



MANATŪ HAUORA

Equipment and Modification Services

Equipment Manual

October 2014



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ABOUT THIS MANUAL

This manual provides the guidelines for Ministry of Health (Ministry) funding support for equipment for people with disabilities who are eligible to receive such services. This support is part of the Ministry of Health's Equipment and Modification Services (EMS), which also includes funding for housing modifications, vehicle purchase and vehicle modifications.

This manual is for:

- EMS Assessors who are approved or credentialed to complete assessments and submit Service Requests for equipment for eligible disabled people
- people with disabilities and their family, whānau and support people who wish to understand more about this service

The Equipment Manual covers the Ministry's **Funding Guidelines** and includes:

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

The **operational processes**, including the forms and templates to be used during the process of consideration of equipment and modifications which have been developed and are administered by the Ministry's contracted providers to manage Equipment and Modification Services are available on the EMS Providers' websites.

EMS Assessors may be Approved Assessors, Credentialed Assessors (including Provisional (In Training)) or Assessors approved through Service Accreditation. Information on the EMS Assessor Accreditation Framework, under which EMS Assessors submit Service Requests for Ministry funded equipment and modifications, can be found at the web address opposite.



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



www.accessable.co.nz
www.disabilityfunding.co.nz/g.co.nz/



An Approved or Credentialed EMS Assessor undertakes an assessment with the person for the consideration of equipment or modifications.



www.disabilityfunding.co.nz/ems-assessors

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 names and numbered sequentially for easy reference.





Chapter Name

Content...

This manual is for:

EMS Assessors who are accredited to complete assessments and Service Requests for equipment for disabled people.

Disabled people and their family, whānau and support people who wish to understand more about this service.

Definition

Information

Example

Reference

May 2014
Equipment Manual
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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.

Equipment 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	<i>Definitions of terminology used in the text are explained as well as having a full glossary of terms.</i>
	Information	<i>This icon provides further explanation to the text and also directs readers to associated information in other sections of the manual.</i>
	Example	<i>The content of the text is further illustrated with relevant examples.</i>
	Reference	<i>This icon directs readers to alternate sources of information or relevant websites.</i>

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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 the Ministry of Health through Disability Support Services.

The purpose of Ministry 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

The Ministry is not able to provide funding to meet all of the needs identified by disabled people and their families or 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 the Ministry 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 the Ministry. As demand for services regularly

exceeds the annual allocated budget, a prioritisation system, the EMS Prioritisation Tool, 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 (see section 3).

1.3. What services are provided?

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

Accessable administers EMS in the Auckland and Northland regions (from Meremere north), and Enable New Zealand administers EMS in the rest of the country.

Equipment and Modification Services provide:

- Equipment
- Housing modifications
- Vehicle purchase and modifications

This manual contains guidelines for the funding of equipment only.

Guidelines for the funding of housing modifications and vehicle purchase and modifications can be found in separate manuals.

- info@accessable.co.nz



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- moh.processing@enable.co.nz

0800 17 1995



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



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



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



Vehicle hoists, hand controls and swivel seats.



Link to the Housing Modifications and Vehicle Modifications Manuals: [Housing and Vehicle Manuals](#)

2. ASSESSMENT, ELIGIBILITY AND ACCESS CRITERIA

2.1. Assessment Process

Before funding for equipment can be considered, the person needs to have an assessment with an EMS Assessor holding the appropriate category and level of accreditation.

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

Before equipment 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 equipment
- the implication of the proposed equipment 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 taken into account.

Cost effective equipment is the most economic and suitable item to meet the person's essential needs related to their disability. This may not necessarily mean the cheapest option but does include the following options before new equipment items can be purchased:

- refurbished equipment
- Band 1 Equipment
- preferred product or supply equipment.

EMS 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 a specific equipment solution when:

- the person is eligible to access Ministry funded support, and
- it is agreed that the equipment is essential to meet their disability related needs, and



EMS Assessors hold categories and levels of accreditation which relate to their individual qualifications and experience. The categories and levels refer to the types of services that the EMS Assessor is able to recommend.



For more information, go to [EMS Accreditation Framework](#)



Essential means that there is no other viable or cost-effective alternative available to meet the person's needs related to their disability. The provision of equipment would reduce the risk of the person or their support people being harmed. Where the person has other long-term support options available, the request for funding cannot be considered as being 'essential'.



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. Go to:

[Consultation with an EMS Advisor](#)



Band 1 Equipment is equipment which has been selected on the basis that it meets a wide range of needs, is durable and easily able to be reissued. This equipment is able to be supplied at the lowest possible price, resulting in greater value for money. See Glossary section 12.12.

- they have consulted with the EMS Advisor (according to the mandatory requirements for such consultation), and
- the completion of the Prioritisation Tool (for Band Two and Band Three Equipment) indicates that funding is available.

During the assessment, the EMS Assessor will discuss other options with the person and their family or whānau to ensure the person's needs are addressed if:

- the person is not eligible for Ministry funded services
- the person does not meet the specified access criteria (see Section 2.3) for Ministry funded equipment, or
- the outcome of the Prioritisation Tool is that funding is not available.



Refer to Section 3 for more information on the 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.

2.2. Eligibility

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

To be eligible for consideration of funding towards the provision of equipment 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 the Ministry; 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
 - 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.

2.2.1. Establishing eligibility

- Eligibility for services 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 (eg, New



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



Eligibility includes that the person must be in New Zealand when the services are provided and be:

- a New Zealand citizen, or
- a permanent resident, or
- be entitled to work in New Zealand for at least 2 years (ie, on a work visa).



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



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 the Ministry.

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 he/she is usually liable for the full costs of the services.
- People who are under 65 years of age with very high needs requiring ongoing support services as a result of 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 District Health Board (DHB) NASC.

2.3. Meeting the Access Criteria for Services

Funding for equipment can be considered where it has been identified as being the most cost-effective intervention and is essential for the person (independently or with assistance from support people) to do one or more of the following:

- get around, remain or return to their home
- study full-time or do vocational training
- work in full time employment
- work as a volunteer
- be the main carer of a dependent person
- communicate effectively.

2.3.1. Get around, remain or return to their home

Equipment can be considered to support the person, and/or their primary carer, to manage one or more of the following everyday tasks:

- eating and drinking
- personal hygiene (washing and toileting)
- getting dressed
- transferring from their bed or chair
- getting in and out of and around their home
- preparation of food and drinks, if they live alone or are by themselves for much of the day.

Mobility equipment such as a walking frame or wheelchair may be provided when a person is unable to manage getting around in their home.

Funding is not available for mobility equipment if the person has difficulty getting out and about in their community but can



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

An assessment by an EMS Assessor must have identified that the person has an essential need for, and ability to benefit from, the proposed equipment or modifications and eligibility for LTS-CHC must be determined by the NASC.



People who are under 65 years whose primary diagnosis is obesity, may be eligible for equipment or modifications through the LTS-CHC funding stream.



The home refers to the place where the person resides (ie, 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 rented property or a privately owned home. For information on residential care, see sections 2.4 and 2.5.



When a person lives in two homes on a regular basis, they can be described as living in shared care. See Glossary, section 12.14, for a definition of Shared Care.

manage getting around in the home, including access to where a vehicle can reasonably be parked.

2.3.2. Study full time

Equipment can be considered to support the person, and/or their primary carer, to participate in fulltime study or vocational training.

Full time study includes pre-school education, compulsory education (ie, primary, secondary, correspondence school and home schooling), tertiary level education or vocational training.

i. Pre-school education

Equipment to meet a young child's needs related to their disability, to enable them to participate in their pre-school environment.

ii. Compulsory education

Equipment to meet a student's everyday living needs both at home and at school. Consideration should be given to the selection of equipment that can be practically used in both home and school settings, however in some circumstances, where it is not reasonable and practical to transport the equipment between the two settings (eg, a commode chair for school as well as one for home), funding of a second item can be considered.

Joint funding by the Ministries of Health and Education of high cost equipment or assistive technology costing \$5,000 (incl. GST) or more can be considered where the equipment helps the student do all of the following (see section 7.3):

- live as safely and independently as possible, and
- improve their access to the school curriculum, and
- remove barriers to their educational achievement.

iii. Tertiary education or vocational training

Equipment to enable a person to undertake a course of study.

The course(s) must be full time. The course length must be at least a calendar or academic year and the content of the course must support the person working towards future employment.

- Written confirmation of the course must be provided by the person, including acceptance into the course, start and finish dates, the purpose of the course and the full time status of the course. This information should be retained by the EMS Assessor on the person's file.



Equipment, such as a hoist to lift a person, may be provided where it will reduce the need for existing or additional support (either funded support or provided by the main carer) or a move to residential care.



Where equipment is required solely for the purpose of enabling children in compulsory education to participate in the school curriculum, funding is the responsibility of the Ministry of Education.



Refer to the Therapy and Assistive Technology / Equipment Operational Protocols [Therapy and Assistive Technology/Equipment Operational Protocols](#)



A communication device to enable a child to communicate effectively with people in all settings can be considered for Ministry funding.



A communication device to enable a child or young person to communicate effectively and access the school curriculum can be considered for joint funding.



Examples of equipment to support a person to access vocational training, tertiary education and employment include:

- specialised computer software (screen reader, screen magnification)
- specialised mobility equipment (power wheelchair with special features).

If the person is unable to undertake a full time course due to the limitations of their disability, funding can be considered if the person is studying at their maximum capacity. The person will need to provide supporting documentation to the EMS Assessor from either a registered medical practitioner, allied health professional or disability advisor/coordinator based in a tertiary education institution. This documentation should be retained on the person's file by the EMS Assessor.

Funding is not available where:

- a student would be expected to provide such equipment themselves as part of their course
- the training provider would be expected to provide such equipment for all students undertaking the course.

2.3.3. Work full time

Equipment to enable a person to undertake or seek paid employment:

- of at least 30 hours per week, or
- to achieve a degree of financial independence that is at least the same as they could earn through Jobseeker Support.

If the person is unable to work at least 30 hours per week due to the limitations of their disability, funding may be considered if the person is working at their maximum capacity.

The person will need to provide supporting documentation to the EMS Assessor from either a registered medical practitioner, or other relevant allied health professional. This documentation should be retained on the person's file by the EMS Assessor.

It is the responsibility of an employer to provide a suitable work environment and resources for all staff and this must be taken into account when considering support options.

2.3.4. Voluntary work

Equipment to enable the person to undertake voluntary work:

- for a minimum of 20 hours per week with a recognised community-based voluntary, not-for-profit organisation, and
- they can demonstrate a long-term commitment to the work.

This means that they must have been involved for a minimum of eight weeks and will be intending to work in that role for at least 12 months.



A portable computer would be expected to be provided by a student as part of their course.



Seeking paid employment means a minimum of registering for employment with Work and Income, Workbridge or employment support services associated with specific disability organisations, such as Deaf Aotearoa and the Blind Foundation.



Where the person is in full time employment, written confirmation of their employment status must be sought by the EMS Assessor and retained on file.

For more information about Job Seeker support go to:

[Work and Income - Jobseeker Support](#)



See Section 12.16 for definition of a recognised voluntary organisation.

In general, where the voluntary work for a recognised voluntary organisation fulfils a welfare function funding can be considered.

Written confirmation of the voluntary work must be sought from a representative of the voluntary agency by the EMS Assessor and retained on file.

2.3.5. Main carer of a dependent person

Equipment to support a person to carry out their role as the main carer of a dependent person.

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 of one of the following:

- they are a child aged 13 years or under, or
- their long term health or disability related needs.

This does not include people living in residential care or community residential support as their funding arrangement generally comprises full-time, ongoing support. People living in shared care may need equipment to support them and their caregivers in both homes.

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

- a child is living in the homes of separated parents
- there is a foster care arrangement, or
- an elderly relative is living with different family members who provide care.

2.3.6. Communicate effectively

Equipment to enable a person to independently and reliably make their needs and feelings known to:

- support their personal safety, and
- interact more effectively within their daily lives.

2.4. People under 65 years, or who have a lifelong disability, who are living in residential care or community residential support

People who have an intellectual and/or physical disability who are under 65 years of age, or have a lifelong disability, are eligible for equipment when they are living in their own home or in residential care or in community residential support.



Examples of equipment to support a main carer include:

- a baby alarm with a flashing light to enable a person with a hearing impairment to provide care for their young child.
- a transit wheelchair to enable a parent to support their dependent child who is unable to walk independently and safely when out in the community.



For the legal definition of a dependent child 13 years or under, go to [Leaving a child without reasonable supervision or care](#)



Examples of living in two homes on a regular basis is where a person is living 3-4 days per week in each home or alternate weeks in each home.



'Low tech' items such as communication books or switch adapted devices or high tech items such as portable communication devices.



Communication devices to support speaking and/or writing do not include hearing aids. Hearing aids are funded separately and are not included in this manual. Refer to the [Hearing Aid Services Manual](#)



Lifelong disability refers to people whose needs have not differed greatly due to aging. A person receiving support services when they are under 65 years of age does not necessarily become a recipient of aged care services once they turn 65.

The equipment must be primarily for the person's individual use or may be shared with another resident. Factors for consideration are:

- a person is eligible for the equipment as if they were living in their own home
- the availability or suitability of other equipment within their residential setting to meet the person's needs
- equipment may have a shared use (eg, a hoist) where other people living in the same home have similar equipment needs
- the impact of the equipment not being provided, such as:
 - increased level of assistance the person might require from support people
 - risk of deterioration of their functional skills
 - risk to their personal health and safety such as skin breakdown, development of joint contractures or escalation of challenging behaviour.

The assessment for people living in residential care or community residential support should be undertaken by an EMS Assessor who has the appropriate level of accreditation, and who works for or on behalf of the residential care provider or the local District Health Board.

