

**Guide to the National Travel
Assistance (NTA) Policy 2005
August 2009**

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1.0 Introduction

1.1 Purpose

This document is designed to provide guidance to the District Health Boards (DHBs), people who are referred long distances and/or frequently for specialist health and disability services, and other interested parties on aspects of the National Travel Assistance (NTA) Policy 2005 that require clarification.

Sections 2.0 and 3.0 and sections 6.0 to 9.0 of this guide explain the eligibility criteria associated with accessing NTA. Sections 4.0 and 5.0 explain the NTA referral criteria and process. Sections 7.0 and 9.0 explain the eligibility of and assistance available to supporters of eligible NTA clients. Section 10.0 outlines the financial assistance available to eligible clients and supporters. Finally, section 11.0 explains some exclusions of the NTA scheme.

The NTA Policy 2005 replaces all other existing regional travel assistance policies and became effective from 1 January 2006.

1.2 Disclaimers

From time to time, this guide is updated and revised by Ministry of Health (the Ministry) in conjunction with the DHB NTA reference group¹. Some sections of this NTA Policy Guide may differ from the NTA Policy 2005, this is because the NTA reference group members use this Policy Guide document as means to clarify and update aspects of the NTA Policy 2005.

No single section of this guide should be read in isolation without considering the other sections and the intent of the NTA Policy 2005. For clarification of any aspects of this guide, please contact the Ministry's NTA payment team on freephone: 0800 281 222, press option 2 or email: travel@moh.govt.nz

1.3 Background

The NTA scheme can only consider referrals from publicly funded health and disability specialists when people are referred to publicly funded specialist health and disability services. The policy aims to provide financial assistance to people who are:

- referred by their specialist (not their general practitioner (GP) or other primary health care provider) to receive ongoing specialist treatment
- need to travel long distances
- travel frequently to get to their specialist treatment.

Both the referring and treating specialists must be part of a government funded (that is, not privately funded) health and disability service, for example, a renal dialysis centre or a specialist disability service, such as an intellectual disability care agency.

¹ Established in August 2005, the purpose of the NTA reference group is to ensure that DHBs are involved with the development of claims management business rules, and ongoing management of NTA claims and policy issues.

The travel assistance provided in the NTA scheme is for travel within New Zealand only. Currently no overseas travel is funded²

The guiding principle behind the NTA scheme is to assist with equitable access to publicly funded specialist health and disability services for all New Zealanders.

It has been recognised that the cost burden of travel is often beyond the means of those who must travel long distances and/or frequently for treatment. The Ministry and the DHBs developed the NTA scheme to provide some financial assistance to those New Zealanders who may find it difficult to access specialist health and disability services without such assistance.

The DHBs of Domicile (DoDs) (the clients' home) fund the NTA, and for claims management purposes, the Ministry's NTA payment team provide the national administration system, which includes registrations and claims payments.

1.4

NTA Resources

DHBs have access to NTA registration reports by emailing, travel@moh.govt.nz . If custom NTA reports are required then DHBs can call DHB support Sector Services.

Information about the NTA Policy, include frequently asked questions, access to forms and client information can be found by:

- visiting <http://www.moh.govt.nz/travelassistance>
- calling the Ministry's NTA payment team (the NTA payment agency) on freephone: 0800 281 222 (press option 2)

² In 2008 the Northern Region DHB agreed to fund travel to Australia for PET scans through the NTA scheme. This is for Northern Region DHB patients only.

Overseas travel may be funded by the high cost treatment funding pool and is applied for through the MoH not NTA. Prior approval is required to access this funding.

2.0 NTA Eligibility

All clients must be referred to the nearest appropriate publicly funded service by an authorised specialist (see section 4.0 and 5.0) and must meet the criteria under one of the categories described in section 2.0 of this guide.

People can find out more about whether they are eligible for NTA and register for NTA funding by:

- calling the Ministry's NTA payment team (the NTA payment agency) on freephone: 0800 281 222 (press option 2) or emailing, travel@moh.govt.nz
- contacting their specialist department (for example, oncology)
- talking to a hospital social worker and requesting information about the NTA
- visiting <http://www.moh.govt.nz/travelassistance>

2.1

General eligibility

People who are eligible for publicly funded health services are eligible to apply for NTA funding, if they meet the NTA criteria explained in section 2.0 of this guide. See <http://www.moh.govt.nz/eligibility> for details on the publicly funded health services eligibility criteria.

