

Wheeled Mobility and Postural Management (Seating) Assessment Services

Tier Two Service Specification

1. Introduction

This Tier Two Service Specification provides the overarching Service Specification for all Wheeled Mobility and Postural Management (seating) Assessment Services funded by Disability Support Services (DSS). It should be read in conjunction with the DSS Tier One Service Specification, which details requirements common to all services funded by DSS.

2. Service Definition

The Disability Support Services (DSS) provides equipment for disabled people who are eligible for DSS funded services, as recommended by EMS Assessors who are approved or credentialed to submit requests for services (known as “Service Requests”) on the Person’s behalf.

The overall purpose of the services is to make a significant, consistent and reasonable contribution to enabling People of all ages and their family and whānau, to participate (if and when they want to) in activities inside and outside their home and in their local communities.

The Wheeled Mobility and Postural Management (seating) Assessment Services further detailed in this Service Specification (“the Services”) support eligible People of all ages whose wheeled mobility, seating and postural support needs are considered as Level 2 (“complex”) under the DSS EMS Assessor Accreditation Framework¹.

The Services will focus on postural support solutions (“seating”) as they relate to the Person’s identified wheeled mobility and seating needs but will be considered within the Person’s overall postural management plan (sitting, lying and standing over a 24hour period) to maximise the benefit of the final solution.

¹ A copy of the EMS Assessor Accreditation Framework is available online at: <https://www.disabilityfunding.co.nz/ems-assessors/credentialed-categories-ofaccreditation/wheeledmobility-and-postural-management-level-2>

The Service will:

- a) identify the Person's long-term mobility, seating and postural support needs with the Person, their family and whānau
- b) provide cost effective and appropriate DSS-funded wheeled mobility and postural management (seating) product(s) ("equipment") that meets the Person's complex long-term wheelchair and seating needs taking into account their 24-hour postural support needs
- c) provide professional and technical support to the Person, their family and whānau about the wheeled mobility and seating solution
- d) provide technical support for fitting and adjustment of the wheeled mobility and seating solution as part of the Person's on-going assessment/reassessment or review
- e) provide review of a Person's wheelchair and seating system in response to a change in the Person's need or circumstance.

2.1 Key Terms

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

Term	Definition
EMS	Equipment and Modification Services.
EMS Assessors	An assessor approved by DSS under the EMS Assessor Accreditation Framework.
EMS Providers	The contracted service providers that administer Equipment and Modification Services on behalf of DSS.
Needs Assessment Service Coordination (NASC)	These organisations are funded by DSS. Their roles are to determine eligibility, assess the Person's level of disability support needs, and to co-ordinate support services to meet those needs. NASCs co-ordinate such services, but do not themselves provide the services.

Person/People	The use of the term “People” or “Person” should be read as substitutive for service user or client.
Provider	The party contracted by DSS under the Outcome Agreement to provide Wheeled Mobility and Postural Management (seating) Assessment Services.
Wheelchair Outcome Measure (WhOM)	The WhOM is a client-specific wheelchair intervention measurement tool. WhOM results reported for purposes of this Service Specification should be assessed based on version 7 of the WhOM Manual dated December 2015, unless otherwise advised by DSS.

3. Service Objectives

3.1 General

The objective of the Service is to identify individualised cost-effective solutions for People with complex mobility, seating, and postural support needs (in sitting) to enable the Person to reach their full potential and maximise their ability to participate in their communities of choice. The purpose of the Service is:

- a) to support the Person and their whānau to access timely, cost effective and appropriate solutions to meet their complex long-term wheeled mobility and postural management (seating) needs
- b) to provide information, technical advice and clinical advice to other EMS Assessors, EMS Providers and other Wheeled Mobility and Postural Management (seating) Assessment Services relating specifically to clients known to the Provider or potential clients.

3.2 Outcomes

Services by the Provider will result in People:

- a) maximising their functional mobility, seating and postural management appropriate to their living environment and family or whānau support networks
- b) maximising their functional abilities in the environments in which they live, work or study

- c) maximising their spinal and postural integrity and alignment while seated and, where possible, in lying and standing positions
- d) making informed choices regarding mobility, seating, posture and pressure management.

