Disability Support Services

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Cochlear Implant Programme

Tier Two Service Specification (DSSC107)

1. Introduction

This Tier Two Service Specification provides the overarching Service Specification for nationwide Cochlear Implant Programme (CIP) funded by the Ministry of Social Development (the Ministry) Disability Support Services (DSS) and the Ministry of Education (MOE) who funds Habilitation Services.

2. Service Definition

The CIP is provided for people with severe to profound hearing differences that have been identified as being suitable recipients for a cochlear implant (CI) assessment, and follow-up services for those who proceed to receive a CI and require on-going CI related services over their lifetime (the Services).

3. Service outcomes

3.1 General

The key objectives of the CIP are to:

a) ensure leadership and governance structure include representation of people with CI and parents of children who have CIs;

b) provide a CIP that is person centered and focuses on the needs of the eligible person and their family/whānau who chooses to proceed with a CI;

c) manage the CIP budget effectively and deliver Public Value[1];

d) deliver components of the CIP in a coordinated and integrated manner;

have the correct mix of appropriately trained professionals working in CI services to ensure high-quality service delivery;

e) have strong linkages with other agencies that provide re/habilitation support for Eligible People using the services within the CIP;

f) promote equitable access to CI, including timely support and strengthened collaboration across regions and to underrepresented populations (including Māori and Pacific people);

g) ensure fair, reliable access to services for Eligible Persons, across New Zealand;

[1] Public value means the best available result for New Zealand for the money spent.

h) ensure culturally responsive support throughout the provision of the Services;

i) be guided by international standards and best practices where appropriate for the delivery of the CIP;

j) ensure Services are delivered in alignment with government and sector strategies related to people who have a disability or are deaf and hard of hearing; and

k) maintain and implement the Protocols (Section 4.5)

Services provided by the Provider will contribute towards and support the achievement of the following outcomes:

l) Eligible people participating in the CIP will be supported to increase their participation in their communities and with whānau, and to engage in education and employment opportunities, with the aim of supporting improved quality of life.

m) Eligible people will be supported to access equitable, dignified and consistent services across New Zealand, including in rural and remote communities.

n) The Programme will contribute to economic benefit and public value through strengthening capability and capacity within the cochlear implant sector, supporting timely access to cochlear implant services, providing education and information, and contributing to improved health and developmental outcomes, and prevention measures.

o) The Programme will support children in developing their speech, language, communication and social skills and contribute towards their participation in education, whānau and community life and their overall quality of life.

3.1.1 Māori and Pacific

a) Service delivery will be in partnership with whānau, kura and community settings, where appropriate, with information provided in Te Reo Māori and key Pasifika languages to support understanding, trust and sustained participation.

b) The Provider will support improved access to Services over time through regional outreach and service delivery, taking into account available funding, resources and service demand.

4. Service Users

4.1 Eligibility Criteria

An Eligible Person is child or adult (Eligible Child, Eligible Adult) who:

a) is eligible for publicly funded health and disability support services under the Health and

Disability Services Eligibility Direction 2011 or its successor; and

b) is severely or profoundly deaf in both ears and has been assessed as a candidate to receive a cochlear implant; and

c) is not excluded by the exclusions set out in section 4.2

d) Other groups of individuals as agreed with the Provider by DSS, during the contracted period of service.

4.2 People who are not eligible for this Service

The following people are excluded from the CIP:

a) adults who have received their cochlear implant outside of New Zealand or who paid privately for their CI in New Zealand, including New Zealand citizens or residents;

b) people who qualify for ACC funding;

c) follow-up services such as replacement processors and audiology for a person with a second (bilateral) implant where this has not been fully funded under the CIP; unless agreed by DSS; and

d) people who do not permanently live in New Zealand.