To access NTA (and publicly funded health and disability services), people must be lawfully in New Zealand at the time of seeking the services and be one of the following:

- a New Zealand citizen
- a New Zealand citizen whose usual place of abode is in the Cook Islands, Niue or Tokelau
- a New Zealand citizen by descent
- a child born in New Zealand whose parents are eligible
- regarded as 'ordinarily resident' in New Zealand.

These are people who hold a current **New Zealand residence permit** and their **children aged under 18 years** who either have already lived in New Zealand for two years or hold a current Returning Resident's Visa.

2.1.1 *New Zealand citizens who usually reside overseas*

New Zealand citizens, whose usual place of abode is overseas, for example in the Cook Islands, Niue or Tokelau, are entitled to NTA if they meet the NTA eligibility criteria. Although they are normally resident off shore, for treatment and NTA funding purposes, the DHB they originally present at will be considered to be their DoD. For example, if a Cook Islander arrives in Auckland and first presents at Middlemore Hospital, the Counties Manukau DHB will be that person's DoD and also their DHB of Service (DoS, that is, the DHB that will treat them), or if a Cook Islander arrives and first presents at Hawke's Bay DHB and is then referred to Auckland DHB, Hawke's Bay DHB will be their DoD and Auckland DHB will be their DoS.

Where possible, clients from the Cook Islands, Niue or Tokelau should stay with friends and family when they arrive in New Zealand. However, if such clients do not have friends and family they can stay with in New Zealand, during a course of treatment or long stay near hospital, NTA will cover accommodation costs for the client and/or supporter as outlined in section 10.5 of this guide. NTA eligibility for further travel assistance (for example, mileage and taxis) will be assessed using the accommodation address.

2.1.2 SuperGold Card

The SuperGold Card (SGC) is a concession card, primarily aimed at the over-65 age group, their spouses and dependents, and war veterans. It provides discounts and concessions from particular businesses around the country and facilitates easy access to government entitlements. Holding a SGC does not provide a person with any additional NTA benefits above those they are already entitled to under the Scheme.

2.1.3 Declined applications for NTA

Clients who apply for NTA but do not qualify under the eligibility criteria set out in section 2.0 below will be sent a letter explaining why they do not qualify. A copy of the letter will also be sent to their DoD.

Clients who apply for NTA but who have not completed the registration form correctly will have their application form returned to the appropriate DHB contact person. A letter will accompany the returned form explaining what needs to be corrected. To avoid delays, the DHB contact will then ensure that the registration form is corrected and returned promptly to the Ministry's NTA payment team for reprocessing.

2.2 NTA Eligibility Criteria

If a client answers 'yes' to any of the four questions listed below and they have been referred for NTA by a publicly funded health or disability specialist (not their GP or another primary health care provider or a private specialist), they are eligible to claim travel assistance under the NTA scheme.

1. Do they travel per visit:
 - (child under 18) over 80 kilometres or more one way?
 - (adult) over 350 kilometres or more one way?
2. Do they (adult or child under 18) attend more than 22 visits in two months?
3. Do they attend more than five visits in six months, and travel per visit:
 - (child under 18) over 25 kilometres or more one way?
 - (adult) over 50 kilometres or more one way?
4. Do they hold a Community Services Card and travel per visit:
 - (child under 18) over 25 kilometres or more one way?
 - (adult) over 80 kilometres or more one way?

If a client answers 'no' to all the questions listed above, then they are not eligible for NTA assistance unless they qualify under:

- Neonate eligibility criteria (Section 9.0 of this guide)
- Other Eligible People (Section 6.0 of this guide)

DHB travel co-ordinators, DHB social workers or the Ministry's NTA payment team can provide further guidance on eligibility for travel assistance.

