



15 January 2026

Tēnā koe

### **Official Information Act request**

Thank you for your email of 1 December 2025, requesting information about ADHD held by the Ministry of Social Development (the Ministry), from January 2015 to December 2025.

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

You requested the following information, for the period 1 January 2015 to 1 December 2025:

- 1. Leadership and Oversight - Any documents identifying how ADHD is represented, recognised, or coordinated within MSD's employment support, income support, disability support services, hardship or social-housing assessments, youth development or StudyLink services. If none exist, please confirm this. If no responsible function exists, please confirm this.*

The Government has ratified the United Nations Convention on the Rights of Persons with Disabilities definition on behalf of all New Zealanders, which states that:

*"disability [is] any long-term physical, mental, intellectual, or sensory impairment which, in interaction with various barriers may hinder the full and effective participation of disabled people in society on an equal basis with others".* This is therefore inclusive of ADHD.

### **Work and Income**

For Work and Income (including income support, hardship, StudyLink, and social housing) and Youth Services, information relating to an ADHD diagnosis may be provided to the Ministry by the client, their whānau or a health professional, as part of an application for a service or support. Where the diagnosis is being used to determine eligibility for a health or disability service or support, the diagnosis must be confirmed by the client's health professional.

## **Disability Support Services**

To partly address this request, please find attached **Appendix: MSD Disability Support Services**, which was developed by Whaikaha, the Ministry for Disabled People, and is now the responsibility of the Ministry's Disability Support Services group. The document reflects the Ministry's current operational policy on disability services. You will note that disability is defined broadly, and while it includes autism spectrum disorder (page 9) it does not reference "ADHD." Pages 17 and 18 provide a list of the definitions of disability that Cabinet has approved.

Across all Ministry services, information relating to a diagnosis of ADHD is usually located within individual client notes. We do not collect information to this level and therefore the information you seek cannot be reported to the level of detail you require and accordingly, this part of your request is refused under section 18(e) of the Act as this document does not exist or, despite reasonable efforts to locate it, cannot be found.

- 2. Data and Monitoring - Any reports, dashboards, metadata, or methods MSD uses to identify or track clients with ADHD (including aggregated clinical coding, case-note tags, or health-based eligibility indicators). If ADHD is grouped under another category, please specify which (e.g., disability, mental health, behavioural, neurodiversity).*

The Ministry reports on primary disability impairments in grouped categories. ADHD is most likely to be grouped under the 'psychological or psychiatric' category.

Therefore, the information you seek cannot be reported to the level of detail you require and accordingly, this part of your request is refused under section 18(e) of the Act as this document does not exist or, despite reasonable efforts to locate it, cannot be found.

- 3. Funding and Programmes - Any information identifying funding allocated or spent specifically on ADHD-related: employment support, participation or inclusion programmes, Community provider contracts, youth or family services. (Please exclude autism-specific or general neurodiversity initiatives unless ADHD is explicitly named.)*

The Ministry commissions a wide range of Youth Services, Disability Employment Services and Community and Inclusion Service Services, which may support clients with ADHD. However, the services are not explicitly targeted for people with ADHD, and we do not collect or track data that specifies any disability category for the people that receive these services. Rather the services are intended for any disabled person that needs support to access employment or community participation.

This part of your request is refused under section 18(e) of the Act as this document does not exist or, despite reasonable efforts to locate it, cannot be found.

You may be interested to read the following advice about changes to ADHD prescribing rules for specialist general practitioners and nurse practitioners from 1 February 2026, available on the Ministry of Health website:

[www.health.govt.nz/news/changes-to-adhd-prescribing-rules-from-1-february-2026](http://www.health.govt.nz/news/changes-to-adhd-prescribing-rules-from-1-february-2026).

- 4. Rights and Compliance - Any assessments, advice, or internal communications since 2015 discussing ADHD in relation to: New Zealand's obligations under UNCRPD, disability discrimination risk, equitable access to employment or social support. If none exist, please confirm this.*

The Ministry does not have any assessments, advice or internal communications since 2015 specifically discussing ADHD in relation to the above points.

This part of your request is refused under section 18(e) of the Act as this document does not exist or, despite reasonable efforts to locate it, cannot be found.

- 5. Equity - If any Māori data governance or Māori equity considerations were applied when deciding whether to collect, categorise, or monitor ADHD-related information, please provide the relevant documents. Please provide any analysis or reporting MSD holds on differential outcomes for clients with ADHD by ethnicity, gender, or Rainbow+/Takatāpui status, or confirm if such data are not collected. Please confirm if the information is not held, and include any existing documents or correspondence that record a decision not to collect or monitor ADHD related information. If applicable, please also indicate how related matters are categorised (for example, under disability, mental health, behavioural conditions, or other).*

This part of your request is refused under section 18(e) of the Act as this document does not exist or, despite reasonable efforts to locate it, cannot be found.