4.3 Eligibility for funding of Cochlear implants

a) An Eligible Adult may receive DSS funding for the provision of one CI per person.

b) Adults who are blind or facing imminent vision loss can receive simultaneous bilateral CIs, if clinically recommended, for new referrals from 1 July 2026.

c) An Eligible Child may receive DSS funding for the provision of a unilateral CI or simultaneous bilateral CIs, whichever is clinically recommended;

d) An Eligible Child who has received funding for one CI through the New Zealand CIP and subsequently obtained a second implant outside of the New Zealand CIP before 1 July 2014 (e.g. privately or overseas) may access follow up CIP services for both implants. DSS funding will also be used to support this group with replacement processors, rehabilitation, ENT outpatient services, and audiology for both implants when they transition to the adult programme;

e) A Child Implanted with one implant through the CIP who was under 6 years of age at 1 July 2014 who was offered and took up a second (sequential) implant will be eligible for ongoing support costs for whole-of-life.

f) The Provider will provide Eligible Children with bilateral implants funded through the CIP, when they transition to being an Eligible Adult with replacement processors, rehabilitation, ENT outpatient services, and audiology for both implants.

Prioritisation of funding

The Provider will ensure that their prioritisation process follows the protocols which include the Clinical Priority Access Criteria (CPAC) tool, for eligible people. The Provider will ensure:

a) Access to the CIP will be managed in such a way that priority is based on acuteness of need and capacity to benefit, as specified by the established CPAC tool for the CIP;

b) Access is open to people of all ages;

c) Access is for the duration of their lifetime as a CI user.

Where there is an increase in demand for eligible children's CI services, eligible children will be prioritised over eligible adults. Eligible children under age 5 will be prioritised above eligible children over 5, unless the older child's loss is sudden or progressive.

4.4 Protocols

The protocols including the CPAC tool for the provision of services within the CIP, are a set of agreed (between DSS and the Provider) protocols that ensure consistency of the CIP delivery.

The Provider is responsible for developing, implementing, reviewing and updating the Protocols, with appropriate clinical input, to ensure they reflect current evidence and best practice. Where a proposed change has a material impact on service eligibility, funding, service scope or contractual obligations, the Provider must obtain the prior written approval of DSS before implementation.

The Services must be delivered in accordance with the Protocols. The Provider will review the Protocols at least every three years, or sooner where required to reflect changes in evidence or clinical practice. The Provider must ensure that DSS always has the most up-to-date version of the Protocols.

5. Service components

The Provider will deliver the services to ensure all the service components are provided within the budget available to meet people's needs. The level of input for each component of the CIP will be determined by the Provider and the Ministry and managed by the Provider within available funding.

5.1 Management Services

The Provider will ensure there is an adequate level of management and administrative support to:

a) Manage the CIP;

b) Provide administrative support for the CIP governance processes;

c) Establish and maintain appropriate clinical and management structures and policies and procedures for the delivery of the CIP;

d) Operate the delivery service within the agreed Protocols for the provision of CI Services;

e) Provide input into the Clinical Committee or other meetings where prioritisation of candidates is discussed/determined;

f) Send an annual list of all CI recipients under the age of 19 years (to the manager of the New Zealand Deafness Notification Database)

g) Ensure that when holding, collecting, using and disclosing personal information in connection with delivery of the services, this complies with the requirements of the Privacy Act 2020, the Health Information Privacy Code 2020, and any amendments to or replacement of that legislation or code.

h) Maintain engagement with local audiology providers and community clinicians to strengthen shared understanding of cochlear implant pathways, ensuring those involved in referring potential CI candidates to the service including, but not limited to, audiologists, ENT surgeons, and other health and education professionals, are well informed of eligibility, prioritisation criteria and referral process.

5.2 Cochlear implant equipment (Managing Public Funding)

The Provider will use best procurement practices to negotiate supplier agreement(s) for cochlear implant equipment that meets international standards.

The Provider will ensure a fair and transparent procurement process with DSS oversight of the supplier agreement(s).