2.2.1 Distance criteria

The Ministry's NTA payment team and most DHBs use a web-based distance calculator (Data Map Science) to verify eligibility for travel assistance and to calculate reimbursement levels for distance traveled by private car. The distance calculator application will calculate an accurate door-to-door distance, using the client's home address and the address of the facility of service. To improve the accuracy of the distance calculation, where possible, rural addresses should include a road name and number location of property, as well as the rural delivery number

Where disputes arise in regard to distance eligibility and mileage reimbursement levels, the Ministry's NTA payment team will consider and resolve them on a case-by-case basis. Where appropriate, the Ministry's NTA payments team may reimburse additional costs for example, if a patient's journey home involved taking a longer route due to road closures or weather conditions or the need to seek accommodation during travel.

A full explanation of personal circumstances should always accompany a claim when additional assistance is required. The final decision in any dispute will rest with the Ministry's NTA payment team in conjunction with, if appropriate, the funding DHB.

2.2.2 Frequency of visits criteria

Under the 'High Frequent Users' eligibility criteria³, a client is required to attend at least twenty-two appointments on separate days in any two-month period (22x2 rule) before being eligible for reimbursement. Under the 'Frequent Users' eligibility criteria, a client is required to attend at least six appointments on separate days in any six-month period (6x6 rule) before being eligible for reimbursement. When clients become eligible under either frequency criterion, all retrospective and subsequent visits that meet the distance criteria will also be covered by NTA funding.

A client's ability to meet the 6x6 rule eligibility criterion will depend on the distance they have to travel. In some cases, NTA clients will visit service providers in different facilities. This means, distances between home and the different treatment facilities may vary. Therefore, each facility must be noted on the registration form to establish eligibility under the 6x6 rule. The funding DHB can choose to override the distance rule and have visits to all treatment facilities covered irrespective of distance.

NTA claims can be made for all the visits during a course of treatment. Some DHBs ask that claims be accepted from day one of visits when it is clear (for example, when undertaking a course of treatment that will last several weeks) that the client will meet the frequency criteria.

A client must again meet the frequency requirements (for example, 6x6 rule) when embarking on a subsequent course of treatment.

³ In November 2007, the NTA Policy 2005 high frequency eligibility category changed from the eligibility of 26 or more visits in 2 months to 22 or more visits in 2 months. The NTA Policy 2005 document will be updated in due course to reflect this Policy change.

2.2.3 Community Services Card

When required, a valid Community Services Card (CSC) **must** be held during the time of assessment/treatment and **must** be noted on the NTA registration form. The Ministry's NTA payment team has the ability to validate CSC status.

2.2.4 Client long stay near hospital

See section 6.2 of this guide.

3.0 Definition of Home and NTA Eligibility

NTA eligibility and mileage reimbursement levels are assessed using a client's home address. The various definitions of 'home' are described below:

3.1 Definition of 'home' or 'usual place of residence'

The Ministry's NTA payment team treat marginal cases according to the Inter-District Flow rules ([see Appendix 1](#)). Questions in regard to unusual cases can be directed to email: travel@moh.govt.nz or by calling 0800 281 222, press option 2. In cases of cases of address disputes, a client's address may need to be validated at the time of registration and claiming. The National Health Index (NHI) address will usually take precedence unless evidence of a new permanent residence can be provided (for example, a power bill).

3.2 Students living away from home

If eligible for NTA, a tertiary student will receive funding to travel between their term home, for example, student accommodation, and the health or disability service. Any eligible support people will also receive travel assistance based on the student's term address. A student client aged 18 years and over should be treated the same as any other client aged 18 and over.

Boarding school student clients who are living away from home and who are under 18 years of age claiming travel assistance are, for the purposes of NTA, deemed to reside at their parent's home address. As a rule, non acute treatment/assessments specialist visits should be planned for the school holidays so that the child is home and not missing school, in which case NTA should not be claimed because it is assumed that the child will be travelling home for the holidays and the parents would ordinarily pay for this journey home. Acute care is usually carried out at the nearest appropriate medical facility and the usual eligibility rules apply.

In cases where disputes arise, the Ministry's NTA payment team will deal with such cases on a case-by-case basis in conjunction with the appropriate funding DHB.

3.3 Children in shared custody

In the case of child clients who live with two parents who have separated— that is, their parents live in separate locations and the child moves between the two locations; children, in joint custody, usually reside at the place where they spend more nights or, if they spend equal amounts of time at each residence, their DoD is considered to be that of the residence where they were when they first sought care for the current health episode.

