Disability Support Services

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

BAT, GPT, Socrates –
FAQs (Frequently Asked Questions)

Last Updated - 28 November 2025

Using the BAT

`NEW` **"Being responsible for my home" – when it comes to contributing to shared household tasks, how do we calculate the value we select?**

Detailed information to help you determine the appropriate option is available via the Help button in the pop-up window or when hovering over the values in List View.

`NEW` **Sometimes the questions in the BAT don't seem to be in the correct section that we are discussing and would be better off in a different section of the BAT.**

We welcome any feedback related to how we might improve the BAT tool. Please send us an email (DSS_submissions@msd.govt.nz) with greater detail concerning your specific suggestion.

`NEW` **Is it now anticipated that the BAT would be completed while doing the conversation with the person, so replaces our current My Plan/Needs Assessment documents…i.e. are we sitting in front of person with a computer and spreadsheet now?**

The BAT should be used primarily to support pricing and does not replace the current assessment processes. However, where there is a greater desire from the disabled person to be involved in the planning process, there are a range of options the BAT can facilitate. These include printing off the Plan View as an A3 and completing a hard copy with the person, using info from a needs assessment to fill out the corresponding fields in the BAT, or even completing the BAT alongside the person.

`NEW` **Selecting Service ID and ID/PD - What if both Intellectual Disability and Physical Disability apply?**

The person's primary disability of either ID or PD should be used when selecting the service ID.

When can we start using the Band Allocation Tool (BAT), and can we inform providers now what the new pricing is?

The BAT is to be used to support residential pricing for services delivered under the

Community Residential Support Service contract that comes into effect from 1 December 2025.

Providers are aware of the new pricing as the new rates are reflected in the funding schedule of the contract.

Can the BAT be used now (before 1 December) for a crisis situation?

No. Please see the response to the question above for more information.

How do you see this working if we are going out to multiple providers? Do we need to create multiple BATs in this situation?

Various scenarios of provider facilities can be modelled in the GPT and BAT. Only one final BAT should be produced for the purpose of pricing the services that will be delivered and coordinating the service with the chosen provider.

Can we prepopulate the BAT tool when there isn't a proposed house yet? Or would we have to retrieve this information from the provider first?

Most of the tool can be populated in advance, including information about the disabled persons circumstances. However, the "Add details of proposed house" will require facility information which is detailed in the Facilities List.

What if we don't yet know the details of the proposed house?

We have gathered all the details for the current stock of homes. The providers will have to notify us of changes, i.e. new houses, updating or closing a house. The NASC will not be able to complete the BAT without this information. If the provider does not notify us of a new property, a person cannot be allocated to it.

Could the Plan View be used as a referral?

No, the Plan View (and BAT in general) is used to determine pricing.

When a new service is being setup for high priority clients, does this tool take account of the services setup costs or front-loading costs that the providers request?

No it does not.

Terminology

Furniture/fit out. Does this mean, if applicable - the provider will source all furnishings needed including their bedroom/personal spaces.

Furniture fit out should be sourced by the provider.

Rates and pricing

`NEW` **From 1 December 2025, will people have their new funding allocations listed in Socrates?**

Yes.

`NEW` **Will the current TPM/ ICARE continue to be utilised for benchmarking for aged residential care?**

Yes.

Is RSS included in the rate? And is DAC allocated to everyone?

The new pricing model is inclusive of the client contributions that are payable under the Residential Support Subsidy (RSS) arrangements.

Day Activity Contributions (DAC) are also part of the new pricing model, so should no longer be allocated for residential care in CGH.

More information on this is available in the [Global Pricing Tool (GPT) Factsheet](#), which provides an overview of the GPT and Final Banded Rates.

There are a small number of individuals that do not receive an RSS due to being in employment for instance. How will this be factored into the new tool?

Under the CGH pricing model, all rates are client contribution inclusive. If no client contribution is payable, DSS pays the full rate.

With DAC being included in the rates, is this now applicable to all ages, and not just those over sixty-five?

The DAC is now incorporated into the rates.

More information on this is available in the [Global Pricing Tool (GPT) Factsheet](#), which provides an overview of the GPT and Final Banded Rates.

MOU exceptional rates - is this applicable to new people only or is rework needed for existing tāngata?

Operational Policy information will be published that will clarify this subject.

Why does the Midlands rate seem higher? Is this possibly because WINZ is included?

We would need more information from you to understand the issue. Please email DSS_submissions@msd.govt.nz with additional information.

Will the current threshold of $105,000 required for Panel endorsement be increased?
The 1 December update to the Operational Policy and Guidelines 2025/26 and the Review Panel Terms of Reference are currently being finalised.

Once they are approved, we will provide you with information on them.

Currently, anything over $105,000 goes to panel for approval. I query this as the Training material mentions Band 5 and 6.

The mention of Bands 5 and 6 in a slide in Session 4 was a mistake and has been removed. An updated version of the PowerPoint has been uploaded to the training and support web page.

Please see the previous question related to the $105,000 threshold.

What is the process for banding when someone leaves school and does not have very high ORS?

A new BAT assessment would need to be created (or an existing BAT updated) with any change in support needs, as this may cause a change in the banding rate.

Technical issues

Given the print function is only likely to be used to share with the person/provider, could the print area be set in List View before it's released to us? Just reduces risk of inappropriate sharing.

