



SERVICE SCHEDULE FOR NEUROPSYCHOLOGICAL ASSESSMENT SERVICES (NASA)

CONTRACT NO: _____

A. QUICK REFERENCE INFORMATION

1. TERM FOR PROVIDING NEUROPSYCHOLOGICAL ASSESSMENT SERVICES

- 1.1 The Term for the provision of Neuropsychological Assessment Services is the period from date of signing by both parties (“Commencement Date”) until the close of 30 April 2024 (the “Date of Expiry”) or such earlier date upon which the period is lawfully terminated or cancelled.
- 1.2 Prior to the End Date, the parties may agree in writing to extend the Term of this Service Schedule for a maximum of two further periods of one year. Any decision to extend the Term of the Service Schedule will be based on:
- 1.2.1 the parties reaching agreement on the extension in writing prior to the End Date; and
 - 1.2.2 ACC being satisfied with the performance of the Services by the Supplier; and
 - 1.2.3 all other provisions of this Contract either continuing to apply during such extended Term or being re-negotiated to the satisfaction of both parties.
- 1.3 There is no obligation on the part of ACC to extend the Term of the Service Schedule, even if the Supplier has satisfactorily performed all the Services.

2. SERVICE LOCATION (PART B, CLAUSE 4)

3. NAMED SERVICE PROVIDERS (PART B, CLAUSE 7.2 – 7.6)

Name, ACC Provider Number

«Named_Providers»

4. SERVICE ITEMS AND PRICES (PART B, CLAUSE 10.1)

Table 1 - Service Items and Prices

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
NP104	In-person Neuropsychological Assessment	Assessment inclusive of file review, interview and history taking, assessment of cognitive, behavioural, and emotional functioning, protocol scoring, report writing and feedback session to the Client and other relevant parties in accordance with Part B, Clause 6.	\$186.48	Per Hour (maximum of 16 hours)
NP104T	Neuropsychological Assessment via Telehealth	Note: The Assessment maximum of 16 hours will include feedback of outcome to the Client and other relevant parties within 10 Business Days following assessment. In accordance with Part B, Clauses 6.2 and 6.3.12. Suppliers may only bill for actual hours used and itemised in accordance with Part B, Clause 10.1.		

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
NP110	Neuropsychological test materials fee	One unit can be claimed per NP104 or NP104T assessment, during which one or more neuropsychological test has been administered. The fee should not be claimed when an assessment has been undertaken but has not involved the administration of any neuropsychological tests. Note: this code linked to the NP104 or NP104T under the Neuropsychological Assessment Services Schedule.	\$107.62	Per Assessment
NPDNA	Non-attendance Fee	DNA - payable if a Client fails to attend a scheduled face to face appointment without giving at least 2 Business days' notice, and the Supplier has taken all reasonable steps to ensure they attend, including reminding the Client of the appointment two or three days before the scheduled time.	\$372.96	Maximum of two fees per claim

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
NPTT5	Travel Time – first hour	<p>Paid for the first 60 minutes (or less) of total travel in a day where:</p> <ul style="list-style-type: none"> the travel is necessary; and the Service Provider travels via the most direct, practicable route between their base/facility and where the services are provided; and the distance the Service Provider travels exceeds 20km return; and/or the time the Service Provider travels exceeds 30 minutes. <p>Note 1: where the Supplier has no base or facility in the Service provision area return travel will be calculated between the “start point” and “end point” closest to the Client (as agreed by ACC).</p> <p>Note 2: If travel includes more than one client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>	\$93.24	Per Hour

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
NPTT1	Travel Time – subsequent hours	<p>Paid for return travel time after the first 60 minutes in a day paid under NPTT5, where:</p> <p>the travel is necessary; and</p> <p>the Service Provider travels via the most direct, practicable route available between their base/facility and where the services are provided; and</p> <p>additional travel time is required after the first hour of travel</p> <p>Note 1: where the Supplier has no base or facility in the Service provision area return travel will be calculated between the “start point” and “end point” closest to the Client as agreed by ACC.</p> <p>Note 2: the first 60 minutes must be deducted from the total travel time and if travel includes more than one Client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>	\$186.48	Per hour

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
NPTD10	Travel Distance (company or private motor vehicle)	<p>A contribution towards travel: for return travel via the most direct, practicable route; and where the return travel exceeds 20km.</p> <p>Note 1: where the Supplier has no base or facility in the Service provision area, return travel will be calculated between the “start point” and “end point” closest to the Client (as agreed by ACC).</p> <p>Note 2: ACC does not pay for the first 20km of travel and this must be deducted from the total distance travelled. If travel includes more than one Client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>	\$0.70	Per km
NPTA1	Air Travel	<p>Air travel when a Service Provider is: requested by ACC to travel to an outlying area that is not the Service Provider’s usual area of residence or practice to deliver Services; and air travel is necessary and has been approved by ACC.</p> <p>Note: ACC will only pay for actual and reasonable costs and receipts must be retained and produced if requested by ACC. If more than one Client (ACC and/or non-ACC) receives services, then invoicing is on a pro-rata basis.</p>	Actual and Reasonable Cost	Per trip

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
NPT6	All other Travel	<p>Costs for return travel by ferry, taxi, rental car, public transport, and parking when:</p> <p>return travel is via the most direct, practicable route; and</p> <p>the return travel exceeds 20km.</p> <p>Note 1: where the Supplier has no base or facility in the Service provision area return travel will be calculated between the “start point” and “end point” closest to the Client as agreed by ACC.</p> <p>Note 2: ACC will only pay for actual and reasonable costs and receipts must be retained and produced if requested by ACC. If more than one Client (ACC and/or non-ACC) receives services, then invoicing is on a pro-rata basis.</p>	Actual and Reasonable	Per trip

