MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

27 July 2026

Tēnā koe

Official Information Act request

Thank you for your email of 26 June and refinement of 2 July 2026, requesting the original and updated versions of CAB (94) M 3/5 (1a) that provide a definition of disability, held by the Ministry of Social Development (the Ministry)'s Disability Support Services (DSS) Group.

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

I have provided as appendices the relevant Cabinet Minutes, with contextual comments, to assist you.

DSS Definition of disability

The only "definition of disability" for DSS is in the context of eligibility criteria, was agreed by Cabinet in 1994. Please see:

- **Appendix 1 -** *Disability Support Services Reform, CAB (94) M 3/5(1a)(i), 7 February 1994*.

There has been no updated version in 2001, 2003, 2011, and 2014 of the 1994 Cabinet Minute. However, over time, there have been various Cabinet and Health decisions and shifting operational practice around the definition of disability, which are set out below.

Devolution of psychiatric and age-related disabilities from the definition of disability (2001, 2003)

In the early 2000s, Cabinet decided to transfer responsibility for some disability groups from the Ministry of Health (DSS) to District Health Boards (DHBs).

At that time DSS was located within the Ministry of Health. Those elements that were devolved to DHBs stayed in Health after DSS moved to Whaikaha and then to the Ministry.

Responsibility for planning and funding disability support services for people with psychiatric disabilities was devolved to DHBs in 2001. Please see:

- **Appendix 2 -** *District Health Board Capability and Transfer of Responsibilities to District Health Boards, CAB Min (01) 12/12, 23 April 2001. (*See recommendation 13).

Responsibility for planning and funding disability support services for people with psychiatric disabilities was devolved to DHBs in 2001. Please see:

- **Appendix 3 -** *Devolution of Disability Support Services Funding for Older people from the Ministry of Health to District Health Boards, CAB Min (03) 23/8, 7 July 2003.*

Meaning of 'intellectual disability'

The definition and meaning of 'intellectual disability' subsequently provided in the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 has been applied to all DSS decisions regarding the definition of intellectual disability. How DSS now interprets the definition has changed to reflect the definition in this Act, but the wording in the initial 1994 Cabinet Minute (refer Appendix 1) remains unchanged. Please see section 7 'Meaning of intellectual disability' in the Intellectual Disability (Compulsory Care and Rehabilitation Act 2003) refers.

Devolution of funding for people with chronic health conditions (2011)

For a short time DSS administered some funding for people with chronic health conditions on behalf of DHBs (this was not funded as a disability support service). This came about in response to a budget bid in about 2006. This funding was devolved to DHBs in 2011 and there has been no shift to the definition of disability.

Inclusion of Autism spectrum disorder

In 2014, all people with autism spectrum disorder (ASD) in all parts of New Zealand became eligible to be assessed for DSS-funded services, based on their level of need. Prior to 2014, some NASCs only referred people with ASD for assessments if they had another eligible disability. Effective from April 2014, the Ministry of Health's DSS and Mental Health groups jointly agreed a National Position with respect to people diagnosed with ASD. This enabled people with ASD to be considered for DSS regardless of whether they also have a co-existing physical, intellectual, or sensory disability. Please see:

- **Appendix 4 -** *Health Report: Proposed Change in Access to Disability Support Services for People with Autism Spectrum Disorder.*

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

CABINET

CAB (94) M 3/5(1a)

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Minister of Health
Minister of Social Welfare

Copies to:

Prime Minister
Minister of Pacific Island Affairs
Minister of Finance
Minister of State Services
Minister for Crown Health Enterprises
Chair, Cabinet Committee on the Implementation of Social Assistance Reforms
Chair, Cabinet Committee on Expenditure Control and Revenue
Minister of Maori Affairs
Minister of Housing
Minister for ARCI
Minister of Youth Affairs
Minister of Women's Affairs
Chief Parliamentary Counsel
Secretary, Cabinet Committee on the Implementation of Social Assistance Reforms
Secretary, Cabinet Strategy Committee
Secretary, Cabinet Committee on Expenditure Control and Revenue
Monitoring System

DISABILITY SUPPORT SERVICES REFORM

Reference: CAB (94) 34; SAR (94) 2; SAR (94) M 1/1

This minute amends and replaces SAR (94) M 1/1.