This has now been implemented in the latest version of the BAT file uploaded to Socrates. An updated version of the User Guide also includes this information.

Facilities List

Who will maintain it? How will providers indicate new capacity options or vacancies?

The Facilities List will be maintained by DSS.

The provider will email a form to the contracts team in DSS when they open/close/update a facility/house. DSS will then request Sector Operations to update CCPS. A new Facilities List will then be uploaded to Socrates.

The Facilities List, when this comes available – what is required of us to use this as the one source of truth? For how many rooms one 'address' has?

The Facilities List in Socrates should be considered the source of truth and should be used to refer to the number of rooms that are available in a facility.

With the Facilities List, where there are multiple flats or units on a single property and it is known that staff are shared across all dwellings, can the BAT staff/tāngata ratio be altered, as it currently appears as a fixed field.

When the provider registers the property with DSS, the number of bedrooms that should be used will be discussed and confirmed with the provider before it is entered into the Facilities List.

The NASC or EGL-site should always use the number of bedrooms that is listed within the Facilities List. If the unit of the property isn't listed, or there is some confusion around where a person might be living within a shared service arrangement, then the NASC or EGL-site should use the contact details on the facility list to contact DSS and check.

Socrates

Will the Date String for Socrates (from the BAT) that is put into Socrates, replace the functional support needs, or will we still need to enter those?

These will still need to be entered. The scripting exercise in Socrates is solely to update the Service ID (rates) a disabled person receives under the new model.

Will there continue to be Physical Disability (PD) and Intellectual Disability (ID) contracts?

There will be a common set of banded rates for all residential support in Community Group Homes. We are not proposing any changes to the differentiation of ID and PD in the current contract service specification.

What is the expected location for the Ministry's notes/conditions for the exceptional rates? Do they need to go into the service line or somewhere else?

This process will be clarified in Operational Policy that will be distributed to the NASC and EGL site network.

When will the resources be available in Socrates?

The Facilities List for Socrates will be published in Socrates the week beginning 24 November 2025.

The ability to generate a BAT or GPT in a client's profile is available now, however, these cannot be deleted once created. Please do not create them in a non-residential person.

The new Service IDs, and Provider Names required fields i.e., 'BAT Rationale' will be visible in Socrates from 1 December 2025

Sharing information

Can you confirm if the provider can request a copy of the Plan View? What happens if the person is unable to consent (e.g., elderly, and unable to confirm)?

This information is personal information to the disabled person, and consent should be sought before sharing. We recognise it can be difficult to obtain consent from some disabled people, and Operation Policy will confirm that position.

I understand that the training pages are for NASCs. Is there material online that we can steer providers to?

The training material is for NASCs and EGL-sites. The BAT and GPT tools are the exclusive property of the Ministry of Social Development (MSD). Please do not share, distribute, sublicense, or otherwise make the live versions or training versions of the tools available to any third party without prior written consent from MSD. DSS is working with providers on an individual basis as part of the RFA process to transfer to the new Agreement.

We have also been sharing a range of information with providers to support them on the transition to the new pricing model. This is available on the DSS website.

- [Information for providers: Community Group Home Pricing Model | Disability Support Services](#)
- [Information for providers: Community Group Home Pricing Model | Disability Support Services](#)
- [Residential-based support services | Disability Support Services](#)

Is there material online for disabled people, family and whānau explaining the new process?

The pricing model only changes how DSS pays providers for residential services for disabled people. This means that disabled people in residential care should not notice anything different in the support they get because of these changes.

The first point of contact for disabled people will continue to be their provider, Needs Assessment and Service Coordination organisation (NASC), or Enabling Good Lives (EGL) site.

DSS developed some factsheets with information in alternate formats on these changes. These are available on our website: [Recommendation 2: Rapid review of pricing for residential care | Disability Support Services](#)

We encourage you to share these factsheets with people who have questions.

Will the tool be shared with providers or is it an internal NASC tool only?

The BAT is a DSS tool to be used by NASCs and EGL sites to support them to fairly allocate funding for residential services against the new funding schedule.

It replaces the existing TPMs and iCare with a nationally consistent tool.

It will be used from 1 December 2025 for new residential entries, re-assessments and when there has been a change in a person's situation.

It will not be used for services outside of the contract service specification, such as Aged Residential Care, High & Complex (forensics) services, or Choices in Community Living.

Operational Policy will be providing more information on this.

Review processes

When is a peer review conducted?

Operational Policy will be providing more information on this.

I think I heard that for a 'standard' (not requiring endorsement) banded rate, an "internal review" needs to be completed. This is potentially a new step in the process, adding another layer. What is envisaged that this process will be, and will it continue to be part of the process long-term? I understand that 'best practice' will mean that initially teams will moderate any new BAT's and GPT's as part of ongoing learning and to ensure consistency. However, once competent and using the tools, this should not be required long-term.

Operational Policy will be providing more information on this.

Other

Request that any time the training site is updated, an email is sent out
This suggestion is currently being considered. Meanwhile, updated items are clearly indicated as such, and we encourage you to check the web page on a regular basis for the next few weeks.

Getting Help

View the BAT User Guide and additional support material at
https://www.disabilitysupport.govt.nz/training-and-support