



1 May 2026

Tēnā koe

### **Official Information Act request**

Following discussion with the Office of the Ombudsman regarding your complaint about the Ministry's response to questions 6 and 7 of your request dated 22 August 2025, the Ministry has now reconsidered our decision on these questions under the Official Information Act 1982.

Please find my reconsidered decision on your request set out below.

- *The reporting structure showing which non-medical staff have authority to override or influence decisions made by these medical professionals.*

Frontline staff or Case Managers make final decisions on applications for assistance, based on client's personal circumstances and whether they meet the eligibility criteria for the assistance they have applied for.

It is important to note that Regional Health Advisors (RHAs) and Regional Disability Advisors (RDAs) do not process applications for benefits as part of their role. RHAs and RDAs provide advice to frontline staff when they are supporting clients with health conditions and disabilities. This includes providing guidance on the health information contained in medical certificates that accompany applications, such as for Disability Allowance. As RHAs and RDAs do not make decisions on eligibility, their advice cannot be 'overturned' in the way that you have requested.

Therefore, there is no reporting structure that meets the scope of your request.

- *Any policies, protocols, or guidelines that govern how medical professionals at MSD interact with case management decisions, particularly regarding Disability Allowance applications and medication assessments.*

Please see the following documents attached, which detail policies and guidelines regarding the Regional Health and Disability teams:

- Regional Health and Disability Teams
- Regional Health and Regional Disability Advisors – Referrals and Recommendations
- RHA or RDA recommendations
- RHA and RDA Relationships

The Ministry only employs one current medical practitioner, in the Principal Health Advisor role. This person holds current registration with the Medical Council of New Zealand. The Principal Health Advisor supports the Regional Health and Disability Advisors and provides guidance to assist the recommendations they provide for

frontline staff (our Case Managers). Although our Regional Health and Disability Advisors come from a variety of health and disability sector backgrounds, and have considerable expertise in this space, they are not registered medical practitioners.

When considering applications for certain benefits or additional support, the Ministry requires external medical or nursing practitioners (eg the clients usual practitioner) to complete medical certificates outlining relevant health information. This includes applications for Disability Allowance. In some situations where a second opinion is needed, the Ministry can engage a Designated Health Practitioner to provide this - note, this process does not apply if a client is requesting a review of costs that can be considered under Disability Allowance.

You can read more about this at the following three links:

- [www.workandincome.govt.nz/map/income-support/extra-help/disability-allowance/nature-of-disability-01.html](http://www.workandincome.govt.nz/map/income-support/extra-help/disability-allowance/nature-of-disability-01.html)
- [www.workandincome.govt.nz/map/income-support/main-benefits/supported-living-payment/medical-qualifications-01.html](http://www.workandincome.govt.nz/map/income-support/main-benefits/supported-living-payment/medical-qualifications-01.html)
- [www.workandincome.govt.nz/providers/health-and-disability/designated-doctors.html](http://www.workandincome.govt.nz/providers/health-and-disability/designated-doctors.html)

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

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

## Regional Health and Regional Disability Advisors - Referrals and Recommendations

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This page provides information for staff on RHA and RDA referrals and recommendations.

On this Page:

### Regional Health and Regional Disability Advisors

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Regional health and disability advisors:

provide advice to assist case managers to help make decisions on the most appropriate services, health interventions and supports available for people with health conditions or disabilities

advise on health and disability issues associated with an application for (or review of) benefit

gather further information from general practitioners, health providers or disability providers to assist with making recommendations for benefit eligibility or work or work preparation obligations.

[Overview of regional disability and regional health advisors \[http://doogole/resources/helping-clients/procedures-manuals/work-and-income/health-disability/regional-health-and-disability-advisors/overview-of-regional-disability-and-regional-health-advisors.html\]](http://doogole/resources/helping-clients/procedures-manuals/work-and-income/health-disability/regional-health-and-disability-advisors/overview-of-regional-disability-and-regional-health-advisors.html)

### Referral and Recommendation processes

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Information is available to support staff:

to identify when and how to refer clients to the RHA or RDA

processes for the RHA/RDA to follow when making a recommendation

follow-up that is required once a recommendation has been completed.

For more information see:

[Decision Making Guidelines \[http://doogole/resources/helping-clients/procedures-manuals/work-and-income/health-disability/decision-making-guidelines/determining-eligibility-and-obligations.html\]](http://doogole/resources/helping-clients/procedures-manuals/work-and-income/health-disability/decision-making-guidelines/determining-eligibility-and-obligations.html)

### Contacting Health Practitioners

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Where necessary the RHA or RDA may need to clarify information provided by the medical practitioner or health professional. All contact needs to be noted in CMS, even unsuccessful contacts.

