133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

3 September 2020

s 9(2)(a) [redacted]

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) on 7 August 2020 for:

> *"All created and/or adapted internal documents for DSS, their agents NASC, Hosts, and HCSS service providers re the transition of people receiving FFC to IF or HCSS. Can I please be provided with drafts and final docs."*

Outlined in Appendix 1 of this letter are documents that have been identified within scope of your request. The table in Appendix 1 also lists the specific grounds under which I have decided to refuse or withhold information.

I trust this information fulfils your request. Under section 28(3) of the Act you have the right to ask the Ombudsman to review any decisions made under this request.

Please note that this response, with your personal details removed, may be published on the Ministry of Health website.

Yours sincerely

Adri Isbister
Deputy Director-General
Disability

Appendix 1: List of documents for release

#	Date	Title	Decision on release
1	N/A	Information on Hosts, and HCSS[1] service providers	Refused under section 18(d) of the Act as these documents are publicly available at the following address: https://health.govt.nz/your-health/services-and-support/disability-services/types-disability-support/funded-family-care.
2	29 July 2020	*NASC[2] Information – FFC[3] client transition to HCSS or IF[4]*	Released in full.
3	21 February 2017	*Disability Support Services – Operational Policy, Individualised Funding*	Released in full. Please note that some information contained in these documents may be outdated and may not be reflective of the Ministry's current position.
4	13 February 2017	*Disability Support Services – Operational Policy, Home and Community Support Services*	

[1] Home and Community Support Services
[2] Needs Assessment and Service Coordination service
[3] Funded Family Care
[4] Individualised Funding

Document 2

NASC Information

FFC client transition to HCSS or IF

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Version: 29 July 2020

NASC Information

Background Information

The Ministry of Health (the Ministry) is making changes to Funded Family Care (FFC). On 30 March 2020 we wrote to people accessing FFC to inform them of an:

- Outline of the changes
- Advice that they will be contacted by their NASC to discuss options
- Outline of the implication of not choosing (automatic referral to HCSS)

FFC has allowed payment of people to care for family members assessed as having high or very high support needs relating to disability (administered by the Ministry of Health), long-term chronic health conditions, mental health and addiction, and aged care needs (administered by District Health Boards).

Payment for family carers will continue. It is the process for paying family carers that is changing with the removal of the Funded Family Care Section 88 Notice.

Disabled people that meet the eligibility criteria and want to pay a family member to be their carer will be able to do this through either:

a. individualised funding (IF); or
b. contracted home and community support services (HCSS) arrangement.

By transitioning into one of these two options, disabled people can choose an arrangement that best suits their circumstances.

If a carer is unable to finalise a choice, or unable to be employed via an HCSS provider due to the provider's employment criteria, and feel that IF is too much to manage, then formal supports will need to be provided through an HCSS provider. The priority for these clients is to have support in place for them.

If people have additional queries, they can email FFCInfo@health.govt.nz.

Transition guidance

Please transfer current FFC clients with high cost packages over hour for hour.

Clients choosing HCSS

The Ministry has communicated the importance of prioritising FFC referrals with HCSS and IF Host providers. The HCHA has agreed to disseminate information to providers on the Ministry's behalf, and communications updates will be provided to them as required. Many providers are experienced in employment processes due to having DHB/ACC contracts, and none have expressed concern about this aspect of the transition.

Clients are welcome to take more time to consider their options if they are feeling rushed to choose a new arrangement. However, if the client hasn't decided by July 31 the default position is that they will be referred to an HCSS provider for regular HCSS services.

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NASC Information

Clients choosing IF

Manawanui has confirmed that they have communicated that FFC employment agreements should be ended, meaning that outstanding leave will be paid out, and tax liabilities will be the responsibility of the employee. These issues are separate to clients choosing their preferred new option and getting referrals underway, which is the priority.

The Ministry strongly recommends that there is a separate Agent in place for all IF arrangements. Part of the role of an agent is quality assurance and this becomes blurred when the Agent and the Carer are the same person. However, this may not be possible in all circumstances, and Hosts can work with people to find a solution that works for all parties.

