### 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 1 December 2016 (“Commencement Date”) until the close of 30 April 2021 (the “Date of Expiry”) or such earlier date upon which the period is lawfully terminated or cancelled.

2. **SERVICE LOCATION (PART B, CLAUSE 4)**

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

   Name and ACC Provider Number

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

<table>
<thead>
<tr>
<th>Service Item Code</th>
<th>Service Item Description</th>
<th>Service Item Definition</th>
<th>Price (excl. GST)</th>
<th>Pricing Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>NP104</td>
<td>Neuropsychological Assessment</td>
<td>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. 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 10.2.</td>
<td>$167.18</td>
<td>Per Hour (maximum of 16 hours)</td>
</tr>
<tr>
<td>NPDNA</td>
<td>Non-attendance Fee (payable only a max of twice per Claim).</td>
<td>DNA - payable for a missed face to face assessment or treatment if a Client fails to attend a scheduled appointment without giving at least 24 hours prior notice, and the Supplier has taken all reasonable steps to ensure they attend, including reminding the Client of the appointment one or two days before the scheduled time. Not to be charged in conjunction with NP104.</td>
<td>$66.87 (onsite 40% hourly rate) $100.31 (offsite 60% hourly rate)</td>
<td>Maximum of 2 per claim</td>
</tr>
<tr>
<td>Service Item Code</td>
<td>Service Item Description</td>
<td>Service Item Definition</td>
<td>Price (excl. GST)</td>
<td>Pricing Unit</td>
</tr>
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</tr>
<tr>
<td>NPTT5</td>
<td>Travel Time – first hour</td>
<td>Paid for the first 60 minutes (or less) of total travel in a day where: • 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. 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). Note 2: If travel includes more than one client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</td>
<td>$83.59</td>
<td>Per Hour</td>
</tr>
<tr>
<td>NPTT1</td>
<td>Travel Time – subsequent hours</td>
<td>Paid for return travel time after the first 60 minutes in a day paid under NPTT5, where: • the travel is necessary; and • the Service Provider travels via the most direct, practicable route available between their base/facility and where the services are provided; and • additional travel time is required after the first hour of travel 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. 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.</td>
<td>$167.18</td>
<td>Per hour</td>
</tr>
<tr>
<td>Service Item Code</td>
<td>Service Item Description</td>
<td>Service Item Definition</td>
<td>Price (excl. GST)</td>
<td>Pricing Unit</td>
</tr>
<tr>
<td>------------------</td>
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<td>------------------</td>
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</tr>
<tr>
<td>NPTD10</td>
<td>Travel Distance (company or private motor vehicle)</td>
<td>A contribution towards travel: • for return travel via the most direct, practicable route; and • where the return travel exceeds 20km. 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). 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.</td>
<td>$0.62</td>
<td>Per km</td>
</tr>
<tr>
<td>NPTA1</td>
<td>Air Travel</td>
<td>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. 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.</td>
<td>Actual and Reasonable Cost</td>
<td>Per trip</td>
</tr>
<tr>
<td>NPT6</td>
<td>All other Travel</td>
<td>Costs for return travel by ferry, taxi, rental car, public transport and parking when: • return travel is via the most direct, practicable route; and • the return travel exceeds 20km. 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. 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.</td>
<td>Actual and Reasonable Cost</td>
<td>Per trip</td>
</tr>
<tr>
<td>Service Item Code</td>
<td>Service Item Description</td>
<td>Service Item Definition</td>
<td>Price (excl. GST)</td>
<td>Pricing Unit</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>NPTR1</td>
<td>Remote Clinic Room Hire</td>
<td>Paid where a Service Provider is: • requested by ACC to deliver services in an outlying area that is not the Service Provider’s usual area of residence or practice; and • the Service Provider is required to hire rooms for the specific purpose of delivering services. 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.</td>
<td>Actual and Reasonable (max $200 excl. GST per day)</td>
<td>Actual and Reasonable (max $200 excl. GST per day)</td>
</tr>
</tbody>
</table>

**Price Review**

ACC will review pricing when, at ACC’s sole discretion, we consider 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 provides a price increase, the Supplier must agree any adjustment in writing. The price increase will take effect from a date specified by ACC.

