



24 June 2025

Tēnā koe

Official Information Act Request

Thank you for your email of 21 May 2025, requesting information about the eligibility criteria for disability support services.

I have considered your request under the Official Information Act 1982 (the Act). Please find my decision on your request set out below.

The eligibility criteria for disability support services can be found in the following documents below.

- www.disabilitysupport.govt.nz/assets/Needs-Assessment-and-Service-Co-ordination1.pdf
- Disability Support Services Operational Policy – Eligibility (attached to this letter).

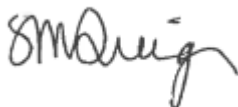
A person's housing status has no part in determining their eligibility for these services.

I will be publishing this decision letter, with your personal details deleted, on the Ministry's website in due course.

If you wish to discuss this response with us, please feel free to contact OIA_Requests@msd.govt.nz.

If you are not satisfied with my decision on your request, you have the right to seek an investigation and review by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz or 0800 802 602.

Ngā mihi nui

pp. 

Anna Graham
General Manager
Ministerial and Executive Services

Disability Support Services

Operational Policy

DSS Eligibility

Author:	Doug Funnell, Contract Relationship Manager, Service Access Team, Disability Support Services
Policy Sponsor:	Phil Wysocki, Manager Service Access Team
Date effective:	20 March 2017
Date of expiry:	19 March 2020
Version:	2
Authorised by:	Toni Atkinson, Group Manager Disability Support Services

Authorisation:



Date:

20/3/17

Title: DSS Eligibility	Version: 2	Authorised By: Toni Atkinson, DSS Group Manager	
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Purpose

The purpose of this Operational Policy is to define the eligibility for the Ministry of Health's (the Ministry) funded disability support services. This policy is intended to support Ministry-contracted Needs Assessment and Service Coordination organisations (NASCs) to apply a nationally consistent approach to implementing eligibility criteria.

This Operational Policy explains the process for eligibility determination, presents the definitions of intellectual, physical and sensory disability and clarifies cross funder relationships.

The Policy also includes information about the NASC process, high level guidance for NASCs on funding relationships with DHBs and description of the disability support services that can be accessed without a NASC assessment.

This Operational Policy is for the use of Ministry staff and NASCs.

Scope

This is a national Operational Policy.

Background

In 1992, under the "New Deal"¹ the Government realigned responsibilities and funding for people with disabilities. Between 1993 and 1995 most Department of Social Welfare disability-related programmes and services progressively transferred and were consolidated with existing Ministry of Health services under the regional health authorities (RHAs) and Vote: Health. The basis of access to services was shifted from nationally specified 'entitlements' to individually assessed needs, within available or capped funding.

In 1994, The New Zealand Framework for Service Delivery (the DSS Framework) was put in place by the RHAs under the direction of the Ministry. Under the DSS Framework, in order to access a range of Ministry funded support services, an individual had to first meet the Ministry's definition of disability, and then have their needs assessed and undergo service coordination or planned allocation of services, within available resources. Assessment and allocation of services had to have an auditable separation from the provision of services, which in most instances was by contracted providers.

The definition of an eligible person was outlined in the Government's definition of a 'person with a disability' for the purpose of accessing disability support services [CAB (94) M 3/5 (1a)] (see [Appendix one](#)).

People identified as having a physical, psychiatric, intellectual, sensory or age-related disability (or a combination of these) fell under the 1994 definition.

Since the 1994 definition the responsibility and funding for psychiatric² and age related³ disability has devolved to the DHBs. There has been further clarification of responsibility

¹ *The New Deal: Support for Independence for People with Disabilities*, Ministers of Social Welfare and Health, 1992.

² Devolved 2001

³ Devolved 2003

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and funding for people with Long Term Support needs resulting from Chronic Health Conditions⁴ (LTS-CHC) and people diagnosed with Autism Spectrum Disorder⁵.

Responsibility and funding for people with physical, intellectual and sensory disability remained with the Ministry.