One person cannot be both the Employer and the Employee. There is a requirement to have two separate entities. These can be IRD entities.

To make transition as simple as possible clients may continue to use whichever payroll system they currently use.

NASC and providers are expected to use their usual culturally appropriate processes to guide people through the transition process.

Socrates input

The process for ending FFC service coordination's in Socrates is as follows:

- Put an end date into the page, and send an email to the Ministry (FFCpayments @health.govt.nz) as usual to note that the client has been ceased
- Change FFC from eligible to ineligible
- Enter the transfer out date (Sunday) into the Decision Date field
- If there is any extra information that the HCSS Provider or IF Host needs to be aware of, please put this in the support plan

We also advise that the client is left active until the Manawanui pay cycle is complete so the end date will always be a Sunday. NASC to find out when the provider payroll cycle is and enters a cessation date that is after the last payment so that the client is not disadvantaged.

If the support is part of a personal budget:
In the service notes in DSS page state breakdown of EGL budget (for example)
EGLPB consists of 3 hrs per week Home Support, 52 respite nights per annum, and VH MSD ORRs.
FFC of 7 hours transferred to EGL budget (date). Resident Family Carer is eligible to be paid for 5 hrs Personal Care and 2 hrs Home Management, as well as any specific information related to the allocation.

Proposed Socrates alert
No new Socrates alert is being developed as it will not capture any additional funding information for the Ministry.

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NASC Information

Backpay

Family carers who live with their disabled family member will now be paid at rates consistent with the Care and Support Worker (Pay Equity) Settlement. As at 14 April 2020, FFC was paid at the rate of $20.50 per hour.

In order to meet its obligations which could not be met due to the delay because of COVID-19, the Ministry will now pay any difference between the relevant Pay Equity rate and the current FFC rate for the period 14 April 2020 to the day before the client transitions to IF or HCSS.

Employees are paid at the level that recognises their qualifications or their length of paid, continuous service with the employer, whichever is the most advantageous to the employee. The hourly rate paid to a carer is determined by the employer, however it cannot be less than pay equity rates, as set out in the table below:

Qualification or length of service	1 July 2017 Year 1	1 July 2018 Year 2	1 July 2019 Year 3 and 4	1 July 2021 Year 5
L0 or <3 years' service	$19.00	$19.80	$20.50	$21.50
L2 or 3+ years' service	$20.00	$21.00	$21.50	$23.00
L3 or 8+ years' service	$21.00	$22.50	$23.00	$25.00
L4 or 12+ years' service	$23.50	$24.50	$25.50	$27.00

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The Ministry will be calculating backpay and arranging for it to be paid to clients. As a transition date is required to make this calculation, transition to one of the new arrangements must occur before backpay can be assessed. People will receive their backpay in September 2020.

NASC are not required to calculate backpay.

NASC Information

COVID-19 flex

As circulated 29 June by Adri Isbister, flexibility for Carer Support and Individualised Funding (IF) until **30 September 2020** (instead of 30 June 2020). This is to cover the COVID-19 response during Alert Level 1.

While we are engaging with DHBs about these changes, these rules only apply to those who are allocated Carer Support and Individualised Funding through the Ministry of Health (not their DHB).

We plan to monitor how these rules will be implemented, including the outcomes achieved and the financial implications over the next 3 months. **Please note that people must continue to work within their current funding allocations but can use their funding more flexibly.** The Purchasing Guidelines provide a framework for what people can buy with disability funding: https://www.health.govt.nz/publication/what-people-can-buy-disability-funding-ministry-health-purchasing-guidelines.

Ministry policy updates

There will be no new policy created by the Ministry around the new payment arrangements. Instead, the service specifications and policies covering Individualised Funding and Home and Community Support Services will be updated to reflect the changes.

The DHBs are also not writing new policy and will largely be aligning their processes to the Ministry's. The Ministry will be co-developing a quick-reference comparison sheet outlining the FFC transition processes of both the DHBs and the MoH.

Going forward

Other Disability Support Services (DSS) clients who are assessed by the NASC as having high and very high disability support needs and want to have their support provided by a family member will be able to do so through HCSS or IF. They will not need to return to the NASC for a separate assessment, but the provider will inform you if there is employment of a family member living in the same home.