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

**Table 1 - Relationship Management**

<table>
<thead>
<tr>
<th>Level</th>
<th>ACC</th>
<th>Supplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client</td>
<td>Recovery Team / Recovery Team Member</td>
<td>Individual staff or operational contact</td>
</tr>
<tr>
<td>Relationship and performance management</td>
<td>Engagement and Performance Manager</td>
<td>Operational contact/ National Manager</td>
</tr>
<tr>
<td>Service management</td>
<td>Portfolio Team or equivalent</td>
<td>National Manager</td>
</tr>
</tbody>
</table>
6. **ADDRESSES FOR NOTICES (CLAUSE 23, STANDARD TERMS AND CONDITIONS)**

**NOTICES FOR ACC TO:**

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

**NOTICES FOR SUPPLIER TO:**

«Vendor_Name_Legal» (for deliveries)  
«Physical_Address_1»  
«Physical_Address_2»  
«Physical_City»  
«Vendor_Name_Legal» (for mail)  
«Postal_Address_1»  
«Postal_Address_2»  
«Postal_City» «Postal_Code»  
Marked: “Attention: «Contractual_First_Name» «Contractual_Surname»”  
Phone: «Contractual_Phone»  
Mobile: «Alternative_Number»  
Email: «Contractual_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 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. A Client is entitled to Neuropsychological Assessment Services under this Service Schedule if:

3.1.1. Neuropsychological Assessment Services are required in respect of a personal injury. Examples of situations which may require a Neuropsychological Assessment include:

3.1.1.2. Assessing Clients where a decision regarding differential diagnoses needs to be made.
3.1.1.3. Assessing Clients with impaired central nervous system function due to injury, e.g., chemical toxicity, post traumatic seizures or chronic pain.
3.1.1.4. Reviewing Client’s improvement or deterioration in brain functioning over time, especially when there is a need to document such changes, and;

3.1.2. 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.

3.2. 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 or 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.

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).

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 and, will include:

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. 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;

6.2.4. The Client Feedback Session will be provided in accordance with clause 6.3.11.

6.3. A Neuropsychological Assessment includes:

6.3.1. 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;

6.3.2. Taking a detailed history of the Client where such a history has not been documented in a report in the previous six months including:

6.3.2.1. The history of the presenting injury;

6.3.2.2. Outlining the Client’s current mental status, mood and any compromising psychological or psychiatric symptoms;

6.3.2.3. Personal, educational, social and occupational history;

6.3.2.4. Medical and psychiatric history (including a list of medications prescribed);

6.3.2.5. Drug and/or alcohol history;

6.3.2.6. Client’s goals; beliefs and motivation;
6.3.2.7. Client’s coping strategies;
6.3.2.8. Collateral information from third parties, including family members, agencies involved and employers, or in the case of children, from schools, counselling or welfare agencies;
6.3.2.9. Documentation of any findings not already recorded in previous reports.
6.3.3. 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, ensure 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.
6.3.4. Undertaking a 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:
   6.3.4.1. General intellectual functioning and estimated premorbid intellectual functioning;
   6.3.4.2. Information processing speed;
   6.3.4.3. Orientation;
   6.3.4.4. Attention;
   6.3.4.5. Learning;
   6.3.4.6. Visual and auditory perception;
   6.3.4.7. Motor functioning;
   6.3.4.8. Language and literacy functions;
   6.3.4.9. Memory;
   6.3.4.10. Executive functions;
   6.3.4.11. Insight/Self Awareness;
   6.3.4.12. Emotional functioning;
   6.3.4.13. Behavioural functioning;
6.3.5. Neuropsychological Tests utilised in the assessment must be valid and reliable, and have appropriate normative standards and robust psychometric properties;
6.3.6. Assessing Symptom and/or Performance validity (see 2. APPENDIX 1: ASSESSMENT OF SYMPTOM AND/OR PERFORMANCE VALIDITY);
6.3.7. 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;
6.3.8. Formulating a Neuropsychological Assessment Report, in the format specified by ACC (see APPENDIX 2: GUIDELINES FOR REPORT). Where changes to the Client’s current rehabilitation services are indicated, the report will detail:
   6.3.8.1. Any Services mentioned in the Client’s Individual Rehabilitation Plan (IRP) provided by ACC that are:
      (a) not currently appropriate; or
      (b) not achievable within the timeframe specified; or
      (c) to be provided in a different order of priority than originally specified;
   6.3.8.2. Any recommendations for referrals for diagnostic or other assessment services;
   6.3.8.3. Any requirements for other services such as community Training for Independence Programmes or Residential Rehabilitation;
6.3.8.4. Estimated timeframe for expected return to work and/or independence, within the limitations of any residual disability.

6.3.9. Submitting the Neuropsychological Assessment Report to ACC; 

6.3.10. Neuropsychological Assessment of Children /Adolescents where required: 

6.3.10.1. 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:

(a) 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.

(b) 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.

(c) 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.

(d) 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.

6.3.11. Client Feedback Session (included in NP104) 

6.3.11.1. 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.

6.3.11.2. The Client Feedback Session may have any combination of the following individuals present: Service Provider, Client, Client’s family, 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.

6.3.11.3. The purpose of the Client Feedback Session is to review the factual information and discuss outcomes of the assessment with the Client and other relevant parties and confirm that the factual data is correct before the Neuropsychological Assessment report is sent to ACC.

6.3.11.4. 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 need to take place using Telephone or other technology such as Skype or Videoconferencing.

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.
7.1.2. Time Frames for Neuropsychological Assessment Services

The Supplier shall ensure that:

7.1.2.1. Upon receipt of a Referral from ACC for a Neuropsychological Assessment (NP104), the Service Provider will contact the Client to arrange an appointment for an assessment within 5 Business Days of receiving the Referral. The Service Provider will notify ACC if they are unable to contact the Client within this time frame.

7.1.2.2. The Service Provider shall undertake the Assessment within 15 Business Days of contacting the Client. The Service Provider will notify ACC if they are unable to complete the Assessment within this time frame unless a longer timeframe has already been arranged with ACC.

7.1.2.3. The Service Provider will complete 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) and will notify ACC if they are unable to complete the Client Feedback Session within this time frame.

7.1.2.4. The Service Provider will send the Neuropsychological Assessment Report to ACC within 15 Business Days of conducting the Assessment and will notify ACC if they are unable to complete and send the Neuropsychological Assessment Report 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, and Clinical Psychology Interns.

7.2.2. All Named Service Providers:

7.2.2.1. will 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 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 each such request, by providing written notification to the Supplier. In some instances, ACC will 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 shall 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. All Named Service Providers providing Neuropsychological Assessment Services (except Provisional Service Providers who meet the requirements in clause 7.5.2 or Clinical Psychology Interns who meet the requirements in clause 7.5.3) must meet and maintain the following criteria:

<table>
<thead>
<tr>
<th>Qualifications</th>
<th>Experience and competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Be a Registered Psychologist in NZ with a Clinical Scope of Practice; and</td>
<td>(a) Demonstrate a minimum of 24 months’ full time equivalent post qualification experience in supervised neuropsychological assessments and rehabilitation; and</td>
</tr>
<tr>
<td>(b) Hold a current Annual Practicing Certificate with the NZ Psychologists Board; and</td>
<td>(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</td>
</tr>
<tr>
<td>(c) Be a current member of at least one of the following:</td>
<td>(c) Have arrangements in place for ongoing supervision with an appropriately qualified and experienced supervisor as set out in clause 7.5.4.</td>
</tr>
<tr>
<td>i. New Zealand Psychological Society,</td>
<td></td>
</tr>
<tr>
<td>ii. NZ College of Clinical Psychologists, or</td>
<td></td>
</tr>
<tr>
<td>iii. An international neuropsychological professional body acceptable to ACC; and</td>
<td></td>
</tr>
<tr>
<td>(d) Have successfully completed a university based graduate or postgraduate course or papers in Clinical neuropsychology (transcript required)</td>
<td>(d) Provide evidence of attendance at courses, conferences, training or study on an annual basis; and</td>
</tr>
<tr>
<td></td>
<td>(e) Demonstrate understanding of Hauora competencies under HCPA Act</td>
</tr>
</tbody>
</table>

7.5.2. Provisional Service Providers

Where a clinical psychologist 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, the person can provide Services as a Provisional Service Provider, until the required amount of experience has been gained.

7.5.2.1. 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.

7.5.2.2. 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.

7.5.2.3. 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.

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

7.5.2.5. All Provisional Service Providers will meet and maintain the following criteria:

<table>
<thead>
<tr>
<th>Qualifications</th>
<th>Experience and competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>As set out above in clause 7.5.1.</td>
<td>Have arrangements in place for ongoing supervision with an appropriately qualified and experienced supervisor as set out in clause 7.5.4;</td>
</tr>
</tbody>
</table>
### Qualifications | Experience and competencies
---|---
| 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; 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. |

### 7.5.3. Clinical Psychology Intern

A Clinical Psychology Intern is a student engaged in a Psychology Registration Board approved process to achieve registration as a clinical psychologist and who has completed or is completing the academic training required to practice neuropsychology, but who does not as yet have the necessary clinical experience. A Named Service Provider who has the qualifications and experience to be a neuropsychology supervisor in accordance with clause 7.5.4 oversees the Neuropsychological assessments completed by the Clinical Psychology Intern and co-signs all reports or clinical correspondence relevant to the assessment.

### 7.5.3.1. Clinical Psychology Intern providing Neuropsychological Assessment Services must meet the following requirements:

<table>
<thead>
<tr>
<th>Qualifications</th>
<th>Experience and competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be undertaking post graduate studies and be registered as an Intern Psychologist with the New Zealand Psychologist’s Board; and Be currently involved in a programme working towards registration as a Psychologist with a Clinical Scope of practice with the NZ Psychologists Board; and Hold at least a student membership in either of the: i. New Zealand Psychological Society, or ii. NZ College of Clinical Psychologists; and Have successfully completed a</td>
<td>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 (a) Have arrangements in place for ongoing supervision with an appropriately qualified and experienced supervisor as set out in clause 7.5.4; and (b) Be working under the direct supervisory authority of a</td>
</tr>
</tbody>
</table>
7.5.3.2. If the Service Provider is a Clinical Psychology Intern, Suppliers must provide to ACC:

(a) An induction plan for interns about this service including how they will be introduced and educated about the service specifications; and

(b) Details of the intern’s supervision plan and arrangements including:
   i. proposed supervisor’s/supervisors’ details
   ii. frequency and model of supervision
   iii. informed Client consent process

(c) Acknowledgement that all clinical work undertaken by interns will be overseen by the Supervisor who will be responsible for the care of clients at all times

(d) Confirmation that all reports will be read and co-signed by the Supervisor as having met the requirements as outlined in the contract the intern is working under.

7.5.3.3. Note the Supervisor of a Clinical Psychology Intern will check and co-sign each Neuropsychological Report completed by the Clinical Psychology Intern. 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.

7.5.3.4. A Clinical Psychology Intern may only provide services under one Supplier.

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 7.5.4.2.

