

SERVICE DESCRIPTION AND PURCHASE UNIT CODES:

**DSS Needs Assessment and Service Co-ordination (DSS1040)
including Discretionary Funding (DSS1039D)**

DSD PHILOSOPHY

The aim of Disability Services Directorate (DSD) of the Ministry of Health (the Ministry) is to build on the vision contained in the New Zealand Disability Strategy (NZDS) of a fully inclusive society. New Zealand will be inclusive when people with disabilities can say they live in:

'A society that highly values our lives and continually enhances our full participation.'

With this vision in mind, DSD aims to promote a person's quality of life and enable community participation and maximum independence. Services should create linkages that allow a person's needs to be addressed holistically, in an environment most appropriate to the person with disability.

Disability support services should ensure that people with disabilities have control over their own lives. Support options must be flexible, responsive and needs based. They must focus on the person and where relevant, their family and whānau, and enable people to make real decisions about their own lives.

1. DEFINITIONS

Disabled person/ person with disability

NASC should ensure services are provided only to those disabled people who are eligible to receive them, as required by the Guide to Eligibility for Publicly Funded Health and Disability Services in New Zealand. For the purposes of this service specification a person with a disability is someone who has been identified as having a physical, intellectual, sensory disability (or a combination of these) which is likely to continue for a minimum of six months and result in a reduction of independent function to the extent that ongoing support is required.

Note: Subsequent references in this document to "the person" or "people" should be understood as referring to a disabled person/person with disability.

Throughout this document the term "person" is taken to include, where appropriate, family/ whānau/ aiga and/or full-time carer. When the NASC is working with a child, that child is always considered within the context of the family/whānau/ aiga.

Carer

For the purposes of this specification, a full-time carer is someone who has principle, active responsibility for the ongoing and frequent care of a person, usually on an unpaid basis and according to the above definitions.

For the purposes of this specification needs assessment or service coordination is a process provided by a Needs Assessment Service Coordination (NASC) on behalf of

the Ministry of Health. This process is based on *The New Zealand Framework for Disability Service Delivery*, Ministry of Health, August 1994. Needs assessment and service coordination provides the means for a person to identify their prioritised disability support needs within the context of their own natural resources and existing supports, receive information on support options, including those which are government funded, and receive assistance with coordination of support services. NASC also manage DSS budgets for the funder.

The three key functions of NASC are:

Facilitated Needs Assessment

Needs assessment is a process of determining the current abilities, resources, goals and needs of a person and identifying which of those needs are the most important. The purpose of the process is to decide what is needed to maximise a person's independence so that they can participate as fully as possible in society, in accordance with their abilities, resources, culture and goals. A person's needs will also include, where appropriate, the needs of their family/whānau and carers; their recreational, social and personal development needs; their training and education needs; and their vocational and employment needs. This does not assume Ministry responsibility for funding of supports in relation to all of these needs, and particularly when they are the funding responsibility of other agencies.

Service Co-ordination

Service co-ordination is a process of identifying, planning and reviewing the package of services required to meet the prioritised assessed needs and goals of the person and, where appropriate, their family/whānau and carers. Service co-ordination also determines which of the assessed needs can be met by government funded services and which can be met by other services, and will explore all options and linkages for addressing prioritised needs and goals.

Budget Management

The NASC manages, on behalf of the Ministry, a defined indicative budget based upon an annual allocation. Performance against the budget will be reviewed, at least, on a monthly basis by the NASC and the Ministry.

The NASC needs to ensure that people with the highest priority needs receive access to services first. The NASC must also ensure that commitments made to fund service packages for people are such that they will not exceed the indicative budget for the current and out years.

Budget management involves allocating cost effective packages of services within the indicative budget, according to the Support Package Allocation tool, and within Benchmark Indicators determined by the Ministry for the identified population for a region.

2. OBJECTIVES

2.1 General

A fundamental objective of the NASC is to maximise and support the abilities of people by facilitating a process for them to identify their needs and goals, and make decisions on how these can best be met. To achieve this objective the NASC must maintain a clear vision of NASC as the dynamic combination of a service working in partnership with people and the Ministry to achieve the best possible outcomes within the available resources.

For people with disability and full-time carers NASC is the means by which their strengths, resources and needs can be identified, their support options explored and support services accessed. In order to achieve these objectives a NASC needs to, at a minimum:

- be responsive to people and their communities
- be community focussed
- support the enhancement of the person's own natural strengths, resources and independence
- have minimal waiting times by adhering to timeframes set out in this specification.

Needs assessment and service co-ordination processes must be separated from the provision of support services. A NASC may not be the provider of support services, to ensure that no actual or perceived conflict of interest exists.

2.2 Responding to Communities

The NASC will have mechanisms in place to gain the input of people and their communities. In line with the objectives of the Māori Disability Action Plan, *He Ratonga Tautoko I Te Hunga Haua*, the input of Māori in particular as mana whenua should also be sought. Examples of mechanisms that could appropriately demonstrate and achieve responsiveness to the community include community representation at the governance level of the provider and/or an advisory group to the NASC.

2.3 Māori Health and Disability

The Crown Statement of Objectives outlines the Government's medium term objectives for, and expectations of, the Ministry. In response to the Crown's Objective for Māori health and in line with its purpose statement, the Ministry has developed a Māori Health Strategy, *He Korowai Oranga*, and a Māori Health Action Plan, *Whakatataka*.

He Ratonga Tautoko i Te Hunga Haua, the DSD Māori Disability Action Plan identifies four strategic goals aimed at increasing responsiveness to Māori. The NASC is required to contribute to the implementation of *He Ratonga Tautoko i Te Hunga Haua* and the four strategic goals.

The four strategic goals are:

- Remove barriers for disabled Māori
- Increase Māori participation in the disability sector
- Develop effective disability services
- Work across sectors

Mauriora (positive life essence) is a key principle for Māori with a disability as opposed to Oranga (health) as described in *He Korowai Oranga*. Mauriora and the four strategic goals may be achieved through the application of Tikanga (practice and process) i.e. the use of te reo, appropriate protocols, participation in Marae activities and regular whānau, hapū or Iwi initiatives.

3. SERVICE USERS

3.1 Inclusions

People eligible according to the Guide to Eligibility for Publicly Funded Health and Disability Services in New Zealand who have been assessed as having a physical, intellectual or sensory disability (or combination of these) that is likely to continue for a minimum of six months; result in reduction of independent function; and require ongoing support¹. People with these disabilities constitute the Ministry's main client group, which largely consists of people aged under 65, many of whom have lifelong impairments.

People with physical, intellectual or sensory disability that co-exists with a personal health condition, mental health condition and/or injury, in relation to their disability support needs.

The NASC will consult with the Ministry for prior agreement in relation to people under 65 whose needs may have historically been recognised as disability-related within the parameters of the definition of disability.