Paid family carers can only be paid for Household Management and Personal Care support. Respite is explicitly excluded. This should be assessed as if it was an HCSS provider referral, ie how many hours would a support worker be required, and for what support?

It has been decided that previously discussed workshops around safeguarding and natural supports for children sit in a wider context than just FFC and will be revisited once the transition process is complete.

Please find a transition process flowchart and client options overview attached below.

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NASC Information

If you have any further queries or concerns, please contact Christy.Richards@health.govt.nz

NASC transition process for current FFC clients who wish to have their family member provide their support

Does the person receive other Ministry of Health funded services?

No

Person receives letter telling them their NASC will call to discuss transition

NASC meets with the person, their family/ whanau/natural supports to discuss options

If the person wants to use IF for some or all of their allocated support, is able to manage an IF budget, and is able to direct how support services will be provided (or have someone in their support network who can take responsibility) then a referral to an IF Host of their choice is made

If the person wishes to have a Ministry contracted HCSS Provider employ their chosen family carer to deliver some or all of their allocated personal care and household management supports, then the person will be referred to a Ministry contracted HCSS provider.

NOTE: if a person would like more time to decide which HCSS delivery option(s) they would like to transfer to, the service coordination of all of the person's HCSS will default to the Ministry contracted HCSS

When the person's HCSS Services are ready to be coordinated, the NASC puts a stop on FFC in Socrates. The person's assessed hours of PC & HM does not change, their current FFC hours are transferred into their IF budget or coordinated through an HCSS provider

Yes

This assumes that a person is receiving Packages of Care where PC and HM are currently split between FFC and an External Provider

e.g. HCSS/IF/EIF – currently a 40-hour package = 20 hours to employ external support and 20-hour FFC by family member

NASC enters the end date for FFC in Socrates and closes FFC

NASC reallocates person's personal budget to reflect the total package hours (in the example above, this would become 40 hours)

NASC enters the total allocated hours into the support plan

Normal process for referral concerns

For clients receiving Carer support, SL, Day Programmes, IF Respite etc:

The total hours combined with FFC, should not increase, unless there is a change in needs identified by a needs assessment process

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NASC Information

NASC sends referral & support plan to HCSS provider &/or IF Host

Client options overview

Client Transition Options Summary

HCSS

A provider provides the support services – this is done with provider's staff, or the provider can employ a family carer. However, this is at the HCSS provider's discretion.

Combined HCSS and IF

The person uses IF to employ a family carer plus gets assistance for other supports from an HCSS provider of their choosing

IF

The person is given the option of employing a family carer within their package's allocation.

Options around managing this are explained

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NASC Information

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MINISTRY OF HEALTH
MANATŪ HAUORA

Disability Support Services

Operational Policy

Individualised Funding

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Author:	Christy Richards, Contract Relationship Manager, Family and Community Team, Disability Support Services
Policy Sponsor:	Amanda Bleckmann, Manager, Family and Community Team
Date effective:	24 February 2017
Date of expiry:	23 February 2020
Version:	2
Authorised by:	**Toni Atkinson, Group Manager, Disability Support Services**

Authorisation: .....

Date: .....21/2/17.....

Purpose

The purpose of this operational policy is to define Individualised Funding (IF) and describe how it is purchased and delivered to disabled people eligible to receive Government-funded disability support services.

This policy is for the use of Ministry of Health (Ministry) staff. It should be read in conjunction with the Individualised Funding service specification for Purchase Unit Code DSS-IFA.

Service specifications are available on the Ministry of Health website: http://www.health.govt.nz/our-work/disability-services/contracting-and-working-disability-support-services/contracts-and-service-specifications

Scope

This policy covers IF which currently includes Home and Community Support Services (HCSS) and respite for disabled people eligible for those services. For details of HCSS and respite, refer to the relevant operational policies.

This policy does not cover Enhanced Individualised Funding (EIF) which is part of the New Model demonstration. Under EIF people are allocated a budget and can purchase a full range of disability supports in accordance with the DSS Purchasing Guidelines. EIF is only available currently in the New Model demonstration area of Bay of Plenty.