4. Service Performance Measures

Performance Measures form part of the Results Based Accountability (RBA) Framework. The Performance Measures in the table below represent key service areas DSS and the Provider will monitor to help assess service delivery. Full Reporting Requirements regarding these measures are detailed in Appendix 3 of the Outcome Agreement. It is anticipated the Performance Measures will evolve over time to reflect Provider and DSS priorities.

	How much	How well	Better off
1.	# People in service (total # of People on the books) • By age (0-5, 5-21, 21-65, 65-80, 80+) • By gender (male, female, unknown) - By ethnicity (Maori, Pacific Island, Asian, European/Other, Not stated)		
2.	# People seen in reporting period whose intervention was completed in the last 6 months (excluding reviews) • By age (0-5, 5-21, 21-65, 65-80, 80+) • By gender (male, female, unknown) - By ethnicity (Maori, Pacific Island, Asian, European/Other, Not stated) # referrals – routine		

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3.		% of People who were allocated within 3 months 6 months of receipt of the referral	
4.	# referrals – urgent	% of urgent referrals allocated within 15 working days	
	# referrals new to the service (people who have not been seen by the service before) # referrals known to service (re-referrals)		
5.	# People allocated a service • Child < 21 years • Adult > 21 years		
6.	# People on waitlist (snapshot on the last working day) of the reporting period) for Child < 21 years and Adult > 21 years by		
7.	0-3 weeks, 3-6 weeks, 6-12 weeks, > 12 weeks	Median wait time for service	
8.		% People waiting longer than 12 weeks for service	
9.			

	How much	How well	Better off
	# funding applications/advice requests # reviews completed		

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10.	- By phone - In clinic - Other location e.g. home, school	% of Service Requests submitted within 6 weeks of date service allocated	
11.		% reviews where issues resolved	
12.	# unscheduled reviews # interventions completed	% of scheduled reviews completed within 6 weeks of scheduled date	
13.			#/% of People whose WhOM results show improvement in participation in their home
14.		% interventions requiring primary wheelchair replacement – under 15k	#/% of People whose WhOM results show improvement in participation outside of their home or in their community
15.		% interventions requiring primary wheelchair replacement – over 15k	
16.		% of total interventions that required a replacement wheelchair within < 2 years 2-5 years > 5 years	



17.		% interventions requiring complex custom fabricated seating replacement within < 2 year 2-4 years > 4 years	
18.		% completed interventions where the Wheelchair Outcome Measure (WhOM) questions have been completed (ie, questions from the WhOM Manual)	
19.			
	How much	How well	Better off
20.	# EMS Assessors (FTE equivalent)		#/% of people whose WhOM results show improvement in body function
21.	# EMS Assessors with L1 Accreditation		
	# EMS Assessors with Postural Management Lying endorsement	% EMS staff leaving the organisation/joining the organisation	
22.	# EMS Assessors with L2 Accreditation		
	# EMS Assessors with complex custom fabrication endorsement		
	# of people who completed the experience surveys		



23.			
24.			
25.			
26.		% of people returning experience surveys	

5. Service Users and Service Access

The Provider will provide the Services to People of all ages who meet the eligibility and access criteria set out in clause 5.1 below.

5.1 Eligibility and Access Criteria

To be eligible to access this Service, a Person must meet the following criteria:

Eligibility criteria

- a) be eligible for any publicly funded health and disability service, as set out in the Health and Disability Services Eligibility Direction² (2012)
- b) have a disability as defined by DSS;
This is either a physical, intellectual, sensory (vision and/or hearing) or a combination of these, or an age-related disability which is likely to:

² The direction is issued by the Minister of Health under the NZ Public Health and Disability Act 2000. It is available online at <http://www.health.govt.nz/new-zealand-health-system/eligibility-publiclyfundedhealth-services/eligibility-direction>

- i. remain even after provision of equipment, treatment and/or rehabilitation
- ii. continue for at least six months, and
- iii. impact on the Person's ability to do some everyday tasks, resulting in a need for ongoing support.

