

Equipment and Modification Services Service Specification

Purchase Unit Code: DSS1044 Purchase Unit

1. Overview of Service Specification;

Equipment and Modification Services

1.1 This Service Specification provides the overarching specification for the administration and delivery of Equipment and Modification Services (EMS) to eligible disabled people, as recommended by an EMS Assessor. EMS provides equipment and modifications (housing and vehicle) to eligible people who meet defined access criteria, to support them to live in their homes as safely and independently as possible, and to access their local communities.

1.2 The core administrative functions required of the EMS Provider (hereafter referred to as the "Provider") are:

- a) **Management of Service Requests;** the end-to-end processing of Service Requests for equipment and housing modifications received from EMS Assessors.
- b) **Relationship management;** the provision of advice and education to primarily support EMS Assessors.
- c) **Management of annual budget and service demand;** the management of the annual budget allocated by DSS and the demand for services.
- d) **Recording and reporting;** the establishment and operation of an efficient and effective system to record and report on the financial administration and service utilisation.
- e) **Information technology;** the establishment and operation of a suitable information technology system.
- f) **Asset management;** the establishment and operation of equipment stores, and systems to support refurbishment and repairs and maintenance of equipment.
- g) **Logistics;** the establishment and operation of a freight and delivery service for equipment.

2. Principles

2.1 United Nations Convention on the Rights of People with Disabilities 2.1.1 New Zealand is a signatory to the United Nations Convention on the Rights of People with Disabilities. The DSS supports the objectives of the Convention.

2.2 New Zealand Disability Strategy (NZDS)

2.2.1 The focus of the DSS's Disability Support Services is based on the New Zealand Disability Strategy (April 2001). This document aims to ensure disabled people live in a society that highly values their lives, works to improve their participation in their communities and ensures their needs are considered before decisions that affect them are made

2.2.2 The NZDS provides a framework to guide government agencies making policy and services impacting on disabled people.

2.3 Principles of Equipment and Modification Services

2.3.1 The overall purpose of Equipment and Modification Services is to make a significant, consistent and reasonable contribution to supporting disabled people to participate (if and when they want to) in activities inside and outside their home, and in their local communities.

2.3.2 The DSS is not able to provide funding to meet all of the service gaps identified by people with disabilities, and other interested people. To assist with the fair allocation of resources, the following principles guide the provision of Equipment and Modification Services:

- a) an effective contribution is made towards helping disabled people to live, as far as reasonably possible, as others do in their own homes and communities; and
- b) decisions represent value for money both now and in the future, and contribute to supporting disabled people of all ages to remain independently and safely in their homes as is reasonably possible and not to have to rely more heavily on their families or paid carers or move into residential care; and
- c) services are allocated fairly through a consistent, principled and equitable approach being taken to the way equipment and modifications are allocated across the diverse range of people DSS serves; and
- d) decisions reflect a long-term perspective, recognising that the equipment and modifications that are most appropriate for a person may change over time as people grow, age and develop, and as their circumstances and/or needs change.

2.3.3 The Provider will ensure that:

- a) there are no barriers to access for eligible people through cultural beliefs and practices ('cultural' denotes age, gender, ethnicity, disability or sexual orientation)
- b) the management of all information in relation to the administration of this service meets accepted standards of professionalism, ethics and privacy.

2.4 Other documents supporting Equipment and Modification Services

2.4.1 The following documents are published by DSS:

- a) Equipment Manual
- b) Housing Modifications Manual
- c) Vehicle Purchase and Modifications Manual

- d) New Zealand Disability Strategy <http://www.health.govt.nz/publication/new-zealanddisability-strategy-making-world-difference>

3 Service Definition

3.1 DSS provides Equipment and Modification Services (EMS) for disabled people who are eligible for DSS funded services, as recommended by EMS Assessors ¹ who are approved or credentialed to submit requests for services (known as “Service Requests”) on the person’s behalf.

3.2 This specification should be read with the understanding that the overarching intent of the provision of EMS is that the needs and outcomes of the person are always at the centre of planning and service delivery. This will include relevant aspects of the person’s life such as the environments they live and participate in, the activities they do, and the input from other people who may be involved such as family, whānau, carers and other paid or non-paid services and supports.

3.3 The Provider will provide an effective and efficient service, within annual allocated funding, to eligible people who meet agreed access criteria, to support them to overcome identified barriers by meeting their essential needs for equipment and/or modifications. This will include various types of equipment, housing modifications and vehicle purchase and/or vehicle modifications.

3.4 The following services may be provided to eligible people who meet defined access criteria:

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- a) The provision of equipment, either refurbished or new, to support their or their main carer’s safety and independence in daily living activities, mobility, seating and positioning, or communication.
 - b) The provision of equipment to support their vision or hearing needs to support their safety and independence.
 - c) The provision of equipment to support them to maintain or return to full time employment, vocational training, tertiary education or to fulfil their role as a main carer of a dependent person².
 - d) The provision of basic housing modifications such as handrails, threshold ramps and lever taps to support them to return to, or remain living in, their home.
 - e) The provision of complex housing modifications such as ramps, handrails and level access showers to support them to return to, or remain living in, their home.

¹ EMS Assessors must be registered on the EMS Assessor Accreditation Framework national database. EMS Assessors can be either Approved or Credentialed. The EMS Assessor may be employed by or contracted to a District Health Board (DHB) who also has Service Accreditation status allowing specified DHB staff to undertake assessments and recommend equipment according to agreed lists.

² Refer to definitions in the Equipment, Housing Modifications, and Vehicle Purchase and Modifications Manuals

- f) Assessment for, and funding of, vehicle purchase or modifications to support them to travel safely and/or independently in a vehicle.
- g) Training to support providers who do not have a contract with the DSS to provide this service with the successful implementation of communication devices for people who have difficulty communicating effectively and reliably.

3.5 Specific detail about who can access services and in what circumstances is described in the current approved versions of the Equipment and Modification Services' Manuals.

4 Service Outcomes

4.1 General

4.1.1 The Provider will ensure the timely provision of essential equipment and/or modifications as recommended by a suitably qualified EMS Assessor to meet the person's long term (i.e. greater than 6 months) disability need and/or to overcome barriers in their chosen community, that directly result from their disability.

4.1.2 The primary outcome of the EMS service is that disabled people, and their family, whānau and/or support people, receive a service that is: a) provided in a timely way to meet their needs

- b) cost effective and sustainable, providing value for money across Vote: Health
- c) appropriate to their needs and their ability to benefit, and
- d) easily able to be used and understood.

4.1.3 The provision of equipment and modifications for eligible people will be to support them to achieve one or more of the following outcomes³: a) remain living, or return to, their homes

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- b) maximise their independence
 - c) minimise the risks of injury to themselves, their families or whānau, or to other paid or unpaid carers
 - d) minimise the need to relocate to residential care or community living
 - e) minimise the need for paid and unpaid support in their home
 - f) undertake full time employment (paid or unpaid)
 - g) undertake education or vocational training
 - h) undertake their role as the main carer of a dependent child or children
 - i) get in and out of a vehicle safely

³ Specific access criteria are described in the Equipment, Housing Modifications and Vehicle Purchase and Modifications Manuals

- j) travel in a vehicle safely.

4.2 Māori

4.2.1 DSS is committed to achieving improvements in Māori health status so that Māori have the opportunity to enjoy at least the same level of health as non-Māori.

4.2.2 The Māori Disability Action Plan, Whāia Te Ao Mārama, describes the government's four priorities to deliver disability services for Māori. The Provider is required to implement Services in line with these four priorities: a) improve outcomes for Māori b) support whānau

- c) partner with Māori communities
- d) improve organisational responsiveness.

4.2.3 The Provider will act in accordance with the principles of the Te Tiriti o Waitangi (Treaty of Waitangi) and will ensure that:

- a) individuals will have access to a service able to be delivered in a manner, and by personnel, that are both acceptable and appropriate for their cultural needs
- b) individuals and their whānau will receive information on, and access to, traditional and alternative interventions, which may be more appropriate or responsive to their needs.

4.2.4 The Provider will ensure that it provides the Services in an appropriate bicultural manner. This will include, but not necessarily be limited to:

- a) incorporating tikanga Māori
- b) recruiting Māori staff where possible
- c) establishing links with the tangata whenua and kaumatua from the region
- d) meeting the culturally appropriate standards defined by DSS
- e) developing a monitoring strategy with Māori that reviews and evaluates whether Māori outcomes are being met.

5 Who the services are for

5.1 Eligibility Criteria

5.1.1 Equipment and Modification Services are available to disabled people of all ages who meet the eligibility and access criteria set out below. Eligibility criteria for publicly funded Health and Disability Services are set out in the Health and Disability Services Eligibility Direction 2011. The Direction is issued by DSS under the New Zealand Public Health and Disability Act 2000.

5.1.2 To be eligible for this service, a person must;

- a) be eligible for publicly funded Health and Disability Services⁴; and
- b) have a disability as defined by DSS; either physical, intellectual, sensory (vision and/or hearing) or a combination of these, or an age-related disability, which is likely to:
 - i. remain after the provision of treatment and/or rehabilitation
 - ii. continue for at least six months, and
 - iii. impact on their ability to do some everyday tasks, resulting in a need for ongoing support.

5.1.3 People under 65 years of age who have very high needs requiring ongoing support services as a result of a chronic health condition and have been confirmed as eligible for Long Term Supports - Chronic Health Conditions (LTS-CHC) by the relevant Needs Assessment Service Co-ordination (NASC) organisation.

5.1.4 The person must live in the region as described in the attached Provider Specific Terms and Conditions.

5.1.5 People living in residential care settings, including rest homes, private hospitals, community residential support homes, and other similar residential services funded by DSS, may be able to access equipment as defined in the current EMS Equipment Manual.

5.2 Access Criteria

5.2.1 Eligible people who have an essential need for, and the ability to benefit from, equipment or modifications meet the criteria for access to specific services as defined by the DSS funding guidelines and policies on Equipment and Modification Services. The essential need for, and ability to benefit from equipment or modifications must have been identified by an EMS Assessor who holds the appropriate accreditation status, following an assessment process.

5.2.2 The criteria for access to specific equipment and modification services are defined in the current EMS Manuals (Equipment, Housing Modifications and Vehicle Purchase and Modifications).

5.2.3 Where specific equipment, housing modifications, and vehicle modifications and/or purchase are being considered, funding will only be available when this has been determined by the EMS Prioritisation Tool. DSS will advise the Provider which specific services will be subject to the EMS Prioritisation Tool.

5.2.4 To access funding for EMS through LTS-CHC, the person needs to have been identified by his or her local NASC as being eligible for LTS-CHC funding and had an assessment by an EMS Assessor.

⁴ See the Ministry of Health website <http://www.moh.govt.nz/moh.nsf/indexmh/eligibility-direction>
Disability Support Services
Equipment Modification Services

5.3 People who are not eligible

5.3.1 Those not eligible for services include, but are not limited to, people who:

- a) do not meet eligibility criteria for Health and Disability Services, or do not meet the access criteria as defined in the DSS EMS Manuals
- b) require equipment and/or modifications solely as a result of injury that meets ACC's cover and entitlement criteria under the Accident Compensation Act 2001⁵
- c) have been assessed as having a disability that is unlikely to last more than six months
- d) do not have a functional impairment as a result of a sensory, intellectual, physical or age-related disability.