Background

IF was first implemented by Needs Assessment and Service Coordination (NASC) organisations in some regions during the 1990s. After pressure from the disabled community to have greater control over their supports, the Ministry piloted IF with one IF Host provider in 2003.

In 2008 the Social Service Select Committee released the report *"Inquiry into the quality of care and service provision for people with disabilities"*. The report recommended that relevant ministries *"…ensure that funding is provided in a way that allows people with disabilities more choice about their day to day living arrangements. They should have better access to supported living and individualised funding"*.

In response the Ministry contracted additional IF Host providers and IF access criteria was broadened. Prior to 2014, disabled people were only able to purchase HCSS. In 2014 IF was expanded to include respite.

Enhanced Individualised Funding was introduced in 2012/2013 as a trial in the New Model Demonstration in the Bay of Plenty. EIF allows disabled people to

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purchase the full range of Ministry-funded disability support services based on the DSS Purchasing Guidelines.

Service description

IF is a mechanism which makes funding available to the disabled person (or their family/whānau) to purchase HCSS and respite directly. HCSS includes household management and personal care.

IF can be used to:

- purchase Household Management, Personal Care and/or respite provided by support workers (employees, contracted personnel or organisations) and pay costs relating to the employment of support workers
- employ support workers as long as they are not the spouse/partner or parents of the person with the disability, and as long as they do not live in the same house as the person with the disability.

The disabled person using IF can choose from the following options:

- to manage all aspects of purchasing their services and employing and managing staff
- to have an IF Host organisation to manage the supports and budget on their behalf.

There are currently eight active[1] IF Hosts supporting just under 3,000 people across New Zealand. Seven of the Hosts are also contracted to provide HCSS. The other IF Host is the largest, supporting over 2,000 current service users, and is seen as 'independent' as they do not provide any other disability support services.

IF does not cover costs related to medical supplies, equipment, home renovations, leisure, recreation and personal or family costs, and cannot be used to increase the personal income of an individual or family.

Service eligibility

Eligibility for IF is determined by the local Needs Assessment and Service Coordination (NASC) following an individual needs assessment. NASCs must ensure that the following criteria have been met:

a. The person is eligible - i.e. has a physical disability, intellectual disability and/or ASD
b. The person requires HCSS and/or respite
c. The person (or has an agent who) is able to manage using IF, and IF is suitable for that person.

[1] There are another three contracted Hosts but they do not have any clients.

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IF is available throughout New Zealand for eligible people who have a Home and Community Support Services, Respite and/or Carer Support allocation from the NASC.

Service access

A support allocation needs to be consistent with the person's goals and focusses on achieving agreed outcomes. After recording these goals and outcomes in the person's support plan, the NASC refers the person to an IF Host the person has selected. The Host will then introduce them to a Coach. The person and their informal support people meet with the Coach to discuss how their supports will be purchased and delivered.

IF Hosts are contracted by the Ministry of Health to support people using IF. IF Hosts provide the required host services for a fee set by the Ministry. The funding of this fee comes from the client's support package allocated by the NASC.

IF Hosts can also provide additional services such as recruiting, training and paying support workers and managing the legal aspects of the client's disability support services e.g. human resource management and health and safety management. The client will pay the IF Host for the additional services at the fee determined by the IF Host.

Access to IF may be denied, or subject to conditions. The policy 'Restriction on Access to Hosted Budgets' can be found here: http://www.health.govt.nz/our-work/disability-services/contracting-and-working-disability-support-services/disability-support-services-operational-policy#hostedbudgets

1. Travel

a. Travelling overseas for a holiday

As set out in the Health and Disability Eligibility Direction, a person must be in New Zealand when they are receiving health and disability services. However the Ministry is able to fund personal care for those who are eligible and are receiving it in New Zealand while they are on a short holiday break out of New Zealand for up to 3 weeks[2].

IF can be used to claim reasonable support costs and travel and/or accommodation costs of the support worker.

