

# **National Travel Assistance Policy**

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***Travel and accommodation assistance is considered in a holistic manner. No single clause of this policy should be read in isolation without considering the other clauses and the intent of the policy. For clarification of any aspects of this policy, please contact your social worker or call the Payments Operations, HealthPAC helpline: 0800 281 222.***

# **1 Philosophy and Purpose of the Policy**

## **1.1 Philosophy**

The Government is committed to improving access to specialist health and disability services through the provision of some financial assistance towards actual travel and accommodation costs to those with the greatest need.

Certain groups are targeted for assistance according to the principles, objectives and service delivery areas outlined in the New Zealand Health Strategy and the New Zealand Disability Strategy. Relevant aspects of the strategies include timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay; ensuring access to appropriate child health care services; ensuring accessible and appropriate services for people from lower socioeconomic groups; and delivery of accessible and appropriate services for people living in rural areas. This philosophy reflects a commitment to reducing inequalities.

## **1.2 Purpose**

The National Travel Assistance (NTA) policy is targeted at those people who:

- have to travel long distances to access specialist health or disability services (outpatient, inpatient or day patient secondary or tertiary services) outside their community area
- incur high travel costs as a result of frequent visits to specialist health and disability services
- have significant financial need that might otherwise prevent them from accessing necessary specialist health or disability services.

The NTA policy replaces all four existing regional policies and the Expenses to Attend Treatment (ETAT) policy, with the purpose of improving national consistency.

## **2 Scope of the Policy**

The NTA policy assists with expenses associated with travel that may construct a barrier to accessing the specialist care required.

This policy covers all travel and accommodation assistance claims from January 2006.

The policy identifies:

- eligibility criteria for clients to obtain travel assistance
- eligibility criteria for support people to obtain travel assistance
- the financial assistance that is available towards the costs of travel
- exclusions
- the claiming process.

## **3 Definitions**

### **3.1 Client**

For the purpose of this policy, a client is defined as the person accessing the specialist health or disability support service. Because eligibility is assessed on the client's circumstances, the definition of client does not include the support person.

### **3.2 Support person**

For the purpose of this policy, a support person is someone who supports an eligible client when travelling to or during attendance at specialist health or disability support services. In the case of child clients, the support person will usually be the primary caregiver.

### **3.3 Specialist services**

Specialist services for the purpose of this policy are publicly funded secondary and tertiary level personal health, mental health and disability support services that are not available locally. Specialist services do not include general practitioners or Primary Health Organisation provided services or any of the other services excluded in section 6. Specialist services do not include any specialists while they are acting in any private capacity, unless explicitly allowed as stated elsewhere in this policy.

Specialist services include:

#### **3.3.1 Personal health specialist services**

Personal health specialist services include a range of inpatient and outpatient medical and surgical services. Although maternity is usually included in the definition of specialist personal health, visits to specialists for routine maternity checks are not covered unless the specialist has particular concerns about the pregnancy.

#### **3.3.2 Mental health services**

Mental health services include all personal mental health, drug and alcohol services, services for people with a psychiatric disability and/or chronic damage from drug and alcohol abuse, services for mentally ill offenders and alleged offenders, and services for children and young people as defined in the Mental Health Service Coverage Schedule.

Specialist referrals for mental health and alcohol and drug services occur when the client's psychiatrist or approved clinician considers it necessary to refer on to outpatient, inpatient, day patient or residential secondary or tertiary services.

Travel and accommodation assistance cannot be claimed for the collection of methadone or other pharmaceuticals.

#### **3.3.3 Disability support services (DSS)**

The Ministry of Health defines a person with a disability as one who has been assessed as having a physical, intellectual, sensory, psychiatric or age related disability, or a

combination of these, which is likely to continue for a minimum of six months and result in a reduction of independent function to the extent that ongoing support is required.

People are considered to meet this definition of disability if they have received a Ministry of Health needs assessment.

In the disability support services (DSS) area, travel assistance is provided to enable access to specific specialist habilitation and/or rehabilitation in order to maximise a person's independence. Habilitation refers to services for people who have never lived independently and focuses on developing a person's skills to achieve independence. Rehabilitation focuses on more goal-centred restoration or relearning skills to resume a former role.

