Disability
Support Services

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Equipment and Modification Services

Housing modifications manual

Contents

About this manual

This manual provides the guidelines for Disability Support Services (DSS) funding contribution for housing modifications for people with disabilities. Housing modifications are any permanent alteration or addition to the home to meet the person's disability related needs.

This support is part of the DSS Equipment and Modification Services (EMS), which also includes funding for equipment, vehicle purchase, and vehicle modifications.

This manual is for:

- occupational therapists who are EMS Assessors and who are accredited to complete assessments and requests for housing modifications for people with disabilities
- people with disabilities, their family/whānau, and support people who wish to understand more about this service.

The Housing Modifications Manual covers the DSS **Funding Guidelines** and includes:

- an overview of EMS
- assessment, eligibility, and access criteria
- types of housing modifications
- roles and responsibilities of all relevant parties.

The **operational processes** which have been developed and are administered by the DSS contracted providers of EMS are available on the EMS Providers' websites.

This manual, forms and templates, and any updates to operational policy are available on the DSS website and can be accessed through the web addresses below.

EMS Assessors may be Approved Assessors, Credentialed Assessors, or Assessors approved through Service Accreditation. Information on the EMS Assessor Accreditation Framework, under which EMS Assessors submit Service Requests for DSS funded equipment and housing modifications, can be found at the web address below.

Portable ramps and platform lifts are considered "permanent" housing modifications, although they can be removed when no longer required.

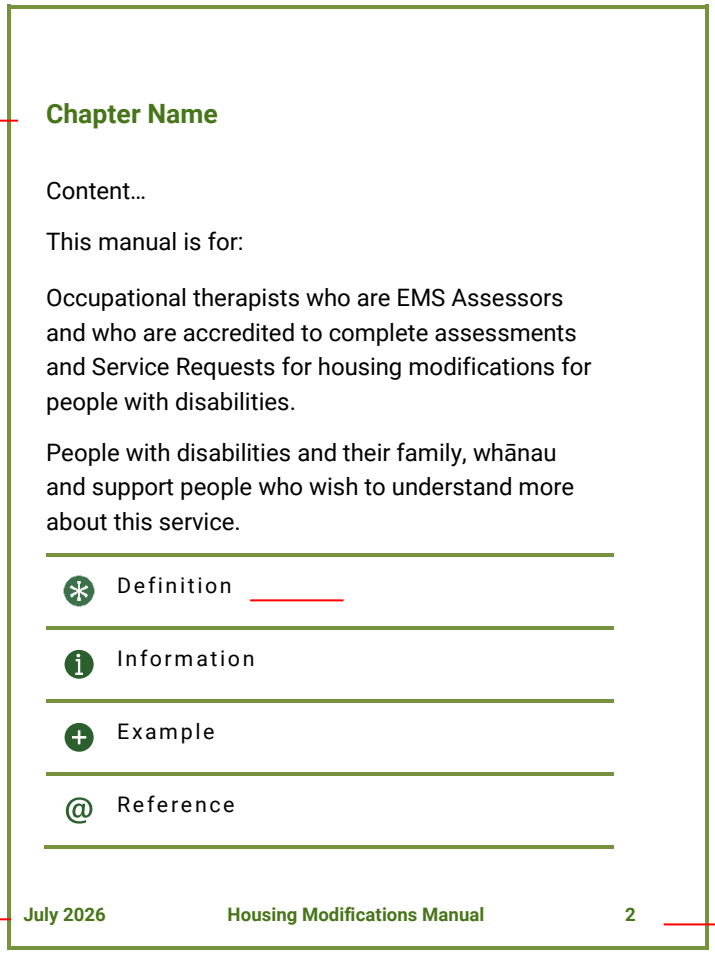
Throughout this manual the term "person" refers to the person with a disability.

www.enable.co.nz
www.accessable.co.nz
www.enable.co.nz/service-centre/ems-assessors

An EMS Assessor undertakes an assessment with the person for the consideration of equipment and modifications.

How to use this manual

The content of the manual is found on the left-hand side of each page and is categorised by chapter name and numbered sequentially for easy reference.



These icons indicate further explanations to the text contained on the page.

Date page created or amended allowing for accurate version control of this publication.

Housing modifications manual sequentially numbered for faster and easier referencing.

Note: This manual has been formatted for double sided printing.

Key to symbols used throughout the manual

Symbol	Meaning	Explanation
	Definition	Definitions of terminology used in the text are explained and have a full glossary of terms.
	Information	This icon provides further explanation to the text and directs readers to associated information in other sections of the manual.
	Example	The content of the text is further illustrated with relevant examples.
	Reference	This icon directs readers to alternate sources of information or relevant websites.

1. Overview of equipment and modification services

1.1 What are equipment and modification services?

Equipment and Modification Services (EMS) are one of the many services funded by Disability Support Services (DSS).

The purpose of DSS funded Equipment and Modification Services is to:

- support people with disabilities and their families to live as independently and safely as possible; and
- make a significant, consistent, and reasonable contribution to enabling people with disabilities to participate (if and when they want to) in activities inside and outside their home, and in their local communities.

1.2 Guiding principles

DSS is not able to provide funding to meet all the needs identified by disabled people and their families/whānau. To assist with the fair allocation of resources, the following principles guide the provision of Equipment and Modification Services:

- 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.
- 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.
- 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.
- 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 or needs change.

The provision of equipment and modifications needs to be managed within the annual budget allocated to these services by DSS.

As demand for services regularly exceeds the annual allocated budget, prioritisation is in place to ensure that disabled people who have the greatest need for services and the greatest ability to benefit from equipment and modifications are given first access to the available funding.

1.3 What services are provided

DSS currently contracts two providers, Accessable and Enable New Zealand, to administer and provide Equipment and Modification Services.

Equipment and Modification Services provide:

- Housing modifications.
- Equipment.
- Vehicle purchase and modifications.

Portable, free-standing, or removable items, such as bathing, toilet aids and mobile hoists; mobility aids (i.e., walking frames and wheelchairs); assistive devices to help with communication and vision.

Accessable:
info@accessable.co.nz
0508 001 002 or 09 620 1700

Enable New Zealand:
enable@enable.co.nz
0800 362 253

Throughout this manual, the two providers are referred to as the “EMS Providers”.

Fixtures which are installed (such as handrails) and alterations to the property (such as door widening, ramp access, and level access showers).

Vehicle hoists, hand controls, and swivel seats.

This manual contains guidelines for the funding of housing modifications only. Information about funding for equipment and vehicle purchase and modifications can be found in separate manuals.

2. Assessment, eligibility, and access criteria

2.1 Assessment process

Before funding for housing modifications can be considered, the person needs to have an assessment with an occupational therapist who is an EMS Assessor holding the appropriate level of accreditation.

The EMS Assessor completes an assessment together with the person, their family/whānau, support people, and, as required, other members of the multidisciplinary team, including Needs Assessment Service Coordination (NASC) personnel.

Before housing modifications can be recommended as the most appropriate solution to meet the person's needs, the EMS Assessor needs to identify:

- The availability and viability of a range of options including support packages (paid support services and unpaid natural supports from others) to meet the person's disability related needs.
- The person's essential need for, and their ability to benefit from, the proposed housing modification.
- The long-term sustainability of the person remaining in their home for at least two to three years.
- The physical features of the home and surroundings, the suitability of the property to meet the person's disability related needs in the long term, and the feasibility of any proposed modifications.
- The implication of the proposed housing modification not being provided and how this might affect the person's need for support and/or impact on carer stress.
- The most appropriate and cost-effective solution to meet the person's disability related needs when all other factors have been considered.

EMS Advisors and Housing Advisors, employed by the EMS Providers, support EMS Assessors to consider a range of intervention options. The EMS Assessor may make a Service Request for funding when:

- the person is eligible to access DSS funded support; and
- it is agreed that housing modifications are essential to meet their disability related needs; and
- it is expected that the person will benefit from the housing modifications for the long term; and
- they have consulted with the EMS Advisor (according to the mandatory requirements for such consultation); and
- the completion of prioritisation.

Essential means that there is no other viable or cost-effective alternative available to meet the person's needs related to their disability. Where the person has other viable long term support options available, the request for funding cannot be considered "essential".

Equipment solutions should always be considered before housing modifications.

Cost-effective means the most economic and suitable solution to meet the person's needs related to their disability. This may not necessarily mean the least expensive option.

EMS Assessors are encouraged to consult with the EMS Advisors at any stage of the assessment process, especially when the person's needs and/or solution are complex in nature. In some circumstances, this consultation is mandatory.

The EMS Assessor will discuss other options with the person and their family/whānau to ensure the person's needs are addressed if:

- the person is not eligible for DSS funded services; or
- the person does not meet the access criteria for DSS funded housing modifications; or
- the outcome of prioritisation indicates that funding is not currently available.

Refer to Section 7.1. for more information on Housing Advisory Services.

Refer to Section 3 for more information on priority of services.

Other options, considered in consultation with NASC, could include personal care support, self-funding, charitable trust funding, or moving to a more suitable property.

2.1.1 Needs assessment service coordination

Needs Assessment Service Coordination (NASC) organisations provide a single point of contact to identify a range of support options for disabled people. Such options can include a support package with one or more DSS funded services such as personal care support, household management, respite care, and residential care.

Services provided by NASC organisations include:

- **Needs Assessment:** This is the process of working with the person, their family/whānau, and support people to identify their strengths, goals, priorities, and disability support needs. The needs assessment is usually done in the person's home.
- **Service Coordination:** This is a process of developing a support package to meet the person's prioritised assessed needs and goals within the available funding. The support package is developed by the service coordinator with input from the person, their family/whānau and support people.
    - Service coordination determines which of the assessed needs can be met by the person's natural supports, which may be met by other government agencies/groups, and which are supported through DSS.

NASC, EMS Assessors, and EMS Providers are encouraged to work together to ensure the most appropriate and cost-effective supports are provided for the person, their family/whānau, and support people. The provision of modifications needs to be considered within the overall support package available to the person.

The principles[1] that guide the relationship between NASC and EMS Assessors and providers are that all:

- Interactions are person centred.
- Interactions are collaborative.
- Interactions are based on finding the most cost-effective interventions for the person.
- Services are coordinated for the person.

The indicators for liaison between NASC and the EMS Assessor are defined in the Practice Guideline. It is mandatory for the EMS Assessor and the NASC to complete a joint report, using the agreed

[1] Disability Support Services Practice Guideline: Interface between NASC and EMS Assessors and Providers

template, when proposed modifications are high cost and major or for people with behavioural needs who have challenging behaviours.

Natural supports refer to support from family/whānau, friends, community groups, etc.

For more information on guidelines and processes for working together with NASC, go to: Practice Guideline - Interface Between NASC and EMS Assessors and Providers.

EMS and NASC Joint Report Template

2.2 Eligibility

Eligibility means the right to be considered for publicly funded support services. It is neither an entitlement, nor a guarantee, to receive any service.

To be eligible for consideration of funding towards the provision of housing modifications, the person must:

- be eligible for publicly funded Health and Disability Services (as set out in the Health and Disability Services Eligibility Direction 2011); and
- 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:
  - remain after the provision of treatment and/or rehabilitation; and
  - continue for at least six months; and
  - impact on their ability to do some everyday tasks, resulting in a need for ongoing support.

The person will generally not be eligible for cover or entitlement for services through Accident Compensation Corporation (ACC) under the Accident Compensation Act 2001.

For more information about the Health and Disability Services Eligibility Direction 2011, go to Eligibility for publicly funded health and disability services and refer to Appendix A.

People who have a sole diagnosis of Autism Spectrum Disorder (ASD) are eligible to be considered for EMS funding.

2.2.1 Establishing eligibility

Eligibility for housing modifications will generally be able to be determined by the EMS Assessor. The EMS Assessor may need to liaise with medical personnel to obtain further information about the cause and nature of a person's disability.

People whose eligibility is unlikely to change (e.g., New Zealand citizens and permanent residents) can expect to have their eligibility assessed once only by any provider.

If a person does not meet the criteria set out in the Health and Disability Services Eligibility Direction 2011, they are not able to receive free or subsidised services and they are usually liable for the full costs of the services.

People who are under sixty-five years of age with very high needs requiring ongoing support services due to a chronic health condition may be eligible for the provision of services through the Long-Term Supports Chronic Health Conditions (LTS-CHC) funding stream. Access to this funding is determined by the local NASC.

The EMS Advisor is available to provide advice and guidance on eligibility for publicly funded services. If further clarification is required, the EMS Advisor can seek advice from DSS.

For further information on Long Term Support – Chronic Health Conditions (LTS-CHC) refer to Section 7.1.2.

2.3 Meeting the access criteria for services

Funding towards housing modifications can be considered where it has been by an EMS Assessor that the eligible person meets agreed access criteria.

The housing modification must be essential to allow the person (independently or with assistance from support people) to do one or more of the following:

- Gain access into and move around within the home.
- Remain in or return to their home.
- Be the main carer of a dependent person.

