



Rongoā Māori: Frequently Asked Questions for Accredited Employers and Third-Party Administrators

This document addresses frequently asked questions (FAQs) from Accredited Employers (AEs) and Third-Party Administrators (TPAs) about the rongoā Māori service at ACC

Rongoā Māori

What is rongoā Maori?

Rongoā Māori is described by the Waitangi Tribunal as a 'multi-dimensional form of care and healing'. It comprises many different techniques that include but are not limited to: mirimiri (bodywork), rākau rongoā (native flora herbal preparations) and karakia (prayer).

Rongoā Māori may take place in many locations, such as a clinic, a home or on a marae. Rongoā is applied using a traditional Māori healthcare model which is different to most government-funded healthcare. For example, it places a stronger emphasis on the value of whānau and spirituality in recovery and wellbeing.

Funding

Why does ACC fund rongoā Māori now?

Rongoā Māori has always existed in Aotearoa New Zealand, largely without government funding. Rongoā was made illegal for much of the 20th century under the Tohunga Suppression Act (repealed in 1962).

In 2011, the Waitangi Tribunal found that New Zealand's health system has a responsibility to support the use of rongoā as an important tool for improving Māori wellbeing. In 2019, a field survey carried out by our Māori and Cultural Capability team found that 80% of Māori respondents considered it important that their health provider offer rongoā Māori services.

A portion of New Zealanders who find their needs are not met by mainstream healthcare (and do not use it) feel supported in their rehabilitation journey by rongoā. ACC's funding of rongoā will provide a more acceptable and accessible rehabilitation option to many.

How do we fund rongoā Māori?

ACC funds rongoā Māori as social rehabilitation, not treatment, because rongoā practitioners (or tohunga) are not classified as treatment providers under the Accident Compensation Act. Previously, some requests for rongoā were declined solely because the practitioner was not a

treatment provider. You may also see rongoā practitioners referred to as vendors to distinguish them from treatment providers.

We consider requests for rongoā Māori when those requests meet standard legislative criteria for 'other social rehabilitation':

- when rongoā is required to meet the rehabilitation need for a covered injury; or
- when rongoā is cost-effective when compared to other options.

What about other alternative and culturally responsive therapies?

Rongoā Māori as a taonga is protected by the Treaty of Waitangi, which sets it apart from other alternative or cultural therapies.

The Waitangi Tribunal's definition of rongoā Māori is broad but is limited to healing practices which have whakapapa Māori (come from a Māori origin). Some rongoā practitioners also practice other alternative therapies, for example reiki – this alternative therapy would not be considered rongoā (even if it is performed by a rongoā practitioner) because it originates in Japan.

How can rongoā Māori help ACC clients return to independence?

Like any other social rehabilitation, rongoā Māori can be considered if it supports a person's return to independence. It can lead to recovery through (to name a few benefits) pain management, restoration of physical function, taha hinengaro (psychological wellbeing), taha wairua (spiritual health) and mana motuhake (self-determination).

ACC's policy allows for consideration of client-led requests for rongoā Māori, which means clients should describe the outcomes they are seeking from rongoā when making a request.

Because rongoā is a Māori healing approach, Māori frameworks like Te Whare Tapa Whā can be helpful tools for identifying relevant barriers and enablers of independence from a Māori perspective.

Rongoā Māori has not been widely used by ACC in the past, which is why it's important we begin gathering data about the outcomes it can support. To help us build our understanding and ensure legislative compliance, we ask that AEs and TPAs document the reason the service is being approved, the outcomes being sought and achieved, and the rongoā techniques that were used.

Why does the rongoā Māori service have a maximum hourly rate?

We do not disclose the full amount that ACC covers, based on the advice of rongoā Māori practitioners during the development of the service.

Practitioners are asked to bill us at the rate they would normally charge their non-ACC kiritaki (clients). We can fund up to \$125 (plus GST) per session, but the practitioner may charge ACC less than this.

We cannot fund more than this maximum amount, even if the practitioner normally charges more than this. In this case, the practitioner may recoup the remainder through a surcharge (common practice amongst ACC treatment providers).

What does the hourly maximum cover?

The hourly rate includes transport (up to 20km), room hire, sundries and herbal preparations used as part the session.

Practitioners can only bill for kanohi ki te kanohi (face-to-face) and over the phone (telehealth) time. The maximum hourly rate does not cover herbal preparations or equipment that the kiritaki needs to take away after the session. For example, if the kiritaki chooses to purchase a balm to use at home this would not be funded by ACC.

