

NASC Guideline – High Cost Community Plans

Purpose

This guideline is seeking to provide NASCs with a “principles based” approach when considering the approval of high cost support packages for disabled people who want to remain in their homes in the community.

The approach is based on the premise that each individual is unique and has a specific set of circumstances which drive their determined support need. This means that blanket rules are not appropriate to apply universally, and each case needs to be considered independently around each individual's circumstances.

Background

With increased focus on choice control and flexibility for disabled people there is a growing number of clients deciding to remain in the community, as opposed to entering residential services. A number of people have exceptionally high support needs with an associated degree of risk and therefore requiring funded 1:1 support, 24/7 to ensure their safety.

Historically NASC have always been of the understanding that the Ministry does not fund a 24/7 residential service in the person's home nor is night support (usually sleepover) ongoing or 7 nights per week. The current policy is up to 28 nights per annum for sleepovers.

Historical guidelines were \$55k for HCSS and \$80k per plan in total including carer support, etc in the home (in some instances it was stated when supports exceeded cost of equivalent residential support). Client expectations are now challenging this position. Increasingly NASCs are tasked with making decisions around how much support can be applied to a “home based” support package, and when/if a residential package should be sourced instead. This increasing trend to have people access high levels of support in their homes is related to the well established international trend, supported by the NZ Disability Strategy, New Model for Supporting Disabled People and Enabling Good Lives, of supporting people in their own homes as much as possible, and enabling them to live “ordinary lives”.

There is increasing need to apply a logical and sympathetic approach to enabling people to remain in their own home, in the face of increasing costs. While DSS seeks to achieve an “ordinary” life, with choice and control for disabled people, the need to manage within fiscal constraints prevails.

The following competing tensions currently exist:

- Right of individual choice and strategic directions (local, national and international trends).
- Ministry policy is limiting due to need for financial constraint.
- There are no formal Guidelines for decision making outside policy or historical limits (\$80k).

On this basis a framework for support packages in the home is required. An equitable approach needs to be established that takes into account individual circumstances and needs, whilst balancing these against affordability and sustainability.

Guidance - Principles to Consider

As each individual case is different based on a person's circumstances and assessed need it is recommended that there is no maximum resource threshold but rather a transparent process where each case is approached and delivered to on an individual basis.

In the main, the over-riding principle should be that if a person chooses to remain in their own home then the support package will be based on their assessed need and the funding package this would attract for a 'like residential service' when living with at least two others. If a person was assessed as requiring a live alone service the over-riding principal would not apply until the person was assessed as being able to live more independently.

The following principles should be applied when considering plans:

- Package needs to be cost effective (less than residential care for that person or the most cost effective solution for that person in any setting).
- Cost sharing (such as flat mates) needs to be considered for all community based packages unless the person meets the living alone criteria.
- Agreements for residential level support in the home (High Cost Community Plans) are to reflect client assessed need and outcomes that would usually only be attainable in a residential setting, within Ministry established process and guidelines. All government funded services need to be considered (ie ORRS, DHB Therapies/DN, MSD Day programmes).
- All processes should be aligned with established protocols and SPA bands.
- Service coordinations need to be based on ESSENTIAL NEEDS only.
- MOH does not fund lifestyle choice (ie where natural support would otherwise fill the need) – for example when the family refuse other government funded supports (ie rehab/respite or MSD funded day services).

- NASC must use the ICARe process to determine the need for direct physical support (hands on support needs) at all times ensuring that natural supports (not considering lifestyle choices such as full time work) are included in the support plan. Funding will be based on assessed support hours and will be based on core staff costs.
- Proposed support packages over \$80k must be peer reviewed with NNR PRIOR to discussion with the family/client.

Approach for New High Cost Community Plans

Where needs are very high and consideration is given to plans that may result in support allocations as high as 24/7 at home with full night support with awake staffing, a clear process and guideline for all non residential plans is required.

NNR must be consulted for all non-residential plans over \$80k.

- NASC assess the client and agree outcomes and needs with the disabled person.
- NASC ICARe the client to determine actual support need that disability support services will be responsible for.
- When a person chooses to live alone NASC will have to consider the risk of assessed disability related need against any need because a person is choosing to stay in a community setting, perhaps with little or no natural support, and therefore some risk. (A person who chooses to live alone will not automatically be allocated resource to live alone, it has to be the persons assessed need level which results in this funding)
- The NASC refers all required information to NNR, and then NNR processes the hours of support via appropriate TPM of a like residential service.
- A like residential service is the service they would access if entering a contracted residential service. If a person is assessed by NASC as meeting guidelines for an individual service then the HC TPM is used.
- If considered suitable to a group home environment with perhaps shared night support, etc then the Kimberly TPM is used, processing all flatmates with same hours of support. The Kimberly non NZC TPM is the same as historic Midland TPM but has all geographic locations for rental, etc included.
- The core staffing hours are then extrapolated from the TPM core costs sheets to determine the maximum "like residential service" funding a person would attract. In all situations that are pending agreement, it is essential that each person has in place an agreed mitigation plan for the unexpected absence of support.