5.4 People who exit the service

5.4.1 It is expected that equipment and modifications will be in place long term. The person's situation may change in one of the following ways:

- a) On entry to residential care services contracted by DSS, including rest homes, private hospitals, residential care or community residential support settings, the person may retain any equipment intended for their sole use as identified in the Equipment Manual. All other equipment should be returned to the Provider, where the Provider determines it is cost effective to do so. If the person needs new personal equipment while living in community residential support services, they will need to have an assessment of their needs and, if appropriate, a Service Request may be made. The person can take the equipment if they leave one residential setting and shift to another or if they leave community residential support services, and the equipment is still suitable to meet their needs.
- b) On departure from New Zealand, personal mobility and communication equipment, and spectacles which have been funded by the DSS, may be taken with the person, but no further refurbishment, replacement or repair will be undertaken by the Provider once the person has departed from New Zealand. All other equipment should be returned to the Provider.

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- c) When equipment is no longer required by the Service User all items should be returned, where the Provider determines it is cost effective to do so. This should be managed in a manner appropriate to the situation.

⁵ People who would otherwise be eligible for equipment and modification services due to an injury prior to 1 April 1974 are eligible for Ministry of Health funded Equipment and Modification Services.

6 Service Components

6.1 Administration

6.1.1 The Provider will administer the following services:

- a) **Management of Service Requests;** the end-to-end processing of Service Requests for equipment, housing modifications and vehicle purchase and modifications for eligible people.
- b) **Relationship management;** the provision of advice, education and support, primarily to EMS Assessors who are considering the provision of equipment, modifications or vehicle purchase as part of their assessments with eligible people.
- c) **Management of annual budget and service demand;** the management of the annual budget allocated by the DSS and the demand for services requested by EMS Assessors on behalf of eligible people.
- d) **Recording and reporting;** the establishment and operation of an efficient and effective system to record the financial administration and utilisation of the service and report on this and other relevant information to the DSS using an agreed reporting template
- e) **Information technology;** the establishment and operation of an information technology system which:
 - i. has the capacity to process on-line Service Requests from EMS Assessors for Band 1 Equipment
 - ii. has the capability to interface with the DSS provider of its web-based EMS Prioritisation Tool for the processing of online Service Requests from EMS Assessors.
- f) **Asset management;** the establishment and operation of:
 - i. store/s to support the appropriate storage of new and returned equipment and the management of all physical assets
 - ii. systems to support the refurbishment of returned equipment suitable for re-issue to eligible people
 - iii. systems to support the provision of repairs and maintenance of equipment which has been issued to Service Users.
- g) **Logistics;** the establishment of a freight service to ensure efficient and effective pick-up and delivery of equipment returned by Service Users and equipment issued from the Provider's store.

6.2 Services excluded

6.2.1 The Provider is not responsible for:

- a) hireage of equipment, unless it has been considered to be the most cost-effective approach to meet a specific Service User's needs
- b) costs associated with the return of trial equipment to suppliers

- c) costs relating to the provision of an assessment by an EMS Assessor, with the exception of assessments by Credentialed Vehicle Assessors for the consideration of vehicle purchase or modifications
- d) costs associated with the manufacture of equipment, excluding assembly of minor parts
- e) training to support the successful implementation of Communication Assistive Technology where the training provider has a formal contract with DSS to provide this service
- f) all exclusions identified in the Equipment, Housing Modification and Vehicle Manuals.

6.3 Changes to Equipment and Modification Services

6.3.1 Ongoing work by DSS around eligibility, access, targeting and prioritisation of services for all Disability Support Services may have an impact on who can access Equipment and Modification Services. With a minimum of 90 days' notice (or as agreed with the Provider), the Provider will be notified of any changes to service access, including, but not limited to, access to services, co-payments, target thresholds, and procurement strategies.

6.3.2 The Provider will work towards establishing a range of approaches which would support disabled people and their families and whānau to have as much choice and control over their lives as they wish in the delivery of equipment and modifications to their homes to meet their disability-related needs. This approach should focus on options to ensure that services are as flexible, responsive and personalised as existing budgetary allocations allow.

6.4 Geographical Coverage

6.4.1 The Provider will ensure that the services described in this specification are delivered in an equitable manner to people throughout the agreed region as defined in the Provider Specific Terms and Conditions.

6.5 Long Term Supports – Chronic Health Conditions

6.5.1 The Provider will consider a recommendation for equipment and modifications within a person's overall support package, in consultation with local NASC personnel. The EMS Assessor must obtain written documentation from the local NASC service confirming that the person is eligible to access funding through LTS-CHC before a Service Request can be made.

6.5.2 Service Requests for people eligible for LTS-CHC must be recorded and invoiced separately from other Service Requests for EMS services.

6.5.3 The Provider will send a record of each approved Service Request to the relevant or its nominated provider(s) to ensure the provision of EMS is considered within the overall support package recommended for the person.

7 Administration of the services

7.1 Role of the EMS Assessor

7.1.1 Referral to an EMS Assessor for an assessment can be made by a registered medical practitioner, NASC, an allied health professional, or, in some cases, self-referral.

7.1.2 To access Equipment and Modification Services an EMS Assessor will complete an assessment of a person's needs, following the processes outlined in the current Equipment and Modification Services' Manuals.

7.1.3 As a result of the assessment, the EMS Assessor will recommend the most appropriate and cost-effective intervention to meet the person's needs. If the outcome of the assessment indicates that the person is eligible to access DSS funded equipment or modifications and would benefit from equipment or modifications to meet their disability-related needs, the EMS Assessor will also complete the EMS Prioritisation Tool (where required) to determine whether or not DSS funding can be accessed.

7.1.4 The EMS Assessor is encouraged to consult with the Provider at any stage of this process to establish a person's eligibility for access to services and to discuss and consider all possible solutions and intervention options which could meet a person's needs (refer to clause 7.11 Relationship Management). In some cases, the consultation with an EMS Advisor is mandatory. Where a Service Request is made without seeking advice in accordance with the current mandatory indicators, provision of the Service Request will be subject to confirmation by the EMS Provider.

7.1.5 If indicated, the EMS Assessor will initiate a Service Request to the Provider. The Service Request may be submitted in one of the following ways:

- a) electronically through the Provider's IT system for Band 1 equipment only, or
- b) electronically via the web-based EMS Prioritisation Tool for all Service Requests which are subject to the Prioritisation Tool.

7.2 Role of the Provider

7.2.1 The Provider is responsible for ensuring that an efficient and effective system is in place for providing support and advice to EMS Assessors. This includes supporting their consideration of equipment or modifications, receiving, acknowledging and processing all Service Requests and delivering the appropriate services in a timely manner.

7.3 Equipment

The Provider is responsible for:

7.3.1 Providing education, advice and guidance to EMS Assessors during the assessment process. This will include the consideration of appropriate EMS solutions or other interventions to meet the person's needs before a Service Request is submitted by an EMS Assessor.

7.3.2 Supplying all Service Requests for equipment in the following order of priority:

- a) refurbished equipment
- b) Band 1 Equipment
- c) Band 2 or Band 3 Equipment

7.3.3 Checking whether Band 2 or Band 3 Equipment which has a high value or is unique and complex is available as a refurbished item from the Provider's own stores or from any other Provider's store nationally before ordering new equipment, where appropriate.

7.3.4 Facilitating the delivery of equipment to Service Users in a timely, efficient and costeffective manner either from refurbished equipment stock or newly purchased Band 1 Equipment, to the Service User following completion, by the EMS Assessor, of the Provider's on-line ordering system.

7.3.5 Facilitating the supply of Band 2 or Band 3 Equipment to Service Users where the outcome of the Prioritisation Tool has determined that funding is available. Equipment will be supplied from either stock available for reissue held in either Provider's store (for high value of unique and complex equipment) or newly ordered from the appropriate equipment supplier.

7.4 The Catalogue

7.4.1 The Provider will maintain a Catalogue that will consist of Band 1 and Band 2 Equipment

Table One: Performance Measures, Catalogue management

Outcomes	Evidenced by
EMS Assessors are aware of the list prices of Band 1 and Band 2 Equipment and what options are available	The Catalogue for Band 1 and Band 2 is updated 6 monthly and will be published online to be easily accessible to EMS Assessors and provide them with information to guide their selection for Service Users.

7.5 Trial Equipment

The Provider is responsible for:

7.5.1 Facilitating the supply of equipment to be trialled by the person and its delivery to them or the EMS Assessor, when:

- a) the equipment item is a suitable refurbished option and is available from the Provider's store. Band 1 equipment is not to be trialled.
- b) When a suitable item is not available from the Provider's store, the EMS Assessor co-ordinates the trial or supply of the new Band 2 and Band 3 equipment with the person and the equipment supplier. The EMS Assessor notifies the Provider of

the outcome of the trial confirming a successful trial or arranging a trial of another option.

7.5.2 The Provider will work towards the establishment of innovative ways to work with EMS Assessors to monitor and track the equipment made available by suppliers which has been approved for trial to ensure that it is supplied in the most cost-effective way.

7.5.3 The Provider will encourage EMS Assessors to:

- a) Return trial equipment to the supplier within 20 working days if it is not suitable to meet the eligible person's needs, or
- b) Approve the trial equipment as being suitable to meet the person's needs and paid for by the Provider after this approval has been given.

7.5.4 Where no formal advice has been received from the EMS Assessor within 30 working days of the trial approval, and the Provider is aware of equipment that is on trial, the Provider will follow up with the EMS Assessor to determine the status of the trial. The system must allow for a reasonable trial period by eligible people and to accommodate any delays in the supply of equipment for trial. Where trial equipment has not been returned to the supplier or approved by the EMS Assessor as being suitable to meet the person's needs within 30 working days of the receipt of the Service Request, the Provider will, where appropriate:

- a) contact the EMS Assessor to establish the status of the trial equipment and the reasons for the prolonged trial
- b) confirm a new timeframe for the trial period if necessary, or
- c) confirm the suitability of the trial equipment and request the EMS Assessor to follow up with the supplier regarding the presentation of an invoice to the Provider.

7.6 Housing Modifications

The Provider is responsible for:

7.6.1 Facilitating the delivery of all Service Requests for basic housing modifications.

7.6.2 Providing advice and guidance to EMS Assessors to support them with the consideration of possible interventions for eligible people who may benefit from complex housing modifications (refer to clause 7.10 Relationship Management).

7.7 Vehicle Purchase and Modifications

The Provider is responsible for:

7.7.1 Facilitating the completion of assessments for, and where appropriate, the delivery of, vehicle purchase or modifications funded wholly or partly by the DSS.

7.8 Income and Cash Asset Testing

The Provider is responsible for:

7.8.1 Forwarding Service Requests for housing modifications and vehicle purchase for people aged 16 years and over, which are above the DSS's agreed thresholds, to Work and Income for completion of an Income and Cash Asset Test. This will determine the amount that the person is able to receive towards the housing modifications or vehicle purchase.

7.8.2 Informing the Service User and the EMS Assessor of the outcomes of the Income and Cash Asset Test and the level of funding, if any, that DSS is able to contribute to the proposed solution.

7.9 Payments

7.9.1 The Provider is responsible for making payments to suppliers for all services supplied as a result of submitted Service Requests.

7.9.2 Service Requests are subject to all requirements being met before payments can be made. These requirements include, but are not limited to,:

- a) housing modifications or vehicle purchase where Income and Cash Asset Testing is required and the contribution from the DSS cannot be established until this process has been completed, and
- b) equipment which is being trialled before a final decision on the most suitable option has been made and confirmed by the EMS Assessor to the Provider.
- c) all conditions of warranty, relevant standards, certification and legislation (including Low Volume Vehicle Technical Association Standards) regarding the purchase of, or modifications to, a vehicle.