#### Contact covered by the privacy statement

The privacy statement on all main benefit application forms and some types of supplementary assistance, allows Work and Income to contact medical practitioners or health professionals to verify and/or clarify information they have disclosed without the need for additional consent from clients. For example this covers cases where the information on the medical certificate is unclear, hard to read or incomplete.

#### Additional information - further consent required

If the regional health or regional disability advisor requires further information to provide advice to the case manager to assist with decision making, specific consent will need to be obtained from the client. Generally consent is valid only for a particular purpose. Once information has been given for the purpose intended, the client will need to provide further consent for the release of any additional health information in the future. This means you may need to seek consent more than once depending on the information required. For more information see [Client Consent \[http://doogole/resources/helping-clients/procedures-manuals/work-and-income/health-disability/index-consent-process.html\]](http://doogole/resources/helping-clients/procedures-manuals/work-and-income/health-disability/index-consent-process.html).

#### Noting consent

When the consent has been obtained case managers must note CMS and then advise either the regional health or regional disability advisor that consent has been received. The regional health or regional disability advisor will then make contact with the health provider to discuss the case or obtain further information. All contact with external providers must be noted CMS.

### Referral to a Designated health practitioner

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The RHA or RDA may also determine that further investigation or information is required and recommend the client is referred for either a designated health practitioner or specialised assessment (for SLP eligibility only), or recommend copies of specialist notes

or hospital records be obtained.

For further information on the designated health practitioner and specialised assessment process:

[Designated health practitioner Referral Process \[http://doogle/resources/helping-clients/procedures-manuals/work-and-income/health-disability/designated-doctor/designated-doctor-referral-process-main-doogle-page.html\]](http://doogle/resources/helping-clients/procedures-manuals/work-and-income/health-disability/designated-doctor/designated-doctor-referral-process-main-doogle-page.html)

[Specialised Assessments \[http://doogle/resources/helping-clients/procedures-manuals/work-and-income/health-disability/specialised-assessment-information.html\]](http://doogle/resources/helping-clients/procedures-manuals/work-and-income/health-disability/specialised-assessment-information.html)

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**Content owner:** [Work and Income National Office](#) **Last updated:** 05 November 2025

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OFFICIAL INFORMATION ACT

## Regional Health and Disability teams

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This page provides information on the role of the Regional Health and Disability team, how to contact them, and when to refer to them for advice.

On this Page:

### Regional Health and Disability teams overview

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The Regional Health and Disability Teams (RHDT) support our frontline kaimahi who are working with clients (and their whānau) with a health condition or disability. They do this by:

- raising awareness of the impacts of health conditions and disabilities on whānau
- promoting access to appropriate MSD supports and services
- improving employment outcomes for clients, where appropriate
- building strong relationships with key regional stakeholders in the health and disability sector.

The teams work collaboratively with health, disability, and other providers to ensure clients are linked to the right services and support.

There are 3 key roles in the RHDT:

- Regional Health Advisors (RHAs)
- Regional Disability Advisors (RDAs)
- Health and Disability Co-ordinators (HDCs)

There are 11 teams around the country, and each team is managed by the local Manager Regional Services with professional leadership provided by the Principal Health Advisor (PHA) and Principal Disability Advisor (PDA).

### Regional Health and Disability Advisors

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The Regional Health and Disability Advisors link MSD, the health and disability sector, and the community. They provide expert advice and knowledge to support clients with health-related issues, injury, or disability to participate meaningfully in society. The roles focus on matters relating to clients with health conditions seeking income and employment support, including:

- any barriers they may face
- what support options may exist for reducing or removing the effect of these barriers, and
- what service options may be suitable to support wellbeing and enable clients to achieve a sustainable employment outcome.

The advisors champion health and disability responsiveness and issues both internally and externally. As well as providing guidance around individual clients, the Advisors can support kaimahi on general processes and services for our clients living with health conditions and disabilities.

Many of our Regional Health and Disability Advisors come from roles in the health, clinical or disability sector.

### Health and Disability Coordinators (HDC)

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The Health and Disability Coordinators in each region establish and maintain working relationships with key stakeholders in the health and disability space. This involves ensuring our stakeholders have an in-depth understanding of MSD's products, services and programmes, and know how to access them.

HDCs often run training and information sessions for key stakeholders both internally and externally, including general practices, health hubs and disability organisations. They are also available to support MSD staff who may require knowledge of services or supports for clients with health conditions and disabilities that are available in their community.