3.2 Exclusions

- People who are covered under the Injury, Prevention, Rehabilitation and Compensation Act 2001. ACC has been responsible since 1974 for funding support services for people whose disability is caused by injury or accident².
- People aged 65 years and over who do not have a long term impairment (i.e physical, sensory, intellectual or cognitive disability that was acquired before the age of 65 years)
- People aged 65 years and over with a long term impairment who have been Ministry funded but who have been clinically assessed by a DHB or needs assessor as requiring age related residential care.
- People aged 50-64 years who have been assessed by a DHB or DHB needs assessor as "close in interest" to persons aged 65 years and over and whose needs would be best met by DHB integrated health and disability services.
- People who require an assessment solely as a result of a mental health need or addiction condition. These assessments are contracted for by the DHB 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.

¹ Although people with psychiatric disability and 'age-related' disability with support needs can be assessed for access to support services they are excluded from the Ministry's operation of the definition.

² Injury, Prevention, Rehabilitation and Compensation Act 2001 refers.

3.3 Interface with NASC for people 65 years and over

The NASC will maintain working relationships and agreed protocols with DHB NASC working with older people.

3.4 Interface with Mental Health

For those people with a dual diagnosis, that being a co-existing mental illness and disability, the NASC will work in collaboration with the relevant Mental Health Service.

3.5 Interface with Personal Health

Following an acute illness and the completion of post-discharge care and treatment, a disabled person can be referred to a NASC for their disability support needs.

3.6 Interface with Other Agencies

Depending on the needs of the person it may be appropriate for the NASC to jointly facilitate needs assessment with other appropriate agencies.

4. SERVICE ACCESS

The NASC is expected to:

- encourage and enable the person to take an active role in the needs assessment and service co-ordination process
- ensure that there is full consideration of the person's chosen lifestyle in all aspects of the assessment and service co-ordination process
- determine with the person the appropriate level of NASC involvement. This may require full involvement by the assessment facilitator through to minimal involvement and advice where the person wants to take more responsibility for the process themselves, including accessing services which are funded or purchased outside the NASC process.

Needs assessment and service co-ordination will be conducted with the person in an environment comfortable to them. The NASC will:

- provide information about the NASC service and work to ensure people, providers, GPs, other community groups and potential referrers are aware of NASC referral processes
- promote access to services by Māori and Pacific peoples
- identify, and build into the service, strategies to overcome known barriers to access for Māori, Pacific peoples, and other population groups with specific needs
- operate from premises that are appropriate, accessible and welcoming.
- have NASC premises open during normal business hours.

4.1 Referrals

The person may self refer to the NASC. Any other person or organisation can make referrals.

Initial contact will be made within two working days of receipt of the referral. This contact may be by phone, letter or visit. The type of contact and response will be determined by the nature of the referral i.e. urgency.

4.2 Prioritisation

The NASC will promote self-determination, quality of life and an environment that maximises community participation and independence for people. The NASC's role is to co-ordinate effective utilisation of disability support resources.

The NASC has a role in facilitating access, prioritising and allocating DSD funded resources. To achieve this the NASC will:

- acknowledge and support the person's own natural resources and existing supports
- give the person accurate information on eligibility and the limitations and boundaries of DSD funded services
- meet the safety needs of the person and community wherever possible
- promote equity for people to achieve similar outcomes for similar needs and circumstances
- work to safely reduce any disparities in equity between population and disability groups
- recognise the need for, and support access to, appropriate supports for groups with specific disability needs.
- support the continued needs based shift to supported community-based options for people previously living in institutional care or unsupported in the community
- support the continued needs based shift from service based to support based delivery
- be efficient, including creative and innovative use of resources to meet needs
- establish greater trust and credibility in the NASC process
- work within the funding and policy boundaries of the Ministry when allocating public resources.

The NASC will implement, and adhere to, consistent and transparent processes for priority setting and associated resource allocation. These processes need to adhere to the Ministry's relevant Disability Services Directorate policies and processes.

4.3 Inter- NASC transfers

The NASC will provide service to all eligible people wherever they live, or subsequently shift to, within the NASC's specified geographic area.

The NASC will establish protocols and procedures with fellow NASC in other areas of New Zealand to ensure continuity of service for people moving into, and out of, the region. Such protocols should include but are not limited to:

- the timely transfer of relevant information including assessment, service and support planning records to the new NASC, subject to the provisions of the Health Information Privacy Code (Office of the Privacy Commissioner 1994).
- immediate commencement of services by the new NASC according to the person's transferred support plan until such time as a reassessment or review of the support plan are undertaken by the new NASC
- a process for, and agreement on, a transition plan developed by both NASC in conjunction with the person. This is particularly important in situations where different services are required and/or where particular services are not available in the new area
- a process for reporting changes to the Ministry for payment and planning purposes
- a process for temporary moves between areas e.g. for education, holiday, study. Note: In this situation the original NASC retains responsibility for ensuring that the person's disability support needs continue to be met while away and as outlined in the support plan.

5. SERVICE COMPONENTS

5.1 Screening

The NASC will ensure that it has personnel and systems in place to determine the eligibility of people being referred to the NASC using the definition of Service Users in 3.1, the functions of NASC in 1.0, and consistent also with the *Support Needs Assessment and Service Coordination Policy, Procedure and Information Reporting Guidelines* (MOH 2002).

The NASC will advise those who make referrals that are not appropriate to NASC and assist with information to effect appropriate on-referral.

5.2 Facilitated Needs Assessment

The role of the needs assessment facilitator is to work directly with the person to identify the person's current abilities, resources, goals and prioritised needs. The outcome of the process is a comprehensive needs assessment report. The level of detail required in the needs assessment will depend upon the situation of each person.

The objectives of the assessment process are to:

- confirm eligibility – including the nature of the person's disability, if appropriate
- work with the person to identify their current abilities, resources
- work with the person to identify prioritised needs and goals arising from their impairment
- refer to appropriate specialised assessment services including Assessment Treatment and Rehabilitation (AT&R) where appropriate.

The NASC will have a clear auditable separation in their business between the function of assessment facilitation and service co-ordination. The purpose of this separation and transparency is to demonstrate objectivity and show identification of the person's needs irrespective of resource availability.

The NASC will demonstrate that:

- they have in place qualified and competent staff or sub-contracted assessment facilitators to provide choice of assessment facilitators and adequate coverage of the entire geographic area contracted for, including remote and rural areas
- access is facilitated to specialised assessment and/ or referral for treatment and followed up to ensure timely response from that assessor.

Outcomes of the needs assessment process may be either:

- a needs assessment is completed and service co-ordination commenced
- a needs assessment is partially completed and service co-ordination commenced to arrange access to urgent support needs
- a needs assessment is partially completed awaiting the outcome of specialised assessment

At the end of the assessment process the person, or their delegated advocate/representative, will sign off the completed assessment and receive a copy for their records.

Further information on the process and requirements for delivering facilitated needs assessment is provided in *Standards for Needs Assessment* (MOH 1994) and (MOH 1999) and *Support Needs Assessment and Service Coordination Policy, Procedure and Information Reporting Guidelines* (MOH 2002).