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](mailto: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](http://www.ombudsman.parliament.nz) or 0800 802 602.

Ngā mihi nui

PP.



Anna Graham  
**General Manager**  
**Ministerial and Executive Services**



# MSD Disability Support Services Operational Policy

## Disability Support Services Eligibility

<b>Date inherited from Ministry of Health:</b>	01/07/2022
<b>Internally reviewed by:</b>	Tigga Taylor, Advisor Operational Policy, DSS; Rebecca Livingston, Senior Advisor Operational Policy, DSS
<b>Sponsor:</b>	Anne Shaw, Associate Deputy Chief Executive, DSS
<b>Date reviewed:</b>	13/12/2024
<b>Date of future review:</b>	13/06/2026
<p>Whaikaha – Ministry of Disabled People inherited this operational policy from the Ministry of Health when Whaikaha was established on 1 July 2022. From 16 September 2024, the Disability Support Services business group, within the Ministry of Social Development, is now responsible for this policy.</p> <p>We have adjusted the language, roles, and responsibilities in this policy to reflect these changes. <b>Please note that Disability Support Services will be undertaking a more substantive review of this policy in the future.</b></p>	

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## Purpose

The purpose of this operational policy is to define eligibility for disability support services funded by Ministry of Social Development (**MSD**) Disability Support Services (**DSS**). This policy is intended to support Needs Assessment and Service Coordination organisations (**NASCs**) contracted by DSS to apply a nationally consistent approach to implementing eligibility criteria.

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

The policy also includes information about the NASC process, high level guidance for NASCs on funding relationships with Health New Zealand | Te Whatu Ora (**Health NZ**) and descriptions of the disability support services that can be accessed without a NASC assessment.

This operational policy is for DSS and NASCs.

This operational policy must be read in conjunction with the:

- '**Operational Policy and Guidelines 2024/25**: Freeze on residential care funding and management of NASC indicative budgets and EGL site fixed budgets'.
- Through this policy, MSD DSS is actioning fiscal sustainability recommendations from the 2024 Independent Review of disability support services. The above policy implements a freeze on residential service admissions and mandates using prioritisation and overarching criteria for service access, funding access, and funding increases.

## Scope

This is a national operational policy.

## Background

In 1992, under the "New Deal"<sup>1</sup> the Government realigned responsibilities and funding for disabled people and tāngata whaikaha Māori (**tāngata whaikaha**). Between 1993 and 1995 most Department of Social Welfare disability-related programmes and services progressively transferred and were consolidated with existing Ministry of Health (**MoH**) services under the regional health authorities (**RHAs**) and Vote: Health. The basis of access to services was shifted from

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

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 MoH's direction. Under the DSS Framework, to access a range of MoH funded support services, an individual had to first meet MoH'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 required 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 1: Definitions](#)).

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 psychiatric<sup>2</sup> and age related<sup>3</sup> disability was devolved to District Health Boards<sup>4</sup>. There has been further clarification of responsibility and funding for people with Long Term Support needs resulting from Chronic Health Conditions<sup>5</sup> (**LTS-CHC**) and people diagnosed with Autism Spectrum Disorder (**ASD**)<sup>6</sup>.

Responsibility and funding for people with physical, sensory, and intellectual disabilities remained with MoH.

From 1 July 2022, responsibility and funding for these groups of people moved to Whaikaha — Ministry of Disabled People (**Whaikaha**). From 16 September 2024, DSS and related funding and service delivery responsibilities were transferred from Whaikaha to the new DSS business unit within MSD<sup>7</sup>.

## Service description

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 funded by DSS, they are required to meet access criteria. If a person is not eligible for publicly funded

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<sup>2</sup> Devolved 2001.

<sup>3</sup> Devolved 2003.

<sup>4</sup> Health NZ was established on 1 July 2022 and took over the responsibilities and services previously provided under the District Health Board (DHB) structure.

<sup>5</sup> Devolved to DHBs in 2011.

<sup>6</sup> Clarification that disability related support needs resulting from ASD may be supported through MoH DSS from 2014.

<sup>7</sup> See [Improving the sustainability of Disability Support Services | Whaikaha](#).

services<sup>8</sup>, they are liable for the full cost of the services they receive and will access these independently.

