

ASH Conditions:

The following conditions are ASH even if more than one of them is noted on the medical. Single Failure Point and Multiple Failure Point outcomes can still be applied if any of the following conditions are noted on the same health case.

A	<p>Acne/Acne vulgaris whether or not on oral or topical medication Abdominoplasty (Tummy tuck) Abortion Acanthosis nigricans Adenoidectomy Adipose tissue (fat) Allergic rhinitis Allergies: Drug allergy, Skin allergies, Hay fever Alopecia including if on medication for hair loss (if sure this is related to hair loss treatment) Amblyopia Anaemia corrected Aorta – unfolding or tortuous aorta or sclerotic aorta for ≥50 years only Aortic calcification/Aortic arch Appendectomy/Appendicectomy Atrial septal defect, repaired with specialist letter attached Asthma well controlled e.g. Salbutamol (Ventolin) inhaler Atypical moles Azygous fissure/lobe</p>
B	<p>Back pain unless on narcotics, or associated with severe limitations Bartholin's cyst Bell's palsy Benign prostatic hyperplasia Bifid ribs Bilirubin light (treatment for new-borns with neonatal jaundice) Birthmarks Blepharoptosis of eyes Bone island Bony abnormality Breast fibroadenoma, Fibrocystic breast disease Breast implants Breast reduction Broken bones/old fractures/metal wires in limbs Bronchial wall thickening (mild) Bronchitis Bunions</p>
C	<p>Caesarean section Capillary telangiectasia Cardiac fat pads Cataract if visual acuity is normal and no other abnormal findings are noted Cauliflower ear/boxer's ear/wrestler's ear Cavities (teeth, dental, not in lungs) Celiac/Coeliac disease Cervical dysplasia Cervical fusion with no mobility problem Cervical polyp more than 1 year ago Cervical ribs Cervical sympathectomy Chilblains Chicken pox if not active Chlamydia, if treated Cholecystectomy/Gall bladder removal unless for cancer Cholelithiasis Chronic otitis media Circumcision Cleft palate repair, no further surgery planned Club foot surgery in infancy, no further surgery required, functioning/mobilising normally</p>

	<p>Cold Sore Colon polyps Colonoscopy more than 1 year ago Colposcopy (pap test) more than 1 year ago and if not associated with cervix cancer Concussion (no ongoing issues) Conjunctivitis (pink eye) Contraceptive oral medication or implant Cosmetic surgery Costochondral calcification Creatinine (Low) Cryotherapy for benign skin lesions Cystectomy (Ovarian cyst) Cystitis</p>
D	<p>Deafness in one ear only Dengue fever Dental disease Dermatitis including contact Deviated septum surgery Dextrocardia Diaphragm partial eventration Discectomy with no mobility issues Diverticulitis Dorsal spine osteophytosis Dyslexia only if no developmental delays Dysmenorrhea Dyspepsia</p>
E	<p>Ectopic pregnancy with/without salpingectomy (history only) Eczema requiring topical treatment only (skin creams, ointments) and not requiring oral treatment Elective sleeve gastrectomy Endometriosis Enlarged tonsils Epicondylectomy unless done for cancerous reasons Erb's palsy</p>
F	<p>Facial paralysis Factor V Leiden (Factor 5 Leiden) Fatty liver disease (non-alcoholic only) Febrile seizure Fenton's repair for episiotomy scars Fibroadenomas Fibroid uterus Fibroidectomy Fibroids Fibromyalgia Finger amputation, secondary to work injury stating no concerns or ongoing issues. Foreign body in soft tissues e.g. bullet, shrapnel, etc. as long as in good health Fracture (Healed) Fungal skin infection (Tinea)</p>
G	<p>Gallbladder surgery Gastric bypass/Gastric Sleeve/Bariatric surgery Gastritis, Dyspepsia, Heartburn, H-pylori, Stomach ulcer (gastric) Genital herpes Geographic Tongue (Benign Migratory Glossitis) GERD/GORD (Gastro-oesophageal reflux disease) Gestational diabetes with previous pregnancy Gilbert's syndrome Gingivitis Glaucoma Goitre (benign thyroid enlargement) Gonorrhoea, if treated Gout controlled with medication e.g. allopurinol Graves' disease (well managed) Grommets (Tube insertions tympanic membranes right and left ears)</p>