Where one supporter parent lives in a different town or city from the child client, who is attending treatment, and the other supporter parent, refer to sections 7.7 of this guide.

3.4 **DHB region** **Clients moving to live in another**

When a client moves and becomes a resident of a new DHB region, they are to be transferred from their old DHB's waiting list to the waiting list or treatment list of the nearest appropriate service provider. NTA will not cover travel back to the former DHB for treatment unless authorised by the new DHB.

The client should notify the Ministry's NTA payment team of any change of address as soon as possible. In cases of address disputes, a client's address may need to be validated at the time of registration or claiming. The National Health Index (NHI) address will usually take precedence unless evidence of a new residence can be provided (for example, a power bill).

3.5 **Clients of no fixed abode**

When a client has no fixed abode, their DoS is considered to be their DoD. For NTA payment allocation purposes, the NTA registration form will most likely be an address within the DoS.

4.0 **NTA Referral**

The NTA scheme covers NTA eligible clients and/or their supporters, who are referred by health or disability specialists (see sections 4.0 and 5.0) and who must travel between the client's usual place of residence and the necessary specialist health and disability services.

The NTA scheme does not cover clients who are transferred to other hospitals or treatment centers as Inter-Hospital Transfers (IHTs).

It does cover NTA eligible clients who must travel home after being discharged from their final place of treatment, and it covers eligible supporters of IHTs clients. See section 8.0 for more information.

Important: It is the responsibility of DHBs to first assess a person's eligibility for NTA prior to registration. All DHBs have NTA travel coordinators who can assist patients and Specialists with any aspects of the registration and claiming process. Contact details of all DHB travel coordinators can be obtained by emailing travel@moh.govt.nz

4.1 **Specialist referral**

A health specialist can be a clinical specialist (for example an oncologists or general physician), or a medical officer special scale (MOSS) or a nurse practitioner employed by a DHB.

Psychiatrists are the only mental health clinicians who can refer people for NTA.

Where appropriate, a DHB can delegate authority to other health professionals to approve the first visit to a specialist mental health services (see section 4.1.2 of this guide).

4.1.1 **Initiating a NTA referral**

Ideally, the referring specialist should initiate a registration for NTA; and in most cases, this will be a specialist at the client's DoD. In cases of a DoS initiating a NTA

registration, this will be by the treating specialist, the DoS should make every attempt to inform the client's DoD that a registration for NTA has been made. This will involve the DoS informing the NTA travel coordinator at the client's DoD. A list of primary contacts is available on request at the Ministry's NTA payment team.⁴

4.1.2 Delegated authority to approve NTA registrations

Primary health care providers such as GPs and lead maternity carers (LMCs) can, if authorised by their DHB, make the first NTA referral to certain publicly funded specialist services, provided that the Ministry's NTA payment team is given written confirmation of any such delegation. Such delegations are at the sole discretion of the relevant DHB with the aim of improving access to publicly funded specialist health and disability services. Delegated authority forms are available from the Ministry's NTA payment team.

4.1.3 Signing rights

The DHB, and/or the specialist, can delegate signing rights, at their discretion, to other DHB staff, for example, social workers and/or travel co-ordinators. Signing rights allow the signatory to register clients for NTA on behalf of that specialist. All applications for signing rights must be made in writing to the Ministry's NTA payment team, and the applications must include the name/s of the specialist/s the signatory has signing rights for. Signing rights forms are available from the Ministry's NTA payment team.⁵

4.1.4 First Specialist Assessments (FSA)

FSA are not usually covered by NTA (see section 11.11). has the authority to recommend travel assistance when they refer clients for their first visit to specialist services. It is the referring DHB's responsibility to ensure that the start date on the NTA registration is the date of the return treatment/assessment, not the date of the FSA.

Assessments performed by a specialist where the patient is not seen in person by a Specialist should not be considered a FSA e.g. when a specialist reviews a patient using case notes only. Assessments performed by a specialist where a patient is interviewed and assessed via a video conference or the internet, are considered a FSA.

4.2 Disability Support Services (DSS) NTA referrals

See section 5.0 of this guide.

4.3 Allied health services

Allied health services include physiotherapists, occupational therapists (OTs), speech therapist, podiatrists, and dieticians.