2.3.1 Gain access into and move around within their home

Housing modifications to support a person:

- To gain access into the home from where a vehicle can reasonably be parked, so that the person can get into and out of their home safely.
- To move safely between levels and around their home enabling them to achieve essential everyday activities of daily living such as personal hygiene (bathing/showering and toileting) and transferring and getting around within the home.

Consideration should be given to the impact of the proposed housing modifications on the services the person is receiving in their support package, or on their anticipated need for services if the modifications were not carried out.

The removal of a wall to provide an accessible toilet may prevent the need for personal care assistance to assist with toileting.

The **home** refers to the place where the person resides (lives and sleeps) for the majority of their time. It includes the environment immediately surrounding the home, including the area around an entrance to the home and to where a vehicle can reasonably be parked.

The person's home could be a privately owned home or a rented property. If the person lives in a rental property, the EMS Assessor will need to ascertain the likelihood of them remaining at that address in the long term. Confirmation from a private landlord that a rental agreement is of a long-term nature will be required.

When a person lives in two homes on a regular basis, they can be described as living in shared care. Refer to Section 7.5 for more information.

2.3.2 Remain in or return to their home

Housing modifications to support a person to safely remain in, or return to their home to:

- Achieve essential everyday activities of daily living such as personal hygiene (bathing/showering and toileting), transferring, and getting around within the home.
- Allow preparation of food or drinks where the person lives alone or is by themselves for much of the day.

2.3.3 Main carer of a dependent person

Housing modifications to support a person to carry out their role as the main or primary carer of a dependent person are considered for funding.

A **main carer** is an unpaid carer who lives with the person and provides the majority of their care. A main carer may have a disability themselves and require assistance or support to look after a dependent person in their care.

A **dependent** person is a person who requires full time care:

- because the person is a child of thirteen years or under; or
- because of their long-term health or disability related needs.

A shower may be installed over the bath, with the use of equipment such as a transfer bench, bath board, or overhead ceiling track hoist to assist the main carer to shower the person at home.

Fencing may be required to help a parent to safely care for their child with challenging behaviour.

For the legal definition of a dependent child thirteen years or under, go to Leaving a child without reasonable supervision or care

3. Priority of services

The provision of equipment and modifications needs to be managed within the annual budget allocated to these services by DSS. As demand for services regularly exceeds the annual allocated budget, prioritisation is in place to ensure that disabled people who have the greatest need for equipment and modifications are given first access to the available funding.

3.1 EMS prioritisation

The intention of the prioritisation process is to identify urgency and risk in relation to equipment and modification requests (for equipment, housing, and vehicles), so solutions are available for those with the highest need.

Prioritisation Process

- The prioritisation process is required for all Band 2 and 3 requests. Band 1 requests do not require prioritisation.
- Assessors must assess if a disabled person's service request meets priority one (P1) or two (P2) status, using the priority one indicators.
- If one or more P1 indicators are met, P1 status is assigned to the service request. All other service requests are P2.
- P1 and P2 service requests are submitted to the EMS portal. P1 service requests processed by the EMS Provider, as per usual process. P2 service requests are required to wait until funding is available.
- Assessors will be notified by the EMS Provider when funding for P2 service requests is available, and the request can be further processed.
- P2 service requests waiting for funding remain visible to the assessor on the EMS Portal. If a disabled person's needs become more urgent, the Assessor can change their priority status if required.
- Assessors are responsible for removing P2 service requests from the portal that are no longer required.

Prioritisation Moderation:

All P1 requests require a moderation process by a nominated clinical leader. This can be through clinical/supervisory review of the service request or monitoring via the online EMS portal reporting.

@ Priority One Form

@ Prioritisation Guideline and Q&As

4. Compliance With the Privacy Act

The information provided through the EMS portal and in a Service Request may be used for the following:

- To assess the need for funding of equipment and modifications by DSS. This assists DSS with planning and purchasing future services.
- To collect statistical information such as gender, ethnicity, and disability type. This data assists DSS to develop a clear picture of the needs of disabled people to ensure that access to disability support services is as fair and equitable as possible within existing constraints.
- To provide DSS with specific information about equipment and modifications a person has received.
- To provide DSS with specific information about priority two service requests for equipment and modifications a person is waiting to receive.
- For other such functions as permitted under law.

The provision of information sought during the prioritisation process and a Service Request is voluntary for the person, but consideration of funding will depend upon all the information being provided.

The person has the right to access the information held about them and to request that corrections be made to this information.

The New Zealand Privacy Act 2020 applies to the information collected as part of the completion of prioritisation and within a Service Request for Equipment and Modification Services. Adherence to the code ensures all information collected is received and treated in the strictest confidence.

For more information on the Privacy Act and Code, go to: Office of the Privacy Commissioner

5. Basic housing modifications

Basic housing modifications are low cost, generally under $2,000 (GST exclusive) and do not require significant structural work or building consent.

Basic housing modifications include, but are not limited to, external and internal handrails, internal door widening, lever taps, and threshold ramps.

To recommend basic housing modifications, an EMS Assessor needs to be an occupational therapist who is an Approved Assessor for Housing (Basic) under the EMS Assessor Accreditation Framework.

For more information on the EMS Assessor Accreditation Framework go to: EMS assessors | Enable New Zealand

Equipment solutions should always be considered before housing modifications.

5.1 External handrails

External handrails are considered where the person is unable to safely use the existing steps to get into or out of their home. White edging to the nosing of the steps and non-slip surfacing may also be required to enhance the person's safety.

Handrails may be provided for one entry/exit point into the home to provide an accessible route from the doorway to the nearest point to where a vehicle can reasonably be parked.

Access modifications are considered to support the person to gain entrance into and out of their home. DSS does not provide funding for additional access to other areas, such as clotheslines or to letterboxes.

Where there is already one accessible entrance into the home, DSS generally will not fund modifications to an alternative access unless there are genuine and exceptional circumstances. This is irrespective of whether DSS has funded the existing accessible entrance or not.

Figure 1: External rails

The New Zealand Building Code requires that houses built after 1992 must have a handrail on at least one side where there are three or more steps.

If a person has moved into a property and there is an existing external railing at the back steps, funding will not be approved for another railing at the front steps unless use of the existing rail is not a viable option.

5.2 Internal handrails

Internal handrails are considered where the person is unable to independently or safely:

- use the existing internal steps or stairs to access essential areas of the home; or
- manage personal hygiene activities (such as showering, toileting, or bathing), transfer, or mobilise and it is not practical or appropriate to use an equipment item to meet the person's disability related need.

5.3 Internal door widening

Widening an existing doorway is considered a basic housing modification where:

- the door is too narrow for the person to access essential rooms within their home; and
- only minor removal or relocation of electrical fittings or wiring is involved. (See 6. Complex Housing Modifications).

5.4 Lever taps

Lever taps are considered where:

- the person is unable to operate the taps and cannot be achieved by using an off the shelf product (such as tap turners); and
- independent use of the taps will increase the person's independence and reduce the level of funded or natural support they currently receive.

Where a person is a wheelchair user, consideration should be given to the width of the wheelchair before changes to door width are recommended. Different makes and models of wheelchairs may have different overall widths for the same seat size.

When a new wheelchair is being considered for a person, the EMS Assessor should liaise with the appropriate service (such as an occupational therapist working in a community health, child development team, or specialist assessment service) to ensure the person will be able to get around their home.

5.5 Threshold ramps

A threshold is a sill to an external door or the floor under an internal door.

A threshold ramp or wedge ramp, either internal or external, is considered when:

- the person is unable to use the existing steps independently or safely; and
- the aid of a handrail or a half step (or EasyStep) will not meet the person's disability related need; and
- the entrance has a small step only (usually less than 50mm) and a wedge of up to 450mm in length will provide the person with safe access; and
- safe access cannot be achieved by using an off the shelf product which could be obtained as an equipment item.

Figure 2: Threshold ramp

6. Complex housing modifications

Complex modifications generally cost more than $2,000 (GST excl.) and involve more significant structural work. They may require building consent.

To recommend complex housing modifications, an EMS Assessor needs to be an occupational therapist who is a Credentialed Assessor for Housing Modifications (Complex) under the EMS Assessor Accreditation Framework.

Examples of complex modifications include, but are not limited to, the following.

For more information on the EMS Accreditation Framework refer to:
EMS assessors | Enable New Zealand

6.1 Access modifications

Easy-steps, ramps, and lifts are considered where the person is unable to safely use steps or stairs to get into and out of their home or to move between levels of their home.

- Access modifications provide access from the doorway to the nearest point to where a vehicle can reasonably be parked. Funding is not available to provide access to all parts of the home and property.
- The proposed modification should be the most appropriate and cost-effective solution considering environmental features in addition to the location of the driveway and car parking area. Environmental considerations include but are not limited to:
  - the slope of the land; and
  - the total height from the ground to the doorway threshold; and
  - any drainage or pipe work which may affect placement of the modification; and
  - any potential restriction of access to neighbouring properties.
- Funding is not generally available for modifications to more than one external entrance.
- Where there is already one accessible entrance which meets the person's essential needs to get into the home, DSS will not generally fund modifications to an alternative access. This is irrespective of whether DSS funded the existing accessible entrance or not.
- There is a maximum funding limit of $15,334 (GST inclusive) available for modifications to provide access to an entrance to the home or between different floors within the home.

The Acceptable Solutions and Verification Methods for Clause D1 Access Routes (effective 1 Jan 2017) | 2nd edition | Amendment 6 document states the maximum rise for an accessible stairway is to be 180 mm per step and the minimum tread is to be 310 mm per step. The riser height and tread depth for all steps in one flight should be the same.

Refer to Section 8.2 for more information on the funding limit for access modifications.

i. Easy-steps

Easy-steps are installed over the top of existing steps. Easy-steps decrease the height or rise of each step and extend the depth or tread of each step.

Easy-steps are generally installed to allow a person to safely use a walking aid such as a walking frame on steps.

ii. Ramps

Ramps can be constructed of wood, concrete, or aluminium. Wooden and concrete ramps are regarded as permanent solutions. Aluminium ramps are generally modular and can be removed.

In most cases, ramps for people in their own homes should be specified to NZ Standards 4121:2001[2] with a minimum one-in-twelve gradient.

Where there is uncertainty about the person's ability to remain in their home longer than two to three years, a modular ramp is generally the preferred solution.

iii. Low rise platform lifts

Low rise lifts have a platform which the person can walk or wheel directly onto. The platform travels vertically to a maximum height of 1.5 metres. Low rise lifts are generally used for external access into the home and are compatible with wheelchair use.

Low rise lifts have options for straight through or 90-degree entry and exit from them.

Regular and heavy-duty lifting capacities are available. A heavy-duty lift should be considered if the person is likely to be using a power wheelchair in the near future.

Low rise lifts generally also require a custom-made level deck between the lift and the entrance. A set of steps is usually also required to allow people who do not need to use the lift to have access to the home in the usual manner.

The solution of a lift or a ramp will depend on several factors including the person's ability to mobilise on a ramp and the overall height of the rise between the ground and the door threshold. If a ramp requires a resting platform (due to its length) or more than one change in direction, a low-rise lift may be a more cost-effective solution.

Modular ramps and low-rise vertical platform lifts are owned by DSS and are removed, refurbished, and reissued when they are no longer required by the person. Refer to Section 7.3.2 for return of equipment.

iv. Stair lifts

Stair lifts can be used for internal or external access. They can have:

- A seat which the person transfers onto. The seat travels up/down the stairs on a track which can be curved to suit the direction of the stairs. A wheelchair cannot be used on this type of stair lift.
- A platform that the person can go directly onto. These are also known as incline lifts. The platform travels up/down the internal stairs in the home at the same angle as the stairs. A wheelchair can be used on this type of stair lift.

[2] NZS4121:2001 Design for Access and Mobility – Buildings and Associated Facilities.

v. Multi-Floor Platform Lifts

Multi-floor platform lifts are enclosed in a shaft. They have a platform which the person can go directly onto. These lifts travel vertically from one level of the home to the next level and are compatible with wheelchair use.

Multi-floor platform lifts are also known as through floor lifts or domestic passenger lifts.

Where part of a ramp or lift exceeds 1.5 m above the ground, a building consent will be required[3] .

The funding limit of $15,334 (GST inclusive) for access modifications applies for all access modifications including high-cost lifts (such as multi-floor platform lifts) and ceiling track hoists to access different levels within the home.

6.1.1 Replacement of access equipment – like for like

Where a low-rise lift or a modular ramp has been installed as part of an access modification and the equipment is assessed by a registered equipment subcontractor or building contractor as being worn beyond economic repair, a like for like replacement will be considered.

The EMS Assessor needs to confirm that the person has an ongoing requirement for the same access solution (i.e., that the person's needs have not changed) and will need to consult with an EMS Advisor before requesting the replacement item.

The full cost of replacement and installation of replacement equipment is not assessed against the funding limit of $15,334 (GST inclusive). An Income and Cash Asset Test is not required, and the prioritisation process does not need to be completed.

Like for Like means that the same form and function of the equipment item need to be sought. It does not indicate that the exact make and model need to be supplied.