H	<p>Harrington Rod Hashimoto's thyroiditis Haemorrhoidectomy Haemorrhoids Hair Loss Hair Transplantation Hayfever Heart burn Hepatitis A (history only) and juvenile hepatitis (if all tests are negative) Hernia – hiatus, inguinal, umbilical Herniorrhaphy (hernia repairs) Herpes of the eye Herpes Simplex Herpes zoster or shingles Hirsutism Hormone replacement therapy (HRT) Hydrocele – Varicocele Hypercalcaemia Hyperhidrosis (excessive sweating) (with or without medication) Hypoglycaemia – low blood sugar Hypospadias only if already corrected Hypotension Hypothyroidism (thyroid insufficiency) with or without medication e.g. thyroxine Hysterectomy unless for cancer (e.g. fibroids) Hysteromyoma</p>
I	<p>IBS (Irritable Bowel Syndrome) Illiterate, can't read for adults only (outside of school age) Incision and drainage of abscesses Infertility Ingrown toenail surgery Insomnia</p>
J	<p>Jaundice only if 10 years or less, or neonatal</p>
K	<p>Keloid scar Keratoconus Kidney infection if all else is normal Kidney, single with normal creatinine Knee arthroscopy Knee surgery and currently fully functional Kyphosis, mild</p>
L	<p>Laparoscopy Laser eye surgery unless complications Lipoma Liposculpture Lumbago Lumbar and thoracic pain with no mobility problem</p>
M	<p>Malaria more than 1 year ago Malassezia furfur (pityrosporum folliculitis) Mammary implants Mammoplasty (Breast Lift) Mastoiditis Meatal cyst Meniere's disease Menopause Migraines Miscarriage Molluscum contagiosum Mongolian birth spot Mononucleosis more than 1 year ago Multiple nevi Mumps (No ongoing issues) Musculoskeletal injections Myectomy if not cancer</p>

	Myomectomy Myringotomy tubes (Ear tubes)
N	Nasal operations or corrections
O	Occasional marijuana smoking when younger, not now Occasional mild pain killers Oophorectomy if not cancer Orchidoplasty ORIF (Open reduction internal fixation) Osteochondroma if benign Osteomyelitis (history only) Osteopenia Osteoporosis Osteosynthesis with normal Activities of Daily Living Otitis externa and Otitis media
P	Pancreatitis (history only) Parenchymal scarring Partial deafness Pectus excavatum/Carinatum Perforated ear drum Pericardial fat pad Piercing Pilonidal cyst Pityriasis versicolor Pneumothorax (history of) Polycystic ovarian disease Prostatic hypertrophy or BPH (Benign Prostatic Hypertrophy) / Enlarged prostate if smooth, no nodules Psoriasis of skin only, not psoriatic arthritis Pterygium including Surfer's eye Ptosis (Droopy eye) Pulmonary Embolism Pyelonephritis more than 2 years ago Pyloric stenosis
R	Refraction problem/error for eyes/ Astigmatism Removal of benign skin lesions such as skin tags and strawberry naevus Restless leg syndrome Rhinoplasty Rib abnormalities e.g. Cervical ribs, Bifid ribs, Congenital rib fusion and previous rib fractures
S	SAD (Seasonal Affective Disorder) Scarlet fever (history only) Scars – old burns/injury/laceration Sciatica Seborrhoeic dermatitis Septic arthritis more than 5 years ago Septoplasty Shirodkar stitches if it was the mother or with no complications Sickle cell trait (trait only – if disease, then refer) Sinus surgery Sinusitis Spina bifida ONLY on CXR and with no physical restrictions Splenectomy secondary to MVA/RTA/Injury(only if a result of these) Spondylitis/Spondylosis if mild and no associated problems with back Spontaneous vaginal delivery STD (Sexually Transmitted Disease), if treated / STI (Sexually Transmitted Infection), if treated Sterilisation Strabismus Surfers ear Syndactyl (Webbed) digits
T	Tattoos "Tenting" on A grading CXR Thyroid conditions other than cancer Thyroidectomy Tinea