2.5. Aged Residential Care (people aged 65 years and over)

People aged 65 years and over who are living in aged residential care, including rest homes and private hospitals, are eligible for the provision of customised or individualised equipment where it is needed for their sole use. Eligibility applies whether the person is paying for their care privately or they are receiving a government subsidy.

The following equipment can be considered to meet a resident's needs:

- communication devices (not including hearing aids, which are funded separately under Hearing Aid Services)
- mobility aids which are individually customised to support a person's functional independent mobility
- wheelchairs to support a person's all day functional mobility which have been individualised or customised for their use and are not suitable for the general mobility needs of other residents within the facility.
- customised or individualised seating (cushion or backrest) on a wheeled mobility base where the EMS



The residential care or community residential support provider is responsible for regular routine maintenance of the equipment. The service provider should contact the relevant EMS Provider to arrange:

- specific maintenance or repairs of equipment, or
- the return of equipment no longer required by the person.



Community Residential Support services provide 24-hour support at the level necessary for people to have a safe and satisfying home life. The level of support can be provided through a combination of services determined at the time of needs assessment for each person.



Where a hoist is available in a residential care or community living setting but it is not sufficiently robust to meet the needs of two or more people, a more suitable multi-purpose replacement hoist will be considered.



Customised or individualised equipment items have some type of unique adaptation or design specifically required by the person because:

- standard products without unique adaptation or adjustments would not meet their disability related needs, and
- they are considered to be over and above the type of equipment the residential care provider is expected to provide.



Sole use means the equipment has been provided for the person for their individual use only. The equipment is over and above what a residential care provider would be expected to provide and is not for communal use.



Wheeled mobility is unable to be provided for transport around the facility such as to and from the dining room.

Assessor and the residential provider can identify the following:

- that there is no suitable seating or chair in the facility to meet the person’s identified disability related needs, and
 - the person has an essential need for , and ability to benefit from, individualised or customised seating, and
 - the impact of the seating not being provided on the way the person will manage daily living activities, their safety and the impact on carers (including to reduce the need for a higher level of care).
- shower commode chairs which are individualised or customised for the person due to their individual disability related needs
 - lying supports where the EMS Assessor and the residential provider, can identify:
 - that there is no suitable equipment in the facility to meet the person’s disability related needs
 - the reason that an individualised or customised postural management system is now essential and that more specific positioning is required than can be achieved by pillows, towels, blankets, etc
 - that the proposed equipment will complement the person’s existing seating system (if they have one) to be used as part of their 24 hour positioning support
 - the impact on the way the person will manage daily living activities, their safety and the impact on carers if lying support is not provided.

Aged residential care providers will supply “communal aids and equipment for personal use or the general mobility needs of subsidised residents who require them (including, but not limited to, urinals, bedpans, walking frames, wheelchairs, commodes, shower/toilet chairs, hospital beds, pressure relief (including mattresses, heel protectors and seat cushions), lifting aids and hand rails.”¹

2.5.1. Equipment that is not available for funding

Standard “off-the shelf” equipment including:

- shower commode chairs which are not customised
- transferring equipment such as hoists, lifting belts, transfer discs, sliding sheets, patient turners
- toilet frames, raised toilet seats or shower stools



Equipment should be returned to the EMS Provider if it is no longer being used by the person for whom it was provided.

Accessible info@accessible.co.nz

0508 001 002

Enable New Zealand

moh.processing@enable.co.nz

0800 17 1995



Equipment items that are suitable to be reissued to another person with a disability will be refurbished by the EMS Provider.

¹ Extract from Aged Residential Care contract, 2014

- heating
- chairs or chair raisers
- therapy related equipment
- pressure care equipment (eg, mattresses, heel protectors, cushions)
- 'hospital beds' or electric hi-low beds
- seating, including seat cushions which are not customised
- walking aids which are not customised
- wheelchairs which are not individualised or customised, including transit wheelchairs and manual wheelchairs for use as a back-up chair for a power chair
- personal care items (for example, cutlery, cups, brushes, combs).

Bariatric equipment can be utilised by other residents. This type of equipment is therefore not generally available through Ministry funding.



“Off the shelf” equipment means items that can be used by the person for their individual use without adaptation or modification.



When a person moves from their own home into aged residential care they may retain certain equipment for their personal use. Refer to section 5.5.3.

3. PRIORITY OF SERVICES

The provision of equipment and modifications needs to be managed within the annual budget allocated to these services by the Ministry. Demand for services regularly exceeds the annual allocated budget. A prioritisation system is therefore in place to ensure that those eligible disabled people who meet specific access criteria who have the greatest need for services and the greatest ability to benefit from equipment and modifications are able to access the available funding.

3.1. EMS Prioritisation Tool

In order for all requests for equipment and modifications to be considered fairly and consistently and for those people who have the highest priority to receive their services in a timely way, a prioritisation tool is in place.

The EMS Prioritisation Tool is made up of two parts:

i. Impact on Life questionnaire

This questionnaire must be completed by the person and allows them to identify the current impact of their disability on their lives. It gives the person, and where appropriate, their family, whānau or key support people, an opportunity to have a “voice” in the assessment process.

ii. EMS Assessor section

The Prioritisation Tool requires the EMS Assessor to determine:

- the likelihood of the person’s physical or psychosocial status deteriorating if the equipment is not provided
- the impact of carer stress and the likelihood that the resilience of the person’s carer will deteriorate if the proposed equipment is not provided
- the ability of the proposed equipment to benefit the person and/or their family or whānau who care for them. The EMS Assessor will consider how the proposed solution is likely to provide benefit to the person in the following areas of their life:
 - independence in daily living
 - safety
 - external roles and responsibilities (eg, employment, study, main carer)
 - primary relationships
 - day to day activities that are important to them.
- the likely length of time the proposed equipment will offer benefit to the person and/or their family or whānau who care for them
- the likelihood of achieving the benefit taking into account social and environmental factors.



The EMS Prioritisation Tool does not need to be used by the EMS Assessor when submitting Service Requests for:

- Band 1 Equipment
- Equipment that is a Like for Like replacement (the same form and function)
- Accessories likely to cost less than \$1,000
- Artificial larynges.



When considering the likelihood of the person’s physical or psychosocial status deteriorating if the equipment is not provided, the key people to assist with the preparation of this information could include:

- the person’s employer or supervisor
- a representative from an educational facility
- an advocate
- the person
- a member of the multi-disciplinary team.



The Prioritisation Tool replaces the P1 and P2 process and determines whether or not funding is available for the proposed equipment.



[EMS Operational Processes and Guidelines](#)

4. COMPLIANCE WITH THE PRIVACY ACT

The information provided within the Prioritisation Tool and in a Service Request may be used for the following:

- To assess the need for funding of equipment and modifications by the Ministry. This assists the Ministry with planning and purchasing future services.
- To collect statistical information such as gender, ethnicity and disability type. This data assists the Ministry 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 the Ministry with specific information about equipment and modifications a person has received or has not been able to receive following the outcome of the Prioritisation Tool
- For other such functions as permitted under law.

The provision of information sought for the Impact on Life questionnaire (as part of the EMS Prioritisation Tool) 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 Health Information Privacy Code (1994) applies to the information collected as part of the completion of the EMS Prioritisation Tool 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:
<http://www.privacy.org.nz>

5. GENERAL INFORMATION

5.1. Ownership

The Ministry “owns” all equipment items and they are provided to the person on long term loan. Items should be returned to the EMS Provider if:

- the person does not need them any more
- they are no longer suitable for the person, or the people who support them, because their needs have changed
- the person is aged 65 years or over and moves into aged residential care. Equipment items such as beds, hoists or mobility equipment cannot be taken into residential care unless they have been individualised or customised to meet the person’s disability-related needs. Equipment would be expected to be provided by the residential care facility unless the person needs individualised or customised items for their sole use.
- the person moves to live in another country, except for items as described in Section 5.5.4

5.2. Equipment for Trial

Band 2 and Band 3 Equipment will generally need to be trialled by the person before the most appropriate solution to meet their needs has been determined.

5.2.1. Length of Trial

Trials by the person should not take longer than 20 working days unless there is a clear reason for this (for example, different components to be trialled are not available from suppliers at the same time).

A longer trial period should only be necessary when an EMS Assessor is awaiting the supply of different components of an overall “package” of equipment.


When choosing which equipment to request for trial the EMS Assessor should consider the most cost-effective solution to meet the person’s needs – add on features to a base item should only be considered when they are essential.


5.2.2. Number of trial items


A Service Request may contain more than one item to be trialled if the EMS Assessor needs to assess which is the most appropriate solution to meet the person’s needs.


5.2.3. Unsuccessful initial trial

The EMS Prioritisation Tool does **not** need to be re-done if the outcome of the trial indicates that the person has the same needs, but:


 Equipment items are provided on loan to the person for as long as they need them.


 A standing hoist may no longer be suitable for a person to use if they can no longer safely stand.

 See section 5.6 for information on Funding Contribution from the Person

 The EMS Provider will follow up with the EMS Assessor and suppliers if:

- the trial equipment has not been returned to the supplier within 30 working days of it being supplied, or
- the EMS Assessor has not advised them of the outcome of the trial.

 For example, an ultra-light wheelchair, with standard wheels and not spinergy wheels.

 An EMS Advisor can assist in the selection of which products to trial and will check their stores to see if there is any refurbished equipment in stock that can be trialled.

 For example, two manual wheel chairs, cushions or backrests

- a different model or type of solution is required (for example, a different model of manual wheelchair or a wheelchair cushion), and
- the new equipment to be trialled is within the same category of accreditation (for example, Wheeled Mobility and Postural Management), and
- the items are within the credentialed level that the EMS Assessor holds (for example, Wheeled Mobility and Postural Management Level 1).

When the outcome of the trial indicates that a different solution is required because the person's needs are more complex than first indicated:

- the Prioritisation Tool needs to be re-done, and
- a new Service Request needs to be submitted.

If the new equipment to be trialled is not within the credentialed level that the EMS Assessor holds, the EMS Assessor will need to:

- have the Provisional (In Training) credential in the specific category and credentialed level of accreditation, and
- work alongside or liaise with and appropriately credentialed EMS Assessor during the assessment process and seek approval from the credentialed EMS Assessor during the completion of the on-line Prioritisation Tool process, or
- refer the assessment on to an EMS Assessor who holds the appropriate level of accreditation.

5.3. Repairs and maintenance of equipment

The day-to-day regular maintenance of equipment is the responsibility of the person or their family, whānau or support people.

Instructions on the maintenance and care of equipment should be supplied with the item when the equipment is provided. This information should be provided by the EMS Provider (for refurbished equipment) or the equipment supplier (for new equipment).

Refurbished equipment from the EMS Providers' stores may be loaned while equipment is being repaired or replaced. Such interim issue is subject to availability of suitable refurbished items. This does not cover short-term loan of equipment for a person as they await an assessment or the provision of temporary equipment following submission of a Service Request.

Repairs are carried out during normal business hours. The person should discuss an emergency plan with the EMS Assessor and their NASC organisation to cover equipment



Further consultation with an EMS Advisor may be required at this time, according to the usual processes for the assessment and consideration of equipment or modifications.



The EMS Assessor will need to follow the processes established by the relevant EMS Provider. This will either mean:

- requesting a continuation of the trial, or
- submitting a new Service Request.



For example, a power wheelchair with high specifications rather than a standard power wheelchair or a manual wheelchair



Regular maintenance includes:

- the inflation of wheelchair tyres
- cleaning and checking for loose parts.



All repairs to Ministry equipment, including replacement batteries for power wheelchairs, are carried out free of charge within New Zealand. The person should contact the EMS Provider to arrange repairs.

back up which may be needed after hours, at a weekend or on a public holiday.

All repair costs will be covered by the Ministry except where:

- the equipment remains within its warranty period. In such cases, the EMS Provider will contact the equipment supplier to arrange the necessary repairs.
- the repairs are required as a result of damage to equipment or its components caused by careless or inappropriate use. In such cases, the cost of repairs may be the responsibility of the person.
- equipment items such as low rise platform lifts over 1.5 metres high, stair-lifts or ceiling track hoists which have been installed permanently as part of a housing modification. These are the responsibility of the property owner as they become a permanent fixture of the home once installed.



Any modifications to equipment must be undertaken by a technician or contractor approved by the EMS Providers. A list of approved technicians and contractors in each area of New Zealand is available from the EMS Providers.

5.4. Insurance

The person, or their family or whānau, is encouraged to insure high cost equipment items to cover damage, loss or theft of items. Replacement or repair will be covered if the person is unable to insure the equipment and the damage or loss has not been due to careless or inappropriate use.

5.5. Replacement

Where equipment has become damaged or worn, an EMS Assessor, the person or their support person, should contact the EMS Provider to determine whether the equipment could be repaired or is beyond economic repair and can be replaced. A repair technician who has a contract with one of the EMS Providers may be required to confirm the status of the equipment item.

If an item is found to be beyond economic repair, the EMS Provider will either:

- arrange a Like for Like replacement with an item that has the same form and function (but not necessarily be the exact same make and model), or
- request the EMS Assessor to work with the person to determine whether or not a Like for Like replacement is appropriate if the equipment is high cost (generally over \$3,000). If a replacement is not appropriate or available the person will need to seek a re-assessment by an EMS Assessor.



Beyond economic repair means items that are not considered cost effective to repair or refurbish for reissue. Items which have been assessed by the EMS Provider or their sub-contractor as being beyond economic repair may be either disposed of or utilised for parts by the EMS Provider.



Like for Like replacement means that the same form and function needs to be sought when an equipment item has been deemed to be beyond economic repair. It does not indicate that the exact make and model needs to be supplied.



The Prioritisation Tool **does not need to be completed** for a Like for Like replacement of equipment.

Where equipment is beyond economic repair and needs to be replaced, the EMS Assessor or the EMS Provider should consider the person's current needs and situation. The EMS Assessor needs to determine whether the person is still able

to access funding for equipment and whether the person's needs are the same as at the time of their initial assessment.