At the meeting on 7 February 1994, when considering the Report of the Cabinet Committee on the Implementation of Social Assistance Reforms for the week ended 3 February 1994, Cabinet:

TRANSFER TIMETABLE

a agreed to a deferral of the timetable for the transfer of disability support services (DSS) programmes remaining in Vote : Social Welfare to Regional Health Authorities (RHAs) as follows:

Programme	Transfer Date
Attendant Care Disability Information and Advisory Services	1 July 1994
Residential Care and Support Services (Maximised Benefit) Community Housing Subsidy Aid to Families Aids and appliances Expenses to attend treatment Loans for Home Alterations Car Loans Monitoring Disability Services (SAMS)	1 July 1995

b noted that the deferrals referred to in paragraph (a) above will enable the regulatory protections in the Disabled Persons Community Welfare (DPCW) Act 1975 to remain in force until the new health sector regulatory framework comes into effect on 1 July 1995;

c agreed that Attendant Care will continue to be exempt from any income or asset test for 1994/95, and that the question of means-testing Attendant Care in future years will be addressed in the targeting paper due on 29 March 1994 [paragraph (r) below refers];

d i noted that additional funding will be sought by the Ministry of Health for ongoing policy development and RHA purchasing infrastructures and by the Department of Social Welfare for ongoing operational policy work during 1994/95, as outlined in paragraph (t) below;

ii noted that the request for additional funding will be considered in accordance with the process set out in paragraph (u) below;

ASSESSMENT STANDARDS

e i agreed to the implementation of the national assessment standards, as approved by the Minister of Health, for DSS services purchased by RHAs effective from 1 July 1994;

ii noted that the standards allow scope for regional differences in the manner in which assessment is done to emerge over time ;

f i noted that, in addition to the reasons for adopting national assessment standards set out in paragraph 7 on page 28 of the submission under SAR (94) 2, the standards would enable the development and implementation of assessment procedures which are responsive to Maori;

ii noted that four pilot projects will be undertaken to examine to what extent it is possible to meet the standards in a variety of approaches, settings and disability services, and that these will include one pilot which will look specifically at assessing the needs of Maori in relation to the standards;

iii noted that three monthly reports will be made to Ministers on the evaluation of the pilots;

g noted that the funding implementation of the Standards for Needs Assessment For People With Disabilities, the eligibility criteria, and the targeting regime, will be reviewed after one year to ensure their responsiveness to disabled consumers and their caregivers and Maori.

h noted that the Ministry of Health will seek additional funding for RHAs to implement the assessment standards, as outlined in paragraph (t) below;

ELIGIBILITY

i agreed that the following definition of disability be adopted for 1994/95:

> "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 a 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 Insurance Act.
>
> Where a person's level of independent function is reduced by a condition which requires ongoing supervision from a health professional (eg, 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.";

j noted that the transfer to RHAs of services presently delivered under the DPCW Act will involve replacing legislated eligibility rules with the more flexible service obligation approach under which the Minister of Health will specify the services RHAs will purchase;

k directed the Ministry of Health, in consultation with RHAs and the Department of Social Welfare, to develop draft service obligations for those services presently delivered under the DPCW Act, by the end of July 1994;

l agreed that, for 1995/96, RHAs be required to submit service specifications in respect of services currently provided under the DPCW Act and maximised benefits to the Ministers of Health and Social Welfare for approval, with draft service specifications to be submitted in early November 1994;

TARGETING

m confirmed that there will be no income or assets test on RHA subsidies for long-term residential care for people with psychiatric, intellectual, physical or sensory disabilities;

n noted that people in long-term residential care will continue to be subject to the standard Department of Social Welfare income test on their Invalids Benefit (or comparable parent benefit) entitlement;

o agreed that people in long-term residential care will be ineligible for Accommodation Supplement (effective from 1 July 1995) and that monies presently spent on Accommodation Supplement for these residents be transferred to RHAs for inclusion in the RHA subsidy;

p authorised the Parliamentary Counsel to prepare a suitable amendment to the Social Security Act 1964 to exclude such residents from the Accommodation Supplement, and any other consequential amendments;

q noted that maximised benefits for non-DSS clients will continue to be paid by the Department of Social Welfare (eg unmarried mothers in Salvation Army homes);

r directed officials to report to the Cabinet Committee on the Implementation of Social Assistance Reforms by 29 March 1994 on:

i clarifying which elements of POBOC expenditure within Vote : Social Welfare are used to fund the costs of residential care for DSS clients and which should therefore transfer to RHAs;

ii boundary issues between DSS-related residential care, and other residential care funded via maximised benefits;

iii proposals for rationalising personal allowance levels for people in residential care with other than age-related disabilities;

iv proposals for rationalising targeting of home DSS;

v fiscal implications of policy changes (other than fiscally neutral transfers); and

vi legislative implications;

s directed officials to report to the Cabinet Committee on the Implementation of Social Assistance Reforms by 30 May 1994 on targeting options for equipment, loans for housing alterations and car loans;