The Provider will share all procurement arrangements (including price and rebates) with DSS so that oversight and can be maintained across the CIP.

Component 1: Assessment

The Provider will provide nationally consistent, multidisciplinary assessment services (Assessment Services) for potential CIP recipients who are referred for assessment.

A person may be referred to the Assessment Service by (not limited to):

a) an audiologist;

b) an Ear, Nose and Throat (ENT) surgeon;

c) an Advisor on Deaf Children (AODC);

d) Ko Taku Reo;

e) other health and education professionals who are well informed of the eligibility and prioritisation criteria and referral process.

The focus of the Assessment Service is to:

f) consider each person's hearing history, needs and circumstances, including counselling on expectations and outcomes of a CI.

g) provide in-depth information and journey support to enable informed decision-making, including opportunities to connect with other CI recipients and whānau, and, where relevant, engagement with education teams for children and young people.

h) consider hearing performance, speech perception, functional listening, and age-appropriate outcome measures

i) identify any physical impediment to a CI procedure;

j) identify any medical or audiological issues which would impact on the success of the CI;

k) identify and confirm that the person will or will not gain benefit from specifically selected and well fitted hearing aids; and support hearing aid optimisation if appropriate.

l) identify what the family/whanau need to support the recipient's success of the CI

m) identify any impediments to the successful use of a CI;

n) provide all relevant information about CIs to the person and their family/whānau referred to the CIP. This information will include:

- what the likely benefits and risks of CIs are;
- the expectation is that the person receiving the implant will use the device to communicate using hearing and speech either exclusively or with sign language support. The Provider will ensure that the person's choice in this is honoured and supported;
- the need for the Eligible Person or their caregiver to insure the speech processor against loss or damage;

o) provide a transparent assessment which will serve as a basis for prioritisation as per the CPAC tool and agreed protocols;

p) provide individual re/habilitation management plans for all persons in the Assessment Process to identify their re/habilitation needs;

q) determine and establish an agreed re/habilitation programme needed for that person to achieve the best possible outcome with a CI.

Component 2: Support services

The Provider will provide CI Audiology Services to the person and their family/whānau in accordance with the protocols, as part of the multidisciplinary team. This will include:

a) intra-operative monitoring depending on the assessment requirement;

b) external speech processor fitting (referred to as “switch on”);
c) information on the use and care of the speech processor and accessories;
d) device programming (including remote programming) referred to as “MAPping”, troubleshooting and ongoing monitoring;
e) verification of programme e.g. – sound field audiograms;
f) validation of programming – speech perception assessment
g) supplying speech processor replacement.

Component 3: Surgery/ENT Services/Hospital stay

The Provider is required to liaise with all subcontracted providers of the ENT Services, surgery and hospital stay component of the CIP to ensure Eligible People get the services they require. The Provider will co-ordinate these activities and take full responsibility for managing the process of integrating this service component as part of the overall CIP. The Provider through its ENT service will provide the following CI services:

5.2.1 Associated clinical services:

- Pre-implant CT scan/MRI;
- Post-implant X-ray.

5.2.2 Pre-implant outpatient assessment:

- Pre-implant Review;
- Other tests or assessments as required.

5.2.3 Surgery service components

The Provider through its ENT CI Service is responsible for the provision of the CI surgery, and related surgical and hospital costs. This includes ensuring that surgery services will only accept referrals for publicly funded CIs that have been registered with the CIP prior to the referral. Surgical services will be delivered through a collaborative, team-based model involving ENT surgeons, hospital teams, and the providers clinical services. Surgery will be closely coordinated with device activation (“switch-on”) to minimise travel and disruption, supporting a seamless, end-to-end care journey.