Requests for rongoā Māori

Can accredited employers and third-party administrators approve this service for staff with an existing ACC claim?

Yes. If a person has an accepted ACC claim, rongoā can be requested as social rehabilitation. This may be as standalone care or in addition to other services.

What is the service code for rongoā Māori?

ACC uses the service code MTH10 for rongoā Māori and MTH10T for telehealth.

You may wish to use these or your own code(s) for the approval of the service.

Where can I go for support with my rongoā Māori query?

For cultural advice, you can contact our Māori Health team: MaoriHealth@acc.co.nz.

Decisions approving rongoā will be made by the Accredited Employer/Third-Party administrator.

I have received a request for rongoā Māori and I am not sure whether it is appropriate. What should I consider to help me make the decision?

Requests for rongoā Māori are client-led – that means kiritaki can request rongoā Māori directly through ACC, AEs and TPAs, and a provider referral is not required. To determine if rongoā is appropriate, the kiritaki should be asked to share how they think rongoā will help in their return to independence. They may wish to share supporting information provided by their rongoā practitioner or treatment provider, but this is not required.

Remember that we consider requests for rongoā Māori as social rehabilitation where it is:

- required to meet the rehabilitation need for a covered injury
- cost-effective when compared to other options.

Currently, ACC does not have a shared contract for the delivery of rongoā Māori service. This means all requests for services and practitioners are responded to on a case-by-case basis. For each request, before services can be delivered we need to:

- ensure legislative criteria for 'other social rehabilitation' are met;

- agree with the client and practitioner on the outcomes we are seeking through rongoā Māori, and the number of sessions that will be funded; and
- ensure the practitioner is registered as an ACC vendor to enable them to invoice ACC for services.

In most cases, it will be appropriate to start with a small number of sessions (e.g. 4 hours) and see how a client is progressing before deciding if more rongoā Māori should be funded.

Is there support through ACC for accredited employers on how many sessions to approve?

We initially approve up to 4 sessions. Following this, a Hauora report needs to be completed by the practitioner. If additional sessions are requested the reasoning for this should be noted in the Hauora report. AEs should follow their normal processes for considering requests for additional sessions to support social rehabilitation.

If you are still unsure whether to approve or decline the request, check your internal guidance. Consider which support advisor you need support from to assist with your decision:

- *Technical advisors can assist with legislation and policy*
- *Māori Health team can assist with considering cultural needs – email: MaoriHealth@acc.co.nz*

Are rongoā Māori practitioners authorised to lodge claims?

No. Only treatment providers can lodge ACC claims.

Does accessing rongoā Māori impact on an individual's rehabilitation pathway, i.e. Vocational Independence (VI)?

Rongoa Māori is provided as social rehabilitation and this would not generally be relevant to Vocational Independence. The purpose of social rehabilitation is to assist in restoring a client's independence to the maximum extent practicable.

Can a client ask for help to fund travel to see their rongoā Māori practitioner?

Travel for social rehabilitation can be considered under 'ancillary travel'. Your internal approval processes should be followed in this instance.

Can a rongoā Māori practitioner request extra funding for travel?

Travel up to 20km is included in the maximum hourly rate (pro-rated across all clients seen in that journey). If the practitioner needs to travel significantly further than this, you should contact the kiritaki to discuss whether a different practitioner is available closer to them, noting how you normally fund social rehabilitation services.

Finding a practitioner

What criteria or qualifications are required of rongoā practitioners?

There is no one specific qualification for rongoā Māori practitioners. Instead, the status of a rongoā practitioner is achieved through whānau (family) and spiritual connection, iwi and hapū endorsement and natural aptitude.

Rongoā practitioners must seek vendor registration with ACC before working with our kiritaki. This includes providing proof of relevant community credentials, endorsements, training and experience, and completing NZ Police Vetting.

How can clients find a rongoā Māori practitioner?

Our preference is for our kiritaki to tell us which practitioner they want to work with.

If they don't have a practitioner in mind, they may wish to choose from our list of registered ACC rongoā Māori practitioners: www.acc.co.nz/assets/registered-rongoa-vendor-list.pdf

If further assistance is required, contact the Māori Health team: MaoriHealth@acc.co.nz. There may be additional registered practitioners who did not want their details listed online.

Reporting

What does practitioner reporting consist of?

ACC requests information on progress and outcomes to be shared via the Hauora report.

This should also be used to request more sessions following the initial approved sessions (up to 4). It should be completed by the practitioner in collaboration with the kiritaki.