	Tonsillectomy Tonsillitis Tortuous aorta Traumatic amputations (must not be disease related) Tubal Ligation Turbinectomy Typhoid fever more than 1 year ago
U	Ulcer – peptic, duodenal, gastric Uncoiling of the aorta Undescended testicle(s) in child, solitary testicle Urinary stress incontinence Uterine fibroids (Fibromyoma uteri) Uterine myomectomy
V	Varicose vein injections Vasectomy/Tubal ligation in the absence of heritable disorder Venous ulcers if not diabetic Vertebroplasty Vertigo Vitiligo
W	Warts Wisdom teeth (removal)
X	Xanthelasma

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PURPOSE OF THIS DOCUMENT

This document provides information about how to assess applicants for residence and temporary student visas who have special education needs. It offers guidance about how to request further information, get an assessment from the Ministry of Education and write ASH opinions. It also clarifies how children applying for visitor visas or providing Limited Medical Certificates (LMCs) can be assessed.

BACKGROUND

The Ongoing Resourcing Scheme (ORS) is funded by the Ministry of Education. The need for ORS funding is listed in A4.10.5 of Immigration Instructions as a condition likely to impose significant costs and demands on New Zealand's special education services.

Special education services include:

- Speech Language Therapy (SLT)
- Occupational Therapy (OT)
- Physiotherapy (PT)
- a teacher aide
- Resource Teachers of Learning and Behaviour (RTLBs), or
- assistive technology, such as a laptop with voice recognition software.

Depending on their physical, intellectual, sensory or behavioural condition, or group of conditions a student's requirements can range from very minor input such as simply needing SLT assistance to needing ORS funding.

Visa applicants who qualify for ORS funding

Any applicant for a residence or temporary entry visa who may meet the criteria for ORS funding must be referred to the Ministry of Education for assessment before you give an opinion about their standard of health.

ABOUT ORS FUNDING

The ORS supports students with the highest level of need for special education so they can join in and learn alongside other students at school. To be accepted for funding they must meet Ministry of Education criteria. If they qualify for funding, it stays with them throughout their time at school up to the age of 21.

To meet ORS criteria, students must have:

- ongoing extreme or severe difficulty in any of the following areas – learning, hearing, vision, physical, or language use and social communication, or

- moderate to high difficulty with learning, combined with very high or high needs in any two of the following areas – hearing, vision, physical, or language use and social communication.

[Criteria and definitions for ORS – Ministry of Education](#)

Around 1% of students receive this support at any one time.

What ORS funding offers

ORS funds two levels of need: very high needs and high needs.

ORS provides services and support, including:

- specialists such as SLTs, psychologists, OTs, PTs, advisers on deaf children, special education advisors, orientation and mobility instructors among others
- additional or specialist teachers who coordinate the student's learning programme with the class teacher
- teacher aides to support the student's learning programme and include students in class programmes and activities, and
- consumables, such as computer software, extra-size pens and pen grips, Braille machine paper, laminating pouches, or CDs and DVDs.

[About ORS – Ministry of Education](#)

ASSESSING SPECIAL EDUCATION NEEDS FOR ASH REQUIREMENTS

If student or resident visa applicants might meet the criteria for ORS funding, they must be referred to the Ministry of Education for an opinion from an ORS Assessor.

Request an ORS assessment if the applicant is of school age but under 21 years of age, and has:

- applied for a student visa or a resident visa
- a physical, intellectual, sensory or behavioural condition that indicates possible eligibility for ORS funding – this could include learning difficulties, special needs, developmental issues or delay, or low IQ.

You must also refer applicants who:

- already receive ORS funding
- have a condition you know qualifies for ORS funding
- are 4 years old and have a condition which may qualify for ORS funding.

Before you request an ORS assessment

Before you make a FIR to an ORS assessor, gather all the information relevant to the applicant's special education needs and any medical conditions they have.