### Principal Health and Disability Advisors

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Our Principal Health and Disability Advisors provide strategic leadership and professional development support to our Regional Health and Disability teams. They also help us (MSD) to engage effectively with other health and disability sector agencies, such as Ministry of Health, ACC, District Health Boards, Primary Health Organisations and Non-Government Organisations.

They have both internal and external responsibilities, providing guidance and advice on MSD policies and processes that affect our

clients living with health conditions and disabilities, as well as representing MSD at cross-government discussions.

Sonja and Cathy are based at National Office (Wellington) and are happy to be contacted when you have an issue that you are not able to solve with your RHDT colleagues.

## How to contact the team

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Team members can be contacted by phone or email, or sent a referral if the query is pertaining to a specific client. For information on who your local team are, how to contact them and any other relevant local health and disability resources, please visit the relevant local Regional Health and Disability Team page.

Their contact details are here:

[Northland Health and Disability Team \[https://doogie.ssi.govt.nz/business-groups/helping-clients/work-and-income/who-we-are/regional/northland/our-teams/health-team-content/rht-resources-and-tools.html\]](https://doogie.ssi.govt.nz/business-groups/helping-clients/work-and-income/who-we-are/regional/northland/our-teams/health-team-content/rht-resources-and-tools.html)

[Auckland Health and Disability Team \[https://doogie.ssi.govt.nz/resources/publications/reports-research/regional/auckland/auckland-health-and-disability-home-page.html\]](https://doogie.ssi.govt.nz/resources/publications/reports-research/regional/auckland/auckland-health-and-disability-home-page.html)

[Waikato Health and Disability Homepage \[https://doogie.ssi.govt.nz/business-groups/helping-clients/work-and-income/who-we-are/regional/waikato/health-and-disability/waikato-hcid-homepage.html\]](https://doogie.ssi.govt.nz/business-groups/helping-clients/work-and-income/who-we-are/regional/waikato/health-and-disability/waikato-hcid-homepage.html)

[Taranaki Health & Disability \[https://doogie.ssi.govt.nz/business-groups/helping-clients/work-and-income/who-we-are/regional/taranaki/healthanddisability/healthanddisability/health-and-disability-landing-page.html\]](https://doogie.ssi.govt.nz/business-groups/helping-clients/work-and-income/who-we-are/regional/taranaki/healthanddisability/healthanddisability/health-and-disability-landing-page.html)

[Bay of Plenty Health and Disability Team \[https://doogie.ssi.govt.nz/business-groups/helping-clients/work-and-income/who-we-are/regional/bay-of-plenty/bop-regional-health-and-disability-team.html\]](https://doogie.ssi.govt.nz/business-groups/helping-clients/work-and-income/who-we-are/regional/bay-of-plenty/bop-regional-health-and-disability-team.html)

[East Coast Health and Disability Resources \[https://doogie.ssi.govt.nz/resources/publications/reports-research/regional/east-coast/east-coast-health-and-disability-resources.html\]](https://doogie.ssi.govt.nz/resources/publications/reports-research/regional/east-coast/east-coast-health-and-disability-resources.html)

[Central Region's Health and Disability Team \[https://doogie.ssi.govt.nz/business-groups/helping-clients/work-and-income/who-we-are/regional/central/central-regions-health-and-disability-team.html\]](https://doogie.ssi.govt.nz/business-groups/helping-clients/work-and-income/who-we-are/regional/central/central-regions-health-and-disability-team.html)

[Wellington Health and Disability Services \[https://doogie.ssi.govt.nz/business-groups/helping-clients/work-and-income/who-we-are/regional/wellington/wellington-health-and-disability-services/wellington-health-and-disability-services.html\]](https://doogie.ssi.govt.nz/business-groups/helping-clients/work-and-income/who-we-are/regional/wellington/wellington-health-and-disability-services/wellington-health-and-disability-services.html)

[Nelson Marlborough Our Regional Teams \[https://doogie.ssi.govt.nz/business-groups/helping-clients/work-and-income/who-we-are/regional/nelson/our-regional-teams.html\]](https://doogie.ssi.govt.nz/business-groups/helping-clients/work-and-income/who-we-are/regional/nelson/our-regional-teams.html)

[Canterbury Health and Disability Team \[https://doogie.ssi.govt.nz/business-groups/helping-clients/work-and-income/who-we-are/regional/canterbury/health-disability-team/health-disability-landing-page.html\]](https://doogie.ssi.govt.nz/business-groups/helping-clients/work-and-income/who-we-are/regional/canterbury/health-disability-team/health-disability-landing-page.html)