Table Two; Performance Measures, Management of Service Requests

Outcomes	Evidenced by
Disabled people and their family, whānau and/or support people receive a service that is: - provided in a timely way to meet their needs, and - appropriate to their needs and their ability to benefit from the services	95% of Service Requests are acknowledged to the EMS Assessor within 3 working days of their receipt
	90% of Service Requests for Band 1 Equipment (refurbished or new) are supplied to the delivery address within 5 working days of receipt of the request
	90% of Service Users surveyed annually are satisfied with the quality and timeliness of the equipment or modifications they have received

Trial equipment is managed efficiently and cost-effectively	90% of equipment trials are completed ⁶ within 3 months of receipt of the Service Request
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7.10 Relationship Management

7.10.1 The Provider will develop and maintain positive constructive relationships with EMS Assessors practicing within its region. Relationships will also be established with: a) other EMS Provider/s,

- b) eligible people and their family or whānau or key support people (where necessary and appropriate)
- c) equipment manufacturers and suppliers
- d) other key sector representatives.

7.10.2 Refer to Clause 9 of this Service Specification for a list of key organisations relevant to this service.

7.10.3 EMS Review Panel. The Provider will seek advice and a decision or recommendation from DSS, where:

- a) DSS operational policy is unclear in relation to eligibility for or access to Equipment and Modification Services. In such cases rationale supporting the reasons for seeking such funding will need to be provided to DSS by the EMS Provider using the DSS EMS Review Panel template. This will include documentation of the clinical reasoning from the EMS Assessor supporting the proposed services and the Provider's position regarding the recommended services. Consultation with both EMS Providers will be undertaken.
- b) the estimated cost of a Service Request is likely to exceed \$35,000 excl. GST or at the level established by DSS (note that for housing modifications, the agreed figure also includes the value of any previous housing modifications which have been funded by DSS).
- c) access to funding is being requested due to a person's genuine and exceptional circumstances

7.10.4 The Provider will forward all such requests for a decision or recommendation to the DSS EMS Review Panel for consideration. Such requests will generally be made before a Service Request has been submitted by the EMS Assessor. Where a Service Request has been made and no prior advice has been sought by the EMS Assessor from the Provider, the request will be subject to confirmation of the outcome of the EMS Review Panel's decision or recommendation.

7.10.5 A representative from the relevant Provider may be invited to the Panel to discuss by teleconference an individual case with DSS Panel members.

⁶ Completed means the trial is finished and a purchase order has been placed.

7.11 Advisory Services

7.11.1 The Provider is responsible for providing information and advice about the services available through Equipment and Modification Services.

7.11.2 The Provider will employ or contract sufficient staff, EMS Advisors and Housing Advisors, who have the qualifications and experience to provide quality and timely information, education and advice about EMS. The primary audience for advice is likely to be EMS Assessors but may also include people who are receiving Equipment and/or Modification Services or significant others who are supporting the person in either a paid or non-paid capacity.

7.11.3 The EMS Advisors and Housing Advisors will support and educate EMS Assessors working in non-government organisations or who are self-employed or employed by the education sector of private providers. This support and education will include, but not be limited to:

- a) technical advice (including pricing estimates) on potential equipment, housing modification, or vehicle modification solutions
- b) advice on the DSS's operational policy and eligibility and access criteria
- c) information and advice to guide the EMS Assessor's decision-making and clinical reasoning when considering the solutions or interventions that would be the most appropriate option to meet the person's needs.

7.11.4 Advisory Services will include, but not be limited to, the following approaches:

- a) Telephone and email communication in response to specific requests for advice and support.
- b) Scheduled telephone calls or videoconferences with individual or groups of EMS Assessors which are focused on the needs of people or by service type (for example, children's services, housing modifications, or communication assistive technology).
- c) Site visits (scheduled and on a case-by-case basis) to key regional locations to participate in meetings with EMS Assessors or "clinics" with the disabled person, their family and whānau and key support people and other relevant parties.
- d) Seminars, webinars (web-based seminars, which could be a presentation, lecture, workshop or seminar that is transmitted over the Web), training forums to share information and upskill in highly specialised areas.
- e) Discussion (face-to-face, telephone or videoconference) to provide feedback to individual or groups of EMS Assessors and their managers/supervisors on their service utilisation. This feedback will be held at least six monthly.
- f) Communication of any changes to DSS operational policies or the Provider's processes, forms, advisory services, using a plain language style.

7.11.5 The Provider is not directly responsible for the competency of EMS Assessors; this is the responsibility of their employer or relevant professional board or body. However,

the Provider will work with the EMS Assessor to ensure the services that are requested through EMS funding are the most cost-effective and suitable to meet the disabled person's long term needs. Table Two below provides an outline of the responsibilities and accountabilities for EMS Assessors and the Provider.

Table Three; Responsibilities and Accountabilities

Responsibilities and Accountabilities	EMS Provider	EMS Assessor
Accountability for the quality of the assessment and services requested in the Service Request		
Accountability for determining the person's eligibility for EMS	Advice	
Responsibility for the recommended solution meeting the needs of the Service User	Advice	
Responsibility for informing the Eligible Person about the EMS Prioritisation Tool and its outcome		
Responsibility for recommending cost-effective services and achieving average service utilisation	Advice	
Responsibility for providing timely advice and education to the EMS Assessor during the assessment process		
Accountability for management of the annual allocated budget		
Responsibility for monitoring EMS Assessors' service utilisation and following up any outliers		

7.12 Role of the EMS Advisor

7.12.1 The role of the EMS Advisor is to provide information, education, advice and support, as requested, primarily to EMS Assessors to:

- confirm the disabled person's eligibility for disability support services
- establish whether they meet the criteria for accessing specific services, as documented in the current Equipment, Housing Modifications and Vehicle Purchase and Modifications manuals and in this service specification
- ensure that all intervention options (including, but not limited to, other equipment or modification solutions, home support, and relocation to a more suitable home) are explored when the EMS Assessor is considering the possible utilisation of equipment or modifications, and
- explore the cost-effectiveness and appropriateness of services requested (including pricing information) before a Service Request is submitted to the Provider.

7.12.2 This advice will be provided by appropriately skilled and experienced personnel on a regular basis and in response to specific request for advice and support, tailored to the learning needs and experience of the EMS Assessor/s using the variety of approaches.

7.12.3 Staff undertaking the EMS Advisor role will hold a relevant professional qualification (for example, registered occupational therapist or physiotherapist with a current Annual Practising Certificate). EMS Advisors will be expected to draw upon a wide range of competencies as appropriate. These will include, but are not limited to:

- a) comprehensive assessment, including specialist assessment to meet a person's need for complex equipment (such as pressure care and manual handling), housing modifications or vehicle purchase and modifications
- b) knowledge of the impact of illness and disease processes in people of all ages and on their families and whānau and carers
- c) working with a wide range of disabled people and their families, whānau, formal caregivers and/or appropriate others, including people with physical, intellectual, sensory and/or age-related disabilities
- d) awareness of the social and community environment that impacts on disabled people and their family or whānau
- e) understanding of the cultural needs of Māori, Pacific and other ethnic communities
- f) comprehensive knowledge (including costs) of the range of support options and resources available in the community and DHBs
- g) appropriate skills for engaging with other services for disabled people with complex disability needs (for example, behaviour support teams)
- h) understanding of the disabled person's eligibility for other government or nongovernment funded services or benefits.

7.12.4 The EMS Advisor will:

- a) offer advice and guidance to EMS Assessors and seek advice from clinical experts in wheeled mobility and postural management or other relevant speciality fields where appropriate.
- b) actively network and collaborate with relevant service providers, including, for example, Needs Assessment and Service Co-ordination (NASC) organisations, Child Development Teams, Behaviour Support Teams and Housing New Zealand Corporation.
- c) actively participate with other EMS Providers and the DSS in the development of Equipment and Modification Services to ensure ongoing service improvements and best value outcomes for Service Users.

7.13 Housing Advisory Services

7.13.1 The Provider is the principal in any DSS funded housing modifications unless this responsibility has clearly been assigned to another party and this agreement is documented in writing. As the principal the Provider will be responsible for managing and if necessary, enforcing, relevant contracts so that the housing modifications contracted for are completed to a satisfactory standard. The responsibility for contract management will rest with the Provider.

7.13.2 The Provider will maintain a Housing Advisory Service to:

- a) provide technical advice and support to EMS Assessors, disabled people and their families or whānau and other relevant parties, during the consideration of housing modifications to meet a person's disability related needs
- b) fully inform EMS Assessors and other key parties, on the processes for DSS funded housing modifications as outlined in the Housing Modifications manual
- c) provide input when consulted into the relevant training material/programmes for Credentialed Housing Assessors (complex modifications).

7.14 Role of the Housing Advisor

7.14.1 Staff undertaking the Housing Advisor role will hold a relevant trade qualification and membership of an appropriate trade organisation (for example, a Registered Master Builder). Housing Advisors will be expected to draw on a wide range of competencies as appropriate. These will include, but are not limited to:

- a) comprehensive knowledge and understanding of the Building Act
- b) broad knowledge of the impact of disability in people of all ages and on their families and whānau and carers
- c) understanding of the cultural needs of Māori, Pacific and other ethnic communities
- d) comprehensive technical knowledge of the range of accessible and sustainable features of a home which could meet the disability related needs of eligible people and their families or whānau
- e) comprehensive knowledge of the building processes, including the requirements established by relevant local territorial authorities
- f) appropriate skills for engaging with disabled people with complex disability needs
- g) appropriate skills for engaging with EMS Assessors and other relevant parties involved with the consideration of housing modifications for eligible people.

7.15 Housing Outreach Clinics and On-Site Visits

7.15.1 As part of its Housing Advisory Service function, the Provider will establish Housing Outreach Clinics in key centres and participate in Housing On-Site Visits within its region as required. The Housing Outreach Clinics and Housing On-Site Visits will be agreed by the EMS Provider and the EMS Assessor to ensure that support and advice to all relevant parties is provided before substantive work is undertaken by an EMS Assessor in the consideration of DSS funding for housing modifications.

7.15.2 Such clinics and visits will be set up in a timely way in response to the following indicators:

- a) complexities of the disabled person's home environment
- b) complexities in relation to the person's family or whānau situation
- c) complexities relating to their disability related needs and impact of their disability on them and their family or whānau (including the likely long-term sustainability of them remaining living in their home).

7.15.3 The Provider will ensure that EMS Advisors and Housing Advisors are available to travel to specific locations as required facilitating the Housing Outreach Clinics and participating in Housing On-site Visits.

7.16 Housing Outreach Clinics

7.16.1 Housing Outreach Clinics will be established and facilitated by the Provider according to regional requirements, service demand, and in consultation with EMS Assessors and other relevant parties in each region. The Provider will circulate the schedule of Housing Outreach Clinics to EMS Assessors and will engage with EMS Assessors within the region to establish suitable accessible venues for the Clinics.

7.16.2 This service will include:

- a) Providing information about the types, technical elements and likely cost of housing modifications, and consideration of other support options, to EMS Assessors credentialed in Complex Housing Modifications to help guide their selection of the most appropriate intervention.
- b) Supporting parties (including representatives from NASC, behaviour support specialist, Strengthening Families, DSS of Education, where appropriate) to explore all possible support options to meet the needs of the person and their family or whānau (including considering relocation to a more suitable home or increasing other support options such as personal care or respite support) before proposing high-cost housing modifications.
- c) Providing a forum for the EMS Assessor, and other relevant parties (for example, Housing New Zealand personnel if the person is a tenant in a Housing New Zealand home), to discuss options when considering modifications to the person's home.