Note: the requirement for the EMS Assessor to be involved with the consideration of replacement Like for Like replacement equipment may be determined by the EMS Provider's specific operational processes.

5.6. Responsibility for equipment when a person moves home

5.6.1. Moving within New Zealand

If a person moves within New Zealand, they should advise the EMS Provider of their change of address. The person can take their equipment with them. Costs associated with shifting the equipment are the person's responsibility.

5.6.2. Moving into residential care or community residential support (people 65 years and under or who have a life-long disability)

If a person under 65 years or with a life-long disability moves into residential services funded through a Ministry contract, they may take Ministry funded equipment with them, as long as there is no other suitable equipment available within their new home to meet their disability related needs.

5.6.3. Moving into residential care (people 65 years and over)

If a person moves into an aged residential care facility, such as a rest home or private hospital, they may retain the following items, if they still need them and the access criteria continue to be met, that have been funded by the Ministry:

- equipment that has been customised to meet their individual needs
- low cost equipment such as walking sticks or personal hygiene items
- personal mobility items such as a wheelchair or walking aids
- dedicated communication devices
- glasses.

5.6.4. Moving to live in another country

When a person leaves New Zealand to live permanently in another country, they may take the following items that have been funded by the Ministry with them:

- personal mobility items such as wheelchairs and walking aids



The Prioritisation Tool **needs to be completed** if an assessment is required to consider a new equipment solution.



For example, providing a sling for a hoist, where a hoist is already available in the community residential support home.



All other equipment such as, adjustable beds, hoists or personal care (eg, over toilet frame) equipment should be returned to the EMS Provider. This is because the residential care provider is responsible for providing a range of equipment for the general use of its residents.



All other equipment items should be returned to the EMS Provider before departure from New Zealand.



All equipment taken with the

- low cost or highly personal equipment such as a walking aid or toileting equipment
- dedicated communication devices
- glasses
- equipment which has been customised to meet their individual needs.

5.7. Funding contribution from the person

If a person wishes to have equipment which has higher specifications and is more costly than that recommended by the EMS Assessor, Ministry funding will only cover the cost of the essential components of the equipment item. The additional costs of the items must be paid by the person directly to the supplier.

If there is suitable equipment currently available in the EMS Provider's reissue store that meets the person's essential disability-related needs, this equipment will be provided before any new equipment can be purchased.

5.8. Return of Equipment

The person's needs may change as a result of their growth, progression of their condition, ageing or other circumstances. This means that a re-assessment with an EMS Assessor will be required and this may result in the consideration of different equipment and/or modifications. The EMS Assessor should also determine whether the person continues to meet specific access criteria for some types of equipment.

Arrangements for the return of equipment items that are no longer needed by the person should be made with the relevant EMS Provider. Equipment items that are suitable to be reissued to another person with a disability will be refurbished by the EMS Provider.

Low cost or highly personal equipment such as walking sticks and personal hygiene items do not need to be returned as it is not cost effective to refurbish such items.

5.9. Refurbishment

When equipment items are no longer needed by the person they should be returned to the relevant EMS Provider. Returned equipment is then refurbished, if it is appropriate and cost-effective to do so, so that it can be reissued for use by another person. The refurbishment programmes undertaken by the EMS Providers reduce the demand for and costs of new equipment and ensure that a greater number of people can get equipment and modifications.

person when they permanently depart from New Zealand is "gifted" to them and becomes their property. No further refurbishment, replacement or repair will be undertaken on such items once the person has departed permanently from New Zealand.



The person and their partner may prefer to have a companion bed to adjoin a hi-low electric bed. The basic cost of the hi-low bed can be covered by Ministry funding and the person would pay the difference in cost.



The equipment issued remains the property of the Ministry. There is no reimbursement of the person's contribution payable from the Ministry if or when the equipment is no longer required by them is returned to the EMS Provider.



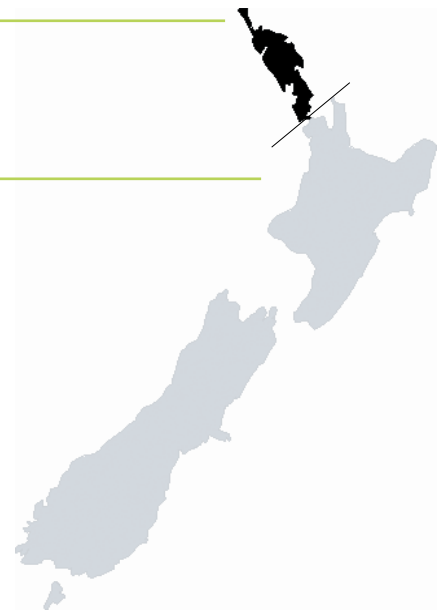
Refurbished means equipment that has been returned to the EMS Provider and has been cleaned and checked so that it is safe for another person to use. This is also known as reissue or store equipment.

Some equipment may not be suitable for refurbishment, due to the age and state of the item, its highly personal use, its low cost or the high costs of removal (eg, ceiling track hoist). Where the person, their family or whānau are unsure they should contact the EMS Provider covering their area to determine whether or not a specific item should be returned.

To arrange return of equipment, contact:

Accessible - Phone: 0508 001 002

Enable New Zealand - Phone: 0800 17 1995



6. EQUIPMENT OPTIONS NOT COVERED

6.1. Equipment for short term loan

Short term loan equipment is provided by District Health Boards (DHBs) to meet the needs of people whose disability is not expected to last more than six months or whose disability may be relieved by treatment.

- DHBs are responsible for providing equipment for short-term loan use (ie, for at least up to 12 weeks).
- NASCs may be able to provide additional home support until the equipment and/or modifications can be put in place for a person's long term use.

6.2. Equipment to treat a medical or surgical condition

This includes the following:

- equipment for therapy
- equipment for monitoring and dispensing of medication
- ostomy and continence supplies
- orthotics or prosthetics.

6.3. Low cost equipment

Low cost equipment items are generally not funded but will be considered in the following situations (subject to the usual eligibility and access criteria being met):

- the person is under 65 years of age and living in residential care and the items are essential to support their personal safety, or
- the person is unable to pay due to hardship and is receiving either a special benefit or temporary additional support from Work and Income (written confirmation from Work and Income is required), or
- the person is under 16 years old.

The EMS Assessor should provide the person with information on where they can purchase low cost items (eg, walking sticks, long handled hair brushes, reachers or special cutlery).

6.4. Reimbursement

The Ministry does not generally provide reimbursement for equipment which has been paid for by the person, their family or whānau before a Service Request has been received by the EMS Provider.



People whose disability is likely to last more than six months are eligible for the consideration of equipment solutions. They do not have to wait for six months to pass before a Service Request can be submitted to the EMS Provider.



DHBs generally provide short-term loan equipment for up to 12 weeks.



Equipment for therapy means that it is used within a short or long-term treatment programme, to relieve or heal a bodily disorder. Examples include physiotherapy mats, wedges for postural drainage and TENS machines for pain management.



Equipment for monitoring and dispensing medication includes nebulisers, oxygen concentrators and holders, pumps for delivering liquid diets or medication, drip stands.



Low cost equipment is generally valued by the EMS Provider as \$50 (incl. GST) or less. Low cost equipment items cannot be packaged together to total more than \$50 (incl. GST), for example, knife, fork and spoon.



For more information, see the brochure on low cost equipment, [Low cost equipment brochure](#)

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

- the person meets the eligibility and access criteria for Ministry 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 Tool (if required) is that Ministry funding would be available, and
- 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, and
- the services have been purchased or provided within twelve months of the date of the request for the reimbursement.

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.

6.5. Assessment Costs

Ministry funding for equipment does not cover the assessment costs or any related travel and accommodation expenses for the EMS Assessor or the person, their family or whānau or other support people. Such costs will be met by the assessment service or, if the person is not eligible for free health and disability services in New Zealand or chooses to engage an EMS Assessor privately, by the person themselves.

Where an assessment is being undertaken by a Credentialed Vehicle Modifications Assessor for the consideration of equipment to support a person to travel safely or independently in a vehicle, all reasonable costs relating to such assessments may be met by the EMS Provider.

6.6. Hireage of Equipment

Funding for the hireage of equipment is not available.



People who do not meet the eligibility criteria for publicly funded services as set out in the Health and Disability Services Eligibility Direction 2011 may not be eligible for free assessment services through a DHB.



A private EMS Assessor could include a physiotherapist, occupational therapist, audiologist or optometrist in private practice

7. OTHER FUNDING OPTIONS

7.1. Ministry of Health - Other Supports

Equipment and modifications are one of many support options funded by the Ministry. 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.

7.1.1. Other equipment items

Some equipment items are covered by other services through the Ministry. Specific funding criteria and application processes apply for such items.

7.1.2. Long Term Supports - Chronic Health Conditions funding

Long Term Supports – Chronic Health Conditions (LTS-CHC) funding, managed by DHBs, funds long term support services for eligible people under 65 years of age and needing ongoing support services as a result of **chronic health conditions**. People eligible for LTS-CHC are neither eligible for the Ministry's Disability Support Services nor for other DHB funded long term supports (eg, 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 Ministry funder's definition of a disability.

Very high needs is 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 such as personal care support, household management, and respite care through the NASC. See section 7.1.3



Hearing aids are funded separately and are not covered in this manual. For more information, refer to the Hearing Aid Services Manual, at: [Hearing Aid Services - Accessable](#)



DHB NASCs determine whether a person is eligible to receive LTS-CHC funding - the budget for equipment and modification services provided to eligible people through this funding stream is held by the Ministry.



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

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 equipment through LTS-CHC, the person needs to have:

- 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 equipment, and the outcome of the Prioritisation Tool has indicated that funding is available, and
- been identified by their local DHB NASC as being eligible for LTS-CHC funding.

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 equipment needs to be considered within the person's overall support package, in consultation with DHB NASC personnel. The EMS Assessor will need to obtain written confirmation from the DHB NASC service that the person is eligible to access funding through LTS-CHC before a request for equipment can be made through this funding stream.

7.1.3. Needs Assessment Service Coordination (NASC) organisations

Needs Assessment Service Co-ordination (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 and their family, whānau and support people to identify their strengths and goals, priorities and disability support needs. The needs assessment is usually done in the person's home.
- Service Co-ordination. 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 co-ordinator with input from the person, their family, whānau and support people.
- Service co-ordination determines which of the assessed needs can be met by the person's natural



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

supports, which may be met by other government agencies/groups and which are supported through Disability Support Services.

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 and their family, whānau and support people. The provision of equipment or modifications needs to be considered within the overall support package available to the person.

The principles² 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 co-ordinated 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 template, when proposed equipment is likely to be high cost or it is being considered to meet the needs of people who have challenging behaviours.

7.2. Accident Compensation Corporation

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

7.3. Ministry of Education

Equipment to meet the general educational needs of students in compulsory education is the responsibility of the Ministry of Education.

In some circumstances, joint funding of equipment will be considered. Joint funding from both ministries of high cost assistive technology or equipment of \$5,000 (incl. GST) or more, will be considered where the equipment supports the student to do all of the following:

- live as safely and as independently as possible, and
- improve their access to the curriculum, and
- remove barriers to their educational achievement.



Refer to [Practice Guideline: Interface between NASC and EMS Service Assessors and Providers](#)



[EMS and NASC Joint Report template.](#)



For further information contact ACC regional branch offices - Call Free:

0800 101 996 (claim enquiries) or contact [ACC](#)



Refer to the Ministry of Health and Ministry of Education Therapy and Assistive Technology/ Equipment Operational Protocols [Equipment and Therapy Protocols](#)



The level of contribution from each Ministry will be determined by the student's needs for specific equipment items and the features required to meet both their living and educational needs.

² Ministry of Health Practice Guideline: Interface between NASC and EMS Assessors and Providers

7.4. Workbridge

Workbridge is contracted by the Ministry of Social Development to administer Job Support Funds and Training Support Funds.

The purpose of Job Support Funds is to assist people with disabilities to gain, retain, participate or advance in employment or training by providing assistance with some disability related costs. Among other criteria, applicants must be aged between 16 and 65 years and have disability-related costs that are unrelated to ACC or Ministry of Health areas of responsibility.

7.5. Work and Income

A Special Needs Grant can be approved to assist with items partially subsidised by the Ministry or District Health Boards, when the person still has to pay a shortfall (eg, spectacles). Payment is for the unsubsidised portion only.

The Special Needs Grant provides non-taxable, one-off recoverable or non-recoverable financial assistance for people to meet their essential and immediate needs. A person does not have to be receiving a benefit to qualify for a Special Needs Grant.

Further information is available from Work and Income.

7.6. Lottery Grants Board

The Individuals with Disabilities Subcommittee provides lottery grants on a discretionary basis for mobility and communication equipment to help people with disabilities achieve independence and gain access to the community. Those who meet the access criteria for funding of equipment through the Ministry of Health or other Government agencies are not eligible for lottery grants.

For funding purposes, an individual with a disability is defined by the Lottery Grants Board as:

‘a person who has a permanently reduced capacity to be transported, to be personally mobile or to communicate, as a result of a physical, sensory, psychiatric or intellectual disability’.

Priority is given on the basis of:

- the severity of the disability
- the contribution the vehicle or equipment would make to the quality of life of the person with a disability (the applicant)
- the financial circumstances of the applicant and their family



To contact a local Workbridge Centre
Free phone 0508 858 858
Free fax 0800 080 715
www.Workbridge.co.nz



People who are receiving either a special benefit or temporary additional support from Work and Income are able to receive funding for essential low cost equipment. Written confirmation is required from Work and Income to support such requests.



[Special Needs Grant](#)

- the availability of alternative transport or assistance
- the family situation of the applicant
- the applicant's locality
- any lottery assistance received in the past.

Generally, the Subcommittee is able to fund about 50-60% of the applications it receives. Applications can be made at any time.