Service eligibility

Eligibility means the right to be considered for publicly funded health and disability services. It is not an entitlement to receive any particular service. If a person wishes to access disability support services they are required to meet access criteria. If a person is not eligible for publicly funded services⁶, they are liable for the full cost of the services they receive and will access these independently.

Service Access

Most disability support services are accessed through Needs Assessment and Service Coordination (NASC) organisations. A list of these can be found at: <http://www.health.govt.nz/your-health/services-and-support/disability-services/getting-support-disability/needs-assessment-and-service-coordination-services>

1. Process for determining eligibility

To be considered for most Ministry funded disability support services⁷, a person may self-refer or is referred to a Ministry-contracted NASC.

- a. The NASC screens the referral⁸ to confirm that the person referred:
 - can be considered for the full range of publicly funded health and disability services under the current Eligibility Direction⁹, and
 - is likely to meet the Government's definition of a 'person with a disability' for the purposes of accessing DSS (CAB (94) M 3/5 (1a) (see [Appendix one](#)), and
 - is likely to have a physical, sensory or intellectual disability, or a combination of these after provision of equipment, treatment and rehabilitation, and
 - does not have an injury that is likely to meet ACC's cover and entitlement criteria under the Accident Compensation Act 2001¹⁰.
- b. The NASC may request a specialist assessment or clinical reports to help confirm eligibility for Ministry DSS.
- c. If a person meets the above criteria, this triggers a needs assessment to confirm that they meet the criteria to receive Ministry funded DSS.

⁴ Devolved to DHBs in July 2011

⁵ Clarification that disability related support needs resulting from ASD may be supported through DSS from 2014.

⁶ Refer <http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/eligibility-direction>

⁷ Refer section Other Information - DSS that do not require a NASC assessment.

⁸ This is the general practice however some NASCs move directly to determining eligibility at the time of the needs assessment.

⁹ Refer <http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services>.

¹⁰ Some people are eligible for supports from both Ministry DSS and ACC, such as those with pre-existing disabilities who have an accident that results in additional support needs. The Ministry funds supports received for any pre-existing disability. Where it is too difficult to determine which support needs are due to a pre-existing disability and which to an accident, a pragmatic joint funding/shared services arrangement will be negotiated.

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2. Ministry DSS client group inclusions

The Ministry's DSS client group consists of people who:

- a. are eligible for publicly funded health and disability services, and
- b. present for assessment for DSS before the age of 65, and
- c. have a physical, intellectual, or sensory disability or a combination of these, which is likely to:
 - remain even after provision of equipment, treatment and rehabilitation
 - continue for at least six months, and
 - result in a need for ongoing support
- d. do not meet the exclusion criteria (refer section Ministry DSS funding exclusions).

In addition, the Ministry funds Environmental Support Services for a broader group of people. This includes those outlined above, people with disabilities associated with ageing, people first referred over the age of 65 and people aged under 65 with disabling chronic health conditions.

A person's diagnosis is a factor in determining eligibility for Ministry funded DSS but is not the main determinant. It provides a guide as to whether a person is:

- a. likely to have, or likely to develop (in the case of young children), a physical, intellectual and/or sensory disability and also whether the person is likely to have ongoing support needs mainly due to this disability
- b. likely to have primarily personal health needs that could be significantly ameliorated by treatment and/or that are likely to require ongoing clinical intervention.

3. Applying the definitions of physical, sensory and intellectual disability

The Ministry's definition of its client group is informed by the disability type definitions in "Support for Independence for People with Disabilities: A New Deal" ¹¹ (refer Appendix one for a list of these definitions).

The sub-groups within the broader Ministry DSS client group accessing individualised services are listed below. Impairments under each sub-group are accompanied by examples of conditions that may result in these types of impairments but this is not intended to be a diagnostic 'in' and 'out' list.

a. Physical disability

The Ministry's DSS client group with physical disabilities accessing support services includes people with impaired limb function affecting independence in activities of daily living and/or mobility¹².