5.2.4 Assessment and treatment

Surgical assessments of suitability for a CI and the scheduling of surgery must be part of a coordinated process. The Provider will undertake this co-ordination. The Provider must ensure that its surgical services (including subcontracted providers) will be responsible for providing the appropriate medical and surgical care including:

a) stabilisation and onward referral to an appropriate level of care as required or stabilisation and definitive treatment from time of presentation to discharge back to the CIP;
b) a close liaison with specialist emergency services;
c) easy access to consultation services for general practitioners / primary carers are encouraged and expected;
d) therapeutic procedures and post-procedure management of the Eligible Person;
e) providing pharmaceuticals and or medications as required to Eligible People;
f) provision of appropriate afterhours care to Eligible People if required;
g) appropriate follow up and treatment of all Eligible People undergoing surgery in line with recognised standards of clinical practice;
h) follow up, re-admission and treatment of all Eligible People where complications arise during treatment by the CIP (this may include appropriate referral to higher level of care);
i) long term follow-up and revision treatment of Eligible People, as required, for surgery undertaken.

5.2.5 Surgery caseload

The level of surgical intervention varies according to the person's clinical condition, the capacity of the hospital, qualification/training of the medical staff, and the level of clinical support available. The Provider's responsibilities through its surgical service, include:

a) consultation, with further assessment dependent on the recipient's needs;
b) referral to another specialist for an opinion, opinion/management, or opinion/shared management;
c) assessment, discussion, education and treatment of the person by surgical or medical management as inpatient, day patient or outpatient including:
    - preoperative assessment and diagnostic intervention;
    - surgical intervention for implantation of the CI;
    - post-operative follow up.
d) continuation of care in the community after discharge if required.

Component 4: Adult rehabilitation (support services)

5.2.6 Purpose of Rehabilitation

The purpose of the CI Adult Rehabilitation Component (Rehabilitation Component) is to support an Eligible Adult who has received a CI (or implants if provided before their 19th birthday) to improve and/or regain their communication. Improved communication may support the person's ability to

participate in work, their community and with their family/whānau. After an Adult is moved into a maintenance period, rehabilitation may no longer be required.

The Rehabilitation Component will include:

a) Ensuring cochlear implant goals are integrated with wider service communication access and daily living objectives, through proactive coordination, accessible communication formats and tailored supports to strengthen independence, reduce avoidable risk and reduce longer-term reliance on intensive services.
b) an assessment of specific communication needs;
c) a current and appropriate rehabilitation management plan that is monitored and updated. The Providers rehabilitationists will provide the initial support;
d) a programme adapted to accommodate the needs of the person and their family/whānau and developed in collaboration with them as desired by the person;
e) the Provider endeavoring to provide the rehabilitation programme in ways that are accessible (geographically as well as culturally) to meet the needs of the person;
f) vocational planning if appropriate;
g) working with other members of the multidisciplinary team to support the person's progress;
h) linking with DSS funded Hearing Therapists in the persons' own region to achieve continued rehabilitation;
i) identification of additional needs and refer appropriately;
j) sourcing of support, with the assistance of NASC (Needs Assessment Service Co-ordination), if the person requires DSS funded support services.

Component 5: Habilitation (Support Services)

Eligible Children who have received a CI will receive CI Habilitation Services (Habilitation Component) in accordance with the Clinical Protocols. The Provider will ensure children are referred to this service post CI.

5.2.7 Purpose of habilitation

MOE and DSS provide funding to support the provision of a CI Habilitation Component. The purpose of the Habilitation Component is to help children and young people who have received a CI to develop their communication potential.