Further information is available from the Lottery Grants Board, Department of Internal Affairs.



Call free: 0800 824 824
[Lottery Grants](#)

7.7. 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.

The focus is on the Case Manager facilitating access to existing publicly funded health and disability services, and to the entitlements that are available through the social assistance and war pensions' framework. Case managers also make recommendations for the use of Veterans' Affairs New Zealand funding in situations where the need is urgent and no other service is available.

For further information contact Veterans' Affairs New Zealand.



0800 4 VETERAN (4838372)
 Email: veterans@xtra.co.nz
[Veterans' Affairs New Zealand](#)

7.8. Private Purchase

People may choose to purchase equipment items themselves. Low cost equipment items, the majority of which cost less than \$50.00, generally need to be purchased by the person, their family or whānau. In many regions, organisations or businesses have disability-related equipment available for demonstration or sale and a number of organisations have dedicated websites through which items can be purchased.



For more information, see the brochure on low cost equipment: [Low cost equipment brochure](#)

8. ROLES AND RESPONSIBILITIES

The consideration and provision of Equipment and Modification Services involves a number of different people and organisations. Their responsibilities are outlined below.

8.1. The Person, or their family, whānau or support people

- Provide general household equipment that is usually required for people to live in their own home.
- Cover the costs of:
 - > repairs or replacement equipment or its components which have been caused by careless or inappropriate use
 - > consumable items
 - > ongoing repairs and maintenance of items which have been privately purchased
 - > the day-to-day care and maintenance of equipment and the appropriate use of equipment following the manufacturers' guidelines
 - > the cost of relocating equipment when moving to a new home
 - > low cost equipment items unless they are exempt from this (see section 6.3).



Examples of general household equipment include standard beds, washing machines, chairs, telephones, fridges, and ovens (microwave, convection and standard).



Examples of consumable items include ink cartridges for printers, gloves for wheelchair users, rubber tips for walking frames and walking sticks.

8.1.1. 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(s) to meet their disability related needs.
- Work together with the EMS Assessor (and the EMS Advisor and other key people where required) to agree on a possible solution to meet the identified disability needs if it is determined that an equipment item/s is the most appropriate option.
- Complete the Impact on Life questionnaire (if Band 2 or Band 3 Equipment is being considered) as part of the EMS Prioritisation Tool and give or return it to the EMS Assessor.
- Read, complete, sign and return any forms in order for the request for funding to progress. Seek clarification from the EMS Assessor if necessary.
- Contact the EMS Assessor, their service manager or supervisor if dissatisfied with any part of the assessment process.



The Prioritisation Tool does **not** need to be completed if the person is being provided with Band 1 Equipment.



The outcome of an assessment may not result in a Service Request for Ministry funded equipment or modifications.

8.1.2. Ongoing use of equipment

Equipment remains the property of the Ministry and is provided on loan to the person for their use for as long as it meets their needs.

- Agree to use and maintain the equipment in keeping with the manufacturer's guidelines provided with the equipment, or any maintenance schedule established by the EMS Provider.
- Contact the approved repair service if the equipment needs to be repaired.
- Agree not to modify the equipment in any way. Any modifications to equipment should only be completed by a technician or contractor approved by the EMS Provider.
- Arrange insurance for more costly equipment, such as wheelchairs, hoists and communication devices if possible.
- Arrange for the equipment to be returned to the EMS Provider when:
 - > it is no longer needed or being used
 - > it is no longer suitable to meet the person's needs
 - > their living situation has changed.
- Advise the EMS Provider if their address has changed.



Equipment maintenance includes battery charging of hoists and power wheelchairs, cleaning and checking safety.



Where the equipment is no longer suitable, a re-assessment of the person's needs by an EMS Assessor may be required to consider more appropriate equipment options.

8.2. 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 equipment funded by the Ministry.
- Meet the requirements of the EMS Assessor Accreditation Framework to attain and maintain the appropriate level of accreditation to complete assessments and submit Service Requests for equipment.
- Only submit Service Requests for services that are covered within the specific category and level of accreditation they hold.
- Register with the EMS Assessor On-Line system administered by Enable New Zealand and be responsible for updating their information in this system.



For more information, go to:
<http://www.disabilityfundng.co.nz/ems-assessors>

- Register through the EMS Assessor On-Line system if they wish to attain provisional registration in a specific credentialed category (for example, Wheeled Mobility Levels 1 or 2, Communication Assistive Technology Levels 1 or 2).
- Complete the on-line training course on the EMS Prioritisation Tool if intending to submit Service Requests for Band 2 or Band 3 Equipment.
- Register as a Provisional (In Training) Assessor in an accreditation category they have not yet attained a credential in but are working towards this credential (eg, Wheeled Mobility Level 1 or 2). The Provisional (In Training) credential recognises that EMS Assessors can undertake assessments and recommend solutions in the category they are in training for, when they are supervised by an experienced EMS Assessor who holds that particular level of credential.
- Keep up to date with notifications from the Ministry or the EMS Providers regarding funding guidelines, operational processes and other relevant information.

8.2.1. During the assessment

- Work with the person, their family, whānau, caregivers and support people to assess the person's functional abilities, limitations, disability-related needs and to determine the anticipated outcomes for them.
- Discuss with the person all possible support options and interventions that could meet their essential disability needs (this could include options other than Ministry funded equipment).
- Determine whether the person meets eligibility and access criteria for Ministry equipment, if this is considered to be the most appropriate solution to meet their needs.
- Seek advice, guidance and support from the EMS Advisors about any of the following:
 - > whether the person is eligible to receive services
 - > whether the person meets the access criteria for specific services
 - > where the equipment is high cost and complex or specific issues are present.
- Seek peer review from colleagues to ensure the consistency and quality of decisions and recommendations.
- Collaborate with the NASC, where necessary, to:
 - > achieve an alignment between the person's needs and goals and the services provided
 - > jointly discuss the appropriateness and cost



Log in to the EMS Prioritisation Tool on-line training course:

[EMS Prioritisation Tool on-line course](#)



A User Guide is available to support EMS Assessors get started on the on-line training course:

[User Guide](#)



For more information, go to [Provisional \(In Training\)](#)



Examples where collaboration with the NASC is mandatory include where a person requires a high cost bed and mattress for pressure relief or a special bed to support a child who has challenging behaviour.

effectiveness of the different options

- > identify instances where collaboration with the NASC is mandatory or flexible and complete the EMS and NASC Joint Report where appropriate
- > identify whether a person may be eligible to access funding through the LTS-CHC funding stream.
- Discuss the EMS Prioritisation Tool with the person, their family, whānau and relevant support people as appropriate and introduce the Impact on Life questionnaire.
- Complete the EMS Assessor section of the Prioritisation Tool to determine whether funding is available for the proposed equipment solutions.
- Ensure the person and other relevant people are fully informed regarding:
 - > the Ministry's eligibility for services and criteria for accessing specific equipment solutions
 - > the process for considering Ministry funded equipment solutions and the prioritisation of services
 - > the requirement of the EMS Assessor to recommend the most cost effective solution to meet the person's essential disability related needs
 - > the agreed solution/s identified to meet their disability-related needs
 - > their responsibilities if equipment needs to be trialled
 - > other support options if the person is unable to access funding from the Ministry.



See Section 7.1.2 for more information on Long Term Supports-Chronic Health Conditions (LTS-CHC)



In certain circumstances consultation with an EMS Advisor before a Service Request is submitted is mandatory.



Refer to: [Practice Guideline: Interface between NASC and EMS Service Assessors and Providers](#)



For the Joint Report EMS/NASC Form go to: [Equipment Funding - Enable New Zealand](#) or [Equipment Manual - Accessible](#)

The completed Joint Report should be retained on the person's file by the EMS Assessor.

8.2.2. Submitting a Service Request

- Submit a Service Request according to the relevant EMS Provider's processes. Service Requests for equipment will only be accepted from an EMS Assessor who holds the relevant category and level of accreditation. This includes Provisional (In Training) accreditation.
- Consider the use of refurbished equipment, Band 1 Equipment, or preferred products before requesting new equipment for trial or purchase.



Service Requests for Band 2 and Band 3 Equipment can only be submitted to the EMS Provider once the Prioritisation Tool has confirmed that funding is available.

8.2.3. When trialing equipment

- Organise and manage the trial with either the EMS Provider (if refurbished equipment is available) or the supplier.

If no suitable refurbished equipment is available, new equipment may be trialled from the supplier following submission of a Service Request.



The EMS Providers will not purchase equipment that has been on trial for an extended period and it has not met the person's needs. EMS Assessors or suppliers should ensure trial equipment is not left 'on trial' for more than 20 days.

- Arrange return of the equipment to the supplier within 20 working days of the commencement of the trial. This means that other disabled people and EMS Assessors are not kept waiting for equipment that has been retained by other assessment services for a prolonged period.
- Package the trial item to be returned to the supplier in its original packaging and organise return freight, complete with all parts and manuals, as soon as the trial has been completed.
- Arrange payment for all costs of returning items to the supplier.

Equipment being trialled by people should not be viewed as a 'loan' of the item until the outcome of the trial has been confirmed by the EMS Assessor as being successful in meeting their needs. Equipment suppliers are able to provide equipment for a short trial period only, so that the person and the EMS Assessor can determine whether or not it is the most cost-effective solution to meet their needs.

- Advise the EMS Provider of the outcome of the trial on or before the maximum 20 working days trial period. This will either confirm the successful trial or request an alternative item for trial.
- Advise the EMS Provider if the trial of the equipment needs to be extended beyond the 20 working days trial period and the reasons for this.
- Contact the EMS Provider to request a continuation of the trial if the initial trial is unsuccessful and different equipment solutions need to be trialled.

8.2.4. When equipment has been supplied

- Ensure the equipment is set up correctly and safely for the person to use.
- Explain to the person, and/or their family, whānau or support people, how to use the equipment. It is not expected that the EMS Assessor will need to train all those who support the person, rather the key people involved in their ongoing care.
- Explain to the person, and/or their support people, how to maintain the equipment and who to contact for repairs.
- Ensure the person has a copy of the instructions for the care and maintenance of the equipment.
- Ensure that no equipment is transferred directly from one person to another person by the assessment service without prior approval from the EMS Provider and before any refurbishment of the item has been undertaken.



The items supplied for trial that are returned to the supplier must be in clean and in 'as new' condition (ie, as they were supplied).



More than one item of equipment may be requested for trial if the EMS Assessor is uncertain about the most appropriate solution to meet the person's needs.



For further information on Equipment for Trial go to:

[EMS Operational Processes and Guidelines](#)



Where a person lives in a residential care setting, the EMS Assessor should provide initial training to the key staff. It is the responsibility of the residential care provider to ensure all relevant staff are trained in the appropriate and safe use of the equipment.



Funding may be required in some circumstances (See section 11.1.4) for initial set up of a dedicated communication device and/or training for the person and their key support people in its use.

- Ensure that an asset label is applied.
- Assist the person to arrange the return of any equipment that is no longer required or suitable for a person (where relevant).

8.3. Employers, Supervisors or Professional Leaders of EMS Assessors

- Support training and learning opportunities for each EMS Assessor to gain the knowledge, skills and experience to attain competence and accreditation as an Approved or Credentialed EMS Assessor or to achieve Service Accreditation.
- Confirm that an EMS Assessor has the qualifications, experience and appropriate accreditation status to competently perform the role of an EMS Assessor.
- Support peer review processes to ensure appropriateness, consistency and quality of assessments and recommendations made by EMS Assessors.
- Follow up on concerns raised by the person or by the EMS Provider about the process for considering equipment by an EMS Assessor or aspects of specific Service Requests.
- Complete a peer review of Service Requests submitted by an EMS Assessor where concerns have been raised about the quality of specific or successive assessments or Service Requests.
- Arrange for a second opinion or assessment from another EMS Assessor where this has been requested by the person, their family or whānau.

8.4. Needs Assessment Service Co-ordination (NASC) organisations

- Collaborate with the person, their family or 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.



Examples where collaboration with the NASC is mandatory include where a person requires a special bed to support a child who has challenging behaviour.



Refer to: [EMS & NASC Joint Report form](#)

8.5. The EMS Providers:

- Provide education and advice to EMS Assessors to support their overall knowledge and skill development as an EMS Assessor in their nominated categories of accreditation and the funding criteria and processes for EMS.
- Follow up with EMS Assessors or their supervisors or professional leaders where an EMS Assessor's service utilisation is above the average of their peers and there is no clear reason for this.
- Administer Ministry 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.
- Provide notification and access to information on agreed Ministry policy and procedural changes and updates to EMS Assessors.

8.5.1. During the consideration of potential interventions

- Provide support and advice to EMS Assessors including, but not limited to:
 - > advice on the Ministry's operational policies, funding guidelines, and 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 and cost-effective to meet the person's needs. This may include the advice provided through a specialist regional wheelchair and seating clinic.
- Refer individual proposals to the Ministry's EMS Review Panel in any one of the following circumstances:
 - > the estimated cost of the proposed equipment solution/s is estimated to be over \$25,000 (excl. GST)
 - > clarification of the Ministry's policy is required
 - > equipment is being sought due to a person's genuine and exceptional circumstances.



In some circumstances it is a mandatory requirement for EMS Assessors to consult with EMS Advisors during the consideration of high cost Band 2 or Band 3 equipment. For further information go to:

[EMS Operational Processes and Guidelines](#)



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

8.5.2. Following receipt of a Service Request

- Acknowledge receipt of Service Requests to EMS Assessors within 3 working days of receiving them.
- Maintain up to date records of equipment supplied to each person.