¹¹ Minister of Social Welfare and Minister of Health. *Support for Independence for People with Disabilities: A New Deal*. 1992. Wellington: Parliament Buildings.

¹² This group includes people with chronic medical conditions who, following active treatment and rehabilitation, are assessed as having a long-term physical disability and an ongoing support need where physical disability (as opposed to physical incapacity) is the primary reason for support.

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Physical disability may be due to (but is not limited to):

- partial/total absence or loss of limbs (e.g. at birth or following amputation as a result of diabetes)
- structural impairments of limbs (e.g. achondroplasia)
- paralysis (e.g. hemiplegia following a stroke or brain tumour; paraplegia due to spina bifida; tetraplegia due to debulking of a spinal tumour)
- reduced muscle strength (e.g. following guillain-barré)
- ataxia¹³ (e.g. with cerebral palsy or multiple sclerosis)
- muscle wasting (e.g. with muscular dystrophy or motor neurone disease)
- muscle tone abnormalities (e.g. due to acquired brain injury not covered by ACC)
- limited range of movement (e.g. juvenile rheumatoid arthritis, osteoarthritis).

Some impairments arising from significant skeletal malformations (e.g. severe scoliosis) may also meet the physical disability eligibility criteria, depending on the nature of the resulting impairment.

b. Sensory disability

The Ministry's DSS client group with sensory disabilities accessing support services includes people with the following types of long-term sensory impairments that are generally not responsive to treatment and affect independence in activities of daily living and/or mobility¹⁴:

- blind
- deaf
- deaf-blind
- significant visual impairment
- significant hearing impairment
- significant other sensory loss (e.g. no taste or touch – rare)¹⁵.

c. Intellectual disability

The Ministry's DSS client group with intellectual disabilities accessing support services includes people with intellectual disability present at birth or generally acquired in the development years (before age 18) (e.g. due to Angelman's syndrome, microcephaly or meningitis).

A NASC may request a specialist assessment to confirm a person has an intellectual disability. This may include a cognitive assessment (generally, an IQ test score of up to 70 indicates a limitation in intellectual functioning) and standardised assessment of adaptive functioning in the areas of conceptual skills, social skills and practical skills.

¹³ Ataxia is a lack of muscle coordination during voluntary movement, such as walking or picking up objects, generally due to disorders in the brain or spinal cord.

¹⁴ This group includes people with chronic medical conditions who, following active treatment are assessed as having a long-term sensory disability and an ongoing support need where sensory disability is the primary reason for support (e.g. blind due to diabetes).

¹⁵ Note, sensory impairment does not include hypersensitivity or perceptual impairments such as auditory processing disorder.

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Eligibility for Ministry funded Intellectual Disability Compulsory Care and Rehabilitation services is legislatively mandated (Section 7 of the Intellectual Disability (Compulsory Care & Rehabilitation) Act refers).

Eligibility for Ministry funded DSS contracted for people with intellectual disability is outlined in the '*Operational Guideline for the Assessment of Intellectual Disability to Access Disability Support Services Contracted for People with Intellectual Disability in New Zealand 2012*'.

Where a person has been assessed as eligible for DSS on the basis of a physical or sensory disability and the person has a co-existing significant intellectual impairment that was acquired at age 18 or older and is not covered by another funder (e.g. ACC), the Ministry may fund the full package of support.

4. Other eligible groups

There are certain other groups that the Ministry funds support services for whose impairments do not strictly meet the DSS definition of physical, sensory or intellectual disability. Their inclusion generally reflects long-standing practice.

a. *Disability in young children where presence of a physical, sensory and/or intellectual disability is not yet confirmed*

The Ministry funds disability support services for children who are medically stable and have significantly delayed physical, intellectual and/or sensory development (often global developmental delay) for whom there are indicators of likely long-term physical, intellectual and/or sensory disabilities and where clinical/rehabilitative intervention is not expected to significantly reduce the need for long-term support. Eligibility is on an interim basis until a long-term disability (usually an intellectual disability) with associated ongoing support needs is confirmed (generally by age seven).