If the case is referred to the Ministry without the necessary information, the ORS assessor may not be able to provide an opinion. This can slow down the visa application process and may cost the applicant more money if they need to get further information for a second assessment.

Assessing medical conditions for applicants with special education needs

When an applicant has been assessed as being eligible for ORS funding, also consider:

- the nature of the applicant's medical condition
- their current level of daily functioning, and
- how they will manage in the future.

School-aged visitor visa applicants

You cannot request an ORS assessment for school-aged children applying for a visitor visa even if it appears there is a possibility they may be eligible for ORS funding.

Applicants who provide Limited Medical Certificates (LMCs)

Applicants who provide a Limited Medical Certificate (LMC) are subject to different criteria. However, if a child who has provided a LMC has any conditions which might qualify for ORS funding, request an ORS assessment.

Student visa applicants 21 years and older

Students older than 21 cannot receive ORS funding. Assess these applicants under the medical visa requirements and not special educational or ORS criteria.

MAKING FURTHER INFORMATION REQUESTS (FIRS) TO APPLICANTS WITH SPECIAL EDUCATION NEEDS

Requesting supporting information from specialists

Depending on the special needs of the applicant you may need to make FIRs to:

- a developmental paediatrician, who can provide a medical opinion regarding any developmental disability, including physical, intellectual or cognitive disabilities
- an educational psychologist, who can provide an assessment of:
 - the applicant's overall intellectual and cognitive ability
 - their current developmental status
 - a prognosis of the conditions
- a SLT, who can assess any communication issues
- an OT, who can assess any difficulties with daily functions and physical limitations
- a physiotherapist, who can assess their physical limitations.

Note

It can sometimes be difficult to get specialist information for applicants living in some countries. For example, consider requesting a paediatrician assessment rather than an assessment from an educational psychologist for an applicant living in countries with limited specialist resources.

It may be difficult to determine whether a young child could live independently in the future. If you are requesting a FIR from an educational psychologist or a paediatrician, ask them to comment on:

- whether the applicant currently requires a level of assistance with their ADLs that is significantly higher than other children of the same age
- how this is likely to change over time, and
- if, as an adult, they:
 - may be able to live independently, and
 - will need help with their ADLs.

Requesting information from a school

Always make a FIR for a letter from the applicant's school or preschool. Ask for details of:

- any educational supports they need or already receive
- how the applicant functions and participates while at school, and
- a copy of the applicant's most recent Individualised Education Plan (IEP).

If an applicant disputes the Ministry of Education's ORS assessment

If an applicant provides information to dispute the Ministry's opinion that they qualify for ORS funding, the new information must be referred back to the ORS assessor for a second opinion.

Your opinion is based on the new ORS assessment. If the applicant is applying for residence, also refer the medical information for a medical referee's opinion.

ASH OUTCOMES FOR APPLICANTS WITH SPECIAL EDUCATION NEEDS

Outcomes for residence and student visa applicants

If an applicant meets ORS criteria and is applying for a resident visa or temporary student visa, the outcome will be likely NOT ASH.

If there is more than one reason that an applicant is likely to be NOT ASH then provide all the reasons for a NOT ASH outcome in your opinion. For example, children with medical conditions which have resulted in the need for special education services, may also impose a high cost on health services.

Applicants who qualify for ORS funding

If an applicant for a resident or student visa qualifies for ORS funding, use this wording to support your NOT ASH opinion.

Likely to impose significant costs or demands on New Zealand special education services.

Also include:

- all the relevant information about the medical condition that has resulted in the applicant being eligible for ORS funding and make it as detailed as possible
- confirmation from the ORS assessor that the applicant meets the criteria for ORS funding, or that the applicant already receives this
- any additional information provided by the ORS assessor, such as costs, and
- any information relating to a second assessment, including the information provided by the applicant to dispute the original Ministry of Education assessment.

Applicants who do not qualify for ORS funding

If an ORS assessment is returned advising that a student visa applicant is unlikely to be eligible for ORS funding, consider whether any of the applicant's conditions will impose significant costs or demands on our health services and, if not, whether an AWC outcome is appropriate.

