

24 February 2022



Tēnā koe [REDACTED]

Your Official Information Act request, reference: GOV-016550

Thank you for your emails of 1 February 2022 and 14 February 2022, asking for the following information under the Official Information Act 1982 (the Act):

Please supply the information ACC has which relates to this information on the Community Law Manual.

<https://communitylaw.org.nz/community-law-manual/chapter-17-disability-rights/benefits-and-compensation-what-youre-entitled-to-from-work-and-income-and-acc/acc-compensation-for-disabilities/>

Usually, an assessment for lump-sum compensation happens after a doctor tells ACC that your personal injury has stabilised, and that there is probably a permanent impairment. But if after two years, a doctor says that your personal injury has not stabilised but that permanent impairment is likely, ACC can do the assessment anyway.

I would like information on mental injury if a person is asking to be assessed for IA and has been engaged in treatment for 2 years.

Following email correspondence, you clarified your request to:

Please May I have the information relating to if a person's last date of sexual abuse occurred in April 1990.

The person has an accepted claim for PTSD since 2018.

I want the information relating to what this would come under Lump sum or independence allowance if they are going for a permanent injury assessment in 2022.

I would also like the information around last date of sexual abuse if a person is asking for a permanent injury claim in 2022.

Lump sum and independence allowance documents attached

We have attached documents which explain the eligibility criteria for both lump sum and independence allowance, and additional information regarding independence allowance payments and assessments. As you will see from the documents, if the person's date of last event of sexual abuse occurred prior to 1 April 2002, they would not be eligible for lump sum, and would instead be assessed for independence allowance.

The documents we have provided are:

- Lump Sum Eligibility Criteria Policy
- Business Rule: Lump Sum Eligibility Requirements
- Independence Allowance Eligibility Criteria Policy
- Business Rule: Single Independence Allowance Eligibility Requirement
- Independence Allowance Payments Policy
- Assessment (IA and Lump Sum) Policy
- Mental Injury Policy

Staff names mentioned in documents

Staff names mentioned in these documents have been redacted as they are out of scope of your request.

If you have any questions, you can email me at GovernmentServices@acc.co.nz or contact your Recovery Partner [REDACTED]

As this information may be of interest to other members of the public, ACC has decided to proactively release a copy of this response on ACC's website. All requester data, including your name and contact details, will be removed prior to release. The released response will be made available [here](#).

If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at www.ombudsman.parliament.nz or by phoning 0800 802 602.

Nāku iti noa, nā



Sasha Wood

Manager Official Information Act Services
Government Engagement & Support

Summary

Objective

When a client submits an application for a lump sum assessment or reassessment we must check their eligibility.

Owner [REDACTED]

Expert [REDACTED]

Policy

1.0 Eligibility to a lump sum entitlement

- a** Clients may be eligible for a lump sum if their claim has all of the following:
- an accepted cover decision
 - a whole person impairment rating of over 10%
 - a date of injury (or date of last event where relevant) is on or after 1 April 2002

NOTE What if the injury was willfully self-inflicted?
Refer to the 'Ineligibility if Suicide or Wilfully Self-inflicted Injury' Policy. The claim will need to be considered for disentitlement. If the injury meets the criteria in the policy and disentitlement hasn't previously been considered - guidance should be sought from Technical Services.

PROCESS Ineligibility if Suicide or Wilfully Self-inflicted Injury

NOTE What if the injury was sustained while committing a crime?
Refer to the 'Injured Committing Crime Policy'. The claim will need to be considered for disentitlement. If the injury meets the criteria in the policy and disentitlement hasn't previously been considered - guidance should be sought from Technical Services.

PROCESS Injured Committing Crime Policy

NOTE What if I need to seek guidance from Technical Services on disentitlement?

Refer to the 'Seek Internal Guidance' process

PROCESS Seek Internal Guidance

- b** See the full list of lump sum eligibility criteria in the business rule below.