⁴ the Ministry's NTA payment team contact details – free phone: 0800 281 222 (option 2) or email: travel@moh.govt.nz

⁵ the Ministry's NTA payment team contact details – free phone: 0800 281 222 (option 2) or email: travel@moh.govt.nz

NTA referrals from allied health professionals are not valid unless otherwise notified by the DoD.

NTA referrals to allied health services are valid if:

- the client meets the NTA eligibility criteria and is referred by a specialist (for example a neurologist or cardiologist) or the client has an existing disability and is referred by a specialist for specialist therapy services (see section 5.2 of this guide) and
- the allied health service is part of a treatment regime for a particular surgical or medical event (for example burns care or stroke rehabilitation) or is part of a specialist therapy service for clients with disabilities.

NTA referrals to allied health services must be needs based and for a treatment/service that is not available to the client locally. For example, clients may be eligible for NTA if they have to travel to a specialist physiotherapist for burns care.

4.4 Nurse-led clinics

NTA referrals from nurses are not valid. NTA referrals from DHB nurse practitioners are valid if the client meets the NTA eligibility criteria. Referrals to nurse-led clinics are not covered by NTA unless the Ministry's NTA payment team is otherwise notified by the DHB.

4.5 Mental health services

Until otherwise notified by the relevant DHB by delegated authority to other mental health professionals (see section 4.1.2 of this guide), psychiatrists are the only mental health clinicians who can refer people for NTA. In addition, where appropriate, a DHB can delegate authority to other health professionals to approve the first visit to a specialist mental health services. Psychiatrists can also grant NTA signing right to other DHB staff members (see 4.1.3 of this guide).

Note: Some mental health services specifications have requirements for providing transport assistance. Where these requirements exist, they should take precedence over the NTA scheme. These services are listed in [Appendix 3](#).

Specialist services for mental health include but are not limited to the following services:

- Forensic mental health wards at public hospitals (not including facilities run by the Department of Corrections); that is, travel to services for mentally ill offenders or alleged offenders can be covered under the NTA scheme unless the client is in a correctional facility.
- Addiction Services – Alcohol and drug addiction, rehabilitation and detoxification services.

4.5.1 Escorts

Some mental health clients will need an escort to support or supervise them while they are travelling. The NTA scheme will not cover travel costs if the DHB or service provider employs the escort.

4.5.2 Forensic mental health inpatients

Forensic mental health inpatients must meet the usual criteria for assistance with a support person's cost. If eligible, a support person's costs may be met for two return trips per week and/or accommodation as appropriate for the client's first two weeks of inpatient and/or daily outpatient specialist services. Thereafter, the support person will be entitled to one return trip and two nights' accommodation as appropriate per week, for up to a three-month period. After this time, a DHB review of ongoing NTA for the support person's costs is required, or a clinical reason for the continued provision of NTA for a support person must be provided to the Ministry's NTA payment team and signed off by a forensic psychiatrist. For example, the forensic inpatient is being rehabilitated back into the community, and a support person needs to travel to contribute to that rehabilitation.

For funding purposes and consistency with inter-district flow rules, forensic mental health inpatients receiving treatment at a DHB other than their DoD are always residents of the referring DHB (DoD).

4.6 Hospital dental services

See section 11.7 of this guide

4.7 Specialist obstetric assessment and/or treatment

NTA referrals from GPs and LMCs to specialist obstetric services are not valid unless the DHB has given the GP or LMC delegated authority (see section 4.1.2 of this guide).

For the purposes of assessing NTA eligibility and reimbursement, a mother is always the client until her baby is born. Therefore, the mother is entitled to claim towards the cost of a support person if she is eligible according to section 7.0 of this guide. It is important to note that it is the situation of the client and not the supporter/s that is considered when applying for NTA.

In certain circumstances, usually due to a medical condition, an expectant woman may be required to stay close to the hospital but she may not meet the usual NTA eligibility criteria. In such cases, this client may be entitled to register for NTA under the long stay near hospital criteria (see section 6.2 of his guide).

When the child is born, the mother and/or the child are each assessed for NTA according to the NTA eligibility criteria.

Babies who are born outside their parent's DoD are considered to be resident at their parents' usual address, and by extension their parents DoD, regardless of where they may be born.