In addition to the other specialist services specified in section 3.3, specialist disability services include:

- artificial limb centres
- assessment, treatment and rehabilitation (AT&R) services
- conductive education services
- Wilson Home
- specialist therapy services
- specialist sensory services, such as the Royal New Zealand Foundation of the Blind, the Van Asch Deaf Education Centre, Cochlear Implant programmes
- riding schools
- swimming programmes.

### **3.4 Referrals**

Providers of specialist services can designate certain specialists with the authority to recommend travel assistance. Only authorised specialists referring clients for specialist care can recommend NTA assistance. The following clinicians (or those nominated by them and approved by the relevant DHB) have the authority to recommend travel assistance when they refer clients for their first visits to specialist services.

- Clinical specialists or medical officers special scale
- Clinical assessment team leader of the Royal New Zealand Foundation of the Blind, the Van Asch Deaf Education Centre and the National Audiology Centre
- DSS Needs Assessor/Service Co-ordinator
- General practitioners, nurse practitioners and lead maternity carers if authorised by their DHB to make referrals to certain specialists. This is only for those populations for whom there is no specialist at the regional hospital, and covers only the first trip to a specialist.

An acute assessment and subsequent admission to a secondary or tertiary hospital is regarded as a specialist referral.

The referral must be to the nearest appropriate specialist.



The specialist must recommend NTA for any subsequent visits. A recommendation from the specialist is required if specialised transport (including taxis or air travel), a support person for an adult or a second support person is required.

### **3.5 Specialised transport**

Specialised transport is a mode of public transport that meets the specific transport needs of a person with a short- or long-term disability. This is usually in the form of a modified vehicle. It may include but is not limited to a vehicle with a wheelchair lift or a seating system that cannot be transferred easily to another vehicle. This definition includes the use of appropriate services, such as mobility taxis that have all the required facilities, or an ambulance, if necessary.

The use of road ambulances is included for non-acute day case or outpatient appointments where the specialist agrees that the patient requires an ambulance for reasons of being confined to a stretcher or requiring active management, monitoring or seclusion in transit.

Where inpatients require transfer by road or air ambulance, the DHB of domicile covers the costs of these transfers.

### **3.6 Children**

For the purposes of this policy, a child is any individual aged less than 18 years at the time assessment/treatment is received.

## **4 Eligibility Criteria**

All clients must be referred to the nearest appropriate publicly funded service by an authorised specialist as described above and must meet the criteria under one of the categories below. Figure 1 provides a flow chart of the eligibility criteria for travel assistance under the NTA policy.

### **4.1 Distance**

Distance is calculated from the client's normal or usual place of residence to the town of the specialist facility, according to a standard independent distance database used by HealthPAC.

Usual place of residence is defined as the address where the client has lived, or intends to live, for at least three consecutive months, unless the client is a boarding pupil at a school or similar, in which case, they may be considered resident at their specified home address.

If the usual place of residence has changed within the last three months, or during the course of the treatment for which costs are being claimed, the distance for which a client can claim is at the discretion of Payments Operations, HealthPAC.

Eligibility on distance is based on the one-way distance between the client's usual place of residence and the town of the specialist facility, although return travel is compensated.

#### **4.1.1 Long distance**

Adult clients needing to travel more than 350 kilometres and child clients needing to travel more than 80 kilometres from their usual place of residence to the location of specialist services are eligible for assistance with travel irrespective of other criteria, and for assistance with accommodation if deemed necessary by the specialist. Accommodation will not usually be approved for clients travelling less than 100 kilometres.

Clients who need to travel less than 350 kilometres in the case of adults or less than 80 kilometres in the case of children may be eligible for assistance under the NTA policy if they meet other criteria related to frequency of visits, age or Community Services Card status.

