

## **Information to Assist Completion of Referral to Enable NASC**

Enable New Zealand Needs Assessment Service Coordination (NASC) is contracted by Disability Support Services, Ministry of Health to provide:

- Facilitated needs assessment
- Service coordination
- Resource allocation within a fixed budget

Enable NASC works with disabled people and their family, whānau, aiga or carers, to identify their strengths and support needs. The NASC then outlines what supports and services are available and which of these are funded by the Ministry of Health. NASCs allocate Ministry of Health funded disability support services and help with accessing other supports. These services are then delivered by the respective service providers.

### **Enable NASC will accept referrals for people who:**

- Are eligible according to the Guide to Eligibility for Publicly Funded Health and Disability Services in New Zealand
- Have been identified as having a physical, intellectual or sensory disability (or combination of these), that is likely to continue for a minimum of six months, which results in a reduction of independent function; and require ongoing support.

People with these disabilities constitute the Ministry's main client group, which largely consists of people aged under 65, many of whom have lifelong impairments.

### **Exclusions**

- People who are covered under the Injury, Prevention, Rehabilitation and Compensation Act 2001. ACC has been responsible since 1974 for funding support services for people whose disability is caused by injury or accident.
- People aged 65 years and over who do not have a long term impairment (i.e physical, sensory, intellectual or cognitive disability that was acquired before the age of 65 years).
- People aged 65 years and over with a long term impairment who have been Ministry funded but who have been clinically assessed by a DHB or needs assessor as requiring age related residential care.
- People aged 50-64 years who have been assessed by a DHB or DHB needs assessor as "close in interest" to persons aged 65 years and over and whose needs would be best met by DHB integrated health and disability services.

- People who require an assessment solely as a result of a mental health need or addiction condition. These assessments are contracted for by the DHB through Mental Health Assessment Services or Community Mental Health teams.
- People who require assessment as a result of a personal health need. A personal health need is defined as when a person's level of independent function is reduced by a condition that requires ongoing supervision by a health professional.

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#### **Points to be aware of:**

- If a referral indicates the persons cognitive impairment limits their ability to consent to or be actively involved in the NASC process Enable NASC will seek clarification as to who holds the legal responsibility for consent e.g. EPOA and if this has been enacted.
- Referrals received by Enable NASC will be considered against the eligibility for Ministry of Health Disability Support and Long Term Support - Chronic Health Conditions (LTS-CHC) funding streams. (Please see further information regarding this below).
- The intention of funded Disability Support Services is to support the persons' natural/informal support NOT replace them.
- A referral for Home Management is **only** able to be allocated to a person who holds a current Community Services Card. In the case of a child the parent/family needs to hold a current Community Services Card.
- Holding a Gold Card does not always mean a person is eligible, or holds, a Community Services Card.
- There is a financial implication for a person entering permanent residential care. The person is responsible for the cost of care until an application is sent to WINZ and their eligibility for a residential subsidy is approved. WINZ will also confirm what the ongoing contribution from the persons benefit will be.
- Respite care is allocated to support a full time unpaid carer (FTC) in their role of providing essential support for a person who is eligible for disability support services eg. 24 hour support to ensure the persons safety. Respite can be provided in several ways eg. personal care, home management, residential respite, day care or carer support.

<b>Other relevant definitions: “NASC”</b>	Needs Assessment and Service Coordination services funded by MOH to oversee and manage the operational functions of the DSS Framework.
<b>“DSS Framework”</b>	Core processes of determining eligibility for MOH funded disability support services(DSS); then <ul style="list-style-type: none"> <li>• “Needs assessment”: A facilitated process, undertaken in partnership with the disabled person which identifies their current abilities, resources, goals, and care and support needs and identifies which of these needs are most important to the disabled person.</li> <li>• “Service coordination”: A process to identify appropriate services and support, including natural and community options to support the assessed needs, and to determine which services will be publicly funded.</li> <li>• “Budget management” (Process for managing cost-effective packages of services for client).</li> </ul>
<b>“Disability Support Services (DSS)”</b>	Goods, services and facilities provided to individuals with disabilities for their care or support or to promote independence. Disability support services are mainly community-based support services delivered by private and not-for-profit providers.
<b>“Natural/Informal Support”</b>	Includes family, friends, neighbours, church groups, support groups
<b>“Enduring Power of Attorney” - EPOA</b>	Given by one person to another when in “sound mind”. Two components – Health and Welfare, and Property Management.
<b>“EPOA Enacted”</b>	A formal process usually via the persons General Practitioner indicating the person has lost capacity and the person named as EPOA should assume this role.

<b>Information to Assist Completion of Referral to Enable NASC - 3 – October 2010 “Intellectual disability”</b>	Impairment acquired or manifested before the age of 18 and is characterised by significantly sub-average intellectual functioning AND concurrent deficits or impairments in present adaptive functioning in at least two areas: communication, self care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety.
<b>“Physical disability”</b>	Impaired physical function or structure (e.g. limited range

	of movement, loss or impaired use of limbs). Most people with progressive neurological disabilities also have a physical disability.
“Sensory disability”	Impairment of the senses (mostly sight and hearing).
“Age-related disability”	Refers to physical, cognitive or psychiatric conditions related to the onset of old age (over 65 years) eg. Alzheimer’s disease, Parkinsons, Cerebral Vascular Disease.  Can also include “frailty” - a condition of reduced functional capacity arising from a complex interaction of medical and social factors and resulting in a heightened vulnerability to adverse outcomes.
“ACC”	Support need as a result of impairment/s arising from an accident for which the person is covered under ACC.
“Mental Health”	Disability arising from continuous or intermittent disorders related to thinking, feeling, volition, or behaviour which significantly interferes with daily functioning eg. schizophrenia, severe chronic depression, long-term addiction to alcohol and drugs, or the long term impacts of these conditions.
“Personal Health” “Short –Term”	A physical disease or medical condition affecting single/multiple organs or body systems that requires ongoing medical care, including monitoring, treatment, and co-ordination amongst multiple providers eg diabetes, chronic cardiac/respiratory, morbid obesity. Short-term support need as a result of an acute illness or exacerbation of a medical condition.
“Palliative care”	Total care of people who are dying from active, progressive diseases or other conditions when curative or disease-modifying treatment has come to an end.
“Long Term Support – Chronic Health Condition” (LTS-CHC)	A DHB funding stream for people under 65 years with a chronic health condition that is likely to continue for a minimum of six months, which results in a reduction of independent function, and require daily hands on care. Also referred to as Interim Funding Pool or IPF
“CMI”	A DHB funding steam used primarily to fund support for people in the end stages of a terminal illness. Also referred to as Chronically Medically Ill Funding.