and calculate compensation, for Loss of Potential Earnings capacity (LOPE).

- 1) Eligibility criteria
- 2) Determining inability to work
- 3) Six month inability to work criterion
- 4) Calculating compensation
- 5) Definition of full-time study or training
- 6) Definition: Place of education
- 7) Definition: Qualification
- 8) Links to legislation

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1.0 Eligibility criteria

- a** To be eligible to receive compensation for loss of potential earning (LOPE) capacity, the client must meet all the following criteria:
- be unable to work due to that personal injury
 - is a potential earner
 - have turned 18
 - not be in full-time study or training that leads to the award of a qualification, during the period for which they are claiming support
 - not have weekly earnings over the minimum earner rate
 - have been unable to work due to the injury for more than six months

- Eligibility to LOPE
- Definition of a potential earner

2.0 Determining inability to work

- a** Inability to work due to the injury, in this case, is determined as 'incapacity' under Section 105 of the Accident Compensation Act 2001 by considering if the client is unable, because of their injury, to engage in work for which they are suited by reason of experience, education or training.
- Compensation for loss of potential earning capacity is payable to an eligible client after six months of cumulative inability to work. A client can become unable to work prior to reaching age 18.

- Section 105 Assessment (VMS) Service Page <https://go.promapp.com/accnz/Process/3ef695e8-be4>
- Definition of Incapacity LOPE

3.0 Six month inability to work criterion

- a** Under clause 47(3) of Schedule 1 of the Accident Compensation Act 2001, weekly compensation for LOPE is payable when a person has been unable to work due to the injury for at least six months. This means that the effective start date for support is only after the six month period of inability to work. Once the LOPE criteria are satisfied, the support is not payable, and cannot be back-dated within that initial six month period of inability to work. Compensation for LOPE incapacity is payable to an eligible client after six months of cumulative inability to work. A client can become unable to work prior to reaching age 18.

NOTE Example

A child at the age of five suffers a serious car accident resulting in significant permanent brain damage. As their inability to work can be tested from a period prior to the date they turned 18, by the time the client reaches the age of 18 they are eligible to start receiving weekly compensation for loss of potential earning capacity as they have already been unable to work for six months.

4.0 Calculating compensation

- a** Any compensation payable under the Accident Compensation Act 2001, Schedule 1 Clause 47 will be calculated as if the client had weekly earnings of under minimum earner rate.

Compensation is payable at 80% and abatement applies, if the person gets earnings during the period of eligibility.

A client is not eligible for compensation for loss of potential earnings if the amount of compensation for loss of earnings they are eligible for is greater than the amount of compensation for loss of potential earnings they are eligible for under Clause 47 of Schedule 1.

Conversely, if the amount of compensation for loss of potential earnings they are eligible for under clause 47 is greater than the amount compensation for actual earnings lost from a job they are eligible for (ie eligibility for loss of earnings under the Schedule), they are not eligible to receive both, only compensation for loss of potential earnings.

- Amount payable to a client who is both eligible for LOPE and WC-LOE Better off assessment
- Amount of LOPE payable to client with no post incapacity earnings
- Initial LOPE abatement excess calculation
- LOPE entitlement post abatement calculation
- WC LOPE abatement calculation

5.0 Definition of full-time study or training

- a** The following are all considered full-time study or training:
- a course of study, recognised as full-time by the place of education that administers it. The course leads to a qualification approved by the New Zealand Qualifications Authority and it would be likely to enhance the employment prospects or lead to an award of a qualification
 - any work-related study or training which requires an employee to undertake the study or training for an average of no less than 30 hours per week. This leads to a qualification approved by the New Zealand Qualifications Authority and it would be likely to enhance the employment prospect
 - any study undertaken overseas as part of a student's continuous and uninterrupted (up until personal injury) full-time study. This applies both to foreign students who have come to New Zealand for study who sustain an injury while in the country, and to New Zealand students who have undertaken part of their studies abroad.
- b** A client is not eligible for compensation for loss of potential earnings during periods of full-time study or training

Full-time study for potential earners does not include full-time study or training in living or social skills

ACC considers all holiday periods, eg term or semester breaks, to be part of the study, so no eligibility exists for loss of potential earnings for these periods

At a secondary place of education, the main qualification offered to students will be the National Certificate of Educational Achievement (NCEA). The NCEA is awarded to students who achieve at least 80 credits, although a student can attempt to earn more than the minimum number of credits required for the award of the qualification.