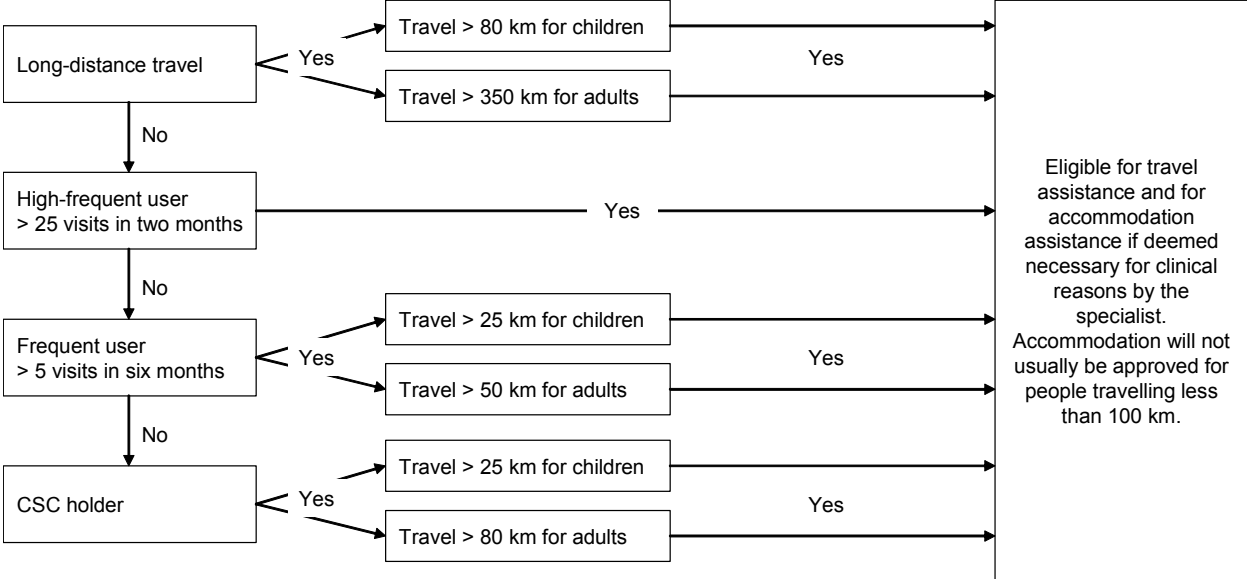
### **4.2 Frequency of visits to specialists**

Frequency refers to the number of visits taken to a specialist service provider/s on separate days. The frequency can include travel for separate episodes of care by a client living at the same address during the period of time for which the frequency is calculated.

The episode of specialist care may comprise any combination of in/day patient and outpatient or elective admissions. The time period within which frequency is calculated starts from the date of the first visit.

When the address changes during the period of time for which frequency is calculated, eligibility or reimbursement may change. People continuing to claim travel assistance after a change of residential address should notify Payments Operations, HealthPAC of their new address.

**Figure 1:** Eligibility criteria for transport and accommodation assistance under the NTA policy



**4.2.1 High-frequent users**

Clients who need to visit a specialist **more than 25 times on separate days within a two-month period** are categorised as High-frequent Users. All clients in this category (adults and children) are eligible for travel assistance irrespective of travel distance and may be eligible for accommodation assistance if deemed necessary by the specialist. Accommodation will not usually be approved for clients travelling less than 100 kilometres.

**4.2.2 Frequent users**

Clients who need to visit a specialist **more than five times on separate days within a six-month period** are categorised as frequent users.

Adult frequent users who must travel more than 50 kilometres from their usual place of residence to the location of the specialist service are eligible for travel assistance.

Child frequent users who must travel more than 25 kilometres from their usual place of residence to the location of the specialist service are eligible for travel assistance.

Accommodation assistance may also be approved if deemed necessary for clinical reasons by the specialist. Accommodation will not usually be approved for clients travelling less than 100 kilometres.

If a client moves from the frequent to the high-frequent user category, as specified above, and is able to establish the details of specialist care, that client is entitled to claim retrospectively for up to one year.

Clients who need to travel less than six times in a six-month period may be eligible for assistance under the NTA policy if they meet additional criteria specified below.

### 4.3 Community Services Card (CSC) holder

Community Services Card (CSC) holder status is considered in conjunction with travel distance and age to qualify for NTA assistance. When required, a valid CSC **must** be held during the time of assessment or treatment, and the card number and expiry date **must** be noted on the assistance application form.

Adult clients who hold a CSC and must travel more than 80 kilometres from their usual place of residence to the location of the specialist service are eligible for assistance with travel.