[Southern Health and Disability Team \[https://doogie.ssi.govt.nz/business-groups/helping-clients/work-and-income/who-we-are/regional/southern/health-and-disability-information.html\]](https://doogie.ssi.govt.nz/business-groups/helping-clients/work-and-income/who-we-are/regional/southern/health-and-disability-information.html)

## When to consider referring to the RHAs and RDAs

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The Advisors make recommendations to assist Case Managers with their decision-making around medical eligibility and associated obligations for JSS, SLP, DA, CDA, SLP-Carers and other products. Below are a few examples of when you might consider referring to them: there will be many other cases where advice could and should be sought. If you are uncertain, pick up the phone or send your local team an email and ask – they will be happy to help!

### Determining medical eligibility and obligations

#### Jobseeker Support

When you are considering what type of work role might be suitable for your client (or not)

When considering what services are available in the community or via MSD contracts that may help the client become more work ready

#### Supported Living Payment

When it is unclear if a client meets the medical criteria for SLP

When conflicting information is provided from the client and health practitioner, or the information differs substantially from that provided on a previous medical certificate

#### Supported Living Payment – Carer:

When you are unsure whether the person being supported meets the level of care required for SLP Carer

#### Disability Allowance

When you can't ascertain if the cost is directly related to the client's condition

When you are processing an application to include a non-subsidised pharmaceutical (including medicinal cannabis) into Disability Allowance costs – ALL of these need to be referred to the RHA/RDA

### **Child Disability Allowance**

When you want to clarify clinical information provided on the CDA medical certificate

When you are unclear whether or not the child meets the 'extra care and attention' criteria.

### **Determining services and interventions**

Case managers and other front-line staff will refer to an RHA or RDA where they need advice to make a decision about the services or interventions appropriate for the client to enable them to move towards work.

The RHA or RDA will:

examine all of the information provided

gain a good understanding about the client's situation, medical and disability history and service needs

have a good understanding of the eligibility criteria for each individual health or disability service

complete a RHA/RDA recommendation in CMS with details of the services or interventions recommended

advise the referrer that the recommendation has been completed in CMS.

Services to assist people to move towards work may include:

vocational

educational

health related

socio-cultural

personal

legal

environmental

Interventions may be contracted through, or provided by, Work and Income or may be an external service, which Work and Income may facilitate access to.

### **How to make a referral to the RHAs and RDAs**

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If you want to make a referral to a RHA or RDA, please follow the steps below:

Add a new CE note in the client record: Service Delivery | Medical Details | RHA/RDA referral;

Go to the 3 dots to add a comment note and choose the CM/CPO referral;

Add a Short Description of why the referral is being made, complete all the relevant drop-down tabs making sure you choose the correct Referral Type (e.g. SLP, DA), and add relevant information in the Comments section;

Place the referral in the RHA/RDA Ready for Processing queue for your region, e.g. RHA/RDA Canterbury Regional Ready for Processing.

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Content owner: [Work and Income National Office](#) Last updated: 04 October 2024

## RHA and RDA Relationships

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The following information details RHA and RDA relationships with other individuals and groups and how it is expected that these relationships will work.

On this Page:

### Internal relationships

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RHAs and RDAs have working relationships with various Work and Income staff, including:

- Service centre frontline staff
- service centre managers
- employment co-ordinators
- work brokers
- case managers
- customer service representatives

They provide case managers with help and advice on individual client's:

- medical eligibility for financial assistance
- health and disability needs
- interventions
- services
- supports

RHAs and RDAs also work with other key staff at Work and Income to build knowledge of services and support, including:

Regional staff:

- public relations advisor
- contracts manager
- operations manager
- area managers (Auckland only)
- regional director
- regional commissioner.

National Office staff:

- Principal Health Advisor
- Principal Disability Advisor
- Office for Disability Issues staff
- Health/Welfare Services Manager.

### Contacting case managers

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Case manager contact is a key component for the RHA and RDA role. They will have regular contact with case managers.

There are several forms of contact with case managers which include:

- telephone
- written
- face-to-face.

Contact with case managers should preferably be made by telephone.

#### Telephone contact

This is the most important form of contact with case managers to provide a quick response when making recommendations on eligibility for financial assistance and/or services and interventions.

Calls will generally be received from case managers when they need to clarify any issues regarding medical information received from the client. Telephone contact may also be used for:

- dealing with ad-hoc issues
- answering questions
- providing information.

RHAs and RDAs will advise the case manager to provide a RHA/RDA referral form with any additional supporting information such as a medical certificate. This information should not be provided over the phone.