Lump sum eligibility requirements

- c** See also the transitional provisions for impairment entitlements in the AC Act 2001, Schedule 1, part 3, clauses 54 and 55.

2.0 Impairment assessment and whole person impairment rating

- a** To determine the whole person impairment rating of a client, the client must have an impairment assessment.
- b** To be eligible for an initial impairment assessment, the client must meet the criteria listed in the following business rule, which includes having medical certification of a permanent and stable impairment.

Eligibility to an initial impairment assessment

- c** An impairment assessment can only be completed by an impairment assessor who meets the criteria in the business rule below.

Requirements for an assessor to perform an impairment assessment

- d** In some situations the whole person impairment rating must take into account any previous whole person impairment ratings. See the following business rule.

Determining the whole person impairment rating by taking into account a previous rating

3.0 Medical certification of permanent and stable impairment

- a** A person must be considered to have medical certification of a permanent impairment for a lump sum entitlement if a medical practitioner supplies the relevant information to ACC. The relevant information is listed in the business rule below.

Information needed to confirm medical certification of a permanent impairment for a lump sum entitlement

- b** The ACC554 Application medical certificate form is used to capture the relevant information needed.

ACC554 LSIA Medical certificate

ACC554 required method for supplying medical information for an impairment assessment

- c** You must decline the client's application if the information provided on the ACC554 does not meet the criteria for assessment.

See AC Act 2001, Schedule 1, part 3, clause 57.

AC Act 2001, Schedule 1, part 3, clause 57.
<https://www.westlaw.co.nz/maf/wlnz/app/document?d>

4.0 Client under 16 with a mental injury

- a** If a client is under 16 years of age and has cover for personal injury that is a mental injury, we must not assess their eligibility for lump sum compensation for the mental injury until the client turns 16, unless we are satisfied that there are compelling reasons for assessing eligibility earlier.

5.0 Reassessment

- a** See Lump sum reassessment.


Lump sum reassessment Policy
<https://go.promapp.com/accnz/Process/e38cf259-ba3>

6.0 Overseas clients

- a** Clients based overseas are eligible to have their impairment assessed or reassessed for a lump sum if:
- they meet the standard eligibility criteria
 - the medical practitioner completing the ACC554 medical certificate meets both the following criteria:


- holds registration in the country in which they practise
- holds a medical degree from a medical school approved by the New Zealand Medical Council. This includes universities listed in the WHO World Directory of Medical Schools.

- b** Financial help for an impairment assessment overseas or for travel to New Zealand for an impairment assessment must be approved by the Technical Services team and must be cost effective. See the following business rule.

 Impairment assessment extended discretion request

7.0 Deceased clients

- a** Estates may be eligible to receive payments for deceased clients. Different rules apply depending on when a client has died, the type of support applied for, and the stage in the request process. Information is available at: lump sum deceased clients

 Deceased client Policy
<https://go.promapp.com/accnz/Process/ceda722c-75>

Released under the Official Information Act 1982



[Back to search results](#)

[↓](#) [Export](#)

Rule Name

Lump sum eligibility requirements

Statement

A person must be considered eligible for a **lump sum entitlement** if all of the following are true:

- the person has a **claim** with an **accepted cover decision**
- the **whole person impairment rating [current]** for the lump sum entitlement is any of the following:
 - greater than the **minimum impairment threshold**
 - equal to the minimum impairment threshold
- at least one of the following is true:
 - all of the following are true:
 - the **date of last event** is any of the following:
 - on the 1st of April 2002
 - after the 1st of April 2002
 - the type of claim is any of the following:
 - **work-related gradual process injury**
 - **sensitive claim**
 - **treatment injury**
 - all of the following are true:

- the **date of injury** is on or after the 1st of April 2002
- the type of claim is not any of the following:
 - work-related gradual process injury
 - sensitive claim
 - treatment injury

Motivation

To ensure clients receive a lump sum entitlement when eligible for one.