If a person has had a low-rise lift installed previously but the weight capacity or other specifications of that lift are now insufficient to elevate the person plus their replacement power wheelchair, a reassessment of the person's needs by an EMS Assessor is required. This is not considered to be a Like for Like replacement.

6.1.2 Replacement of access equipment – change in need

Where there has been an access modification funded previously and a significant unexpected change in the person's need results in a requirement for a different access modification, a reassessment from an EMS Assessor will be required.

The full cost of replacement and installation of this equipment is assessed against the funding limit of $15,334 (GST incl.). An Income and Cash Asset Test is required, and the prioritisation process needs to be completed.

[3] Building Act 2004 | New Zealand Legislation.

6.2 Other external modifications

Other external modifications are considered where there are other barriers, in addition to the entranceway, for the person to get into and out of their home from the nearest point to where a vehicle can reasonably be parked.

i. Automatic door openers

Automatic door openers are considered where the person:

- Lives alone or is alone for much of the day.
- Is unable to enter and exit their home independently due to the inability to operate the door manually and no other equipment or support options are available.

An automatic garage door opener can be considered when the garage is the most cost-effective access into the home.

Funding is not available for an automatic garage door opener when the primary requirement for this is to allow the person to park a vehicle in the garage.

A garage door opener may be a more cost-effective alternative to modifying another entrance in a situation where a person can access the home through the garage.

ii. Covered transfer areas

A covered transfer area provides shelter for the person when they are transferring in and out of a vehicle. Covered transfer areas are considered for people who:

- Take a considerable time to transfer in and out of their vehicle, including stowing their wheelchair or mobility aid.
- Are at risk of harm if exposed to adverse weather during the time it takes to transfer in and out of their vehicle.

iii. External door widening

Widening an external doorway is considered where the doorway is too narrow to accommodate the person's wheelchair, there is no other way of accessing the home, and there are no other options to overcome this barrier.

Some external door modifications require a building consent.

For wheelchair users, consideration should be given to the width of the wheelchair before changes to door width are recommended. Different makes and models of wheelchairs may have different overall widths for the same seat size.

iv. External linking rails and modifications to existing paths

The provision of external linking rails and modifications to existing paths are considered to provide an accessible route to the home for the person, from the nearest point to where a vehicle can reasonably be parked.

The existing path from the vehicle car parking to the entrance to the home may be widened where it is too narrow to accommodate a wheelchair.

6.3 Internal modifications

i. Internal door widening

Widening an existing internal doorway will be considered where the doorway is too narrow to allow access to essential rooms. Widening internal doorways is considered a complex modification when it is likely to involve several doorways, significant building work, or relocation of electrical fittings.

Consideration should be given to other more cost-effective modification options, such as “hospital hinges”, before internal doorway widening is recommended.

“Hospital hinges” are designed to allow a door to swing clear of the opening, allowing the widest possible door opening.

ii. Wall removal or minor internal redesign

Removal of walls or alteration to corners of adjoining walls are considered for providing access into and between rooms. Consideration will need to be given to the implications (structural and cost) of removing load bearing walls.

Walls may be removed between bathrooms and toilets to provide accessible bathrooms.

iii. Ceiling mounted overhead hoists

Ceiling mounted overhead hoists have a track fixed to the ceiling. The person is lifted using a sling attached to a motor unit which can then be moved along the length of the track.

Ceiling mounted overhead track hoists are considered where:

- the person is dependent on a hoist for all transfers; and
- a mobile wheeled hoist is not viable in the space available or does not meet the needs of the person and their carers.

Figure 3: Ceiling mounted overhead hoist

Similar overhead hoist options which do not need to be mounted to the ceiling (i.e., they are equipment items, are removable, and can be refurbished and reissued) should be considered first.

Ceiling track hoists are installed permanently and are not removed for reissue when no longer required.

Ceiling track hoists which are required to specifically support a person to access different floor levels within their home are regarded as an access modification and subject to the maximum threshold for access modifications.

iv. Heating, air conditioning, and lighting

Housing modifications for heating, air conditioning, and additional or specific lighting may be considered where the person's disability related need is over and above that which is normally expected in the home environment.

v. Level access showers

A level access shower is considered in one or more of the following situations:

- The person is unable to safely use the existing bathing or showering facilities and the use of a more cost-effective option such as equipment (e.g., a tub transfer bench or a bath lifter) does not meet the person's identified disability related needs.
- A minor modification (e.g., rails or a shower over the bath) will not meet the person's long-term disability related needs.
- The need for regular and thorough washing every day due to behavioural, continence, and skin integrity issues cannot be achieved using the existing facilities or by any other means.
- Support people including family/whānau and carers are unable to safely carry out their role to assist the person with personal cares.
- Other options such as the provision of personal care support or alternative bathing arrangements (e.g., showering as part of attendance at a regular day programme) are not viable and will not meet the person's identified needs.
- The person is likely to remain living in the home for at least two to three years.

The modification may result in a reduction in the person's support package for personal cares or prevent escalation of, or the need to introduce personal cares.

Portable heating, air conditioning, and lighting need to be excluded as viable options before a housing modification can be considered.

A level access shower is where the shower floor is level with the rest of the bathroom floor. The shower area is generally 1200mm x 1200mm and slopes four ways into a floor drain. There is a curtain around the sloped area to contain the water.

Where the modification is high cost or complex, evidence of collaboration with the NASC is required, using the EMS and NASC joint reporting template. This collaboration is to ensure that all support options have been considered, and the NASC supports the proposed intervention.

vi. Vanity units and hand basins

A wheelchair accessible vanity or hand basin is considered where:

- The person can independently use the hand basin.
- The person can be supported to use the hand basin.

vii. Toilets

Generally, funding is not available for an additional toilet. However, an additional toilet may be considered where it is a more cost-effective option than relocating the existing toilet.

viii. Bidets

A bidet fits to an existing toilet pan in place of the seat and lid. It connects to the plumbing supplying water to the pan cistern. A bidet, operated by push buttons beside the toilet, provides a wash and dry function, replacing the need to manually wipe after toileting. A remote-control option is available.

Installation of a bidet is considered where it can be shown that:

- provision of a bidet would result in the person being able to use the toilet independently and safely; or
- it will significantly reduce the level of paid or unpaid support the person currently receives.

Bidets are installed permanently and are not removed and returned when no longer required.

ix. Kitchen modifications

Kitchen modifications are considered for a person who lives alone, is alone for much of the day, or is the main carer of a dependent person where:

- the modifications are essential to allow the person to be independent when preparing food and drink; and
- there are no other viable options to meet their disability related needs.

The EMS Assessor, in consultation with the NASC, needs to consider whether kitchen modifications would result in a change to the person's need for support for paid home support. Where there are other family members or support available in the home, consideration needs to be given to the assistance that others can provide with meal preparation.

Kitchen modifications include lowering a bench top or providing access to the kitchen sink.

The person's partner or other family/whānau member may be able to assist with the preparation of meals. However, an accessible area may be required to allow the person to prepare snacks and drinks if they are alone for much of the day.

x. Room extensions

Extensions to a bedroom or bathroom are considered where they can be accommodated within the existing structural footprint of the home and no other suitable options are available to meet the person's needs.

Generally, funding is not available for:

- Additional rooms outside the existing footprint of the home.
- Additional bedrooms to a property where this requirement is due to a social need (e.g., the number of occupants of the house exceeds recommended bedroom space).

Room extensions may include:

- Converting a laundry to a bathroom with a level access shower.
- Extending the external wall of a bathroom to accommodate a larger sized level access shower when a person needs to lie on a shower trolley.

6.4 Modifications to support people who have challenging behaviour

Housing modifications are considered for people whose challenging behaviour impacts on their safety, placing them or others at risk of harm.

Collaboration is needed to provide a management plan to meet the person's needs. An inter-agency team includes the key people who engage with the person. The team is likely to include therapists, psychologists, behaviour support teams, and support agencies such as NASC.

The recommendation for housing modifications must be considered in conjunction with other strategies and interventions to ensure the person is provided with the most cost-effective resources to support them in all environments. Strategies such as parent education, respite options, and behavioural support programmes need to be considered before solutions based on restricting a person's environment.

For all requests for housing modifications for people with challenging behaviours the DSS agreed pathway for the consideration of equipment and housing modifications must be followed.

Strengthening Families is an example of a support agency which coordinates support for families/whānau when more than one community support organisation or government service is or could be required. It is set up so families/whānau "tell their story" once to relevant people at the same time.

Where the modification is needed due to challenging behaviour, evidence of collaboration with the EMS Advisor and the NASC is mandatory, using the EMS and NASC joint reporting template.

Typical modifications include, but are not limited to:

- **External fencing** where the need for fencing is over and above that which is normally required for a person of that age. Fencing can be considered for a small outdoor play area which is visible from the commonly used areas of the home to provide adequate supervision.

Construction of barriers to rooms and fencing to the property should not be used as forms of "restraint" to manage challenging behaviour. These modifications can be considered only after less restrictive interventions have been attempted and found to be inadequate.

- **Safety glass**

Where there is a high risk of injury to the person as well as to windows and glass doors of rooms which are essential for the person to use.

- **Security or stable doors**

Where it is essential to keep the person in a safe environment and/or to maintain their social inclusion and interaction.

- **Reinforcement of walls**

where the person's behaviour places their personal safety at risk.

- **Window restrainers**

Where it is essential to prevent the person leaving the house unsupervised.

Locks can be considered when they have been deliberated within a multi-disciplinary team approach and adhere to the restraint minimisation standards. Funding for locks to internal doors within a home which result in the restraint or seclusion of a person within the room is not available (e.g., bedroom doors).

See Here Taratahi Restraint and Seclusion section within the Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) Standards New Zealand

6.5 Construction of new homes

Where a new home is being constructed, consideration will be given to contributing towards the additional costs required to accommodate the person's disability related needs where these are over and above standard features. This funding is provided as a Cost Contribution.

The costs need to be itemised to show the comparison between the standard cost and the additional costs related specifically to the person's disability.

Funding is not available for the provision of extra space in the new home as this is part of the planning a person or their family/whānau would normally undertake for a new home, for example, allowing for wider hallways or providing additional storage.

New buildings incorporating universal design features, such as level entry into a home and doors of a suitable width, allow homes to be used by all people irrespective of their ability. Built into the initial design, these features will incur minimal, if any, additional cost.

The difference in cost between standard vinyl and non-slip vinyl will be considered.

For more information on Cost Contribution refer to Section 8.5.

For more information on universal and accessible design go to:

- BarrierFree • Home
- Designing for Access and Usability | Building Performance
- Also refer to BRANZ publication "Homes Without Barriers – A Guide to Accessible Housing" https://www.branz.co.nz/.

7. General information

DSS funding for housing modifications is considered where eligibility and access criteria for services have been met. There must be an essential need for and an ability to benefit from the modification and it must be evident that the person is likely to remain living in the home in the long term for at least two to three years.

Prioritisation must be completed by the EMS Assessor before a service request for either Basic or Complex housing modifications can be submitted.

All housing modifications for people aged sixteen years and over are subject to the outcome of an Income and Cash Asset Test where it is estimated that modifications will cost more than $8,076 (GST inclusive). This figure includes the cost of any previous modifications funded by DSS after the person has turned sixteen years of age.

Housing modifications funded by DSS are considered a permanent alteration to the home unless the modification includes equipment such as a modular ramp, which is easily removable and able to be reissued.

All insurance, repairs, maintenance, replacement, or “removal” of housing modifications become the responsibility of the property owner.

7.1 Housing advisory services

Housing Advisory Services, provided by the DSS contracted EMS Providers, offer:

- Assistance in exploring all possible options with the EMS Assessor and the person, their family/whānau, and support people or agencies as appropriate.
- Technical support with the scoping design process from a Housing Advisor.
- A visiting service in various locations to provide Housing Onsite Visits (at the person’s home) with the EMS Assessor.

Housing Outreach Clinics or Onsite Visits are set up by the EMS Provider in response to one or more of the following:

- The complexities or challenges of the disabled person’s home environment.
- Complexities in relation to the person’s family/whānau situation.
- Complexities relating to their disability related needs and impact of their disability on them and their family/whānau (including the likely long-term sustainability of them remaining living in their home).

Housing Advisory Services can provide advice and support in response to an individual request from an EMS Assessor on a case-by-case basis in the form of Housing Onsite Visits.

Where the EMS Assessor requests comprehensive advice and support from the Housing Advisory Service, and a Housing Onsite visit is agreed by the EMS Provider and the EMS Assessor, a visit to the person’s home can be arranged with all key parties to facilitate the progression of the most suitable services and supports for the person. Relevant key parties can include, for example, the person’s family/whānau, NASC, Behaviour Support personnel, and property owners such as Kāinga Ora.

Referrals to the Housing Advisory Service can be made by the EMS Assessor through the EMS portal.

Housing Outreach Clinics are facilitated by EMS Advisors or Housing Advisors in key centres on a regular basis and in other centres when requested.

