

In-between Travel frequently asked questions

June 2017

The Home and Community Support (Payment for Travel Between Clients) Settlement Act 2016 describes the payment for travel between clients. It is for Home and Community Support workers who provide services:

- funded by the Ministry of Health or a DHB, and that are carried out in a client's home to help them continue to live in their own home
- funded by ACC to support a client's rehabilitation from an injury covered by the ACC Act and to achieve and sustain the client's maximum level of participation in everyday life.

These frequently asked questions cover some of the common questions that have been received.

If a support worker's actual hours are fewer than their guaranteed hours, can a provider claim funding for the difference via the In-between Travel portal?

Only cancellations and an on-going reduction of hours can be claimed via the In-between Travel portal from 1 April 2017.

If a worker's actual hours are fewer than their guaranteed hours, a provider cannot claim funding for the difference via the In-between Travel portal. Funding for this was included in the **Top Up Funding for Unfilled Guaranteed Hours** (please refer section 3.4 of Guaranteed Hours Funding Framework). Allocation of top up funding is the responsibility of the provider.

Can a provider limit a support worker's guaranteed hours to a maximum of 40 hours per week?

Yes.

When can the claim code AR be used?

The claim code AR can only be used when:

- there is an actual reduction in a support worker's hours due to circumstances beyond the control of the support worker or provider (such as the death or relocation of a client), and
- the provider is unable to find replacement work for the support worker.

When more than one service is provided at the same address and that visit is cancelled, what does the provider enter in the In-between Travel portal to make a claim?

It would be preferable for providers to change their systems to reflect the actual travel undertaken. A work around for the time being is to use only one claim line for each service (e.g. CA_AT_210_CC). The code AT can be used for the first claim line to represent the travel time. In subsequent claim lines, the claim code AN can be used.

For example, where three services are provided at one address but the service is cancelled, the claim would be as below:

```
VM 01/04/2017 ABC1234 9:00 CA_AT_60_CC
VM 01/04/2017 ABC1234 10:00 CA_AN_30_CC
VM 01/04/2017 ABC1234 10:30 CA_AN_120_CC
```

When a client passes away, the client's family may request the support worker's help. What code should be used when claiming for this time via the In-between Travel portal?

If the funder agrees with the support worker helping the client's family after the client's death, the provider can make a claim. The claim would be as below:

```
VM 01/04/2017 ABC1234 10:00 CA_AT_60_DEA
VM 02/04/2017 ABC1234 10:00 CA_AR_60_DEA
VM 03/04/2017 ABC1234 11:00
Note: claim service time as you would normally claim
VM 04/04/2017 ABC1234 10:00 CA_AR_60_DEA
```

If the funder does not allow for providing services after the client's death, the claim would be as below:

```
VM 01/04/2017 ABC1234 10:00 CA_AT_60_DEA
VM 02/04/2017 ABC1234 10:00 CA_AR_60_DEA
VM 03/04/2017 ABC1234 11:00 CA_AR_60_DEA
VM 04/04/2017 ABC1234 10:00 CA_AR_60_DEA
```

If a client visit is cancelled and the provider has found a partial replacement, what code should be used when claiming via the In-between Travel portal?

The code AN should be used. This allows providers to claim for only the cancelled service time, excluding travel time. For eg :

```
VM 01/04/2017 ABC1234 10:00 CA_AN_30_CC
VM 01/04/2017 DEF6789 10:30
```

Note – If the provider finds the full replacement for the cancelled visit then the cancelled visit cannot be claimed

In what circumstances should a provider use the code AR when claiming via the In-between Travel portal?

Providers should only use code AR when:

- a provider has negotiated an ongoing reduction in hours for a support worker, **and** there is no replacement work available for that support worker.

In that instance, a provider can claim for an ongoing reduction of hours for up to three weeks.

The AR code does not apply in other situations, such as when a client is in respite care e.g. the client is in care for 2 weeks and then resumes receiving the service again.

What does a provider enter in the In-between Travel portal when claiming for driving home after a client visit is cancelled?

When a support worker drives home after a client visit is cancelled then exceptional travel should be used on a separate claim line. For example:

VM ABC1234 1/4/2017 17:00 CA_AA_60_CC

VM ABC1234 1/4/2017 17:35 30 km 25 min (traveling home with Exceptional Travel)

If a client visit is cancelled and a support worker has yet to sign their employment agreement can the provider claim for actual travel?

Yes. Please use the code AT.

Questions?

If you have further questions, please contact ibt@health.govt.nz

For more information visit health.govt.nz.

