



Guidelines

Eligibility Policy

for

Specialist Disability Services

funded or provided by

the Disability Services Commission

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This policy is available in alternative formats on request.

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1 Context statement

The Disability Services Act 1993 (the Act) provides the framework for a whole-of-government and whole-of-community approach to enable people with a disability to actively participate in the community. The Act is guided by a set of principles and objectives (see **Appendix 1**). This eligibility policy is the administrative tool that operationalises the part of this Act with regard to determination of a person's eligibility to receive specialist disability services under the Act. In addition to determining whether or not a person meets particular service access requirements (see **Access** below), specialist disability service providers will generally be responsible for determining whether or not a person seeking support meets the eligibility requirements established by the Act and the accompanying administrative arrangements outlined in these guidelines.

2 Definitions

The Act means the Disability Services Act 1993.

Disability means a disability:

- (a) which is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of those impairments;
- (b) which is permanent or likely to be permanent;
- (c) which may or may not be of a chronic or episodic nature; and
- (d) which results in:
 - (i) a substantially reduced capacity of the person for communication, social interaction, learning or mobility and
 - (ii) a need for continuing support services

Service provider means an individual or group of individuals or a body corporate or incorporate that renders or provides disability services other than disability services provided by carers. In this policy 'service provider' is always called service provider.

Eligibility means that a person seeking specialist disability support must meet the legislative **and** policy requirements detailed in this policy. Only people who meet these requirements are 'eligible' to seek specialist disability services. Eligibility does not equate to service entitlement.

Access criteria are those requirements that each specialist disability service provider applies to people who have been assessed as eligible. These requirements reflect each agency's service contract with the Disability Services Commission. Examples of service access requirements include a service operating in a specific geographic location, or having a particular age group focus.

3 Structure and format

This document has three key components:

Legislative requirements – these are written in the legislation and provide a basis for the policy. Legislative requirements **must** be fulfilled.

Policy requirements – The policy is the interpretation of the Act. Policy requirements **must** be fulfilled to ensure the intent and purpose of the legislation is realised.

Practice requirements – The Disability Services Commission provides some guidance for people with a disability and service providers when applying this policy.

4 Application of this policy

This policy provides information for people with a disability (as defined by the Act) seeking specialist disability services, their families and specialist disability service providers. This policy applies to all specialist disability service providers in relation to how they make decisions about access to specialist disability services.

5 Objective

The objectives of this policy based on the intent of the Act are to:

- provide people with a disability and their support networks, and service providers with an understanding of what is required to determine eligibility for services; and
- describe the process for determining in a fair manner, the priority for access to specialist disability services.

6 Eligibility principles

This policy is underpinned by the following principles.

- Eligibility for specialist disability services is determined by a legislative base and funding agreements between the Western Australian and Australian Governments.
- The process for determining eligibility for specialist disability services is transparent, easily understood and publicly available. The process is documented and there is complete and clear information for consumers and stakeholders.
- Eligibility assessment is consistent across all specialist disability services.
- The way eligibility is decided is fair and objective.
- The process for determining eligibility has a high level of acceptance by the community, the Commission and funded services.
- The process for determining eligibility is sensitive to:
 - cultural diversity
 - geographic location
 - environmental context.
- The process for determining eligibility is robust, efficient and timely.
- People may reapply to have their eligibility reassessed if their circumstances change.
- People may appeal an eligibility decision.
- The process for determination is consistent with the National Disability Services Standards.
- The process for determining eligibility is consistent with the Commission's Strategic Goals.
- **Assessment as eligible for specialist disability services does not entitle a person to receive a service.**
- All funding for the provision of specialist disability services is administered in accordance with contractual obligations and requirements.

7 Overarching Principles and Objectives (Disability Services Act 1993)

Schedules 1 and 2 of the Act contain principles and objectives to guide the way in which people with a disability access and receive services. These are provided at **Appendix 1**.

8 Who is eligible?

To be eligible for specialist disability services a person must:

a) have a disability as defined by the Disability Services Act 1993

The Act provides a definition of disability and people who meet these criteria may seek access to specialist disability services

and

b)

1) be legally entitled to permanently reside in Australia.

Persons who are legally entitled to permanently reside in Australia include:

- an Australian citizen
- the holder of a permanent visa
- a holder of a special category visa subclass 444 (for New Zealand citizens)

If an applicant does not fall into one of the above categories but asserts an entitlement to permanently reside in Australia under a different visa category, the application should be referred to Strategic Policy and Programs at the Disability Services Commission for a case-by-case determination.

and

2) permanently resides in Western Australia.

This requirement excludes from eligibility persons who do not permanently reside in Western Australia (for example, a person visiting from another State or country or a person who is residing temporarily in Western Australia but who intends to then return to live in another State or country is ineligible).

In the event of uncertainty regarding a person's eligibility for services please refer to Strategic Policy and Programs at the Disability Services Commission for further advice.

The Commission may, in special circumstances, having regard to the individual circumstances of a case, agree to waive the permanent residency requirement in paragraph b above. Any request to waive that requirement should be made to or be referred to the Commission. The request will be considered on a case by case basis.

Please refer to **appendices 4 and 5** and **Section 10.3** for further information.

9 How is a disability defined and determined?

Eligibility is not only about the presence of impairment **but how this affects the person's ongoing capacity to undertake daily living tasks and make decisions**. The existence of an impairment that does not substantially impact on the person's ongoing capacity to undertake daily living tasks does not meet the definition of disability.

For a person to be able to access specialist disability services they must meet **all** the criteria specified in the Act.

- Definition** 'Disability' means a disability:
- (a) which is attributable to an intellectual, psychiatric, cognitive, neurological, sensory, or physical impairment or a combination of those impairments
 - (b) which is permanent or likely to be permanent
 - (c) which may or may not be of a chronic or episodic nature
 - (d) which results in:
 - (i) a substantially reduced capacity of the person for communication, social interaction, learning or mobility
 - (ii) a need for continuing support services.