FISCAL COSTS

t noted that the Ministry of Health's and the Department of Social Welfare's current estimated fiscal costs associated with the policy proposals in the submission under SAR (94) 2 are as follows:

Proposal	1994/95	1995/96	1996/97
Additional policy resources: - DSW - Ministry of Health	 $ 150,000 $ 242,000	 Nil Nil	 Nil Nil
RHA infrastructures	$1,200,000	$ 750,000	$ 750,000
Assessment standards	$4,079,000	$2,279,000	$2,279,000
Total	$5,671,000	$3,029,000	$3,029,000

u noted that in accordance with earlier Cabinet decisions:

i the Ministers of Health and of Social Welfare will be discussing with the Minister of Finance how best to manage the fiscal costs set out in paragraph (t) above;

ii any agreement that a proposal for additional funding should be considered by Cabinet will be put to senior Ministers for approval to be considered at a joint meeting of the Cabinet Strategy Committee and the Cabinet Committee on Expenditure Control and Revenue;

v i noted that baseline expenditure on DSS has already been reduced by $25 million (1994/95) and $41 million (1995/96) due to savings generated by the income and assets regime for residential care of older people;

ii invited the Ministers of Health and Finance to consider whether proposed new expenditure on DSS should be linked to these savings;

w noted that the Treasury and the agencies concerned will do more detailed work on the costings and assumptions in time for the bilateral process.

Marie Shroff

Secretary of the Cabinet

In Confidence

Cabinet

Minute of Decision

CAB Min (01) 12/12

AD25-02-07

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Minister o[redacted]

Copies to:

Prime Minister
Deputy Prime Minister
Minister of Finance
Associate Minister of Maori Affairs
(Hon Sandra Lee)
Minister of State Services
Minister of Maori Affairs
Minister for Disability Issues
Minister of Pacific Island Affairs
Minister of Women's Affairs
Associate Minister of Health
(Hon Tariana Turia)
Controller and Auditor-General
Secretary, EHC

District Health Board Capability and Transfer of Responsibilities to District Health Boards

On 23 April 2001, following reference from the Cabinet Education and Health Committee, Cabinet:

Ministry of Health and District Health Board Responsibilities

1 **noted** that:

1.1 the Ministry of Health has a strong and ongoing responsibility for setting clear nationwide requirements for health and disability services including setting nationwide performance expectations, minimum access requirements and monitoring DHB performance;

1.2 responsibility for funding and/or delivering an agreed range of services will be transferred to DHBs only if appropriate and when they have developed the necessary capabilities;

2 **noted** that nationwide consistency and effective management of health service and financial risks can be achieved through nationwide service frameworks as part of the operational policy rules with which all DHBs need to comply;

3 **agreed** that the Ministry of Health will ensure, through operational policy rules, the ongoing application and development of nationwide service frameworks for all services (including those applying to hospital services) in collaboration with the sector;

Tertiary Services

4 **noted** that the configuration of tertiary service providers is set centrally through the tertiary services framework;

5 **noted** that, within the tertiary services framework, the three main options for funding of tertiary services (excluding some high cost low volume services) are:

5.1 the Ministry of Health will set a schedule of reference prices for tertiary services, in consultation with DHBs, which will govern the prices providers can charge other DHBs;

5.2 DHB providers of tertiary services will be funded by the Ministry of Health and the Ministry will negotiate with DHBs over the volumes of tertiary services to be provided;

5.3 each DHB will be responsible for funding tertiary services for its population and will negotiate funding and volumes of service with tertiary providers (possibly on a collaborative basis);

6 **agreed** that the Ministry of Health will set a schedule of reference prices for tertiary services, in consultation with DHBs, which will govern the prices tertiary service providers can charge other DHBs;

7 **agreed** that there will be ongoing evaluation of the impact of this funding arrangement on DHBs, with a view to ensuring that the funding arrangement does not lead to inappropriate clinical decisions, and that smaller DHBs in particular are not unfairly impacted upon;

Nationwide Providers of Local Services and Nationwide Service Agreements

8 **agreed** that nationwide providers of local services have a single nationwide service agreement, with the volumes of services and the funding to be based on the sum of all DHBs' analysis of local need;

9 **agreed** that, when suitable DHB collaborative arrangements are in place and approved, nationwide service agreements with nationwide providers of local services should be overseen by the Ministry of Health;