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
NPTR1	Remote Clinic Room Hire	<p>Paid where a Service Provider is:</p> <p>requested by ACC to deliver services in an outlying area that is not the Service Provider's usual area of residence or practice; and</p> <p>the Service Provider is required to hire rooms for the specific purpose of delivering services.</p> <p>Note: ACC will only pay for the actual and reasonable costs and receipts must be retained and produced if requested by ACC. If more than one Client (ACC and/or non-ACC) receives services, then invoicing is on a pro-rata basis.</p>	<p>Actual and Reasonable (max \$226.58 excl. GST per day)</p>	Per Day

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
NPAC	Accommodation	Payable when a Service Provider has been requested by ACC to provide Services in an outlying area that is not the Service Provider's usual area of residence or practice and overnight accommodation is necessary. ACC will pay actual and reasonable accommodation costs of up to a maximum of \$258.28 excl. GST per day with prior ACC approval and receipts provided. Hotels – Maximum of \$172.19 excl. GST per night Meal and Incidental Allowances – Actual and reasonable up to the following maximums \$86.09 excl. GST per 24-hour period where overnight stay is required. No reimbursement for alcohol, including mini-bar expenses	Actual and reasonable (max of \$258.28 excl. GST per day)	Per Night

Price Review

ACC will review pricing when, at ACC's sole discretion, it considers a review necessary. The factors ACC may take into account during a review include, but are not limited to:

- general inflation;
- changes in service component costs;
- substantial changes in the market.

If ACC finds that the factors we take into account have not had a significant impact on price, the prices will remain unchanged.

If ACC proposes any price increase, the price increase will only take effect if the Supplier agrees to the price increase in writing. If the Supplier agrees to the price increase, the price increase will take effect from a date specified by ACC in a variation letter.

5. RELATIONSHIP MANAGEMENT (CLAUSE 11, STANDARD TERMS AND CONDITIONS)

Table 2 - Relationship Management

Level	ACC	Supplier
Client	Recovery Team / Recovery Team Member	Individual staff or operational contact
Relationship and performance management	Engagement and Performance Manager	Operational contact/ National Manager
Service management	Portfolio Team or equivalent	National Manager

6. ADDRESSES FOR NOTICES (CLAUSE 23, STANDARD TERMS AND CONDITIONS)

NOTICES FOR ACC TO:

ACC Health Procurement
 Justice Centre (for deliveries)
 19 Aitken Street
 Wellington 6011
 P O Box 242 (for mail)
 Wellington 6140
 Marked: "Attention: Procurement Specialist"
 Phone: 0800 400 503
 Email: health.procurement@acc.co.nz

NOTICES FOR SUPPLIER TO:

 _____ (for deliveries)

 _____ (for mail)

Marked: Attention: _____, _____
 Phone: _____
 Mobile: _____
 Email: _____

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B. SERVICE SPECIFICATIONS FOR NEUROPSYCHOLOGICAL ASSESSMENT SERVICES

1. SERVICE PURPOSE

- 1.1. The purpose of the Neuropsychological Assessment Services is to provide timely, clinical neuropsychological information by a Named Service Provider to ACC to enable the effective planning of rehabilitation services that meet the specific needs of the Client. The focus is on assessing the impact of the Client's injury(s) on their cognitive, behavioural, and emotional functioning.

2. SERVICE OBJECTIVES

- 2.1. ACC will measure the success of this Service based on the Supplier achieving the following objectives:
 - 2.1.1. Assessments accurately reflect the Client's functional strengths and impairments.
 - 2.1.2. Information provided includes changes in functional ability and/or stability of injury and recommendations for social and/or vocational rehabilitation.
 - 2.1.3. Assessment reports contribute in a timely way to the rehabilitation process of the Client and are provided in clearly written and understandable language.
 - 2.1.4. Assessments provide appropriate recommendations to ensure that Clients, who have sustained neuropsychological impairments, can work towards achievable outcomes.
 - 2.1.5. Assessment reports are complete and accurate and in accordance with the requirements specified in this Service Schedule.
 - 2.1.6. All Neuropsychological Assessment reports are signed off by a Named Service Provider.

3. SERVICE COMMENCEMENT

- 3.1.1. A Client is entitled to Neuropsychological Assessment Services under this Service Schedule if Neuropsychological Assessment Services are required in respect of a personal injury.
- 3.2. Examples of situations which may require a Neuropsychological Assessment include:
 - 3.2.1. Assessing Clients with traumatic brain injury.

- 3.2.2. Assessing Clients where a decision regarding differential diagnoses needs to be made.
 - 3.2.3. Assessing Clients with impaired central nervous system function due to injury, e.g., chemical toxicity, post traumatic seizures or chronic pain.
 - 3.2.4. Reviewing Clients' improvement or deterioration in brain functioning over time, especially when there is a need to document such changes; and
 - 3.2.5. The Supplier has received a written referral for Neuropsychological Assessment Services from ACC. The written referral will include a recommendation that an assessment be completed.
- 3.3. Where a registered Medical Practitioner has directly made the Referral, the Supplier must obtain approval to provide the Neuropsychological Assessment Services from ACC prior to undertaking the assessment. ACC will not pay the Supplier for Services to a Client where prior approval has not been given.