See **Section 9.1** for specific eligibility considerations.

Impact criteria Where a specialist disability service provider is satisfied the person making a request for service has an intellectual, cognitive, neurological, sensory or physical impairment, the following factors must be considered in determining if the person has a disability as described by the Act.

Permanence or likely permanence of impairment

For impairments resulting from accidents or injuries, consideration should be given as to whether any rehabilitation is complete and / or enough time has elapsed to assess the permanency or likely permanency of the person's impairment.

Impact of impairment on capacity

A person's impairment results in a substantially reduced capacity in **at least one** of the areas of **communication, social interaction, learning or mobility**.

A **substantially reduced capacity** inhibits day-to-day functioning and is determined in relation to the general population, not in relation to the person's capacity prior to acquiring the impairment.

Refer to **Appendix 12** for definitions related to these impact criteria.

Significant continuing support or long-term episodic support	The impairment must result in the person requiring significant, continuing support or long-term episodic support. The support the person requires must be specific to the impairment.
Age criteria	<p>To be eligible for specialist disability services the person must be under the age of 65 years when the disability manifests.</p> <p>The definition of developmental disability, including intellectual disability and autism spectrum disorder, requires that the disability must be manifest during the developmental years up to age 18.</p>
Supporting evidence	Supporting evidence should include a description or diagnosis of the impairment and its associated impact for the person and will include a range of evidence. See also Appendices 3 and 4.

Collecting information to determine eligibility

When gathering the required information, service providers should be mindful to:

1. ensure confidentiality
2. seek only the minimum documentation for verification from any of the following suggested sources:
 - meeting and talking with the person with a disability
 - talking to family members, informal carers and other people important to the person with a disability
 - reports from health or educational professionals
 - relevant medical records.

In some circumstances, the specialist disability service provider will require additional supporting evidence before making a decision about whether or not a person has a disability. The supporting evidence must be the **minimum required** for the specialist disability service provider to be satisfied at the time of the request that an appropriate decision can be made. There is no need to invest resources or time in obtaining excessive verification or supporting assessments if they are not required. Where the specialist disability service provider is unclear about whether the person has a disability, or there is some dispute about this, further information will be needed. **Appendix 7** provides a sample letter to assist in gathering this information. **Appendix 5** provides a guide to assist with a person's identity verification.

Further guidance for specialist disability service providers is provided in:

- Appendix 2: Eligibility and service access flowchart
- Appendix 3: Impairment description and supporting evidence matrix
- Appendix 4: Checklist and questions to assist specialist disability service providers determine if a person has a disability
- Appendix 5: Suggested standard information for identity verification in application/referral form for services
- Appendix 6: Registration process and data base for specialist disability services – Intellectual Disability and Autism Spectrum Disorders
- Appendix 11: Definitions of eligibility terminology

Suggested standard letters

- Appendix 7: Suggested letter to request additional information
- Appendix 8: Suggested letter to be sent to people not eligible for specialist disability services
- Appendix 9: Suggested letter for people with disability not offered services
- Appendix 10: Appeals – Part 6 of the Disability Services Act 1993

9.1 Specific eligibility considerations

When a specialist disability service provider is trying to determine whether or not a person is eligible to access services, further consideration may be required in some circumstances. For example:

Psychiatric	The Mental Health Commission is responsible for policy, planning and purchasing of mental health services. People with a psychiatric disability may be eligible to receive services if they have a co-existing intellectual, cognitive, neurological, sensory, or physical impairment or a combination of those impairments.
Chronic health needs (refer to Appendix 11 for further information)	While a person with chronic illness may have a range of support needs, they may not meet the criteria of having a disability as defined by the Act. People with conditions like chronic lung disease and chronic fatigue syndrome requiring medical treatment and with no accompanying disability, are not eligible for specialist disability services.
Behaviour disorders	People with behaviour disorders, including Attention Deficit Hyperactive Disorder (ADHD) or social and emotional difficulties, without accompanying disability are not eligible for specialist disability services.

Dual diagnosis	Some people who are eligible for specialist disability services may have an accompanying condition or disability, such as a mental illness and/or drug/alcohol dependency. The extent of the Commission’s involvement with each of these people will be determined on a case-by-case basis, in conjunction with any inter-departmental protocols that have been developed between the Commission and relevant government programs.
	Where people who are eligible for specialist disability services acquire an additional impairment, (eg. a person with an intellectual disability acquiring a psychiatric illness), their original impairment and eligibility for specialist disability services will not be challenged. Rather, additional and appropriate support will be determined on a case-by-case basis.
Eligibility status can change	Some people may experience exceptional circumstances which may change their eligibility status. Being assessed as eligible at one point in time does not guarantee continuing eligibility.
Ageing	<p>Eligibility for specialist disability services requires onset of disability to occur prior to age 65 years.</p> <p>People with disability may continue receiving existing specialist disability services past the age of 65 years, unless their support needs change to the extent that they require significant nursing care and their needs may be more appropriately met within the aged care system.</p> <p>When a first request for specialist disability support is made by a person over 65 years a specialist disability service provider should carefully consider which service system will best meet the identified need – specialist disability or aged care.</p>
Compensation	Some people who are eligible for specialist disability services may have received or be applying for compensation payment. Their access to specialist disability services will be considered on a case-by-case basis in line with Commission policy.

10 Service access

10.1 How does a person request a service?

People seeking support can contact:

- a disability sector organisation (funded by the Disability Services Commission)
- the Disability Services Commission in relation to the services it directly provides for people with intellectual disability
- a Local Area Coordinator for advice and information.

These access points provide an entry into specialist disability services for people who are eligible and are seeking support.

Referral to specific services or programs would be according to individual need.

Decisions about who gains access to specialist disability services or programs are based on priority indicators. Access to one service/program does not equate to access to any other service/program.