If the presence of a long-term disability and ongoing support need is not confirmed, the NASC Service Coordinator facilitates the gradual withdrawal of Ministry funded supports. DHB specialist clinical and allied health services may continue to be available to these children.

b. *Disability associated with acquired brain injury and certain neurological conditions*

The Ministry has funded disability support services for some people who have acquired brain injuries and certain neurological conditions that do not result in a physical or sensory disability or an intellectual disability that meets the intellectual disability criteria in the "*Operational Guideline for the Assessment of Intellectual Disability to Access Disability Support Services Contracted for People with Intellectual Disability in New Zealand 2009*"¹⁶.

This included some people who, after treatment and rehabilitation, have long-term significant cognitive impairment (e.g. due to multiple sclerosis, a stroke, or a benign brain tumour). Clinical reports were generally required to support the

¹⁶ When LTS-CHC devolved to DHBs in 2011 clarification was made that people with cognitive impairment without a physical, sensory or intellectual disability would remain part of LTS-CHC client group. Funding was devolved accordingly.

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referral to NASC. Eligibility decisions took into consideration the age of the person, whether the person has any significant co-existing medical conditions and the nature of the person's support need.

The Ministry does not fund DSS for people who require support:

- due to cognitive impairment arising from a mental illness or addiction or due to the consequences of treatment for these conditions (e.g. people with Korsakoff's psychosis or other substance induced brain damage)
- solely due to behavioural problems.

c. Autism Spectrum Disorder

Effective April 2014 DSS and Mental Health jointly agreed a national position with respect to people diagnosed with ASD. This enabled people with ASD to be considered for disability support services regardless of whether they also have a co-existing physical, intellectual or sensory disability.

The clarification was made to: address inconsistent access and practice across the country, recognise there are still service gaps requiring service development, and commit to a joined up solution where organisations and funders work together in finding pragmatic and sustainable solutions for this group of people.

5. Needs assessment and service coordination process

Any person assessed by a NASC as likely to meet the Ministry DSS eligibility criteria is entitled to have a needs assessment to identify disability support needs and assessed goals. This does not confer an automatic entitlement to services as the provision of services is prioritised on the basis of the person's level of assessed need related to their disability. Some people with lower level needs may not receive DSS.

The needs assessment includes assessing, wherever possible, what is primarily driving the person's support need. Support needs that are not primarily attributable to an ongoing physical, intellectual and/or sensory disability or an impairment included in 1.4 (denotes DSS eligibility) are not DSS' funding responsibility¹⁷. Where a DSS eligible disability is contributing to broader support needs, DSS will negotiate joint funding or joint service package arrangements with the relevant other funder.

When a person presents for assessment for DSS between the age of 50 and 65, the Ministry NASC also screens the referral to determine whether the person is likely to meet the 'close in interest' criteria¹⁸. If screening indicates that the person is likely to meet these criteria, the NASC forwards the referral on to a DHB needs assessment service.

If the needs assessment confirms that the person has disability support needs, a service coordination process follows to determine:

- what natural supports the person has to meet these needs¹⁹
- which needs can be fulfilled within the range of services the Ministry funds within its capped budget²⁰, and/or

¹⁷ In practice, some funding for supports needed due to co-existing conditions does occur.

¹⁸ Refer Close in Interest Operational Policy

¹⁹ In the case of young children, this includes taking account of the level of support a parent would normally be expected to provide for a child of that age.

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- where other avenues of support are indicated (with a view to referral on to appropriate services).

For people assessed as eligible for Ministry DSS, the services available to meet their support needs are services that already exist within DSS' service framework²¹.