Rule ID

LSIA001

Linked Rule(s)

Minimum impairment threshold percentage

Assessing lump sum or independence allowance for rapidly deteriorating terminal conditions

Eligibility to an initial impairment assessment Independence allowance election requirements

Amount of lump sum amount when no previous lump sum payment made Lump sum election requirements

Deceased client eligibility for lump sum

Determining the whole person impairment rating by taking into account a previous rating

Amount of lump sum when a previous lump sum payment has been made


System(s)

Eos Permanent Injury Compensation

Process(s)

Manage Permanent Injury Compensation ☒

Owner(s)

Manager Technical Services 



Business Term(s)

accepted cover decision claim date of injury date of last event lump sum entitlement
minimum impairment threshold sensitive injury treatment injury whole person impairment rating [current]
work-related gradual process injury

Business Rule Group(s)

Independence Allowance and Lump Sum

Source(s)

Accident Compensation Act 2001, Schedule 1, Clause 54 
Accident Compensation Act 2001, Schedule 1, Clause 55 

Additional Information 

Activation Date

25/09/2019

Approver

Approval Date

25/09/2019

Approver

[REDACTED]

Approver

[REDACTED]

Author

[REDACTED]

Rule Type

Inference

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

Summary

Objective

When a client submits an application for an independence allowance (IA) assessment or reassessment, you must check their eligibility.

Owner



Expert



Policy

1.0 Eligibility for an independence allowance

- a** Clients may be eligible for an independence allowance if their claim has all of the following:
- an accepted cover decision
 - a whole person impairment rating of over 10%
 - either:
 - a date of injury before 1 April 2002
 - a date of last event (where relevant) prior to 1 April 2002

NOTE **What if the injury was willfully self-inflicted?**
Refer to the 'Ineligibility if Suicide or Wilfully Self-inflicted Injury' Policy. The claim will need to be considered for disentanglement. If the injury meets the criteria in the policy and disentanglement hasn't previously been considered - guidance should be sought from Technical Services.

PROCESS Ineligibility if Suicide or Wilfully Self-inflicted Injury

NOTE **What if the injury was sustained while committing a crime?**
Refer to the 'Injured Committing Crime Policy'. The claim will need to be considered for disentanglement. If the injury meets the criteria in the policy and disentanglement hasn't previously been considered - guidance should be sought from Technical Services.

PROCESS Injured Committing Crime Policy

NOTE **What if I need to seek guidance from Technical Services on disentanglement?**

Refer to the 'Seek Internal Guidance' process

PROCESS Seek Internal Guidance

- b** See the full list of independence allowance eligibility criteria in the business rule below.

Single independence allowance eligibility requirement

- c** See also the transitional provisions for lump sum entitlements in the AC Act 2001, Schedule 1, part 3, clauses 55 and 55a.

AC Act 2001, Schedule 1, Part 3, Clause 55
<https://www.legislation.govt.nz/act/public/2001/0049/l/>

AC Act 2001, Schedule 1, Part 3, Clause 55a
<https://www.legislation.govt.nz/act/public/2001/0049/l/>

Lump sum checklist.doc

2.0 Impairment assessment and whole person impairment rating

- a** To determine the whole person impairment rating of a client, the client must have an impairment assessment.
- Types of impairment assessment
- b** To be eligible for an initial impairment assessment, the client must meet the criteria listed in the following business rule, which includes having medical certification of a permanent an impairment.
- Eligibility to an initial impairment assessment
- c** An impairment assessment can only be completed by an impairment assessor who meets the criteria in the business rule below.
- Requirements for an assessor to perform an impairment assessment
- d** In some situations the whole person impairment rating must take into account any previous whole person impairment ratings. See the following business rule.
- Determining the whole person impairment rating by taking into account a previous rating

3.0 Medical certification of permanent and stable impairment

- a** A person must be considered to have medical certification of a permanent impairment for an independence allowance entitlement if a medical practitioner supplies the relevant information to ACC. The relevant information is listed in the business rule below.
- Information needed to confirm medical certification of a permanent impairment for an independence allowance
- b** The ACC554 Application medical certificate form is used to capture the relevant information needed.
- ACC554 LSIA Medical certificate
- ACC554 required method for supplying medical information for an impairment assessment
- c** You must decline the client's application if the information provided on the ACC554 Application medical certificate does not meet the criteria for assessment.