7.17 Housing On-site Visits

7.17.1 Advice and support will be provided by the Housing Advisory Service in response to an individual request from an EMS Assessor on a case-by-case basis in the form of Housing On-site Visits.

7.17.2 Where the EMS Assessor requests comprehensive advice and support from the Housing Advisory Service, and a Housing On-Site visit is agreed by the EMS Provider and the EMS Assessor, a visit to the person's home will be arranged with all key parties (including the person's family or whānau and the EMS Advisor and/or Housing Advisor as indicated) to facilitate the progression of the most suitable services and supports for the person.

7.17.3 On-site Visits will be facilitated by the Provider and will be held before the decision has been made to proceed with specific Service Requests for housing modifications which are complex in nature.

7.18 Information

The Provider will:

- 7.18.1** Provide written information to all EMS Assessors (by way of newsletters, email updates, etc) to inform them of the DSS's policy and procedural changes or other information that would impact of the services. Any such communications will be approved by the DSS's Contract Relationship Manager before being circulated. This information will be developed in consultation with DSS, other EMS Providers, sector professionals, and relevant interested parties.
- 7.18.2** Prepare all information, including personalised letters, for Service Users using plain language and with a named contact person and their contact details.
- 7.18.3** Develop and maintain a website that offers information about services to the general public and interested parties. This website should be easy to read and navigate and meet accessibility standards/requirements. This information will include a complaints procedure, and up to date advice for EMS Assessors.
- 7.18.4** Develop and circulate information for Service Users, using appropriate language and format (e.g. New Zealand Sign Language, plain language, websites), about the range and nature of services available. This information will be developed in consultation with DSS, other EMS Providers, sector professionals, and relevant interested parties.
- 7.18.5** Respond to any request for information from DSS within the requested timeframes. When DSS requests information to respond to communications sent to the Minister of Social Development, this must be provided within 48 hours of the request being made to the Provider.
- 7.18.6** Develop and maintain operational processes that align with DSS Equipment, Housing Modifications and Vehicle Purchase and Modifications Manuals, including process guides, forms and templates. The Provider will publish links to DSS resources, including the Equipment, Housing Modifications and Vehicle Purchase and Modifications Manuals, on its website.
- 7.18.7** Provide advice and support to improve the understanding and knowledge of current funding guidelines and policies of DSS, and as documented in the current Equipment, Housing Modifications and Vehicle Purchase and Modifications Manuals.

Table Four; Performance Measures, Relationship Management

Outcomes	Evidenced by
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EMS Assessors are guided when considering possible support and service interventions so that they can select services which are: timely	All requests for advice from EMS Assessors for Band 2 Equipment, Band 3 Equipment, complex housing modifications and vehicle purchase or modifications are
- meet the disability related needs of the disabled person and/or their family and whānau - cost effective provide - value for money across Vote: Health	responded to within 48 hours and are actioned⁷ within 10 working days of receipt of the request for advice. When surveyed (using a survey developed in agreement with DSS) at least annually, 90% of EMS Assessors who respond are satisfied with the support and advice given by the Provider's EMS and/or Housing Advisors when selecting the most appropriate intervention for their clients. The Provider has established regular engagement by its nominated EMS Advisors to EMS Assessors in the region as evidenced by regular communication through telephone, teleconference, email, seminars, webinars, visits.

7.19 Basic Housing Modifications

On receipt of a Service Request for Basic housing modifications the Provider will:

- 7.19.1** Engage a Supplier (a contracted building contractor) to complete the modifications according to the specifications outlined in the Service Request.
- 7.19.2** Where modifications are required for a Service User living in a Housing New Zealand Corporation (HNZC) home, follow the processes as agreed between DSS and HNZC for the completion of Minor Modifications.
- 7.19.3** Facilitate the completion of the modifications according to the agreed plans and specifications (Note that further detail on the process for completion of the housing modifications and the roles and responsibilities of all parties is detailed in the Housing Modifications Manual).
- 7.19.4** Liaise with the EMS Assessor as required throughout the building process.
- 7.19.5** Inform the EMS Assessor of any variation to the agreed plans as detailed in the Service Request or additional private work requested by the Service User or the property owner.

⁷ Actioned refers to contact that has been made with the EMS Assessor and discussions have begun to work towards a suitable solution. This contact may be verbal or in writing.

Any additional work will constitute a separate contract between the Service User or the property owner and the building contractor and is outside the scope of this service specification.

Table Five; Performance Measures, Basic Housing Modifications

Outcomes	Evidenced by
Disabled people and their family, whānau and/or support people receive a service that is: - provided in a timely way to meet their needs, and - appropriate to their needs and their ability to benefit from the services	95% of Service Requests for Basic Housing Modifications are completed within 20 working days of their receipt

7.20 Vehicle Purchase and Modifications

7.20.1 The vehicle purchase or modifications:

- must be considered by the EMS Assessor as being essential and cost-effective to meet the disability-related needs of people who are eligible for DSS for Health ("DSS") funding and who meet agreed funding criteria, and
- will have been recommended by an EMS Assessor who is a Credentialed Vehicle Modifications Assessor⁸ following an assessment with the disabled person and their family or whānau and submission of a Service Request to the Provider.

Service Outcomes

7.20.2 The provision of vehicle purchase or modifications for eligible adults (aged 16 years and over) will support them to achieve one or more of the following outcomes: a) get to/from or undertake their full-time employment

- get to/from tertiary education or vocational training
- undertake their role as the main carer of a dependent child or children.

7.20.3 The provision of vehicle purchase or modifications for eligible children (aged 15 years and under) will support them to achieve one or more of the following outcomes: a) get in and out of a vehicle safely

- travel in a vehicle safely.

7.20.4 DSS principles to guide the successful provision of vehicle purchase and modifications are as follows:

- Vehicle modifications will be completed utilising a value for money approach.
- Equipment solutions will always be considered before vehicle modifications.

⁸ Refer to the Ministry's EMS Accreditation Framework <http://www.disabilityfunding.co.nz/ems-assessors>
Disability Support Services
Equipment Modification Services

- c) Vehicle modifications will conform to relevant legislative requirements and standards.
- d) Vehicle modifications will take into consideration the developmental, changing and long-term needs of people with disabilities.
- e) Vehicle purchase and modifications will be considered as part of a range of intervention options to meet a person's travel or vehicle needs.

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- f) Service Users and their families and whānau, and EMS Assessors, will be able to have one point of contact to discuss any issues or concerns regarding vehicle purchase and modifications with.
 - g) Service Requests for vehicle purchase and modifications should be completed as promptly as possible and within agreed budgets.
 - h) The consideration of, assessment for and provision of vehicle purchase and modifications will be managed through the Provider for their region with close discussion with the EMS Provider of other regions to enhance national expertise, consistency of services and quality of EMS Assessors' and Suppliers' performance.

Service Components

7.20.5 Administration of the Service; the Provider will endeavour to:

- a) Establish agreements with EMS Assessors, who are Credentialed Vehicle Modifications Assessors to facilitate the assessment of travel and vehicle needs for eligible people. Such agreements could be held by or be organisations which employ EMS Assessors, rather than individual EMS Assessors themselves.
- b) Provide advice to EMS Assessors during the consideration of vehicle purchase or modifications for eligible disabled people.
- c) Establish agreements with vehicle modifiers ("Suppliers") who are appropriately skilled and qualified to complete vehicle modifications for eligible people.
- d) Monitor the agreements with the EMS Assessors and the Suppliers to ensure all services are delivered and completed safely and competently:
 - i. according to the DSS's operational policies, funding guidelines and processes (as described in the current Vehicle Purchase and Modifications Manual)
 - ii. according to relevant standards, certification and legislative requirements (including Low Volume Vehicle Technical Association standards), and
 - iii. in a timely and efficient manner that meets the needs of Service Users.
- e) Ensure that all Suppliers adhere to their relevant codes of conduct and good business practices and perform the services with a high degree of professional skill, workmanship and care.

- f) Undertake audits of EMS Assessor's or Suppliers' work as required and in discussion with the DSS of Health or where concerns have been raised by the Service User, their family or whānau or the EMS Assessor.
- g) Manage payments to all EMS Assessors and Suppliers in accordance with best business practice.
- h) Facilitate the resolution of disputes about vehicle purchase and modifications as relevant or necessary.

7.20.6 On receipt of a referral for the consideration of vehicle purchase and/or modifications

- a) a contracted EMS Assessor will undertake an assessment with an eligible person
- b) the Provider will make payment to the EMS Assessor for the completion of the assessment. Payment will include agreed disbursement costs if the EMS Assessor is required to travel to complete the assessment.
- c) the EMS Assessor will submit a Service Request to the Provider if the outcome of the assessment indicates that vehicle purchase and modifications are essential to meet the needs of the eligible person and, following the completion of the EMS Prioritisation Tool, the person has met the prioritisation score.

7.20.7 During the consideration of vehicle purchase and modifications, the Provider will provide advice and support, as requested, to EMS Assessors to:

- a) Confirm the disabled person's eligibility for disability support services.
- b) Establish whether they meet the criteria for accessing vehicle purchase and/or modifications, as documented in the current Vehicle Purchase and Modifications Manual.
- c) Ensure that all intervention options (including other equipment or transport solutions) are explored when the EMS Assessor is considering the possible utilisation of vehicle purchase or modifications.
- d) Explore the cost-effectiveness and appropriateness of services requested before a Service Request is submitted to the Provider.
- e) Engage, in conjunction with the EMS Assessor, with other potential funders of vehicle purchase or modifications (for example, the Lottery Grants Board) where joint funding of vehicle purchase and modifications could be considered.

7.20.8 On receipt of a Service Request for purchase of a vehicle, the Provider will:

- a) Forward the necessary information to Work and Income for completion of an Income and Cash Asset Test. This will determine the amount of DSS funding, if any, that the person is able to receive towards the purchase of the vehicle.
- b) Confirm with the EMS Assessor the amount of DSS funding available for the Service User.
- c) Make payments to the EMS Assessor on completion of the assessment and the recommendations for the vehicle purchase.

- d) Make payment to the appropriate motor vehicle dealer or other relevant party for the DSS agreed contribution towards the cost of the vehicle.

7.20.9 On receipt of a Service Request for vehicle modifications, the Provider will:

- a) Inform the Service User and the EMS Assessor that DSS funding is available for the specified modifications
- b) Liaise with the EMS Assessor to facilitate the supply of the vehicle or modifications, once all the requirements for a Service Request have been met.

7.20.10 After the completion of the vehicle modifications, the EMS Assessor will:

- a) Ensure that the completed vehicle modifications:
 - i. are suitable for their intended purpose. This means that following the modifications, the vehicle, its structure, safety related systems, components and equipment will carry out their functions safely, having regard to any increased duty that the modifications may have placed on them.
 - ii. inform the EMS Provider of the outcome to confirm the modifications have been completed and meet the Service User's needs.
- b) After the completion of the vehicle modifications and receipt of the required documentation the EMS Provider will make payment to the Supplier for the DSS agreed contribution towards the vehicle modifications.