5.2.1 Cultural Component of Facilitated Needs Assessment

The purpose of the cultural component of assessment is to jointly identify, the person's cultural needs. This may include issues of social/cultural, spiritual, psychological and physical need, and strengths, assets, and support systems to assist in planning support.

The NASC will have the capacity to include a cultural component into the facilitated needs assessment process.

5.3 Specialised Assessment

The assessment facilitator may refer the person to a specialised assessor for a specialised assessment. The purpose of a specialised assessment is to obtain detailed information and knowledge to accurately assess the person's need and identify a range of possible options including treatment. Such assessments are generally funded directly by the Ministry (in most instances provided by a DHB) and will not be a charge on the NASC budget. Occasionally, in the absence of any Ministry funded specialised service, the NASC may need to access privately provided specialised assessment. Purchase of such assessments will be a charge against the budget managed by the NASC for purchase of services and must be in line with the prioritisation principles set out in section 4.2, and within available resources.

Specialised assessments include, but are not limited to, clinical, diagnostic or other assessment, the purpose of which is to:

- establish the physiological basis, extent and implications of the disability (e.g. testing, diagnosis and medical/physical prognosis)
- gain access to medical treatment and/or rehabilitation or habilitation (e.g. AT&R, corrective surgery, exercises, treatment or child development)
- determine the person's suitability for a specific service or type of assistance, including environmental support
- make recommendations on how specific needs of the individual can be met (e.g. communication support, activities of daily living (ADL), mobility assistance)
- provide advice on how support services can assist in furthering the rehabilitation process

The NASC will also identify and facilitate access to assessors funded by other government departments e.g. education, vocational.

5.4 Service Co-ordination

The NASC is required to undertake service planning and service co-ordination, and agree a support plan with the person that indicates how prioritised needs will be met.

The service co-ordinator will ensure that, wherever possible, the person has a choice of service options, including involvement of family, community, voluntary or private (personally funded) services. The service coordinator will support and/or arrange innovative and flexible individually focussed service packages. Where appropriate services are not available the service co-ordinator and the person will consider other possible options for meeting the support needs.

Consideration of natural supports will be included in assessment and coordination processes for all people, including Hunga Hāua (people with disability). Natural supports include but are not limited to friends, both outside and in service settings; immediate and extended whānau members including hapū and iwi; community activities/groups/education and courses; neighbours; workplaces.

The place of natural supports in a person's life is likely to be an important part of Mauriora. Hunga Hāua should be encouraged to think about who or what these supports might be and should be supported to have contact with them, or, where no supports exist, should be supported to explore the possibilities of developing them.

Service co-ordination will:

- commence immediately following completion of the needs assessment. However, as the NASC is accountable for meeting the safety needs of the person, service co-ordination may need to commence before the completion of the assessment. Access to support services that maintain the safety and/ or dignity needs of the person should not be delayed where the completion of the needs assessment is subject to delays e.g. time involved in accessing or completing specialised assessments
- confirm financial eligibility for disability support services

- provide information to the person on all their options, including available service providers. The person should have the opportunity to choose the support service provider from whom they will receive services. The NASC will then refer the person to the chosen service provider
- develop an individualised support plan with the person, focusing on support for prioritised needs and goals
- prioritise access to publicly funded services
- ensure that the service package is cost effective, affordable and equitable and can be provided within the NASC defined budget and the Ministry's guidelines. The Ministry will work with the NASC to develop price and allocation guidelines during the course of the NASC contract
- ensure that all aspects of the package of services are co-ordinated and that services made available through the NASC budget are accessible by the person. The NASC should ensure, to the extent possible, that services provided by external agencies are co-ordinated and not duplicated.

Further information on the process and requirements for delivering service co-ordination is provided in the *Guidelines for Service Co-ordination* (MOH1995), *Standards for Service Coordination* (MOH 1999) and *Support Needs Assessment and Service Coordination Policy, Procedure and Information Reporting Guidelines* (MOH 2002), including the Support Allocation Tool (SPA).

5.5 Intensive Service Co-ordination

The NASC is responsible for providing intensive service co-ordination for the small number of people with high and complex needs, usually requiring the involvement of multiple providers and ongoing problem solving. Intensive service co-ordination requires an ongoing relationship between the person and the co-ordinator. The decision that intensive service coordination is needed will be made by the service co-ordinator following assessment.

The tasks of intensive service co-ordination include:

- negotiating the most appropriate means for achieving the desired outcomes and respective responsibilities with service providers and other sectors, for example education, justice, police, High and Complex Needs Unit MSD for children.
- arranging interim and crisis service provision pending further assessment
- involvement with specialised services e.g. Mental Health, for assessment and treatment planning, including joint needs assessment and service co-ordination for people with a dual diagnosis of intellectual disability and mental health
- convening or participating in meetings as required with the person and those involved in the development and/or implementation of a support plan
- monitoring the delivery of the support plan, review of needs and revision of the support plan at regular, specified intervals.

The NASC will:

- ensure that intensive service co-ordination is offered only to people with high and complex needs

- work with others involved in supporting the person to ensure all participants have a common understanding of the needs and goals of the person and are working together to achieve these
- regularly review the needs of the person and the purpose of intensive service coordination to ensure that it is appropriate.

5.6 Review and Reassessment

Review: The NASC is responsible for determining an appropriate time frame with the person to review their support package. The interval will be indicated by the person's needs and the package of supports. Generally it is expected that a person's supports will be reviewed at least annually. However, a person may at any time seek a review if the service is not meeting their needs or their eligibility has changed or expired e.g. eligibility for community services card, carer support. Review periods for people with high or complex needs or those in a crisis period may be considerably shorter.

Reassessment: Should the person's needs or circumstances undergo significant change and the support plan no longer meets their needs, a reassessment of needs will be required.

If it is likely that a person's support needs will increase or decrease over an identified period of time, a reassessment may also be required. This can be indicated when setting a timeframe for review.

The NASC will facilitate a reassessment at least every three years if the person has not been reassessed in the interim.

5.7 Crisis Response

The NASC will provide a crisis response service when required. It will have a 24 hour emergency call system available through which people, families, or carers experiencing genuine emergencies can access services such as respite care when required.

To fulfill this function the NASC will need to be able to source crisis response options.

5.8 Māori Service Components

The NASC will recognise health as all encompassing as depicted in the Whare Tapa Wha model:

- Te Taha tinana – physical body
- Te Taha wairua - spirit
- Te Taha whānau – the family
- Te Taha hinengaro - the mind.

The NASC will establish and implement a Māori Service Plan that covers governance, management, organisational competencies, Māori health and disability gain, assessment and coordination practices, and how these will contribute to improving outcomes for Māori through the needs assessment and service coordination process.