In addition, a Person under 65 years of age who has very high needs requiring ongoing support services as a result of a chronic health condition and has been confirmed as eligible for Long Term Supports – Chronic Health Conditions (LTS-CHC) by the relevant NASC organisation may be eligible if the Person meets subparagraphs (i), (ii), and (iii) of this paragraph (b).

Access criteria

- c) be living in the region and part of the client group covered by the Provider (as described in Appendix B of this Service Specification), at the time of receiving the Services
- d) be considered as having Level 2 wheeled mobility and postural management (“complex”) needs under DSS EMS Assessor Accreditation Framework, and
- e) meet the criteria for equipment as set out in the DSS EMS Equipment Manual³.

5.2 People who are not eligible

The following Persons are not eligible to access the Services:

- a) People who do not meet the Eligibility and Access Criteria set out in clause
- b) People whose need for Services is solely due to an injury that meets ACC's cover and entitlement criteria under the Accident Compensation Act 2001
- c) People who require an assessment for wheeled mobility and seating systems to be funded solely by the Ministry of Education (as per the Therapeutic and

³ Refer to the Ministry's current Equipment Manual –
<http://www.health.govt.nz/ourwork/disabilityservices/contracting-and-working-disability-support-services/equipment-andmodification-services>

Assistive Technology/Equipment Operational Protocols between DSS and the Ministry of Education, 2015)

5.3 Entry to services

Entry to Services will be following acceptance of a referral to the Provider that may be from a number of sources, including (but not limited to):

- a) self or family
- b) medical specialist and/or general practitioner
- c) DHB or school/education-based therapist
- d) NASC provider
- e) residential services provider
- f) any other support or community service provider.

The Provider will confirm eligibility for the Services on receipt of the referral.

5.4 Timeframes for access to services

It is expected that the waiting time for People to access the Services will be guided by the urgency of their individual need.

5.5 Coverage and settings The

Provider must ensure that:

- a) the Services are provided equitably to eligible People within its region and client group (as described in Appendix B of this Service Specification)
- b) there are no barriers to access based on a Person's cultural beliefs and practices, age, gender, ethnicity, disability or sexual orientation
- c) the Services are provided in a range of settings convenient to the Person and their family or whānau (which may include the Person's home, work, school, educational setting or marae)
- d) its premises are fully accessible, provide a suitable level of privacy for assessments, and have accessible car-parking available close to the building.

5.6 Hours of Service

Services will generally be provided within usual business hours from Monday to Friday. However, where necessary, some flexibility should be applied to accommodate the needs of People and their support networks outside usual business hours. It is the responsibility of the Provider to negotiate this with employees and People using the Service.

6. Service Components

6.1 Referral Process

The Provider will be responsible for provision of an efficient and effective system for referral that includes:

- a) making available a referral form for use by referring agencies. The form will seek relevant information about the Person's wheeled mobility, seating and postural management needs to support identification of the level of priority of the referral (eg, urgent vs routine referrals)
- b) having clear guidelines outlining the referral process and timeframes for acceptance of referrals as outlined in clause 6.1.1 below
- c) prioritising referrals according to the requirements outlined in clause 6.1.2 below
- d) liaising with the referrer and relevant stakeholders to clarify assessment responsibility if the Provider considers that the needs of the Person may not meet the referral criteria for Services.

6.1.1 Referral response timeframes

All People referred who have been accepted for an assessment by the Provider must be contacted in writing within five (5) working days to inform them of the assessment process. This information will include the following:

- a) receipt and acceptance of the referral
- b) likely timeframe for the initial contact for the assessment
- c) information about the Provider's Services including its complaints process

- d) any additional information required in order to clarify the suggested timeframe for assessment (triage process).

If the referral does not meet the access criteria for Level 2 wheeled mobility and postural management (complex) needs, the referrer will be advised within (10) working days of receipt of the referral.

6.1.2 Prioritisation of referrals

The Provider is responsible for provision of an efficient and effective system for managing the prioritisation of referrals to ensure that those who have the most urgent need for an assessment receive Services first.

The Provider will develop a prioritisation referral guideline based upon need. Priorities will be established by reference to the criteria in Appendix A of this Service Specification.

People waiting longer than three (3) months for their assessment to commence should have their referral reprioritised at a minimum of three (3) monthly intervals.