10 **agreed** that DHBs will be required to continue to comply with standardised service agreements for maternity, laboratory, general practitioner and general dental benefits services;

District Health Board Capability

11 **noted** that the Ministry of Health will again assess DHB capability by the end of April 2001 and then advise the Ministers of Health and Finance as to the timing of transfer of responsibilities for specific public, Pacific and regional personal and mental health responsibilities to some, or all, DHBs;

12 **noted** that future assessments of capability will be against the minimum capability requirements previously reported to Cabinet [CAB (00) M 22/11];

13 **agreed** that psychiatric disability support services be included in DHB mental health responsibilities to reflect current actual practice;

14 **noted** that discussion of funding of disability support services will be part of a report back to the Cabinet Education and Health Committee in the next month [CAB (00) M 23/2B(4) refers].

Secretary of the Cabinet

Reference: CAB (01) 110; EHC Min (01) 3/7

Cabinet

CAB Min (03) 23/8

Minute of Decision

Minister of [redacted]
Associate Minister of Health
(Hon Ruth Dyson)

Copies to:

Prime Minister
Deputy Prime Minister
Minister of Finance
Hon Jim Anderton
Minister for Social Development and Employment
(MSD)
Minister of Pacific Island Affairs
Minister of Maori Affairs
Minister of Women's Affairs
Minister for Senior Citizens
Minister for Disability Issues
Associate Minister of Health
(Hon Tariana Turia)
Associate Minister of Health
(Hon Damien O'Connor)
Associate Minister of Pacific Island Affairs
Chief Parliamentary Counsel
Legislation Coordinator
Secretary, SDC
Secretary, LEG

Devolution of Disability Support Services Funding for Older People from the Ministry of Health to District Health Boards

On 7 July 2003, following reference from the Cabinet Social Development Committee (SDC), Cabinet:

Background

1 **noted** the contents of the submission under CAB (03) 302 about the devolution of disability support services funding to older people to district health boards (DHBs), including the information sought by SDC on the strategies to address risks in relation to some boards and the implications for the Ministry of Health of continuing to manage the funding if it is not devolved to all boards;

2 **noted** that on 17 February 2003 Cabinet agreed in principle to devolve to DHBs Ministry of Health disability support services funding for clients aged 65 years and over, from 1 October 2003, subject to:

2.1 DHBs demonstrating their capacity and capability to implement an integrated continuum of care for older people through their draft District Annual Plans;

2.2 identification of the service areas where funding will not be devolved according to the general rules and exceptions to those rules;

2.3 the Ministry of Health and/or DHBs having in place appropriate risk management strategies, in particular to ensure the management of risks arising from the aged residential care contracting process;

2.4 each DHB reporting separately on their performance. Should any board fail to meet requirements through their District Annual Plan, the funding will revert to the Ministry of Health;

3 **noted** that Cabinet agreed to the following general rules and exceptions to those rules for devolution of disability support services funding:

3.1 funding for people aged 65 and over receiving disability support services will be devolved to DHBs;

3.2 funding for people under 65 receiving disability support services will be retained by the Ministry of Health; except that

3.3 people with long term impairment who are receiving disability support services from the Ministry of Health at the time of the funding separation will continue to be funded by the Ministry of Health, unless they are assessed as needing aged residential care, at which time the DHBs will take over funding responsibility;

3.4 people between 50 and 65 who have been clinically assessed by a DHB and/or a needs assessor as "close in interest" to persons aged 65 and over, and who require access to disability support services will be funded by DHBs;

4 **noted** that the Minister of Health and the Associate Minister of Health (Hon Ruth Dyson) had reported to SDC on 2 July 2003 on the issues raised above including possible impacts on DHBs' planning and funding capability;

Establishment Plans

5 **noted** that:

5.1 each DHB has submitted a draft establishment plan for implementing an integrated continuum of care for older people, including managing disability support services for older people;

5.2 eleven boards demonstrated a high standard of capability and capacity, and ten boards demonstrated an appropriate standard of capability and capacity, as assessed against the criteria endorsed by Cabinet on 17 February 2003;

5.3 the Ministry of Health is continuing to work closely with some DHBs to ensure their readiness for the devolution of disability support services funding for clients aged 65 years and over from 1 October 2003;

6 **noted** that in accord with Cabinet's decisions on 17 February 2003, the draft establishment plans for implementing an integrated continuum of care for older people, including managing disability support services for older people, include a national framework each DHB has agreed to that allows for:

6.1 collaborative processes to manage the aged residential care contract, including an annual review, negotiations and pricing;