7.20.11 Relationship Management; the Provider will:

- a) Develop and maintain positive and constructive relationships with all relevant stakeholders, including, but not limited to, the following:
 - i. Service Users, their family or whānau
 - ii. Contracted Suppliers (vehicle modifiers)
 - iii. EMS Assessors who are Credentialed Vehicle Modifications Assessors
 - iv. Lottery Grants Board
 - v. Work and income vi. NASC.

7.20.12 Demand Management; the Provider will:

- a) Monitor service utilisation by EMS Assessors.

- b) Report to EMS Assessors on the average service utilisation for key service types, and follow up with any outliers in relation to the cost of assessments or the value of Service Requests.
- c) Provide input into the competency and credentialing requirements for Credentialed Vehicle Modifications Assessors (within the DSS EMS accreditation Framework) as necessary.

Table Six; Responsibilities and Accountabilities

Responsibilities and Accountabilities	Provider	EMS Assessor	Supplier
Accountability for the payments to EMS Assessors for the completion of assessments for the consideration of vehicle purchase and modifications			
Accountability for the payments to Suppliers for completion of the vehicle modifications			
Accountability for the quality of the vehicle modifications as requested in the Service Request			
Accountability for completing the vehicle modifications within the agreed timeframes			
Responsibility for the recommended solution meeting the needs of the Service User	Advice		
Responsibility for recommending cost-effective services and achieving average service utilisation	Advice		
Responsibility for monitoring EMS Assessors' service utilisation and following up any outliers			
Responsibility for ensuring that completed vehicle modifications provide value for money			

7.20.13 Service Improvements; the Provider will:

- a) Explore opportunities to achieve better value for money in the delivery of vehicle purchase and modifications for people with disabilities and report on any proposed initiatives to DSS. This initiative will also include engagement with other organisations which provide funding (including ACC and the Lottery Grants Board) for vehicle purchase and modifications for people with disabilities to explore whether opportunities exist for service improvements across the sector.
- b) Explore an approach that allows people with disabilities and their families and whānau to have as much choice and control over their lives as they wish in the

delivery of modifications to their vehicles to meet their disability-related needs. This approach could focus on options to ensure that services are as flexible, responsive and personalised as existing budgetary allocations allow.

Table Seven; Performance Measures, Vehicle Purchase and Modifications

Outcomes	Evidenced by
Disabled people and their family, whānau and/or support people receive a service that is: - provided in a timely way to meet their needs, and - appropriate to their needs and their ability to benefit from the services	95% of Service Requests for vehicle modifications are completed within 60 working days of their receipt
	50% of Service Requests for vehicle purchase are completed within 90 working days of receipt of the request
	90% of Service Users surveyed annually are satisfied with the quality and timeliness of the vehicle modifications they have received

7.21 Management of Annual Budget and Service Demand Annual

Budget Management

The Provider will:

- 7.21.1** Manage the provision of equipment and modifications for eligible people within its annual budget for Equipment and Modification Services as allocated by DSS.
- 7.21.2** Advise DSS in the monthly narrative section of the monthly report of any concerns regarding service demand and expenditure and discuss any such concerns at its monthly meeting with DSS.
- 7.21.3** If the service cost associated with demand for services varies by 5 percent of the monthly budget allocation, the reason for the variance will be provided along with proposed strategies to manage any increased demand if necessary.
- 7.21.4** Meet monthly with DSS nominated Contract Manager to review the monthly report and discuss reporting trends and management of risks and issues, particularly in relation to demand and budget management. The nature of these meetings (for example, via teleconference or face-to-face) will be as agreed between the Provider and DSS.

Financial Management

The Provider will:

- 7.21.5** Establish and implement robust and flexible information management systems to enable efficient and timely administration, for example, purchase, ordering, accounts payable, etc.
- 7.21.6** Comply with best practice financial management by making payments to suppliers for all services ordered, on receipt of valid invoices that have been approved for payment. Payments will be on or before the 22nd day of the month following receipt of the invoice. If this date falls on a weekend or public holiday, the payment will be made on the next business day.

Demand Management

- 7.21.7** Manage service demand so that the allocated annual budget is not exceeded or underspent. Demand management will be supported through the relationship management approaches as described in this service specification.
- 7.21.8** Monitor and track the value of Service Requests received against the available budget and report on service demand according to the reporting requirements in clause 10.7.
- 7.21.9** Engage with relevant groups to gather information to assist with forecasting and identifying trends and reporting these to DSS. Such engagement will include, but not be limited to, equipment suppliers, EMS Assessors, DHB professional leaders, relevant professional associations and relevant disability and consumer groups.
- 7.21.10** Engage with relevant sector groups in response to the impact of any changes in the wider environment (for example, technology, demographic, pricing, international best practice, assessment waiting times) on a regular basis to gather information and assist with forecasting, identifying trends and reporting these to DSS.

Service Utilisation Monitoring

- 7.21.11** DSS contracted Provider for the hosting of the web-based Prioritisation Tool will provide service utilisation reports which can be accessed by individual EMS Assessors and their supervisor/employer.
- 7.21.12** The Provider will have access to the service utilisation reports to determine which EMS Assessors are operating inappropriately significantly differently (outliers) from their peers. The Provider will liaise with the supervisor/employer of an EMS Assessor who has been identified as being a potential outlier and work with the supervisor/employer to establish a formal plan (e.g. peer review process) for monitoring the EMS Assessor's EMS Service Request practice.
- 7.21.13** If there is no change to the EMS Assessor's practice within an agreed timeframe, and according to the monitoring regime established by their supervisor/employer, the Provider will notify both the supervisor/employer and the DSS on the EMS Assessor's practice.

- 7.21.14** The DSS will contact the EMS Assessor's supervisor/employer and formally request a report on the management plan taken to address the outlier behaviour. This may include putting in place a peer review process where the EMS Assessor will be required to seek peer review and get sign off from a suitably qualified professional colleague for all Service Requests submitted within the accreditation area currently being monitored and the DSS's contracted provider for the administration of the EMS Accreditation Framework will be notified.
- 7.21.15** If, after this period of supervision, the EMS Assessor has not demonstrated service utilisation to the satisfaction of both their supervisor/employer, the Provider and the DSS, the EMS Assessor's accreditation may be suspended by the DSS for a period of up to six months. The accreditation areas impacted by the suspension (if an EMS Assessor has accreditation in more than one area) will be determined at the discretion of the DSS, the Provider and the EMS Assessor's supervisor/employer. The EMS Assessor and their supervisor/employer will be informed in writing of the suspension.
- 7.21.16** The DSS will notify the DSS's contracted provider for the administration of the EMS Accreditation Framework when a suspension has been confirmed. This notification will include the contact details of the EMS Assessor and the accreditation areas impacted by the suspension. Six months after the completion of the suspension period, the EMS Assessor's supervisor/employer will review the situation and determine their suitability for reaccreditation. If the EMS Assessor's supervisor/employer recommends reaccreditation, the EMS Assessor will restart the credentialing process for the suspended area of accreditation.

Table Eight; Performance Measures, Annual Budget and Service Demand

Outcomes	Evidenced by
EMS Assessors who are identified as an outlier are informed of their assessor practice.	EMS Assessors who are exhibiting outlier behaviour will be followed up by the Provider according to the process outlined in this service specification.

7.22 IT System

- 7.22.1** The EMS Prioritisation Tool determines which eligible people get access to DSS funding. Access is prioritised based on the person's need and ability to benefit from the equipment or modification which has been recommended by an EMS Assessor following an assessment of their needs. The person, or their family and whānau, participate in the process through completion of an Impact on Life questionnaire.

The Provider will:

- 7.22.2** Have robust and flexible information management supported by integrated business systems to manage and process Service Requests, purchasing, ordering, accounts receivable and payable, inventory-tracking, and reporting.
- 7.22.3** Provide an interface between the web-based Prioritisation system to allow the EMS Assessor to submit Service Requests.

The IT system will:

- 7.22.4** Accept relevant client information from the Prioritisation Tool to allow submission of electronic Service Requests for Service Users where the Prioritisation Tool has determined that funding is available.
- 7.22.5** Allow EMS Assessors to make Service Requests which do not require the utilisation of the EMS Prioritisation Tool. This system will allow direct input of Service User information and the ability to select a product from a catalogue of Band I Equipment.
- 7.22.6** Allow EMS Assessors to link to the on-line catalogue of Band 1 Equipment.
- 7.22.7** Support EMS Assessors to utilise the on-line ordering system so that paper-based Service Requests are eliminated for all Service Requests.
- 7.22.8** Provide a 'flat file' of Band 1, Band 2 and Band 3 Equipment, housing and vehicle modifications which have been supplied to Service Users, to the DSS's contracted provider for the hosting of the web-based Prioritisation Tool and National NASC Information (Socrates). The flat file, provided at intervals agreed upon between both parties, should display a description of the item supplied and references to the Service Request and linkages between items supplied. This information will be used for the following purposes:
- a) to allow EMS Assessors to view equipment and modifications which have previously been supplied to a Service User (from the implementation date of the Prioritisation Tool), and
 - b) to enable the creation and circulation of service utilisation reports, and
 - c) to allow Needs Assessment and Service Coordination (NASC) agencies to view equipment and modifications which have previously been supplied to their clients.
- 7.22.9** Ensure Service User's records are linked to each person's National Health Index (NHI) number. The NHI is a unique number that is assigned to every person using health and disability support services, enabling individuals to be positively and uniquely identified for the purposes of treatment and care, and for maintaining medical records.⁹

⁹ "The NHI and the NHI number are central to the vision of safe and secure sharing of information among health and disability support services. An NHI number is fundamental for services to link information and get Disability Support Services

7.22.10 Maintain a user-friendly website for use by EMS Assessors, and other interested parties to display information regarding the DSS of Health's Equipment and Modification Services.

Table Nine; Performance Measures, Information Technology

Outcomes	Evidenced by
EMS Assessors can make timely Service Requests for Band 1 Equipment and Like for Like Equipment using a web-based system	100% of EMS Assessors use the on-line ordering system for Band 1 Equipment and Like for Like replacement equipment by 1 July 2015

7.23 Asset Management

Stores Management

7.23.1 The Provider will be responsible for:

- a) Ensuring there is sufficient warehousing space for new Band 1 Equipment and returned equipment to be held in stock. At least one storage facility will be held in the Provider's service region.
- b) Ensuring there are sufficient stocks of Band 1 Equipment in store or available to be supplied within 5 days of receipt of the Service Request.
- c) Ensuring that equipment delivered to Service Users, whether new or re-issued, is accompanied by written instructions for its care, maintenance and operation. The instructions may be either a copy supplied by the manufacturer or, if this is not available, the Provider will supply a suitable alternative.
- d) Tracking equipment and maintaining an up to date record of equipment location where it is cost-effective to do so.
- e) Disposal of any equipment that is considered to be beyond economic repair including surplus assets not required by other regions. This also includes equipment that will not be reissued due to a change in the DSS's access criteria or where the likelihood of reissue is very low. Any income derived from such disposal will be returned to the DSS of Health and will be offset against monthly invoicing to the DSS.

Repairs and Maintenance

7.23.2 The Provider will establish and implement an effective system to allow the replacement or repair of worn equipment or componentry and for predictable major maintenance

a better understanding of each person's needs." NHI Frequently Asked Questions, New Zealand Health Information Service website:

<http://www.nzhis.govt.nz/moh.nsf/pagesns/265?Open>

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required as a result of reasonable wear and tear. This service will be monitored and coordinated by the Provider, however the provision of repairs and maintenance may be tendered or subcontracted out where services are not directly undertaken by the Provider.

