

**SERVICE DESCRIPTION AND PURCHASE UNIT CODES:**  
**DSS Needs Assessment and Service Co-ordination (DSS1040)**  
**Including Discretionary Funding (DSS1039D)**

**DSS PHILOSOPHY**

The aim of Disability Support Services (DSS) 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, DSS 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, autism (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/āiga 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/āiga.

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 key functions of NASC are:

#### Information management

NASC collect information from people and their networks, service providers and government agencies to enable the process of support allocation and promote determination and choice for the person.

NASC store information on policies and processes in place to support the disability system, information on support services available, individual service provider offerings and people's disability specific information such as specialist assessments, needs assessment, goals, service referrals, contacts and formal support allocations through the national NASC information system "Socrates".

NASC provide information to interested parties on the NASC process and wider disability system, referral and planning information to service providers, specific individual information to disabled people that enter the NASC process and require ongoing support, and information to the Ministry to allow service development, monitoring, reporting and management nationally.

#### Eligibility confirmation

Eligibility means the right to be considered for publicly funded disability support services. As part of the role in determining eligibility and service allocation, the NASC will determine whether the person:

- is eligible for publicly funded health and disability services in accordance with the current Health and Disability Services Eligibility Direction,
- meets the Government's definition of a 'person with a disability' for the purpose of accessing disability support services; and
- is eligible for the specific disability support service funded by the Ministry

#### 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, an indicative budget based upon an annual allocation. Performance against the budget will be reviewed regularly by the NASC and the Ministry.

The NASC needs to ensure that people with the highest priority needs are prioritised to receive access to services. The NASC needs to work with the Ministry to 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, Whāia Te Ao Mārama, 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 the Māori Disability Action Plan Whāia Te Ao Mārama.

Whāia Te Ao Mārama, identifies six strategic goals aimed at increasing responsiveness to Māori. The NASC is required to contribute to the implementation of Whāia Te Ao Mārama and the six strategic goals.

The strategic goals are that tangata whaikaha will:

- participate in the development of health and disability services
- have control over their disability support
- participate in Te Ao Māori
- participate in their community
- receive disability support services that are responsive to Te Ao Māori
- have informed and responsive communities

## **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, sensory disability, or autism (or combination of these) that is likely to continue for a minimum of six months; result in reduction of independent function; and require ongoing support<sup>1</sup>. 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.

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<sup>1</sup> 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.

People with physical, intellectual, sensory disability or autism 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**

The Ministry's DSS does not fund support services for people with conditions or situations covered by other funders including:

- support to address short-term needs
- support for people who first present for assessment for long-term supports at age 65 or over
- support for people who first present for assessment for long term supports between ages 50 and 65 who are clinically assessed by a DHB clinician or needs assessor as being 'close in interest' to older people
- aged residential care for Ministry DSS clients who have been reassessed by a DHB funded needs assessor as requiring this service
- support for people who first present for assessment for long-term supports before the age of 65 whose support need is due to impairments that do not meet DSS' operational definition of physical, sensory, intellectual disability or Autism
- support for 'medically fragile children' - children with high health needs and/or multiple impairments whose health status has not yet stabilised and for whom a physical, sensory and/or intellectual disability with associated ongoing support needs has not been confirmed
- support for needs arising primarily from physical incapacity (e.g. shortness of breath, fatigue or pain) due to a chronic health condition
- support for additional care needs arising from a condition in the palliative stage
- support for needs arising from a mental illness and/or addiction including physical, sensory and cognitive impairments attributable to this underlying condition e.g. tardive dyskinesia due to long-term use of psychotropic medication, cognitive impairment due to alcohol or other substance abuse, impaired mobility due to alcohol related peripheral neuropathy or functional difficulties due to conversion disorder
- support services needed primarily as a result of dementia
- support services needed primarily as a result of substance abuse
- support services needed primarily as a result of behavioural problems (e.g. associated with Foetal Alcohol Syndrome or substance abuse) except where the person has a co-existing disability that meets DSS eligibility criteria
- support due to an injury that meets ACC's cover and entitlement criteria under the Accident Compensation Act 2001

- support for situations covered by other central government agencies such as the Ministry of Education and the Ministry of Social Development
- support needs solely due to social/environmental factors (e.g. housing or where parents need support for their own health needs)

### **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 DSS 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 DSS 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 policies and processes.