The advice and support available through Housing Advisory Services is provided before the decision is made to proceed with a request for housing modifications.

7.2 Moving to another home

When choosing to move to another home, the person and their family/whānau should, as far as practical and reasonable, choose a house that is already suitable or requires only minimal modifications to meet the person's disability related needs.

Consideration should be given to the likelihood of the person's needs changing in the future.

DSS will not consider funding towards modifications to a newly purchased or rented home where the person has knowingly chosen a property unsuited to their disability related needs.

Recommended accessible design features to consider when purchasing a new home include:

- Flat section with drive on access.
- Level entry/minimal steps into the home.
- Bedroom, bathroom, and main living areas on ground level.

Where a person with a disability is considering purchasing a new home, completing renovations to their existing home, or moving to a rental property, it is recommended they consult an occupational therapist for advice before they confirm their decision.

If a person who uses a wheelchair chooses to move into a property which is multi-level, funding will not be available towards the purchase and installation of a lift to transport the person between levels of the home.

7.3 Equipment as part of a housing modification

Equipment items funded by DSS as part of a housing modification can be installed either permanently or on long term loan, depending on the nature of the equipment.

7.3.1 Equipment installed permanently

All equipment items that are funded by DSS which are fixed permanently to the home as part of a housing modification become a chattel of the home once installed.

Equipment installed permanently includes, for example:

- Stair lifts.
- Multi floor platform lifts.
- Bidets.
- Ceiling track hoists.

These equipment items are not removed by DSS if or when they are no longer required by the person. All insurance, repairs, maintenance, replacement, and removal of this equipment are the responsibility of the person or property owner.

Equipment which remains the property of DSS is asset labelled for identification and tracking.

7.3.2 Equipment installed on long-term loan

All equipment items that are funded by DSS and are easily removable and can be refurbished/reissued to another person remain the property of DSS. This equipment is provided on long term loan to the person for as long as they need it. Equipment installed on long term loan includes:

- Low rise lifts (up to 1.5m rise).
- Modular ramps.

Repairs and maintenance of this equipment is the responsibility of the EMS Provider but can only be carried out on equipment for the person for whom the item was approved and at the address at which it was installed. To move or remove equipment which has been installed as part of a housing modification, prior approval from the EMS Provider is required.

When the item is no longer required by the person, it needs to be returned to the EMS Provider. The costs of removal of any equipment components of a modification and to make the area safe are met by DSS.

For repairs, maintenance, removal, and collection of equipment no longer required contact:

- info@accessable.co.nz
  0508 001 002
- enable@enable.co.nz
  0800 36 22 53

7.4 Repeat housing modifications

Where the person has already received DSS funding for housing modifications, they will generally be unable to receive further funding for the same or similar housing modifications in that property or in a new home unless there are genuine and exceptional circumstances.

7.4.1 Genuine and exceptional circumstances for repeat funding

Further funding will be considered on a case-by-case basis in genuine and exceptional circumstances. Examples include, but are not limited to:

- A significant change in the person's disability status which has resulted in an unexpected change in their disability related needs.
- Divorce/change in marital or relationship status that has resulted in the family home being sold as part of a matrimonial or other settlement.
- Blended families.
- Forced eviction or relocation from a private rental property following a directive from the property owner.
- Domestic violence, protection orders, or significant threat to personal safety resulting in the person needing to relocate.
- Natural disaster resulting in the person needing to relocate.
- Job changes due to company redeployment or redundancy, resulting in a confirmed offer of employment in another location.
- Death or a change of health status of the main carer resulting in a need to relocate.
- Young adults leaving their parents' or guardian's home for the first time to move into a long-term living situation so that they can live as independently as possible.
- Move to be closer to care, either paid or unpaid.

Advice from Housing Advisory Services is required in such circumstances.

An example of a change in disability status is where a person who had previous funding for easy-steps has now become a wheelchair user, resulting in a changed need and a requirement for a ramp to allow wheelchair access to their home.

An example of moving closer to care is an elderly parent moving to live with family as an alternative to residential care.

7.4.2 Circumstances not covered for repeat funding

Funding for repeat modifications is generally not considered when a person has moved home for reasons including, but not limited to a move:

- Due to personal preference.
- For social reasons.
- To a smaller home requiring less maintenance or for downsizing purposes.
- Due to forced eviction from a private rental property where they have been evicted due to wilful neglect or damage to a rental property.
- To a home that is not suitable to meet their disability related needs.

A move due to personal preference includes moving to a bigger home to accommodate the number of people living in the home.

Funding is not available for access modifications to a new home where the person has purchased a multi-level property with the knowledge that they have a progressive mobility impairment.

7.5 Funding in shared care circumstances

Where a dependent person is living in two homes on a regular basis, they can be described as living in shared care. This situation may occur where:

- A child is regularly living in the homes of separated parents.
- There is a foster care arrangement.
- An elderly relative is living with different family members who provide care.

Requests for housing modifications to two properties in a shared care situation are considered on a case-by-case basis to support the person, their families/whānau, and caregivers in both homes. Advice from an EMS Advisor is required in such circumstances.

Consideration should be given to the sustainability of the shared care arrangement to clarify that it is likely to be of a long-term nature lasting two to three years or more.

Examples of living in two homes on a regular basis include where a person is living three to four days per week in each home or alternate weeks in each home, as a long-term arrangement.

This does not include people living in residential care where their living arrangement comprises full-time ongoing support.

The provision of suitable equipment and other supports to meet the person's disability related need should be considered before housing modifications in both homes

7.6 Requests for additional funding or variations to approved modifications

Additional funding and/or variations to approved modifications are considered by the EMS Provider on a case-by-case basis.

- Requests need to be made in writing to the EMS Provider, itemised clearly with supporting rationale and an estimate of costs.
- The EMS Assessor needs to confirm that the changes are appropriate and that they will meet the person's essential disability related needs.
- The person and the property owner need to indicate their agreement to the changes in writing and by initialising revised plans and specifications.
- Where variations are cost neutral and are supported by the EMS Assessor, the variation is likely to be approved by the EMS Provider.
- Where variations lead to an increase in the estimated cost of the modifications, there may need to be a reassessment of the financial assistance DSS can provide. This may involve the need for an Income and Cash Asset Test.
- If variations to the approved modifications are undertaken without written approval from the EMS Provider or the person is not eligible to access funding for such modifications, these costs will be the responsibility of the contractor, property owner, or person.

For further information on Income and Asset Testing refer to Section 8.3.

8. Funding

8.1 Levels of funding

DSS funded housing modifications, subject to the outcome of prioritisation indicating that funding is available, are provided according to the following levels of funding:

i. Less Than $200 (GST inclusive)

Funding is not provided for housing modifications which cost less than $200 (GST inclusive).

ii. Between $200 (GST inclusive) and $8,076 (GST inclusive)

Housing modifications which cost between $200 (GST inclusive) and $8,076 (GST inclusive) are considered for eligible people and an Income and Cash Asset Test is not required. Included in this estimated cost is the value of any previous DSS funding provided to the person for housing modifications, either in their current or a previous home, after they have turned sixteen years of age.

iii. Over $8,076 (GST inclusive)

Housing modifications which are likely to cost more than $8,076 (GST inclusive) are considered for eligible people. The level of funding available from DSS is subject to the outcome of an Income and Cash Asset Test, administered by Work and Income, where the person is sixteen years of age and over.

Included in this estimated cost is the value of any previous DSS funding provided to the person for housing modifications, either in their current or a previous home, after they have turned sixteen years of age.

iv. Over $ 35,000 (GST inclusive)

The DSS EMS Review Panel is required to review all proposals where housing modifications costing more than $35,000 (GST inclusive) [$35,000 (GST excl.)] are being considered. This amount includes the cost of any previous modifications to the person's current or previous home which have been funded by DSS.

These proposals will be reviewed by the Panel before prioritisation has been completed and before a Service Request is submitted to the EMS Provider.

Funding for all housing modifications is only provided when the outcome of prioritisation determines that funding is available.

Funding for all housing modifications is only provided when the outcome of prioritisation determines that funding is available

For more information on the EMS Review Panel refer to Section 12.

8.2 Funding for access modifications

Funding to a maximum threshold of $15,334 (GST inclusive) is available for access modifications to enable a person to get into and move between levels of their home.

- This maximum threshold applies to all requests, irrespective of the person's age.
- The maximum threshold only relates to access modifications; it does not apply to other types of internal modifications to a person's home such as widening internal doorways or bathroom modifications.
- The value of an equipment item, such as a low-rise lift and modular ramp, is **not** included as a cost within the maximum threshold as it can be removed, refurbished, and reissued when it is no longer required.
- Where the total cost of the access modifications exceeds $15,334 (GST inclusive), the agreed maximum amount will be paid by DSS as a Cost Contribution.
- The level of funding available is subject to the outcome of an Income and Cash Asset Test, administered by Work and Income, where the person is sixteen years or over and the modification is estimated to cost more than $8,076 (GST inclusive). This figure includes the cost of previous modifications which have been completed after the person has turned sixteen years of age.
- For access modifications, the Income and Cash Asset Test establish the amount of funding, if any, the person may receive for the amount between $8,076 (GST inclusive), and $15,334 (GST inclusive). The value of equipment that can be reissued is not included in the value of the modifications for the Income and Cash Asset Test.

Examples of access modifications to get into the home or move between levels of the home include:

- Railings beside steps and stairs.
- Ramps.
- Low rise lifts (up to 1.5m rise).
- Stair lifts.
- Through-floor lifts.

- The costs included within the $15,334 (GST inclusive) maximum thresholds are:
  - The value of any previous DSS funding for access modifications for the person at their current residence.
  - All building and installation costs.
  - Any associated building consent fees.

A building consent is approval granted by the building consent authority (usually the local Council) to a property owner undertaking building work to ensure all work complies with relevant building codes.

Refer to Section 8.5 for more information on Cost Contribution

8.3 Income and cash asset test

An Income and Cash Asset Test is an assessment of the income, cash assets, and expenses of:

- the person; and
- their spouse or partner; and
- the property owners (when they share the same property and live with the person).

8.3.1 Indicators for an income and cash asset test

The person is required to have an Income and Cash Asset Test to determine the level of funding, if any, they may be able to receive where:

- the total estimated cost of the housing modifications, including the value of any previous modifications, is more than $8,076 (GST inclusive), which have been completed after the person has turned sixteen years of age; and
- the person is sixteen years of age or over.

The requirement for an Income and Cash Asset Test will be established by the EMS Provider, after they have received a Service Request. The requirements for the Test must be completed by the person to allow the request for housing modifications to progress.

If a person chooses not to have an Income and Cash Asset Test, they will need to inform the EMS Provider, in writing, of their decision. In this case, DSS funding towards the cost of the housing modifications would be limited to a maximum of $8,076 (GST inclusive). Where the person does not agree, in writing, to be responsible for any additional costs, the Service Request cannot proceed.

8.3.2 Valuing Modifications for an income and cash asset test

For the purposes of estimating the value of housing modifications for an Income and Cash Asset Test, the following costs are included:

- The value of any previous DSS funding provided to the person for housing modifications, either in their current or a previous home, after they have turned sixteen years of age.
- The estimated cost of the proposed modifications.
- Any associated building consent fees.
- Any associated consultant fees.
- The cost of installing any equipment which is part of the housing modification (whether the equipment can be removed or is to be installed permanently).

Refer to Section 7.3 for more information on equipment installed as part of modifications

8.4 Part payment by the person

Where DSS funding for the full cost of the housing modifications is not available, the person or their family/whānau will be responsible for payment of the balance. This is referred to as a Part Payment by the person and may occur where:

- the outcome of an Income and Cash Asset Test indicates that the level of funding they can receive is less than the estimated total cost of the housing modifications; or
- the person chooses not to have an Income and Cash Asset Test and the cost of the housing modifications, including the cost of any previous modifications, is greater than $8,076 (GST inclusive).

A Part Payment is the amount it has been agreed that the person will pay towards the cost of the housing modifications. This part payment forms a separate private contract between the person and the contractor.

Where a Part Payment is required, the person must agree, in writing, to cover this cost before the modifications can proceed. The person will be responsible for paying the balance directly to the contractor. This will be done as an agreed contractual arrangement with the contractor.

DSS and EMS Provider are not responsible for the resolution of any disputes between the person and their contractor related to the balance of the Part Payment owed by the person.

8.5 Cost contribution by disability support services

A Cost Contribution is an amount DSS has agreed to pay towards part of the total cost of a housing modification when the property owner wishes to do one of the following:

- Undertake additional work on their property over and above the extent of the modifications which have been recommended by the EMS Assessor as being essential to meet the person's disability related needs.
- Use their own building contractor, who is not contracted by an EMS Provider, to complete the modifications. In some circumstances, the property owner may be a qualified tradesperson who wishes to undertake the work themselves.
- Renovate or build a new home incorporating certain features to meet the person's disability related needs.

The level of the Cost Contribution from DSS is based on the costs associated with the approved solution to meet the person's disability related needs, as recommended by the EMS Assessor. The Cost Contribution amount is based on standard industry rates for materials and labour.