In developing the plan the NASC will take into account the Ministry's strategic direction for Māori health and disability. This plan should incorporate the minimum

requirements for Māori health and disability based on the Treaty of Waitangi, the Crown objectives for Māori health and disability and any specific requirements negotiated from time to time with the Ministry.

The NASC will specify how it intends to implement this plan. In particular, the NASC will identify those services it will deliver as explicit contributions to reducing inequalities and other additional opportunities that may exist for improvements for Māori with disabilities.

The NASC will be an Equal Employment Opportunity organisation and will ensure that they recruit, train and develop Māori, and in so doing ensure provision of a more culturally competent service appropriate to Māori.

The NASC will:

- have the capacity to include a cultural component in the facilitated needs assessment
- facilitate improved access for Māori to disability support services by ensuring the equitable distribution of resources
- provide the NASC service in Te Reo Māori where necessary or appropriate or specifically requested by the person.

The NASC is required to ensure:

- that needs assessment facilitators and service co-ordinators have a basic understanding of Māori cultural values and beliefs, in particular Te Reo Māori and Tikanga Māori
- that people have access to needs assessment facilitators and service co-ordinators who have a strong understanding of the Māori holistic concept of health (taha wairua, taha tinana, taha hinengaro and taha whānau) and are able to articulate this understanding in service implementation
- that needs assessment facilitators and service coordinators have appropriate cultural competencies and/or support from cultural experts and resources
- that people have access to kaumātua (respected elder) who can be instrumental in cultural assessment and application of tikanga
- that Māori are offered the choice between Kaupapa Māori services and generic services, or a combination of both
- that the NASC can demonstrate progress toward implementation of cultural competencies to be developed by the Ministry during the term of this contract.

5.9 Pacific Service Components

The Pacific Health and Disability Action Plan (the Action Plan) sets out the strategic direction and actions for improving health outcomes for Pacific peoples and reducing inequalities between Pacific and non-Pacific peoples. It is directed at the health and disability service sectors and Pacific communities, and aims to provide and promote affordable, effective and responsive health and disability services for all New Zealanders.

The Action Plan is a working document. It provides a foundation for priorities now and sets the direction for the future. The NASC is required to recognise the key principles of the Action Plan:

- dignity and the sacredness of life are integral in the delivery of health and disability services
- active participation of Pacific peoples in all levels of health and disability services is encouraged and supported
- successful Pacific services recognise the integral roles of Pacific leadership and Pacific communities
- Pacific peoples are entitled to excellent health and disability services that are co-ordinated, culturally competent and clinically sound.

The NASC is required to ensure:

- they can demonstrate progress toward implementation of cultural competencies to be developed by the Ministry during the term of this contract.

5.10 Other Cultures

NASC are expected to provide facilitated needs assessment and service coordination in a manner culturally appropriate for people of other cultures in their populations, including new migrants who meet eligibility criteria and people with the status of refugee. Interpreters will be engaged as necessary.

5.11 Information Management

Access to information is a vital function to support people's independence and is an integral component of the NASC business. The NASC will have the dual role of both providing information and acting as an information broker.

It is expected that the NASC will capture and store data according to specifications provided by the Ministry and will use any system, designated funded and supported by the Ministry or its agents, that is developed during the course of the contract.

The outcome of the management of information will be:

- effective service outcomes for people
- people's privacy is maintained
- efficient systems for quality, budget management and reporting
- equitable and consistent allocation of available resources.

NASC are responsible for providing and facilitating a range of information to and from a number of sources. Information managed by NASC will include:

- information about individuals e.g. needs assessment and service coordination information
- information for individuals regarding NASC processes e.g. information on NASC service users' rights and complaints processes

- information on service availability e.g. contracted providers for disability support services and occupancy information
- information for business management e.g. information for provider payment, and information for budget management
- information on service issues including service gaps and/or boundary issues, quality issues regarding contracted providers.

5.11.1 Individual Information

Management of information on individuals is a core function of NASC. NASC must comply with the *Health Information Privacy Code 1994*.

NASC are required to work to key principles and practices under the code. At a minimum:

Information must be

- necessary
- collected lawfully
- stored securely
- accurate, up to date, complete, and not misleading.

People must be informed

- of what information is collected
- of the purpose of collecting the information
- of and agree which agencies will receive the information collected
- how to access information kept on them
- that they have the right to correct inaccurate information about themselves

NASC should not keep personal information for longer than necessary and information should be disposed of in a secure manner.

Further information on the collection and management of personal information is provided in *Support Needs Assessment and Service Coordination Policy, Procedure and Information Reporting*, (MOH 2002).

5.11.2 Disability Sector Information

NASC have the role of referring on to, and advising people and their families/whānau on, sources of further information. It is expected that general information will be readily available to the person and their family/whānau, at least, on:

- disabling conditions
- eligibility and entitlement to financial assistance, and benefit information
- details of the nature, type and quality of services available – both services accessed through NASC and services available from other sources, including how to access those services, expected outcomes and approximate costs of services
- referral paths for people who are not eligible for DSD funded support services but have support needs e.g. medical conditions which result in long term support needs

- other agencies where further specific and detailed information may be obtained regarding their impairment.

The NASC is not expected to compile and duplicate specific detailed information already available from other disability information agencies in their area. However the NASC will maintain effective networks and linkages with a wide range of appropriate organisations resulting in current, reliable information from which to advise and make referrals.

The Ministry considers it important that people:

- are supported through the process by having relevant information
- have a co-ordinated and comprehensive method for accessing information.

5.11.3 Provider Information

The NASC will provide support services with sufficient information to enable them to provide service to people referred to them. To ensure this happens NASC must provide the minimum information detailed in *Support Needs Assessment & Service Co-ordination Policy, Procedure and Information Reporting Guidelines* (MOH 2002), consistent with the requirements of the *Health Information Code* (Office of the Privacy Commissioner 1994).

Additionally, NASC must have Memoranda of Understanding with providers to cover such things as:

- specifying what information is to be provided by NASC
- timeframes in response to service requests
- timeframes for notification of a change to people's service, change in service levels, and/or the amount of service
- processes for passing on information regarding a change in need of a person.

This includes the transfer of personal and service information that may be used by support service providers as they plan their services e.g. information on unmet needs and service gaps etc.

As part of maintaining effective networks the NASC will provide information to other disability support service providers on trends, unmet needs etc, for the purpose of fostering creative, innovative, flexible services.

5.12 Monitoring of Support Service Delivery

The NASC will report quarterly to the Ministry on service delivery by support service providers contracted by the Ministry. It is expected that the NASC will implement a process of monitoring:

- negotiated and actual delivery timeframes
- actual delivery of the support plan as negotiated between the NASC and support service provider
- whether services being delivered are able to meet the needs of the person. The NASC might comment on the willingness of the service provider to understand the person's needs and be flexible, within reason, on how these are met

- gaps in services available from providers, particularly services that are being purchased in significant volumes outside of Ministry contracted providers (using discretionary funding for example). The Ministry will meet with the NASC at least annually to jointly plan the possible development by the Ministry of services to fill the identified gaps
- any unresolved issues, problems or complaints and significant risks with service delivery by contracted providers.