Where a Person meets DSS access and eligibility criteria for provision of equipment but chooses to self-fund or seek alternative funding options, the assessment may be completed and the Person advised of the recommended solution which best meets their needs.

6.2 Clinical Assessment and Consultation

The Provider will:

- a) contact the Person and all relevant parties to arrange a suitable time and location for the initial assessment. Relevant parties may include the Person's family or whānau, carers, DHB or school/education therapists
- b) gather a comprehensive profile of the Person and their seating/mobility needs. This will consider all factors that impact on the Person's mobility and postural management (seating), including (but not limited to):
 - i. the nature of their disability and the likelihood and/or rate of change
 - ii. the Person's home, school and/or workplace environments. This will require liaison with family and whānau and other support networks. It may also require an 'on-site' assessment in the Person's home, school or workplace.

- c) consult with the Person and their family or whānau (where appropriate)
- d) complete a clinical assessment which includes Musculo-skeletal evaluation and functional assessment. This assessment will be considered in the context of the Person's overall postural management over a 24 hour period in sitting, lying and standing positions
- e) liaise with relevant parties to ensure that all aspects of the Person's mobility and postural management (seating) needs are considered
- f) consider all mobility and postural management (seating) options to meet the Person's current and potential future needs.

6.3 Application for equipment trial

The Provider will:

- a) complete an EMS Service Request to DSS contracted EMS Provider seeking approval to trial equipment and inquire regarding the availability of refurbished equipment
- b) arrange trial equipment options to identify the most appropriate and cost-effective solution/s
- c) liaise with suppliers to access trial equipment if refurbished equipment is not suitable or available, following approval to trial.

The Provider will:

- a) seek mandatory consultation advice with an EMS Advisor (ie, which works for the EMS Provider), where indicated⁴

⁴ Refer to the most recent version of the document "Consultation with an EMS Advisor", available online at: <http://www.health.govt.nz/our-work/disability-services/contracting-and-workingdisabilitysupport-services/equipment-and-modification-services/prioritisation-toolresources/consultationdecision-making-and-complaints-processes>

- b) complete an EMS Service Request to the appropriate DSS contracted EMS Provider for the wheeled mobility, seating and/or postural management solutions identified
- c) deliver, fit and adjust the recommended mobility, seating, postural support solution
- d) provide relevant training and education about the use of the recommended mobility, seating, postural support solution
- e) liaise with suppliers and EMS Providers to ensure that ordering of equipment and components and delivery and fitting of seating/mobility solutions are well co-ordinated, once the Service Request is completed
- f) provide follow-up phone contact following the completion of the mobility, seating, and/or postural support solution – this should usually be done within 2-6 weeks of providing the solution
- g) plan on-going review and reassessment for each Person.

6.5 Scheduled Review

The Provider will ensure that the scheduled review(s):

- a) involves the EMS Assessor, in liaison with family or whānau and other support services
- b) is a planned event that is scheduled ahead of time to allow the Person and their family and whānau to be present. The level of service required at the time a Person is reviewed is not in most cases anticipated to be as high as that when they first enter the service
- c) is undertaken in the location that best meets the Person's needs within the recommended review timeframe. This may involve attendance at a review clinic arranged by the Provider or telephone reviews if appropriate
- d) is undertaken at a frequency according to each Person's needs. General guidelines for frequency of reviews should be as follows:
 - i. Children under 16 years; review at least once annually

- ii. Adults 16 years and over; review at least two-yearly. The review following a previous telephone review should, where practical, involve direct contact with an EMS Assessor
- e) includes an evaluation by an EMS Assessor of the effectiveness and suitability of the Person's original mobility, seating, postural support solution. This evaluation should consider all aspects of:
 - i. Musculo-skeletal evaluation and functional assessment
 - ii. the Person's living circumstances
 - iii. their support needs and their level of participation in the community
 - iv. the achievement of the Person's goals as set during the assessment
- f) includes adjustments or arranging for modifications in the Person's mobility, seating, and postural support equipment to meet changes in the Person's needs, such as a result of growth, change in level of function, change in Personal circumstances or wear and tear of components or materials.