#### **4.3 Inter- NASC transfers**

The NASC will provide service to all eligible people 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)
- referral for the 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. 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. Tangata whaikaha 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
- 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 but are not limited to:

- 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 co-ordination 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, unless biennially review is appropriate and in agreement with the person. 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 once every five years, unless earlier reassessment(s) is appropriate with the agreement of the person.

If earlier reassessment(s) is agreed to with the person, NASC will consider the following information in determining the frequency of the reassessment:

- the wishes of the disabled person
- the disabled persons situation and circumstances
- outcomes required of the review and reassessment process
- the level and type of services allocated
- any specific Ministry requirements for an annual review or early reassessment

## **5.7 Māori Service Components**

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 Tangata Whaikaha.

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 in line with Whāia Te Ao Mārama

## **5.8 Pacific Service Components**

Faiva Ora, the National Pasifika Disability Plan sets out priority outcomes and actions to support and improve the lives of Pacific disabled people of all ages and their families.

Pacific disabled people remain under-represented in accessing disability support services. Factors that contribute to this under-representation include: system challenges where Pacific families find it difficult to navigate and access disability services, a limited choice of culturally responsive disability services and negative traditional Pacific views of disability.

Faiva Ora focuses on:

- Achieving equitable outcomes for Pacific disabled children, youth and their families
- Supporting Pacific communities to better engage with and support individuals with disabilities and their families to encourage their participate in their communities
- ensuring disability services and supports meet the cultural, linguistic and health literacy needs of Pacific disabled people and their families
- encouraging stakeholders to work in partnerships to address challenges experienced by Pacific disabled people and their families
- supporting Pacific individuals with disabilities and their families to access the right kind of services in the primary and community sector

The NASC is required to ensure they can demonstrate progress toward implementation of cultural competencies in line with Faiva Ora.

## **5.9 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.

## **5.10 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, which 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 DSS 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 Coordination 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 may 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 would include 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.

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 Sector Operations**

The requirements for payment processes relating to Sector Operations 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 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 Oranga Tamariki Ministry for Children; Ministry of Education – Special Education; 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 or 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 Tangata Whaikaha 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 Kokiri, 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 Tangata Whaikaha.

## **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 where relevant.

The Quality Requirements outlined in section 8.2 are to support the HDSS for NASC outlined below.

- a. Needs Assessment Standards (1999)
- b. Service Co-ordination Standards (1999)
- c. Standards for NASC Organisations (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 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 in the remaining 20% of cases

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 if a person is changing NASC region.

### **8.2.2 Person/ Family/ Whānau/ Āiga Involvement**

The person, family/whānau/āiga 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/āiga 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/āiga members, support workers and advocates be notified of complaint procedures
- the family/whānau/āiga 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 & Service Coordination		Monthly	Templates provided by the Ministry  Include: <ul style="list-style-type: none"> <li>• Financial Reporting and Forecasting</li> <li>• Residential Planning list</li> <li>• Discretionary Funding report</li> <li>• Reporting on NASC Timeliness</li> <li>• Review and Reassessment timeliness</li> <li>• Positive Outcomes and Highlights</li> </ul>

### \*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

## 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"> <li>• Allocation equity (5.4);</li> <li>• Monitoring of Support Service Delivery (5.12);</li> <li>• Māori Service Components (5.8);</li> <li>• Quality Initiatives and Risk Management (8)</li> </ul> <p>and includes at least</p> <ul style="list-style-type: none"> <li>• updates and trends in unmet needs and service gaps, including for Māori, Pacific and other populations;</li> <li>• allocation patterns and the use of SPA;</li> <li>• quality initiatives and risk management;</li> <li>• complaints,</li> <li>• issues, including any equity issues</li> </ul>