Disability Services Standard One requires that 'each consumer seeking a service has access to services based on relative need and available resources.'

10.2 Specific service access considerations

The specialist disability service system provides supports for people with a disability that complement supports available to all members of the community through mainstream service systems such as hospitals, housing, recreation, transport and services targeting children. In some circumstances, a person with a disability may have needs that are better supported in the community through mainstream services.

There is often greater demand for supports than resources available. In accordance with Disability Services Standard One, program access is provided on the basis of relative need and availability of resources.

Access and exit criteria	Each specialist disability program/service has its own access and exit criteria. Access to a specific program/service does not provide an entitlement to access any other specialist disability program. At the time of entry to a program/service, service users are informed about the nature and extent of services that will be provided. This includes information about the type of service, its duration and procedures for exiting the service.
Service duration	Generally, access to a specialist disability programs is for a specified time. Program or funding sources have clearly defined review processes. Reviews consider situations where individuals/families/carers seek services beyond the initially agreed period. People with individual funding, such as accommodation support funding, continue to access services until their circumstances change and they no longer require that funding.

Government policy	Criteria for access to specialist disability services may change over time in response to changes in the population and/or changes in the priorities and policy directions of government.
Access to information and advocacy	People who self identify as having a disability and who do not require or choose to undertake an assessment for eligibility for specialist disability services, may receive information and advocacy services.
Delay in taking up a service	A person who has been advised of their funding priority or is able to access a service/program, but chooses not to access that service or funding within a 12 month period (the 12 month period will exclude any time spent waiting for a service through, for example, managed waitlists) may need to be reassessed. The reassessment following the 12 month period is based on relative need.
No provisional eligibility status	Funding/services will not be available on a provisional basis while eligibility is being determined. This is not the case in early childhood intervention as it is difficult to make firm determinations about very young children. Accordingly 'vulnerable' status is given and service provided, with a review required when the child is at primary school.

10.3 Advising people about decisions and appeal provisions

The person seeking support should be advised of a decision as soon as possible and where the person is deemed not eligible, or is eligible but seen as best supported within the mainstream system, appropriate referral should be made to the mainstream system.

In all cases where support is not made available and/or a person is determined as not eligible, advice about avenues of appeal should be provided. Disability Services Standard 7 requires service providers to have a complaints and disputes process. As well, in accordance with Part 6 of the Disability Services Act 1993 the Health and Disability Services Complaints Office deals with complaints from people who have not been able to obtain services (see **Appendix 10**).

In cases where the person seeking support does not meet the permanent residency requirement a request can be made to the Disability Services Commission for consideration. In these situations the person is to be referred to the Consumer Liaison Officer at the Disability Services Commission. If in these cases the person also requires diagnostic assessments to be carried out by the service provider to confirm if they have a disability, it is suggested that this not proceed unless a permanent residency waiver is granted.

10.4 Priority of access

How decisions are made about who gains access to specialist disability services must be open and transparent and determined in a fair manner. For people who have been determined to be eligible, priority of access to services is determined by considering the suitability of the service to meet their needs **and** applying program specific criteria relating to the agency's service contract, such as specific geographic location or age grouping.

Where there is a greater need for specialist disability supports than there are resources available, clear information about the principles and process for determining the priority of access to support must be readily available in appropriate formats and languages.

10.5 Service access priority indicators

To assist all specialist disability service providers to make decisions about who gets access to specialist disability services, service access priority indicators have been developed.

In all circumstances, resource allocation decisions will balance the needs of the person with a disability and their family or carer in relation to the needs of others seeking support and in particular, those with similar needs or circumstances.

The following priority indicators can assist when determining access to services.

- The need to strengthen or support the role of the family, carer or person's support network.
- The need to provide support to ensure the safety and wellbeing of the person with a disability, their family or carer or the wider community.
- The existence of multiple disadvantage within the person with a disability's personal, social or community context.
- The immediate and potential benefit of the support to reduce the likelihood for more intensive assistance in the future.
- The impact on the individual's wellbeing, living situation and quality of life should the specialist disability service be unavailable.
- The presence and availability of informal and mainstream supports to complement the service. For example, a small amount of support such as respite may enable informal networks to continue their caring role.

Glossary of terms and abbreviations

Access (see Eligible/eligibility below)	A person who meets eligibility requirements/criteria is able to seek specialist disability support. As well as these requirements, each specialist disability service provider has additional requirements/criteria that have to be met in order to receive a service. These requirements/criteria reflect each agency's service contract with the Disability Services Commission. Examples of service access requirements include a service operating in a specific geographic location, or having a particular age focus.
DSC	Disability Services Commission
Eligible/eligibility	A person seeking specialist disability support must meet the legislative and policy requirements detailed in this policy. Only people who meet these requirements are 'eligible' to seek specialist disability services.
Funded service	Specialist disability service provider in receipt of funding from the Disability Services Commission.
Local Area Coordinator (LAC)	The Disability Services Commission provides Local Area Coordination support in Perth and throughout all regional areas of Western Australia. Local Area Coordinators (LACs) are based in local communities enabling support to be personalised, flexible and responsive. They aim to build and maintain effective working relationships with individuals and families in their local area. The LAC operates as a service coordinator rather than a service provider and, as such can help the person with a disability and their families/carers to plan, select and receive needed supports and services. LACs also contribute to building inclusive communities through partnership and collaboration with individuals and families, local organisations and the broader community. The overall aim of Local Area Coordination is to support people with disabilities to live within welcoming and supportive communities.
Mainstream	Services and supports available to the community. For example, public transport, schools, healthcare, housing.
Provided service	Specialist disability service provided by the Disability Services Commission for people with intellectual disability.
Specialist disability services	Services and supports that are either provided or funded by the Disability Services Commission within the framework of the Disability Services Act 1993.
The 'Act'	The Disability Services Act 1993 (WA)
The 'Commission'	The Disability Services Commission