## Service access

Most disability support services funded by DSS are accessed through NASCs. A list of NASCs can be found on the DSS website<sup>9</sup>.

### Process for determining eligibility

To be considered for most disability support services<sup>10</sup> funded by DSS, a disabled person may self-refer or is referred to a NASC contracted by DSS.

The NASC screens the referral<sup>11</sup> to confirm that the disabled person referred:

- can be considered for the full range of publicly funded health and disability services under the current Eligibility Direction<sup>12</sup>
- is likely to meet the Government's definition of a 'person with a disability' for the purposes of accessing disability support services ([CAB \(94\) M 3/5 \(1a\)](#)) (see [Appendix 1: Definitions](#))
- is likely to have a physical, sensory, or intellectual disability, or a combination of these **after** provision of equipment, treatment, and rehabilitation
- does not have an injury that is likely to meet ACC's cover and entitlement criteria under the Accident Compensation Act 2001<sup>13</sup>.

The NASC may request a specialist assessment or clinical reports to help confirm eligibility for disability support services funded by DSS.

If a person meets the above criteria, this triggers a needs assessment to confirm that they meet the criteria to receive disability support services funded by DSS.

### Disability support services inclusions funded by MSD DSS

DSS funding for disability support services includes disabled people who:

- are eligible for publicly funded health and disability services

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<sup>8</sup> Refer [Eligibility explained on Health NZ website](#)

<sup>9</sup> See [Needs assessment services | Disability Support Services](#).

<sup>10</sup> Refer section Other Information – DSS that do not require a NASC assessment.

<sup>11</sup> This is the general practice; however, some NASCs move directly to determining eligibility at the time of the needs assessment.

<sup>12</sup> Refer [Eligibility for publicly funded health services](#).

<sup>13</sup> Some people are eligible for supports from both DSS and ACC, such as those with pre-existing disabilities who have an accident that results in additional support needs. DSS 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.

- present for assessment for DSS before the age of 65
- have a physical, sensory, or intellectual 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.
- do not meet the exclusion criteria (refer to section [DSS disability support services funding exclusions](#)).

In addition, DSS funds Environmental Support Services (**ESS**) 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 disability support services funded by DSS but is not the main determinant. It provides a guide as to whether a person is:

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

### **Applying the definitions of physical, sensory, and intellectual disability**

The DSS definition of tāngata whaikaha who receive disability support funding is informed by the disability type definitions in "Support for Independence for People with Disabilities: A New Deal"<sup>14</sup> (refer Appendix 1 for a list of these definitions).

The sub-groups within the broader group of tāngata whaikaha accessing DSS 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.

#### *Physical disability*

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<sup>14</sup> Minister of Social Welfare and Minister of Health. *Support for Independence for People with Disabilities: A New Deal*. 1992. Wellington: Parliament Buildings.

People who have physical disabilities accessing DSS support services includes people with impaired limb function affecting independence in activities of daily living and / or mobility<sup>15</sup>.

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 because 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-Barre)
- ataxia<sup>16</sup> (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.

### *Sensory disability*

People who have sensory disabilities accessing DSS 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 mobility<sup>17</sup>:

- blind
- deaf
- deafblind
- significant visual impairment

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<sup>15</sup> 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**.

<sup>16</sup> Ataxia is a lack of muscle co-ordination during voluntary movement, such as walking or picking up objects, generally due to disorders in the brain or spinal cord.

<sup>17</sup> 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).

- significant hearing impairment
- significant other sensory loss (e.g., no taste or touch — rare)<sup>18</sup>.

### *Intellectual disability*

People with learning or intellectual disabilities accessing DSS support 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.

Eligibility for DSS funded Intellectual Disability Compulsory Care and Rehabilitation services is legislatively mandated (Section 7 of the Intellectual Disability [Compulsory Care & Rehabilitation] Act 2003 refers).

Where a person has been assessed as eligible for disability support services based on 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), DSS may fund the full package of support.

### **Other eligible groups**

There are certain other groups that DSS 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.

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

DSS 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, sensory, and / or intellectual disabilities and where clinical or 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 7).

If the presence of a long-term disability and ongoing support need is not confirmed, the NASC Service Coordinator facilitates the gradual withdrawal of

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<sup>18</sup> Note, sensory impairment does not include hypersensitivity or perceptual impairments such as auditory processing disorder.

DSS funded supports. Health NZ specialist clinical and allied health services may continue to be available to these children.

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

DSS 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 described above<sup>19</sup>.

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 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.

DSS **does not** fund disability support services 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.