See Accident Insurance Act 1998, Schedule 1, part 4, clause 59.

4.0 Reassessment

- a** See the 'Independence Allowance Reassessment Policy'
- Independence Allowance Reassessment Policy

5.0 Overseas clients

- a** Clients based overseas are eligible to have their impairment assessed or reassessed for an IA if:
- they meet the standard eligibility criteria
 - the medical practitioner completing the ACC554 medical certificate meets both the following criteria:
 - holds registration in the country in which they are practising
 - holds a medical degree from a medical school approved by the New Zealand Medical Council. This includes universities listed in the WHO World Directory of Medical Schools.
- b** Financial help for an impairment assessment overseas or for travel to New Zealand for an impairment assessment must be approved by the Technical Services team and must be cost effective. See the following business rule.



 Impairment assessment extended discretion request

6.0 Deceased clients

- a** Estates may be eligible to receive payments for deceased clients. Different rules apply depending on when a client has died, the support applied for, and the stage in the support process. Refer to IA deceased clients.

 Deceased Client Policy

7.0 Functional limitations profile (FLP) IA

- a** When American Medical Association (AMA) assessments were introduced in 1997, clients receiving FLP IA were required to be reassessed under AMA. Prior to the FLP payments being stopped, ACC was obliged to both ask the client to submit an application to be assessed under AMA (an ACC554 Medical Certificate) and subsequently warn the client that if they did not comply to this request their independence allowance would be stopped. When the payment was stopped, a final letter should have been issued informing the client of this.
- b** If the above steps were not followed at the time of the suspension, the client may be eligible to receive arrears of the FLP IA. To determine if arrears should be paid and from what date, a referral must be made to technical services via the 'Seek Internal Guidance' process.
-  Seek Internal Guidance
- c** If technical services recommend that FLP IA arrears be paid, an impairment assessment must be completed to determine the client's eligibility for AMA IA, and the client warned that if they do not comply with the reassessment, their FLP entitlement will be suspended. See the 'Make Functional Limitations Profile Independence Allowance Payments' process for instructions.
-  Make Functional Limitations Profile Independence Allowance Payments
- d** Alternatively, the FLP IA arrears may be paid following an impairment assessment, at the time of the AMA IA eligibility decision. This presents a simpler pathway - both paying the FLP IA arrears and moving to AMA IA in one go - but it also may not be appropriate to delay payment of the FLP arrears depending on the client's financial circumstances. Either pathway can be chosen as is seen fit - use discretion.



[Back to search results](#)

 [Export](#)

Rule Name

Single independence allowance eligibility requirement

Statement

A person must be considered eligible for a single **independence allowance entitlement** if all of the following are true:

- the person has a claim with an accepted cover decision
- the claim is for an injury that causes an impairment
- the impairment has a **whole person impairment rating [current]** that is any of the following
 - greater than the **minimum impairment threshold**
 - equal to the **minimum impairment threshold**
- at least one of the following is true:
 - all of the following are true:
 - the **date of injury** is all of the following:
 - after 30 June 1999
 - before 1 April 2002
 - the type of claim is not any of the following:
 - WRGPDI
 - sensitive claim
 - treatment injury
 - all of the following are true:

- the **date of last event** is before 1 April 2002
- the date of injury is any of the following:
 - on 1 April 2002
 - after 1 April 2002
- the type of claim is any of the following:
 - work-related gradual process injury
 - sensitive claim
 - treatment injury

Motivation

To determine if a client is entitled to a single independence allowance.