6.2 joint agreement to any proposed pricing increases; and

6.3 consultation with the Minister of Health before any proposed pricing changes occur;

7 **noted** that in accord with the general rules and exceptions to those rules, the Ministry of Health and DHBs have identified the disability support services that would not devolve on 1 October 2003;

Strategies to Address Risks

8 **noted** that both the Ministry of Health and DHBs have identified potential risks associated with the devolution and are finalising appropriate mitigation strategies to address them, including:

8.1 an open process for transferring detailed information and knowledge about services that would devolve to DHBs prior to devolution;

8.2 operational protocols to guide provider practice, particularly in consistent assessment processes for client access to services;

8.3 processes for correct allocation of clients to the appropriate funder (at the time of the funding split and subsequently);

8.4 risk sharing and risk pool arrangements, similar to those used in the devolution of personal health services, to manage demand risk;

8.5 arrangements for compensating underfunding for growth outside the control of DHBs;

9 **noted** that the Ministry of Health and the Ministry of Social Development (MSD) have discussed the impact of devolution of disability funding for clients aged 65 and over on financial assessments carried out by the MSD under the income and asset testing regime and agreed that there should be no significant increase in work for MSD processing teams;

Services to be devolved to DHBs

10 **agreed** that, as South Canterbury, Taranaki and West Coast DHBs have met the capability and capacity criteria endorsed by Cabinet on 17 February 2003, they be included in an agreement to devolve disability support services funding for older people from the Ministry of Health to DHBs;

11 **agreed** to the devolution to DHBs of Ministry of Health disability support services funding for clients aged 65 years and over, including those aged 50-64 assessed as "close in interest" to those aged 65 and over, apart from where exceptions apply, from 1 October 2003;

12 **agreed** to the devolution of services as indicated in the following table:

Service	Devolve to DHBs
Home-based support Carer support and respite Needs assessment and service co-ordination	Devolve component for older people to DHBs
Assessment, Treatment & Rehabilitation (AT&R)	Devolve age 65 and over and psychogeriatric component to DHBs
Environmental Support Equipment (equipment management and specialist wheelchair/seating/technology assessment)	Devolve short term equipment services to DHBs
Day/vocational Programmes and Day Care Services Carer training Disability Information & Advisory Services	Devolve services for older people and people with dementia to DHBs
Aged residential care Orthotics DHB equipment contracts Carer support for people with personal health conditions (not accessed via needs assessment agencies) Palliative care services (primarily carer support) Midland and Northern regions	Devolve all to DHBs
Pilot programmes	Devolve local ageing in place pilots to DHBs
DHB provided community support services (Southern and Northern regions only)	Southern: devolve to DHBs Northern: devolve personal health services to DHBs; split accredited equipment assessment and allied health services between the Ministry of Health and DHBs
Community Services – non-DHB provided	Devolve contracts with personal health and older focus to DHBs
Prosthetics	Devolve to DHBs
Home-based support and carer support for people with mental health conditions (Southern region) and carer support for people with mental health conditions in all regions but Central	Devolve to DHBs
Accredited Visitors Services	Devolve service contracts to DHBs

Administrative arrangements

13 **noted** that DHBs' final establishment plans for devolution of disability support services for older people will be treated as an addendum to their District Annual Plans;

14 **agreed** that DHBs will be held accountable for implementing an integrated continuum of care for older people, including devolved disability support services and the agreed national framework for managing aged residential care, through compliance with their District Annual Plans, variations to Schedule B of the Crown Funding Agreement and the Operational Policy Framework;

15 **noted** that should concerns arise about a DHB's performance the Ministry of Health will work with that board on actions to improve performance in the affected areas to mitigate against the need to revert funding to the Ministry of Health, which could adversely affect national arrangements for the management of aged residential care and Ministry capacity once devolution has occurred;

Financial implications

16 **noted** the following fiscally neutral adjustments, with no impact on the Government's operating provisions, for the transfer of disability support services funding for older people from the Ministry of Health to DHBs:

Vote Health	2003/04	2004/05	2005/06	2006/07 & outyears	GST
Non-Departmental Output Class: Transfer from disability output class (funded by revenue Crown)	($562.5m)*	($776m)	($776m)	($776m)	Incl.
Transfer to DHB output class (funded by revenue Crown)	$750m	$776m	$776m	$776m	Incl.