- Arrange delivery of equipment from the EMS Provider's own store (either refurbished or Band 1 Equipment held in store).
- Order new equipment to be purchased from the appropriate supplier.
- Inform the EMS Assessor to arrange trial equipment directly from the supplier where reissue equipment is not available.
- Follow up with an EMS Assessor if equipment has been supplied for trial for more than 20 working days and no confirmation of the trial has been received from the EMS Assessor.
- Advise the person and the EMS Assessor in writing of any anticipated delays in supply of equipment.
- Facilitate the resolution of any disputes that have arisen as a result of a request for Ministry funded equipment.
- Follow up with an EMS Assessor and their supervisor, professional leader or manager where Service Utilisation reports indicate that the EMS Assessor's average utilisation of services is significantly higher than their peers and no clear reason for this is evident.
- Follow up with the supervisor of an EMS Assessor where concerns are raised about aspects of a specific assessment or Service Request submitted by an EMS Assessor.
- Respond to complaints by following the EMS Provider's complaints processes.

8.5.3. Ongoing use of equipment

- Arrange repairs and maintenance of equipment, as appropriate.
- Arrange Like for Like replacement for equipment which is beyond economic repair, where a person remains eligible for its provision. Where Like for Like replacement is not appropriate, no longer available or the person's needs have changed, advise the person to seek a re-assessment with an EMS Assessor.
- Arrange interim loan of equipment from refurbished stock, where possible, if the person has no other alternatives while equipment is being repaired or replaced.
- Track equipment and maintain an up-to-date record of its location, where practicable.



Where equipment has been jointly funded by the Ministries of Health and Education, the responsibility for ongoing repairs and maintenance is assumed by the Ministry of Health.



See Glossary for definition of Like for Like replacement

8.5.4. Management of refurbished equipment

- Arrange for collection of equipment when advised it is no longer required by the person and where it is likely to be economically viable to collect it.
- Dispose of obsolete equipment and items that are regarded as being beyond economic repair.
- Undertake effective asset management including safe and hygienic refurbishment of returned equipment.
- Ensure that refurbished equipment available for reissue includes instructions for its care and operation.



Where it is not economically viable for the EMS Provider to collect equipment that is no longer required by the person, it may be returned to the nearest DHB or disposed of.

8.6. Equipment suppliers

8.6.1. During the assessment

- Provide written quotations for direct purchase of equipment or cost estimations for trial equipment where requested.

8.6.2. After receipt of a Service Request seeking supply of an equipment item to trial

- Arrange delivery of trial equipment, providing guidance in use of the equipment as required.
- Monitor timeframes for trial of equipment. If these become extended beyond 20 working days the supplier will be responsible for any costs associated with retaining equipment that does not meet the person's assessed need (such as repairs or maintenance of the equipment following its return).

8.6.3. After confirmation of a successful trial

- Provide equipment as outlined in the purchase order and specifications and advise the EMS Assessor and the EMS Provider of an estimated date of delivery.
- Arrange delivery of ordered equipment, providing guidance and written documentation on its use, care and ongoing maintenance as relevant.



In some circumstances, the person will be able to retain equipment following confirmation of a successful trial but this may only be done on a case by case basis in negotiation with the supplier.

8.7. The Ministry

- Develop and communicate eligibility and access criteria for the provision of Equipment and Modification Services funded through Disability Support Services.
- Manage and monitor the contracts with the EMS Providers to ensure that quality services are provided in a nationally consistent, timely, fair and efficient manner and administered within budget.
- Review relevant individual proposals through the EMS Review Panel and communicate its conclusions to the relevant EMS Provider within 10 working days of the Review Panel meeting.

9. DECISION-MAKING PROCESSES

9.1. Equipment not supported by an EMS Assessor

- Where the EMS Assessor does not support (fully or in part) a person's preference for specific equipment items, a Service Request should not be submitted
- The EMS Assessor may wish to consult with an EMS Advisor or NASC to work through what interventions could best meet the person's needs.
- When high cost wheeled mobility solutions are being considered, this may require consultation with an EMS Advisor working in a specialist wheeled mobility clinic service.
- If the outcome of this process confirms that equipment is not considered to be the most appropriate solution to meet the person's needs the EMS Assessor should **not** submit a request for such equipment.
- The EMS Assessor should work with the person and their family or whānau to establish other support options or services that would better meet the person's needs.



Wheeled mobility clinic services include:

- Wheelchair and Seating Outreach Clinics operated by Enable New Zealand
- Access Clinics operated by Accessable

9.2. Review of assessment by an EMS Assessor

The person may seek a second opinion or re-assessment from another EMS Assessor if they are not satisfied with any aspect of the service they have received. This would need to be arranged by the person, their family or 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 17 1981) for a list of EMS Assessors who have the required accreditation or credential to carry out the assessment
- asking their GP for a referral to their local District Health Board (for DHB based assessment services)
- contacting their local Needs Assessment Co-ordination (NASC) organisation
- contacting another EMS Assessor for a privately funded assessment.



For more information on NASCs, go to [Ministry NASCs](#) or the individual DHB websites for NASCs supporting people aged 65 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.

The person could also make a complaint directly to the assessment service.

9.3. Review by the Ministry

9.3.1. Disability Support Services

If a person is not satisfied with or does not accept the outcome of the Prioritisation Tool, ie funding is not available for equipment or modifications, and they wish to take this further, they should be advised to contact:

Disability Support Services

- Freephone: 0800 373 664
- Website: <http://www.health.govt.nz/our-work/disability-services>
- Email: dsdcomplaints@moh.govt.nz

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

- Freephone: **0800 555 050**
- Website: <http://advocacy.hdc.org.nz/>
- Email: advocacy@hdc.org.nz

9.3.2. EMS Review Panel

The Ministry's EMS Review Panel (the Panel) reviews proposals for equipment and modifications in the following situations:

- Equipment that is estimated to cost over \$25,000 (GST excl.).
- Clarification of the Ministry's 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
- transparent and fair
- based on the Ministry's agreed eligibility requirements and the funding criteria for accessing specific services.

The Panel will inform the relevant EMS Provider of its recommendation within 10 working days of the Review 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.



Proposals are referred to the Review Panel by the relevant EMS Provider **before** a Service Request has been submitted.



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

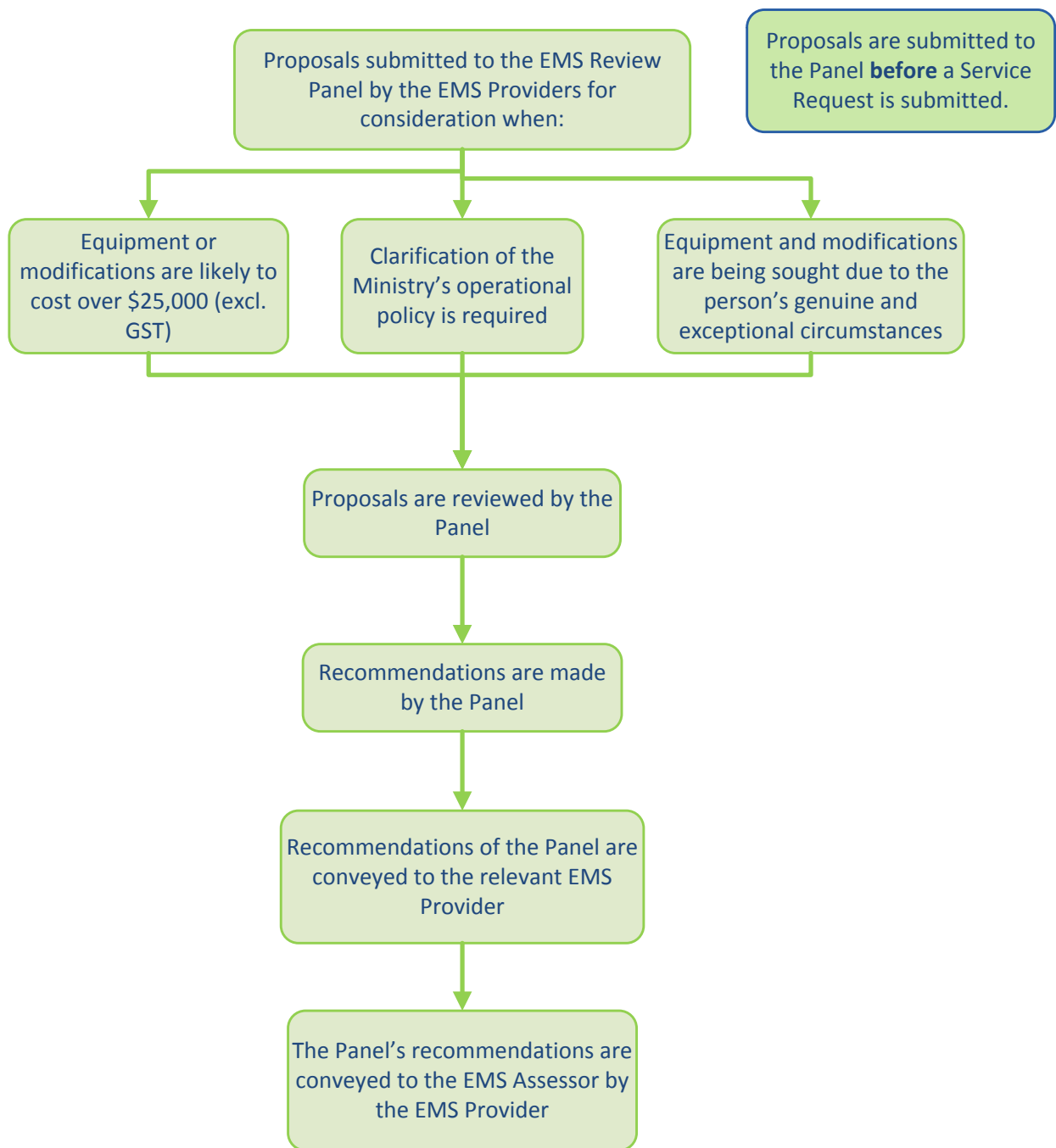


The EMS Assessor is advised when a proposal is submitted to the Panel.



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

9.3.3. EMS Review Panel Process Map



10. EMS ASSESSOR ACCREDITATION FRAMEWORK

The EMS Assessor Accreditation Framework was introduced in 2010 to provide surety around the quality of assessments and appropriateness of requests for Ministry funded equipment and modification services. Four types of accreditation apply:

- Service Accreditation
- Approved Assessor
- Credentialed Assessor
- Provisional (In Training)

Refer to the glossary for more information about the framework or go to [EMS Assessor Accreditation Framework](#). Successful completion of the EMS Core Module is a pre-requisite for Approved and Credentialed Assessors in all categories. All EMS Assessors submitting Service Requests for equipment must be registered on the EMS Assessor Accreditation Framework, using the EMS Assessor Online system, which is administered on the Ministry's behalf by Enable New Zealand. EMS Assessors requesting equipment that is either Band 2 or Band 3 must also have completed the on-line training course in the EMS Prioritisation Tool.

The following table lists the types and categories (including credentialed levels) of accreditation and qualifications and experience required by the EMS Assessor in order to request specific equipment.

Service Accreditation	Professional Qualification and/or Experience required to fulfill the requirements of Service Accreditation	Examples of Equipment
Specific service areas, primarily community health services, can be accredited to allow District Health Board staff, or staff contracted to a DHB, to undertake assessments and submit Service Requests for certain equipment items. Service Accreditation	Physiotherapist Occupational therapist Therapy assistant District Nurse NASC Needs Assessor Note, the personnel able to submit Service Requests under Service Accreditation is determined by the individual service.	Band 1 Equipment which is low cost, low risk, high volume equipment, such as shower stools and over toilet frames. The specific Band 1 equipment items applicable to Service Accreditation is at the discretion of the individual assessing service area.
Approved Assessors - Category of Accreditation	Professional Qualification and/or Experience required to be an Approved Assessor	Examples of Equipment
Personal Care & Household Management	Occupational therapist Physiotherapist employed as Neurodevelopmental therapist	Shower stools Hoists Beds Transfer boards Adaptive eating/drinking equipment
	Speech language therapist	Adaptive eating/drinking equipment only

Walking and Standing	Physiotherapist Occupational therapist employed as Neurodevelopmental therapist	Walking frames Standing frames Sliding boards Transfer belts
Hearing Aids (note, this service is not covered in this manual)	Audiologist who is a full member of New Zealand Audiological Society and has a current Certificate of Clinical Competence	Hearing aids and other hearing devices
Vision (note, this service is not covered in this manual)	Optometrist Ophthalmologist	Spectacles and assessment (Children's Spectacle Subsidy)
Vision Assistive Technology	Optometrist Ophthalmologist	Spectacles
	Appropriately experienced personnel employed by specialist service providers (including the Blind Foundation) Occupational therapist employed in Low Vision Clinic Optometrist	Monoculars and magnifiers Specialised computer hardware and software Braille
Credentialed Assessors - Category of Accreditation	Professional Qualification and/or Experience required to be a Credentialed Assessor	Examples of Equipment
Communication Assistive Technology - Levels 1 and 2	Speech Language Therapist or Occupational Therapist Professional membership with Assistive Technology Alliance New Zealand Trust (ATANZ) Successful completion of a Ministry approved Communication Assistive Technology Learning & Development Programme - Level 1. Successful completion of two case studies, reviewed by the Credentialling Panel - Level 2 Employer declaration supports achievement of competencies	Dedicated communication device with voice output Specialised computer software 'Low-tech' equipment and resources Mounting systems Alternative access systems (eg, eye gaze, single switch scanning)
Hearing Assistive Technology	Appropriately experienced personnel employed by specialist service providers (including Deaf Aotearoa & the Blind Foundation (Deafblind Services) Hearing Therapist (member of HTANZ - Hearing Therapists Association of New Zealand) Audiologist (full member of New	Vibrating alerting devices Baby Monitors

	<p>Zealand Audiology Society)</p> <p>Successful completion of a Ministry approved Hearing Assistive Technology Learning and Development Programme.</p>	
	<p>Hearing therapist (member of HTANZ - Hearing Therapist Association of New Zealand)</p> <p>Audiologist (full member of New Zealand Audiology Society)</p>	Assistive listening devices
Wheeled Mobility & Postural Management - Levels 1 and 2	<p>Occupational therapist or Physiotherapist</p> <p>Successful completion of a Ministry approved Wheeled Mobility and Postural Management Level 1 or Level 2 Learning and Development Programme</p> <p>Successful case study review by the Credentialing Panel (Level 2)</p>	<p>Manual and power wheelchairs, seating</p> <p>Children's buggies, car seats and restraints</p>
Wheeled Mobility & Postural Management - Lying	<p>Optional endorsement for Wheeled Mobility and Postural Management - Lying</p> <p>Successful completion of Ministry approved Lying Learning and Development Programme</p>	24 hour positioning systems
Wheeled Mobility & Postural Management - Complex Custom Fabrication	<p>Optional endorsement for Wheeled Mobility and Postural Management - Complex Custom Fabrication</p> <p>Successful completion of a Ministry approved Complex Custom Fabrication course or study requirements.</p>	Customised seating systems
Provisional (in training)	Professional Qualification and/or experience required to be a Credentialed EMS Assessor	
<p>Communication Assistive Technology - Levels 1 and 2</p> <p>Hearing Assistive Technology</p> <p>Wheeled Mobility & Postural Management - Levels 1 and 2</p> <p>Wheeled Mobility & Postural Management - Lying</p> <p>Wheeled Mobility & Postural Management - Complex Custom Fabrication</p>	As for each credentialed category above	

11. CATEGORIES OF ACCREDITATION

Categories of Accreditation refer to the type of services that an EMS Assessor is able to undertake an assessment for and to recommend equipment or modifications for a person (or their family, whānau or support people) who has specific disability-related needs.