The NASC will report to the Ministry any major risk or complaint within 24 hours of it occurring. The NASC is responsible for ensuring the quality of services purchased from their discretionary budget. Further details on this requirement are in Appendix 3 “Requirements for NASC Discretionary Funding”.

5.13 Reviews

The NASC will make available to all people information detailing the procedure by which people may request a review of the outcome of a part, or the whole, of the assessment or service co-ordination process. Such procedures are to include the following elements:

- ability to screen out, or resolve through discussion, complaints arising from misunderstandings
- further assessment or a new support plan using assessment facilitators or staff members not involved in the previous assessment
- access to a second level of review within the NASC if the person remains dissatisfied

The NASC is required to ensure

- that the protocol for these Reviews, as included in the NASC Managers’ Manual (2005), is known, consistently applied and monitored.

The above steps will be at the NASC’s expense. If a complaint still exists, the Ministry may be requested to provide further review. The standard review procedure provided by the Ministry at that time will be followed.

5.14 Budget Management

The requirements for budget management are contained in Appendix 1, which forms part of this service specification.

5.15 Payment Processes and HealthPAC

The requirements for payment processes relating to HealthPAC are contained in Appendix 2, which forms part of this service specification.

5.16 Discretionary Funding

The requirements for Discretionary Funding are contained in Appendix 3, which forms part of this service specification.

5.17 Individualised Funding

The requirements for Individualised Funding are contained in Appendix 4 which forms part of this service specification.

5.18 Key Inputs

The NASC will:

- provide staff with the competence and confidence to professionally undertake the separate roles of needs assessment facilitation and service coordination
- be an Equal Employment Opportunity organisation
- provide for the cultural aspects of the NASC Service Components
- fulfill the responsibilities of budget management
- have systems to provide access to the NASC service, fulfill the quality, information and monitoring requirements of this specification, and maintain records and reporting.

The NASC will ensure that staff are supported to develop and maintain competence and undertake formal training and qualifications as they are developed.

6. SERVICE LINKAGES

The NASC will develop and maintain effective relationships with other organisations providing services to people. These relationships will reflect the population profile served and their communities and will include community organisations, voluntary groups, support service providers and other public sector agencies. These will include, but not be limited to, Environmental Support Services within DSS; and Child, Youth and Family (CYF); Group Special Education (GSE); Housing New Zealand Corporation; Work and Income.

The Ministry will require the NASC to demonstrate effectiveness of relationships. For key agencies or providers the NASC should have in place Memoranda of Understanding, protocols and other liaison mechanisms that agree how the relationship will be conducted. These will be subject to audit.

The NASC will demonstrate effective linkages with the disability community (e.g. disability groups, support networks, advocacy), and Māori and Pacific peoples' groups. Relationships will be managed with regard to the interrelationships that exist between people, their networks and social support systems.

In relation to Hunga Hāua these need also to include, but not be limited to, Marae, Kohanga Reo and Kura Kaupapa Māori; local Māori disability, health and social service networks, including local and regional services; primary health care providers, including Marae based and Primary Health Organisations; and Te Puni Kōkiri, as appropriate. All linkages must enable, support and promote Whānau ora (healthy families) and Mauriora perspectives, responsiveness to individual need and respect for the rights and opinions of the Hunga Hāua.

7. SERVICE EXCLUSIONS

NASC services for people excluded under the Service User criteria, are not provided under this specification.

8. QUALITY REQUIREMENTS

The service is required to comply with the Ministry General Contract Terms and Conditions. In addition, the following quality standards and requirements also apply.

8.1 Quality Standards

National Health & Disability Sector Standards

Only specific parts of the Health and Disability Sector Standards (HDSS) are relevant to NASCs. All NASCs are required to meet the standards and criteria to be identified in the HDSS.

It is envisaged that NASC will work towards compliance with the HDSS over time. Until such time as a NASC is fully compliant it must meet the Provider Quality Specifications in this contract. Once it is compliant with the HDSS, or by 30 September 2006, the Provider Quality Specifications will be overridden by the HDSS.

- a. Needs Assessment Standards (HFA 1999)
- b. Service Co-ordination Standards (HFA 1999)
- c. Standards for NASC Organisations (HFA 1999)

8.2 Quality Requirements

8.2.1 Access

Timeframes

First contact with the person will be made within two working days of receipt of the referral or enquiry on behalf of the person.

Time to complete needs assessment should be:

- following acknowledgement of referral in the remaining 20% of cases within 24 hours in a crisis where a person's safety is at risk
- within 24 – 48 hours for urgent referrals, depending on the degree of urgency
- within 5 working days following acknowledgement of referral in 40% of cases
- within 14 working days following acknowledgement of referral in 40% of cases
- within 20 working days

Time to complete service co-ordination should be:

- within 10 working days of the completion of the needs assessment in 80% of cases
- within 20 working days of the completion of the needs assessment in the remaining 20% of cases.

Note: It is anticipated that in the majority of situations partial completion of needs assessment and service co-ordination will progress to the point where immediate support needs are clearly identified and services put in place within 14 working days of first contact. Service co-ordination in this context refers to the development of a support plan and arranging access to services. It is recognised that the full service co-ordination role may extend over a much longer period as services are reviewed, and adjusted to meet the needs of the person. The intent of the time lines for completion of service co-ordination is to ensure that access to available services occurs in a timely manner once needs and goals have been identified.

Information will be transferred to another NASC within five working days of the transfer request being received.

8.2.2 Person/ Family/ Whānau/ Aiga Involvement

The person, family/whānau/aiga members, support workers and advocates should be central to service delivery. This requires:

- the person be given a choice of who is involved in their needs assessment and service coordination processes
- the person, family/whānau/aiga members, support workers and advocates be provided information on how they can be involved in the needs assessment and service coordination processes
- the person, family/whānau/aiga members, support workers and advocates be notified of complaint procedures
- the family/whānau/aiga is involved in a culturally appropriate manner.

8.2.3 Acceptability

Acceptability of services will be monitored on an ongoing basis. This monitoring will use a range of methods to gather this information on the acceptability of services provided. All surveys will follow the guidelines for consumer surveys contained in the NASC managers' manual, 2005. The methods used will identify the acceptability of, at least, the following areas of service as indicated by the person, support service providers, support staff, family/whānau and the person's advocates:

- information distribution
- staff professionalism
- staff cultural sensitivity
- staff communication skills
- respect for privacy
- rights of the consumer
- level of choice
- informed consent
- participation in community-based activities
- ease of use of NASC's services
- reduction of barriers that enable easier access to the NASC 's services

- complaint and feedback systems.