Child clients whose primary caregivers/parents hold CSCs and who must travel more than 25 kilometres from their usual place of residence to the location of the specialist service are eligible for travel assistance.

When a child resides at the homes of more than one caregiver/parent, distance is calculated from the home of the caregiver/parent who resides nearest to the service provider.

Accommodation assistance may also be approved if deemed necessary by the specialist. Accommodation will not usually be approved for clients travelling less than 100 kilometres.

### 4.4 Other eligible people

#### 4.4.1 Support person

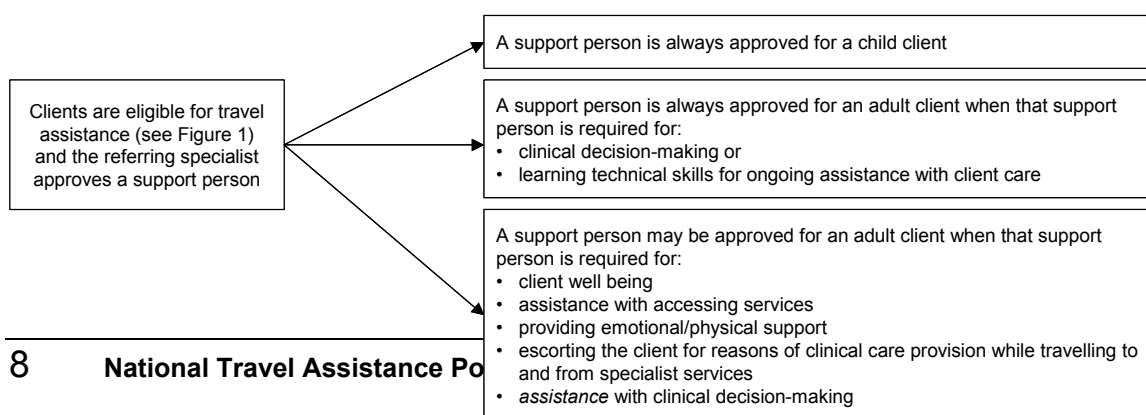
When a client is eligible for NTA, a support person for that client may also be eligible for assistance, depending on the circumstances of the client.

A support person of a child client should always be eligible for assistance. A support person of an adult client may be eligible for assistance under some circumstances.

The support person for the client may change over an episode of care and additional support people may be present provided it does not increase the costs.

Figure 2 shows a flow chart of criteria for a support person's eligibility based on the client's circumstances.

**Figure 2:** Eligibility criteria for transport and accommodation assistance for support people of



clients travelling to specialist care

#### **4.4.2 Neonates in hospital**

Clients who are breastfed neonates and whose mothers are travelling in order to breastfeed them must meet eligibility criteria under the high-frequent user, frequent user or community services card holder categories, but the usual distance requirements for those categories are waived. In circumstances where the client is a breastfed neonate, travel assistance may be approved for up to two trips per day or an extra support person where appropriate.

#### **4.4.3 Organ donors**

Live organ donors can be provided with assistance at the usual reimbursement rates without meeting any other eligibility criteria.

#### **4.4.4 Long stay near hospital**

Where clients do not meet the other criteria for assistance but are required by the specialist to stay near the hospital for periods of 14 or more days for clinical reasons (such as for transplant or to learn the process of renal dialysis), they are eligible for assistance with travel costs for the episode of specialist care. This does not include routine pregnancies.

#### **4.4.5 Second support person**

Additional funding for a second support person may be approved when:

- a. a second support person is required to learn technical skills for ongoing care of the client and cannot learn these skills from a local health care or disability support service provider or the first support person or the client, or
- b. a child client is in a critical condition, or
- c. a second support person is required to be present to make a decision about whether to proceed with surgery.

A letter signed by the specialist that explains why it is necessary to have two support people present will be required as part of any decision to fund a second support person.

#### **4.4.6 Death during treatment**

Where the client was eligible for assistance with their travel to specialist services, and died during that treatment, costs can be claimed for returning the deceased client and the eligible support person or people to the deceased client's home or tūrangawaewae where appropriate if such costs are not covered by another party.

In the event of a death, ACC will contribute to travel cost as part of a funeral grant if:

- the claimant dies as a result of treatment for a personal injury for which they have ACC cover, or
- the claimant dies as a result of a 'treatment injury' for which ACC has accepted cover.