Rule ID

LSIA023

Linked Rule(s)

Minimum impairment threshold percentage Deceased client eligibility for independence allowance
Assessing lump sum or independence allowance for rapidly deteriorating terminal conditions

System(s)

Eos Permanent Injury Compensation

Process(s)


Manage Permanent Injury Compensation ☒

Owner(s)

Owner(s)

Manager Technical Services 


Business Term(s)

accepted cover decision date of injury impairment  independence allowance entitlement
minimum impairment threshold single independence allowance entitlement treatment injury
whole person impairment rating [current] work-related gradual process injury

Business Rule Group(s)

Independence Allowance and Lump Sum

Source(s)

Accident Insurance Act 1998, s1 

Additional Information 

Activation Date

25/09/2019

Approver

[Redacted]

Approver

[Redacted]

Approver

[REDACTED]

Rule Type

Inference

Approval Date

25/09/2019

Author

[REDACTED]

Contact

If you have any comments or require any clarification, contact EBR@acc.co.nz.

Summary

Objective

We calculate a client's independence allowance (IA) when their whole person impairment (WPI) has been assessed for all eligible injuries. The calculation is based on the impairment percentage for those injuries. The IA is paid quarterly.

Unlike some other types of ACC assistance, there is no maximum duration for which a client can be eligible. Clients are eligible as long as they have the impairment, or until they die, become ineligible (disentitled) or have their eligibility suspended.








See Suspension and Disentitlement overview.

Owner


Expert

Policy

1.0 Rules

- a** Eligibility for IA takes effect as defined in the following business rules.
-  Date to apply a decrease to an independence allowance entitlement when client does not have a SPO
 -  Date to apply an increase to an independence allowance entitlement when client does not have a SPO
 -  Date to apply an increase to an independence allowance when client has a SPO
 -  Date to apply a decrease to an independence allowance entitlement when client has a SPO
 -  Backdated Independence allowance for a person who has not previously received a s78 lump sum entitlement
 -  Backdated Independence allowance for a person who has previously received a s78 lump sum entitlement
 -  Independence allowance payment end when client dies
- b** All independence allowances are:
- calculated on a weekly basis
 - paid quarterly in advance (13-weekly).

See Weekly and quarterly rates of allowance to see the current amounts payable for each impairment percentage.

 Weekly and quarterly rates of allowance
<https://go.promapp.com/accnz/Process/2d0d28a1-3d>

2.0 Level of payment for multiple claims with previous 1972/1982 Act lump sums

- a** A client cannot be compensated for the same injury twice. A client who previously received a lump sum under the 1972/1982 Acts must have the percentage of that lump sum compensation deducted from their current WPI for injuries suffered before 1 July 1999.

See AI Act 1998, Part 13, Section 442 (2a).

NOTE Example

The client received a lump sum of 15% under the 1972/1982 Act. Their current WPI assessment for combined IA is 30%. Their IA is 15%.

3.0 Maximum for mental and behavioural impairments

- a** If a client has more than one mental and behavioural impairment and the total of these impairments is more than 100%, the maximum amount we pay the client is the rate for a 100% impairment.

The impairments must have come from more than one request. This includes IA requests that are already being paid, as well as new requests.

If the requests are subject to this maximum, we must reduce the amount paid on the most recent request with this type of impairment so the total payment is the 100% rate.

4.0 Payments for children under 16 years

5.0 Overseas clients

- a** Under AC Act 2001, Section 379(2), if IA is payable outside New Zealand and we need to assess the client's right to receive the payment. We are not required to meet either of the following costs:

- any costs incurred by the client overseas
- any costs relating to the return of the client to New Zealand for assessment.

Although there are exclusions to what we're required to provide, extra support may be provided depending on the client's situation or individual needs.

Summary

Objective

When ACC deems a client eligible to have their impairment assessed, a medical practitioner rates their impairment using the American Medical Association Guides to the Evaluation of Permanent Impairment, Fourth Edition (the AMA Guides), and The ACC User Handbook to AMA4, then writes an impairment assessment report.