8.2.4 Safety

The NASC will have documented operational programmes/policies/protocols and guidelines that identify and minimise risk areas for the NASC. The use of these systems is to be included as part of the NASC Quality Improvement system. These areas must include, but are not limited to:

- abuse incidents, policy, protocols for response and reporting
- poor service delivery identification and how this will be reported to the Ministry
- service gap identification and how this is reported to the Ministry
- protocols if support service provider withdraws services to people and reporting this to the Ministry.

8.2.5 Reporting Change

The NASC is required to advise the Ministry of any significant change in the organisational structure or capability of the NASC, and of any other matters significantly affecting, or likely to affect, NASC function and quality.

9. PURCHASE UNITS

The service will be purchased for the eligible population of the region of coverage for a contract price.

PU Code	PU Description
DSS1040	Needs Assessment & Service Co-ordination
DSS1039D	Discretionary Funding

10. REPORTING REQUIREMENTS

Note: Rather than include other reports on a monthly basis, the Ministry may, from time to time, seek exception reporting of the NASC.

10.1 Monthly Reports

PU Code	PU Description	PU Measure	Reporting Requirements	
			Frequency	Reporting Units
DSS1040	DSS Needs Assessment		Monthly	<u>Quantitative Reporting</u> 1. Number of Assessments by: <ul style="list-style-type: none"> • New clients* • Client transfer • Receiving service but no prior assessment • Re-entry after break • Total of above 2. Number of reassessments* 3. Number of people waiting for first assessment 4. Number of people waiting for a reassessment
DSS1040	DSS Service Co-ordination		Monthly	5. Number of people waiting for service co-ordination 6. Number of service reviews completed 7. Number of people waiting for a service review* 8. Number of requests for a service review following allocations
DSS1039D	DSS Discretionary Funding		Monthly	9. Number of service users receiving support options through discretionary funding <u>Narrative Reporting</u> 1. Excel Template Report** as per DSD format to form part of overall Narrative Report Further Narrative Report outlining: <ol style="list-style-type: none"> 2. How spend relates to service gap/unmet need 3. Issues/Concerns/Risk by: <ul style="list-style-type: none"> • Description • Action Taken/Solution Sought

*Glossary of Terms

Term	Definition
New Client	A person this NASC has never assessed before
Reassessment	The needs/circumstances of an existing client have changed. Therefore reassessment of current support needs is required
Review	A review of current allocation of supports and services

** Excel format template supplied by DSD entitled "Base NASC DF Template". This is to be submitted as part of your monthly narrative report to HealthPAC and to the Agreement Manager.

10.2 Quarterly Reports

In addition to above, a qualitative report is required on a quarterly basis, to be attached to your monitoring template.

PU Code	PU Description	PU Measure	Reporting Requirements	
			Frequency	Reporting Units
DSS1039	DSS Service Co-ordination		Quarterly	<p><i>Narrative Reporting</i></p> <p>A written report which meets the requirements of:</p> <ul style="list-style-type: none"> • Monitoring of Support Service Delivery (5.12); • Māori Service Components (5.8); <p>and includes at least</p> <ul style="list-style-type: none"> • updates and trends in unmet needs and service gaps, including for Māori, Pacific and other populations; • allocation patterns; • quality initiatives and risk management; • complaints, • issues, including any equity issues.

This information should be supplied within seven days after the end of each period, using the Ministry template format. Delays beyond this date will be notified to the Agreement Manager.

Where the agreement begins or ends part way through a period the report will be for that part of the period that falls within the term of the agreement.

You shall forward your completed Performance Monitoring Returns to:

Healthpac_m@moh.govt.nz

or

The Monitoring Team
 HealthPAC
 Private Bag 1942
 Dunedin

Note: When forwarding completed Performance Monitoring Returns electronically, please cc the Ministry of Health Agreement Manager noted on the front of this contract.

11. SPECIFIC REQUIREMENTS

11.1 Legislation

The NASC will be required, under the terms of the contract, to abide by all relevant New Zealand Legislation.

11.2 Policy

The NASC will be required to abide by all relevant Policy including, but not limited to:

- The New Zealand Framework for Disability Service Delivery - August 1994, Ministry of Health
- Standards for Needs Assessment for People with Disabilities – June 1994, Ministry of Health
- Guidelines for Service Co-ordination for People with Disabilities – February 1995, Ministry of Health
- He Korowai Oranga, 2002
- DSD Policy/Process to follow when Out of Home Placement may be necessary for Children and Young People with Disabilities”, 2004.

11.3 Agreements

The NASC will observe:

- Memorandum of Understanding between the Ministry and CYF - 2000 (and revised version during term of this contract)
- Ministry of Education accredited therapy providers protocols agreed between the Ministry of Health/Ministry of Education, 1999

The provider will also observe other protocols and/or Memorandum's of Understanding negotiated between the Ministry and other government departments or agencies.

Appendix 1 – BUDGET MANAGEMENT

A1.1 The NASC is required to:

- manage and maintain data on the NASC's Portfolio to make sure that the Client Claim Processing System (CCPS) accurately reflects the disability group and that the funder is correctly assigned to the Portfolio
- monitor and manage the utilisation levels of services
- promote consistent and equitable service coordination outcomes for people. This means using the Service Allocation Tool (SPA Tool) and allocating average levels of service to the client population consistent with Benchmark Indicators
- project/forecast future costs and planning for this within indicative budget
- provide clear processes for appeal review of packages including use of current Ministry review panel processes for complex and high cost support packages
- identify to the Ministry cost effective and appropriate solutions to supporting the needs of their population/sub-populations.
- ensure all requirements and guidelines are followed, including, but not restricted to:
 - *Support Needs Assessment and Service Coordination Policy, Procedure and Information Reporting, 2002*
 - NASC Managers' Manual, 2005
 - Discretionary funding requirements
 - Supported independent living specification and guidelines
 - Intensive service co-ordination guidelines
 - SPA tool, or its equivalent as determined by the Ministry, is known to all NASC staff, adhered to, and appropriate application is evidenced and monitored to ensure equitable and nationally consistent access to support services
 - mandatory letters to service users provided by the Ministry
 - meeting regularly with the Ministry.

A1.2 To assist the NASC with budget management the Ministry will provide NASC with the following tools:

- an annual indicative budget
- access to CCPS
- reports on service utilisation and service allocations including trend reports
- reports on the Client Portfolio and status and history of the service user
- population service indicators

- access to a moderation and review panel for people with complex needs and high cost packages
- a schedule of providers contracted by the Ministry, details of the services contracted, contracted rates or pricing models such as the Allocation Resource (ART) Tool, with update of these from time to time as contracts are varied and/or renewed

and will meet regularly with the NASC manager.