Habilitation is the systematic programme of support provided to maximise the ability of a child with a CI to develop receptive and expressive language. This is achieved by the habilitationists through:

a) assessing the communication needs and the on-going progress for each child;
b) promoting the use of audition through the development of an individualised programme that promotes communication; which may also be alongside use of New Zealand sign language.
c) engaging the family/whānau as partners in the child's habilitation;
d) leading the design and delivery of the child's habilitation to develop the use of hearing in the child's environment, according to the child's need. This will involve the development and sharing of strategies and modelling of techniques with the family/whānau and educator(s) (e.g. AODC, Resource Teachers of the Deaf (RTD) or Speech Language Therapist (SLT));
e) ensuring local support people (e.g. family, AODCs, RTDs) are clear of their role in the development of the child's communication and language skills;
f) delivering effective training to parents and relevant educators (e.g. AODCs, RTDs) in supporting the development of the use of hearing provided by the CI;
g) analysing and advising on the effectiveness of the habilitation for each Eligible Child;
h) adapting to habilitation promptly, where this is required to ensure optimal language development for the Eligible Child;
i) supporting local personnel to manage use of the CI device and associated technology;
j) working with other members of the multidisciplinary team to support a child's progress;
k) liaising with the Eligible Child's home and school.

5.2.8 Habilitation; component delivery

The Habilitation Component provides support to children and their families/whanau to maximise the benefits of their cochlear implant and support the development of communication skills.

The Provider will work with families/whanau and, where appropriate local educators to support them to develop the skills and confidence to contribute to the child's ongoing habilitation, including the development of spoken language and complementary sign language through the First Signs programme as appropriate.

Habilitation programmes will reflect the individual needs and preferences of the child and their family/whanau and will be developed collaboratively with them. Services will be delivered in ways that support geographic and cultural accessibility and, where appropriate, complement the child's wider education and other supports.

For children with no prior speech or listening experience, habilitation may be more intensive during the first several years. For children with speech and listening experience, before becoming deaf, habilitation may be less intensive. Once a child moves into a maintenance period, ongoing habilitation may no longer be required.

5.2.9 Resourcing

The level of Habilitation Component resourcing is based on a minimum of eight full-time habilitationists. Each habilitationist will support children and their families, who are undergoing assessment; to determine their suitability for an implant, in the first year following their implant, in the second, third, fourth or fifth year following their implant, or who have been implanted longer than 5 years ago and are still requiring more intensive habilitation support. The Provider will ensure resourcing will also cover the needs of children who have been implanted for longer than five years, and for those who require a review at least one year, if indicated.

Resources are also to be provided to ensure adequate training of families/whānau and professionals to provide habilitation support.

5.2.10 Elements of habilitation component

The level of input for each element of the Habilitation Component will be determined by the Habilitation Component Provider subcontracted by the Provider and managed within available funding.

The Habilitation Component will include:

a) Direct contact with family/whānau in a culturally appropriate manner to establish shared understandings and expectations of what will be provided, and the means by which it will be provided;

b) Consultation and collaboration with the child's AODC (birth to year 3 at school) or Ko Taku Reo (for year 4 to year 13 at school) and other relevant local support personnel to optimise the provision of habilitation and efficient use of resources;

c) Close liaison with other members of the multidisciplinary team and locally based health professionals involved in the provision of CI services;

d) A pre-implant assessment process is undertaken either in the clinic or the child's home and/or educational setting to determine the child's current level of functioning and to explore the various communication options;

e) Pre- and post-implant clinic and home-based intervention for the child and their family/whānau;

f) Preparation and presentation of assessment data;

g) Notifying the AODC (birth to year 3 at school) or Ko Taku Reo (year 4 to year 13 at school) of children assessed as not suitable for an implant;

h) Leadership in the design, implementation and monitoring of individual habilitation programmes to develop communication

i) The provision of advice to, and training for family/whānau and relevant local personnel to implement habilitation programmes and to ensure that the implant device and associated technology is managed appropriately;

j) Documenting and reporting processes and progress, collecting outcome data (as per outcomes required by DSS) and reviewing and revising practice; Notifying and liaising with the AODC regarding children assessed as non-users of their CI device who are being exited from Habilitation Component.

5.3 Spare parts, repairs, batteries and maintenance (Managing public funding)

5.3.1 Stock and inventory

The Provider is responsible for the maintenance and management of inventory and stock items to ensure that recipients have access to essential spare parts.