7.23.3 The Provider will be responsible for:

- a) Repairing and maintaining all equipment issued by the Provider where it is appropriate and cost effective to do so. A maintenance plan will be developed for items requiring regular testing and maintenance, including but not limited to, electrical equipment such as hoists and platform lifts.
- b) Undertaking repairs to equipment during normal business hours. However, where possible, the Provider should arrange an after-hours telephone contact for people whose equipment fails outside these hours. This telephone contact may not result in immediate repair of the equipment, but provide the person with information regarding options for alternative support. The Provider will also encourage the EMS Assessors to work with Service Users to develop management plans for use should any key equipment items malfunction and require repair or replacement.
- c) The replacement of batteries for hoists and wheelchairs and other relevant equipment.
- d) Developing fact sheets to inform people of their level of responsibility for maintenance and day to day care of equipment and its componentry.
- e) Reporting all costs associated with repairs and maintenance on the monthly reporting template.

Beyond Economic Repair

7.23.4 Where review of equipment requiring repair indicates that it is not cost-effective to repair the Provider may deem the item to be “beyond economic repair”.

7.23.5 When this occurs, the Provider may offer the Service User a Like for Like replacement, if the equipment is considered to still meet their needs. If it can be ascertained that the equipment no longer meets the Service User’s needs, the Provider will contact the EMS Assessor to inform them that a reassessment of the person’s needs will be necessary before a replacement item can be considered.

Refurbishment

7.23.6 In order to maximise the annual allocated budget and utilisation of returned equipment available for reissue, the provider will implement a system which is responsive to the reutilisation of equipment which is no longer required by the Service User.

7.23.7 The Provider is responsible for arranging collection of DSS of Health funded equipment that is no longer required by the Service User, however such return is at the discretion of the Provider if it is not considered to be cost-effective to return specific equipment items.

- 7.23.8** The Provider will on-charge to the DSS of Health the actual costs associated with pickup and transporting of equipment back to their store. The responsibility for notifying the Provider about the return of equipment rests with: a) the person and/or their family or whānau
b) the EMS Assessor, or
c) a residential care provider if equipment is brought inappropriately to a residential facility or if the person no longer requires it.
- 7.23.9** The Provider, as part of its store facility, will carry out minor repair/refurbishment, including cleaning, of all returned equipment once it has been ascertained that the items are suitable for reissue. All items deemed to be beyond economic repair will be disposed of according to the requirements as set out in clause 7.24.1(e).
- 7.23.10** Where appropriate major refurbishment¹⁰ of returned items, including the use of replacement parts and electronic testing, will not be undertaken until a Service Request has been received for that item.
- 7.23.11** All costs associated with refurbishment, with the exception of cleaning and minor refurbishment, will be invoiced at cost to the DSS and recorded in the monthly reporting template.

Table Ten; Performance Measure, Asset Management

Outcomes	Evidenced by
Equipment is supplied to Service Users in the most cost-effective and efficient manner	The agreed percentage (as documented in the Monthly Reporting Template) of equipment provided to Service Users is supplied from refurbished stock
	The agreed percentage of equipment (as documented in the Monthly Reporting Template) provided to Service Users is supplied from Band 1 Equipment

7.24 Logistics

Freight and Delivery

- 7.24.1** The Provider will implement a system that:
- a) results in a prompt and cost-effective pick up of equipment which has been identified as being suitable for return to its store
 - b) results in a prompt and cost-effective delivery of equipment to the address which has been identified by the EMS Assessor in the Service Request

¹⁰ Refurbishment is returning the base product to 'as new' standard.

- c) supports Service Users to access equipment safely and appropriately to meet their needs, when appropriate, if the equipment is delivered directly to their home.

7.24.2 The Provider will explore options to enhance the delivery of equipment to Service Users and propose any innovative solutions to the DSS.

Table Eleven; Performance Measure, Logistics

Outcomes	Evidenced by
Equipment is delivered to Service Users in a timely and efficient manner and in a manner that they, or their family or whānau are able to set it up for themselves and use it immediately	90% of Service Users surveyed annually who receive equipment directly to their home report in an annual customer survey that they are satisfied with the delivery of the service and know how to use the equipment

8 Key Inputs – Skills, training, and capacity

8.1 Staffing

8.1.1 The Provider will maintain appropriate levels of staffing to ensure that the services as documented in this service specification can be provided effectively and efficiently.

8.1.2 The Provider will ensure that all staff have the appropriate qualifications and competencies to administer this service effectively and efficiently. The Provider will engage appropriately skilled staff either via direct employment or through sub contractual arrangements.

8.1.3 All staff and Suppliers will act in accordance with relevant codes of conduct and good business practice in all dealings with Service Users, their support people, family or whānau.

8.1.4 All staff and contractors will ensure that at all times any information regarding the Service User, and their family or whānau, is held in the strictest confidence and their privacy is maintained.

8.2 Staff skills

8.2.1 Staffing will encompass skills to enable effective:

- a) overall management of the service
- b) management of Service Requests
- c) delivery of quality advice to EMS Assessors and other key parties involved with the consideration of possible interventions to support Service Users
- d) management of annual budget and service demand, including data analysis and forecasting
- e) data entry, recording and reporting
- f) management of information technology systems

- g) management of all assets.
- h) appropriate skills for engaging with EMS Assessors and other relevant parties involved with the completion of vehicle purchase and/or modifications for eligible people.

8.2.2 Vehicle Purchase and Modifications:

Staff and contractors will have the technical knowledge of the range of vehicle modifications available including relevant standards and legislation, to support disabled people.

8.3 Staff training

8.3.1 Staff should have access to information and training that ensures the Provider is able to offer high quality services to all relevant parties throughout the term of this contract.

8.3.2 The Provider will document a staff training plan. This will include, but not be limited to, providing staff with training, as appropriate, in the following areas: a) a general understanding of disability and disability issues

- b) up to date knowledge of the DSS's operational policy and procedures
- c) building relationships with EMS Assessors and fostering networks with agencies which are likely to be involved with people who require equipment and modifications
- d) accurate and efficient data processing skills
- e) information technology used by the Provider
- f) communication skills (written and oral).

9 Service Linkages

9.1 The Provider will develop strong links and service relationships with at least the following groups. This list is not exhaustive and there may be others for whom regular contact and liaison is relevant and necessary.

Table Twelve; Contact List

Disability service providers and organisations	Contact Details
NASC organisations (under 65 NASCs)	Needs Assessment and Services Coordination services
NASC organisations (65 and over NASCs)	Refer to individual DHB websites



Behaviour Support Services	Explore http://www.healthcarenz.co.nz/clientsfamilies/behavioursupport-services/
Deaf Aotearoa New Zealand	09 828 3282 national@deaf.co.nz www.deaf.org.nz
Blind Foundation (including Deafblind services)	0800 24 33 33 www.blindfoundation.org.nz
Life Unlimited Hearing Therapy Services	04 499 5851 htsinfo@lifeunlimited.net.nz www.life.nzl.org
TalkLink	Email only Go to 'Contact Us' tab on website www.talklink.org.nz
Regional specialist assessment services, wheeled mobility and postural management	Regional services as relevant
Disability Information and Advisory Services (DIAS)	Regional and local services appropriate as

EMS Assessors	Contact Details
	Contact details provided by the DSS's contracted provider for the administration of the EMS Assessor Accreditation Framework http://www.disabilityfunding.co.nz/emsassessors
Contracted EMS Assessors who are credentialed Vehicle Modifications Assessors	

District Health Boards	Contact Details
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Allied health professional leaders and service managers	Contact details available from individual DHBs
The Taranaki DHB search engine searches all of New Zealand's websites	www.tdhb.org.nz/dhb_search.shtml

Government Agencies	Contact Details
DSS (Contract Relationship Manager – EMS)	(04) 496 2000 www.moh.govt.nz
Work and Income	0800 559 009 www.workandincome.govt.nz
Workbridge	Workbridge Support Funds
Child Youth and Family	0508 FAMILY (0508 326 459) http://www.cyf.govt.nz/
DSS of Education (Regional and National Technology Coordinators)	(04) 463 8000 enquiries.national@minedu.govt.nz
ACC	0800 101 996 www.acc.co.nz
Department of Internal Affairs (Lotteries Grants Board)	http://www.communitymatters.govt.nz/Funding-and-grants---Lottery-grants-Lottery-Individuals-with-Disabilities
Housing New Zealand Corporation	0800 801 601 disabilitymodifications@hnzc.co.nz or regional Asset Managers as appropriate

Professional Associations representing EMS Assessors	Contact Details
Occupational Therapy New Zealand	04 473-6510 nzaot@nzaot.com www.nzaot.com

New Zealand Society of Physiotherapists	04-801 6500 nzsp.org.nz
New Zealand Audiological Society (NZAS)	0800 625 166 mail@audiology.org.nz www.audiology.org.nz
Assistive Technology Alliance of New Zealand (ATANZ)	09 815 3232 admin@atanz.org.nz www.atanz.org.nz
New Zealand Optometrists Association	0800 439 322 info@nzao.co.nz www.nzao.co.nz
New Zealand Audiological Society	0800 625 166 mail@audiology.org.nz www.audiology.org.nz

Other sector representatives	Contact Details
Suppliers of equipment	Regional and suppliers as local appropriate
Contract suppliers (vehicle modifiers)	Regional and suppliers as local appropriate

9.2 The Provider will also make available access to a free phone telephone service and electronic media for EMS Assessors, consumers and members of the public.

10 Quality requirements

The service is required to comply with the DSS General Terms & Conditions and DSS Service Type Terms and Conditions. In addition, the DSS Provider Quality Specifications will apply to this service as determining quality standards.

10.1 Provider Specific Quality Requirements

The following specific quality requirements also apply:

Table Thirteen, Quality Requirements

Quality Requirements



Documents and Processes	• Standard documents and processes are established for the services and are kept up to date. • Processes are established to ensure that services are delivered in a timely, safe and efficient way and that the disability-related needs of Eligible People and their carers is a key priority. • Systems are established to ensure that refurbished equipment provided to Service Users is of a clean, safe and hygienic standard. • Systems are established to support ongoing contingency planning (including, but not limited to, access to adequate supplies of equipment and adequate back up for the IT system).
Information Technology	• Business and management information systems are established and appropriately maintained. • An electronic record of all information related to the management of Equipment and Modification Services is maintained. • Documentation reflects industry professional and ethical standards for record keeping.
Workforce	• Adequate numbers of competent and experienced staff are employed to provide the service in an effective, efficient and timely manner. • Staff maintain skills by undertaking ongoing relevant professional development.
Relationship Management	• Networks are established and maintained with appropriate individuals and organisations.
Quality Requirements	

Service Quality	- Regular consumer surveys are conducted by the Provider, at least once a year, to ensure outcomes are being achieved and people are satisfied with the service they receive. These surveys may also highlight the areas of service that may require reviewing or modifying. Analysis of the feedback will be undertaken and reported to the DSS following the analysis of the survey data. - Respondents to these surveys include EMS Assessors, and Service Users and/or their family or whānau, who have received equipment or modifications. - Surveys are available to consumers to complete on an ad hoc basis at any time. - A comprehensive quality improvement system is in place that incorporates areas such as feedback on services, feedback on EMS Assessors, complaints, risk management/incidents which identifies changes to be implemented to continually improve service delivery. - An up-to-date Service Quality Improvement Plan is provided to the DSS annually, along with the annual narrative report. - Where a sub-contract with a contractor and/or other agency is entered into, the Provider will implement a process to regularly review outcomes of the service delivery.
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10.2 Complaints Resolution

10.2.1 The Provider has a clear complaints process to ensure that:

- There is a process to resolve complaints and this is easily accessible by Service Users and other interested parties, including advice on this process outlined on the Provider's website.
- There is mediation support available if parties are unable to resolve the complaint in a timely manner. Both parties should agree on the mediator.
- Mediation is be offered for complaints that are not resolved within 50 working days. Where the dispute is outside of the Provider's control the Provider can approach the DSS for assistance in the matter.
- All complaints are logged in a complaints register with responses and resolution dated and documented.
- Complaints will be acknowledged in writing and a written response is provided to the complainant at the time the complaint is closed to advise them of the resolution and any other actions that have been taken.
- Matters will be reported to the DSS if mediation is unsuccessful.