The claimant's representative can access assistance either through the funeral director or by contacting ACC directly. Assistance also may be available through Work and Income.

#### **4.4.7 Postponed admission or cancelled appointment**

Costs can be claimed for appointments or admissions that are cancelled or postponed if the client is not notified before commencing travel. The specialist must confirm that this occurred.

### **4.5 Ineligible people**

HealthPAC does not have the delegated authority or the ability to approve claims for travel assistance beyond what is provided for in this policy. However, it is recognised that there may be situations that are not covered by the policy where travel problems are a barrier to accessing services. Your DHB can provide advice about other sources of assistance.

## 5 Assistance Available

Assistance is provided to clients to subsidise the costs of travel and accommodation that are necessary for the client to access specialist health or disability care. A client cannot claim both accommodation and return travel costs to and from their normal place of residence for the same day.

### 5.1 Travel assistance

Costs of travel are covered from the client's normal place of residence to the town of specialist services. Where travel includes the use of air or other public transport, the costs of travel between the airport or terminal and the location of specialist care are also covered.

Costs of travel are reimbursed at either the least expensive available transport rate that meets the client's health and disability needs, or at 20 cents per kilometre, where private transport is used. Receipts are required with all claims for reimbursement of public transport costs. Where the claim is for more than the least expensive available transport rate (eg, taxis), the specialist must specify the clinical or mobility reasons why this is necessary.

Costs of commercial scheduled air travel may be claimed when recommended by the specialist for clinical reasons or when the client must travel across water or when the client must travel very long distances (over 350 kilometres). Ferries should be used as a less expensive alternative where appropriate.

Clients who cannot afford to pay for their air or other public transport tickets in advance should contact Payments Operations, HealthPAC who can book the travel directly.

In areas where the Ministry of Health or the relevant DHB has arrangements with specific travel providers, clients and their support people are to use these arrangements unless there are clinical or mobility reasons that require alternative arrangements.

Whenever possible, the support person should travel with the client. When the client and the support person travel together by private motor vehicle, only one payment for transport can be claimed.

When the client is transferred as an inpatient, and the support person has to travel separately from the client, travel costs covering the distance between the specialist facility and the home of the client are reimbursed for the support person if eligible.

A support person's costs may be met for two return trips per week and/or accommodation as appropriate for the client's first two weeks of inpatient and/or daily outpatient specialist services. Thereafter the support person will be entitled to one return trip and two nights' accommodation as appropriate per week.

Approval for additional travel cost assistance for a support person beyond one return trip per week after the first two weeks may be approved on a case-by-case basis under exceptional circumstances where there is a clear clinical rationale for an exception to be made. Exemptions may be made for situations such as a mother who is breastfeeding an infant client or where clinical advice indicates that the client's clinical welfare would be prejudiced without additional support.

## **5.2 Accommodation costs**

Assistance with accommodation costs may be approved if an overnight stay is necessary according to the specialist's recommendation. Accommodation assistance will not usually be granted when a client or support person of an eligible client travels less than 100 kilometres one way. In such cases, the specialist must complete a form outlining the reasons for requiring accommodation. Actual and reasonable costs will be reimbursed up to a maximum of \$75 per night for motel accommodation (extended to \$100 when services are in Auckland and \$80 in Wellington).

Clients and support people are encouraged to stay with family/friends whenever possible. In this case, the reimbursement is \$25 per night regardless of the number of people to be accommodated.

Where a client and their support person require accommodation, they are expected to stay together, and only one rate of accommodation is provided.

Clients cannot claim accommodation costs for nights when they are admitted to a specialist service as an inpatient. However, if they meet eligibility criteria, the client's support person may claim for their separate accommodation.

Clients and their support people who need to arrive the day before an appointment or to leave the day after an appointment or discharge due to public transport availability or very long distances to travel may claim accommodation costs for any such extra nights. This also requires a recommendation from the specialist.

Clients or support people who choose to stay at the location of services for a period of time longer than the duration of that episode of treatment cannot claim additional accommodation or transport costs.