Appendix 1

Disability Services Act 1993 Schedule 1

Principles applicable to people with disabilities

1. People with disabilities have the inherent right to respect for their human worth and dignity.
2. People with disabilities, whatever the origin, nature, type or degree of disability, have the same basic human rights as other members of society and should be enabled to exercise those basic human rights.
3. People with disabilities have the same rights as other members of society to realise their individual capacities for physical, social, emotional, intellectual and spiritual development.
4. People with disabilities have the same right as other members of society to services which will support their attaining a reasonable quality of life in a way that also recognises the role and needs of their families and carers.
5. People with disabilities have the same right as other members of society to participate in, direct and implement the decisions which affect their lives.
6. People with disabilities have the same right as other members of society to receive services in a manner that results in the least restriction of their rights and opportunities.
7. People with disabilities have the same right as other members of society to pursue any grievance concerning services.
8. People with disabilities have the right to access the type of services and supports that they believe are most appropriate to meet their needs.
9. People with disabilities who reside in rural and regional areas have a right, as far as is reasonable to expect, to have access to similar services provided to people with disabilities who reside in the metropolitan area.
10. People with disabilities have a right to an environment free from neglect, abuse, intimidation and exploitation.

Disability Services Act 1993 Schedule 2

Objectives for services and programmes

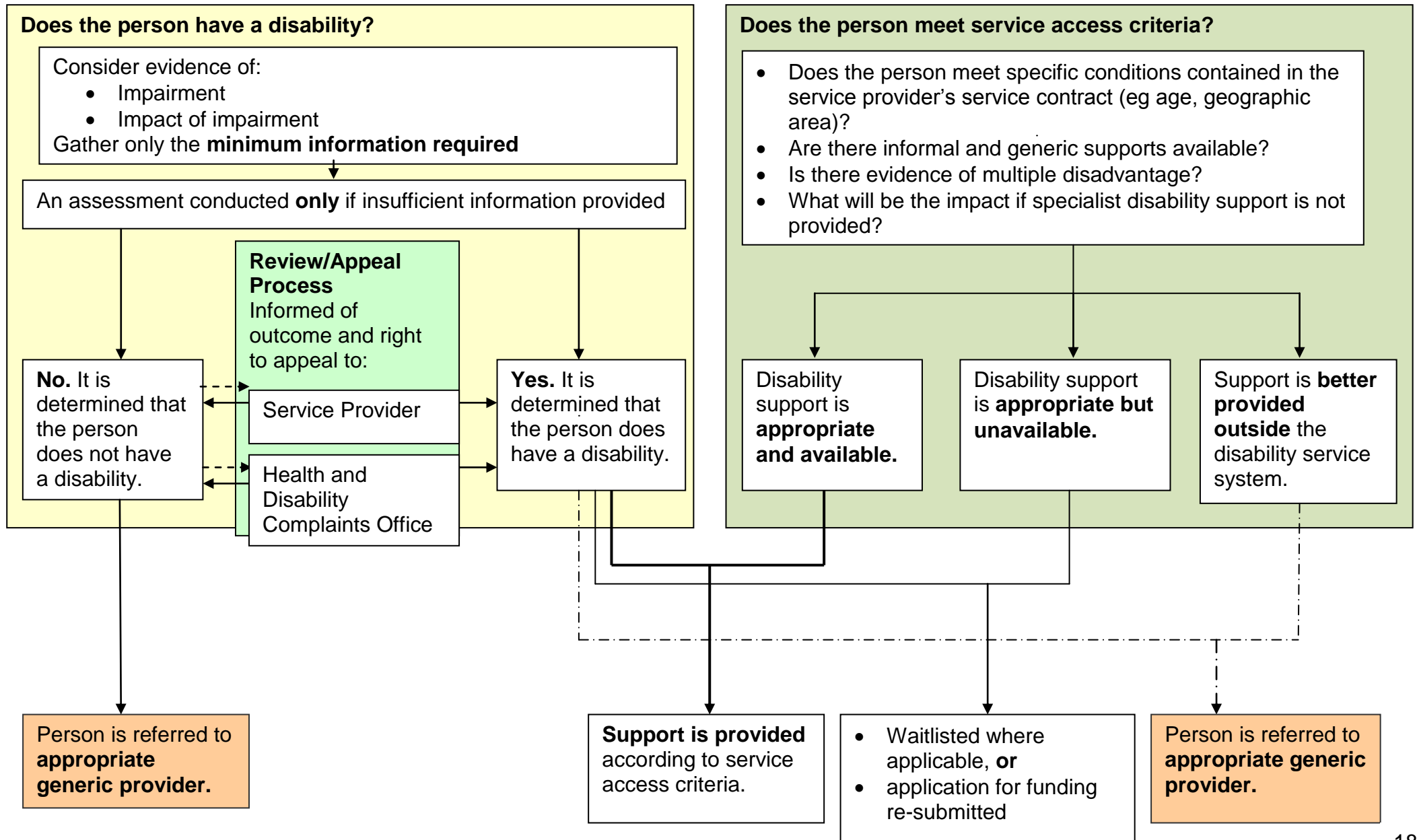
1. Programmes and services are to focus on achieving positive outcomes for people with disabilities, such as increased independence, employment opportunities and inclusion within the community.
2. Programmes and services are to contribute to ensuring that the conditions of the every day life of people with disabilities are the same as, or as close as possible to, norms and patterns which are valued in the general community.
3. Programmes and services are to be integrated with services generally available to members of the community.
4. Programmes and services are to be tailored to meet the individual needs and goals of the people with disabilities receiving those programmes and services.
5. Programmes and services are to be designed and administered so as to meet the needs of people with disabilities who experience additional barriers as a result of their age, gender, aboriginality, culturally or linguistically diverse backgrounds or geographic location.
6. Programmes and services are to be designed and administered so as to promote recognition of the competence of, and enhance the community perception of, people with disabilities.
7. Programmes and services are to be designed and administered so as to promote the participation of people with disabilities in the life of the local community through maximum physical, social, economic, emotional, intellectual and spiritual inclusion in that community.
8. Programmes and services are to be designed and administered so as to ensure that no single organisation shall exercise control over all or most aspects of an individual's life.
9. Service provider organisations, whether disability specific or mainstream, shall be accountable to those people with disabilities who use their services, the advocates of such people, the State and the community generally for the provision of information from which the quality of their services can be judged.
10. Programmes and services are to be designed and administered so as to provide opportunities for people with disabilities to reach goals and enjoy lifestyles which are valued by the community.
11. Programmes and services are to be designed and administered so as to ensure that people with disabilities have access to advocacy support where necessary to ensure adequate participation in decision making about the services they receive or are seeking.