10.3 Critical Incidents

10.3.1 Report any Critical Incidents to the DSS as soon as possible. Any major risk or complaint concerning Service Users must be notified to the DSS as soon as possible but not more than 24 hours after identification or occurrence of the incident.

10.4 Risk Management

10.4.1 The Provider has a Risk Management Plan that will address such matters as:

- a) management of crises and incidents that includes an incident register
- b) health and safety policy, including the safety and security of staff and people who receive services.

10.4.2 The Provider will report significant risks, including any media enquiry (potential or actual), to the DSS within 24 hours of the risk being identified.

10.5 Safety

The Provider will:

10.5.1 Ensure that all aspects of health and safety legislative requirements are met.

10.5.2 Ensure that systems are established to ensure that all equipment that is refurbished and/or reissued to people meets all safety and hygiene standards.

10.5.3 The Provider will ensure that the manufacturers' and/or equipment instructions regarding the operation, care and maintenance accompanying equipment is in a clear and useable form for people and is provided with all equipment (new and refurbished) that is issued to a Service User.

10.5.4 The Provider's responsibility for maintenance of equipment is noted in this agreement.

10.6 Effectiveness

10.6.1 Service effectiveness will be demonstrated by:

- a) Outcomes of annual consumer satisfaction surveys with Service Users and/or their family/whānau or key support people. Consumer satisfaction relates to the service supplied by the Provider and does not extend to the appropriateness of the service to meet the person's disability needs; this is the responsibility of the EMS Assessor, and is expected to be supervised by their employer and/or professional board.
- b) Demonstration of linkages with relevant services.
- c) Increasing savings through utilisation of Band 1 Equipment. EMS Assessors will be encouraged to select Band 1 Equipment before considering nonstandard equipment (Band 2 or Band 3 Equipment). EMS Advisors and Housing Advisors engaged by the Provider will provide education and advice to guide EMS Assessors to select the most suitable and cost-effective solution to meet the disability-related needs of the eligible person.
- d) Savings provided by maximum use of refurbished/reissued items.
- e) Reporting to the DSS according to the timeframes noted.

- f) Review points as outlined in Performance Measure tables throughout this service specification.

10.7 Recording and Reporting

Recording

- 10.7.1** The Provider will record information about service demand, service utilisation, expenditure, forecasting and risks and issues, to ensure that all relevant data is captured resulting in accurate and timely reporting to the DSS and to EMS Assessors.
- 10.7.2** The DSS may request additional information and further analysis of data from time to time, in consultation with the EMS Provider.

Reporting to the DSS

The Provider will:

- 10.7.3** Complete and submit detailed reports to the DSS on a monthly, six-monthly and annual basis as indicated, using the report templates provided. The monthly reporting for the provision of LTS-CHC will be reported separately on the appropriate template.
- 10.7.4** Submit all reports via email, one version in PDF and another in Microsoft Excel, to the DSS's nominated Contract Relationship Manager, Financial Analyst and Finance Manager. The monthly report will be sent by the 10th working day of the month following the period each report covers. Delays beyond this date will be notified to the DSS's nominated Contract Relationship Manager.
- 10.7.5** Complete the reports to the DSS using the agreed reporting templates. Refer to Appendix Four for the format and further details of the reporting requirements.

Monthly Report

- 10.7.6** The monthly report will provide qualitative and quantitative information that is of benefit to the Provider and the DSS of Health, and will include variance analysis, trend analysis, relationship management and identification of any concerns about service quality or performance. The monthly report will include the following information:

- a) **Narrative Report;** commentary on, but not limited to, the following:

- i. **Current Month & Year-To-Date Financial Results**

Where any actual variance is greater than 5% under or over the allocated budget for the month or year to date, analysis for the reason behind the variance is made and commented on. An explanation of the actions and strategies that are being taken by the Provider to manage the variance to be back on budget is made. A comment whether the variance is permanent or timing only is made.

- ii. **Service Demand Management**

Monthly and year to date Service Request count including any variance between last month and last year to date position.

- iii. **End-to-End Processing**

The timeliness of services in the end-to-end processing of Service Requests.

- b) **Financial Report;** Current month and year to date financial results; including:
 - i. A high level financial variance report.
 - ii. Expenditure analysis which breaks down the current month and year to date spend by EMS category and sub-category. The data includes spend, number of Service Requests, number of items per Service Request and total number of Service Users.

- c) **Current Year Financial Expenditure;** Monthly spend against allocated budget over 12 months and comparison to previous year; including:
 - i. A graph showing three trend lines i.e. current year actual spend, current year allocated budget and last year actual spend.

- d) **Service Demand Management;** including:
 - i. Number of new Service Requests received for the current month and at year-to-date and a comparison of numbers with the previous month and the last year- to-date position.
 - ii. Narrative explaining any trend in the volume or changes in the type of service requests that are emerging and the reasons for driving the changes.

- e) **Asset Management Analysis;** including:
 - i. Number of items returned, repaired and maintained, written off and refurbished. A comparison of numbers with the previous month and the last year-to-date position.
 - ii. Refurbishment analysis which breaks down refurbishment into:
 - Band 1 Equipment
 - Band 2 Equipment
 - Band 3 Equipment
 Reporting will show costs, number of items, equivalent new value, percentage of refurbishment costs over equivalent new value and cost savings.
 - iii. Percentage of Equipment provided to Service Users supplied from refurbished stock.

- f) **Trial Equipment Analysis;** including:
 - i. Total value and the number of equipment items currently being trialled within the duration of between 6 to 12 months and greater than 12 months, with an explanation of actions taken and the strategies employed to manage equipment that is being held on trial for more than 6 months. ii.

Percentage of equipment trials completed within 3 months of receipt of the Service Request.

iii. Trial equipment value at the end of each month and a graph showing the value trend.

g) **Operational Performance;** reporting against the Performance Measures as tabled throughout this specification and in addition:

i. Service Quality Complaints received for the month, including measures taken to resolve any complaint and the outcome. ii. Service Quality Compliments received for the month.

Six Monthly Report

10.7.7 The Provider will complete a six-monthly report to the DSS of Health. This report will provide qualitative and quantitative information that is of benefit to the Provider and the DSS of Health, and will include:

- a) Service Request analysis which breaks down the year-to-date spend, number of Service Requests and EMS Assessor service utilisation by accreditation cost band as outlined by the DSS of Health.
- b) Number of unique Service Users by age group and ethnicity.
- c) A summary of the relationship management approaches undertaken.
- d) A table of those EMS Assessors placed on Peer Review and those on Suspension.

10.7.8 Housing Outreach Clinics and On-Site Visits

- a) A narrative summary of:
 - i. Number of Outreach Clinics held
 - ii. Number of cases discussed at Outreach Clinics
 - iii. Number of On-Site Visits to disabled peoples' homes
 - iv. Total number of estimated savings through undertaking the Housing Outreach service.

10.7.9 Delivery of Housing Modifications

- a) A narrative summary of quality of suppliers work for the delivery of basic housing modifications including measures taken to resolve any complaint and the outcome of the complaint.
- b) A summary of any service quality compliments received.

Annual Report

10.7.10 Complete an annual narrative report, using the attached reporting template (refer to Appendix Four) summarising:

- a) annual trends comparative to previous years and forecasting.

- b) a summary of analysis from annual surveys carried out with Service Users and EMS Assessors
- c) a summary of what's been working well in the services, what areas have been identified as needing improvement or changes made, and whether the Provider has any concerns regarding the services
- d) a copy of the Service Quality Improvement Plan
- e) identified risks and mitigation strategies
- f) a summary of any trends that have arisen and what is driving those trends.

10.7.11 Respond to ad hoc reporting requests from the DSS within the timeframe indicated.

10.7.12 Meet with the DSS's Contract Relationship Manager on a monthly basis to discuss reporting trends and management of risks and issues, particularly in relation to demand and budget management. This meeting will be held by teleconference, videoconference or face-to-face, using the most appropriate arrangement to suit both parties.

Table Fourteen; Performance Measures, Recording and Reporting

Outcomes	Evidenced by
All information requested by the DSS of Health is accurately recorded to allow clear and useful reporting to EMS Assessors, their supervisors and employers, and the DSS	100% of monthly reports are submitted to the DSS's nominated personnel by 10 th of the month following the period each report covers
	Reports are 100% accurate and all sections fully completed

11 Performance monitoring and requirements

11.1 Performance requirements of the Provider

11.1.1 The DSS has a responsibility to properly manage its resources and ensure it is achieving appropriate value for money for the purchase of required goods and services. This includes ensuring consideration of quality and cost effectiveness in relation to the management of the Equipment and Modification Services.

11.1.2 Accordingly, the Performance Measures documented throughout this specification have been developed for service and performance monitoring. These measures will be reported against within the reporting template.

11.1.3 The following Performance Measures will also be reported on within the monthly reporting template.

- a) Service Quality Complaints received for the month, including measures taken to resolve any complaint and the outcome.
- b) Service Quality Compliments received for the month. Table Fifteen; Performance Measure, Quality of Service

Outcomes	Evidenced by
Complaints are analysed on a regular basis and a resolution agreed with the complainant.	95% of service quality complaints are resolved within 20 working days of their receipt, with a satisfactory outcome for the complainant.
Improvements are made to any identified service areas requiring change.	An Action Plan is developed and changes introduced as part of the quality improvement process.

11.2 Performance monitoring of the Provider

11.2.1 The purpose of performance monitoring is to monitor progress and quality of service delivery under this agreement against expected performance. The DSS will provide a structured process for the management of performance that falls outside of agreed Performance Measures.

11.2.2 The following factors may be reviewed as part of performance monitoring:

- a) any Performance Measures identified in this Service Specification
- b) any other contractual matter.

11.3 Performance monitoring of Subcontractors

11.3.1 The Provider will have a documented Service Level Agreement for any subcontractors that it manages to provide the delivery of any of the services. This Service Level Agreement will identify Key Performance Indicators around service provision and service quality.

11.4 Performance monitoring process

The performance monitoring process will consist of the following steps:

11.4.1 The DSS will meet at least monthly with the Provider, as part of its reporting requirements, to discuss any issues regarding performance or service delivery. Issues identified by the Provider within this monthly meeting cycle will be raised directly with the DSS's Contract Relationship Manager as appropriate.

11.4.2 A letter advising that the DSS wishes to discuss performance will be sent to the Provider when their service delivery falls outside the review points identified and/or if the DSS identifies any concerns related to overall performance of the Provider.

11.4.3 Discussion between the Provider and the DSS will occur to better understand the data and decide if performance could be expected to change or if there are other factors that provide a reasonable basis for the identified performance issues.