4. SERVICE LOCATION

- 4.1. The Supplier will ensure that:
- 4.1.1. The Service Provider will provide the Neuropsychological Assessment Services at the location(s) specified in Part A, clause 2 unless clauses 4.1.2 and 4.1.3 below applies.
 - 4.1.2. Where the Client's circumstances or physical condition preclude the Client from attending the Service Provider's facility for the purpose of an Assessment, then the Service Provider will provide the Service in a location that meets the needs of the Client.
 - 4.1.3. Where Assessment of a Client is required in a location away from the Service Provider's facility, prior approval must be given by ACC and, if approved, travel costs will be paid at the rate specified in Part A, clause 4. Where possible, the Service Provider will carry out multiple Assessments in one locality to minimise travel and accommodation costs to ACC.
- 4.2. Services can be delivered by Telehealth, where clinically appropriate. Services delivered by Telehealth must:
- 4.2.1. have a Client or authorised representative consent (recorded in the clinical notes), and with the option of an in-person meeting if the client prefers;
 - 4.2.2. be accessible by the Client;
 - 4.2.3. be preceded by an initial suitability assessment and safety plan performed by the Service Provider;

- 4.2.4. have clinical records that meet ACC and professional body requirements;
- 4.2.5. meet the requirements outlined within ACC's guidance on the provision of services through Telehealth, and the New Zealand Psychologist's Board Telehealth guidance and comply with the relevant New Zealand regulations, standards, and guidance for Telehealth;
- 4.2.6. have both the Client receiving the Telehealth service, and the Service Provider delivering the Telehealth service, physically present in New Zealand at the time the service is provided;
- 4.2.7. in circumstances where the Client will access the services at a location outside the Service Provider's Territorial Authority, have prior approval from ACC in writing.

5. SERVICE EXIT

- 5.1. The Neuropsychological Assessment Services for a Client are deemed to be completed and can be invoiced for when an Assessment Report is received by ACC and is considered satisfactory in all aspects to ACC.

6. SERVICE REQUIREMENTS

- 6.1. The Supplier will ensure that the range of Neuropsychological Services provided to a Client by a Service Provider will include a Neuropsychological Assessment (NP104), including a Client Feedback Session (to be included after the assessment and draft report writing) as set out in this clause 6.

Assessment

- 6.2. A Neuropsychological Assessment includes:
 - 6.2.1. A thorough assessment of all the Client's cognitive, behavioural, and emotional functioning with provision for in-depth assessment, including protocol scoring, personality assessment (if required) and report writing time;
 - 6.2.2. A Client Feedback Session. If there is any reason for not holding a Client Feedback Session, the Supplier must provide the reason to ACC;
 - 6.2.3. Arranging any necessary appointments with the Client, and providing an explanation of the purpose of the examination, the parameters and uses for the examination, the limits of confidentiality, notification of third parties who will be contacted, a brief outline of test procedures, and responding to any other concerns the Client may have;

- 6.2.4. Taking a detailed history of the Client where such a history has not been documented in a report in the previous six months including:
 - 6.2.4.1. The history of the presenting injury;
 - 6.2.4.2. An outline of the Client's current mental status, mood and any compromising psychological or psychiatric symptoms;
 - 6.2.4.3. The Client's personal, educational, social, and occupational history;
 - 6.2.4.4. The Client's medical and psychiatric history (including a list of medications prescribed);
 - 6.2.4.5. The Client's drug and/or alcohol history;
 - 6.2.4.6. The Client's goals, beliefs, and motivation;
 - 6.2.4.7. The Client's coping strategies;
 - 6.2.4.8. Collateral information from third parties, including family members, agencies involved and employers, or in the case of children, from schools, counselling, or welfare agencies; and
 - 6.2.4.9. Documentation of any findings not already recorded in previous reports.
- 6.2.5. Undertaking an in-person neuropsychological examination of the Client to review the Client's cognitive, behavioural, and emotional functioning and study/work capacity. The Assessment will include where appropriate investigations of functioning in the following areas, unless the referral indicates otherwise:
 - 6.2.5.1. General intellectual functioning and estimated premorbid intellectual functioning;
 - 6.2.5.2. Information processing speed;
 - 6.2.5.3. Orientation;
 - 6.2.5.4. Attention;
 - 6.2.5.5. Learning;
 - 6.2.5.6. Visual and auditory perception;
 - 6.2.5.7. Motor functioning;
 - 6.2.5.8. Language and literacy functions;
 - 6.2.5.9. Memory;
 - 6.2.5.10. Executive functions;
 - 6.2.5.11. Insight/Self-Awareness;

- 6.2.5.12. Emotional functioning;
- 6.2.5.13. Behavioural functioning;
- 6.2.5.14. Self-monitoring.
- 6.2.6. Assessing Symptom and/or Performance validity (see 2. APPENDIX 1: ASSESSMENT OF SYMPTOM AND/OR PERFORMANCE VALIDITY);
- 6.2.7. Working in liaison with the providers of other assessment services approved by ACC and provided for the Client, and communicating information to other relevant parties on request of ACC;
- 6.2.8. Formulating a Neuropsychological Assessment Report, in the format specified by ACC (see APPENDIX 2: GUIDELINES FOR REPORT).
- 6.2.9. Submitting the Neuropsychological Assessment Report to ACC.
- 6.3. Neuropsychological Tests utilised in the assessment must be valid and reliable, and have appropriate normative standards and robust psychometric properties.
- 6.4. The initial interview and any information gathering sessions may be delivered in-person or via Telehealth channels as appropriate.

Client Feedback Session (included in NP104)

- 6.5. As part of the Neuropsychological Assessment (NP104), the Supplier will arrange a Client Feedback Session. If there is any reason for not holding a Client Feedback Session, the reason must be provided to ACC.
- 6.6. The purpose of a Client Feedback Session is to review the factual information and discuss outcomes of the assessment with the Client and other relevant parties and confirm the factual data is correct before the Neuropsychological Assessment report is sent to ACC;
- 6.7. The Supplier must ensure that the Client Feedback Session is provided in accordance with clause 6.8 – 6.9.
- 6.8. The Client Feedback Session may have any combination of the following individuals present: Service Provider, Client, Client's whānau, ACC and other Providers involved in the Client's rehabilitation. The Client Feedback Session will be completed after the assessment report is drafted and within 10 Business Days following the assessment.
- 6.9. There is flexibility in how the Client Feedback Session is delivered. For example, if an Assessment is provided in a location where the Service Provider is not based, the Client Feedback Session may take place via Telehealth channels.
- 6.10. The supplier will provide all equipment and technology necessary to deliver services by Telehealth and manage their own technical issues.