If an ORS assessment is returned advising that a residence applicant is unlikely to be eligible for ORS funding, consider whether the applicant has any conditions on the A4.10.1 list of high-cost health conditions or has any conditions likely to cost more than the threshold of \$81,000 to manage. If so, detail these in your likely NOT ASH opinion.

Outcomes for applicants providing LMCs

If an applicant who provides an LMC has been assessed as eligible for ORS funding then comment on in your opinion. Refer to the Immigration New Zealand Guidelines for Medical Assessors for information on recording outcomes for LMCs.

Outcomes for school-aged visitor visa applicants

You cannot give an opinion of likely NOT ASH for a visitor visa applicant on the basis that they may qualify for ORS funding if an assessment was done. Instead, consider an AWC outcome. This means that your likely ASH opinion would only apply for the length of the visitor visa. In your opinion, specify the updated medical information they need to provide if they apply for another visa.

If you are proceeding with a likely NOT ASH opinion for a school-aged visitor visa applicant do not refer to any likelihood of costs or demands being imposed on special education services. In your opinion, include:



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- that they are likely to impose significant costs or demands on New Zealand health services, and
- provide details of the medical condition that means they are likely NOT ASH.

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Cochlear Implants

Information for INZ Medical Assessors

Background information ^{1,2} :

A Cochlear implant is a surgically implanted electronic device that provides a sense of sound to a person who is severely hard of hearing or profoundly deaf.

A cochlear implant consists of two parts: an external sound processor and a surgically implanted electrode array. The array is inserted into the cochlea and provides electrical stimulation directly to the auditory nerve – bypassing the most common causes of hearing loss.

Cochlear implants provide a good, although not perfect, reproduction of natural hearing. They are more than capable of providing access to speech. Many users even have access to more complicated hearing such as music.

Cochlear Implants in NZ:

MOH Funding²

The Ministry funds cochlear implant services for people who meet *all* of the following criteria:

- You have severe to profound hearing loss in both ears.
- Your hearing isn't helped by standard (acoustic) hearing aids.
- You've been assessed as likely to benefit from a cochlear implant.
- You're [eligible for publicly funded health and disability services](#).
- You live permanently in New Zealand.
- You do not qualify for cochlear implant funding through ACC.

The funded service includes:

- the assessment
- the device (an implanted electrode and a sound processor which is worn externally)
- the surgery

- audiology
- maintenance and support
- associated ongoing support services
- rehabilitation for adults or habilitation for children
- device replacement.

The funded service also includes follow-up services such as replacement sound processors for adults and children.

For children, the funded service also covers the cost of any repairs, batteries or spare parts for their speech processors. Adults (aged 19 years or older) don't have these additional costs covered.

The Ministry does not fund follow-up services for adults (aged 19 or older) who received their implant outside of New Zealand or who paid for their implant privately.

The Ministry contracts two providers to offer implant services.

1. The Northern Cochlear Implant Programme (NCIP) covers Northland, Auckland, Waikato, Bay of Plenty, Rotorua and Taupo.
2. The Southern Cochlear Implant Programme (SCIP) covers the rest of New Zealand.

These providers select the hospitals where surgery for cochlear implants takes place. The hospitals may be public or private hospitals. The cost of travel to the hospital for an audiology assessment, surgery and follow-up appointments may be covered through the National Travel Assistance Scheme.

NZ Statistics^{1,2}

In New Zealand there are roughly 1,000 cochlear implant users, of which there are approximately 350 children (0-18yo). Of the 350 children, approximately 16% have both ears implanted. In the 0-5y group this increases to 30%¹ (2014 data). However, since 2014 the Government has funded bilateral implants for under 18y olds⁴, so these statistics will change over time.

The New Zealand Government funds only one Cochlear Implant per user for adults. They fund 46 per year for children and there is no waiting list. The government has just increased funding for adults, from 40 to 100 per year. There are currently 224 adults on the waiting list⁴.

Costs Associated with Cochlear Implants in NZ^{1,3} :

Each cochlear implant costs approximately \$45,000 for surgery, implant and switch-on³. If a second implant is done at the same time, the extra cost is approximately \$35,000¹.