12. Programmes and services are to be designed and administered so as to ensure that appropriate avenues exist for people with disabilities to raise, and have resolved, any grievances about services.
13. Programmes and services are to be designed and implemented as part of local coordinated service systems and integrated with services generally available to members of the community. Public sector agencies are to develop, plan and deliver disability programmes and services in a coordinated and pro-active way.
14. Programmes and services are to be designed and administered so as to respect the rights of people with disabilities to privacy and confidentiality.
15. Programmes and services are to have regard for the benefits of activities that prevent the occurrence or worsening of disabilities and are to plan for the needs of such activities.
16. Programmes and services are to be designed and implemented to:
 - (a) consider the implications for the families and carers of people with disability
 - (b) recognise the demands on the families of people with disability
 - (c) take into account the implications for, and demands on, the families and carers of people with disabilities.
17. Programmes and services are to be designed and administered so as to:
 - (a) provide people with disabilities with, and encourage them to make use of, ways of participating continually in the planning, operation and evaluation of services they receive
 - (b) provide for people with disability to be consulted about the development of major policy, programme or operational changes.

Note re **Appendix 2**: the Eligibility and Service Access Flowchart on the following page is a summary of the eligibility and access process outlined in the main body of this policy. Please refer to the main body for a full explanation.

Appendix 2 Eligibility and Service Access Flowchart

Specialist disability service providers need to determine both eligibility and service access. Please also refer to appendices 3 and 4.



**Appendix 3
Impairment Description and Supporting Evidence Matrix**

	Intellectual	Cognitive	Neurological	Sensory	Physical	Psychiatric
Description	<p>Significant deficits in general intellectual functioning and adaptive behaviour, both of which must be manifest before 18 years of age. See also Appendix 4.</p> <p>(Eligibility for specialist disability services is based on the Commission's assessment of referrals. Refer to Appendix 5).</p>	<p>Cognitive disability can be seen as the combination of a range of cognitive impairments that lead to a severe and enduring functional disability. Cognitive impairment must cause significant deterioration in social and occupational functioning and must be a serious decline from a client's previous level of ability and level of functioning. Cognitive impairment is usually associated with a brain injury or neurological condition.</p> <p>Individuals deemed eligible under this category must demonstrate cognitive impairment that cannot be explained by psychiatric illness or a primary psychiatric disability.</p>	<p>Neurological and neuromuscular disorders (not related to ageing)</p>	<p>Impairment in hearing or vision (not related to ageing)</p>	<p>Any loss or abnormality of body structure or function (not related to ageing)</p>	<p>Unless the person has another co-existing impairment that falls within the scope of the DSA 1993, the Health Department of WA has responsibility to provide services to people with a psychiatric disability.</p>

<p>Supporting evidence Include a description or diagnosis and associated impact.</p> <p>Age of onset required.</p>	<p>Report from psychologist or neuropsychologist of previous cognitive testing during the developmental years (before age 18) Information about the person's developmental milestones; assessments including: educational; specialist medical; developmental; report from early childhood intervention services.</p>	<p>Report from a medical specialist, neuropsychologist or neurologist describing the nature of the cognitive impairment.</p> <p>One or more specialists must report the presence of a memory impairment and one of: aphasia; apraxia; agnosia; or disturbances in executive or thinking functions.</p>	<p>Report from a medical specialist or neurologist describing the diagnosis or nature of the person's neurological impairment.</p>	<p>Report from a medical specialist describing the diagnosis or nature of the person's hearing or visual impairment.</p>	<p>Report from a medical specialist describing the diagnosis or nature of the person's physical impairment.</p>	
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See also Appendix 4 for more detailed information on supporting evidence.

Appendix 4

Checklist and questions to assist specialist disability service providers determine if a person has a disability

Essential checklist (see Glossary of Terms and Appendix 11)

<p>Does the person have a disability that is attributable to an intellectual, cognitive, neurological, sensory or physical impairment or a combination of those impairments?</p>	
<p>Is the person under 65 years?</p> <p>For people with a developmental disability, including intellectual disability, the disability must be manifest during the developmental years up to age 18.</p>	
<p>Is the disability/impairment permanent?</p>	
<p>Has the person's disability/impairment resulted in a substantially reduced capacity in at least one of the areas of communication, social interaction, learning or mobility?</p>	
<p>Is the person legally entitled to permanently reside in Australia?</p> <ul style="list-style-type: none"> • Is the person an Australian citizen? <ul style="list-style-type: none"> ○ For a person born before 20 August 1986: a copy of an Australian birth certificate (unless one parent was entitled to diplomatic privileges or was a consular officer of another country). ○ For a person born on or after 20 August 1986: <ul style="list-style-type: none"> ▪ a copy of an Australian birth certificate and evidence that at least one parent was an Australian citizen (such as a copy of an Australian passport issued after 22 November 1984, or a certificate of Australian citizenship, or an Australian birth certificate) or permanent resident (such as a copy of a passport with a visa granting permanent residence or permanent entry stamp) at the time of his/her birth. or ▪ an Australian passport. ○ For a person born in Australia where neither parent was an Australian citizen or permanent resident (or entitled to diplomatic privileges) at the time of his/her birth and has lived here most of his/her life, Australian citizenship is acquired on his/her 10th birthday – a copy of a certificate of Australian citizenship. <p>The person may have acquired citizenship by other means not stated here. In the event of any uncertainty please refer to Strategic Policy and Programs at the Disability Services Commission.</p> <p>Is the person the holder of a permanent visa?</p> <ul style="list-style-type: none"> ○ A copy of the permanent visa <ul style="list-style-type: none"> • Is the person the holder of a special category visa subclass 444 (for New Zealand citizens)? 	