Report

- 6.11. The report will include a relevant detailed history of the Client irrespective of whether it has been obtained in the current assessment. Where the history has been documented in an assessment in the previous six months, the Supplier must ensure that the earlier assessment findings are included in the current assessment report. Note each assessment needs to stand on its own and needs to include a detailed history of the Client.
- 6.12. The report will include a summary of the service provided including preparation time, dates of consultation, duration, and number of assessment sessions; duration of consultation including details of who was consulted and date of the Client Feedback Session.
- 6.13. Where changes to the Client's current rehabilitation services are indicated, the report will detail:
 - 6.13.1. Any Services mentioned in the Client's Individual Rehabilitation Plan (IRP) provided by ACC that are:
 - 6.13.1.1. not currently appropriate; or
 - 6.13.1.2. not achievable within the timeframe specified; or
 - 6.13.1.3. to be provided in a different order of priority than originally specified;
 - 6.13.2. Any recommendations for referrals for diagnostic or other assessment services;
 - 6.13.3. Any requirements for other services such as community Training for Independence Programmes or Residential Rehabilitation;
 - 6.13.4. Estimated timeframe for expected return to work and/or independence, within the limitations of any residual disability.

Neuropsychological Assessment of Children /Adolescents where required

- 6.14. Neuropsychological assessments of children and adolescents require specific skills and experience. Service Providers who provide child/adolescent neuropsychological assessments must note the following and incorporate these factors into their assessments and reports:
 - 6.14.1. Brain behaviour relationships in developing children and adolescents are qualitatively and quantitatively different than those for an adult. Neuropsychologists working with children and young people need to be very familiar with the range of normal variation at each age-level and to have the ability to formulate their clinical impressions according to the young person's developmental age.

- 6.14.2. Neuropsychological evaluations with children/adolescents involve gathering information from multiple sources involving consultation with family, schools, rehabilitation teams, and with any other agencies that the children and their families are associated with.
- 6.14.3. There is greater potential for unreliable assessment in young age groups so providers of paediatric neuropsychology services need to be skilled in eliciting optimal behaviour from children and adolescents. Measures of symptom and/or performance validity will be routinely administered with school-aged children and adolescents to establish the validity of the results.
- 6.14.4. Specific and detailed recommendations resulting from the assessment need to be included in the report to assist all those working with the child/adolescent such as parents, teachers, the rehabilitation team, and any other involved personnel/agencies.

7. QUALITY REQUIREMENTS

7.1. Service Delivery Times

- 7.1.1. Neuropsychological Assessment Services will generally be provided during normal working hours but may be provided after hours or during weekends.

Time Frames for Neuropsychological Assessment Services

7.1.2. The Supplier must ensure that:

- 7.1.2.1. Upon receipt of a Referral from ACC for a Neuropsychological Assessment (NP104), the Supplier contacts the Client to arrange an appointment for an assessment within 5 Business Days of receiving the Referral. The Supplier will notify ACC if they are unable to contact the Client within this time frame.
- 7.1.2.2. The Service Provider initiates the Assessment within 15 Business Days of the Client being contacted. The Supplier will notify ACC if the Assessment cannot be initiated within this time frame unless a longer timeframe has already been arranged with ACC.
- 7.1.2.3. Once the Assessment is initiated, the Service Provider completes the Assessment within 15 Business days. The Supplier will notify ACC within 15 Business Days of the Assessment being initiated if the Assessment cannot be completed within this time frame unless a longer timeframe has already been arranged with ACC.

7.1.2.4. The Service Provider completes the Client Feedback Session within 10 Business Days of completing the assessment (unless a reason for not providing a Client Feedback Session has been provided to ACC). The Supplier will notify ACC if the Client Feedback Session cannot be completed within this time frame.

7.1.2.5. The Neuropsychological Assessment Report is sent to ACC within 15 Business Days of completing the Assessment. The Supplier will notify ACC if the Neuropsychological Assessment Report cannot be completed and sent within this time frame.

7.2. Named Service Providers

7.2.1. The Supplier will utilise only the services of the Named Service Providers approved by ACC and named in Part A, clause 3 in the course of providing Neuropsychological Assessment Services for Clients. All Service Providers who provide services under the contract are Named Service Providers who need to be approved by ACC; this includes Provisional Service Providers.

7.2.2. The Supplier must ensure that all Named Service Providers:

7.2.2.1. meet the criteria for being a Named Service Provider as set out in Part B, clause 7.5; and

7.2.2.2. will not undertake assessments in any specialist area such as Children and Adolescents, without appropriate experience and knowledge in that area.

7.3. Addition of Named Service Providers

7.3.1. The Supplier may, at any time during the Term of this Service Schedule make a written request to the ACC Notices Key Contact (see Part A, clause 6) that a Named Service Provider is approved.

7.3.2. ACC may, in its sole discretion, accept or decline such a request, by providing written notification to the Supplier. In some instances, ACC may request further information such as anonymised reports to ensure that the applicant has the requisite skills. Any acceptance may be made subject to specific conditions.

7.3.3. If a request is accepted under this clause, the Provider shall be deemed to be added as a Named Service Provider from the date of ACC's written notification of acceptance to the Supplier.

7.4. Removal of Named Service Providers

7.4.1. The Supplier may, at any time during the Term provide written notification to ACC that a Named Service Provider is to be removed from this Service Schedule. The Named Service Provider will be deemed to be removed from this Service Schedule 5 Business Days after receipt of ACC's notice by the Supplier.