Under IF Respite, travel costs are not covered to get to or from respite services.

b. Living overseas (temporarily or permanently)

[2] Ministry of Social Development continues benefit payments for up to 4 weeks. Details are available at: www.workandincome.govt.nz

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As set out in the Health and Disability Services Eligibility Direction there is no requirement for the Ministry of Health DSS to pay for DSS for New Zealand citizens while they are living overseas.

c. Travelling overseas for employment reasons
The Ministry does not continue to fund IF where a person is travelling overseas for employment reasons. The person needs to negotiate with their employer (who will have Equal Employment Opportunity responsibilities, and may or may not have an insurance scheme which covers employees with pre-existing disabilities), or seek funding from other sources e.g. privately paid insurance.

d. Travelling within New Zealand
Where a person using IF is travelling with their job within New Zealand, the Ministry has a responsibility for continuing to pay for the person's support.

The Ministry is not liable to cover other costs associated with the person's training or work-related travel activities (accommodation or travel), or that of a caregiver/ support worker who may travel with them. This is the responsibility of the employer or negotiated with the employer, under Equal Employment Opportunity principles.

Roles and responsibilities

1. **Person or their Agent**
   The person and their family/whānau/aiga/welfare guardian are central to identifying the goals and support needs of the disabled person, including those that may be able to be provided more flexibly. The family needs to identify, source and provide all of the natural supports that will ensure that the core functions of family life such as meal preparation, child care, transportation and social support can be provided as much as they are able.

   The person or their agent (who may be the IF Host) is responsible for all aspects of employment, including ACC levies, employment contracts, leave and tax requirements and Kiwisaver. The person or their agent is also responsible for their budget management and for the quality of services being delivered.

2. **IF Host**
   IF Host responsibilities are set out in the Individualised Funding service specification.

3. **NASC**
   The NASC role of assessing the client's disability support needs and co-ordinating the services is the same regardless of whether the client opts to use IF or not. IF is determined after the supports needs have been

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identified. The service allocation is then turned into service units and an annual budget for the client to use to purchase disability support services.

NASCs are required to assess the suitability of the person or their agent to manage an IF budget.

4. **Quality**
Host providers are subject to Developmental Evaluations and claims audits.

A programme was agreed with the Ministry's Audit and Compliance team in 2016 for claims audits of people using IF. The programme was rolled out in 2017.

The Audit and Compliance team also investigates situations where a Restricted Act[3] has been reported which can lead to the Ministry restricting access to IF.

Funding / payment mechanisms

Payment to the IF Host is calculated as a percentage of the total cost of support delivered to the client using IF. The IF Host provider invoices the through Client Claims Processing System (CCPS).

Further Information

Individualised Funding Guidance and Good Practice, Ministry of Health, 2003

Restrictions on Access to Hosted Budgets, Ministry of Health Operational Policy March 2016

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[3] IF relies heavily on the ability of the Ministry to trust in the honesty and reliability of people using IF. IF is not available to people (and/or their Nominated Agents) who have committed a Restricted Act as outlined below:

- any act or omission in the nature of, but not limited to, theft, burglary, receiving, or fraud (including but not limited to forgery, obtaining by deception, use of a document dishonestly and without claim of right, or crimes involving computers) whether or not that that act or omission results in a prosecution, a diversion, a conviction or discharge without conviction;
- misusing, or otherwise obtaining funds outside conditions, policy and/or guidelines for any benefit or other form of funding available from any government agency or entity funded by a government agency (for example misusing carer support., or Ministry of Social Development benefits): and/or
- giving materially misleading information to the Ministry, NASC or a Host Provider.

Document 4

MINISTRY OF HEALTH
MANATŪ HAUORA

Disability Support Services

Operational Policy

Home & Community Support Services

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Author:	Christy Richards, Contract Relationship Manager, Family and Community Team, Disability Support Services
Policy Sponsor:	Amanda Bleckmann, Manager Family and Community Team
Date effective:	13 February 2017
Date of expiry:	12 February 2020
Version:	2
Authorised by:	**Toni Atkinson, Group Manager Disability Support Services**

Authorisation: .....

Date: ...13/2/17.....

