

Referral / Screening Information for People with Chronic Health Conditions and Very High Need for Long Term Support

(Note: Eligibility criteria for access to the Interim Funding Pool are provided on page 3)

Name of Screening NASC: [REDACTED]		DHB area: [REDACTED]	
Applicant Details or patient label			
First Names	Surname		
Title Mr/Mrs/Miss/Other	Age	DOB [REDACTED]	Sex
Consultant	NHI Number [REDACTED]		
GP			

Additional Applicant Details		Next of Kin	
Address:		Name:	
Phone :		Relationship to applicant:	
CSC No & Expiry date:		Phone:	
Ethnicity/lwi	Cultural needs		
Diagnosis Primary (list all relevant)		Current/Recent Treatment	
Diagnosis Secondary		Reason for referral	
Referring Agency	NASC <input type="checkbox"/>		
	General hospital – inpatient <input type="checkbox"/>		
	General hospital – outpatient <input type="checkbox"/>		
	PHO <input type="checkbox"/>		
	Community health <input type="checkbox"/>		
	Other (please specify) <input type="checkbox"/>		

Name of Referrer:	Agency:	
Address:	Tel:	Page:
	Extension:	Date of referral: [REDACTED]

Urgency of Assessment		
within 24 hrs <input type="checkbox"/>	within 24-48 hrs <input type="checkbox"/>	within 5 working days <input type="checkbox"/> within 14 working days <input type="checkbox"/>
Present living situation:		Comments
Living alone <input type="checkbox"/>		
with Spouse/Partner <input type="checkbox"/>		
with other family members <input type="checkbox"/>		
Other (please specify)		
Support Network:		Comments
Tick all that apply		
• Family <input type="checkbox"/>		
• Friends/Neighbours – <input type="checkbox"/>		
• Community Organisations <input type="checkbox"/>		
• Professional Support/ Organisations <input type="checkbox"/>		
Other (please specify)		

Support required			
Frequency of need for assistance with personal care (including care provided by carers)		less than daily <input type="checkbox"/>	daily <input type="checkbox"/> more frequently <input type="checkbox"/>
Is night care need?		No <input type="checkbox"/>	Sometimes <input type="checkbox"/> Most / Every night <input type="checkbox"/>
Estimate of Support Package Level needed		Very Low <input type="checkbox"/>	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very High <input type="checkbox"/>
Is the level of support required likely to change frequently?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Summary of why the person needs long-term support services (include key activities that the person needs assistance with and the outcome if no assistance is provided)			

Carer's Needs:

Need for assistance	Assistance not required	Assistance required	Comments
Ability to meet persons personal care needs	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to manage domestic household functions	<input type="checkbox"/>	<input type="checkbox"/>	
Need for respite Yes <input type="checkbox"/> No <input type="checkbox"/>	Need for information about other Social/support networks		Yes <input type="checkbox"/> No <input type="checkbox"/>

General Comments On Carer's Needs:

--

Environment:

Present situation	Suitable	Not Suitable
Is the home environment suitable for the person's immediate and ongoing support?	<input type="checkbox"/>	<input type="checkbox"/>

General Comments On Environment:

--

List all rehabilitation or support services the person has received in the last 3 months (Include transitional care, palliative care support, short-term CMI etc.)	Source of funding (DHB, MOH, ACC etc)

Note: To ensure a prompt screening decision information in the referral / screening form should be accompanied by the following summaries (where relevant): medical, nursing, social work and/or allied health assessments/notes relating to the person's ongoing health care management and need for support services.

The following to be completed by the NASC responsible for screening for the Interim Funding Pool

Does the person meet the eligibility criteria for IFP funding?

(Note a person is eligible for IFP funding if the answers to criteria 1-4 are yes and criteria 5-8 are no)

	Yes	No	Comment (note why not eligible for Ministry or DHB)
1. Aged under 65	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has a chronic health condition	<input type="checkbox"/>	<input type="checkbox"/>	
3. Will require support services for 6 months or longer	<input type="checkbox"/>	<input type="checkbox"/>	
4. Meets very high need criteria	<input type="checkbox"/>	<input type="checkbox"/>	
5. Currently receiving Ministry disability support (other than ESS)	<input type="checkbox"/>	<input type="checkbox"/>	

6. Currently receiving DHB funded long term support	<input type="checkbox"/>	<input type="checkbox"/>
7. Eligible for ACC or other funding source	<input type="checkbox"/>	<input type="checkbox"/>
8. Eligible for Ministry funded DSS	<input type="checkbox"/>	<input type="checkbox"/>
9. Meets DHB criteria for 'close in interest'	<input type="checkbox"/>	<input type="checkbox"/>

Outcome of Screening

	Yes	No	Comment
Accepted for IFP funding	<input type="checkbox"/>	<input type="checkbox"/>	
Referred for specialised ESS assessment	<input type="checkbox"/>	<input type="checkbox"/>	
Declined (complete details below)	<input type="checkbox"/>	<input type="checkbox"/>	

For Declined Referrals

Reason for decline

Were alternative options identified for the declined person Yes No

If Yes – what options

Outcome for the declined referral

eg. Record the nature and funding source of any services received from other sources

Have discussed the referral with the DHB contact/liaison person? Yes No

Date referrer notified of outcome: [REDACTED]

Contracted Provider (if client transferring from another funder)

Eligibility criteria for the Interim Funding Pool

Eligible clients meet all of the following criteria:

- Are aged under 65
- Are currently not eligible for Ministry funded disability support services¹
- Are not eligible for DHB funded long-term support services²
- Have one or more chronic health condition(s) that is/are expected to continue for six months or more³
- Have very high need for long-term support services⁴
- Does not have an informal support system (family or whanau) or the informal support system is under stress and at risk of breaking down

¹ People who have been assessed as having a physical, intellectual or sensory disability (or a combination of these). The Ministry will also fund DSS for people with certain neurological conditions that result in permanent disabilities, certain developmental disabilities in children and young people, and physical, intellectual or sensory disabilities that co-exists with a health condition and/or injury.

² People aged 65 and over and those aged 50 to 64 who have been clinically assessed as 'close in interest' to older people. For interim funding purposes the interpretation of close in interest will be that in operation in each DHB as at June 2006.

³ Either a progressive health condition where the person has a functional impairment that is expected to last for at least 6 months or to increase over time; or a health condition lasting at least 6 months where the level of functional impairment can be ameliorated by periodic or ongoing treatment (drugs, therapy, surgery etc.)

⁴ Very High need is defined as requiring at least daily assistance with activities of daily living either to remain safely in their own home or as part of residential care. This could be because the person has a history of falling, needs assistance with daily self-care, is confused and at risk of harm, or needs night care. Some of the assistance can be provided by informal carers. For children high need means significantly higher levels of care than would usually be expected for the child's age.