- 1) Assessors
- 2) Timeframes
- 3) Assessments overseas
- 4) Assessments on medical records
- 5) Rapid Response assessment process for clients at imminent risk of death
- 6) Overseas mental injury assessments
- 7) Referring risky clients
- 8) Peer Reviewers
- 9) Peer Review timeframes
- 10) Multiple assessments
- 11) Additional assessments with new information
- 12) Additional assessments when there is no new information
- 13) Challenged assessment decisions
- 14) Non-attendance fee

Owner



Expert



Policy

1.0 Assessors

- a** ACC must appoint and pay an appropriate assessor in accordance with the Accident Compensation Act 2001 Schedule 1, clause 58.

A medical practitioner must be trained in the use of the AMA Guides and contracted to provide assessments for ACC before they can carry out an AMA assessment and produce an AMA report.

If an impairment involves mental or behavioural disorders the assessor must be able to provide 'Chapter 14' assessments

-  Accident Compensation Act 2001, Schedule 1, clause 58
<http://www.legislation.govt.nz/act/public/2001/0049/1a1>

2.0 Assessment timeframes

- a** The vendor must contact the client to arrange an assessment within 10 working days of receiving the referral.
- b** The vendor must assess the client within 30 working days of receiving the referral, or notify ACC if this is not possible.
- c** The vendor must see the client at their impairment assessment appointment within 30 minutes, or else give the client an explanation of why they were made to wait.
- d** The vendor must supply an impairment assessment report to ACC within 10 working days of assessing the client.

3.0 Assessments overseas

- a** In certain circumstances we have discretion to either obtain an assessment or report overseas or pay for a client to return to NZ for an assessment.

You must use discretion if a client needs to obtain additional medical information in order to have their impairment assessment completed.

Before filling out a request for discretion you must ask the client if they have had tests or specialist opinions, eg spirometry tests, orthopaedic opinion, x-rays.

You must use the ACC2189 Extended discretion assessments overseas(127K) form to make a submission to the Operational Risk Unit for extended discretion.

-  ACC2189 Extended discretion assessments overseas

4.0 Assessments on medical records

- a** In certain circumstances a client may not be able to attend an examination.

This can be because they are overseas or are physically unable to attend due to injury or illness. They may also suffer from a rapidly deteriorating condition such as mesothelioma, where they are physically unwell and the assessment must be done in a timely manner.

In these cases we can ask the assessor to complete the assessment based on the medical records.

The assessor must be duly qualified for the type of assessment (where possible use a Medical Advisor (MA)).

The assessor will determine and advise ACC whether an accurate assessment of their level of impairment can be completed from these medical records.

5.0 Rapid Response assessment process for clients at imminent risk of death

- a** Under ACC's legislation, a client needs to be alive when assessed for Lump Sum compensation.
- b** In 2004, a 'rapid response' process was developed to process IA/Lump Sum applications with more urgency where a client's covered injury is recognised as imminently fatal.
- c** For more information, see Clients with rapidly deteriorating conditions

-  Clients with rapidly deteriorating conditions - Policy

6.0 Overseas mental injury assessments

- a Clients who live overseas and need a mental and behavioural impairment assessment can choose to either:
 - be assessed over the phone by a New Zealand assessor based on an up-to-date psychiatric report
 - return to New Zealand for a face-to-face assessment.

To be assessed over the phone:

- the client must be comfortable and give their consent
- we must have an up-to-date psychiatric report that meets our requirements
- the report must be from a psychiatrist who meets our requirements for an overseas psychiatrist

the assessor must be contracted to provide 'Chapter 14' assessments and be satisfied that it is clinically appropriate to complete the assessment over the phone, ie the client will not be left in an 'unsafe' psychological state without existing local support

7.0 Referring care indicated clients

- a When you need an impairment assessment for a care indicated client you must advise the provider why the client may pose a risk, ask whether they wish to conduct an assessment and whether they would like a security guard present.