7.5. Named Service Provider Qualifications

7.5.1. The Supplier must ensure that all Named Service Providers providing Neuropsychological Assessment Services (except Provisional Service Providers who meet the requirements in clause 7.5.2) meet and maintain the following criteria:

Qualifications	Experience and Competencies
A. Be a Registered Psychologist in NZ with a Clinical or Neuropsychology Scope of Practice; and	A. Demonstrate a minimum of 24 months' full-time equivalent post qualification experience in supervised neuropsychological assessments and rehabilitation; and
B. Hold a current Annual Practicing Certificate with the NZ Psychologists Board; and	B. Demonstrate knowledge of and competency to use and interpret neuropsychological tests and have an appropriate knowledge of the relevant neuroscientific foundations of neuropsychological assessment; and
C. Be a current member of at least one of the following: <ul style="list-style-type: none">• New Zealand Psychological Society, or• NZ College of Clinical Psychologists, or• An international neuropsychological professional body acceptable to ACC and	C. Have arrangements in place for ongoing supervision with an appropriately qualified and experienced supervisor as set out in clause 7.5.4.
D. Have successfully completed a university based graduate or postgraduate course or paper in Clinical neuropsychology (transcript required)	D. Provide evidence of attendance at courses, conferences, training, or study on an annual basis; and
	E. Demonstrate understanding of Hauora competencies under HCPA Act

7.5.2. All Service Providers who work with a person under the age of 18 years must complete a Children's Workforce Safety Check to ensure they are safety checked to the standard required under the Children's Act 2014 and the Children's (Requirement for Safety Checks of Children's Workers) Regulations 2015.

7.5.3. Provisional Service Providers

7.5.3.1. If a clinical psychologist or neuropsychologist has completed the training requirements to be a Neuropsychologist but does not yet have sufficient experience (24 months full time equivalent experience) to be approved in full, that person can provide Services as a Provisional Service Provider, until the required amount of experience has been gained.

7.5.3.2. Provisional Service Providers may complete Neuropsychological assessments under supervision by Named Service Providers who meet the additional criteria as set out in Part B, clause 7.5.4.

7.5.3.3. The Supervisor of a Provisional Service Provider must check and co-sign each Neuropsychological Report completed by the Provisional Service Provider. The supervisor has responsibility to ensure that the standard of each Assessment provided is at least equivalent to that of a qualified clinical psychologist specialised in neuropsychology, or a qualified neuropsychologist.

7.5.3.4. The Supervisor of a Provisional Service Provider must confirm and agree to the conditions outlined in 7.5.2.5 in a letter of support.

7.5.3.5. A Provisional Service Provider may provide services under one Supplier only.

7.5.3.6. The Supplier must ensure that all Provisional Service Providers meet and maintain the following criteria:

Qualifications	Experience and competencies
As set out above in clause 7.5.1.	Have arrangements in place for ongoing supervision with an appropriately qualified and experienced supervisor as set out in clause 7.5.4;
	Be working under the direct supervisory authority of a Neuropsychologist who meets the criteria listed in clause 7.5.4 and who is a Named Service Provider;
	Have 1 in 5 assessments undertaken directly observed by the supervisor to ensure correct and competent test administration skills;

Qualifications	Experience and competencies
	Discuss all cases with the supervisor prior to the assessment, whether or not the supervisor observes the assessment;
	Engage in fortnightly one on one supervision with the supervisor;
	Maintain a supervision log which outlines the cases discussed and provides a summary of issues and recommendations for each case;
	Have each assessment report completed read and co-signed by the supervisor; and
	Engage in at least one neuropsychology specific workshop / conference / course annually.
	A final supervision report from the supervisor will be required by ACC once the criteria to work as a Named Service Provider have been met. This supervision report and supervision log should be received by ACC within 36 months of approval of provisional status.

7.5.4. Clinical Supervision required for all Service Providers

- 7.5.4.1. All Named Service Providers require ongoing supervision with an appropriately qualified and experienced Supervisor consistent with clause 7.5.3.2.
- 7.5.4.2. The Supplier will ensure that all Supervisors providing clinical supervision to any Service Provider will meet and maintain the following: criteria:

Qualifications	Experience and competencies
As outlined in clause 7.5.1.	<p>Demonstrate a minimum of 48 months' full-time equivalent post qualification experience in supervised clinical practice which includes an equivalent of at least 24 months' fulltime experience in neuropsychological assessments and rehabilitation;</p> <p>Demonstrate knowledge of, and competency to use and interpret neuropsychological tests and have an appropriate knowledge of the relevant neuroscientific foundations of neuropsychological assessment; and</p> <p>Have arrangements in place for ongoing supervision with an appropriately qualified and experienced supervisor as set out in this clause.</p>

7.6. Psychology Interns

7.6.1. For the purposes of this clause, the following definitions apply:

7.6.2. **“Psychology Intern”** means a student engaged in a Psychology Board accredited post-graduate diploma, master or doctoral course of studies, to achieve full registration in the Clinical Psychologist, Psychologist, Neuropsychologist or Counselling Psychologist scopes of practice, but who does not as yet have the necessary clinical experience.