A1.3 In managing the budget the NASC will need to take into account the following factors:

- people's needs may increase over time and they may seek more services at greater cost. Changing demographics e.g. the increase in the age of the population
- cessation rates from services due to improvement in condition (effective outcome of rehabilitation or treatment), service exit, death, etc
- crisis events will occur for people and they may then require immediate extra support
- any factors that may lead to an increased number of referrals to the NASC e.g. pressure from other funders to fund support for people or increased referrals from agencies where people may no longer be eligible e.g. CYF and/or SES.
- price increases agreed to by the Ministry. Projects managed by the Ministry that may directly or indirectly result in higher costs e.g. the move to more appropriate services for younger people who reside in aged residential care

A1.4 In order to manage these factors the NASC will need to adopt strategies and procedures, such as, but not limited to:

- prioritising needs and providing services so that people with the highest needs receive support first. Protocols and processes for prioritising need will be established in conjunction with the Ministry to ensure consistency of approach by NASCs
- allocating support packages for the disability population of the region consistent with the population service indicators
- managing boundary and other eligibility issues so that the Ministry is paying for only those supports for which they are responsible
- identifying situations where reassessment could result in lower cost through use of creative service packages where appropriate
- identifying situations where rehabilitation, access to treatment or other specialised services could result in lower service packages
- maintaining a crisis pool of resource for emergency service demands. The Ministry will discuss and review this crisis pool with the NASC quarterly.

The Ministry will assist with forecasting by providing relevant information on demographic trends and other information to input into trend analysis. The Ministry will develop with the NASC allocation guidelines according to clients' support needs level.

A1.5 The NASC is required to ensure all supports/services are funded by the appropriate funder. It is expected that the NASC will observe, where they exist, Memoranda of Understanding between the Ministry and other government funders and agencies e.g. ACC, SES, CYFS and Work and Income. The NASC will also have in place protocols defining areas of responsibility for providing access to support services with other providers, including the DHB.

APPENDIX 2 - PAYMENT and HEALTHPAC PROCESSES

A2.1 General

An important function of the NASC is to supply information to HealthPAC so that providers can be paid through the Client Claim Processing System (CCPS). The information transmitted must be complete, accurate and timely.

The NASC must use the correct forms, both electronic and manual, for sending information to HealthPAC. For paper forms the NASC must use the stamp provided for completing the NASC organisation's name. HealthPAC will send back to the NASC any forms that are not completed correctly.

A2.2 Eligibility load into CCPS and Provider invoice rejections

NASC have the responsibility of ensuring that legitimate claims are not rejected, and to ensure that legitimate claims that have been rejected are rectified in a timely way. Specifically the NASC must:

- have a data quality rate higher than 95% i.e. the NASC's data feed should not have rejections greater than 5% for any given period
- send to HealthPAC assessment data within five business days from the service coordination completion date
- process 80% of invoice rejections referred by non residential service providers within 10 business days i.e. NASC's must submit to HealthPAC the correct assessment details to allow the non residential invoice claim to process in the next invoicing period
- process 100% of invoice rejections referred by non residential services providers, these corrected assessments must be received by HealthPAC within four weeks of the original invoice rejection notification issued by HealthPAC being received by the NASC.

It is important for NASC to manage legitimate claims that have been rejected. Failure to do this creates unnecessary work for Home Based Support Service (HBSS) providers, other providers, NASC, and the Ministry.

Invoice rejections are caused because the HBSS provider has

- made a claim that they have not been authorised for, or
- made a legitimate claim but the NASC authorisation has not been processed in CCPS

On any occasion that the NASC is unable to fix a legitimate invoice rejection the NASC must notify HealthPAC, with a copy to the Ministry Service Manager, of any data issues that prevents the NASC from meeting these targets.

The Ministry will provide NASC with access to invoice and eligibility data stored in CCPS to assist with the management of invoice rejections. The Ministry will also provide monthly reports on NASC and HBSS provider rejections.

A2.3 Client Portfolio

The list of eligible persons is central to the NASC budget management system. The Ministry will provide the NASC with the list of their eligible persons.

The NASC must check their list each month to ensure that the list reflects:

- new people who entered their service
- people who have exited their service
- the correct funder.

A3.1 BACKGROUND

This appendix is to be read in conjunction with the Ministry of Health's (the Ministry) Needs Assessment Service Co-ordination (NASC) Service Specification. All the requirements of the base service specification apply with regard to the implementation of discretionary funding, in particular with respect to a person's eligibility for service.

A3.2 DEFINITION

The Ministry is responsible for funding a range of services for people with a disability. These are outlined in the Service Coverage document and include services such as needs assessment and service co-ordination, information services, household assistance, personal care, carer support, short and long-term residential care, rehabilitation and environmental support services.

In the majority of situations, most people's needs will be able to be successfully met through the standard range of services funded directly through the Ministry.

However, the Ministry notes that there may be occasions when an individual's needs are not able to be met through the Ministry's directly contracted services and therefore may require access to other support options tailored to meet an individual's needs.

Therefore, the Ministry has supported the development of discretionary funding arrangements through NASC as a way of providing more flexible and innovative supports to meet the needs of a small number of people. A person can be in receipt of Ministry contracted services and/or discretionary funding support.

A3.3 OBJECTIVES

The original purpose of discretionary funding was to enable NASC to be more innovative and flexible in developing support packages that could meet a person's identified needs. Thus, achieving better outcomes for the person that might not have been possible through traditional Disability Services Directorate (DSD) services. To be able to achieve this the NASC is expected to engage the services of other organisations to provide these supports. Dependent on the situation, these supports would usually either be one-off, or, in a limited number of cases, may be on an ongoing basis for a set length of time.

The NASC will not directly provide flexible support services to people, but will engage other parties to do so. The NASC will facilitate the provision of this support.

The Ministry notes that in the past it has allowed the development of direct payments, self-managing contracts or individualised hosting for individual clients. However, the Ministry has introduced a moratorium on these supports. As this is still in place, NASC are unable to offer these options to any new people entering NASC services. The development of a national Individualised Funding Agency will mean all such packages will be managed by this new agency in the future.

A3.4 OUTCOMES

Discretionary funding will complement the natural supports and existing resources that the client may have access to by:

- enabling Marae based and/or cultural activities to enhance participation
- resourcing creative solutions that achieve desired outcomes
- developing solutions to meet identified service gaps of Ministry contracted services
- tailoring service packages to meet unique individual support needs
- enhancement of the service users autonomy, control and self reliance
- integration of the person into community life, in accordance with each person's needs agreed through the needs assessment and service coordination process.

A3.5 EXCLUSIONS

Flexible service options do not include:

- provision of service that is the responsibility of other funders and agencies such as the DHB, ACC, Child Youth & Family, Education and Work and Income.
- reimbursement of payments for services that require a user charge
- provision of services/supports already purchased through other DSD contractual arrangements such as environmental support, residential care, home based support services or supported independent living, including services which are capacity funded.

A3.6 SERVICE COMPONENTS

The Ministry will advise each NASC of its budget for discretionary funding and each NASC is expected to stay within these budget allocations.

A3.6.1 Discretionary Funding

NASC are required to work with individual and groups of providers in their area to provide information on the unmet need with a view to facilitating new service developments to respond to that need. Particular effort should be made to develop services in keeping with stated Ministry targets and priority areas.