For more information, see Assessing a client's risk level.

 Assessing a clients risk level process


8.0 Peer reviewers

- a All peer reviewers must be trained to use the AMA Guides and The ACC User Handbook to AMA4.


Peer review is not a legislative requirement but claims officers may consider it appropriate if a second opinion is required, eg for any of the following apply:

- mental injury and physical injury
- head injury and a mental injury
- asbestos claims other than mesothelioma
- treatment injury
- apportionment applied by the assessor
- multiple impairments (complex assessments)
- accredited employer (AE) assessments
- significant increase or decrease in impairment from the previous assessment
- new impairment assessors
- sensitive claims.

See Peer review guidelines .

 Peer review guidelines - Reference

 Impairment assessment peer review requirement

 Requirements for an assessor to perform an impairment assessment peer review

9.0 Peer review timeframes

- a The vendor must return a standard peer review to ACC within 5 working days of receiving the referral.
- b The vendor must return a complex peer review to ACC within 10 working days of receiving the referral.
- c The vendor must also inform ACC if the impairment assessor has taken longer than five working days to amend an impairment assessment report.


10.0 Multiple assessments

- a We need two separate assessments by two appropriately qualified assessors when both of the following apply:
 - a client suffers injuries that mean they need a physical assessment and a mental and behavioural assessment
 - there is no assessor available and qualified to conduct both assessment types.

11.0 Additional assessments with new information

- a If we discover that new information about a client was available at the date of an assessment or reassessment, but wasn't made available to the assessor at the time they conducted and rated the impairment of the client we can arrange an additional assessment to include the new information so that it can be considered.

If a new assessment based on the new information confirms a change in their level of impairment, the client's eligibility and support may also be revised, without being considered a reassessment. The Accident Compensation Act 2001, Section 65 advises that we can revise incorrect decisions at any time, regardless of the reason for the error.

 Accident Compensation Act 2001, Section 65 - Corporation may revise decisions
<http://www.legislation.govt.nz/act/public/2001/0049/lat>

12.0 Additional assessments when there is no new information

- a A client can arrange for an additional assessment at any time at their own cost. If there are any points of difference as a result of this assessment, we will assess them further.

13.0 Challenged assessment decisions

- a After we notify the client about their assessment results, and provide them with the AMA report and peer review when applicable, the client can challenge these results if they:


- disagree with the decision

- do not understand the reasons for the decision. This particularly applies to those who have only previously been assessed using the Functional Limitations Profile (FLP) questionnaire

- want to be sure that the decision is accurate.

You must advise the client that any review application should be lodged as soon as possible and within three months. See ACC255 Working together (21K).

A client may delay the formal hearing process if, for example, it appears their concerns could be resolved by seeking further information. They may discuss their concerns with ACC to try and resolve them. However, if there is no new information for us to consider the client may seek an independent opinion at their own expense.

 ACC255 Kōrero mai - Working together

14.0 Non-attendance fee

- a** If a client fails to attend an assessment the assessor can charge a non-attendance fee as per their contract. They can only charge this fee once for any assessment, even if the client misses more than one appointment.

To claim the non-attendance fee the vendor must submit copies of relevant correspondence with the client, or copies of file notes recording communication with the client, dated at least seven days before the scheduled appointment date.

 Clinic framework - Did Not Attend Clients (DNAs)

Summary

Objective

To be covered under the Accident Compensation Act 2001 (AC Act) a mental injury must be both:

- a personal injury. See the AC Act 2001, Section 26
- a clinically significant behavioural, cognitive or psychological dysfunction. See the AC Act 2001, Section 27.

Owner


Expert

Policy

1.0 Personal injury

- a** The following types of mental injury fall within the definition of a personal injury:
- mental injury caused by physical injury
 - mental injury caused by certain criminal acts
 - work-related mental injury.