11.1. Communication Assistive Technology

11.1.1. Assessment

Assessment of the person's spoken or written communication needs must be undertaken by skilled personnel, who have the appropriate level of accreditation.

The assessment, and any subsequent consideration of equipment, must be undertaken with a multi-disciplinary approach including:

- the person and their key support people, such as family or whānau, residential care or community living personnel, work colleagues, tertiary education personnel, school or Ministry of Education personnel.
- skilled personnel where required, such as speech-language therapist, occupational therapist or personnel experienced in the needs of people with a specific sensory impairment and who have the appropriate level of accreditation.

11.1.2. Face-to-face communication

Access Criteria

Equipment and resources can be considered to support a person to independently and reliably make their needs and feelings known.

Equipment to support a person's communication needs can be considered in the following circumstances:

- The person is unable to communicate effectively and reliably with their family, whānau or support people because of a progressive disability resulting in a high risk of injury or neglect due to their inability to call for assistance.
- There is a high risk that the absence of communication equipment will result in the person's needs and feelings being misinterpreted and lead to increased emotional and social pressures for them, their family, whānau or carers.
- There is a clear indication that the provision of communication equipment is likely to result in more



See the EMS Assessor Accreditation Framework for more detail:

[Communication Assistive Technology; Level1](#)

[Communication Assistive Technology; Level2](#)



The availability of funding for Band 2 and Band 3 Equipment is determined by the outcome of the EMS Prioritisation Tool.



Examples Include:

- Augmentative communication equipment to support the communication needs of a person who has developed a progressive condition which has affected their ability to communicate safely and effectively.
- Augmentative communication equipment or resources and strategies for a child who is just beginning to communicate (i.e. has pre-emergent communication skills) so that they can establish optimum communication competency.

effective management of a person's challenging behaviour and decreased emotional and social pressures for them, their family, whānau or carers.

- There is a clear indication that the provision of communication equipment, resources or strategies will encourage the person who is just beginning to communicate (ie, has pre-emergent communication skills) to establish optimum communication competency.

Equipment options to support face-to-face communication

- 'High-tech' equipment to support face-to-face communication.
- 'Low-tech' equipment to support face-to-face communication.
- Mounting systems and access technology so that the person is able to independently access the equipment effectively and the equipment is kept safe.
- Alternative access options to devices can be considered where it can be demonstrated that provision of such items will support a person who has a deteriorating condition to communicate effectively. The provision of such items should help prepare the person to use technology to assist with face-to-face communication when this is required.
- Equipment to assist with the production of visual strategies (where it is evident that such resources are unable to be more effectively obtained through other agencies or utilised as shared resources).
- Specified 'add-on' features to a communication device or computer will be considered if the person has a specific safety or access issue which can be addressed by the inclusion of such items.
- Telephones where they are required to support a person to remain living safely and independently at home or undertake their commitments to work, study, do voluntary work or care for a dependent person. Telephones included for consideration are those that require specialist set-up, and are not available for purchase at standard retail stores.

11.1.3. Written communication

Equipment to assist a person to write and understand information when such equipment is not part of their usual work or learning environment.



Examples of high-tech equipment include:

- dedicated communication device with voice output
- specialised computer software



Examples of low-tech equipment include:

- single switch
- battery-operated activity
- eye gaze board
- schedule boards, choice boards, communication books and boards



Examples of mounting systems include:

- wheelchair mounting system for a communication device
- mounting system for switches



Examples of equipment to assist with the production of visual strategies include:

- specialist symbol software



Examples of add-on features include:

- joy stick, trackball or head mouse
- rate enhancement software
- amplifying speakers



Examples of telephones include:

- phones with headsets
- switch-adapted phones
- voice activated phones
- phones which amplify outgoing speech.



Examples include:

- additional hardware or software to enable the person to access a computer to meet their identified needs
- essential upgrades to existing hardware to run recommended software at the supplier's minimum specifications.

Access Criteria

Equipment can be considered to support a person to do one or more of the following:

- study full time (or to their maximum capacity due to their disability) at tertiary level (not including children in compulsory education).
- complete a vocational training course.
- work full time (at least 30 hours per week or working at the maximum capacity due to the limitations of their disability).
- undertake voluntary work of a minimum of twenty hours per week with a recognised community-based, voluntary and not for profit agency.

Equipment options to support written communication

- Equipment can be considered to assist the person to access a computer when its use is required in their workplace. It is the responsibility of an employer or training agency to provide a suitable work environment and resources for all staff and students to carry out their roles.
- Mounting systems and access technology can be considered which will allow the person to independently access the equipment effectively and ensure the equipment is kept safe.
- It is the responsibility of the Ministry of Education to provide suitable equipment and resources for all students to access the school curriculum.

11.1.4. Set-up and training

- The provision of set-up and training can be considered to support the person and/or their support people, in the use of equipment for face-to-face or written communication.
- The EMS Assessor must ensure that the person and/or their support people are trained in the use and care of the equipment and/or strategies that have been developed to support skill development.
- A detailed plan, including estimated time and professional expertise required, must be submitted with the Service Request. This plan will include the following components:
 - > an outline of requirements to set-up and customise all aspects of the system
 - > specific training tasks and objectives
 - > projected outcomes for the person
 - > follow-up support recommended



For the Ministry and Ministry of Education Operational Protocols for therapy and assistive technology and equipment, go to [Operational Protocol](#)



Funding for set-up and training can only be included within a Service Request where the EMS Assessor, or their employing organisation, does not have a formal training contract with the Ministry.

- > a cost breakdown, including essential travel and other expenses.
- Where possible, this training should be provided by an alternative provider to the assessment service. If this is not possible, the training plan should identify the rationale for selection of the assessment service as the training provider.

i. Set-up

Funding for initial set-up can be considered when the equipment and/or resources recommended are required to be significantly individualised and customised to meet the person's needs before the equipment can begin to be utilised by the person. This will include set-up of:

- computer or device hardware
- specialised software or applications
- alternative access methods
- resources to support the implementation of communication strategies.

ii. Initial training programme

Funding for an initial training programme can be considered when:

- the person will be using a complex communication device or computer system where software or vocabulary needs to be loaded or customised
- training is focused on the specific use of the equipment and/or resources in order to enhance the person's communication in all settings
- the training programme for school-age students targets all relevant support people in the use of the device and/or strategies to support communication development
- the training programme for adults living in a home managed by a residential care provider targets all relevant support people in the use of the device and/or strategies and also nominates a key contact person who accepts on-going responsibility for the equipment and/or resources.

iii. Follow-up training and support

- Funding for follow-up training and support can be considered at agreed times if the EMS Assessor considers that the person's needs are likely to change following the conclusion of the initial training programme.
- Generally this follow-up training and support will be undertaken at the following intervals:

- > first follow-up: 3 months following completion of the initial training programme.
- > second follow-up: 12 months following completion of the first follow-up session.
- This follow-up will be undertaken in the way that best suits the needs and situation of the person and their appropriate support personnel. This may be by phone consultation or visit to the person's home, school or other appropriate environment.

iv. Completion of the training programme

- Following completion of the training programme, including the follow-up training and support if required, the training provider will submit a report to the relevant EMS Provider outlining the work undertaken during the programme and a summary of the outcome of the provision of the equipment, resources and training.

v. Further training

Where a need for further training is identified due to a person's changing needs or circumstances:

- the EMS Assessor will need to undertake a review of the person's needs and submit a new Service Request to the EMS Provider
- when the need for additional training is initiated by the education setting (eg, a student is in transition from one school to the next) this is considered to be the responsibility of the Ministry of Education.

11.1.5. Environmental control units

Environmental control units (ECUs) are devices that allow people with mobility impairments to operate a wide range of electronic devices. They are typically either stand-alone or computer-based devices, including mobile devices, and can be operated by a switch or by the user's voice.

- Equipment may be associated with the person's power wheelchair control units.
- These control units can integrate communication and mobility and have the potential to allow the person wider control of their environment.

Service Requests for complex environmental control units must be completed by an EMS Assessor who holds a Level 2 Communication Assistive Technology Credential. A multi-disciplinary team approach, including engagement with one or more of the following people is required when controls are being considered from the person's power wheelchair or complex housing modifications are being considered:



Examples include units to control lights, door, bed, phone.



Consideration of a single function item to support a person to control their environment may not require a multi-disciplinary team approach or input from an EMS Assessor who holds the Communication Assistive Technology Level 2 credential.

- an EMS Assessor who holds the WMPM level 2 credential
- an EMS Assessor who holds the Complex Housing Modifications credential, and
- NASC.

Access Criteria

Equipment can be considered to support a person to remain living in their home safely and independently (where they live alone or are alone for the majority of their day) and no other cost-effective support options are available to meet their needs.

- Consideration of such assistive technology must include the likely impact of the provision of such equipment on alternative support options (including government funded home support services such as personal care and household management, and residential care and unpaid natural supports).

11.1.6. Communication Assistive Technology Equipment not funded

Equipment cannot generally be provided where:

- a student attending compulsory education requires the equipment to primarily access the school curriculum. Such applications for equipment should be made to the Ministry of Education within its assistive technology process
- the need for the equipment is not related to the person's capacity to interact effectively within their daily life, live safely in their home or undertake their work or tertiary/vocational study requirements
- a student undertaking a tertiary or vocational education course would be expected to provide such equipment themselves as part of their course
- a training provider would be expected to provide such equipment for all students undertaking the course
- an employer would be expected to provide such standard equipment for the employee to carry out their work.

11.2. Hearing Assistive Technology

11.2.1. Assessment

Assessment of the person's hearing needs and any subsequent consideration of equipment must be undertaken by skilled personnel, such as a hearing therapist, audiologist or service coordinator experienced in the needs of people with a specific hearing loss, and who have the appropriate level of accreditation.



Examples include:

- switch operated call system
- automatic door entry.



Funding support for assistive technology to enable a person to undertake their work or study requirements may be available from:

- Workbridge (see section 7.4)
- Mainstream Programme - a supportive employment programme which facilitates employment opportunities within selected state sector organisations [Mainstream Programme](#)



See the EMS Assessor Accreditation Framework for more detail:

[Hearing Assistive Technology credential](#)

11.2.2. Access Criteria

Equipment can be considered to support the needs of a person who is Deaf, deafblind or has a significant hearing impairment to do one or more of the following:

- remain living in their home safely and independently (where they live alone or are alone for the majority of their day) and no other cost-effective support options are available to meet their needs
- be the main carer of a dependent person
- study full time tertiary level (not including children in compulsory education)
- complete a vocational training course
- work full time (at least 30 hours per week or working at the maximum capacity due to the limitations of their disability)
- seek paid employment by being registered for employment with Work & Income, Workbridge or any employment supported service associated with specific disability organisations
- undertake voluntary work of a minimum of twenty hours per week with a recognised community-based, voluntary and not for profit agency.


11.2.3. Alerting Devices


Alerting systems can be considered when the person is likely to be alone during the day or night and they cannot safely hear standard alerting systems.


- Alerting devices connect to a doorbell, telephone/fax, or other alarms and emit a loud sound or flashing light or activate a vibrating device to let someone with hearing loss know that an event is taking place.
- Hard wired alarm systems will be considered provided all other more cost-effective options have been investigated and ruled out as being suitable to meet the person's needs. All Service Requests for hard wired systems should involve a joint assessment with the EMS Assessor (Hearing Assistive Technology) and a representative from the New Zealand Fire Service. This will ensure that detectors and receivers are sited in the most appropriate positions within the home.


11.2.4. Assistive listening devices


Assistive listening devices, or personal amplifiers, can be recommended by audiologists who are members of the New Zealand Audiological Society (NZAS) and hearing therapists who are members of the Hearing Therapists Association of


 Other support options include personal care and home help (unpaid natural supports or through NASC).


 The person's home could be a privately owned home or a privately rented property. It does not include living in a residential care setting.

 See Glossary for definitions of a dependent person and main carer.

 Hearing aids and FM systems are provided to eligible people through Hearing Aid Services. For more information, go to: [Hearing Aid Services](#)

 A range of alerting systems is available as Band 1 Equipment - this means that the Prioritisation Tool does not need to be used when making Service Requests for such equipment.