* Nine months funding from 1 October in 2002/03

17 **noted** that Joint Ministers of Finance and Health will be asked to approve the fiscally neutral transfer to DHB output classes when allocations are confirmed in late August 2003;

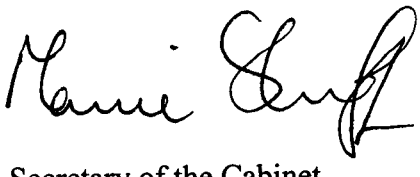
18 **noted** that Ministry of Health funding will also need to be transferred to DHBs to cover administration costs including staff transfers;

19 **authorised** the Ministers of Finance and Health to approve, jointly, the devolution from Disability Support departmental output class to DHB output classes;

Next steps

20 **invited** the Minister of Health and the Associate Minister of Health (Hon Ruth Dyson) to instruct Parliamentary Council Office to draft an Order in Council to be submitted to the Cabinet Legislation Committee no later than 31 August 2003 seeking the transfer of relevant service agreements from the Ministry of Health to DHBs on 1 October 2003;

21 **noted** that the Associate Minister of Health (Hon Ruth Dyson) indicates that the government caucuses will be consulted and that other parliamentary parties have been consulted.



Secretary of the Cabinet

Reference: CAB (03) 302; SDC Min (03) 15/2

MINISTRY OF HEALTH
MANATŪ HAUORA

Health Report number: 20131421

Action required by: **routine**

File number: **HC45-39-3**

Health report

Hon Tony Ryall (Minister of Health)
cc Hon Tariana Turia (Associate Minister of Health)

Proposed Change in Access to Disability Support Services for People with Autism Spectrum Disorder

Executive summary

i People diagnosed with Autism Spectrum Disorder (ASD) and no co-existing disabilities currently experience inconsistent access to services funded by Disability Support Services (DSS). This has arisen over time from differing interpretations of the access criteria for disability support funding and has resulted in long standing inequity of access to services.

ii The Ministry of Health (the Ministry) propose that from 3 February 2014, all people with ASD be eligible to be assessed for support services funded by DSS, based on their level of need. This is consistent with the way other clients are supported within DSS which is based on their level of functional impairment.

iii This decision is consistent with Cabinet's 1995 definition of disability for funding purposes, and with the allocation by Cabinet of ASD Guideline Implementation funding to DSS to support the development of services for people with ASD.

iv Any additional costs associated with providing disability supports for people with ASD will be managed within its existing appropriation. Uptake is expected to be slow; therefore DSS will manage growth within its baseline. A 20% increase in client uptake of services through this change is estimated to cost an additional $7.9m per annum. However, it is difficult to accurately predict the uptake and hence the true financial impact.

v The Ministry has established a working group from DSS and the Office of the Director of Mental Health to ensure there is alignment and clarity between DSS and the District Health Boards about service access and pathways for people with ASD.

The Ministry recommends that you:

a) **Agree** that the Ministry will include people with solely ASD as eligible for assessment for disability support services from 3 February 2014. **Yes/No**

Michael Hundleby
National Director (Acting)
Ministry of Health

Minister's signature
Date

Ministry of Health contacts

Jill Lane		Toni Atkinson	
Director, National Services Purchasing		Manager, Disability Support Services	
Phone	(04) 496 2446	Phone	(04) 816 2058
Cellphone	(021) 409 597	Cellphone	(021) 243 2660

Minister's feedback on quality of report

Very poor (1)	Poor (2)	Neutral (3)	Good (4)	Very good (5)

Advice

1. DSS within the Ministry of Health (the Ministry) is responsible for funding support for people with intellectual, physical or sensory disabilities that are likely to last for more than six months. District Health Boards (DHBs) are responsible for funding clinical supports for people with age-related and psychiatric disabilities, alongside their responsibility for health services which includes diagnosis and treatment.

2. An unresolved issue is whether people with ASD are considered to have either a psychiatric, intellectual, physical or sensory disability. If these terms are interpreted narrowly, people with ASD can be regarded as not having any of these types of disability, even when they present with significant functional impairment. Therefore, some people with ASD without a co-existing disability have not been able to access services through DSS or DHBs.

3. Needs Assessment Service Coordination (NASC) agencies have interpreted access criteria for people with ASD differently across the country, based on varying interpretations from within the previous Regional Health Authorities. This has led to different operational approaches to accessing support emerging across DHBs and DSS.

4. In some regions, a person with a disability diagnosis of solely ASD has been considered eligible for assessment by DSS and able to access a limited range of disability support services, depending on their need. In other regions, people with a disability diagnosis of solely ASD would not be considered eligible for DSS funded supports.