Regional disability and regional health advisors must meet the following telephone standards:

- check for messages at least twice per day, and return phone calls received via landline or cellphone within 24 hours
- forward landline to voicemail or cellphone when away from the desk
- if absence is pre-planned a vacation message is to be set in global
- meet the Seamless Service - voicemail standards.

### **Written communication**

Written communication should be minimal and consist of letters, faxes or emails.

Other forms of written communication are likely to be for situations such as:

- confirmation of advice given
- confirmation of decision made
- confirmation of an issue that has been resolved.

All correspondence must comply with the Ministry's minimum writing standards. Letter guidelines are set out in the MSD style guide.

### **Electronic communication**

RHAs and RDAs should always ensure that any email contact meets the same professional manner that would be provided via a letter.

### **Face-to-face contact**

There may be occasions where RHAs and RDAs will need to meet with case managers face-to-face. This is likely to be to:

- promote disability awareness
- advise on how appropriate jobs are identified
- provide advice on disability/health initiatives as part of regional planning.

Face-to-face contact should be given to case managers through a planned approach, and should be arranged through regional office or the service centre manager. It is likely that this will be delivered during Wednesday Briefs. This will allow regional disability and regional health advisors to be available during core business hours, to provide advice and support to other case managers.

[Insert link to practice guides / work and income service provision \[#\]](#)

## **When case managers contact RHAs and RDAs**

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There are essentially two forms of contact RHAs and RDAs will have with case managers. They are:

- for assistance in determining eligibility or work ability for clients applying for Jobseeker Support on the grounds of a health condition or a disability and Supported Living Payment, or other financial assistance such as Disability Allowance
- when a case manager requires assistance in determining appropriate services and interventions for people with ill health and disabled people.

Case managers will contact regional disability or regional health advisors:

- for assistance when they receive insufficient information to make decisions on eligibility for financial assistance or services and interventions
- when information provided by the client or their health practitioner conflicts with duration information provided in the Medical Disability Advisor
- when issues needing to be resolved for a client are particularly complex and they are unable to make a decision.

For more information see:

## Contacting the Principal Disability Advisor and Principal Health Advisor

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There may be times when regional disability and/or regional health advisors need to seek the expert advice or recommendation of the Principal Disability or Principal Health Advisor.

This will be when the complexity of a client's information makes it difficult to determine medical eligibility for financial assistance, or appropriate services and interventions to assist people to move toward work.

Initial contact with the Principal Disability or Principal Health Advisor should be by telephone, with a follow-up email where appropriate. The Principal Disability or Principal Health Advisor may request the following information about the client, before they are able to provide advice or recommendations:

all medical information provided

background information, including community or support organisations the client may be already working with the client's previous employment.

If the Principal Disability or Principal Health Advisor requests to see supporting information, regional disability and/or regional health advisors will:

fax the required information to the Principal Disability or Principal Health Advisor

record all action taken in the client's UCVII record, including that they are seeking further advice or a recommendation from the Principal Disability or Principal Health Advisor (recorded under the note subject RDA referral or RHA referral)

keep the case manager updated by telephone or email, especially if there is going to be a delay in providing them with an outcome within 24 hours.

Once the Principal Disability or Principal Health Advisor has responded (this should occur within 24 hours of receiving the information and may be advised by telephone, email or fax) the regional disability and/or regional health advisor will fax the completed RHA/RDA recommendation form to the case manager within 24 hours of receiving the information from the Principal Disability or Principal Health Advisor and note UCVII.

If a recommendation or advice cannot be provided within 24 hours, the Principal Disability or Principal Health Advisor will contact the regional disability and/or regional health advisor and provide a reason and a timeframe.

The regional disability and/or regional health advisor will:

advise the case managers by telephone or email of the delay

explain reason(s) for the delay

provide a timeframe on when the recommendation or advice will be provided.

## External working relationships

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RHAs and RDAs will work with health practitioners and disability providers to gather information required to determine medical eligibility for financial assistance and/or appropriate services and interventions.

They will develop and maintain relationships with:

health practitioners

disability providers

designated doctors

key public or private hospital staff

midwives

dentists.

## Contacting health practitioners and disability providers

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RHAs and RDAs will have contact with health practitioners and disability providers on an 'as required' basis. Contact will be around gathering extra information for:

medical eligibility for financial assistance and duration

appropriate services and interventions to assist people to move towards work.

There are several forms of contact with health practitioners and disability providers which includes:

telephone  
written (letters, email etc)  
face-to-face.