 For equipment which is not Band 1 Equipment, the outcome of the EMS Prioritisation Tool must be that funding is available before any Service Requests are submitted to the EMS Provider.

 Examples of alerting devices are:

- call systems with visual or vibrating alerts such as push button door alarms, clock alarm shakers and transmitter telephone alarms
- smoke detectors with visual or vibrating alerts
- baby monitors

New Zealand (HTANZ) and who also hold the appropriate credential in Hearing Assistive Technology.

Hearing aids, FM systems and household equipment such as standard smoke alarms and standard telephones are not provided through Hearing Assistive Technology.



Assistive listening devices or personal amplifiers increase sound levels and reduce background noise for a listener and may have a directional microphone that can be angled towards a speaker or other source of sound. The device is worn by the user who listens to the amplified sound through a headset or earbuds.

11.3. Vision Assistive Technology

11.3.1. Assessment

Assessment of the person's vision needs and any subsequent consideration of equipment must be undertaken by skilled personnel who have the appropriate level of accreditation.

The assessment for and a prescription of spectacles for people who meet specific clinical access criteria must be undertaken by a registered optometrist or ophthalmologist.

11.3.2. Access Criteria

Equipment to support the needs of a person who is blind, deafblind or who has a significant vision impairment to overcome their impairment and do one or more of the following:

- remain living in their home safely and independently (where they live alone or are alone for the majority of their day) and no other support options are available to meet all of their needs
- be the main carer of a dependent person
- participate in their pre-school environment
- study full time tertiary level (not including children in compulsory education)
- complete a vocational training course
- work full time (at least 30 hours per week or working at the maximum capacity due to the limitations of their disability)
- seek paid employment by being registered for employment with Work & Income, Workbridge or any employment supported service associated with a specific disability organisation
- undertake voluntary work of a minimum of twenty hours per week with a recognised community-based, voluntary and not for profit agency.

The availability of funding will be determined by the outcome of the Prioritisation Tool.

11.3.3. Spectacles

Spectacles may be provided if a registered ophthalmologist or optometrist has assessed that:

- the person's corrected vision, in the better eye, does not exceed 6/24 with corrective lenses
- the person has a significant limitation in the binocular central field or vision 10° or less in extent in the widest diameter, or that their overall binocular visual field has an extent of 30° or less in the widest diameter.



See the EMS Assessor Accreditation Framework for more detail:

[EMS Assessor Accreditation Framework](#)



Other support options include personal care and home help (unpaid natural supports or through NASC).



The person's home could be a privately owned home or a rented property. It does not include living in a residential care setting.



See Glossary for definitions of a dependent person and main carer



See Glossary for definitions of tertiary education, vocational training, full time work and voluntary work.



See Section 3, Priority of Services.



The costs of an assessment and glasses for eligible children aged 15 years and under may be met through the Children's Spectacle Subsidy, go to: [Disability funding](#)

11.3.4. Orientation and Mobility Equipment

Specialist equipment to aid a person's independent travel can be considered for funding when the equipment recommended is:

- the most economic and appropriate solution to meet the person's individual needs
- essential over and above any existing mobility resources such as mobility canes and guide-dogs.

White mobility canes are provided to eligible people through the Blind Foundation.

11.3.5. Equipment

Specialist equipment items can be provided where a person meets the access criteria described in 10.3.2 above. Types of equipment that can be considered for funding includes:

- Equipment to meet a person's employment, vocational or tertiary education needs:
 - Specialist computer related products:
 - computer software such as screen readers
 - screen magnification systems
 - miscellaneous speech products including speech synthesizers
 - optical character recognition systems and standalone scanning devices
 - Braille related devices
 - CCTV/video magnifiers
 - Accessible mobile phones and related software
 - E book readers/players
 - talking and tactual devices
 - specialist task lighting (not available off the shelf)
 - low vision devices including monoculars and magnifiers.
- Specialist equipment to meet a person's personal care or daily living needs:
 - talking and tactual devices
 - specialist task lighting (not available off the shelf)
 - low vision devices including monoculars and magnifiers.

Standard "off the shelf" equipment items available for purchase at retail stores can only be considered where:



For more information on white mobility canes supplied through the Blind Foundation, go to: [Equipment Shop](#)



The outcome of the EMS Prioritisation Tool must be that funding is available before any Service Requests for Vision Assistive Technology equipment can be submitted to the EMS Provider.



Examples of "off the shelf" products include portable tablets and personal computers



Examples of specialist

- the functionality available on the device provides the most economic and appropriate solution to meet the individual needs of a person who is blind, deafblind or has a significant vision impairment, and
- specialist configuration of the equipment is required.

configuration include the addition of specialised computer software or applications

11.4. Walking and Standing

Walking

11.4.1. Assessment

Assessment of the person's walking or standing needs and any subsequent consideration of equipment must be undertaken by skilled personnel who have the appropriate level of accreditation.

11.4.2. Access Criteria - Walking

Equipment to support the needs of a person who has a mobility impairment to do one or more of the following:

- get around, remain or return to their home
- study full-time or do vocational training
- work in full time employment
- work as a volunteer
- be the main carer of a dependent person

Equipment can be considered to support a person with transferring.

Standing

11.4.3. Access Criteria - Standing

Equipment to support a person to maintain a good functional position and body alignment in standing. Equipment can be considered when it has been identified that it will assist the person to achieve one or more of the following:

- maintain their functional posture during their growing years
- maintain a standing transfer
- increase their potential to walk, where this is part of a long term plan and not limited to a period of specific rehabilitation.

Where it is evident that a child would benefit from equipment to support them to maintain a good functional position, but a standing frame would not meet their needs, provision of another positioning system can be considered under 11.5.9 Lying.

Funding for one standing frame only can be considered.



For further information about the EMS Assessor Accreditation Framework, go to: [Approved Assessors; Walking and Standing](#)



The availability of funding for Band 2 and Band 3 Equipment is determined by the outcome of the EMS Prioritisation Tool.



Walking equipment includes:

- walking frames
- quad sticks



Transferring equipment includes:

- sliding boards
- transfer discs
- handling/ transfer belts



Standing frames that are required to manage acute episodes are considered to be a therapy intervention and funding is not available through Ministry funding.

Low cost equipment items (eg, standard walking sticks and crutches) cannot be provided by the Ministry unless the person meets the exception criteria (see section 6.3 for more information on low cost equipment).

11.5. Wheeled Mobility and Postural Management

11.5.1. Assessment

Assessment of the person's wheeled mobility and/or postural management needs and any subsequent consideration of equipment must be undertaken by skilled personnel who have the appropriate level of accreditation.

Wheeled Mobility

11.5.2. Access Criteria- Wheeled Mobility

Equipment to support the needs of a person who has a mobility impairment to mobilise as safely and independently as possible to do one or more of the following:

- get around, remain or return to their home
- study full-time or do vocational training
- work in full time employment
- work as a volunteer
- be the main carer of a dependent person.

Funding for a wheelchair or a wheelchair with higher specifications can be considered to support a person who lives alone to get out and about in their community more safely and independently. This support can be considered for the following people:

- a dependent child, or
- a person who lives alone, and

the provision of a wheelchair or the additional features or different model of wheelchair will reduce their need for ongoing funded or unfunded support.

Funding is not available for mobility equipment if the person has difficulty getting out and about in their community but can manage getting around in the home, including access to where a vehicle can reasonably be parked – unless they live alone as above and provision of a wheelchair or a wheelchair with higher specifications will reduce their need for ongoing support.

11.5.3. Equipment

Equipment to enable a person to mobilise as safely and independently as possible, in a wheeled mobility base including:



For further information about the EMS Assessor Accreditation Framework, go to: [Wheeled mobility and postural management](#)



The EMS Assessor may need to consult with an EMS Advisor or a regional wheelchair and seating clinic when considering a power wheelchair with high specifications, eg functions such as seat elevate, sit-to-stand, power tilt, alternative controls.



An ultra-light or power wheelchair rather than a standard manual wheelchair.



Funded supports are available through NASCs and include personal care, respite care, carer support and household management.



The availability of funding for Band 2 and Band 3 Equipment is determined by the outcome of the EMS Prioritisation Tool.

- transit and self-propelling manual wheelchairs
- power wheelchairs
- scooters
- buggies for young children.

A power wheelchair can be considered for a person if they are unable to independently use a self-propelling wheelchair. The requirement for additional features such as manual or powered tilt, seat elevate, sit-to-stand, elevating leg supports, or recline must be clearly documented by the EMS Assessor and retained on the person's file.

A standard manual backup wheelchair can be considered for use by a person who has received a power wheelchair when the power wheelchair is not available.

Where specific features are recommended to enable a student to attend or participate in compulsory education, such features may be the responsibility of the Ministry of Education. If such features are considered, a joint assessment should take place with appropriate allied health therapists from both health (such as a child development service) and education (such as a special school or the Ministry of Education).

Where joint funding is being considered, the joint funding process established by the Ministries of Health and Education must be followed. The level of contribution from each agency will be determined on a case-by-case basis.

11.5.4. Mobility scooters

- A mobility scooter can be considered if it has been clearly identified that a manual or power wheelchair is not a cost effective or suitable option to meet the person's needs related to their disability.
- Generally mobility scooters are more suitable for outdoor use and not a viable option for indoor mobility.

11.5.5. Children's buggies

- Buggies can be considered for children in the following circumstances:
 - > to meet their mobility and/or positioning needs relating to their disability
 - > when a child with a disability requires mobility equipment that a child of the same age without a disability would not usually require.

11.5.6. Restraint

- Buggies or wheelchairs for children with significant behaviour support needs will be considered when:



Back-up manual wheelchairs are not available for people living in aged residential care as it is expected that the residential care provider will be able to supply a suitable standard wheelchair if this is required.



[Ministries of Health and Education - Joint Funding Process](#)



The person needs a mobility scooter to travel to/from their work or study and this need cannot be met by a power wheelchair.

- > It is evident that the child has severely challenging behaviour that is posing a risk to themselves or others in specific situations or environments.
- > Other behavioural support methods have been thoroughly explored and shown that they alone do not maintain sufficient safety for the person or others.
- > The child has been assessed, in conjunction with a behaviour support specialist, it has been agreed that for specific safety reasons, such as the immediate safety of the child or others, a buggy or wheelchair is an appropriate option for managing the significant behavioural support needs the child may have.
- The use of a buggy or wheelchair for restraint should only be considered when it can be used in a manner consistent with the requirements of the Restraint Minimisation and Safe Practice Standard. Evidence of this should be documented by the EMS Assessor and retained on the person's file.

11.5.7. Customisation or modifications of wheelchairs

- All modifications and customisation of wheelchairs, including any part or accessory that is attached to or added onto Ministry owned equipment, must be approved by the EMS Provider and be undertaken by:
 - > a technician or contractor approved by the EMS Provider, or
 - > the approved equipment supplier.

Postural Management

11.5.8. Access Criteria - Lying, Sitting and Standing

Equipment can be considered which will support a person in a position that:

- minimises their physical discomfort
- minimises the deterioration of their posture
- maximises their functional body position
- maximises pressure redistribution, or
- maximises their personal safety or the safety of others.

11.5.9. Lying

Lying supports can be considered for people who are in one or more of the following circumstances:



See [Restraint Minimisation and Safe Practice Standard](#)



Wheelchair and seating clinics are available in some regions to assist EMS Assessors with consideration of options to meet a person's disability related need, and the selection and trial of equipment.



Replacement wheelchair batteries will be funded when the EMS Provider's subcontractor indicates that a replacement is required.



EMS Assessors must hold the Wheeled Mobility & Postural Management Level 1 credential with endorsement in Lying to assess for and submit Service Requests for equipment to support a person in lying.

- are unable to change their position in lying and have risks to their personal health and physical safety which cannot be managed through the use of wheeled mobility and seating alone
- present with persistent asymmetry and immobility when lying
- need frequent re-positioning through the night due to respiratory problems or other issues
- require more specialised positioning than can be provided with pillows, rolled up towels or a standard mattress
- are unable to achieve a functional position in sitting due to their fixed postural deformities and can demonstrate improved function in an alternative position
- are unable to alter their position, and require specific positioning in lying to prevent further joint contractures which would impact on the ability of support people to manage their personal cares.

The postural needs of people living in aged residential care are the responsibility of the residential care provider unless consideration of customised equipment is required for an individual.

11.5.10. Sitting

i. Specialised seating

Specialised or custom fabricated seating can be considered for people who require cushions or back supports and associated accessories to achieve one of more of the following:

- improve their sitting tolerance
- minimise the development of contractures and postural asymmetry
- maximise their functional body position
- reduce the risk of pressure injury, or
- maximise their personal safety or the safety of others.

ii. Specialised car seats

Specialised car seats can be considered to meet the safety needs of children when they are travelling in a vehicle and the use of regular child's car seat does not meet their needs relating to their disability. It is not intended that optimal positioning needs will be specifically addressed by the car seat.



As a guide, the person would present with Cerebral Palsy Gross Motor Function Classification System (GMFCS) level 4 or 5, or have Chailey level 1 or 2 supine lying ability and cannot be supported by "low tech" solutions such as pillows and soft toys.



Examples include prone positioning wedge and sleep system.



The person has a significant windswept pelvic deformity which will impact on the ability of support people to assist with personal hygiene or continence issues.



See Section 2.5 for more information on lying supports for people 65 years and over who are living in aged residential care.



EMS Assessors must hold the Wheeled Mobility & Postural Management Level 2 credential with endorsement in Custom Fabrication to assess and submit Service Requests for complex custom fabricated equipment to support a person in sitting.



Examples include wheelchair cushions and back supports, lumbar cushion rolls, wedges, static seating systems



Generally, only one option to enable a person to sit safely and comfortably is provided. Consideration may be given for a dedicated seating option to enable a person to eat and drink safely if these activities are not possible within their everyday seating.

iii. Safety restraints/harnesses for vehicles

Safety restraints or harnesses can be considered for people who have significant behaviour support needs when travelling in vehicles in the following circumstances.