5. DHBs typically do not fund support for people with solely ASD, though in some cases people have received services for ASD when addressing other presenting needs. People with ASD are more likely than the general population to experience depression and anxiety, and may also experience other mental health disorders, that will require input from formal Mental Health services.

6. The lack of a clear and nationally consistent approach to the eligibility of people with ASD has resulted in:

    a. Inconsistencies in people's ability to access disability support services.

    b. A risk that court action could be initiated alleging unjustifiable discrimination against people with ASD.

    c. Considerable on-going work for DSS as a result of needing to maintain the current situation and to develop ad hoc responses when complex cases arise.

Addressing the gap in support

7. The gap in responsibility for supporting people with ASD can be resolved through a funder accepting this responsibility. DSS has undertaken a stocktake of its current position and considers that providing disability support for people with ASD most appropriately fits within its responsibilities.

8. The Ministry proposes that from 3 February 2014, all people with ASD solely be eligible to be considered for disability supports funded through DSS. This date has been chosen as it allows time for an implementation strategy to be developed and does not unduly delay access to services for this group once the decision to fund has been made.

9. DSS will also work with Mental Health to align services for people with ASD with DHB clinical and support services.

10. Accepting responsibility reflects the following considerations:

    a. ASD with significant functional impairment most closely fits with the responsibilities of DSS for funding support for people with intellectual, physical and sensory disabilities if a broad interpretation is taken of those terms. The Ministry considers this to be the approach that Cabinet intended when it defined those terms in 1995.

    b. DSS currently funds disability supports for a significant number of people with ASD.

    c. Cabinet assigned to DSS leadership of the ASD Guideline Implementation work (CAB Min (07) 12/1 (25) and CAB Min (08) 14/1(25) refers).

11. DSS will assess eligibility for disability supports for each person with ASD and will ensure this needs-based approach is consistent with the way it supports other people eligible for DSS funded supports. In the short term, there will be limited availability of suitable supports for people with ASD (likely to be Supported Living and Respite services). In the medium term however, the range of suitable services will expand through the ASD Guideline Implementation work, so that people with ASD can be better supported to live everyday lives in the community.

12. People with a disability diagnosis of solely ASD will not be eligible for services provided under the High and Complex Framework, including under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003. This is because High and Complex services have been ring-fenced specifically for people with an intellectual disability. Other groups of people with a disability are not able to access these services.

Financial Implications

13. DSS currently supports 2,834 people (9% of DSS population) with a disability diagnosis of solely ASD, at an annual cost of $39.5m. Due to regional variations in the practice of NASCs and a lack of clarity about DSS eligibility for people with a diagnosis of solely ASD, levels of support for this group varies significantly across the country.

Currently Funded Solely ASD Clients by NASC ($000's)

NASC	NASC Name	Number of Clients	Home Support	Personal Care	Carer Support	Residential	Other	Respite	Total Annual by NASC	Avg Annual Cost per client
AAL	Access Ability Taranaki	29	$ 32	$ 5	$ 52	$ 73	$ -	$ 7	$ 170	$ 6
AAO	Access Ability Otago	102	$ -	$ 122	$ 192	$ 115	$ 177	$ 4	$ 610	$ 6
AAW	Access Ability Whanganui	11	$ 4	$ 15	$ 28	$ -	$ -	$ -	$ 47	$ 4
BHS	Options Hawkes Bay	31	$ 6	$ 13	$ 45	$ 820	$ -	$ 25	$ 910	$ 29
CCS	Capital Support	125	$ 330	$ 51	$ 265	$ 1,278	$ 132	$ 135	$ 2,191	$ 18
CSW	Support Works	124	$ 216	$ 140	$ 274	$ 2,395	$ 150	$ 168	$ 3,343	$ 27
DSL	Disability Support Link	166	$ 149	$ 404	$ 241	$ 1,257	$ 206	$ 162	$ 2,419	$ 15
FOC	Focus	12	$ -	$ -	$ 21	$ -	$ -	$ 11	$ 31	$ 3
LLK	Life Links	304	$ 153	$ 96	$ 642	$ 2,465	$ 148	$ 93	$ 3,597	$ 12
LUH	Life Unlimited Lower Hutt	91	$ 331	$ 40	$ 210	$ 543	$ 158	$ 76	$ 1,358	$ 15
LUN	Life Unlimited Tairawhiti	18	$ 25	$ -	$ 34	$ -	$ 14	$ 17	$ 90	$ 5
NTK	Taikura Trust	1442	$ 3,858	$ 4,239	$ 2,923	$ 5,224	$ 1,288	$ 1,142	$ 18,673	$ 13
NWD	NorthABLE	69	$ 108	$ 564	$ 158	$ 130	$ 32	$ 75	$ 1,067	$ 15
SNT	SupportNet	285	$ 582	$ 170	$ 661	$ 2,538	$ 592	$ 183	$ 4,725	$ 17
SUL	Enable NZ	25	$ 134	$ -	$ 42	$ -	$ -	$ 17	$ 193	$ 8
Grand Total		2,834	$ 5,928	$ 5,861	$ 5,787	$ 16,838	$ 2,896	$ 2,115	$ 39,425	$ 14