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:

[performance\\_reporting@health.govt.nz](mailto:performance_reporting@health.govt.nz)

Or

The Performance Reporting Team  
Sector Operations  
Ministry of Health  
Private Bag 1942  
Dunedin 9054

**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, Ministry of Health
- Standards for Needs Assessment for People with Disabilities, Ministry of Health
- Guidelines for Service Co-ordination for People with Disabilities, Ministry of Health
- He Korowai Oranga & Whāia Te Ao Mārama
- DSS Policy/Process to follow when Out of Home Placement may be necessary for Children and Young People with Disabilities.

### **11.3 Agreements**

The NASC will observe:

Memorandum of Understanding between the Ministry and Ministry for Children - Oranga Tamariki Therapy and Assistive Technology / Equipment Operational Protocols, between the Ministry of Education and the Ministry.

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 in the NASC information system “Socrates” to make sure that the Client Claim Processing System (CCPS) accurately reflects the people eligible for and receiving disability support
- monitor and manage the allocation and utilisation levels of services
- promote consistent and equitable service coordination outcomes for people. This means using the Service Package 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
  - monthly and or quarterly reporting (to be notified by the Ministry from time to time), with respect to budget management and expenditure forecasting
  - 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
- support in maintaining and developing the information system Socrates
- reports on service utilisation and service allocations including trend reports

- 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. OT and/or MOE – Special Education
- 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 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

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, MOE, OT 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 Ministry of Health Sector Operations Processes**

### **A2.1 General**

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

The NASC information system “Socrates” is the main source of data transmitted between each NASC organisation and Sector Operations. The NASC is responsible for updating and ensuring the quality of information in Socrates.

### **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
- process 80% of invoice rejections referred by non-residential service providers within 10 business days i.e. NASC’s must submit to Sector Operations 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 Sector Operations within four weeks of the original invoice rejection notification issued by Sector Operations 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 service providers, NASC, and the Ministry.

On any occasion that the NASC is unable to fix a legitimate invoice rejection the NASC must notify Sector Operations, with a copy to the Ministry Contract Relationship 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.

## Appendix 3 - REQUIREMENTS FOR NASC DISCRETIONARY FUNDING

### 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, respite, supported living, short and long-term residential care, rehabilitation and environmental support services. In addition the Ministry have developed different ways of managing and paying direct support staff through the development of Funded Family Care, Individualised Funding and Choices in Community Living, reducing the need for this type of arrangement through Discretionary Funding.

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 Support Services (DSS). 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.

Discretionary Funding may also be implemented short term to allow urgent access to appropriate support when Ministry contracted options are not immediately available.

The NASC will work with the Ministry on moving the service to a Ministry agreement should the support be needed beyond a month.

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.

### **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 DSS contractual arrangements such as environmental support, residential care, home based support services or supported independent living, including services which are capacity funded
- services that do not fit with "What people Can Buy with Disability Funding: Ministry of Health Purchasing Guidelines"

### **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 at the cost of NASC

#### **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 (without the prior express agreement of the Ministry)
- with organisations that are business partners of the NASCs (without the prior express agreement of the Ministry)
- where the proposed service is estimated to cost greater than \$1,000 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 at the cost of NASC.

#### **A3.7 REPORTING**

The NASC will provide a report monthly to to the DSS Contract Relationship Manager (using the Ministry template) detailing:

- types of support provided
- who it was provided for
- how much and at what price
- why it was needed

#### **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
- 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 3 months) must be agreed in writing by the Ministry Contract Relationship Manager.

### **A3.9 GUIDELINES**

NASC will observe the Support Needs Assessment and Service Coordination Policy and Procedure Information Reporting Guidelines, MOH 2002 and Operational Manual for Needs Assessment and Service Coordination Managers 2005:

- 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**

DSS 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 DSS 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 \$1,000 or is on-going)
- ensure all internal and Ministry requirements relating to the process, delegated authorities and approvals have been followed