## **6 Exclusions**

### **6.1 ACC transport assistance**

ACC is responsible for providing travel assistance to ACC clients if they meet certain criteria. The table in Appendix 2 describes the funding split agreed between ACC and the Ministry of Health. ACC clients who are not eligible for travel assistance through ACC can claim travel assistance through the NTA policy if they meet the eligibility criteria.

### **6.2 Self, private and primary care referrals**

Episodes of travel associated with referrals from and to privately funded health care or disability support services, referrals from or to public specialists acting while in any private capacity, self-referrals, referrals from or to general practitioners or any services provided in a primary care setting or Primary Health Organisation are not eligible for travel assistance.

### **6.3 Inpatient transfers**

Inpatient transfers from one hospital to another continue to be the responsibility of the DHBs. However, if a client who has been transferred as an inpatient is discharged from the hospital and meets eligibility criteria, that client can receive travel assistance to return home.

### **6.4 Allied health services**

Access to primary health care, day programmes and activities, rehabilitation and residential services, and routine consultation or treatment on an ongoing basis through inpatient, community mental health or day treatment services such as drop-in centres or day hospitals are not covered under the NTA policy.

### **6.5 Costs borne by a third party**

Transport or accommodation costs that are covered by a third party, that is, by other contracts or arrangements that explicitly include travel and/or accommodation costs are not covered by the NTA policy. An exception to this may be made if the existing system is clinically inappropriate.

Examples of exclusions are costs fully or partially covered or services provided by the Total Mobility scheme, ACC, the Department for Courts (such as people admitted under a compulsory treatment order), Work and Income, the Ministry of Education and transport or accommodation provided by the referring or treating DHB.

### **6.6 Emergency services**

Travel assistance for people requiring emergency transportation or emergency retrievals in the first 24 hours after an emergency, such as road or air ambulances, is not covered by the NTA policy.

## **6.7 Overseas travel**

The NTA policy does not cover overseas travel for treatment. The Ministry of Health should be contacted in advance when high cost or overseas travel is required.

## **6.8 Others**

The NTA policy does not cover experimental treatment and/or treatment as part of a clinical trial, general dental or orthodontic services, or cosmetic surgery.

Compensation for the social, emotional and other impacts arising from the need to travel to obtain specialist care is not covered (eg, phone calls, parking, meals). There is no additional eligibility based on personal circumstances, such as returning home to care for children.

Travel costs are not covered if a client chooses to seek a second opinion independently.

Costs are not covered if a client chooses a facility for specialist care that is not the closest one to their home. Likewise, costs for a client to return home are not covered if, while on holiday, the client is admitted to a facility that is not the closest one to their home.

When access to specialist services for clients who are resident in residential care facilities such as rest homes is the responsibility of the facility, costs cannot be claimed for travel under this policy.

Clients who are not eligible to receive health and disability services purchased by the Ministry of Health cannot claim NTA costs.

The policy does not cover travel by health and disability practitioners.

## **7 Transitional Scheme**

People who are involved in a course of treatment and are receiving travel and accommodation assistance under one of the former travel assistance policies between 1 July 2005 and 1 January 2006 may continue to claim assistance according to their old policy until 1 January 2007 or for the duration of that treatment programme, whichever is shorter. Claims under the transitional scheme will be subject to the same eligibility criteria as specified in the old policies. Claims under the transitional scheme will be subject to the NTA reimbursement rates and will be administered by Payments Operations, HealthPAC. All new claims for transport and accommodation assistance from 1 January 2006 will fall under the NTA policy.

## **8 Claim Processing**

### **8.1 Claim details**

Proof of attendance at the specialist service must accompany any claim. A signed appointment card or a letter of confirmation of attendance from the service provider will suffice. Only claims containing supporting documentation will be reimbursed.

The name and address of the motel must be included with the receipt confirming purchase of accommodation. All receipts must be attached to the claim to prove purchase.

A printed bank account deposit slip should be attached for bank account number verification. Where the client does not have a bank account, Payments Operations, HealthPAC may issue a cash cheque for reimbursement.

Both the client and any support person must sign the form, if appropriate, and forward it to Payments Operations, HealthPAC for approval and payment.

### **8.2 Payment processing**

Payments Operations, HealthPAC, must receive application forms within 90 days of the last date of treatment to qualify for reimbursement.