### **Telephone contact**

RHAs and RDAs will contact health practitioners and disability providers by telephone when they are:

gathering extra information required to determine medical eligibility for financial assistance and benefit duration  
gathering extra information required to determine appropriate services and interventions to assist people move towards work  
discussing individual cases when further information is required by health practitioners and disability providers after initial contact.

Telephone contact is the preferred method of communication with health practitioners and disability providers. Calls will generally be received from health practitioners and disability providers when further information or discussion is required for individual cases.

### **Written communication**

There will be occasions when the provider may request written communication following the initial telephone contact, as a confirmation of required information. If a provider requests written communication from regional disability advisors and regional health advisors, this should be done within 24 hours of the request.

All correspondence to providers must comply with the Ministry's minimum writing standards. Letter guidelines are set out in the MSD style guide.

### **Electronic communication**

Providers with email access may wish to be contacted by email. Regional disability and regional health advisors will talk to providers to find out their preferred method of communication. Email contact must be in the same professional manner that would be provided via a letter.

Any of the above types of communication must be noted in UCVII. The standards for notes are to be met as listed below:

note content is to meet the Ministry's minimum writing standards  
note to be added within 24 hours of provider contact  
as set out under misuse of client information  
as set out under the Ministry's protection of information.

### **Face-to-face contact**

Face-to-face contact will be minimal, as this primary role is fulfilled by the health and disability co-ordinators. If regional disability and regional health advisors need to meet with health practitioners and disability providers face-to-face, it is important they establish a rapport and build a good working relationship.

Face-to-face contacts should be used to:

establish at an initial meeting with general practitioners, health practitioners and disability providers what the regional disability and regional health advisor's role is and how they anticipate to be working in a way that best suits all parties  
establish at the initial meeting the preferred way to communicate, including preferred methods of responding to requests for information, and the information to be provided when requesting advice about an application for (or review or renewal of) benefit  
provide information on Work and Income products and services, if required for decisions on appropriate services and interventions.

Any issues or concerns relating to Work and Income processes that a general practitioner, health practitioner or disability provider raises with regional disability or regional health advisors is to be passed on to the health and disability co-ordinator to record the issue.

There is an expectation that the health and disability co-ordinator will respond to issues within 24 hours. It is the health and disability co-ordinator's responsibility to follow up and ensure a response is given to the provider by the relevant Work and Income staff.

Regional disability and regional health advisors cellphones should be turned off during meetings.

Note: All contact made with health practitioners or disability providers must be noted in the clients UCVII record or noted in the relevant Client Event note. All notes in UCVII must meet the Minimum Standards Operational Guidelines for creating UCVII notes.

## RHA or RDA recommendations

This page provides information on the process to be used when the RHA (regional health advisor), or RDA (regional disability advisor) is completing a recommendation. The RHA and RDA are part of the RHDT (Regional Health and Disability Team).