- It is evident that the person has severely challenging behaviour that is posing a risk to themselves or others in specific situations .
- Other strategies to manage the person’s behaviour have been tried and shown that they alone do not maintain sufficient safety for them and/or others.
- The person has been assessed by a specialist behaviour support team and it has been agreed that for specific safety reasons (ie, the immediate safety of the person or others), a safety restraint or harness is an appropriate option for managing their significant behavioural support needs.

The EMS Assessor must hold a credential in:

- Wheeled Mobility and Postural Management Level 1, or Vehicle Purchase and Modifications Level 1 to recommend harnesses, specialised car seats or restraints for use in a vehicle
- Wheeled Mobility and Postural Management Level 2 (with endorsement in Complex Custom Fabrication) to recommend specialised car seats which require further customisation to meet a child’s safety needs.

The use of a non-New Zealand Standards approved safety restraint or harness for use in a vehicle should only be considered when it can be used in a manner consistent with the requirements of the Restraint Minimisation and Safe Practice Standard.

“Both enablers and restraint limit the normal freedom of movement of the consumer. It is not the properties of the equipment, device or furniture that determines whether or not it is an enabler or restraint but rather the intention of the intervention. Where the intent is to promote independence, comfort and safety, and the intervention is voluntary, this constitutes an enabler.

*Additionally, the use of enablers should be the least restrictive option to safely meet the need of the consumer”.*³

11.5.11. Standing

Equipment to support a person to maintain a good functional position and body alignment in standing. Equipment can be considered when it has been identified that it will assist the person to achieve one or more of the following:



It is a legal requirement for children under seven years of age to be seated in an approved restraint when travelling in a vehicle.



Where the EMS Assessor, parent/guardian or NASC has clearly identified that all possible support options have been explored and tried, Service Requests for safety restraints in vehicles will be exempt from the formal inter-agency approach.

A Service Request can therefore be submitted if there has been no formal behaviour support plan developed and safety of the child and/or others is at immediate risk.



The EMS Assessor should request a signed letter from parents or caregivers to confirm that they are aware that the safety restraint or harness provided for the person does not have NZ Standards approval.



See [New Zealand Standard: Restraint Minimisation and Safe Practice](#)



EMS Assessors must hold the Wheeled Mobility & Postural Management Level 2 credential and work alongside an EMS Assessor who is Approved in Walking and Standing to assess for and submit Service Requests for wheeled mobility bases that also support a person in standing.

³ Page 6, Health and Disability Services (Restraint Minimisation and safe Practice) Standards 8134.2:2008

- maintain their functional posture during their growing years
- maintain a standing transfer
- increase their potential to walk, where this is part of a long term plan and not limited to a period of specific rehabilitation.

11.6. Personal Care

11.6.1. Access Criteria

Equipment to enable a person to carry out one or more of the following personal care activities in their home, work or place of study:

- eating and drinking
- personal hygiene (washing and toileting)
- getting dressed
- transferring from their bed or chair
- getting in, out of and around their home.

The availability of funding for Band 2 or Band 3 Equipment will be determined by the outcome of the EMS Prioritisation Tool.

11.7. Household management

11.7.1. Access Criteria

Equipment to enable a person to carry out essential household tasks to return to, or remain safely in their home such as, the preparation of food and drinks, if they live alone or are by themselves for much of the day.

Equipment can be considered to support a person to manage household tasks when:

- they are unable to manage or be physically safe at home
- no other support options are available (such as another member of the household to assist with tasks)
- its provision will reduce the need for funded home based support services and/or the person may have to be admitted to hospital or residential care if the equipment is not provided.

The availability of funding for Band 2 or Band 3 Equipment will be determined by the outcome of the EMS Prioritisation Tool.



Equipment includes:

- shower stools
- raised toilet seats
- transfer boards
- chair raisers
- over-bed tables
- adjustable beds
- bath boards
- hoists
- threshold ramps
- pressure care mattresses
- 'tilt in space' shower chairs.



Equipment includes:

- kitchen trolleys
- perching stools.



To access home based support services the person must participate in a needs assessment with their local NASC organisation.

12. GLOSSARY

12.1. EMS Assessor Accreditation Framework

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

The Framework has four types of accreditation to allow EMS Assessors to access Ministry funded equipment and modifications on behalf of eligible disabled people:

12.1.1. Service Accreditation

Specific service areas, primarily community health services, can be accredited to allow district health board staff (or contractors to DHBs) 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.

12.1.2. Approved Categories of Accreditation

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

12.1.3. 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. These health professionals will have completed the respective assessor competency programmes. They will be registered as holding a specific credential with Enable New Zealand's EMS Assessor On-Line system.

12.1.4. Provisional (In Training) Accreditation

An EMS Assessor who is working towards attaining the appropriate credential in an accreditation category will need to have Service Requests endorsed and counter-signed by an EMS Assessor who holds the appropriate level of credential. 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, that a robust peer review is undertaken by each provisional EMS Assessor's supervisor and that EMS Assessors who hold this provisional status complete the relevant credential requirements in that category within the defined time period.



For more information on the EMS Assessor Accreditation Framework go to [EMS Assessors - Enable New Zealand](#)



The Provisional (In Training) EMS Assessor must have updated their details in the EMS Assessor Accreditation Framework, using Enable New Zealand's on-line system to reflect this provisional status or they will not be able to submit a Service Request in that particular category of accreditation. Go to [Provisional In Training](#)

12.2. Challenging behavior

Challenging 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.⁴

12.3. Customised Equipment

Customised equipment is uniquely adapted or designed to meet the individual needs of a person and the customised is unable to be reversed. Generally the equipment is unable to be used by another person.

12.4. Dependent person

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

- the person is a child of 13 years or under, or
- because of the person's long-term health or disability needs.

12.5. EMS Advisor

An EMS Advisor is a qualified and experienced allied health professional, employed by the Ministry's contracted EMS Provider, who provides education and 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

12.6. EMS Assessor

An EMS Assessor is approved as an assessor by the Ministry under the EMS Assessor Accreditation Framework published by the Ministry. EMS Assessors hold certain categories and credentialed levels of accreditation which relate to their qualifications and experience within that specialty. The categories of accreditation refer to the types of equipment that the EMS Assessor is able to request.



Correspondence from the EMS Providers will be sent to the address the EMS Assessor has recorded on the EMS Assessor Online registration system managed by Enable New Zealand.

The EMS Assessor is responsible for:

- maintaining their registration on the EMS Assessor On-line registration system, which is administered by Enable New Zealand. EMS Assessor status, Approved and/or Credentialed, needs to be re-validated every three years or earlier if the EMS Assessor's employment circumstances change.



EMS Assessors can receive regular updates and 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.

⁴ Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists: 2007

- updating their registration details, using the Enable On-line system, of any change in their accreditation area, employer, registration or practicing status or contact details.
- maintaining the relevant clinical competencies for each accreditation area they hold

12.7. EMS Provider

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

- Accessable; covers the Northern DHB region (Auckland and Northland)
- Enable New Zealand; covers the rest of New Zealand south of the Bombay Hills.

12.8. EMS Prioritisation Tool

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



For further information about the EMS Prioritisation Tool, go to:

[EMS Operational Processes and Guidelines](#)

12.9. 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 considered to be beyond economic repair and a replacement is requested either by the person or the EMS Assessor.

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

If 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 the Prioritisation Tool must be completed (for Band 2 and Band 3 Equipment) before a replacement item can be provided.



If an equipment item is not considered beyond economic repair but this item no longer meets the person's needs (eg, where a child has outgrown a wheelchair), a reassessment by an EMS Assessor is required before replacement equipment can be provided. In this instance the Prioritisation Tool would be used as it is no longer Like for Like replacement.

12.10. Full time employment

Full time employment is considered as at least thirty hours per week or achieving a degree of financial independence that is at least the same as they could earn from Jobseeker Support. Where the person is in full time employment, they must provide written confirmation of their employment

status or earnings which should be retained by the EMS Assessor on the person's file.

If a person is unable to work thirty hours per week due to the limitations of their disability, funding will be considered if the person is working at their maximum capacity. This will require supporting documentation from either a registered medical practitioner or an allied health professional.

12.11. Full time tertiary education or vocational training

The course/s must be full time. If a person is unable to undertake a full time course due to the limitations of their disability, funding approval may be considered if the person is studying at their maximum capacity. This will require supporting documentation from one of the following: a registered medical practitioner, allied health professional or disability advisor/coordinator who is based in a tertiary education institution.

The course length must be at least a calendar or academic year and the content of the course must support the person working toward full time employment or employment to the level of their maximum capacity. Where the person is undertaking tertiary education or vocational training, written confirmation of their full time student status must be provided by them.

12.12. 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.

12.13. Ministry of Health Equipment

Equipment provided by the Ministry is categorised into three bands, according to specific criteria:

- Band 1
- Band 2
- Band 3

Band 1 Equipment is equipment which has been selected following a formal tender process. Criteria for selection in Band 1 are that items:

- meet the needs of a wide range and large number of disabled people, and
- are low cost (generally less than \$1,000 excl. GST),



Band 1 Equipment was previously known as Ministry of Health List Equipment and either "Standard List" or "Common List".



Band 1 Equipment does not need to be trialled by the person before a Service Request is submitted.

and

- are durable and the majority are able to be reissued in a cost-effective way.

Equipment is able to be supplied at the lowest possible price, resulting in greater value for money. Many Band 1 Equipment items could be self-purchased in regular retail stores and there is generally a low consequence of risk in relation to its provision.

Not all low cost items will be included in Band 1 Equipment. Items that are low cost and rarely requested but that have not been selected through a tender process will be subject to the Prioritisation Tool. All other items will be considered to be in Band 3 (previously known as Complex).

Band 2 Equipment is equipment which has been selected through formal procurement arrangements. Criteria for selection in Band 2 are that items:

- do not have high specifications or features and are not complex to use or customised for a person, and
- generally cost less than \$3,000 (excl. GST), and
- are regularly requested.

Band 3 Equipment is equipment which has been selected through formal procurement arrangements (including direct purchase for one-off items). Criteria for selection in Band 3 are that items meet one or more of the following:

- are complex and/or have high specifications or features
- may be customised and individualised
- are high cost (generally \$3,000 or more)
- are supplied in low volumes, irrespective of their cost
- require an EMS Assessor to have a higher skill level and experience
- result in a higher consequence of risk to a person following an inappropriate recommendation by an EMS Assessor.

12.14. Restraint minimisation and safe practice guidelines

NZS 8134.2:2008 Health and Disability Services (Restraint Minimisation and Safe Practice) Standard Guidelines aim to reduce the use of restraint in all its forms and to encourage the use of least restrictive practices.



Examples of Band 1 Equipment are:

- personal hygiene equipment such as bath boards
- standard shower commodes and over toilet frames
- standard walking frames
- chair raisers
- standard pressure cushions
- kitchen trolleys.



Examples of Band 2 Equipment are:

- adjustable beds
- hoists
- standing frames
- walking frames (bariatric, paediatric or non-standard)
- wheelchairs (standard self-propelling or transit).



Examples of Band 3 Equipment are:

- power wheelchairs
- customised standing frames
- highly specialised pressure care equipment
- communication devices with high specifications
- customised or individualised seating systems.



For further information, go to:

[Restraint Minimisation and Safe Practice Guidelines](#)

12.15. 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.

12.16. Vehicle Equipment

Items that are not permanently fixed to the vehicle and do not require certification, and:

- i. are required to facilitate independence and safety as a driver. Service Requests for all such equipment (i) must be submitted by a Credentialed Vehicle Modifications Assessor using the process for Vehicle Modifications (refer to EMS Vehicle Purchase and Modifications Manual), or
- ii. will be used in and around a vehicle to transfer someone or their mobility equipment into / out of or transport a person safely in a vehicle. Service Requests for all such equipment (ii) can be submitted by a Credentialed Vehicle Modifications Assessor or an appropriately approved or credentialed EMS Assessor (for example, Wheeled Mobility & Postural Management, Personal Care Household Management) using either the process for Vehicle Modifications or Complex Equipment.



Examples of equipment (i):

- non-remote steering wheel spinners
- extension indicator arms
- wide angle rear view mirrors
- removable seating inserts



Examples of equipment (ii):

- transfer boards
- car seats
- vehicle restraint harnesses
- portable ramps.

12.17. Voluntary Organisation

A recognised voluntary organisation is an organisation that is confirmed as meeting all of the following criteria:

- non-profit, that is, not returning profits to their owners or directors and not primarily guided by commercial goals
- institutionally separate from government, so that while government funds may be received, the organisation does not exercise governmental authority
- self-governing, which means the organisations control their management and operations to a major extent
- not compulsory, which means that membership and contributions of time and money are not required by law or otherwise made a condition of citizenship.

12.18. Useful website addresses

Enable New Zealand - www.enable.co.nz

Disability Funding - www.disabilityfunding.co.nz

Accessible – www.accessable.co.nz

Disability Support Services – EMS Assessor Accreditation Framework -
<http://www.disabilityfunding.co.nz/ems-assessors>

Ministry of Health - www.health.govt.nz

13. APPENDIX A

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 at April 2012.



See [Eligibility Direction](#) for the legal document.

To be fully eligible means a person whom 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 a Australian citizen or Australian permanent resident AND able to show that he/she has been in New Zealand or intends to stay in New Zealand for at least 2 consecutive years.
- iv.** Has a work visa and is able to show that he/she is able to be in New Zealand for at least 2 Years (including visas/permits held immediately beforehand).
- v.** Is an interim visa holder who was eligible for publicly funded health services immediately before his/her 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 18 and in the care and control of a parent/legal guardian/adopting parent who meets one criterion in i-vi above.
- viii.** Is 18 or 19 years old and can demonstrate that, on 15 April 2011, he/she was 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 18).
- 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.