<ul style="list-style-type: none"> ○ A copy of the special category visa subclass 444. ● If the person is the holder of a different category of visa that he or she considers entitles him or her to permanently reside in Western Australia, a copy of: <ul style="list-style-type: none"> ○ The relevant visa relied on by the applicant. <p>Where a person asserts an entitlement to permanently reside in Western Australia because of a visa other than a permanent visa or special class visa subclass 444 (for New Zealand citizens) please refer to Strategic Policy and Programs at the Disability Services Commission for case-by-case determination.</p>	
<ul style="list-style-type: none"> ● Is the person permanently residing in Western Australia? <ul style="list-style-type: none"> ○ Evidence of the address of their principal place of residence in Western Australia. For example, a copy of: correspondence from a bank, government agency or utilities provider addressed to the person or the person's guardian at the person's principal place of residence. 	

Gathering information will help the service provider form an opinion about whether the person has, or is likely to have a disability. It will also help decide whether their service and / or another service, either specialist disability or mainstream, is most appropriate for the person's needs.

Exploring these questions will help a service provider to determine if a person has a disability. Both the impairment and how it impacts on the person's capacity to undertake daily living tasks is required.

1.	Does the person have an impairment? That is, an intellectual, cognitive, neurological, sensory or physical impairment or a combination of those impairments?
2.	What is the person aiming to achieve by using services?
3.	What are the needs of the person making the request?
4.	What has prompted this request for support? For example, a change in circumstances, or reaching a life transition point?
5.	Does the person have a diagnosis? Is there documentation to support this?
6.	What is the person's prognosis? Is there documentation to support this?
7.	Has the person had any relevant medical, allied health or educational assessments in the past? What are the details of these?
8.	How long has the person had the impairment?

9.	Does the person use any aids, equipment or assistive devices because of their impairment? Do these minimise the impact of the impairment?
10.	How does the impairment affect the person's capacity in the area of self-care? <ul style="list-style-type: none"> • For example, eating, bathing, showering, dressing, personal hygiene, toileting.
11.	How does the impairment affect the person's capacity in the area of self-management? <ul style="list-style-type: none"> • For example, social understanding, behaviour, understanding safety issues, ability to manage own finances, managing non-routine events, need for supervision to protect from harm or exploitation, understanding the passage of time – days, weeks, seasons.
12.	How does the impairment affect the person's capacity in the area of mobility? <ul style="list-style-type: none"> • For example, to undertake personal, domestic and community activities.
13.	How does the impairment affect the person's capacity in the area of communication? <ul style="list-style-type: none"> • For example, can the person effectively communicate their needs, opinions and feelings, follow and give instructions, request assistance from familiar and unfamiliar people.
14.	Is the person accessing any community-based supports that relate to their impairment? <ul style="list-style-type: none"> • Which services, how often and have they minimised the impact?
15.	Has the person sought supports from any other community services such as the local council, health service or others, including service providers in the past? <ul style="list-style-type: none"> • If so, what are the details of these?
16.	Is the person receiving support from family, friends or other informal networks? <ul style="list-style-type: none"> • What type of support is being provided? • By whom? • Is this sustainable?
17.	How can family and care relationships be strengthened?
18.	Are the person's needs related to ageing? <ul style="list-style-type: none"> • At what age did they first develop the impairment? • Is the diagnosis related to something that is common to people who are ageing, such as dementia?

Supporting evidence should include a description or diagnosis of the impairment and its associated impact for the person and will include a range of evidence.

- Reports of cognitive testing during the developmental period (before 18 years of age)
- Information about the person or child's developmental milestones
- Information from early childhood services
- Educational assessments
- Specialist medical assessments (including nursing)
- Developmental assessments

This information can be obtained from a range of allied health or educational professionals including:

- audiologist
- speech pathologist
- occupational therapist
- physiotherapist
- psychologist/neuropsychologist (cognitive testing during the developmental period – before 18 year of age)
- special education teacher
- doctor or nurse.

When gathering the required information, service providers should be mindful of confidentiality.

Information should be gathered from a number of sources including:

- meeting and talking with the person with a disability
- talking to family members, informal carers and other people important to the person with a disability
- reports from health or educational professionals
- relevant medical records.

Appendix 5

Suggested standard information for identity verification in application / referral form for services

Note: this provides a guide to assist with the applicant's identity verification **only** and may be included in each organisation's application / referral form for services.

Individual's Details			
Surname			
First name		Other Name (s)	
Date of birth			
Gender			
Does the applicant permanently reside in Western Australia?	Yes No	If yes please provide address	
Address			
	Please confirm this address as the applicant's principal place of residence in Western Australia. For example a copy of correspondence from a bank, government agency or utilities provider addressed to the applicant or the applicant's guardian.		
Country of birth			
Is the applicant an Australian Citizen?	Yes No		
	<p>If yes, please attach one of the following:</p> <ul style="list-style-type: none"> • If the applicant was born before 20 August 1986 - a copy of an Australian birth certificate (unless one parent was entitled to diplomatic privileges or was a consular officer of another country). • If the applicant was born on or after 20 August 1986: <ul style="list-style-type: none"> ○ a copy of an Australian birth certificate and evidence that at least one parent was an Australian citizen (such as a copy of an Australian passport issued after 22 November 1984, or a certificate of Australian citizenship, or an Australian birth certificate) or permanent resident (such as a copy of a passport with a visa granting permanent residence or permanent entry stamp) at the time of his/her birth or ○ a copy of an Australian passport • If the applicant was born in Australia where neither parent was an Australian citizen or permanent resident (or entitled to diplomatic privileges) at the time of the applicant's birth and has lived here most of his/her life, Australian citizenship is acquired on the applicant's 10th birthday - a copy of a certificate of Australian citizenship. 		