Additional work may be remedial or cosmetic work or installation of new fixtures or fittings which are not essential to meet the person's disability related needs (e.g., a bath in a bathroom where a level access shower is proposed and there is space for a bath without compromising the design and use of the shower).

8.5.1 Conditions for a Cost Contribution

- The total value of the modification must be greater than $1,000 (GST exclusive).
- The agreed Cost Contribution can only be used for the housing modifications which have been recommended by an EMS Assessor.
- Where the property owner wishes to use their own design and specifications, the plans and information on what the property owner intends to use the Cost Contribution towards must be provided to the EMS Provider. The EMS Assessor needs to confirm that the property owner's preferred solution will meet the long-term needs of the person and their support people.
- The person is required to have an Income and Cash Asset Test where they are sixteen years of age or over and the estimated value of the proposed housing modifications is over $8,076 (GST inclusive). This includes the sum of any previous DSS funded housing modifications provided to the person after they have turned sixteen years of age.
- After the level of Cost Contribution has been calculated by the EMS Provider, the property owner is offered this amount of funding. They must accept the Cost Contribution offer in writing before the modification can proceed.
- The property owner is responsible for all contractors they engage and has full responsibility for the project management of the housing modification. This includes the drawing of plans, specifications, building consent (for the additional work), building work, inspections, payment of costs, and management of disputes.
- The agreed contribution from DSS will be paid to the property owner following completion of the work and on receipt of:
  - Declaration from the person stating the work has been completed.
  - The Consent Compliance Certificate (if relevant).
  - Declaration from the EMS Assessor that the modifications have been completed as agreed and meet the person's identified disability related needs.
- The entire Cost Contribution may not be paid if only part of the approved solution is completed.

When the Cost Contribution is being used towards a newly built home, the amount of the Cost Contribution is based on the cost difference between standard materials or design and what is required to meet the person's disability related need (e.g., standard vinyl vs nonslip vinyl). There is often minimal cost difference.

The EMS Assessor needs to discuss with the property owner the option of Cost Contribution before a request is made for funding. If the property owner wishes to follow the Cost Contribution process, this must be indicated when the Service Request is submitted to the EMS Provider.

It is generally not possible for a person to request the Cost Contribution process after plans and specifications have been drawn and the job has been quoted.

8.6 Reimbursement

Reimbursement for the cost of housing modifications will be considered by the DSS EMS Review Panel on a case-by-case basis.

DSS does not generally provide reimbursement for housing modifications which have been paid for by the person or their family/whānau before a Service Request has been processed and confirmed by the EMS Provider.

However, reimbursement for services which have already been purchased, commenced, or completed by a person or their family/whānau before a Service Request has been made to the relevant EMS Provider can be considered in genuine and exceptional circumstances when all the following requirements have been met:

- The person meets the eligibility and access criteria for DSS funding.
- The person's needs have been assessed by an Approved or suitably Credentialed EMS Assessor.
- The solution, either fully or in part, has been confirmed by an EMS Assessor as being essential and cost-effective in meeting the person's disability related needs and the outcome of the prioritisation process is that DSS funding is available.
- The departure from the usual processes for the consideration and provision of the equipment or modifications has resulted in improved long-term outcomes for the person and or their family/whānau and support people.
- The usual requirements for Income and Cash Asset Testing (if required) have been met.
- All relevant building standards have been met, including meeting the requirements set by territorial local authorities.
- If a solution can only be partly supported by the EMS Assessor, the essential and cost-effective elements of the solution will be costed following agreement between the EMS Provider and the EMS Assessor, and any reimbursement will only cover the components of the equipment or modifications that they agree to support.

9. Housing modifications which are not funded

9.1 In relation to the person's situation and needs

Funding for housing modifications is not available through DSS for a person where:

- They do not have an essential need for, or ability to benefit from, modifications as assessed by an appropriately Approved or Credentialed EMS Assessor.
- They do not meet the criteria for accessing housing modifications as defined in this manual.
- They are unlikely to remain in the home that is proposing to be modified in the long-term, for at least two to three years.
- Their needs arise primarily from:
- A disability or condition that is unlikely to last more than six months (e.g., short term needs pre- or post-surgery).
    - Conditions in the palliative stage.
    - Social or economic reasons (e.g., overcrowding).
    - A chronic health condition, unless the person is eligible for funding under Long Term Supports – Chronic Health Conditions.

Refer to Section 10.1.1 for further information on Long Term Supports – Chronic Health Conditions.

9.2 In relation to the person's home

Funding for housing modifications will not be considered in circumstances where:

- The proposed modifications are minor, and it is anticipated their cost is likely to be less than $200 (GST inclusive).
- It is not considered cost-effective to proceed because alternative support options or relocation to a more suitable home would be more appropriate.
- The long-term sustainability of the person remaining living in their home for at least two to three years cannot be supported.
- Rectification work is required to allow the housing modifications to be undertaken or completed. Rectification or remedial work is the responsibility of the property owner and must be completed before funding can be made available.
- The modifications are intended to provide:
    - Therapy facilities or to enable treatment, management, or relief of a medical or surgical condition.
    - Basic amenities or services that would be expected in a standard home, such as running water, changes to water temperature or pressure, plumbing, electricity, or an indoor toilet.
    - Soft furnishing or fittings to a home that would be expected in a standard home, such as curtains, light fittings, oven, heating, etc.
    - Additional storage or cupboards.
- The modifications are required to meet the Residential Tenancies (Healthy Homes Standards) Regulations 2019 or equivalent legislation.

- A property does not meet Building Code or does not have a permit (where a building consent is required to complete the modifications). The registered property owner is responsible for complying with the relevant Building Code and to have the necessary building permits (e.g., fire compliance).
- It will be used to fund the removal of asbestos or the heightened safety precautions associated with handling asbestos that other modifications may cause, as per the Health and Safety at Work (Asbestos) Regulations 2016.

For example, replacement of rotten or water damaged floorboards, upgrading of plumbing facilities to accommodate installation of a tempering valve.

Housing modifications for therapeutic purposes would include access to a bath for the person to be immersed in water to manage chronic pain or skin conditions.

Where the most cost-effective way of installing a level access shower means removing an existing bath which the property owner wishes to retain, the property owner is responsible for any additional costs incurred in relocating or retaining the bath.

Where it has been necessary to remove a cupboard, consideration will be given to replacement of storage space on a same or similar basis.

For more information, please refer:

Residential Tenancies (Healthy Homes Standards) Regulations 2019
Healthy Home Standards – Ministry for Cities, Environment, Regions and Transport.

Refer to Section 2 and Section 3 for examples of common housing modifications.

Access modifications

Funding for access modifications is not available for:

- Covered areas for an external ramp, low rise lift, or car parking area, including garaging or a car port.
- The creation of or concreting of driveways or paths.
- Modifications to shared or common land which is not wholly owned by the property owner.

In some circumstances funding may be available for a covered transfer area. Refer to Section 6.2.

Common or shared land includes council land or communal land such as shared driveways.

9.3 Other Buildings

Funding is not available for modifications to the following:

- A workplace, including modifications to enable the person to undertake self-employment based in their home.
- Educational settings.
- Rest homes, private hospitals, community homes, and other residential care settings.
- Public buildings and facilities, such as schools, public hospitals, and community recreation facilities.
- Properties where the person has a “licence to occupy” (within a Rest Home or Retirement Village or similar complex) or similar agreement which restricts the conditions of future sale within a retirement village or similar complex.

Council, Kāinga Ora, or Kaumatua homes are sometimes designed and built to meet the specific needs of tenants. Housing modifications will not generally be provided for such houses.

A licence to occupy is an agreement between a person and a residential care provider which generally requires the person to pay a lump-sum payment for the right to occupy a specific unit or apartment, additional monthly payments for communal expenses and services received and includes termination conditions.

10. Other funding options

10.1 Disability Support Services - other supports

Equipment and modifications are one of many support options funded by DSS. Provision of equipment or modifications should be considered alongside the availability of other funded and non-funded supports that make up a person's support package.

A support package is developed by the Needs Assessment and Service Coordination (NASC; see Section 2.1.2) organisation with input from the person, their family/whānau, and support people and may include personal care support, home support, carer support, or respite care.

10.1.1 Long term supports - chronic health conditions funding

Long Term Supports – Chronic Health Conditions (LTS-CHC) funding, managed by Health NZ – Te Whatu Ora, funds long term support services for eligible people under sixty-five years of age and needing ongoing support services because of **chronic health conditions**. People eligible for LTS-CHC are neither eligible for DSS or other Health NZ – Te Whatu Ora funded long term supports (e.g., for older people). This funding is targeted towards people who have very high needs.

A chronic health condition is:

- **Either** a progressive health condition where the person has a functional impairment that is expected to last for at least six months or to increase over time as a direct result of the condition.
- **Or** a health condition lasting at least six months where the person's level of functional impairment can be ameliorated by periodic or ongoing treatment (drugs, therapy, surgery, etc.).
- **And** the impairment resulting in the need for support does not meet the DSS funder's definition of a disability.

Very high needs are where the person requires assistance with activities of daily living at least daily to remain safely in their own home or needs residential care. The person's wellbeing and functional status is deteriorating, their needs are increasing, and safety issues are becoming apparent. They have limited opportunity to participate in age-appropriate activities.

The person with very high needs is assessed as requiring support daily but some or most of the support may be provided by family/whānau or friends. The LTS-CHC funding would provide any additional formal supports if these were not being supplied through other means.

To access funding for housing modifications through LTS-CHC, the person needs to have:

- been identified by their local NASC as being eligible for LTS-CHC funding; **and**
- had an assessment by an EMS Assessor who has identified that the person has an essential need for, and an ability to benefit from the modification, and the outcome of prioritisation has indicated that funding is available.

Requests for equipment and modifications for eligible people under the LTS-CHC funding stream are considered in the same manner as other requests for equipment and modifications.

The recommendation for modifications needs to be considered within the person's overall support package, in consultation with Health NZ – Te Whatu Ora and NASC personnel. The EMS Assessor will need to obtain written confirmation from Health NZ – Te Whatu Ora and the NASC service that the person is eligible to access funding through LTS-CHC before a request for housing modifications can be made through this funding stream.

LTS-CHC funding is targeted towards people who have very high needs for long term support services. Most people who meet the criteria will have more than one chronic health condition.

EMS Assessors need to clearly identify on a Service Request if a person is eligible for funding for EMS services under LTS-CHC funding.

10.2 Accident Compensation Corporation

The Accident Compensation Corporation (ACC) provides housing modifications, equipment, and services for people who are entitled under the Accident Compensation Act 2001.

For further information contact ACC regional branch offices:
Call Free - 0800 101 996 (claim enquiries) or **contact** ACC online.

10.3 Ministry of Education

Modifications to educational facilities to meet the educational needs of students in compulsory education are the responsibility of the Ministry of Education.

Refer to DSS and Ministry of Education:
Therapy and Assistive Technology/Equipment Operational Protocols

10.4 Veterans' Affairs New Zealand

Veterans' Affairs New Zealand provides advice and facilitates the delivery of a range of services to veterans and their families. Case managers connect veterans and their families to appropriate services within the community that best address their needs and assist with improving and maintaining their quality of life.

Where a person may need to contribute towards the cost of the housing modifications, Veterans' Affairs may consider paying these costs on behalf of the person.

The case manager will facilitate access to the entitlements that are available through the social assistance and war pensions' framework and make recommendations for the use of Veterans' Affairs New Zealand funding in situations where the need is urgent, and no other service is available.

Phone: 0800 4 VETERAN (4838372)
Email: veterans@xtra.co.nz
Website: Veterans' Affairs New Zealand

11. Roles and responsibilities

The consideration and provision of housing modifications involve several different people and organisations. Their responsibilities are outlined below.

11.1 The person, their family/whānau, or support people

The person or their family/whānau will:

i. During the assessment

Participate in an assessment with an EMS Assessor.

- Consider, with the EMS Assessor, a range of options to determine the most appropriate and cost-effective solution to meet their disability related needs.
- Work together with the EMS Assessor (and the EMS Advisor, Housing Advisor, and other key people where required) to agree on a possible solution to meet the identified disability needs if it is determined that a housing modification is the most appropriate option.
- Discuss the proposed modifications, as indicated on the concept sketches drawn by the EMS Assessor, with the property owner if the person is not the owner of the property. Seek written permission from the property owner (if residing in a private rental property) for the proposed modifications to be carried out.
- Read, complete, sign, and return any forms plans, or additional documentation required (for example, regarding Part Payment or Cost Contribution) for the request for funding to progress. Seek clarification from the EMS Assessor if necessary.
- Choose to undertake an Income and Cash Asset Test, if required, and complete the documentation required for this process.
- Contact the EMS Assessor, their service manager or supervisor if dissatisfied with any part of the assessment process, or if your needs have become more urgent.

ii. During and on completion of the modifications

- Liaise with the consultant or building contractor to agree access to the home and to arrange a start date, the schedule, and time frame of the work.
- Arrange for alternative accommodation if this is required while the modifications are in progress. The NASC may be able to assist the person and their family/whānau with making these arrangements.
- Inform the consultant, building contractor, or EMS Assessor of any issues or concerns with the work in progress or when it is completed. If these issues cannot be resolved, contact the EMS Provider directly.
- Discuss the outcome of the completed modifications with the EMS Assessor, participating in a reassessment of needs for further services or support if required.
- Complete any documentation required on completion of the modifications, (for example, if there has been a Part Payment or Cost Contribution agreement).