The Provider must maintain and manage a stock of loan processors to enable a Person's speech processor to be repaired. Repairs, replacements, and the ongoing management of devices and equipment will be delivered through a single, nationally consistent framework.

The Provider will report expected forecast numbers of processor replacements for the upcoming year to DSS, via the 6-month RBA reporting.

5.3.2 Eligible children

The Provider is responsible for the repair of Eligible Children's CI systems, including repairs out-of-warranty.

The Provider must manage and fund essential repairs, batteries, and spare parts, including associated courier costs, to Eligible Children's CI systems.

5.3.3 Eligible adults

The Provider is not responsible for the out-of-warranty repair of Eligible Adult's CI systems. The Provider is not responsible for batteries or other essential spare parts for Eligible Adults.

5.4 Replacement processors – children and adults (Support Services)

The Provider is responsible for billing the CI recipient, under insurance and other arrangements, where a processor requires replacement due to loss or wilful damage.

The Provider is otherwise responsible for replacing speech processors within available funding when a Person's speech processor is deemed to be uneconomical for repair. Or after 7 years whichever comes earlier. The major external component of CIs (the speech processor) has a finite lifetime and will require replacement at various times during the lifetime of a Person who uses a CI.

If a person requires a replacement processor when theirs is no longer economical to repair, increased CIP input that may be required to accommodate adjustment to the new processor, will be provided.

The Provider should encourage recipients to have personal insurance for the processor to cover loss or damage.

6. Key inputs

6.1 Service delivery

The Provider will provide impartial appropriate information about communication options to consumers and their families, including the use of New Zealand Sign Language (NZSL). Information will be available in accessible formats where possible, including in Te Reo and Pacific languages.

6.2 Where/how services are delivered

The CIP will be provided in a range of locations and service delivery options that are appropriate for the specific components of the service in New Zealand. The CIP will ensure that its premises are fully accessible for disabled people.

The Provider will provide the CIP and/or its components flexibly to maximise service delivery to people in their community. to ensure all CI recipients can access the service in a manner that best meets their needs and is the most time and cost-effective option available; including use of telehealth, outreach clinics, mobile services/clinics where appropriate.

Where appropriate, service delivery will be in partnership with whānau, kura and community settings, with information provided in Te Reo Māori and key Pasifika languages to support understanding, trust and sustained participation.

The Provider will co-ordinate essential travel for people referred to the CIP, where flexible appointments or outreach are not available, according to the Ministry of Health National Travel and Accommodation policy (Guide to the National Travel Assistance (NTA) Policy 2005).

6.3 Staffing

The CIP will involve a broad range of suitably qualified and professionally competent health and other professionals with the appropriate experience and skills to undertake their respective roles in supporting the delivery of the CIP. These will include, but are not limited to, Audiologists, Rehabilitationists for adults and Habilitationists for children employed or engaged by the Provider, together with ENT Surgeons and other health professionals involved in the delivery of the CIP through hospitals or other service providers.

7. Exit criteria

A person exits the CIP when they no longer have a need for the CI, wish to exit the service, no longer permanently reside in New Zealand (as per 2011 Health and Disability Services Eligibility Direction), or are referred to other appropriate service providers such as audiology or aural rehabilitation services.

8. Linkages

People with severe profound hearing difference may have a wide range of needs, not all of which can be met by the Provider. Therefore, the Provider must establish and maintain effective links with other individuals, services and agencies working with the Person and their family/whānau including but not limited to:

a) Public and private Otology, Audiology services;
b) Paediatric services and Child Development Services (as appropriate);
c) Ministry of Education Special Education staff;
d) Ministry and Disability Support Services staff;
e) Other Re/Habilitation Service Providers e.g., private providers, Speech- Language Therapy Services, Ko Taku Reo: Deaf Education New Zealand, Hearing Therapy Services;
f) Māori Health and Disability Services;
g) Organisations such as National Foundation for the Deaf, New Zealand Federation for Deaf children, Deaf Aotearoa, The Hearing Association, Disabled Person's Assembly (DPA), Ko Taku Reo | Deaf Education Aotearoa New Zealand and Hearing Therapy Services;
h) Private audiology services;

i) NASC organisations;

j) Health New Zealand-Te Whatu Ora (especially according to HNZ National Travel and Accommodation policy).