Stage	Steps	Tools & Forms
<b>RHA/RDA - Outcome</b>	<p>1. RHA/RDA recommendations are made to assist the case manager or Centralised Services in the decision making process.</p> <p>The recommendation will detail:</p> <ul style="list-style-type: none"> <li>• the actions taken</li> <li>• any extra information that has been obtained</li> <li>• the recommendation regarding eligibility, work and work preparation obligations, work planning (including details about the client's ability to work and/or services that may be suitable for the client).</li> </ul> <p>Use the CMS 'RHA/RDA Outcome' note type and include the following:</p> <p>Assessment type (indicate only the most relevant)</p> <ul style="list-style-type: none"> <li>• Entitlement - to obtain further information to assist with entitlement for JS on the grounds of a health condition or a disability or SLP or health related supplementary assistance</li> <li>• Planning - when advice is needed to assist clients to move into employment taking into account their condition/capacity and any relevant restrictions</li> <li>• Entitlement and Planning - where entitlement is unclear and further assistance regarding planning is required</li> <li>• Determine JS work obligations - where advice is needed to assist with determining whether to apply or continue to apply JS work or work preparation obligations.</li> <li>• Exemption from work obligations - for referrals to assist with determining if the client should have an exemption from work obligations due to a health condition or a disability</li> <li>• JS 52 week reapplication - when the referral is recommended in the CWA as part of the JS 52 week reapplication</li> <li>• Medical appeal review - when the client has requested a medical appeal hearing and the RHA/RDA has previously not been involved in the decision making process.</li> </ul> <p>Recommendation (indicate only the most relevant)</p> <ul style="list-style-type: none"> <li>• Recommend whether the client:                             <ul style="list-style-type: none"> <li>◦ meets or does not meet the eligibility for the relevant assistance</li> <li>◦ can be given simplified access to SLP</li> </ul> </li> </ul>	<p><a href="http://doogie/resources/helping-clients/procedures-manuals/work-and-income/health-disability/regional-health-and-disability-advisors/rda-rha-tools-and-resources.html">RHA/RDA - Referrals and recommendations [http://doogie/resources/helping-clients/procedures-manuals/work-and-income/health-disability/regional-health-and-disability-advisors/rda-rha-tools-and-resources.html]</a></p> <p><a href="http://doogie/documents/resources/helping-clients/procedures-manuals/work-and-income/health-disability/processing-medical-certificates/stp-tool-for-rha-and-rda.docx">STP Tool instructions for RHA/RDA (Word 593.43KB) [http://doogie/documents/resources/helping-clients/procedures-manuals/work-and-income/health-disability/processing-medical-certificates/stp-tool-for-rha-and-rda.docx]</a></p> <p><a href="http://doogie/map/income-support/main-benefits/supported-living-payment/index.html">Supported Living Payment - medical qualifications [http://doogie/map/income-support/main-benefits/supported-living-payment/index.html]</a></p> <p><a href="http://doogie/map/income-support/extra-help/child-disability-allowance/medical-grounds-01.html">Child Disability Allowance - medical qualifications [http://doogie/map/income-support/extra-help/child-disability-allowance/medical-grounds-01.html]</a></p> <p><a href="http://doogie/map/income-support/extra-help/disability-allowance/nature-of-disability-01.html">Disability Allowance - nature of disability [http://doogie/map/income-support/extra-help/disability-allowance/nature-of-disability-01.html]</a></p> <p><a href="http://doogie/map/youth-service/youth-payment/changes-and-reviews-youth-payment/young-person-becomes-sick-01.html">Youth Payment - medical qualifications [http://doogie/map/youth-service/youth-payment/changes-and-reviews-youth-payment/young-person-becomes-sick-01.html]</a></p> <p><a href="http://doogie/resources/helping-clients/procedures-manuals/work-and-income/health-disability/specialised-assessment-information.html">Specialist Assessment [http://doogie/resources/helping-clients/procedures-manuals/work-and-income/health-disability/specialised-assessment-information.html]</a></p>

Stage	Steps	Tools & Forms
RHA/RDA - Advise recommendation	<p><b>2.</b> The RHA/RDA will contact the case manager / site or Centralised Services to advise that the recommendation has been completed in CMS.</p>	

- should be or should not be subject to work obligations or work preparation activities.
- Designated health practitioner - a second opinion is required to gain further information about the client's capacity to work
- Specialised Assessment - a second opinion is required from a specialist to gain further information about the client's capacity to work

*Note: The assessor and cost needs to be approved by the Principal Health Advisor or Principal Disability Advisor*

- Endorse health or disability intervention - this can either be an internal or external intervention that will assist the client with planning or return to work. Interventions include PATHS and THI.
- Support/Services - to recommend what further supports/services available to meet the client's needs. These may include Supported Employment, Workbridge, Outward bound, LSV etc.
- Proceed to Medical Appeals Hearing - this indicates the client's file has been reviewed by the RHA/RDA and RHA/RDA agrees with the original decision which has caused the client to request a medical appeals hearing
- Other - where an alternative recommendation should be indicated that may be sensitive or complicated