6.6 Unscheduled Review

When a Person or their key support person requests a review be undertaken ahead of the planned time (ie, an "unscheduled review"), the Provider will respond within three (3) working days to general enquiries or concerns.

6.7 Provision of Information

The Provider must provide information and advice about its Services, and ensure the quality of all resources published is of a high standard.

7. Key Inputs

7.1 Staffing

The Provider is responsible for maintaining appropriate levels of staffing to ensure that the Service can be provided effectively and efficiently. The Provider must ensure that all Staff who supply, provide or assist in the provision of the Services are competent, appropriately qualified and, where relevant, currently registered with, or licensed by, the appropriate statutory and/or professional body.

Staffing will encompass skills to enable effective:

- a) managerial and administrative support
- b) identification and provision of appropriate wheeled mobility and postural management options to meet the Person's identified need
- c) technical support – the Provider will ensure that appropriately skilled Staff are available to assist with fitting and adjustment of the wheelchair and seating system
- d) management of budget and financial systems.

7.2 Staff Training

The Provider must ensure all clinical Staff providing the Services:

- a) have and maintain appropriate skills and knowledge and continue to develop their expertise, knowledge, competency and skills at the Level of the Wheeled Mobility and Postural Management (Level One and Two), Custom Fabrication and Lying requirements under the EMS Accreditation Framework
- b) have access to ongoing, regular and appropriate training
- c) have access to an appropriate level of supervision, support and mentoring for EMS Assessors developing competency in Wheeled Mobility and Postural Management as per the EMS Accreditation Framework.

7.3 Technology and information

The Provider must have the appropriate technology to support accurate clinical records, facilitate access to information and maintain accurate service utilisation records and data to meet the reporting requirements of DSS.

7.4 Equipment and Resources

The Provider may carry a small stock of basic trial equipment but must ensure that relationships with equipment suppliers and EMS Providers are well maintained.

The Provider will ensure that sufficient equipment and appropriate facilities are available to carry out adjustments and the fitting of mobility, seating and postural solutions as and when required.

8. Exit Criteria/Stopping Services

As the nature of this Service is to provide on-going and long-term review of a Person's wheeled mobility, seating and postural needs, exit from this Service will only occur in the following circumstances:

- a) the Person wishes to exit the Service and transfer to an alternative service
- b) the Person's situation changes such that they no longer require Level Two Wheeled Mobility and Postural Management assessment/equipment
- c) on permanent departure from New Zealand
- d) the Person leaves the Provider's region (as described in Appendix B of this Service Specification)
- e) the Person's situation changes and responsibility for their treatment is transferred to ACC
- f) upon the Person's death.

Where a Person is transferred to an alternative service or funder (eg, ACC, a DHB, or another Provider), the Provider will facilitate the appropriate referral and transfer of relevant information pertaining to the Person's needs and Services without undue delay.

9. Linkages

The Provider will develop strong links and service relationships with at least the following, but there may be others for whom regular contact and liaison is relevant and necessary:

- a) Referring therapists/EMS Assessors from Ministry of Education and other therapy providers
- b) EMS Providers
- c) Māori advocacy services and Māori providers

- d) Relevant repairs and maintenance services
- e) NASC organisations
- f) Existing assessment services within non-government agencies that access EMS funding on behalf of the eligible Person
- g) Other regional providers contracted by DSS to provide this Service in other regions of the country
- h) Other relevant regional Wheeled Mobility and Postural Management outreach clinic services
- i) Suppliers of wheelchair, seating and postural support products and products fabricators
- j) Relevant disability support groups
- k) Interpreter services (including NZSL)
- l) Kaumatua services
- m) Relevant cultural advisor support.

Where appropriate, the Provider will develop written service protocols (or memorandum of understandings) with those listed above including other assessment services that provide wheeled mobility and/or postural support assessment in lying and standing (such as child development services) to ensure its Services are provided in an effective and timely manner.