14. Confirming a policy that all people with ASD solely are eligible to be assessed for funded disability support will lead to an increase in the total number of people accessing disability support services. It is difficult to predict what impact an increase of people with ASD accessing supports will have on funding. However, the area with the highest percentage of solely ASD clients accessing services is in Auckland at 15% of their total clients. This region has long had a policy of accepting that people with solely ASD are eligible for funding from DSS.

15. If the rate of solely-ASD clients accessing disability support services in Auckland is reflected across the whole country, there will be a 20% increase in the number of solely-ASD clients nationally. Anecdotal feedback from the NASCs suggests that this 20% increase is a reasonable estimate. The cost of funding these additional clients at the average cost (of $14,000 per client) would result in an additional cost of $7.9 million.

16. The Ministry believes that this growth will occur slowly over time and that the growth can be managed within its existing funding. DSS is currently within its budget and will ensure that any additional costs arising from this change will continue to be managed within budget.

17. Improvements to existing Behaviour Support Services (currently being tendered) with a focus on working with families early, is expected to result in reduced costs over time for this group, as support needs into adulthood for people with ASD are more likely to diminish.

Access to Specialist Mental Health services

18. The health needs of people with ASD are often broader than just disability. There is a risk that as a result of this change, DHB Mental Health Services will reduce funding and service provision for people with ASD.

19. To manage this risk, DSS and the Office of the Director of Mental Health have established a working group to ensure there is agreement and collaboration between DSS and the DHBs. The working group will develop a Memorandum of Understanding (MOU) which will help to ensure there is an alignment of expectations on the role of DSS and the DHBs, clear pathways for access to services and processes for escalating complex decisions. We are also exploring joint funding options for people with complex needs spanning more than one funder.

20. The Ministry's Director of Mental Health, with support from DSS, will also engage with the DHB Mental Health Services to increase the level of diagnosis and specialist advice and treatment for people with ASD.

Other Risks

21. There is a risk that confirming DSS is responsible for supporting people with ASD will create a precedent for it being seen as the funder of support for other emerging groups with primarily behavioural/social impairments (such as people with foetal alcohol syndrome), for whom there are some existing service gaps.

22. It is acknowledged that as other groups with disability related needs emerge that require disability related supports, DSS will need to consider their eligibility in much the same way as has been done for ASD. The difference with ASD is that a significant number of people with ASD have historically had access to disability supports and this proposed change is required to address an existing disparity and inconsistency.

23. DSS has had two recent OIA requests (H201303036 in July 2013 and H210304362 in October 2013) regarding this inequitable access and the current gap in support. With on-going interest in this issue from the sector, DSS needs to address this to reduce the risk of further media and sector attention on a potentially discriminatory situation.

24. A further risk is that by accepting responsibility for this group, there will be criticism from the sector that whilst we have enabled people to access disability supports, there are still insufficient ASD specific services across health to fully support the needs of this group. DSS takes the approach that being able to offer some support currently, whilst we continue to develop services, is better than continuing inconsistent practice.

Communication

25. A communication plan has been developed within the Ministry that includes initial contact with the NASCs to provide information on the proposed changes to eligibility and some training on needs assessments for people with ASD for access to services. This will be followed by an announcement in the DSS newsletter (February 2014) and a meeting with Altogether Autism, the Ministry's ASD specific Disability Information and Advisory Service (DIAS). The Minister may wish to announce this clarification to current eligibility criteria for people with solely ASD in a press release, as this will be welcomed by the sector.

Summary

26. DSS continues to receive regular challenges to its current ad hoc policies on support for people with solely ASD that are difficult to defend. It is clear from the recent stocktake that there is a lack of consistency of access to supports and it seems clear that without the support of DSS funding, this group of clients are able to access minimal support from the health system. Many families struggle to support family members with ASD, particularly into adulthood when services available for children start to diminish.

27. Once the position is clarified with respect to this group, DSS can move forward on developing capacity and capability in the sector that builds on the ASD Guideline Implementation.

END.