*Autism Spectrum Disorder (ASD)*

Effective April 2014 the Ministry of Health's DSS and Mental Health groups jointly agreed a national position with respect to people diagnosed with ASD<sup>20</sup>. This enabled people with ASD to be considered for DSS 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
- commit to a joined-up solution where organisations and funders work together in finding pragmatic and sustainable solutions for this group of people.

**Needs assessment and service co-ordination process**

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<sup>19</sup> 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.

<sup>20</sup> From its establishment on 1 July 2022, Ministry of Disabled People – Whaikaha (**MoDP**) continued with this national position. From 16 September 2024, DSS and related funding and service delivery responsibilities were transferred from MoDP to the new DSS business unit within MSD.

Any person assessed by a NASC as likely to meet the 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 based on the person's level of assessed need related to their disability.

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, sensory, and / or intellectual disability or an impairment included in sections 1 to 4 above (denotes disability support services eligibility) are not the funding responsibility of DSS<sup>21</sup>. 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 disability support services between the ages of 50 and 65, the DSS NASC also screens the referral to determine whether the person is likely to meet the 'close in interest' criteria<sup>22</sup>. If screening indicates that the person is likely to meet these criteria, the NASC forwards the referral on to a Health NZ needs assessment service.

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

- what natural supports the person has to meet these needs<sup>23</sup>
- which needs can be fulfilled within the range of services DSS funds within its capped budget
- where other avenues of support are indicated (with a view to referral to appropriate services).

For people assessed as eligible for disability support services funded by DSS, the services available to meet their support needs are services that already exist within the DSS service framework<sup>24</sup>.

### **DSS disability support services funding exclusions**

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

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<sup>21</sup> In practice, some funding for supports needed due to co-existing conditions does occur.

<sup>22</sup> Refer to the 'MSD DSS Operational Policy: Close in Interest'.

<sup>23</sup> 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.

<sup>24</sup> 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.

- support to address short-term needs (i.e., less than six months' duration), for example following surgery or medical events<sup>25</sup> (Health NZ's Personal Health)
- support for people who first present for assessment for long-term supports at age 65 or over (Health NZ's 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 Health NZ clinician or needs assessor as being 'close in interest' to older people<sup>26</sup> (Health NZ's Health of Older People - CAB Min (03) 5/5 refers). Refer to the 'MSD DSS Operational Policy: Close in Interest'.
- aged residential care for disabled people funded by DSS who have been reassessed by a Health NZ needs assessor as requiring this service (Health NZ's 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 the DSS operational definition of physical, sensory, or intellectual disability. This includes people who will be referred to Health NZ's Long Term Supports – Chronic Health Conditions services.
- support for 'medically fragile children'. These are 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 (Health NZ's 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 (Health NZ's LTS-CHC / Personal Health, Primary Care)
- support for additional care needs arising from a condition in the palliative stage<sup>27</sup> (Health NZ's Palliative Care)
- support for needs arising from a mental illness and / or addiction<sup>28</sup> including physical, sensory, and cognitive impairments attributable to this

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<sup>25</sup> This includes 'topping up' existing DSS support packages for disabled people supported by DSS funding in these situations.

<sup>26</sup> People with long-term conditions more commonly experienced by older people and requiring integrated health and disability support services.

<sup>27</sup> This includes specialist palliative care services for people receiving DSS disability support services.

<sup>28</sup> 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).

underlying condition, for example: 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 (Health NZ's Mental Health and Addiction / LTS-CHC, Primary Care)<sup>29</sup>

- support services needed primarily because of dementia or substance abuse (Health NZ's Health of Older People / Mental Health of Older People / LTS-CHC, Primary Care)
- support services needed primarily because 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<sup>30</sup> (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 2001<sup>31</sup>
- support for situations covered by other central government agencies such as the Ministry of Education and MSD (beyond services provided by the DSS business unit)<sup>32</sup>.
- 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

### 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:

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

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<sup>29</sup> People who have a mental illness and/or addiction and a co-existing physical, sensory or intellectual disability that meets DSS eligibility criteria may receive both Health NZ and DSS funded supports.

<sup>30</sup> 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, DSS may fund the full support package.

<sup>31</sup> Refer to footnote 13.

<sup>32</sup> Some people will receive supports from both DSS and another agency or agencies.

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., Health NZ, ACC, or Ministry of Education) has support funding responsibility, DSS will negotiate joint funding or shared service arrangements with the relevant other funder. DSS contributes to the person's support package by funding the disability support services required because 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 or causes of impairments, DSS works with other funders to determine a pragmatic joint funding or shared services arrangement to support prompt access to essential supports. Further work is needed across funders to agree consistent and efficient pathways for resolving funding responsibility in these situations.