NOTE Example

At a tertiary place of education, a 120 credit course is considered equivalent to one full year of full-time study. A credit is equivalent to 10 notional learning hours, including time spent on assessment, self-directed learning, and contact with teachers. This means that a part-year course for a lower credit value can also be a full-time course

- 📄 Engaged in full time study of training at specific date

6.0 Definition: Place of education

- a** 'Place of education' covers the following types of institutions:
- a composite school, composite private school, secondary school, or special school
 - an institution, such as a polytechnic, teachers college, university or wananga
 - a registered establishment as defined by Section 159(1) of the Education Act 1989.

- 📄 Definition of Place of education

7.0 Definition: Qualification

- a** In the Education Act 1989, the term 'award' is defined as being a degree, diploma, certificate, or other qualification. Qualifications that have been approved by a recognised body and are delivered by an accredited education or training organisation can be found on the New Zealand Register of Quality Assured Qualifications (Kiwiquals)

There is no specific definition in New Zealand law of what a qualification is. The Education Act does not include an exhaustive list of all recognised qualifications. The New Zealand education sector, however, has developed an agreed set of definitions for qualifications. Information on these definitions can be found on Kiwiquals

- 📄 Kiwiquals Definitions
<https://www.nzqa.govt.nz/studying-in-new-zealand/un>
- 📄 Kiwiquals
<http://www.kiwiquals.govt.nz>

8.0 Links to legislation

- 📄 Accident Compensation Act 2001, section 105 for determining incapacity of a client who had ceased to be in employment, was a potential earner, or had purchased weekly compensation
<http://www.legislation.govt.nz/act/public/2001/0049/lat>
- 📄 Accident Compensation Act 2001, Schedule 1, Clause 47 Weekly compensation for loss of potential earnings capacity
<http://www.legislation.govt.nz/act/public/2001/0049/lat>
- 📄 Accident Compensation Act 2001, Section 6 Interpretation
<https://www.legislation.govt.nz/act/public/2001/0049/lat>

Timeframes

None Noted



Summary

Objective

Recovery team members are responsible for regularly reviewing the scope of ongoing cover and whether support is still linked to the covered injury. Recovery team members are also responsible for the checking the initial fund code on a file when it is allocated to them.

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1.0 Rules

- a Each time new support is requested or considered, or further medical information is received for a client, you must confirm the link to the covered injury.

You must also review cover:

- if it was granted incorrectly
- if the diagnosis changes
- if there is doubt around whether the effects of the injury originally covered by ACC are the cause of the client's current inability to carry out activities.

Check that the fund code is correct and include evidence to support this.

2.0 Paying for support when claim is being assessed

- a If a client has requested support and ACC needs to confirm responsibility for this, it is reasonable not to pay for the support until a decision has been made.

NOTE Example

Susan sustained a lumbar sprain lifting a heavy box and ACC granted cover for this. Nine months later Susan applies for weekly compensation (WC) as she is unable to work because of back pain. Due to the nature of the injury and the length of time between the original accident and the application for WC, it is reasonable for ACC to assess whether the covered lumbar sprain is the cause of her current inability to work, before paying WC.

- b However, if a client is currently receiving support, ACC must continue to pay for this while assessing the claim.

NOTE Example

Adam fell off his tractor and hurt his knee. Cover was granted for a knee sprain and ACC started to pay WC based on Adam's inability to work as a farmer. Three months later he is still struggling with the injury and hasn't returned to work. Adam is referred for an MRI scan on his knee, which shows a cyst that is likely to have been there for some time. The specialist considers this is now the cause of Adam's pain and inability to work. ACC must keep providing support until we receive all the medical evidence and a formal decision can be made whether to cease the support.

3.0 Change of diagnosis

- a If the client's diagnosis changes, you must consider the new diagnosis and whether ACC should still be responsible for cover. Eos needs to be kept up to date and cover letters reissued if the new diagnosis is accepted by ACC. Sometimes the provider will lodge the original claim with a working or suspected diagnosis, and this is updated when further information is received. To ensure ACC has accurate records, the diagnosis should be updated with relevant evidence. This is important because ACC cover is linked to ongoing liability for that injury in the future.

NOTE Example

Manju fell while playing netball and hurt her knee. She sees her GP who lodges the claim as a knee sprain. ACC accepts cover for a knee sprain. Later, it is confirmed that Manju sustained a meniscal tear and she will need surgery to repair this. Once ACC has appropriate medical evidence, the injury on Eos is updated as meniscal tear, and a fresh cover letter issued to the client.

PROCESS Assess Cover for an Additional Injury or Change in Diagnosis

Timeframes

Activity	Incl.	Active Time	Wait Time
Assess Cover for an Additional Injury or Change in Diagnosis	×	-	-