9. Exclusions

The following services are not covered by this agreement:

a) Funding for travel and accommodation expenses for people referred to and receiving services through the CIP;

b) Hearing aid services;

c) Intensive psychological counselling support;

d) Intensive speech therapy support;

e) Replacement of damaged or lost speech processors;

f) Repairs of Eligible Adults' CI systems;

g) Spare parts and batteries for Eligible Adults' CI systems;

h) Upgrades of the internal device of the CI system when the device is working effectively;

i) Funding of insurance for recipient's CI system;

j) Funding of bilateral CI for Eligible Adults except for where this is clinically recommended e.g. post meningitis or Eligible Adults who are blind or facing imminent vision loss;

k) Funding of sequential bilateral CIs for Eligible Children unless, at the time of the first implant, the child was eligible for bilateral funded implants but was provided a single implant on clinical grounds;

l) Funding of follow-up services for the second (bilateral implant) for Eligible Children who having had their 6th birthday receive a bilateral (sequential) CI funded from non-government sources after 1 July 2014.

10. Quality and safeguarding requirements requirements

The CIP must provide Services in accordance with all relevant New Zealand laws and other requirements, including, but not limited to:

- Ngā Paerewa Health and Disability Services Standard NZS 8134:2021
- The Code of Health and Disability Services Consumers' Rights 1996;
- The Health Act 1956;
- The Human Rights Act 1993
- The Privacy Act 2020;
- The Health Information Privacy Code 2020;

- DSS critical incident and complaints reporting requirements
- The New Zealand Disability Strategy 2026-2030; and
- All other relevant law including the laws related to tax, employment and health and
- safety.

The CIP must maintain systems and processes to:

- promote the safety, wellbeing, rights, dignity and autonomy of the Person;
- identify, monitor, record and respond to actual or potential quality and safeguarding concerns that come to their attention;
- support the Person to raise concerns, complaints and incidents;
- identify and escalate concerns relating to abuse, neglect, exploitation, fraud, misuse of funding, serious service quality issues, or significant risks to health, safety or wellbeing;
- notify and report critical incidents in accordance with DSS operational policy and reporting requirements;
- maintain records of concerns, incidents, investigations, actions taken and referrals made; and
- demonstrate continuous quality improvement and learning from complaints, incidents, adverse events and audit findings.

DSS MSD may also conduct:

- independent surveys to evaluate people's satisfaction with CIP services including their experience of service quality, safety and wellbeing.
- independent evaluations of service performance, service quality and safeguarding practices and effectiveness against this service specification, and its intended outcomes. independent evaluations of the CIP service performance, service quality and safeguarding practices and effectiveness against this service specification, and its intended outcomes.
- An independent survey to evaluate people's satisfaction with the CIP at any time.

11. Purchase units

Purchase Units are defined in the Nationwide Service Framework Purchase Unit Data Dictionary. The following Purchase Units apply to this service:

PU Code	PU Description	PU Definition	PU Measure	PU Measure Definition	National Collections or Payment Systems
DSSC107A	Management services	Management costs to deliver the end-to-end CIP including; non-clinical people, premises, business costs, staff costs	Block	Fixed price per payment period, loaded as one twelfth of the annual payment.	As per contract
DSSC107A	Support services	Clinical staff to deliver assessment, habilitation and rehabilitation services, staff training and travel	Block	Fixed price per payment period, loaded as one twelfth of the annual payment.	As per contract
DSSC107	Surgical services	Delivery of cochlear implant surgery, including pre-implant work-up and surgical costs	Capacity	Monthly payments up to capped maximum.	Reporting as per contract
DSSC107	Equipment (internal implant and first external processor)	Cochlear implants systems (implant and processor) purchased for implant recipients	Capacity	Monthly payments up to capped maximum.	Reporting as per contract
DSSC107	Processor replacements	Replacement processors for existing CI recipients	Capacity	Monthly payments up to capped maximum.	Reporting as per contract
DSSC107	Spares and Repairs	Replacement and repairs to processors for children	Capacity	Monthly payments up to capped maximum.	Reporting as per contract

