

Information to Assist Completion of Referral to Supportlinks

Ministry of Health (MOH)/District Health Board (DHB) Eligibility Definition for access to Needs Assessment Service Coordination (NASC) services:

- A person who has been identified as having a physical, intellectual, sensory or age related disability (or a combination of these) and
- Which is likely to continue for a minimum of six months and
- results in a reduction of independent function to the extent that ongoing support is required

Exclusions

- People who are covered under the Accident Insurance Act.
- People who require an assessment solely as a result of a mental health need - these assessments are usually contracted for by MOH through mental health assessment services or community mental health teams.
- People who require assessment as a result of a personal health need. A personal health need is defined as when a person's level of independent function is reduced by a condition that requires ongoing supervision by a health professional.
- People who are not a New Zealand resident.

Points to be aware of:

- A person must be eligible for Publicly Funded Health and Disability Services to access Supportlinks services – information regarding this is available on the Ministry of Health website.
- If a referral indicates the persons cognitive impairment limits their ability to consent to or be actively involved in the NASC process Supportlinks will seek clarification as to who holds the legal responsibility for consent e.g. EPOA and if this has been enacted.
- Referrals received by Supportlinks will be considered against the eligibility for MOH DSS, DHB DSS, CMI, and IFP funding streams. (Please see further information regarding these below).
- The intention of funded Disability Support Services is to support the persons' natural/informal support NOT replace them.
- A referral for Home Management is **only** able to be allocated to a person who holds a current Community Services Card.
- In the case of a child the parent/family needs to hold a current Community Services Card.
- Holding a Gold Card does not always mean a person is eligible, or holds, a Community Services Card.
- There is a financial implication for a person entering permanent residential care. The person is responsible for the cost of care until an application is sent to WINZ and their eligibility for a residential subsidy is approved. WINZ will also confirm what the ongoing contribution from the persons benefit will be.
- Respite care is allocated to support a full time unpaid carer (FTC) in their role of providing essential support for a person who is eligible for disability support services eg. 24 hour support to ensure the persons safety. Respite can be provided in several ways eg. personal care, home management, residential respite, day care or carer support.

Other relevant definitions:

"NASC"	Needs Assessment and Service Coordination services funded by MOH/DHB to oversee and manage the operational functions of the DSS Framework.
"DSS Framework"	Core processes of determining eligibility for MOH/DHB funded disability support services(DSS); then <ul style="list-style-type: none"> • "Needs assessment": A facilitated process, undertaken in partnership with the disabled person which identifies their current abilities, resources, goals, and care and support needs and identifies which of these needs are most important to the disabled person.

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	<ul style="list-style-type: none"> • “Service coordination”: A process to identify appropriate services and support, including natural and community options to support the assessed needs, and to determine which services will be publicly funded. • “Budget management” (Process for managing cost-effective packages of services for client).
“Disability Support Services (DSS)”	Goods, services and facilities provided to individuals with disabilities for their care or support or to promote independence. Disability support services are mainly community-based support services delivered by private and not-for-profit providers.
“Natural/Informal Support”	Includes family, friends, neighbours, church groups, support groups
“Enduring Power of Attorney” - EPOA	Given by one person to another when in “sound mind”. Two components – Health and Welfare and Property Management.
“EPOA Enacted”	A formal process usually via the persons General Practitioner indicating the person has lost capacity and the person named as EPOA should assume this role.
“Intellectual disability”	Impairment acquired or manifested before the age of 18 and is characterised by significantly sub-average intellectual functioning AND concurrent deficits or impairments in present adaptive functioning in at least two areas: communication, self care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety.
“Physical disability”	Impaired physical function or structure (e.g. limited range of movement, loss or impaired use of limbs). Most people with progressive neurological disabilities also have a physical disability.
“Sensory disability”	Impairment of the senses (mostly sight and hearing).
“Age-related disability”	Refers to physical, cognitive or psychiatric conditions related to the onset of old age (over 65 years) eg. Alzheimer’s disease, Parkinsons, Cerebral Vascular Disease, Stroke, Can also include “frailty” - a condition of reduced functional capacity arising from a complex interaction of medical and social factors and resulting in a heightened vulnerability to adverse outcomes.
“ACC”	Support need as a result of impairment/s arising from an accident for which the person is covered under ACC.
“Mental Health”	Disability arising from continuous or intermittent disorders related to thinking, feeling, volition, or behaviour which significantly interferes with daily functioning eg. schizophrenia, severe chronic depression, long-term addiction to alcohol and drugs, or the long term impacts of these conditions.
“Personal Health”	A physical disease or medical condition affecting single/multiple organs or body systems that requires ongoing medical care, including monitoring, treatment, and co-ordination amongst multiple providers eg diabetes, chronic cardiac/respiratory, morbid obesity.
“Long-Term”	Long-term support need as a result of a chronic medical condition/s.
“Short –Term”	Short-term support need as a result of an acute illness or exacerbation of a medical condition.
“Palliative care”	Total care of people who are dying from active, progressive diseases or other conditions when curative or disease-modifying treatment has come to an end.
“IFP”	A MOH funding stream for people under 65 years with chronic medical conditions that require long term hands on care on a daily basis. Also referred to as Interim Funding Pool and Long Term Supports – Chronic Health Conditions.
“CMI”	A DHB funding steam used primarily to fund support for people in the end stages of a terminal illness. Also referred to as Chronically Medically Ill Funding.