Purpose

The purpose of this operational policy is to describe how Home and Community Support services (HCSS) are purchased and provided to disabled people eligible to receive Government-funded disability support services.

This operational policy is for the use of Ministry of Health (Ministry) staff. It should be read in conjunction with the Home and Community Tier Two service specification for Purchase Unit Codes DSS1009 (Home Management) and DSS1010 (Personal Care).

Service specifications are available on the Ministry of Health website: http://www.health.govt.nz/our-work/disability-services/contracting-and-working-disability-support-services/contracts-and-service-specifications#HACSS

Scope

This policy covers HCSS purchased by the Ministry. It does not cover HCSS purchased by District Health Boards and Accident Compensation Corporation for their population groups.

Background

HCSS was in place when funding was centralised to the Ministry in 2001. It was then known as Home Based Support Services, and changed to HCSS in 2006 to reflect the shift to supporting people in the community as well as their homes.

Rural Travel payment was in place, in the Midland region only, to cover the travel costs of providing HCSS to disabled people living rurally.

In 2005/6 the Ministry of Health and District Health Boards increased funding to HCSS providers so that they could reimburse support workers for travel costs (Fair Travel). However, the funding did not recognise the full mileage cost to workers or the cost of time taken by them to travel between clients.

In 2014, the Ministry entered negotiations with HCSS provides to ensure home support workers would be paid for the time they spend travelling between clients. This is referred to as In-Between Travel (IBT).

The IBT agreement was ratified in June 2015, with an interim settlement, until the full settlement could be implemented on 1 March 2016.

The IBT settlement addressed issues associated with both support workers' travelling time and the reimbursement of travel costs. The Fair Travel and Rural Travel funding was removed from all contract rates from 29 February

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2016 and replaced with the IBT model to fund travel distance, travel time and when appropriate, exceptional travel.

The current rates for In-Between Travel can be found on the Ministry of Health website: http://www.health.govt.nz/new-zealand-health-system/claims-provider-payments-and-entitlements/between-travel-settlement/information-providers-and-funders-about-between-travel-payments

In 2014, the Ministry increased the Household Management hourly rate of payment to the slightly higher Personal Care hourly rate to allow funding benefits to those providers contracted to deliver a relatively higher percentage of Household Management. There is now one single HCSS hourly funding rate.

Service eligibility

Eligibility for HCSS is determined by the local NASC following an individual needs assessment. The assessment and service co-ordination processes followed by the NASC ensure that the following criteria have been met:

a. the person is eligible - i.e. has a physical disability, intellectual disability and/or ASD (as assessed by an appropriate specialised needs assessor / professional)
b. the person is aged under 65 years
c. the person, and their family/whānau/guardians/advocate (with the consent of the person), have been involved in the selection of the provider.

People residing in Community Residential Support Services are not eligible to receive HCSS as these supports are provided as part of that service.

Service definition

HCSS enable disabled people to live in their home and take part in family and community life. The service includes Household Management and/or Personal Care, including support at night where required, and support for the person to access community activities. There is some flexibility in how and where the support is provided, for example, hours can be traded to do other things to meet the person's goals to live an everyday life e.g. a community based leisure activity.

HCSS are purchased by the Ministry from providers, or the disabled person can purchase their own HCSS using Individualised Funding[1].

As at 1 August 2016, Disability Support Services purchased HCSS for approximately 8,200 people through contracts with 50 HCSS providers – both regional and national – throughout New Zealand. The providers are a mix of large national organisations through to small community organisations.

A further 2,610 people are supported by HCSS purchased through Individualised Funding.

[1] Please refer to the Individualised Funding Operational Policy

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DSS funded HCSS do not include:

- childcare
- registered nursing
- gardening and lawn mowing.

HCSS providers are required to:

- develop a Personal Plan with the client, and their family/whānau where appropriate, to deliver the services allocated by the Needs Assessment and Service Coordination (NASC) organisation
- deliver the services agreed, at the times stated, in the Personal Plan.

1. **Household Management**
   Household Management is defined as services that assist a disabled person to maintain, organise and manage their household/home environment to enable them to continue living within their home.