10. Exclusions

The following services are not covered by this Service Specification:

- a) assessment for customized commodes and seating and/or positioning solutions that are not accompanied by a wheeled mobility base (except when it is reasonable to include in the same application as the wheeled mobility and postural management (seating) equipment, eg the addition of a static base that interfaces with the seating solution)
- b) assessment for car seats, vehicle purchase and/or modifications, including fabrication and supply of specialised seating for the vehicle

- c) repairs and modifications to a Person's mobility base and/or seating components.

11. Quality Requirements

In addition to requirements set out in the Tier One Service Specification, the Provider will also meet the following specific quality requirements:

11.1 Person Experience Surveys

Person experience surveys must be conducted by the Provider 6 monthly, to ensure outcomes are being achieved and People are satisfied with the Services they receive. These surveys may also highlight the areas of the Services that may require review or modification.

11.2 Record and Information Management

The Provider is responsible for keeping accurate and up-to-date records of each Person's needs and ensuring that their records are linked to each individual's National Health Index (NHI) number where possible.⁵

11.3 Support People, carers, family and whānau involvement

The Provider will encourage the active involvement of support people, carers, family and whānau in the assessment and support provided to ensure the successful ongoing use of any equipment funded by DSS.

11.4. Performance requirements

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

11.5 Service Development

Ongoing work by DSS around eligibility, access, targeting and prioritisation of funding, including changes in reporting requirements for all Disability Support

⁵ The NHI is a unique identifier that is assigned to each Person using health and disability support services, enabling individuals to be positively and uniquely identified for the purposes of treatment and care, and for maintaining medical records.

Service funded services may also have an impact on who can access the Wheeled Mobility and Postural Management (seating) Assessment Service, in what circumstances and to what level. The Provider will be given at least 90 days' notice of any changes in the current Service.

12. Purchase Units

Purchase Units are defined in Te Whatu Ora's Nationwide Service Framework Purchase Unit Data Dictionary. The following table is a summary list of the Tier Two Individualised Funding Host Purchase Unit Codes associated with this Service.

Purchase Unit Codes	Purchase Unit Description	Measure	Purchase Measure definition
DSS1025	Specialised Seating/Mobility Assessment Service	Assessment	The provider will provide specialised assessment and regular review of and seating/mobility needs for a defined group of people.

13. Reporting Requirements

The Provider will provide reports to DSS as set out in Appendix 3 of the Outcome Agreement. In addition, the Provider will:

- respond to ad hoc reporting or information requests from DSS within the timeframe required; and
- meet with DSS Contract Manager on a 6 monthly basis to discuss performance measures and reporting and management of risks or issues.

DSS may require different reporting requirements from time to time. DSS will negotiate any changes with the Provider.


APPENDIX A: Priority for Services

	Priority for Services: Criteria	Time frame for first appointment
Urgent	Referrals will be prioritised as “urgent” if paragraphs 1 or 2 below apply: 1. There is a change in the Person’s physical status. Examples of this include: a) the Person having open pressure areas which can be directly attributed to their wheelchair and/or seating, or experiencing a deterioration of their skin integrity to the point where skin breakdown is imminent b) the Person being unable to safely maintain airways or eat without risk of aspiration without the provision of and/or change to complex seating c) the Person having a rapidly progressive neurological condition such as Motor Neuron Disease. 2. There is a change in the status of the Person’s equipment (i.e. damage or deterioration) to the extent that the Person or the Person’s primary carer/s are at risk of injury or harm if an assessment to identify immediate solution is not undertaken.	All people whose referrals have been classified as “urgent” will be allocated within 15 working days of acceptance of the referral.

Routine	The following referrals will be prioritised as “routine”: • the Person has a change in need and requires a reassessment • all other referrals.	50% of people whose referrals have been classified as “routine” will be seen for their first appointment within 3 months of acceptance of the referral. 100% of people whose referrals have been classified as “routine” will be seen for their first appointment within 6 months of acceptance of the referral.
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APPENDIX B: Provider Regions

Name of Provider	Regional coverage (and client group, if applicable)
Auckland DHB - Mobility Solutions	People who reside in the Auckland region on a permanent basis
Seating to Go Limited	People who reside in the Waikato, Bay of Plenty and Lakes regions on a permanent basis
Canterbury DHB	People who have left the Templeton Centre as part of the deinstitutionalisation process and still reside in the Christchurch region