The processors need to be replaced every 6-7 years, at a cost of around \$10,000 each time³.

In August 2017 the Government announced an increase of total funding to \$14.93 million for cochlear implants and associated support each year³.

All parents of children with cochlear implants can access the Child Disability Allowance¹.

All people with disabilities, including cochlear implants can access the Disability Allowance⁴.

Special Education Considerations

People with cochlear implants undergo hearing rehabilitation, to enable them to obtain (children) or return (adults) to normal speech and language skills. This could include SLT, OT and Teacher Aids. Children with cochlear implants may require special education, or be in mainstream classes.

Minister of Health Press release³ 25 August, 2017

\$6.5m to increase adults cochlear implants

Health Minister Jonathan Coleman says \$6.5 million will be invested into the adult cochlear implants programme to increase access.

“For those with profound hearing loss cochlear implants can be a life changing procedure,” says Dr Coleman.

“Access to funded cochlear implants have increased significantly under this Government. In 2014 we expanded the children’s programme so our under 18s could receive bilateral implants, with no waiting list.

“In 2013 we also increased the number of funded cochlear implants for adults from 20 to 40 a year. However, we want even more adults to benefit.

“That’s why we’re investing an extra \$6.5 million into the adult programme for 2017/2018. This will increase the Cochlear Implant Programme’s total funding to \$14.93 million.

“The total number of funded cochlear implants for adults will go from 40 to 100 for 2017/2018, an increase of 150 per cent.

“The investment will also increase the capacity within the system and cover the additional audiology and rehabilitation time required to support such a massive uplift.

“I have also asked officials for advice around how we can better structure the funding model for this important service going forward.”

The extra \$6.5 million will come from reprioritisation within Vote Health.

Notes to Editors

Around 86 New Zealanders receive funded cochlear implants each year. Up to 16 are infants, 30 are children aged 2-18 years and 40 are adults.

There are currently around 224 adults on the waiting list for a funded cochlear implant.

A cochlear implant costs about \$45,000 for surgery, implant and switch-on.

The processors need to be replaced about every six to seven years, which costs about \$10,000 each time.

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Management of Cochlear Implants for Medical Assessors :

Considerations when assessing a case :

- Where and when did they receive the cochlear implant?
- When is the processor due to be replaced next?
- What is their current level of speech and language? eg
 - Are they able to communicate normally?
 - Do they have normal daily functioning – both adult and children?
 - Are they likely to be able to live independently as an adult?
 - Do they receive special education services?
 - Are they receiving any ongoing rehabilitation eg SLP, OT?
- Do they have any other potential high cost / demand health conditions?

Outcomes :

NOT ASH :

- Any applicant who has been reported to need a cochlear implant.
 - Costs : \$45k for the implant surgery, \$10k every 7 years for a replacement processor, and ongoing rehabilitation costs
 - Demand : There is a waiting list for adults who need cochlear implants
 - Also consider any other **associated issues** eg
 - ORS, special education needs
 - Developmental / medical / surgical conditions

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- Any applicant who is deaf and does not have a cochlear implant and does not require a cochlear implant and does not require significant supports ie no treatment has been recommended and they have normal function and ADLs.
- Any applicant who has a cochlear implant, with normal function and ADLs and no other associated issues (see above)

Extra Considerations :

- Any applicant who is deaf, or has a cochlear implant AND has other potential high cost and / or high demand medical conditions requires assessment of ALL their conditions before an overall outcome can be determined. Including :
 - ORS, Special Education needs
 - Developmental / medical / surgical conditions
 - NOT able (likely to be able) to function independently in the community as an adult

References :

- 1 <https://2ears2hear.kiwi.nz/bilateral-cis/media-info/>
- 2 <http://www.health.govt.nz/your-health/services-and-support/disability-services/types-disability-support/hearing-and-vision-services/hearing-services/cochlear-implants>
- 3 <https://www.beehive.govt.nz/release/65m-increase-adult-cochlear-implants>
- 4 <http://www.health.govt.nz/your-health/services-and-support/disability-services/types-disability-support/hearing-and-vision-services/hearing-services/help-costs-hearing-loss>

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