   Household Management is the only disability support service that is not fully funded. Household management is provided at no charge to people who have a Community Services Card (CSC)[2]. Those without a CSC must fund their own household management services.

   Children with disabilities may have their own personal CSC giving them access to subsidised health services, but access to funded household management services also requires the child's parents or caregivers to have a CSC.

2. **Personal Care**
   Personal care is defined as assistance with activities of daily living that enable a disabled person to maintain their functional ability at an optimal level.

   Personal care is available for 7 days a week, during the specific times and hours negotiated between the client and the provider. This includes arrangements for weekends and public holidays.

   If an unplanned service is needed over a weekend or after hours and the client's health and safety would be at risk without the service, services can be arranged directly by the provider. The provider is required to inform the NASC about the urgent services on the next working day.

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[2] Access to a CSC is based on income and family size. (www.workandincome.govt.nz). If a person does not have a CSC, they may be financially means assessed and where their outgoings are high they may qualify for household management or partially qualify for household management and pay a top up. Social Security Act 1964, Section 69 FA.

3. Night Support

Night support provides assistance with personal care and household management for on average 8 hours overnight, with the opportunity for the support worker to sleep.

The specific supports provided to the client will be based on their support plan. The support may include but is not limited to:

- preparing for bed
- getting supper
- getting up for up to 3 calls for assistance during the night, but not exceeding two hours personal care in total
- shower/bath and dressing in the morning
- preparation of breakfast
- making the bed and tidying up.

4. Community Activities

Clients are able to use their allocated support to access community based activities, but only where they have first depleted natural and community support options such as family, whānau and friends. Where the client has no natural or community supports available to assist them with activities that the provider is not required to deliver, and the provider is able and willing to deliver, the flexibility in the Personal Plan allows for this to happen.

There may be occasions when a person wishes at short notice to be involved in a community activity and flexibility around service delivery is needed. HCSS providers are expected to have a process in place so that support workers can talk to their HCSS provider to discuss the change in agreement with the client.

The HCSS provider has the right to override the activity decision where the safety of the person and/or the staff may be compromised, or where, due to short notice, appropriately skilled support workers are not available. If there is doubt about the type of activity requested by the person, the provider must discuss this with the person and the NASC.

The support worker is not personally responsible for costs incurred while assisting the person to engage in a community activity e.g. if the person and support worker go for a coffee, this cost should be met by the person receiving the service.

Travel cost (such as petrol or taxis) to attend a community activity are the responsibility of the client and should first be provided by any existing natural supports the person has or funding available through other agencies' programmes (e.g. Disability Allowance or Total Mobility vouchers). Asking a support worker or provider to provide transport to a community activity is generally the last option and support workers are not be expected to meet this cost.

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Service access

1. Providing HCSS in the Person's Home

The NASC works with the disabled person to select a provider of HCSS. The provider then meets with the person in their home to develop the ISP and subsequently delivers the services in accordance with the ISP.

2. Providing HCSS away from the Person's Home

a. *Travelling overseas for a holiday*

As set out in the Health and Disability Services Eligibility Direction, a person must be in New Zealand when they are receiving health and disability services. However, the Ministry can continue to fund personal care while the client is on a short holiday break out of New Zealand for up to three weeks[3]. The Ministry does not fund the travel or accommodation costs of the person or the HCSS support worker.

b. *Living overseas (temporarily or permanently)*

Under the Health and Disability Services Eligibility Direction there is no requirement for the Ministry to pay for disability support services for New Zealand citizens while they are living overseas.

Where a reciprocal agreement exists (Australia or United Kingdom) and the host country funds emergency/acute health services, disability support services are generally not covered by the arrangement. Access to information about what publicly funded services a New Zealand disabled person can access in another country and how much they might cost should be obtained from the relevant country's consulate.