Other options may include different ways of doing activities, using equipment, getting support from another person (paid or unpaid) or considering moving to a more suitable home.

11.2 The property owner

The property owner may be the person with a disability, their family/whānau, a foster family, a private landlord, Kāinga Ora – Homes and Communities, the local council, or an organisation (such as a charitable trust).

The property owner is the person registered on the local authority rates invoice.

The property owner will:

i. During consideration of the modifications

- Review and discuss the plans and specifications of the proposed housing modifications with the person (where the person is not the property owner), their family/whānau, and the EMS Assessor as required. Ensure a clear understanding of the scope of works and the process involved, seeking clarification as needed.
- Provide written agreement for the proposed housing modifications to be carried out.
- Discuss and agree with the building contractor, before the start of the housing modifications, the method of construction and disposal of any fixtures, fitting, or materials that will be removed during the modifications.
- Confirm with the building contractor any items they wish to retain, that will need to be removed during construction.
- Agree with the building contractor the extent to which they will "make good" the immediate areas where fixtures, fittings, walls, floors, etc., surrounding the modifications have been affected.
- Discuss with the building contractor any issues identified regarding potential rectification work required before the modifications.
- Agree in writing to be responsible for managing the building process and costs where a Cost Contribution from DSS has been agreed upon.
- Negotiate and agree a separate contract with the building contractor in circumstances where a Part Payment by the person or Cost Contribution from DSS applies.

Where there are multiple owners, such as Trusts, Body Corporate, or cross lease arrangements, all parties (or a legal agent who is appointed to sign on their behalf), must be aware of and agree to the proposed modifications. Confirmation of agreement must be provided in writing before the modifications can be confirmed.

Kāinga Ora will confirm in writing its agreement to modifications being undertaken in properties it owns. The EMS assessor will be responsible for obtaining property owner approval from Kāinga Ora using the approved pathway and using the approved form.

"Make good" means the cost-effective repair and finishing of the work to the pre-existing standard. For example, where a doorway has been widened, the new door frame will be painted, and the surrounding wallpaper or paint work will be repaired to match existing as far as reasonable.

ii. During the modifications

- Complete any rectification work, at their own expense, to allow the housing modifications to proceed or progress (for repairs that are uncovered during the housing modifications). This may include but not be limited to:
  - replacement of rotten framing or lining; or
  - upgrading electrical, plumbing, water, fire, or sewerage systems; or
  - work required to bring the building to a minimum Building Code standard.
  - Removal of any asbestos identified.
- Be responsible for insurance, repairs (after the maintenance period has expired), maintenance, and replacement of the housing modifications or equipment items where these have been permanently fixed to the property.
- The maintenance period is a three-month time frame which allows for identification of any defects in materials or workmanship of the completed modifications.
- Be responsible for any of the additional costs associated with redecorating the surrounding area over and above “make good”. If engaging the building contractor to carry out further work, this will need to be a separate private contract.

iii. On Completion of the modifications

For any modifications requiring a building consent, ensure that all requirements are met to enable the Consent Compliance Certificate to be obtained (e.g., provision of a smoke detector).

During the maintenance period, the building contractor will be given the opportunity to remedy any defects. The maintenance period starts from the date of completion of the modifications.

A Consent Compliance Certificate is issued by the local authority after a final inspection has been completed by a Building Inspector to certify the work complies with the NZ Building Code. A Consent Compliance Certificate can only be issued when a Building Consent has been issued.

11.3 The EMS Assessor

The EMS Assessor will:

- Be responsible for participating in training and development activities, as available and as appropriate, to ensure they have the skills and knowledge to competently carry out assessments and recommend housing modifications funded by DSS.
- Meet the requirements of the EMS Assessor Accreditation Framework to attain the appropriate level of accreditation to complete assessments and requests for housing modifications.
- The final decision has been made about the most appropriate solution.
- A Service Request has been submitted to the EMS Provider.

Service Requests for housing modifications will only be accepted from an EMS Assessor who holds the relevant category of accreditation or credentialing.

For information about the EMS Assessor Accreditation Framework see the glossary or go to: EMS assessors | Enable New Zealand

Consultation with an EMS Advisor is mandatory in certain circumstances. This consultation should occur during the consideration of solutions.

i. During the assessment

- Work with the person, their family/whānau, and relevant support people to assess the person's functional abilities, limitations, and disability-related needs to determine the desired outcomes for them in their home environment.
- Discuss with the person, their family/whānau, and relevant support people a range of options (including equipment, paid and unpaid natural support, and moving to a more suitable home) to determine the most cost-effective solution to meet their essential disability related needs.
- Determine whether the person meets eligibility and criteria to assess DSS funded housing modifications if this is the most appropriate solution to meet their needs.
- Collaborate with the NASC to:
  - Achieve an alignment between the person's needs and goals and the services provided.
  - Jointly discuss the appropriateness and cost-effectiveness of the different options as described in the Practice Guideline.
  - Identify instances where collaboration with the NASC is mandatory or flexible and complete the EMS and NASC Joint Report where appropriate.
  - Identify instances where the person may be eligible to access funding through LTS-CHC.
- Discuss prioritisation with the person, their family/whānau, and relevant support people as appropriate,
- Ensure the person and other relevant people are fully informed regarding:
  - The DSS eligibility for services, criteria for accessing services, funding levels, and options, including payment by the person and funding contributions by DSS.

- The DSS requirement for the most cost-effective solution to meet the person's needs related to their disability to be recommended.
- The agreed solution identified to meet the person's essential disability related needs.
- The process for considering DSS funding for housing modifications and prioritisation of services, including the requirements for income and cash asset testing.
- Other options if the person is unable to access funding support from DSS.
- How the proposed housing modifications will work and how the changes will affect all members of the person's household.


Refer to: Practice Guideline: Interface between NASC and EMS Assessors and Providers


Refer to: EMS and NASC Joint Report


In certain circumstances consultation with an EMS Advisor is considered mandatory.


Where the EMS Assessor is unable to support a housing modification that the person or their family/whānau wants, this needs to be discussed with the EMS Advisor. The EMS Assessor may:

- arrange an on-site visit; or
- work with the EMS Advisor to facilitate a Housing Outreach Clinic with all key stakeholders.

ii. During the consideration of housing modifications

- Seek advice, guidance, and support from the EMS Advisors and Housing Advisors where the modifications are complex or specific issues are present. This could involve referral to a Housing Outreach Clinic, which may include an onsite visit to the person's home to explore all options and solutions.
- Seek peer review from colleagues to ensure the consistency and quality of decisions and recommendations.
- When the decision has been made to progress with housing modifications, complete the requirements to request the housing modification, following the processes outlined by the EMS Provider.
- Complete prioritisation process.
- Complete concept sketches and schedules, as required by the EMS Provider, which accurately reflect the existing environment and the proposed modifications.
- Assist the person with obtaining approval from the property owner for the proposed modifications to proceed if necessary (e.g., approval from family member, private landlord, Kāinga Ora, or local council).
- Agree on the detailed specifications with the building contractor (for Basic Housing Modifications), the person, and property owner

- Consider the potential impact of the proposed modifications on the home environment.
- Confirm, in writing, that the person's own preferred design or specifications will meet their assessed needs related to their disability in situations where people are seeking a Cost Contribution from DSS because they are:
  - completing their own housing modifications, renovations, or a new build; or
  - using their own building contractor.

Concept sketch plans indicate the extent of the proposed work based on the person's needs identified by the EMS Assessor. A floor plan showing the existing layout and a floor plan showing the proposed new layout, with dimensions, are required. These plans are not expected to be scale drawings; however, a sense of proportion assists with visualising the proposal.

iii. During the modifications and when they have been completed

- Liaise with the person, family/whānau, caregivers, support people, property owner, building contractor, or consultant as required. Confirm specifications as requested to ensure the person's individual needs will be met.
- Complete an onsite visit while the modifications are in progress where it is practical and reasonable to do so.
- Complete a final inspection of the housing modifications and confirm that the person's disability related needs have been met. Review the need for any further services or support.
- Provide written confirmation to the EMS Provider that the person's disability related needs have been met where there has been a Cost Contribution.
- Ensure the person, their family/whānau, and/or support people are informed about all aspects of the housing modifications. This includes the operation and maintenance of any equipment included in the modifications and the process for return of any equipment items when/if they are no longer required by the person.

Further needs or support could include a shower chair to use in a newly completed level access shower or a referral to NASC to confirm a reduced need for personal care support.

11.4 Employers, supervisors, or professional leaders of EMS Assessors

Employers, supervisors, or professional leaders of EMS Assessors will:

- Support training and learning opportunities for the EMS Assessor to gain the knowledge, skills, and experience to attain competence and accreditation as an EMS Assessor for housing modifications.
- Verify that the EMS Assessor has the appropriate accreditation or credentialing status to undertake assessments for and submit Service Requests for housing modifications.
- Support peer review processes to ensure appropriateness, consistency, quality of assessments, and recommendations made by EMS Assessors, including prioritisation moderation process.
- Arrange for a second opinion/assessment from another EMS Assessor where this has been requested by the person or their family/whānau.
- Follow up where concerns have been raised by the EMS Provider about the quality of specific or successive Service Requests submitted by an EMS Assessor.

Prioritisation Guideline | Disability Support Services

11.5 The EMS providers

The EMS providers will:

- Provide education and advice to EMS Assessors to support their overall professional and skill development.
- Provide feedback to EMS Assessors and their supervisors regarding their utilisation of DSS funded housing modifications and follow up with those EMS Assessors whose service utilisation is above the average of their peers.
- Administer DSS funding within the annual allocated budgets and in a way that ensures that people who have the greatest need and ability to benefit from the equipment or modifications have access to services first.

i. During the consideration of housing modifications

- Provide support and education to EMS Assessors through Housing Advisory Services including, but not limited to:
  - Advice on the DSS operational policy, funding guidelines, eligibility, and access criteria.
  - Technical advice on potential solutions to meet a person's needs related to their disability.
  - Information and advice to guide their decision-making and clinical reasoning when considering the intervention/s that would be the most appropriate to meet the person's needs. This may include the facilitation of Housing Outreach Clinics or onsite visits to the person's home in complex situations.
- Engage a building consultant where complex modifications are being considered, and a higher level of technical input is required to inform decision-making.
- Refer individual proposals to the DSS EMS Review Panel for a decision where:
  - the estimated cost of the proposed housing modifications is over $35,000 (excl. GST); or
  - clarification of the DSS policy is required; or
  - a person is seeking reimbursement for services they have already completed.

Note that it is a mandatory requirement for EMS Assessors to consult with EMS Advisors or Housing Advisors during the consideration of most complex housing modifications.

Proposals will be sent to the EMS Review Panel before a Service Request is submitted by the EMS Assessor to the EMS Provider.

Plans and specifications drawn by the EMS Assessor are expected to be a "concept sketch" drawing showing the existing area, the proposed housing modification solution plus a schedule of work. The extent to which detailed plans and specifications are required from a designer will depend on the complexity of the proposed housing modifications and whether building consent is required.

ii. Following receipt of a service request

- Acknowledge receipt of Service Requests to EMS Assessors within three working days of receiving them.
- Review the technical aspects of the proposed housing modifications and engage expert input and advice from a consultant where this is indicated. This may include a request for detailed plans and specifications for the modifications to fulfil local authority consent processes.
- Consult with the EMS Assessor if any technical challenges are identified with the proposed housing modifications which could interfere with their ability to be completed.
- Facilitate the Income and Cash Asset Testing process if this is required.
- Confirm in writing with the person the amount of DSS funding that they can receive towards the cost of the housing modifications where they are completing their own renovations, a new build, or using their own building contractor.
- Engage a building contractor to complete the work.
- Respond to complaints using the organisation's complaints processes.
- Maintain up to date records of housing modifications for each person.

Technical challenges could include:

- Unconsented buildings.
- Property ownership or boundary issues.

iii. During the building work

Respond to any issues which arise during the building process, facilitating resolution where a dispute has arisen.

iv. On completion of the modifications

- Notify the EMS Assessor when the work has been completed.
- Process the Cost Contribution payment to the person on receipt of the necessary documentation in accordance with best business practice.

v. Management of building contractors and consultants

- Maintain a list of approved building contractors and consultants and undertake quality monitoring and review of housing modifications completed by them.
- Engage a consultant, where necessary, to provide expert advice on the feasibility of proposed plans as recommended by the EMS Assessor and to prepare detailed plans and specifications for the housing modifications.
- Engage a building contractor to undertake the housing modifications as soon as possible after all aspects of the Service Request have been confirmed.
- Undertake audits of housing modifications as required by DSS or where concerns have been raised by the person or the EMS Assessor.