12. Reporting and meeting requirements

12.1 Service Performance Measures

Performance Measures form part of the Results Based Accountability (RBA) Framework. The Performance Measures in the table below represent key CIP areas DSS and the Provider will agree to monitor to help assess Service delivery (As per Appendix 10 of the Outcome Agreement). It is anticipated the Performance Measures will evolve over time to reflect DSS priorities, in discussion with the Provider. See the Appendix 10 Performance measures and reporting of the Outcome Agreement.

Report name	Frequency
RBA report (Outcome Agreement, Appendix 3 Reporting and Appendix 10 Performance measures and reporting)	Every six months
Quarterly Performance Review a) Summary of last quarter (operational reports, data including non-MSD funded vs. public data, RBA summary) b) Continuous Improvement initiatives c) Educational outcomes to report to MOE d) Status of KPIs e) Status of any complaints raised **Financial and Budget management** • Finance summary - budget vs forecast of delivery volumes vs. contracted amounts. **Economic Benefits Monitoring (could move to 6 monthly)** a) Summary of progress made b) Pipeline opportunities	As per the Outcome Agreement

In addition, the Provider will respond to ad hoc reporting or information requests from DSS within the timeframe specified by DSS.

The Provider must forward completed reports to:
Disability Support Services

Ministry of Social Development

Email: dss_reporting@msd.govt.nz; and the relevant Contract Manager

13. Glossary

The following are definitions of key terms used in this Service Specification:

Term	Definition
Eligible Adult	A person 19 years of age and over who meets the criteria in 4.1, and is not excluded by the exclusions set out in 4.2
Eligible Child/Children	A person up to and including the age of 18 years who meets the criteria in 4.1, and is not excluded by the exclusions set out in 4.2
Eligible Person/People	Means an Eligible Adult or Eligible Child
Cochlear Implant Programme (CIP)	The CIP is a group of services delivered under this Service Specification as an integrated continuous process, which continues for an Eligible Person's whole life and is divided into the following components: • Management Services • Cochlear Implant Assessment • Cochlear Implant Equipment • Cochlear Implant Surgery, ENT Services and Hospital Stay Services • Audiology Services • Rehabilitation for Eligible Adults • Habilitation for Eligible Children to support development of communication following receipt of a CI • Ongoing maintenance and support of Eligible People with Cis • Cochlear Implant Processor Replacement • Funded repairs of speech processors, spare parts, and batteries for Eligible Children

Term	Definition
Habilitation	The component of the CIP that provides a coordinated programme of support to assist eligible children with a cochlear implant to develop communication, receptive and expressive language, listening skills and participation in everyday life, in accordance with the child and whānau goals.
Rehabilitation	The component of the CIP provides a coordinated programme of support to assist adults with a cochlear implant to develop listening, communication and participation in everyday life, in accordance with their individual goals and aspirations
Protocols	Are a set of operational, clinical and prioritisation processes that ensure consistency of the CIP delivery.
NZSL	New Zealand Sign Language, an official language of New Zealand and primary language of the Deaf community.
Multidisciplinary team	The team of specialists collaboratively supporting recipients of a CI, for example; surgeon, audiologist, hearing therapist, speech language therapist
AODC	Advisor of Deaf Children
RTD	Resource Teacher of Deaf children
SLT	Speech Language Therapist