The reciprocal agreement applies both ways i.e. where a reciprocal agreement exists and those foreign citizens from the United Kingdom or Australia are temporarily visiting or living in New Zealand they are not eligible for publicly funded disability support services[4].

c. *Travelling overseas for employment reasons*

The Ministry does not continue to fund personal care when a person is travelling overseas for employment reasons. The person needs to negotiate with their employer (who will have Equal Employment Opportunity responsibilities, and may or may not have an insurance scheme which covers employees with pre-existing disabilities), or seek funding from other sources e.g. privately paid insurance.

d. *Travelling within New Zealand*

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[3] Ministry of Social Development continues benefit payments for up to 4 weeks and longer in some cases. Refer to www.workandincome.govt.nz

[4] http://www.moh.govt.nz/moh.nsf/indexmh/eligibility-reciprocalagreements

Document 4

Where a person receiving Ministry funded personal care is travelling with their job within New Zealand, the Ministry has a responsibility to continue to fund the person's personal care and be as flexible as possible about where it is delivered. NASCs and providers within the different regions are responsible for ensuring continuity of service provision.

The Ministry is not liable for other costs associated with the client's training or work-related travel activities (accommodation or travel), or that of a caregiver/ support worker who may travel with them. This is the responsibility of the employer or negotiated with the employer, under Equal Employment Opportunity principles.

3. **Allocation of Night Support**

   Night support can be allocated by the NASC on a temporary basis for up to 28 nights in total per year. If the NASC considers night support is required for longer than 28 nights per year the NASC will reassess the person's disability support needs and follow the approval process for high-level packages, to fund services outside these guidelines.

Roles and responsibilities

1. **Person**

   The client and their family/whānau/aiga/welfare guardian are central to identifying what the goals and support needs of the client are, including those that may be provided more flexibly. The family needs to identify, source and provide all of the natural supports that will ensure that the core functions of family life such as meal preparation, child care, transportation and social support can be provided as much as they are able.

   The person and their family/whānau/aiga/welfare guardian should as much as possible provide a safe environment for everyone, including HCSS workers, for example ensuring there are no dangerous heaters, awareness of any dogs etc.

2. **Provider**

   Providers have a responsibility to ensure that HCSS workers respect the client and their home, and that regardless of the setting, the HCSS worker behaves in a professional "workplace" manner. Having a support worker come into a family home, along with the nature of providing personal supports, contributes to a loss in privacy for both the client and their family.

   It is important for the client's wellbeing that there is continuity of service delivery and that the support worker arrives at the agreed times. Providers are required to have a contingency plan to cover unexpected situations.

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Providers are required to accurately track and claim for In-between Travel.

3. **Quality**
   The provider must deliver services in accordance with the Home and Community Support Sector Standard NZS8158:2012[5], and the HCSS service specification. This remains the provider's responsibility even when services are subcontracted by the provider.

   HCSS providers are subject to Certification audits, Surveillance audits and Developmental Evaluations purchased by the Ministry. They may also be required to undergo HCSS claims audits and IBT claims audits

Funding / payment mechanisms

The Ministry contracts with providers of HCSS on a fee for service basis at a set hourly rate for each service component. HCSS are provided by support workers who are employed by the contracted provider.

When support workers are travelling between clients (other than the first client of the day) a one-band model is used. This is a standard payment made for all travel up to 15 kilometres. Where travel is over 15 kilometres, the provider can claim exceptional travel.

Exceptional travel is paid by the Ministry after the banded range has been exceeded.

In-between Travel payments are tracked and providers make claims to the Ministry, separate to their HCSS funding claims.

Funded Family Care

Prior to 31 March 2016, DSS funded some exception arrangements where HCSS providers employed parents, spouses/partners or resident family carers of disabled people to provide HCSS.

Since 31 March 2016, HCSS providers have been required to employ a non-resident family carer of the disabled person's choice, or to engage a non-family carer to provide the client with their funded HCSS supports.

Under Funded Family Care, the Ministry can pay some family members to provide support to adult disabled family members who have high and very high support needs. As part of the needs assessment process, a NASC identifies the personal care and household management needs that are over and above what would naturally be provided. They then use this as a part of assessing eligibility for Funded Family Care.
http://www.health.govt.nz/publication/funded-family-care-operational-policy

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[5] The Standard sets the minimum requirements that providers should attain in a range of areas and is currently voluntary. However, Ministry contracts specify that HCSS providers must comply with the Standard.