Consultants may be engaged by the EMS Provider to provide technical advice and complete the drawings for housing modifications which require a building consent application. A consultant may be an architect, architectural designer, draughtsperson, engineer, or quantity surveyor.

11.6 Needs Assessment Service Coordination (NASC) Organisations

- Collaborate with the person, their family/whānau, the EMS Assessor, and the EMS Advisor to ensure that there is an alignment between the person's identified needs and goals and the support package and services provided.
- Jointly discuss with the EMS Assessor the appropriateness and cost effectiveness of the different options to meet the person's disability related needs, as described in the Practice Guideline.
- Identify instances where collaboration with the EMS Assessor is "mandatory" or "flexible" and complete EMS and NASC Joint Report where appropriate.

Refer to Section 2.1 for more information on collaboration with the EMS Assessor.

Refer to: Practice Guideline: Interface between NASC and EMS Assessors and Providers

Refer to: EMS and NASC Joint Report

11.7 Work and Income

- Conduct an Income and Cash Asset Test when requested by an EMS Provider, where the total of the person's past and current requests for housing modifications exceeds $8,076 (GST inclusive).
- When an Income and Cash Asset Test has been completed, notify the relevant EMS Provider in writing of the amount of funding, if any, the person can receive towards the cost of the proposed housing modifications.
- Follow up with the person or their family/whānau any queries relating to the Income and Cash Asset Test, undertaking a review if requested by the person.

For information on the Income and Cash Asset Test, go to Work and Income

11.8 Designer

i. Before the modifications commence

- On request from the EMS Provider, prepare detailed plans and specifications of the proposed housing modifications and options for consideration.
- Submit all plans and specifications for approval to the EMS Provider, with a copy to the EMS Assessor as required.
- Advise the EMS Provider if there is any variation in the plans and specifications from the recommendations which were originally supplied by the EMS Assessor and the reasons for these.
- Designers are engaged by the EMS Provider to complete the drawings for housing modifications which require a building consent application. A designer may be an architect, architectural designer, or a draughtsperson.

Designers are engaged by the EMS Provider to complete the drawings for housing modifications which require a building consent application. A designer may be an architect, architectural designer, or a draughtsperson.

Plans and specifications may be coordinated through a Project Manager.

11.9 Project Manager

i. Before the modifications commence

Provide advice to the EMS Assessor and work together with them, the person and their family/whānau to determine the most cost-effective solution which meets the person's identified needs when complex modifications or situations are evident.

ii. Project management

- Provide options for scopes of work and estimates when requested by the EMS Provider.
- Obtain fixed price quotes based on the approved plans and specifications when requested by the EMS Provider.
- Facilitate a tender process where relevant and advise building contractors of the outcome of this process.
- Arrange the necessary building consent at the start of the building process and the Consent Compliance Certificate for the property owner on completion of the work.
- Negotiate a timetable of the approved work between the person, the property owner, and the building contractor and advise the EMS Assessor.
- Follow the processes set by the EMS Provider and provide documentation as required.
- Monitor and inspect the building work as it progresses and ensure that any documentation required is completed at the conclusion of the work and quality standards are met.
- Where applicable, assist in the resolution of any disputes between the person and the building contractor.

Project Managers are engaged by the EMS Provider. A consultant may be a building contractor, engineer, project manager or quantity surveyor.

Project management may be required due to the complexity of construction or other specific circumstance. It may include the provision of technical advice, facilitating tenders or quotes, supervision of the building work, gaining building consent and verifying that the work has been completed to specification.

11.10 Building contractor

- Act in accordance with relevant codes of conduct and good business practice in all dealings with the person, their family/whānau, and support people.
- Always ensure that any information regarding the person, their family/whānau, and support people is held in the strictest confidence and their privacy is maintained.
- Make no approach to the person, their family/whānau, or support people for the purpose of obtaining additional work.
- Liaise with the EMS Provider as required.

The EMS Provider maintains a list of building contractors who are approved to provide housing modifications within a set standard of work and to agreed specifications.

Potential impacts may include:

- Upgrading existing plumbing and hot water system for a tempering valve to be installed.
- Removal of asbestos.
- The impact of the positioning of a low rise lift on pedestrian access to the home.
- The need to replace rotten or uneven flooring in a bathroom before a level access shower can be installed.

i. Before the modifications commence

- Discuss with the property owner, person, and/or their family/whānau the specifications of the proposed modifications. Ensure all people are aware of any potential impacts the proposed modifications may have on the surrounding environment or on their responsibility to upgrade existing facilities.
- Provide itemised quotations based on the proposed plans and specifications.
- Discuss and agree with the property owner before the start of the housing modifications the disposal of any fixtures, fitting, or materials that will be removed during the modifications.
- Confirm with the person and/or their family/whānau any items they wish to retain that need to be removed during construction.
- Agree with the property owner, the extent to which they will “make good” the immediate areas where fixtures, fittings, walls, floors, etc. surrounding the modifications have been affected.
- Discuss with the property owner any issues identified regarding potential rectification work required before the start of the modifications and retain a written record of this.
- Inform the EMS Assessor and the EMS Provider of any additional and or private work requested by the person. Additional work constitutes a separate contract between the person and the building contractor.
- Engage in a separate contract of work with the person or their family/whānau directly where a Part Payment is required by the person towards the cost of their modifications.

“Make good” means the cost-effective repair and finishing of the area affected by the modification, to the preexisting standard. For example, where a doorway has been widened, the new door frame will be painted, and the surrounding wallpaper or paint work will be repaired to match existing as far as reasonable.

ii. During the modifications

- Negotiate a start time and schedule of work with the person, their support person, and family/whānau, and advise the EMS Assessor of these time frames. The start time will be negotiated with the consultant if relevant.
- Commence work within ten working days of receiving written notification from the EMS Provider of the Service Request being confirmed.
- Inform the person and the EMS Provider of any likely time delays in completing the work.
- Liaise with the EMS Assessor regarding certain specifications where it has been documented that these specifications were to be determined on site with the EMS Assessor.
- Complete the housing modifications in accordance with the specifications as provided by the EMS Assessor and a designer or project manager (as applicable) and any relevant building code regulations and product specifications. Where any deviation from the agreed plan is required, inform the EMS Assessor and the EMS Provider.
- Undertake all work in a safe manner, complying with applicable regulations, standards, legislation, building codes, and by-laws.
- Take full responsibility for all sub-contractors' work and ensure they act in a professional manner including the requirement to act in accordance with their relevant codes of conduct.
- Ensure that any disruption and restricted access to essential facilities (e.g., showers, toilets, and kitchens) is kept to a minimum.

Liaison on site may be required for the exact positioning of a handrail or to determine the wheelchair clearance height required under a hand basin.

The maintenance period is a three-month time frame which allows for identification of any defects in materials or workmanship of the completed modifications. During the maintenance period, the building contractor will be given the opportunity to remedy any defects. The maintenance period starts from the date of completion of the modifications

iii. On completion of the modifications

- Arrange the final inspection and complete the required documentation.
- Obtain and send a copy of the building consent (if necessary) and Consent Compliance Certificate to the property owner and the EMS Provider.
- Ensure that instructions for the care, use, and operation of equipment included in housing modifications, such as a low-rise lift, are provided to the person, their family/whānau, carers, and/or support people.
- Remedy all defects arising from defective materials or workmanship which have been identified before the end of the maintenance period.

Sub-contractors include other trades people required to complete the housing modifications work (e.g., plumbers, electricians, and plasterers).

11.11 Disability Support Services

- Develop and communicate operational policy and funding guidelines for the provision of Equipment and Modification Services.
- Manage and monitor the contracts with the EMS Providers to ensure that quality services are provided in a timely, fair, and efficient manner and administered within allocated annual budgets.
- Review relevant individual proposals through the EMS Review Panel and communicate its conclusions to the relevant EMS Provider within ten working days of the Review Panel meeting.

Refer to DSS - EMS Review Panel. See Section 12.3.1.

12. Decision-making processes

12.1 Housing modifications not supported by the EMS Assessor

- Where the EMS Assessor does not support (fully or in part) a person's preference for housing modifications, the EMS Assessor should consult with an EMS Advisor to work through what interventions could best meet the person's needs.
- When housing modifications are being considered, this may require a Housing Clinic or Onsite Visit to be facilitated by the EMS Advisor and engagement with other parties such as NASC, Kāinga Ora, behaviour support specialists, etc.
    - If the outcome of this process confirms that housing modifications are not considered to be the most appropriate solution to meet the person's needs, the EMS Assessor cannot submit a request for housing modifications.
    - The EMS Assessor should work with the person and their family/whānau to establish other support options or services that would better meet the person's needs.

12.2 Review of assessment by an EMS Assessor

The person may seek a second opinion or reassessment from another EMS Assessor if they are not satisfied with the service they have received. This would need to be arranged by the person or their family/whānau. They could do this by:

- Contacting the EMS Assessor's service manager or supervisor to request a second opinion.
- Contacting Enable New Zealand (Phone 0800 362 253) for a list of EMS Assessors who have the required accreditation or credential to carry out the assessment.
- Contacting their local Needs Assessment Coordination (NASC) organisation.
- Contacting another EMS Assessor for a privately funded assessment by another occupational therapist.

For more information on NASCs, go to DSS NASCs or Health NZ – Te Whatu Ora NASCs supporting people aged sixty-five years and over.

If the person wishes to have an assessment from a private EMS Assessor, they will have to pay the costs associated with this.

12.3 Review by Disability Support Services

If a person is not satisfied with or does not accept the outcome of prioritisation process, i.e. the rating for their service request is priority two, and they wish to take this further, they should be advised to contact:

Disability Support Services

Freephone: 0800 566 601
Website: Complaints about disability services | Disability Support Services
Email: quality@msd.govt.nz

If the person needs support and information to do this, they can contact the Health and Disability Advocacy Service on:

Freephone: 0800 55 50 50
Website: Health and Disability Advocacy Service
Email: advocacy@advocacy.org.nz

12.3.1 EMS review panel

The Disability Support Services EMS Review Panel (the Panel) reviews proposals for equipment and modifications in the following situations:

- Services are estimated to cost over $35,000 (GST exclusive).
- Clarification of DSS operational policy is required.
- Equipment or modifications are being sought due to a person's genuine and exceptional circumstances.

The objectives of the Panel are to ensure that all recommendations regarding proposals are:

- considered in a nationally consistent way; and
- transparent and fair; and
- based on the DSS agreed eligibility requirements and the funding criteria for accessing specific services.

The Panel will inform the relevant EMS Provider of its recommendation within ten working days of the Panel meeting. The EMS Provider will then advise the person and EMS Assessor of the Panel's recommendations. Only proposals forwarded by the EMS Providers will be considered by the Panel.

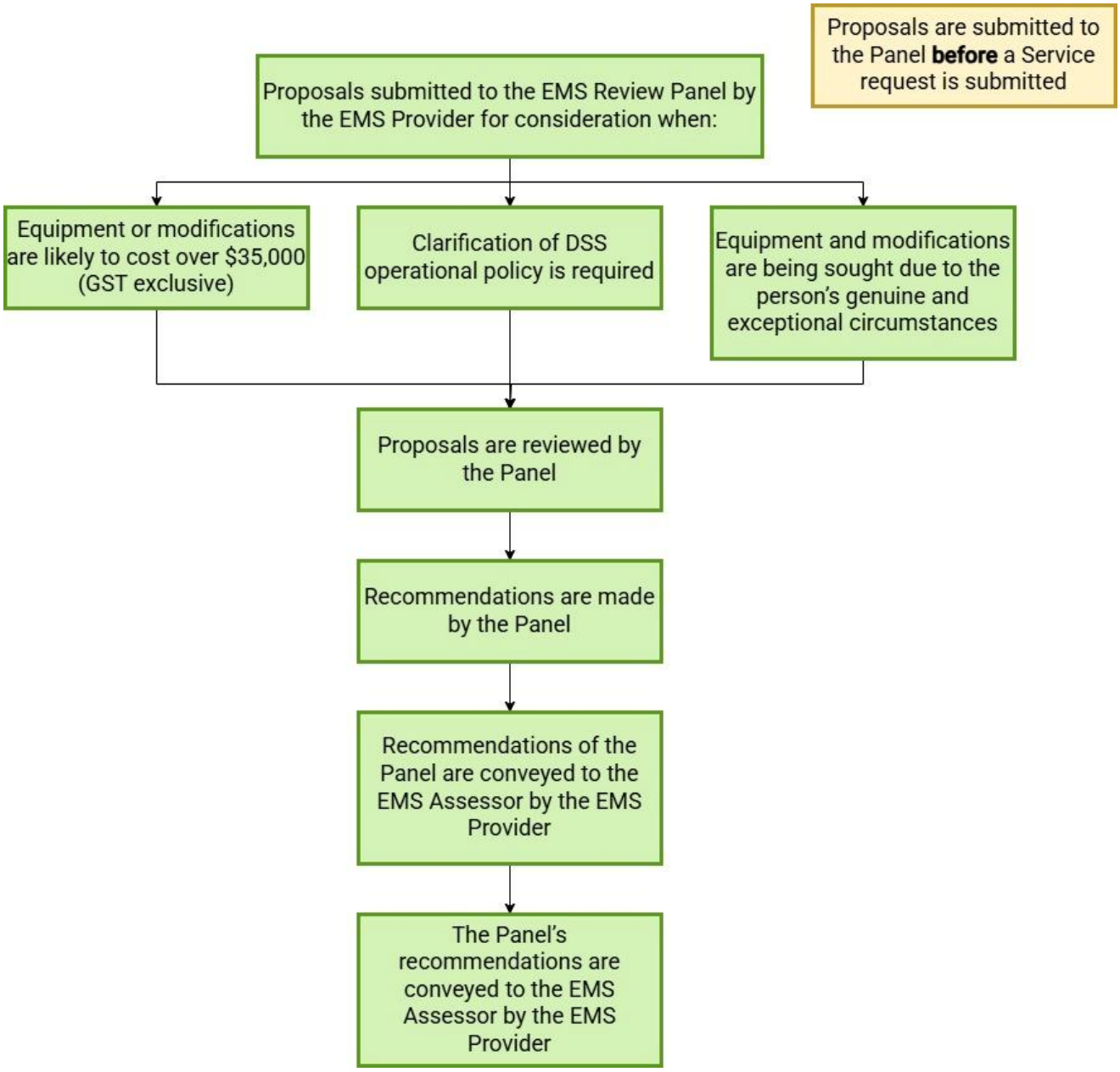
The review by the Panel will be undertaken before a Service Request has been submitted to the EMS Providers.