2.0 Clinically significant

- a** For ACC to accept that a mental injury is “clinically significant” it will usually:
- b** be diagnosed using one or more of the following standardised systems:
- Diagnostic and statistical manual of mental disorders - fourth edition - text revision (DSM-IV-TR)
 - Diagnostic and statistical manual of mental disorders fifth edition (DSM-5)
 - See DSM-IV-TR to DSM-5 for a summary of the differences between the two editions
 - International classification of diseases - 10th Revision (ICD-10)
 - Psychodynamic diagnostic manual (PDM)
 - Diagnostic classification of mental health and developmental disorders of infancy and early childhood – Revised (DC:0-3R)
-  Mental health definitions - DSM-IV-TR to DSM-5
- c** be diagnosed by a mental injury assessor who has:
- a qualification which meets at least level 8 (post-graduate) of a New Zealand Qualifications Authority (NZQA) recognised course or its equivalent, with a focus on:
 - assessment, classification and formulation in psychopathology
 - abnormal psychology
 - skills in using two or more models of therapeutic intervention
 - the consequences of: sexual abuse/assault; and/or physical injury; and/or workplace trauma
 - the use of psychometric tools (if using psychometrics)
 - a minimum of two years' full-time equivalent post-graduate supervised clinical experience in one or more of the areas of mental injury covered by ACC
 - met the supervision requirements of the professional bodies to which they belong
 - met the cultural competency requirements of the professional bodies to which they belong.

- d** There are some circumstances under which a mental injury will not be diagnosed using one of the above standardised systems. In these circumstances, the assessor must evidence that the mental injury is nevertheless a 'clinically significant behavioural, cognitive or psychological dysfunction'.

3.0 Mental consequences

- a** Under the 1972 and 1982 AC Acts, ACC provided cover for the physical and mental consequences of an injury or the accident.

See:


- AC Act 1972, Section 2
- AC Act 1982, Section 2.

(If a person has cover for physical injuries under the 1972/82 Acts, it's not always clear whether ACC should treat a subsequent claim as one for 'mental injury' under the AC Act 2001, or for 'mental consequences' under the 1972/1982 Acts. If clarification is needed, contact Legal Services.)

 Legal Services

 AC Act 1972, Section 2

<https://www.westlaw.co.nz/maf/wlnz/app/document?d>

 AC Act 1982, Section 2

<https://www.westlaw.co.nz/maf/wlnz/app/document?d>

4.0 Mental injuries to clients under 16

- a** Children under the age of 16 are not eligible to have the impairment effects of a mental injury assessed, for lump sum only, unless there are compelling reasons. This is because long-term mental impairment effects cannot be accurately established.

See the AC Act 2001 Schedule 1, Part 3, Clause 57.

 AC Act 2001 Schedule 1, Part 3, Clause 57

<https://www.westlaw.co.nz/maf/wlnz/app/document?d>

5.0 Mental injury assessments

- a** A mental injury assessment must be carried out by a qualified assessor. See the AC Act 2001 Schedule 1, Part 3, Clause 58. ACC can ask clients to undergo assessments.

 AC Act 2001 Schedule 1, Part 3, Clause 58

<https://www.westlaw.co.nz/maf/wlnz/app/document?d>

6.0 Deciding apportionment for lump sum or independence allowance for mental injury

- a** So that we can determine the amount of a lump sum or independence allowance, we consider the recommendations of a qualified assessor about what proportion of a client's mental injury is:


- related to conditions covered by ACC
- not related to conditions covered by ACC.

The assessor deducts any impairment that they think has not resulted from the covered injury from the whole of the person's impairment, which leaves the portion that is used to calculate the amount of support. This is known as apportionment.

For a client to be eligible, at least 10% of their impairment must be claim-related.

Resources for determining apportionment are the:

- Operational guidelines for impairment assessments for lump sum compensation and independence allowance
- ACC User Handbook to the AMA Guide to the Evaluation of Permanent Impairment 4th edition.

 Operational guidelines for impairment assessments for lump sum compensation and independence allowance.pdf