- 11.4.4** If a change in performance is deemed appropriate then further data analysis and a follow-up discussion will be undertaken 3 months after the initial discussion between the Provider and the DSS.
- 11.4.5** If a change is observed, and performance is back within appropriate parameters, then the DSS will provide feedback to the Provider and revert to ongoing routine monitoring through the monthly reporting template.
- 11.4.6** If the DSS determines that a change in performance is still required a Performance Review may be initiated.
- 11.4.7** The Performance Review will include an audit of the Provider's performance, and a report to the DSS on findings and recommendations.
- 11.4.8** Depending on the outcome of the Performance Review the Provider may be given notification of an appropriate period of time by which to achieve a change in performance.
- 11.4.9** Data analysis and further review will occur at the end of the stated period. If no change is observed the DSS will consider its legal options.

12 Purchase units

- 12.1** The purchase units and reporting requirements below apply to this service.
- 12.2** The reporting requirements may change during the course of this contract but the DSS will notify the Provider and involve them in relevant discussions.
- 12.3** The Provider will complete detailed reporting using the relevant DSS Reporting Templates (as set out in Appendix Four) and forward to the DSS by the 10th of the month following unless otherwise specified. Copies of these reports should be forwarded by email to the Senior Financial Advisor, Contracting and information Support, National Services Purchasing and the Contract Relationship Manager
(Environmental Support Services), Disability Support Services, DSS. Separate reporting to the DSS's Sector Services is not required as part of this service specification.

PU ID	PU Short Name	PU Measure	REPORTING REQUIREMENTS	
			Frequency	Information
DSS226	EMS	Equipment and Modification Services	Monthly	Volume and Dollar Expenditure (GST excl.) See attached monthly reporting template

			Six-monthly	See attached six-monthly reporting template
			Annual	See attached annual reporting template

13 Service development

The DSS has an ongoing service improvement programme which, may result in changes to funding criteria, systems and processes. The Provider will be consulted on any proposed changes which will impact on either the management or provision of Equipment and Modification Services prior to implementation.



**MINISTRY OF SOCIAL
DEVELOPMENT**
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Appendices

- Appendix One: Definitions and Interpretations of Terms
Appendix Two: EMS Reporting Templates

Appendix 1: Definitions and Interpretation of Terms

The following definitions and interpretation of terms will have these specific meanings, unless the context requires otherwise and relate to the following service specifications:

Term	Definition
Band 1 Equipment	DSS of Health Band 1 Equipment ("Band 1 Equipment") is equipment which has been selected by the Provider following a formal tender process. Criteria for selection in Band 1 are that items: • meet the needs of a wide range and large number of disabled people • are low cost (generally less than \$1,000 excl. GST) • are durable and the majority are able to be reissued in a costeffective way. Equipment is able to be supplied to Service Users at the lowest possible price, resulting in greater value for money. Many Band 1 Equipment items could be self-purchased in regular retail stores and there is generally a low consequence of risk in relation to its provision. Examples of Band 1 Equipment are personal hygiene equipment such as bath boards, standard shower commodes and over toilet frames; standard walking frames; chair raisers; standard pressure cushions and kitchen trolleys.
Band 2 Equipment	DSS of Health Band 2 Equipment ("Band 2 Equipment") is equipment which has been selected by the Provider following a formal tender process or through preferred supply, panel contracting or other procurement arrangements. Criteria for selection in Band 2 are that items: • do not have high specifications or features and are not complex to use or customised for a person • generally cost less than \$3,000 (excl. GST), and • are regularly requested. Examples of Band 2 Equipment are hoists, standing frames and some wheelchairs.

Term	Definition
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Band 3 Equipment	DSS of Health Band 3 Equipment ("Band 3 Equipment") is equipment which has been selected by the Provider following a formal tender process or through preferred supply, panel contracting or other procurement arrangements (including direct purchase for one-off items). Criteria for selection in Band 3 are that items: • are complex and/or have high specifications or features • may be customised and individualised • are high cost (generally \$3,000 or more) • are supplied in low volumes, irrespective of their cost • require a higher skill level and experience from an EMS Assessor • result in a higher consequence of risk to a Service User following an inappropriate recommendation by an EMS Assessor. Examples of Band 3 Equipment are power wheelchairs, customised standing frames, highly specialised pressure care equipment, communication devices with high specifications.
Basic Housing Modifications	Two levels, Basic and Complex, are used to guide the consideration of Service Requests for housing modifications. The levels do not refer to the person's needs or a cost threshold. EMS Assessors require approval or credentialing at the relevant level in order to be able to recommend them. Basic housing modifications include, but are not limited to, internal and external handrails, threshold ramps, straight forward internal door widening and lever taps. EMS Assessors need to be an Approved Assessor for Basic Housing Modifications in order to submit Service Requests for these modifications.
Building Contractor	A suitably qualified tradesman who is contracted to the Provider; Delivery of Housing Modifications and who is responsible for the coordination and completion of building works following receipt of a Service Request for housing modifications for a Service User. Building contractors who provide housing modifications which are to be funded by the DSS must be approved by and registered with the Provider on its list of approved building contractors.
Complex Housing Modifications	Housing modifications such as level access showers, platform lifts, external door widening and fencing are considered to be complex. EMS Assessors need to hold a Housing Modifications Credential in order to submit Service Requests for complex housing modifications.

Critical Incident	A Critical Incident is any event where: a) A Service User's life, health, safety or wellbeing is at threat; or b) The event may result in public, media or political attention; or c) The event has resulted in a death or hospitalisation of a Service User, service staff or a member of the public.
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Term	Definition
DHB	District Health Board
Eligible person	A person who has sought an assessment from an EMS Assessor (who has the appropriate accreditation status) and who meets the criteria as identified by the DSS as being eligible for Equipment and Modification Services from the DSS. Refer to the Equipment and Modification Services' Manuals (Equipment, Housing Modifications and Vehicle Purchase and Modifications) for the current funding guidelines.
EMS Advisor	EMS Advisor means a suitably qualified and experienced person employed by the Provider who provides advice and support to EMS Assessors to support their consideration of the most appropriate and cost-effective interventions, including equipment and modifications, to meet a person's disability-related needs. The EMS Advisor could demonstrate generic skills in the area of equipment and modifications or specialist skills in specific areas of accreditation.
EMS Assessor	EMS Assessor means a person who is approved as an assessor under the Disability Support Services Accreditation Framework published by the DSS. EMS Assessors hold certain areas of accreditation which relate to their qualifications and experience within that specialty. The areas of accreditation refer to the types of equipment that the EMS Assessor is able to recommend. The EMS Assessor is responsible for maintaining their registration on the EMS Assessor Accreditation Framework, which is administered by the DSS's contracted provider. EMS Assessor status is required to be re-validated according to the requirements as described in the EMS Assessor Accreditation Framework.

EMS Assessor Accreditation Framework	An accreditation framework established by the DSS for health professionals undertaking assessments that may result in Service Requests for equipment or modification services for people with disabilities. The framework has three levels of accreditation for access to Equipment and Modification Services: 1. Approved Assessor 2. Credentialed Assessor 3. Service Accreditation Further information about the Accreditation Framework can be viewed at: http://www.disabilityfunding.co.nz/ems-assessors
EMS Manuals	Manuals detailing funding guidelines and processes for accessing the DSS's Equipment and Modification Services. The target audience for these manuals is EMS Assessors to ensure that they understand the eligibility criteria, funding guidelines and roles and responsibilities of all relevant parties. Three manuals are in place: 1. Equipment Manual 2. Housing Modifications Manual 3. Vehicle Modifications and Purchase Manual

Term	Definition
EMS Prioritisation Tool	The EMS Prioritisation Tool determines which eligible people get access to government funding. Access is prioritised based on the person's need and ability to benefit from the equipment or modification which has been recommended by an EMS Assessor following an assessment of their needs. The person, or their family and whānau, participate in the process through completion of an Impact on Life questionnaire. Band 1 Equipment and Like for Like replacement equipment supplied to Service Users is not subject to the Prioritisation Tool process.
EMS Provider	The contracted service provider that administers Equipment and Modification Services on behalf of the DSS; referred to as the "Provider" in this document.
Equipment and Modification Services	Equipment and Modification Services (EMS) includes the delivery of the following services for eligible disabled people who meet defined access criteria: 1. Equipment 2. Housing modifications 3. Vehicle purchase and modifications

Housing Advisor	Housing Advisor means a suitably experienced person, generally a builder with a relevant qualification, employed by the Provider who is capable of providing technical advice and support to EMS Assessors to support their consideration of the most appropriate and cost-effective housing modifications, to meet a person's disability related needs.
Housing On-site Visits	On-site visits to an eligible person's home, which are facilitated by the EMS Assessor, to discuss options when considering modifications to their home. These meetings are attended by the EMS Advisor and/or the Housing Advisor, the person's family or whānau and other relevant parties where appropriate. Such meetings are held before the decision has been made to proceed with specific Service Requests for housing modifications which are complex in nature.
Housing Outreach Clinics	Clinics held in key centres to provide support, education and advice to the EMS Assessor and other relevant parties, on the most appropriate intervention (which may include housing modifications) to meet the needs of eligible people. The clinics will be facilitated by the EMS Advisor and will be attended by the Housing Advisor, where practical and required. This advice and support is provided before the decision has been made to proceed with specific Service Requests for housing modifications which are complex in nature.
Like for Like replacement	Like for like replacement is provided when an equipment item being used by the Service User which continues to meet their needs is considered to be beyond economic repair and a replacement is requested by either the Service User or the EMS Assessor. Like for like replacement means that the same form and function of the equipment item needs to be sought – it does not indicate that the exact make and model needs to be supplied. If an equipment item is considered to be beyond economic repair but this item no longer meets the Service User's needs, a reassessment by an EMS Assessor is required before replacement equipment can

Term	Definition
	be provided.



Long Term Supports Chronic Health Conditions (LTS-CHC)	People who are eligible for equipment or modifications through the LTS-CHC funding stream must meet all of the following criteria: • be under 65 years of age • be identified by their local NASC organisation as having very high needs requiring ongoing support services as a result of a chronic health condition. The person must have had an assessment with an EMS Assessor who has identified that they have an essential need for, and the ability to benefit from, the equipment or modifications.
NASC	Needs Assessment and Service Co-ordination (NASC) organisations facilitate the assessment of a person's needs and co-ordinate the services and supports to meet their needs. There are a mix of organisations which provide NASC services for people under 65 years of age, including non-government organisations, private companies and DHBs. NASC services for people aged 65 years and over are provided by DHBs.
Service Accreditation	Service accreditation forms part of the EMS Accreditation Framework. Specific service areas, primarily community health services, can be accredited to allow District Health Board staff to undertake assessments and recommend certain equipment items (Band 1 Equipment, for example low cost, low risk and high volume equipment such as shower stools and over toilet frames).
Service Request	A request submitted to the EMS Provider by an EMS Assessor for equipment, housing modifications or vehicle purchase and modifications for eligible disabled people (formerly known as an "application")
Service User	An eligible person who has received equipment or modifications funded by the DSS.
Supplier	A company who supplies the Provider/s with items through either: • A fixed price following a formal tender process • A preferred or panel supply arrangement or other procurement contracting arrangement • Ad hoc purchase in response to an individual purchase order
Vehicle Modification	Any change to a vehicle from its original state by altering, substituting, adding or removing any structure, system, component or equipment, but does not include repair.
Vehicle Modifier	A person or organisation who is undertaking the vehicle modifications.

**Disability
Support Services**



**MINISTRY OF SOCIAL
DEVELOPMENT**
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