The EMS Providers may share relevant information about individual proposals that are submitted to the Panel to seek national consistency of decision-making.

The EMS Assessor is advised when a proposal is submitted to the Panel.

The Panel may request further information from the EMS Assessor if necessary.

12.3.2 The Disability Support Service Equipment and Modification Services (EMS) Review Panel Process



Text outline of the DSS EMS Review Process

1. Proposals submitted to the EMS Review Panel by the EMS Provider for consideration when:
   - Equipment or modifications are likely to cost over $35,000 (GST exclusive).
   - Clarification of DSS operational policy is required.
   - Equipment and modifications are being sought due to the person's genuine and exceptional circumstances.
2. Proposals are reviewed by the Panel.
3. Recommendations are made by the Panel.
4. Recommendations of the Panel are conveyed to the EMS Assessor by the EMS Provider.
5. The Panel's recommendations are conveyed to the EMS Assessor by the EMS Provider.

Note: Proposals are submitted to the Panel **before** a Service request is submitted.

13. Glossary

13.1 EMS Assessor accreditation framework

The EMS Assessor Accreditation Framework has been established by DSS for health professionals undertaking assessments that may result in requests for equipment or modification services for eligible disabled people.

For more information on the EMS Assessor Accreditation Framework go to: EMS Assessors - Enable New Zealand

The framework has three levels of accreditation for access to DSS funded equipment and modifications:

i. Approved categories of accreditation

Specified allied health professionals whose existing graduate level training is considered sufficient to assess for and recommend some DSS funded equipment and basic housing modifications may apply for Approved Assessor category of accreditation.

ii. Credentialed categories of accreditation

Where additional training requirements are necessary before clinicians can recommend more specialised equipment or modifications, allied health professionals may obtain further training and skills and apply for Credentialed Assessor category of accreditation for that specialty area.

iii. Service accreditation

Specific service areas, primarily community health services, can be accredited to allow Health NZ – Te Whatu Ora staff or contractors to undertake assessments and recommend certain equipment items, for example low-cost, low-risk, and high-volume equipment such as shower stools and over toilet frames.

To undertake assessments and submit applications for DSS funding for housing modifications, EMS Assessors require accreditation at either:

- an Approved level (for basic modifications); or
- a Credentialed level (for complex modifications).

13.1.1 Provisional Accreditation

An EMS Assessor who is working towards attaining the appropriate credential in housing modifications will need to have Service Requests endorsed and counter-signed by an EMS Assessor who holds the appropriate level of credential. This provisional process can remain in place for a maximum of twelve months from the date of receipt of the first Service Request by the EMS Assessor who has provisional accreditation. The supervisor who has endorsed the Service Request will take overall responsibility for the Service Request.

It is the employer's responsibility to ensure that EMS Assessors are competent to perform this role and that a robust peer review is undertaken by each provisional EMS Assessor's supervisor.

For more information about provisional accreditation, go to: Provisional Accreditation

13.2 Basic and complex housing modifications

Two levels, Basic and Complex, are used to guide consideration for housing modifications. The levels refer to the complexity of the solution and associated costs to meet a person's disability related needs.

EMS Assessors require approval or credentialing at the relevant level of the EMS Assessor Accreditation Framework to be able to recommend housing modifications.

Basic housing modifications include internal and external handrails, straight forward internal door widening, and threshold ramps.

Complex housing modifications include, but are not limited to, ramps, lifts, level access showers, external door widening, and fencing.

EMS Assessors need to be an Approved Assessor to recommend Basic Housing Modifications.

EMS Assessors need to hold a Housing Modifications Credential to recommend Complex Housing Modifications.

13.3 Building contractor

A suitably qualified tradesman who is contracted to the Provider and who is responsible for the coordination and completion of building works following receipt of a Service Request for housing modifications for a person.

Building contractors who provide housing modifications which are to be funded by DSS must be approved by and registered with the EMS Provider who maintains a list of approved building contractors.

13.4 Challenging behaviour

Behaviour can be described as challenging when it is of such an intensity, frequency, or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive, or result in exclusion.

13.5 Cost contribution

A cost contribution is a funding contribution that DSS has agreed to pay towards part, but not all, of the total cost of a housing modification when the property owner wishes to:

- Undertake additional work on their property over and above the extent of the modifications which have been recommended by the EMS Assessor as being essential to meet the person's need related to their disability.
- Use their own building contractors, who are not contracted by the EMS Provider, to complete the modification. In some circumstances some property owners may be qualified tradespeople who wish to undertake the work themselves.
- Renovate or build a new home incorporating certain features to meet the person's disability related needs.

13.6 Dependent person

A dependent person is a person who requires full time care because:

- The person is a child of thirteen years or under.
- Of the impact of the person's long-term health or disability needs.

13.7 Designer

An architect, architectural draughtsperson, or designer; a suitably qualified person who is engaged by the Provider and who is responsible for the completion of detailed plans and specifications following receipt of a Service Request for complex housing modifications for a person.

13.8 EMS Advisor

An EMS Advisor is a suitably qualified and experienced person employed by the DSS contracted EMS Provider, who provides advice 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.

EMS Advisors were previously known as Professional Advisors.

13.9 EMS Assessor

An EMS Assessor is a person who is approved as an assessor under the EMS Assessor Accreditation Framework published by 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 or modifications that the EMS Assessor can recommend.

The EMS Assessor is responsible for maintaining their accreditation registration on the EMS Assessor Accreditation Framework, which is administered by the DSS contracted provider, Enable New Zealand. EMS Assessor status is required to be regularly updated according to EMS Assessor's work situation and the type of work they are undertaking.

The EMS Assessor must advise Enable New Zealand of any change in their accreditation area, employer, type of work being undertaken, registration or practicing status or contact details.

Mail correspondence from the EMS Providers will be sent to the address the EMS Assessor has registered on EMS Assessor Accreditation Framework.

EMS Assessors can receive regular updates/information via email. This can be arranged by contacting Enable New Zealand. Work email addresses only should be provided - Hotmail and Gmail addresses cannot be used for this email communication.

13.10 EMS Provider

The contracted service provider that administers Equipment and Modification Services on behalf of DSS. DSS currently contracts with two providers, Accessable and Enable New Zealand, to administer EMS nationally:

- Accessable covers the Auckland and Northland regions.
- Enable New Zealand covers the rest of New Zealand south of the Bombay Hills.

13.11 EMS Prioritisation

The prioritisation process was introduced to ensure disabled people with the highest needs continue to access equipment and modifications within the available funding. The prioritisation process requires assessors to determine a disabled person's urgency of need.

The intention of the prioritisation process is to identify urgency and risk in relation to equipment and modification requests (for equipment, housing, and vehicles), so solutions are available for those with the highest need.

13.12 Housing advisor

A Housing Advisor is a suitably experienced person, generally a builder with a relevant qualification. The Housing Advisor is employed by the EMS Provider and provides technical advice to EMS Assessors to support the consideration of the most appropriate and cost-effective housing modifications, to meet a person's disability-related needs.

13.13 Housing advisory services

Housing Outreach Clinics are scheduled clinics held by the EMS Providers in key centres which aim to provide support, education, and advice to EMS Assessors and other relevant parties on the most appropriate interventions (which may include housing modifications) to meet the needs of eligible people. The clinics are facilitated by the EMS Advisor and may be also attended by the Housing Advisor. This advice and support are provided before the decision has been made to proceed with housing modifications which are complex in nature.

Onsite visits may also be included as part of the Housing Outreach Clinic. Visits are confirmed following agreement between the EMS Advisor and the EMS Assessor, to discuss options when considering modifications to the person's home. These meetings are attended by the EMS Advisor and/or the Housing Advisor, the EMS Assessor, the person's family/whānau, and other relevant parties where appropriate. Such meetings are held before the decision has been made to proceed with housing modifications which are complex in nature.

13.14 Like for like replacement

Like for Like replacement is provided when an equipment item being used by a person continues to meet their needs is beyond economic repair and a replacement is requested either by the person or the EMS Assessor.

Like for Like replacement means that the same form and function of the equipment item need to be sought – it does not indicate that the exact make and model need to be supplied.

If the equipment item has been determined as being beyond economic repair and it no longer meets the person's needs, a reassessment from an EMS Assessor is required, and prioritisation must be completed (for Band 2 and Band 3 Equipment) before a replacement item can be provided.

13.15 Main carer

A main carer is an unpaid carer who lives with the person and provides the majority of their care. A main carer may have a disability themselves and require assistance or support to care for a dependent person in their care.

13.16 Project manager

A building consultant or project manager; a suitably qualified person who is contracted to the Provider and who is responsible for the overall project management of the modification process following receipt of a Service Request for Complex housing modifications for a Service User.

A Project Manager may be engaged to project manage a building project, including supervision of the building work and gaining building consent.

Project management may be required due to the complexity of construction of the housing modifications or other extenuating circumstance. Where the person or property owner is completing the housing modification with a Cost Contribution, they will be required to arrange project management of the work themselves.

13.17 Ngā Paerewa Health and Disability Services Guidelines

NZS 8134:2021 Ngā Paerewa Health and Disability Services Standard Guidelines aim to reduce the use of restraint in all its forms and to encourage the use of least restrictive practices.

13.18 Shared care

Where a dependent person is living in two homes on a regular basis, they can be described as living in shared care. This situation may occur where:

- A child is regularly living in the homes of separated parents.
- There is a foster care arrangement.
- An elderly relative is living with different family members who provide care.

13.19 Subcontractors

Subcontractors include other tradespeople required to complete housing modifications. For example, plumbers, drain layers, and plasterers. The building contractor is responsible for the engagement and quality of work of subcontractors.

13.20 Useful website links

- Disability Support Services
- Enable New Zealand
- Accessable
- Lifetime Design
- BRANZ
- Veterans' Affairs

14. Appendix A - Eligibility

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 the Minister of Health under the New Zealand Public Health and Disability Act 2000. This information is correct as of July 2026.

See Eligibility Direction for more information.

To be fully eligible means a person who meets the eligibility criteria for any publicly funded health service, as per the Eligibility Direction (2011), and must met at least one of the following:

i. Is a New Zealand citizen.

ii. Holds a resident visa or permanent resident visa (includes residence permits issued before December 2010).

iii. Is an Australian citizen or Australian permanent resident AND able to show that they have been in New Zealand or intends to stay in New Zealand for at least two consecutive years.

iv. Has a work visa and can show that they are able to be in New Zealand for at least two years (including visas/permits held immediately beforehand).

v. Is an interim visa holder who was eligible for publicly funded health services immediately before their interim visa started.

vi. Is a refugee or protected person OR is in the process of applying for or appealing to the Immigration and Protection Tribunal for refugee or protection status OR is the victim or suspended victim of a people trafficking offence.

vii. Is under eighteen and in the care and control of a parent/legal guardian/adopting parent who meets one criterion above.

viii. Is eighteen or nineteen years old and can demonstrate that, on 15 April 2011, they were the dependent of an eligible work visa/permit holder (visa must be still valid).

ix. Is a NZ Aid Programme student studying in New Zealand and receiving Official Development Assistance Funding (or their partner or child under eighteen).

x. Is participating in the Ministry of Education Foreign Language Teaching Assistantship scheme.

xi. Is a Commonwealth scholarship holder studying in New Zealand and receiving funding from a New Zealand university under the Commonwealth Scholarship and Fellowship Fund.

Disability
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