6. Ministry DSS Funding 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 i.e. less than six months duration e.g. following surgery or medical events²² (DHBs' Personal Health)
- support for people who first present for assessment for long-term supports at age 65 or over (DHBs' Health of Older People - CAB Min (03) 5/5 refers)
- 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 people²³ (DHBs' Health of Older People - CAB Min (03) 5/5 refers). Refer to the DSS Close in Interest Operational Policy.
- aged residential care for Ministry DSS clients who have been reassessed by a DHB needs assessor as requiring this service (DHBs' Health of Older People - CAB Min (03) 5/5 refers)
- 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 or intellectual disability. This includes people who will be referred to DHBs' Long Term Supports – Chronic Health Conditions services.
- 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 identified (DHBs' Personal Health / Long-term Supports – Chronic Health Conditions [LTS-CHC], Primary Care)
- support for needs arising primarily from physical incapacity (e.g. shortness of breath, fatigue or pain) due to a chronic health condition (DHBs' LTS-CHC / Personal Health, Primary Care)
- support for additional care needs arising from a condition in the palliative stage²⁴ (DHBs' Palliative Care)

²⁰ Some eligible people will have a low level of support need and access services such as information and advice or fieldworker services from a non-government organisation rather than individualised services.

²¹ This is the current arrangement however the Demonstration Projects to implement the New Model for Disability Support and Enabling Good Lives includes expanding the range of services that people under Individualised type funding arrangements can purchase with their allocated support funding, through contracted and non-contracted providers.

²² This includes 'topping up' existing Ministry DSS support packages for Ministry DSS clients in these situations.

²³ People with long-term conditions more commonly experienced by older people and requiring integrated health and disability support services.

²⁴ This includes specialist palliative care services for people receiving Ministry DSS.

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- support for needs arising from a mental illness and/or addiction²⁵ 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 (DHBs' Mental Health and Addiction / LTS-CHC, Primary Care)²⁶
- support services needed primarily as a result of dementia or substance abuse (DHBs' Health of Older People / Mental Health of Older People / LTS-CHC, Primary Care)
- 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 criteria²⁷ (some services are funded by other government agencies, in other situations this is a funding gap)
- support due to an injury that meets ACC's cover and entitlement criteria under the Accident Compensation Act 2001²⁸
- support for situations covered by other central government agencies such as the Ministry of Education and the Ministry of Social Development (including the Child, Youth and Family Service)²⁹
- support needs solely due to social/environmental factors (e.g. housing or where parents need support for their own health needs). [Some services are funded by other government agencies, in other situations this is a funding gap].

Cross Funder Relationships

1. Shared arrangements for people with DSS eligible disabilities and other conditions

Joint funding or shared service arrangements may apply where a person assessed as needing formal support:

- a. meets Ministry DSS eligibility and access criteria, and
- b. has a personal health condition, chronic health condition, condition in the palliative stage, mental illness and/or addiction, and/or injury.

Where a person has support needs arising from both a DSS eligible disability type and a co-existing condition or situation for which another funder (e.g. DHB, ACC or Ministry of Education) has support funding responsibility, the Ministry will negotiate joint funding or shared service arrangements with the relevant other

²⁵ Responsibility for planning and funding disability support services for people with psychiatric disabilities was devolved to DHBs in 2001 (CAB Min (01) 12/12 refers). All residual contracts and funding were devolved in 2003 (CAB Min (03) 23/8 refers).

²⁶ People who have a mental illness and/or addiction and a co-existing physical, sensory or intellectual disability that meets Ministry DSS eligibility criteria may receive both DHB and Ministry DSS funded supports.

²⁷ Where a person has behavioural issues due to an acquired brain injury or certain degenerative neurological conditions (e.g., Huntington's disease) secondary to a co-existing physical, sensory or intellectual disability, Ministry DSS may fund the full support package.

²⁸ Refer footnote 9.

²⁹ Some people will receive supports from both Ministry DSS and another agency(ies).

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funder. The Ministry contributes to the person's support package by funding the DSS required as a result of the DSS eligible disability.