The NASC may have sub-contractors provide goods and services through its discretionary funding budget (in accordance with Ministry policy or frameworks). The NASC remains liable for ensuring that all sub contracts are in place and responsibilities are met including regular review of these contracts and the actual service provision.

NASC must ensure the service provision meets all Ministry requirements.

NASC must have contracting, accounting and payment policies and processes for the utilisation of discretionary funding.

A3.6.2 Quality Requirements

The Ministry's expectations are that any sub-contract set up through a NASC will reflect the same level of quality as outlined in all Ministry contracts.

NASC should ensure that they do not enter into sub-contractual arrangements that expose themselves, and therefore the Ministry, to any unnecessary service quality risks.

A3.6.3 Essential requirements for NASC Entering into Sub- Contracts with Service Providers, utilising Discretionary Funding

Arrangements between the NASC and provider for discretionary funded support (other than providers already directly contracted by the Ministry) will be documented in a written agreement between the two parties.

The NASCs will ensure that agreements with providers clearly specify:

- the services/support to be provided
- the roles and responsibilities of both parties
- price and volume
- the Ministry's access to premises and records
- any specific quality standards
- term of agreement (up to 12 months maximum)
- start date and end date for the provision of the service
- any review dates of the service
- information and reporting requirements
- method of payment
- dispute and termination processes
- the Ministry's right of veto of agreements which do not meet requirements specified in this agreement

A3.6.4 Limitations on sub-contracting arrangements with providers

NASC must not enter into agreements:

- that make payment at a rate which compromises the provision of the specified quality of support i.e. rate must be realistic
- with rest homes or hospitals which do not have a current contract with the Ministry for the provision of residential support services
- with organisations that are business partners of the NASCs (without the express agreement of the Ministry)
- where the proposed service is estimated to cost greater than **\$10,000** per annum without the specific prior agreement of the Ministry. In this instance the NASC needs to work with the Ministry with a view to trying to establish a direct contract between the provider and the Ministry
- with individual providers for provision of discretionary support options i.e. as an employee of the NASC. The NASC must ensure that providers who are

individuals are legitimately classified and treated as self-employed (Employment Relations Act 2000)

The Ministry retains the right to veto agreements entered into by the NASC, particularly in the event the requirements specified in this Schedule have not been adhered to.

A3.7 REPORTING

The NASC will provide a narrative report monthly to HealthPAC and DSD Service Manager (via email using Ministry provided template format) detailing:

- types of support provided
- number of contracts with prices.

Written comment should also be provided on:

- how spend relates to service gap/unmet need

A3.8 INVOICING

The NASC is required to submit an invoice to the Ministry on a monthly basis for the actual amount spent on discretionary funding. The NASC is to attach a schedule detailing:

- the names of sub-contracted provider organisations
- amount spent per provider
- number of people on Direct Payments (should be those under grandparented arrangements only)
- amount spent per person by NHI number
- service purchased with discretionary funding
- provider name who conducted the service
- service description

A3.8 SPECIFIC REQUIREMENTS

Any service costing over \$1000 at any one time or that is proposed on an ongoing basis (more than 12 months) must be agreed in writing by the Ministry service manager.

NASC will observe the *Support Needs Assessment and Service Coordination Policy and Procedure Information Reporting Guidelines*, MOH 2002.

A3.9 GUIDELINES

The NASC will observe the following guidelines:

- to ensure NASC understand discretionary options information requirements
- to ensure that discretionary options are used well and aligned with the intent of the Ministry
- to provide support to NASC in their use of discretionary options
- to ensure that NASC are aware of the responsibilities of the Ministry and how they impact on the decisions
- to provide information that enables NASC to use discretionary funding appropriately.

A3.10 NASC Responsibilities

There is a balance between managing responsibilities and creating an environment that enables service co-ordinators to be flexible and innovative in their use of resources. Where a NASC is not sure that a solution is appropriate then they should contact the Ministry for advice.

There are three key responsibilities that the Ministry needs to consider as it carries out its business that are relevant to NASC when considering using discretionary funding.

A3.10.1 The Funding Agreement between the Ministry and Crown

DSD receives funds to purchase disability support services to meet the needs of the eligible population. Other government departments, of course, receive funds to purchase and meet a range of other needs e.g. Education, MSD. A NASC is not expected to purchase solutions that are the responsibility of another funder, although solutions may complement the services of another funder, e.g. after school care.

For most services there needs to be a level of prioritisation, with highest needs being met first. Discretionary funding should not be used to avoid or shortcut processes and criteria for accessing existing disability-contracted services. However if all other options have been exhausted, it may be used to purchase intermediate solutions e.g. while a client waits for a residential support service.

The Ministry is required to assure the quality of services provided. Where the NASC is contracting directly for provision of a service, then the contract should specify quality requirements.

A3.10.2 The DSD Framework

The auditable boundaries separating needs assessment and service coordination purchasing and service provision should be maintained. This means that NASC are not expected to provide services, and therefore must ensure that they do not engage in activities that would usually be carried out by providers i.e the recruitment of suitable carers for individuals. Where the parent company of a NASC is also a service provider, the NASC will need the approval of the Ministry before they can contract with the parent or one of its subsidiaries.

NASC and the Ministry need to be aware of all legislative obligations in relation to use of Discretionary Funding, for example that particular arrangements are not anti competitive or restrict trade practice.

A3.10.3 Process

The NASC is required to:

- determine that all available contracted support options have been explored
- determine that the discretionary funded option(s) is the most appropriate option for the individual
- identify the solution, ensure that it is acceptable to the person and will meet identified goals and outcomes sought
- ensure that the solution will not put the person or carer in any greater risk than other available support options
- ensure that the NASC Manager has signed-off the discretionary funding proposal and sent this onto the Ministry for approval if necessary (i.e where the cost is over \$1000 or is on-going)
- ensure all internal and Ministry requirements relating to the process, delegated authorities and approvals have been followed.

APPENDIX 4 - INDIVIDUALISED FUNDING

Individualised Funding (IF) is a means of enabling some people with disability to manage their own needs assessed budgets and employ their own support staff.

A two year national programme is underway to introduce IF. During 2005-2006 eligibility and suitability for the scheme will be determined through facilitated needs assessment by the NASC in accordance with the eligibility criteria and other regulations operated by the Individualised Funding Agency (IFA) for the scheme. Individual people considered eligible, competent and confident to manage their own budgets will be referred on to the IFA by the NASC. The IFA will then make administrative and other support arrangements necessary to enable budget holders to manage their budgets successfully.

NASC and the IFA will be required to sign a Memorandum of Understanding that clearly describes the scope of their joint and individual responsibilities to each other, the scheme and to the budget holders.

It needs to be noted that initially only those people currently on a form of IF will be assessed for the new programme and this will occur on a region by region basis as the new agency is set up. It will take some time to work through all the current people and the IF agency will liaise with each NASC around timeframes for their area. No new referrals will be accepted until current assessments have been completed.