	The applicant may have acquired citizenship by other means not stated here. In the event of any uncertainty please refer to Strategic Policy and Programs at the Disability Services Commission.
Is the applicant the holder of a permanent visa?	Yes No
	If yes, please attach a copy of the permanent visa.
Is the applicant the holder of a special category visa subclass 444 (for New Zealand citizens)?	Yes No
	If yes, please attach a copy of the special category visa subclass 444.
Is the applicant the holder of a different category of visa that the applicant considers entitles him or her to permanently reside in Western Australia?	Yes No
	If yes, please attach a copy of the relevant visa relied on by the applicant. Where a person asserts an entitlement to permanently reside in Western Australia because of a visa other than a permanent visa or special class visa subclass 444 (for New Zealand citizens) please refer to Strategic Policy and Programs at the Disability Services Commission for case-by-case determination.

Appendix 6

Registration process and data base for specialist disability services – Intellectual Disability and Autism Spectrum Disorders

As a service provider for people with **intellectual disability**, the Disability Services Commission has a registration process and a data base for its service users.

Referrals which come to the Commission come from a range of sources including paediatricians, psychologists and other health and education professionals are assessed against internationally recognised criteria as follows:

- A person has scored more than two standard deviations below the mean on a recent (within 3 years) formal assessment of intellectual functioning; matched for age, race and socio-economic status.
- The person has scored more than two standard deviations below the mean on a recognised measure of adaptive functioning with demonstrated deficits in two or more of the following skill areas — communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work. (These may coexist with strengths in other areas.)
- The person's clinical presentation is consistent with an intellectual disability, conceived as a deficit in global development and depressed IQ or Adaptive Behaviour scores are not better accounted for by other factors; eg ADHD, emotional or personality disorders, mental illness, ethnic/cultural factors and physical disabilities.
- Both conditions have become manifest prior to age 18.

Some referrals are complete and others require some assessment by Commission professional staff before an eligibility determination is made. Being assessed as eligible means that the referred person is eligible to seek services for people with an intellectual disability that are **provided** by the Commission, as well as services from agencies/service providers **funded** by the Commission.

Once determined eligible for Commission provided intellectual disability services, people are registered on the Commission's data base.

As well as having a registration process specifically for people with intellectual disability, the Commission also maintains a similar process for people with **Autism Spectrum Disorders** (ASD). The Diagnostic and Statistical Manual of Mental Disorders 5 (DSM 5) is the standard classification system to be used for ASD.

Until 30 April 2014, DSM 4 or DSM 5 assessments can be used for eligibility determination. After this DSM 4 assessments will not be accepted unless the assessment was completed prior to the 30 April 2014.

Appendix 7

Suggested letter to request additional information

Dear [name]

I am writing to confirm the outcome of your request for [insert type of support] made on [insert date].

The Disability Services Act 1993 provides definitions of disability related to: intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of those impairments. This definition is used to assist service providers to determine who can access specialist disability services.

Based on our discussions and the information provided, we have not been able to determine whether or not you have a disability as defined in the Act therefore, additional information is required before a decision can be reached.

As we discussed at our meeting [insert date], we require (insert what is needed).

If you would like to discuss this further, please contact [insert name (worker)] on [insert phone number].

Yours sincerely

Appendix 8

Suggested letter to be sent to people not eligible for specialist disability services

Dear [name]

I am writing to confirm the outcome of your request for [insert type of support] made on [insert date].

The Disability Services Act 1993 provides definitions of disability related to: intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of those impairments. This definition is used to assist service providers to determine who can access specialist disability services.

Based on our discussions and the information provided, it is considered that you do not have a disability as defined in the Act therefore your request for specialist disability support has been declined.

As we discussed at our meeting [insert date] this decision was reached due to [insert reasons].

We also discussed the range of other support options that would be suitable for you and could meet your needs at the present time. These include [insert names/details/contact numbers].

You are entitled to appeal this decision through the following avenues:

- this agency's own complaints/disputes process (in accordance with Standard 7 of the Disability Services Standards); and/or
- the Office of Health Review (in accordance with Part 6 of the Disability Services Act 1993).

Contact details for both of these avenues are provided in the enclosed brochures.

Please contact if you would like any further information or assistance.

Yours sincerely

Appendix 9

Suggested letter for people with disability not offered services

Dear [name]

Following our discussion, I am writing to confirm the outcome of your request for [insert type of support] made on [insert date].

When you contacted our organisation, we discussed your current situation and need for assistance. While it is acknowledged that you have a disability as defined in the Disability Services Act 1993, regrettably we are unable to provide the requested support at this time.

As we discussed, this decision was reached due to [insert reasons].

We also discussed a range of other support options that would be suitable for you and could meet your needs at the present time including [insert names/details/contact numbers]. Should you require support to contact any of these providers you are encouraged to contact the Local Area Coordinator in your area [insert contact details].

You may wish to appeal this decision through the following avenues:

- this agency's own complaints/disputes process (in accordance with Standard 7 of the Disability Services Standards) and
- the Office of Health Review (in accordance with Part 6 of the Disability Services Act 1993).

Contact details for both of these avenues are provided in the enclosed brochures.

Please contact if you would like any further information or assistance.

Yours sincerely

Appendix 10

Appeals – Part 6 of the Disability Services Act 1993

The Health and Disability Services Complaints Office receives complaints under Part 6 of the Disability Services Act 1993.