In complex situations where the cause of impairment is unclear (e.g. injury vs acquired) or a person has multiple impairments/causes of impairments, the Ministry works with other funders to determine a pragmatic joint funding / shared services arrangement to support prompt access to essential supports (e.g. 50/50 split or inter-funder transfer via the Crown Funding Agreement). Further work is needed across funders to agree consistent and efficient pathways for resolving funding responsibility in these situations.

2. Resolving funding responsibility between the Ministry and DHBs

Where there is disagreement between funders over whether a person's support needs are the funding responsibility of the Ministry or a DHB, it is important that the interests of the person needing support are protected in the first instance.

The following resolution procedures apply:

- any disagreement about access to Ministry or DHB funded services will be resolved in the first instance by discussion between the relevant needs assessment services, this may include the support of the NASC National Reviewer if required.
- where resolution cannot be achieved through discussion between Ministry and DHB needs assessment services, the first level of escalation will be to the operational management within the Ministry's Disability Support Services Group and to the DHB Portfolio Manager
- where resolution cannot be achieved through the involvement of the DHB and Disability Support Services Group, the dispute resolution processes in the Operational Policy Framework will apply³⁰.

3. Transferring funding responsibility for existing clients

In respect of moving disability clients between Ministry DSS and DHB Health of Older People funding (CAB (03) M 23/8 refers), Ministry clients can move to become DHB clients, but DHB clients cannot move to become Ministry clients³¹. A Ministry client will become a DHB client only if they are reassessed as requiring aged residential care.

4. Transfers between Ministry DSS and DHB Long-term Support Chronic Health Conditions funding

DHB Long-term Support Chronic Health Conditions (LTS-CHC) clients can move to become Ministry DSS clients (or to shared funding arrangements) if they acquire a disability that meets the Ministry's DSS eligibility and access criteria and this disability is now the main reason why the person needs ongoing support.

³⁰ Refer section 8, Operational Policy Framework 2011/12 - <http://www.nsfh.health.govt.nz/apps/nsfh.nsf/pagesmh/387>

³¹ Note that even if the client had previously been a Ministry client, having moved to become a DHB client they cannot return to the Ministry for funding. All movements are one way - from the Ministry to a DHB - unless both funders agree that the funding associated with that person has been incorrectly devolved or incorrectly assessed. In cases of disagreement between funders, the dispute resolution processes in the CFA will apply.

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Further information

1. Disability Support Services that do not require a NASC assessment

While most disability support services are accessed through a NASC process, some services can be accessed on self-referral, GP referral or referral by a qualified person.

Services that can be accessed on self and/or GP referral include: Disability Information and Advisory Services; and some services supporting people with hearing or visual impairments. Services generally accessed through referral by a qualified person (often a health professional) include Child Development Services, Assessment Treatment and Rehabilitation (AT&R) Services and most Environmental Support Services.

2. Disability Information and Advisory Services (DIAS)

DIAS provide information for people with disabilities and other members of the community on how to find support and advocacy groups, NASC services or community support organisations, specific information related to particular disabilities and other topics related to disability.

3. Child development services

Child Development Services are multidisciplinary community-based services that provide specialist assessment, intervention and management services for young children (mostly pre-schoolers) who have disabilities or who are not achieving developmental milestones. The Ministry funds the allied health component of these services. Child development Services work with other agencies providing services to children to support children to achieve their potential.

4. Assessment, Treatment and Rehabilitation Services (AT&R)

Ministry-funded AT&R services are DHB provided multidisciplinary services delivered in a range of settings for people with disabilities under the age of 65. They include specialised and clinical assessment, treatment and rehabilitation to enable people to participate in daily activities and fulfil valued roles in their home and community.

5. Environmental Support Services (ESS)

Environmental Support Services are a range of services and supports funded by the Ministry that are available to a broader group than DSS accessed via NASC. They include:

- Equipment and Modifications Services (EMS) - such as equipment, housing modifications and vehicle purchase and modifications)
- Supports and services for people with hearing loss (such as hearing aids, hearing aid subsidies, cochlear implants and services; interpreter services and hearing therapy)
- Supports for people with vision loss (such as spectacle and contact lens subsidies, and services for blind and deafblind people)
- Other subsidies and benefits (including wigs and breast prostheses)

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- Some specialised assessment services (such as wheelchairs, seating and postural management and communication assistive technology) and assessor training.