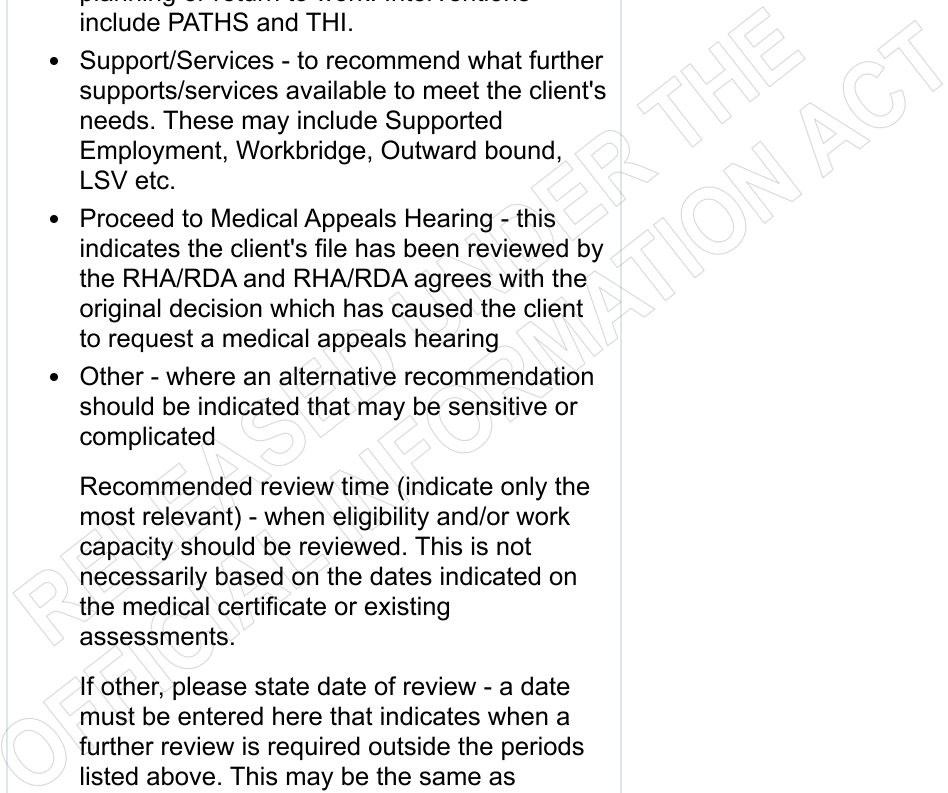
Recommended review time (indicate only the most relevant) - when eligibility and/or work capacity should be reviewed. This is not necessarily based on the dates indicated on the medical certificate or existing assessments.

If other, please state date of review - a date must be entered here that indicates when a further review is required outside the periods listed above. This may be the same as indicated on the medical certificate

Comments - to outline any further information that is relevant and pertaining to the recommendation.

Note: the information noted needs to be factual and not contain personal opinions

This note needs to be linked in CMS with the referral note, health consent note (if appropriate) and any RHA/RDA external contact notes completed in the process of making this recommendation.



Stage	Steps	Tools & Forms
	<p>RHA/RDA makes recommendations back to case managers / site when:</p> <ul style="list-style-type: none"> <li>• the referral originated from a case manager or,</li> <li>• the referral from Centralised Services requires further investigation, and recommending back to the case manager / site will enable the case manager to administer the recommendations accordingly.</li> </ul> <p>RHA/RDA makes recommendations back to Centralised Services when clarification is required by Centralised Services regarding practitioner information, or health conditions / read codes.</p> <p>RHDT will advise recommendations to case managers by email or telephone.</p> <p>RHDT will advise recommendations to Centralised Services by:</p> <ul style="list-style-type: none"> <li>• clicking into the link on the original referral email sent from Centralised Services. This will direct you to STP</li> <li>• <a href="http://apexprod.ssi.govt.nz/pls/apex/f?p=210:LOGIN:17111246712278">logging into STP</a> [<a href="http://apexprod.ssi.govt.nz/pls/apex/f?p=210:LOGIN:17111246712278">http://apexprod.ssi.govt.nz/pls/apex/f?p=210:LOGIN:17111246712278</a>]</li> <li>• <a href="http://doogie/documents/resources/helping-clients/procedures-manuals/work-and-income/health-disability/processing-medical-certificates/stp-tool-for-rha-and-rda.docx">if required, adding any final notes that are not in CMS</a> [<a href="http://doogie/documents/resources/helping-clients/procedures-manuals/work-and-income/health-disability/processing-medical-certificates/stp-tool-for-rha-and-rda.docx">http://doogie/documents/resources/helping-clients/procedures-manuals/work-and-income/health-disability/processing-medical-certificates/stp-tool-for-rha-and-rda.docx</a>]</li> <li>• selecting the appropriate outcome type</li> <li>• selecting result</li> </ul>	
<p><b>RHA/RDA - Forwarding obtained documentation</b></p>	<p><b>3.</b> The RHA or RDA will forward any original documents relating to the client that have been obtained while completing a recommendation. These must be scanned by the case manager or Centralised Services into the client record in CMS.</p>	
<p><b>Case manager / Centralised Services - follow up RHA/RDA recommendation</b></p>	<p><b>4.</b> Upon receipt of the recommendation from the RHA/RDA, the case manager or Centralised Services will:</p> <ul style="list-style-type: none"> <li>• take the appropriate benefit action <b>or</b></li> <li>• contact the client to discuss the recommendations</li> <li>• refer the client to agreed services or interventions <b>and/or</b></li> <li>• arrange any recommended assessments as appropriate.</li> </ul> <p><i>Note: Following assessments you may want to refer the reports and/or medical certificates back to the RHA/RDA.</i></p>	