



**MINISTRY OF
HEALTH**

MANATŪ HAUORA

**Approval for Entry into Community Residential Services
within Aged Care Facilities for Younger People with
Lifelong Disabilities**

1. NASC INFORMATION			
NASC requesting approval:		Manager/Team Leader Name:	
Phone/Email:			
Service Coordinator name:		Date:	
2. CLIENTS DETAILS			
Client Name:			
NHI Number:		Date of Birth:	
Disability:	Choose an item.		
	Choose an item.		
	Choose an item.		
	Choose an item.		
Diagnosis:			
Current living situation:		<input type="checkbox"/> Alone <input type="checkbox"/> With others <input type="checkbox"/> With Full Time Carer	
NASC confirm person is eligible for residential support:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Community Residential Services; give outcome of other funding options considered including Age Related services:			
Current Package	SPA Level:	Confirm as: <input type="checkbox"/> HIGH <input type="checkbox"/> V.HIGH	
DSS Support Allocation:			
Is the person on a waitlist for:		<input type="checkbox"/> Community Residential Service <input type="checkbox"/> Other _____ Equipment or Housing Modifications <input type="checkbox"/>	
3. REASON WHY PERSON CANNOT BE SUPPORTED IN THE COMMUNITY			
Functional Needs:		Other impacting factors:	
Choose an item.		Choose an item.	
Choose an item.		Choose an item.	
Choose an item.		Choose an item.	
4. WHY AGED RESIDENTIAL CARE?			
Are there under 65 residential services available in the region with a vacancy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes select the choice/reason to access aged care:		Choose an item.	Choose an item.
Other information to be considered:			

5. LEVEL OF CARE/PROPOSED PROVIDER		
Level of residential care: (A person should meet two of the following criteria to indicate a need for hospital level care in an aged residential facility. If person does not meet two criteria rest home level care is assumed) <input type="checkbox"/> Hospital	Assistance and supervision of 2 people for most self cares and/or medically complex	<input type="checkbox"/> Self Cares
	Non weight bearing or two person to assist with mobilising	<input type="checkbox"/> Mobility
	Doubly incontinent and requiring assistance	<input type="checkbox"/> Continence
	Unable to indicate needs or very limited expressive ability	<input type="checkbox"/> Sensory/Communication
	Ongoing supervision and assistance due to memory loss /confusion/complex behaviour management	<input type="checkbox"/> Memory loss/confusion
Proposed Provider:		
Why Chosen?		
Does the provider currently hold a Ministry of Health Contract:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <small>(Please Note: new contracts may require approval from MoH, DHB and Health Cert. Allow up to 12 weeks)</small>
Relevant supporting documentation to support entry into aged care: (Attached)	Support Need Assessment: <input type="checkbox"/>	Date:
	Other clinical reports or assessments (please list):	
		Date:
		Date:
		Date:
Proposed date for service to commence:		
Review/reassessment date:		
6. NASC Manager / Team Leader Supporting application		
NAME:	Comments:	
Signature:		
Date:		
The completed form to be emailed to: Raewyn_Winiata@moh.govt.nz		
Ministry of Health approval		
Therefore: <input type="checkbox"/> A decision to approve** this application has been made. <input type="checkbox"/> A decision to approve ** this application has been made for interim admission into facility with the review date of _____ <input type="checkbox"/> A decision to decline this application has been made. **If approved a copy of this record must be placed on the client file in the aged care facility.		

On behalf of Disability Support Services, Ministry of Health or designated person on behalf of Manager, Community Living Team

Signature: _____ Date: _____

Name: _____ Designation: _____

Thresholds for access to Community Residential Support Services

The Ministry wants to have confidence that only in exceptional circumstances community residential support services are considered and is the option of last resort. The reinforcement of this principle via the redefinition of the threshold for eligibility, continues the Ministry's move towards a needs-and-outcomes-based approach to the provision of disability services and aligns with the accepted findings of the Social Services Select Committee¹; particularly recommendation 3 of that report.

The Ministry is proposing that **only** those people who have been assessed as meeting the description Very High (financial representation contained in Table 1&2) on the Support Package Allocation (SPA)² and their ability to remain in their current environment is significantly compromised be considered for community residential support services.

Any exception to this will require approval by the Manager, Community Living (CL) team or a designated person on behalf of the Manager, CL. Any such exception will also be peer reviewed by the relevant NASC Contract Relationship Manager.

The current process for people who meet the Very High SPA description and is assessed as requiring community residential support services requires NASC Manager or a designated person approval to enter community residential support services. Evidence must show that all other community based options and services have been exhausted and are no longer able to adequately support the person.

The Ministry is also proposing a number of actions to support this work and to gain a clearer picture of referrals to residential services across NASC's. These include;

- The template currently used for approval to enter aged residential care be adjusted to fit this purpose to ensure an auditable process
- Removal of very low, low, medium and high (> \$900) bands as shown in tables 1 & 2.
- The Contract Relationship Manager Community Living Team will review signed approvals on an agreed basis
- Entries to and exits from Community Residential Support Services and Aged Residential Care be reported on the NASC Quarterly Report.

¹ Government Response to Report of the Social Services Select Committee on its Inquiry into the Quality of Care and Services Provision for People with Disabilities

² Support Package Allocation (SPA), Handbook for Ministry of Health Needs Assessment Service Coordination (NASC), May 2010

Table 1

Threshold for access to Community Residential Support Services

School Leavers to 65 years

Support Package Allocation Tool (SPA Tool)

Band	Average (per week)	Maximum (per week)	NASC Management approval required
Very Low	\$10	\$15	>\$15
Low	\$37	\$55	>\$55
Medium	\$150	\$225	>\$225
High	\$600	\$900	>\$900*
Very High	\$1200	\$1500	>\$1500

No Longer Available

Very Low/Low/Medium/High (A Community Residential package under \$46,800 per annum) - No longer available

High*/Very High (A Community Residential package over \$46,800 per annum) – internal escalation process to NASC Manager or designated person for approval to enter community residential care (Packages over \$160k per annum require MoH IRP approval)

Exceptions: Application for approval of packages under \$46,800 should be made to the appointed Contract relationship Manager

Table 2

Plus 65 Years

Support Package Allocation Tool (SPA tool)

Band	Average (per week)	Maximum (per week)	NASC Management approval required
Very Low	\$10	\$15	>\$15
Low	\$35	\$52	>\$52
Medium	\$130	\$195	>\$195
High	\$575	\$860	>\$860*
Very High	\$1050	\$1500	>\$1500

No Longer Available

Very Low/Low/Medium/High (A Community Residential package under \$44,720 per annum) - No longer available

High*/Very High (A Community Residential package over \$44,720 per annum) – internal escalation process to NASC Manager or designated person for approval to enter community residential care (Packages over \$160k per annum require MoH IRP approval)

Exceptions: Application for approval of packages under \$44,720 should be made to the appointed Contract relationship Manager

I need to check the Select Committee report on Residential Services when back in the office to include a statement which reflects these services are an option of last resort an DSS are working to ensure future services ensure disabled people have choice, flexibility and control.