7.5.4.2. All Supervisors providing clinical supervision to any Service Provider will meet and maintain the following criteria:

<table>
<thead>
<tr>
<th>Qualifications</th>
<th>Experience and competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>university based graduate or postgraduate course or papers in Clinical neuropsychology (transcript required).</td>
<td>Neuropsychologist who meets the criteria listed in clause 7.5.4 and who is a Named Service Provider.</td>
</tr>
</tbody>
</table>
7.5.5. 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 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.

7.5.6. In relation to Provisional Service Providers and Clinical Psychology Interns 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.

7.6. Maintenance of Ongoing Competency Levels, Training, and Supervision

7.6.1. The Supplier shall ensure that:

7.6.1.1. 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.

7.6.1.2. The Supplier will have 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 Contract are met.

7.6.1.3. All Named Service Providers who provide Neuropsychological Assessment Services will 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.

7.6.1.4. All Named Service Providers will have a supervisory agreement in place (as per Part B, clause 7.5.4) and will supply ACC with up to date details of all such supervisors.

7.6.1.5. All Named Service Providers will 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.

7.6.1.6. Service providers are able to demonstrate understanding of Haurora Competencies as prescribed in the HCPA Act 2003.

8. PERFORMANCE REQUIREMENTS

8.1. The Supplier’s performance will be measured as shown in Table 4 – Performance Measurement

<table>
<thead>
<tr>
<th>Objective</th>
<th>Performance measure</th>
<th>Target</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Timely Contact with the Client</td>
<td>Contacts the Client within 5 Business Days of receipt of referral or notifies ACC within this timeframe if they cannot contact the Client.</td>
<td>80%</td>
<td>Supplier Reports</td>
</tr>
<tr>
<td>Objective</td>
<td>Performance measure</td>
<td>Target</td>
<td>Data Source</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------</td>
<td>--------</td>
<td>-------------</td>
</tr>
<tr>
<td>2. Timely Appointment for a Neuropsychological Assessment with the Client</td>
<td>Initial appointment for Assessment completed within 15 Business Days of contacting the client, unless otherwise arranged with ACC.</td>
<td>80%</td>
<td>Supplier Reports</td>
</tr>
<tr>
<td>3. Timely Reporting</td>
<td>Neuropsychological Assessment Report provided within 15 Business Days following assessment inclusive of Client Feedback Session.</td>
<td>80%</td>
<td>Supplier Reports</td>
</tr>
</tbody>
</table>

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. Maori health providers;
9.1.9. Other appropriate ACC funded community rehabilitation services;
9.1.10. Other appropriate community services.

10. PAYMENT AND INVOICING

This Clause 10 replaces Clause 10.1, 10.2, 10.4 and 10.7 of the Standard Terms and Conditions.

10.1. Prices

10.1.1. ACC agrees to pay the prices set out at Part A, clause 4, for Services as per the prior approved purchase order for Services provided in accordance with this Contract.
10.1.2. ACC agrees to pay the applicable prices set out in Part A, clause 4 for travel by the Service Provider to and from the place where Services are provided.
10.1.3. The Supplier is entitled to raise a separate GST invoice for each Client following the completion of each service item. To ensure efficient payment processing by ACC, each invoice will contain information consistent with that received in the ACC purchase order which initiated the Service, particularly with regard to service codes.