7.6.3. **“Supervisor”** means a supervisor of a Psychology Intern that meets all the following requirements:

7.6.3.1. Is registered with the New Zealand Psychologists Board as a Psychologist, Clinical Psychologist, Neuropsychologist, or Counselling Psychologist scope of practice; and

7.6.3.2. Holds a current Annual Practicing certificate with the NZ Psychologists Board; and

7.6.3.3. Is a current member of at least one of the following:

7.6.3.3.1. New Zealand Psychological Society, or

7.6.3.3.2. NZ College of Clinical Psychologists; or

7.6.3.3.3. An international professional body acceptable to ACC; and

- 7.6.3.4. Is an approved ACC named service provider with at least 2 years of clinical experience; and
 - 7.6.3.5. Is approved by the Psychology Intern's university to provide supervision for Psychology Interns; and
 - 7.6.3.6. Is allocated to no more than two Psychology Interns during each clinical practicum.
- 7.6.4. Psychology Services to ACC clients may be provided by Psychology Interns if a Supervisor is co-located on-site at the relevant service location during the ACC client's treatment session.
- 7.6.5. The Supplier may only invoice ACC in relation to these services in accordance with clause 7.6.6.
- 7.6.6. The Supplier acknowledges and agrees that it may invoice ACC for the Supervisor's time only when and to the extent the Supervisor has been physically present providing direct supervision to the Psychology intern during the ACC Client's treatment session. In these circumstances, the Supplier may invoice ACC under the Supervisor's provider ID number utilising the psychology intern code in the applicable Service Schedule.
- 7.6.7. For all other circumstances, including where the Supervisor is co-located in the building but not physically present providing direct supervision during the appointment, the Supplier will not claim, and ACC will not fund Psychology Services provided by Psychology interns.
- 7.6.8. The Supplier must ensure its record-keeping includes what, if any, Psychology Services are provided to ACC Clients by a Psychology Intern.
- 7.6.9. The Supplier must ensure that the following requirements are met in all circumstances where a Psychology Intern is providing Psychological Services:
- 7.6.9.1. The Psychology Intern must adhere to the New Zealand Psychologists Board's standards of ethical conduct and clinical and cultural competence as well as any best practice guidelines adopted and endorsed by the board, (these standards are required by the Health Practitioners Competence Assurance Act 2003) including:
 - 7.6.9.1.1. Core competencies for the Practice of Psychology in New Zealand; and
 - 7.6.9.1.2. Code of Ethics for Psychologists Working in Aotearoa/New Zealand; and

- 7.6.9.1.3. Cultural Competencies for Psychologists Registered Under the Health Practitioners Competence Assurance Act 2003 and those seeking to become registered.
- 7.6.9.2. The Psychology Intern must have a Supervisor. The Psychology Intern may have a second nominated Supervisor to provide supervision if the primary Supervisor is not on site. The Psychology Intern must ensure that their named Supervisor/s is or are co-located on-site and available when undertaking clinical work with ACC clients.
- 7.6.9.3. Each Supervisor is required to meet all requirements included in the definition of that term above.
- 7.6.9.4. The Supervisor/s are registered with the NZ Psychologists Board in the same scope, in which the Psychology Intern is undertaking their internship.
- 7.6.9.5. The Psychology Intern may only see ACC clients under one Supplier contract.
- 7.6.10. If the Supplier is hosting a Psychology Intern that will or may provide Psychological Services, the Supplier must provide to ACC:
 - 7.6.10.1. An application – (ACC8344 Psychology intern application form), the Psychology Interns annual practicing certificate, and academic transcript; and
 - 7.6.10.2. An induction plan including how the Supplier is going to introduce and educate the Psychology Intern about the Psychological Services; and
 - 7.6.10.3. Details of the Psychology Intern’s supervision plan and arrangements including:
 - 7.6.10.3.1. The Supervisor/s details; and
 - 7.6.10.3.2. Frequency and model of supervision as determined by the Psychology Intern's university; and
 - 7.6.10.3.3. Informed consent process for clients; and
- 7.6.11. Acknowledgement signed by the Supervisor/s:
 - 7.6.11.1. All clinical work undertaken by the Psychology Intern will be overseen by the Supervisor/s, who will maintain responsibility for the client’s care at all times; and
 - 7.6.11.2. That the Supervisor/s will be co-located on-site when the Psychology Intern is undertaking clinical work with ACC clients; and

- 7.6.11.3. Note that the Supervisor of a Psychology Intern will check and co-sign each report and clinical record completed by the Psychology Intern. The Supervisor/s is responsible for ensuring that the standard of each assessment and treatment provided is at least equivalent to that of a qualified psychologist.
 - 7.6.12. Each applicant to be a Named Service Provider must also provide ACC with details of supervision arrangements that includes the frequency of supervision; a letter of support from current Supervisor, a copy of the Supervisor's Annual Practising Certificate that includes indication of Clinical or Neuropsychology Scope, evidence of the Supervisor's membership of at least one of the following: New Zealand Psychological Society, or NZ College of Clinical Psychologists or an international neuropsychological professional body acceptable to ACC, and an indication of the Supervisor's own qualifications and formal training in neuropsychology.
 - 7.6.13. In relation to Provisional Service Providers, the Supervisor will check and co-sign each Neuropsychological Report completed as the Supervisor is responsible for ensuring the standard of each Assessment provided is at least equivalent to that of a qualified clinical psychologist specialising in neuropsychology, or neuropsychologist.
- 7.7. Maintenance of Ongoing Competency Levels, Training, and Supervision
- 7.7.1. The Supplier must ensure that:
 - 7.7.1.1. All Named Service Providers are competent, appropriately experienced, trained, and qualified to provide Neuropsychological Assessment Services, as per the requirements of Part B, clause 7.5.
 - 7.7.1.2. The Supplier has in place a system that identifies and monitors competency levels, training needs and compliance with training requirements by Named Service Providers to ensure that all requirements in this Service Schedule are met.
 - 7.7.1.3. All Named Service Providers who provide Neuropsychological Assessment Services have satisfactorily completed recognised courses at a tertiary level to develop the interpersonal and practical skills necessary to ensure the Service Providers' competency to deliver the Service.
 - 7.7.1.4. All Named Service Providers have a supervisory agreement in place (as per Part B, clause 7.5.4) and supply ACC with up to date details of all such supervisors.

7.7.1.5. All Named Service Providers maintain competencies by continuing to attend such courses, conferences, training, or study programs on an annual basis and will ensure that competencies remain current and which satisfy the requirements for continuing education as recommended by their professional body.