Any client requiring accommodation to be paid directly to the service provider by Payments Operations, HealthPAC must provide the service provider with a Travel Assistance Client Identification Number (to be included on the top right of the front page of the Registration and Request for Travel Assistance claim form). Payments Operations, HealthPAC will supply a Client Identification Number once the client's eligibility for travel assistance is confirmed by the provision of all necessary information (eg, Community Services Card number) to Payments Operations, HealthPAC.

If Payments Operations, HealthPAC makes an overpayment, whether through HealthPAC or client error, HealthPAC will contact the client to make arrangements for repayment.

Payments Operations, HealthPAC may review eligibility for assistance in conjunction with the client and relevant specialist service staff. For example, this may be necessary in cases where eligibility has changed or costs are particularly high.

# Appendix 1: Responsibilities of DHBs and HealthPAC

This NTA policy specifies the eligibility criteria for travel assistance. It does not prescribe the specifics of arrangements made at the local level (such as means of transport and place of accommodation) to deal with the practical travel and accommodation issues that inhibit access (eg, poor roads, lack of public transport). These can best be addressed by local solutions.

## Responsibilities of DHBs

The DHBs are responsible for ensuring that arrangements are in place that:

- facilitate local claims for travel assistance on behalf of the national administration system (eg, social workers assisting clients with making claims)
- establish any internal processes within specialist services for sign off or approval from anyone other than the referring or treating specialist
- ensure that the population for which they are responsible knows their entitlement to travel and accommodation assistance (eg, displaying information material in appropriate places)
- manage local arrangements for travel or accommodation that respond to the specifics of their area (eg, volunteer driver schemes, special bus services, whānau houses), ensuring that any arrangements made are clinically and culturally appropriate
- designate, authorise and notify the national administration system of any rural or 'special' areas where general practitioner referral (under specified conditions) will be accepted and those situations where travel over water is to be covered even if frequency or distance criteria are not met
- ensure that processes are in place to consider travel issues arising outside the policy.

In order to maintain national consistency, any subsequent changes to the policy will need to be agreed by all DHBs.

## Responsibilities of HealthPAC

The national administration system will provide:

- approval of eligibility based on national criteria
- central payment of invoices
- national negotiation of travel and accommodation arrangements, including bulk travel and accommodation purchasing discounts
- regular reports to DHBs
- a central source of patient information (0800 281 222) and preparation and provision of education and publicity material on the policy.

## Appendix 2: Summary of Agency Responsibility for Determining Travel/Transport Assistance<sup>1</sup>

Type of hospital-related attendance	Type of transport	Agency	
		DHB	ACC
DHB emergency department attendance	Emergency transport of injured person and escort within 24 hours		✓
	Non-emergency transport (non-ambulance)		✓
DHB acute admission	Emergency transport of injured person and escort within 24 hours		✓
	Interhospital transfers within 24 hours		✓
	Interhospital transfers after 24 hours	✓	
	Non-emergency transport prior to admission		✓
	Non-emergency transport of a claimant travelling home after discharge from an acute admission	✓	
	Non-emergency transport of a claimant transferring to a non-acute inpatient rehabilitation facility after discharge from an acute admission	✓	
	Non-emergency transport for family/support person to travel between their home and the DHB	✓	
DHB medical outpatient services: <ul style="list-style-type: none"> <li>provided by doctor within six weeks of an emergency department attendance discharge or six weeks following an acute admission</li> <li>provided by a doctor within seven days of a referral by a doctor</li> </ul>	Non-emergency transport for the injured person (and family/support person) to travel to and from the DHB for treatment at medical outpatients	✓	
DHB other outpatient services: <ul style="list-style-type: none"> <li>all non-medical outpatient services (eg, physiotherapy, occupational therapy)</li> <li>medical outpatient services outside the public health acute period</li> </ul>	Non-emergency transport for the injured person (and escort) to travel to and from the DHB for treatment at outpatients		✓
DHB elective admissions	Non-emergency transport and other travel assistance for injured person (and support person/escort) for hospital visits associated with elective admissions		✓
Services provided by non-DHB hospital treatment providers	All non-emergency transport and travel assistance		✓

<sup>1</sup> Table provided by ACC.