The extract below is from Part 6, Section 33 (1) and (2) of the Disability Services Act 1993 – Complaints about some disability services

Who and what can be complained about

1. A complaint may only be about:
 - (a) a service provider who or which, at the time the subject matter of the complaint arose, was providing a disability service, whether or not with funds granted under Part 4
 - (b) a service provider which is a public authority, other than the Health Department, and which, at the time the subject matter of the complaint arose, was providing a disability service, whether or not with funds granted under Part 4 or
 - (c) the Commission.

2. A complaint must allege that after the date on which this Act comes into operation, a service provider or the Commission:
 - (a) acted unreasonably by not providing a disability service to the complainant
 - (b) acted unreasonably by providing a disability service to the complainant;
 - (c) acted unreasonably in the manner of providing a disability service to the complainant
 - (d) acted unreasonably by denying or restricting the complainant's access to records relating to the complainant kept by the service provider or the Commission
 - (e) acted unreasonably in disclosing records or confidential information relating to the complainant
 - (f) failed to comply with the Carers Charter, or that the Commission acted unreasonably in making or not making a grant to the complainant under Part 4.

Appendix 11

Definitions of eligibility terminology

Terminology	Definition
<p>Substantially reduced capacity</p>	<p>A substantially reduced capacity inhibits day-to-day functioning and is determined in relation to the general population, not in relation to the person's capacity prior to acquiring the impairment.</p> <p>Substantially reduced capacity refers to:</p> <ul style="list-style-type: none"> • activity limitations combined with, • participation restrictions <p>a person experiences as a result of their impairment in at least one of the core activities of communication, social interaction, learning, mobility and self maintenance.</p> <p>A person is considered to have a substantially reduced capacity when they can no longer perform tasks of daily living without a high level of assistance or supervision.</p> <p>Substantially reduced capacity is defined as either a severe or complete difficulty in performing activities and participating at home or in the community in at least one of the core activities of communication, social interaction, learning, mobility or self-maintenance.</p> <p>'Activity' is the execution of a task or action by an individual.</p> <p>'Participation' is involvement in a life situation.</p>
<p>Severe difficulty</p>	<p>Severe difficulty means a difficulty in performing core activities and participating in home or community life more than 50% of the time (this refers to 24 hours a day), which significantly disrupts the person's day-to-day life and happens every day.</p> <p>This means the person:</p> <ul style="list-style-type: none"> • always needs help or supervision with a core-activity task; or • has difficulty understanding or being understood by family and friends. <p>This level of difficulty is permanent (or likely to be permanent).</p>
<p>Complete difficulty</p>	<p>Complete difficulty means a difficulty in performing core activities and participating in home or community life more than 95% of the time (this refers to 24 hours a day), which totally disrupts the person's day-to-day life and happens every day.</p> <p>This means the person is unable to do a core activity task. This level of difficulty is permanent (or likely to be permanent).</p>

<p>Core activities</p>	<p>Communication – understanding and being understood by family, friends or unfamiliar people using language or another preferred method of communication.</p> <p>Social interaction – being able to interact and form relationships with people in a range of settings. This includes being able to regulate emotions and impulses, controlling verbal and physical aggression, acting independently in social interactions, and understanding social rules and norms.</p> <p>Learning – applying knowledge that is learned, remembering, thinking, solving problems and making decisions. This includes being able to undertake single or multiple tasks and carry out daily routines.</p> <p>Mobility – being able to move around to perform activities and participate in home and community life. This includes (but is not limited to) moving around the home, getting in or out of bed, using public transport, getting to and from work or other activities.</p> <p>Self maintenance – includes being able to wash, toilet, dress, manage personal hygiene, eat, drink, look after one’s health, doing household tasks (eg preparing meals, doing housework), shopping, caring for others.</p>
<p>Chronic health needs</p>	<p>A person presenting with a chronic health or medical condition as their primary need for support may not meet the criteria of having a disability as defined by the Act. Chronic health or medical conditions require primarily specific medical responses. While certain conditions are likely to predispose a person towards having a range of support needs, people with a chronic health or medical condition alone may not meet the criteria of having a disability as defined by the Act.</p> <p>In making a decision about whether a person has a disability where the nature of the person’s support needs result from a chronic health or medical condition, service providers are advised to develop collaborative relationships with the health professionals involved.</p> <p>To be eligible all of the following must be met:</p> <ul style="list-style-type: none"> • the person’s condition is attributable to an intellectual, cognitive, neurological, sensory or physical impairment or a combination of those impairments • the person’s health is considered to be stable • the person’s condition may or may not be episodic or chronic in nature • the person’s condition is (or is likely to be) permanent • the person’s condition does not primarily require or respond to medical treatment

	<ul style="list-style-type: none"> • the person’s condition does not primarily require or respond to rehabilitation, or the rehabilitation is complete • there is a substantially reduced capacity in at least one of the areas of communication, social interaction, learning, mobility or self-maintenance.
<p>Permanent or likely to be permanent</p>	<p>Permanent or likely to be permanent refers to the irreversible nature of the impairment, even though support needs may fluctuate over time. For example, the support needs of a person with an acquired brain injury may change over their lifetime.</p> <p>The impairment will not be considered permanent where there is a need for specific health/medical services for a period following the onset of illness or trauma. A person only becomes eligible for specialist disability services when enough time has elapsed to assess the permanency or likely permanency of the impairment.</p> <p>Specialist disability services are not intended to replace health/medical services or rehabilitation. People only become eligible for specialist disability services once their health/medical needs have stabilised and rehabilitation is complete, and the permanent nature of the impairment is clear.</p> <p>All eligibility criteria for determining if a person has a disability (as defined by the Act) must also be met.</p>

These definitions have been developed from the World Health Organisation’s International Classification of Functioning and other State jurisdiction’s approaches to eligibility determination.