7.7.1.6. All Named Service Providers are able to demonstrate understanding of Hauora Competencies as prescribed in the HPCA Act 2003.

8. PERFORMANCE REQUIREMENTS

8.1. The Supplier's performance will be measured as shown in Table 3 – Performance Measurement

Table 3 – Performance Measurement

Objective	Performance measure	Target	Data Source
Timely Contact with the Client	Contacts the Client within 5 Business Days of receipt of referral or notifies ACC within this timeframe if they cannot contact the Client.	80%	Supplier Reports
Timely Appointment for a Neuropsychological Assessment with the Client	Initial appointment for Assessment completed within 15 Business Days of contacting the client, unless otherwise arranged with ACC.	80%	Supplier Reports
Timely Reporting	Neuropsychological Assessment Report provided within 15 Business Days following conclusion of assessment inclusive of Client Feedback Session.	80%	Supplier Reports

9. LINKAGES

9.1. The following linkages have been identified to support the Supplier in the successful delivery of the Service. The Supplier must maintain linkages with:

- 9.1.1. ACC;
- 9.1.2. District Health Board based rehabilitation services for Brain Injury;
- 9.1.3. Mild traumatic brain injury/concussion services;
- 9.1.4. Relevant disability consumer groups;
- 9.1.5. Mental health provider services;
- 9.1.6. The Client's General Practitioner or other primary medical services;

- 9.1.7. Independent advocates;
- 9.1.8. Māori health providers;
- 9.1.9. Other appropriate ACC funded community rehabilitation services;
- 9.1.10. Other appropriate community services.

10. PAYMENT AND INVOICING

10.1. Prices

- 10.1.1. ACC agrees to pay the prices set out at Part A, clause 4 of this Service Schedule, for Services as per the prior approved purchase order for Services provided in accordance with this Service Schedule.
- 10.1.2. ACC agrees to pay the applicable prices set out in Part A, clause 4 for reasonable travel by the Service Provider to and from the place where Services are provided.

11. DEFINITIONS

“Face-to-Face” includes in-person and Telehealth, if both the Service Provider and Client are in New Zealand, and the Client consents.

“In-person” means the Service Provider and the Client are physically present in the same room.

“Individual Rehabilitation Plan” is the plan that outlines the steps the Client and ACC will take to assist the Client to recover from their injury and return them to a normal life. The plan reflects the recovery goals that the Client wants to reach, the assistance ACC provides to help the Client reach their goals and the people involved in the Client’s recovery. Any referral must be incorporated in the Client’s Individual Rehabilitation Plan.

“Neuropsychological Assessment Report” means the report prepared by a Service Provider based on the results and recommendations arising from an Assessment and including the information specified in or required by Part B Clause 6.

“Neuropsychological Assessment Services”, “Assessment Services” and “Services” mean all or any of the services specified in this Service Schedule and includes any other incidental services referred to in this Service Schedule; and Service means the relevant part of the Services;

“Named Service Provider” refers to all providers qualified under clause 7.5 who have applied and been accepted by ACC to provide Neuropsychological Assessment Services. All Service Providers who provide services under the contract are Named Service Providers who need to be approved by ACC; this includes Provisional Service Providers.

“Provisional Service Providers” refers to a clinical psychologist who has completed the training requirements to be a clinical psychologist with neuropsychology specialised knowledge but does not yet have sufficient experience (24 months full time equivalent experience) to be approved in full, the person can provide Services (in accordance with Part B clause 7.6.2) as a Provisional Service Provider until the required amount of experience has been gained.

“Supervisor” refers to a clinical psychologist who has completed postgraduate training in neuropsychology, or neuropsychologist, who has at least four years of postgraduate experience in clinical psychology/neuropsychology and of which the equivalent of at least two years of full-time experience are in neuropsychology. All Named Service Providers need to have regular supervision from neuropsychology supervisors who meet the set criteria outlined in 7.5.4. Neuropsychology supervisors must monitor and co-sign the assessment reports completed by Provisional Service Providers and Clinical Psychology Students.

“Telehealth” means the use of information or communication technologies to deliver services when Clients and Service Providers are not in the same physical location. For this Service Schedule, Telehealth relates to real-time videoconferencing interactions and telephone consultations. Telehealth excludes electronic messaging e.g. texts and emails. A telehealth consultation is to replace an in-person visit so it does not include a quick triage or check-in phone calls (unless specified). Telehealth may be used to deliver applicable services (as per Part A, Clause 4) only if both the Service Provider and Client are in New Zealand, and the Client consents. Delivery via Telehealth channels must be clinically appropriate and be in line with Part B, Clause 4.2 of this Service Schedule.

1. APPENDIX 1: ASSESSMENT OF SYMPTOM AND/OR PERFORMANCE VALIDITY

- 1.1. ACC neuropsychological assessment requires an assessment of performance and/or symptom validity; symptom and/or performance validity issues can arise for a multitude of reasons and create barriers for treatment.

Assessment of symptom and/or performance validity will include multiple sources of information; clinical interview, clinical records, behavioural observations, collection of collateral information and symptom and/or performance validity measures – a multi-method approach.

It is important to avoid stating that a Client is malingering unless all relevant investigations have been carried out and there is unequivocal evidence of deliberate intent to deceive and that this has been clearly associated with an external incentive. It is very difficult to reach this conclusion on the basis of a neuropsychological assessment. The term ‘malingering’ is negative and can do significant harm to Clients and their rehabilitation if this term is attributed to someone inaccurately. It is preferable to state the symptom validity and/or performance validity issues were detected during the assessment as there is no reference here to intent.

Research has shown that clinicians are prone to biases in judgement if they do not use established tools and recommended practice to guide their judgement (Chaffetz, Williams, Ben-Porath et al., 2015).