ESS are funded through DSS for: people with physical, sensory and intellectual disabilities; people with disabilities associated with aging; and people aged under 65 with disabling chronic health conditions.

People access EMS and hearing aid and spectacle subsidies via a specialised assessment with a DHB assessor or a private assessor (the person may pay for services such as audiology) who is a suitably skilled or qualified person (e.g. an allied health professional or an audiologist who is an approved or credentialed EMS Assessor as described in the DSS Accreditation Framework).

Access to services is prioritised so that people with the most urgent needs receive services first. A new prioritisation tool for EMS has been developed which prioritises access to resources on the basis of a person's ability to benefit from the service and other relevant factors.

6. Health and disability services funded in New Zealand

The *Health and Disability Services Eligibility Direction 2011* (the direction) sets out the groups of people eligible for publicly funded health and disability services in New Zealand. This direction was made by the Minister of Health under section 32 of the New Zealand Public Health and Disability Services Act 2000. The direction became effective on 16 April 2011, and applies from that date forward. Part B1 states that a person is eligible under the Act if the person is in New Zealand when the services are received.

A person must meet one of the criteria in the Eligibility Direction to be considered for these publicly funded services. If the person is not eligible, they are liable to be charged for the full costs of any medical treatment or disability support service received.

LINKS TO IMPORTANT DOCUMENTS

- [Guide to Eligibility for Publicly Funded Services](#)
- [Health and Disability Services Eligibility Direction 2011](#)
- [Close in Interest](#)
- [NASC Operational Policy](#)
- [Operational Guideline for the Assessment of Intellectual Disability](#)

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Appendix 1: Definitions

1. Government's definition of 'person with a disability' for the purpose of accessing disability support services [CAB (94) M 3/5 (1a)]

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

Where a person has a disability which is the result of a personal injury by accident which occurred on or after 1 April 1974, it should be determined whether they are eligible for cover under the Accident Rehabilitation and Compensation Act.

Where a person's level of independent function is reduced by a condition which requires ongoing supervision from a health professional (e.g. in the case of renal dialysis), that person is considered to have a personal health need rather than a disability. Where a person has both a disability and a personal health need, the services provided to address those needs are disability support services and personal health services respectively."

Subsequent to this definition being agreed by Cabinet, Cabinet decided to transfer responsibility for some disability groups to DHBs. Funding responsibility for DSS for people with psychiatric disability transferred to DHBs in 2001 and for people with age-related disability in 2003³². The latter group included:

- people who first present for assessment for DSS at age 65 and over, and
- people aged between 50 and 65 who are clinically assessed as 'close in interest' to older people (having poorer health and disability status than the general population and conditions/disabilities normally acquired at age 65 or over).

2. Definitions in "Support for Independence for People with Disabilities: A New Deal"

[Minister of Social Welfare and Minister of Health. 1992. *Support for Independence for People with Disabilities: A New Deal*. Wellington: Parliament Buildings]

- "Physical disability - reduced physical capacity (for example, through loss or impaired use of limbs)
- Sensory disability - impairment of the senses (mostly sight and hearing)
- Intellectual disability - permanently impaired learning ability (usually from birth) which prevents or inhibits people from developing the range of physical and social skills usually found in a person of that age
- Psychiatric disability - Disability arising from continuous or intermittent disorders related to thinking, feeling, volition, or behaviour (for example, schizophrenia, severe chronic depression, or long-term addiction to alcohol and drugs)
- Age-related disability - Physical, intellectual or psychiatric conditions related to the onset of old age. This includes conditions that can affect younger people, such as Alzheimer's disease or stroke, but which are more often found amongst older people".

³² Note, this devolution also included residual Ministry funded long-term support services for people with personal health conditions, mental illnesses and palliative care needs.

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