10.2. Invoicing

10.2.1. A separate invoice will be generated for each Client and will contain the following information:
10.2.1.1. The Supplier’s name, address and ACC Supplier number;
10.2.1.2. The GST number of the Supplier;
10.2.1.3. The words “Tax Invoice” in a prominent place;
10.2.1.4. An invoice number;
10.2.1.5. The invoice date;
10.2.1.6. The relevant ACC purchase order number;
10.2.1.7. The name of the Service Schedule and the contract number;
10.2.1.8. The name and claim number of the Client receiving the service;
10.2.1.9. The Named Service Provider name and Provider Number;
10.2.1.10. Relevant ACC staff member’s name (if applicable);
10.2.1.11. Description of the Service provided including:
   - Service Code (refer Part A, clause 4);
   - Preparation time used;
   - Dates, duration and number of assessment sessions;
   - Duration of consultation including details of who was consulted;
   - Date and duration of Client Feedback Session;
   - Duration to write the Neuropsychological Assessment report.
   - Note – While a maximum of 16 hours is allowed for an Assessment, Suppliers will only invoice for the actual hours used in the Assessment.
10.2.1.12. Price of the Service (as per Part A, clause 4);
10.2.1.13. Information required by Inland Revenue to ensure that this is a legitimate tax invoice for the purposes of the Goods and Services Tax Act 1985;
10.2.1.14. Where travel costs are claimed in accordance with Part A, clause 4, the start and end point of travel, the location where the Services took place, the date the Services took place and the distance travelled; and
10.2.1.15. Such other information as is reasonably requested by ACC from time to time.
10.2.2. The Supplier will send electronic invoices using the electronic invoicing processing facilities provided by ACC.
10.2.3. ACC will not pay for a Service where the invoice for that Service is not received within 12 months of the date the Service was provided, or the date cover was granted by ACC, whichever is the later date.

10.3. Payment
10.3.1. If the Supplier has complied with its obligations under this Contract, ACC will pay the Supplier on or before the 20th of the month following receipt of applicable reports and invoice by direct credit into the Supplier’s bank account.

11. DEFINITIONS

“ACC” means the ACC recovery team member(s), or other person from time to time engaged by ACC to manage the claim for the Client for the purposes of the Accident Compensation Corporation Act 2001 or the person who from time to time is managing the claim in relation to the Client’s entitlements and may also include other authorised ACC personnel.

“Clinical Psychology Intern” refers to a student engaged in a Psychology Registration Board approved process to achieve registration as a clinical psychologist and who has completed or is completing the academic training required to practice neuropsychology, but who does not as yet have the necessary clinical experience. A Named Service Provider who has the qualifications and experience to be a neuropsychology supervisor oversees and takes responsibility for the Neuropsychological assessments completed by Clinical Psychology Students and countersigns all reports or clinical correspondence relevant to the assessment.
“Individual Rehabilitation Plan” is the plan that outlines the steps the Client and ACC 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" means 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, and Clinical Psychology Interns.

“Supervisor” refers to a clinical psychologist who has completed postgraduate training in neuropsychology, who has at least four years of postgraduate experience in clinical psychology and of which the equivalent of two years 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.

“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.
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. Assessors need to be mindful of the possibility of sub-optimal test performance and symptom exaggeration.

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 (Chafetz, Williams, Ben-Porath et al., 2015).

Multiple measures of symptom and/or performance validity will 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 will be utilised.

1.2 Psychometric tests will 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 An example process for collating a range of evidence in relation to symptom and/or performance validity is as follows:

1.3.1 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?

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

1.3.3 Interpretation of behaviour at interview and during testing; for example: are affect and content matched, are they obstructive? etc.

1.3.4 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 later can provide an indication of expected level of impairment in comparison to claimed level.

1.3.5 Analysing the general test response pattern. Indicators of concern include - bizarre 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 exaggerated effort.

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1.3.6. Querying what is happening in the Client’s life which might provide an explanation for their symptom and/or performance validity issues. For example, did they dislike their pre-injury job, are they anxious about returning to work, are they struggling financially, is there a history of anti-social or dishonest behaviour, do they doubt that their symptoms are being taken seriously or are they prone to illness beliefs, etc.?

1.3.7 Consideration whether assessment findings are accounted for by other factors such as psychiatric issues, fatigue, medication etc.

1.4. 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.

1.5 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 him/herself. 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 the Client has under-performed and/or exaggerated their symptoms. The nature of the information obtained during the assessment and feedback session can provide reasons as to 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.

1.6 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 measures used to assess symptom and/or performance validity are to be included in the report.
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.