### **Resolving funding responsibility between DSS and Health NZ**

Where there is disagreement between funders over whether a person's support needs are the funding responsibility of DSS or Health NZ, 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 DSS or Health NZ funded services will be resolved in the first instance by discussion between the relevant needs assessment services
- where resolution cannot be achieved through discussion between DSS and Health NZ needs assessment services, the first level of escalation will be to the operational management within DSS.

### **Transferring funding responsibility**

In respect of moving people receiving disability support between DSS and Health NZ Health of Older People funding (CAB (03) M 23/8 refers), disabled people receiving disability support from DSS can move to receive support from Health NZ, but Health NZ-supported people cannot move to being supported by DSS<sup>33</sup>. A disabled person receiving support funded by DSS will move to be supported by Health NZ funding only if they are reassessed as requiring aged residential care.

### **Transfers between DSS and Health NZ Long-term Support Chronic Health Conditions funding**

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<sup>33</sup> Note that even if the person had previously been supported by DSS funding, having moved to being funded by Health NZ they cannot return to DSS for funding. All movements are one way, from DSS to Health NZ, unless both funders agree that the funding associated with that person has been incorrectly devolved or incorrectly assessed.

People supported by Health NZ Long-term Support Chronic Health Conditions (LTS-CHC) can move to be supported by DSS funding (or to shared funding arrangements) if they acquire a disability that meets DSS eligibility and access criteria, and this disability is now the main reason why the person needs ongoing support.

## Further information

### 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 (**DIAS**)
- 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 (**CDS**)
- Assessment Treatment and Rehabilitation (**AT&R**) Services
- most Environmental Support Services.

#### *Disability Information and Advisory Services (DIAS)*

DIAS provide information for disabled people 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.

#### *Child Development Services (CDS)*

CDS 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. DSS funds the allied health component of these services. CDS work with other agencies to support children to achieve their potential.

#### *Assessment, Treatment, and Rehabilitation Services (AT&R)*

Health NZ-funded AT&R services are Health NZ District-provided multidisciplinary services delivered in a range of settings for disabled people 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.

#### *Environmental Support Services (ESS)*

Environmental Support Services are a range of services and supports funded by DSS that are available to a broader group than disability support services accessed via DSS NASCs. 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 (e.g., hearing aids, hearing aid subsidies, cochlear implants and services, New Zealand Sign Language (**NZSL**) interpreter services, and hearing therapy)
- supports for people with vision loss (such as spectacle subsidies, and services for blind and deafblind people)
- 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 ageing
- people aged under 65 with disabling chronic health conditions.

People access EMS and hearing aid and spectacle subsidies via a specialised assessment with a Health NZ 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 prioritisation tool for EMS has been developed which prioritises access to resources based on a person's ability to benefit from the service and other relevant factors.

### **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.

## Useful documents

- [Guide to Eligibility for Publicly Funded Services | Health NZ](#)
- [Health and Disability Services Eligibility Direction 2011](#)
- MSD DSS Operational Policy: Close in Interest

# Appendix 1: Definitions

## 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.

After this definition being agreed by Cabinet, Cabinet decided to transfer responsibility for some disability groups to DHBs. Funding responsibility for disability support services for people with psychiatric disability transferred to DHBs in 2001 and for people with age-related disability in 2003<sup>34</sup>. The latter group included:

- people who first present for assessment for disability support services 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).

## 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]

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<sup>34</sup> Note, this devolution also included residual MoH funded long-term support services for people with personal health conditions, mental illnesses, and palliative care needs.

## IN-CONFIDENCE

- “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”.

## Glossary: Terms and definitions

Term	Description
<b>ASD</b>	Autism Spectrum Disorder
<b>AT&amp;R</b>	Assessment, Treatment and Rehabilitation services
<b>CDS</b>	Child Development Services
<b>DIAS</b>	Disability Information and Advisory Services
<b>DSS</b>	Disability Support Services (business unit)
<b>ESS</b>	Environmental Support Services
<b>Health NZ</b>	Health New Zealand   Te Whatu Ora
<b>LTS-CHC</b>	Long Term Support needs resulting from Chronic Health Conditions
<b>MoH</b>	Ministry of Health
<b>MSD</b>	Ministry of Social Development
<b>NASC</b>	Needs Assessment and Service Co-ordination
<b>NZSL</b>	New Zealand Sign Language
<b>RHA</b>	Regional Health Authority
<b>Tāngata whaikaha</b>	Disabled people and tāngata whaikaha Māori
<b>Whaikaha</b>	Whaikaha — Ministry of Disabled People