Multiple measures of symptom and/or performance validity must be used and administered throughout the assessment as symptom and/or performance validity can fluctuate across the course of assessment. A combination of stand-alone and embedded performance validity measures must be utilised.

- 1.2. Psychometric tests must not be used in isolation to identify symptom and/or performance validity issues and will be part of a full assessment of a Client’s cognitive, behavioural, and psychological functioning.

1.3.

- 1.4. An example process for collating a range of evidence in relation to symptom and/or performance validity is as follows:

1.4.1. Establishing what a Client stands to gain from demonstrated impairment. For instance, will they get weekly or lump sum financial compensation, or only access to treatment services? What psychological benefits do they derive from believing that their abilities and functioning are worse than they actually are?

1.4.2. Consideration of whether self-report is consistent, within session, and across assessments.

- 1.4.3. Interpretation of behaviour at interview and during testing; for example: are affect and content matched, does the client understand and agree with the stated reasons for the assessment, or are they testing reluctantly? etc.
- 1.4.4. Consideration of whether reported symptoms are plausible; do they fit the injury pattern? For example, loss of remote memories following a Mild Traumatic Brain Injury (MTBI) is very uncommon. Collateral information on person's current functioning as well as detailed medical notes around injury can be helpful. The latter can provide an indication of expected level of impairment in comparison to claimed level.
- 1.4.5. Analysing the general test response pattern. Indicators of concern include - unusual errors that one does not normally see, a frequent nearly correct pattern of responses, getting easy items wrong but harder ones correct, fluctuating performance not typical of any specific impairment, slow or hesitant responding, and disproportionate responding.
- 1.4.6. Querying what is happening in the Client's life which might provide an explanation for their symptom and/or performance validity issues. For example, were there employment-related concerns, are they anxious about returning to work, are they struggling financially, is there a history of behavioural concerns, do they doubt that their symptoms are being taken seriously, do they have specific or significant illness beliefs, etc?
- 1.4.7. Consideration whether assessment findings are accounted for by other factors such as psychiatric issues, fatigue, medication etc.
- 1.5. It is recommended that Clients are informed by the assessor that the validity of their responses will be assessed and that it is important to put in their best effort. One of the positive implications for rehabilitation is that symptom and/or performance validity issues can be either dismissed as unlikely, or conversely targeted in rehabilitation, increasing the likelihood of the best outcome for the Client. If it is the case that symptom and/or performance validity issues are detected, then a rehabilitation recommendation could involve psychological intervention to explore thoughts, attitudes, and beliefs, as well as behavioural strategies to address motivation.

- 1.6. A Feedback Session will be held with the Client as part of the ACC funded neuropsychological assessment even when symptom and/or performance validity concerns are detected unless, of course, the assessor considers that it would present a danger to themselves. If a feedback session does not occur, the reason for this needs to be provided. While it is important to detect symptom and/or performance validity issues, it is even more important to understand why these issues have been identified. The nature of the information obtained during the assessment and feedback session can provide insight into why symptom and/or performance validity issues have arisen. In the report, it is important that symptom and/or performance validity issues are discussed in a way which is respectful of the Client.
- 1.7. In the past, in order to protect the integrity of the symptom and performance validity measures it was recommended that the names of the measures employed were not included. However, this is no longer thought to be necessary given information contained on the internet, so the names or acronyms of measures used to assess symptom and/or performance validity are to be included in the report. With prior agreement with ACC, acronyms can be used that indicate the measure used to ACC without risking identification of the measure to non-psychologists.

2. APPENDIX 2: GUIDELINES FOR REPORT

2.1. Neuropsychological reports for ACC will ideally include the following information:

2.1.1. Presenting Issues

2.1.1.1. An outline of the referral questions, purpose of the assessment, and Client presentation, including injury status.

2.1.2. Client Background

2.1.2.1. A summary of relevant background information as per Part B, clause 6.3 of this contract. A relevant psychosocial history as well as a critique of Client and file information will ideally be included, rather than just documentation of the Client's self-report.

2.1.3. Test results

2.1.3.1. In situations in which previous neuropsychological tests have been undertaken, it is advisable to provide a comparison of results indicating changes in functioning as demonstrated by test results.

2.1.3.2. This section ideally includes a brief description of areas examined, each test used, and results for each. Inclusion of raw scores is optional. However, it is helpful for ACC if test results are converted to a standard metric across tests (e.g. percentiles, z-scores) and reported accordingly. This facilitates comparison across assessments if relevant. Please comment on the accuracy, relevance, validity and significance of all obtained data, noting the key results.

2.1.4. Formulation and Conclusions

2.1.4.1. Integration of all relevant factors including the clinical interview, neuropsychological test data, qualitative observations, collateral information, and background medical/rehabilitation reports to draw conclusions on the referral questions, including the limits of assessment. The key findings from the assessment will be summarised.

2.1.4.2. The neuropsychological formulation will inform clear conclusions that will enable the Client and ACC to understand the outcome of the assessment.

2.1.5. Recommendations

- 2.1.5.1. Timeframes for the recommended interventions will be given wherever possible.
- 2.1.5.2. Provide specific, practical and clear recommendations that could be of benefit to the rehabilitation of the Client, distinguishing between those options that are directly relevant to the injury for which cover is provided and treatment needs arising from non-injury related factors. These need to be clearly linked to the assessment findings of the assessment and as far as possible written in non-technical easy to understand language.
- 2.1.5.3. Where recommendations are made it is important that these refer back to, or clearly able to be linked to supporting evidence in the report itself.
- 2.1.5.4. Where you have doubts about what treatment or rehabilitation interventions ACC can fund, please contact ACC.

2.1.6. Responses to Specific Referral Questions

- 2.1.6.1. It is very helpful to ACC if specific questions included in the NP104 referral are responded to in a separate section of the report. Where the questions have been answered within the body of the report, the reader will be referred to the relevant section(s) of the report.