4.8 Amending NTA registrations

DHB NTA travel coordinators, in consultation with the referring specialist, may amend and NTA registrations i.e. add or remove treating facilities, taxis and flights etc. via email rather than sending in a new or amended registration form. However, a new or amended NTRA registration form is also acceptable. NTA clients need to contact the DHB NTA travel coordinators if registration amendments are required.

5.0 Disability Support Services NTA Referrals

In order to receive services funded by the Ministry or Disability Services Directorate (DSD), a client must meet the Ministry's definition of disability (as outlined in appendix 4).

The majority of DSD clients will access services through a Needs Assessment and Service Co-ordination (NASC) agency. However, some clients will also access services via:

- Regional Intellectual Disability Care Agencies (RIDCAs)
- The cochlear implant programme, which is funded by the Ministry
- Child Development Services
- Equipment Management Services.

5.1 DSS specialist referral

For the purposes of NTA referral to disability services, a disability specialist can be any of the following:

- A clinical assessment team leader for the Royal New Zealand Foundation of the Blind (RNZFB), the Van Asch Deaf Education Centre and the National Audiology Centre
- A needs assessor or service co-ordinator for a NASC agency
- A care co-ordinator for a RIDCA (RIDCAs administer the Intellectual Disability (Compulsory Care and Rehabilitation) Act.)
- An audiologist or ear, nose and throat (ENT) specialist for the Ministry's cochlear implant programme
- A paediatrician for Child Development Services
- An accredited specialist assessor for Equipment Management Services if services are not provided locally within a client's DHB area. Equipment Management Services provide assessments for environmental support services, for example, wheelchair, driving and assertive technology assessments.

Note: It is important that DHB travel coordinators be notified when a referral is made by a specialist who is not directly linked to the DHB NTA referral system. Contact details of all DHB travel coordinators can be obtained by emailing travel@moh.govt.nz

It may not always be possible to list in this guide all specialist DSS that should be approved to registered their clients for NTA funding, therefore the Ministry's NTA payment team periodically reviews and updates the list of specialist DSS.

5.2 Specialist therapy services

Specialist therapy services, as interpreted by the DSD for their clients for NTA purposes, include physiotherapists, occupational therapists (OTs) and speech therapist.

NTA referrals to physiotherapists, OTs, speech therapist, podiatrists and dieticians are valid if the service is not available locally and a DSD client:

- meets the NTA eligibility criteria
- is referred by a specialist (as defined in section 4.0 and 5.0)

and the allied health service is part of a treatment regime that relates to the client's disability, unless otherwise notified by the DoD.

NTA referrals from allied health professionals, such as physiotherapists, dieticians (OTs) speech therapist and podiatrists are not accepted.

5.3 Artificial limb centers

Assistance with travel to artificial limb centres is available through other organisations such as Work and Income and ACC. Work and Income currently only funds travel assistance for adjustments and/or repairs to artificial limbs. Until otherwise advised, the Ministry's NTA payment team will continue to approve claims for initial fittings of artificial limbs.

Travel assistance through NTA should only be approved when the client cannot access assistance through another organisation. When registering for NTA, clients should provide proof that they are not eligible for assistance through ACC or Work and Income.

5.4 DHB-provided specialist rehabilitation services

The NTA scheme covers DSD-funded rehabilitation services that are provided by DHBs. These include services such as the Auckland Spinal Rehabilitation Unit (Otara, Auckland), Rehab Plus, the Burwood Spinal Unit (Christchurch) and the Wilson Centre (Takapuna, Auckland). Referrals for NTA must be via a clinical specialist.

5.5 Non-DHB specialist rehabilitation services

The NTA scheme covers DSD-funded rehabilitation services that are provided by organisations other than DHBs. These services include Cavit ABI Rehabilitation services (Wellington and Auckland), Phoenix Rehabilitation Unit (Hamilton) and Ranworth Healthcare (Ranworth residential facilities are in Whangarei, Auckland, Hamilton, Gisborne, Hastings and Palmerston North). Referral for travel assistance to these organisations will be via a NASC agency.

5.6 Specialist therapy services

These are therapy services that are funded by DSD only if they are part of an approved rehabilitation programme, which has a specific outcome and time frame. Specialist therapy services for which DSD clients can claim travel assistance can include Ministry or DHB funded services such as:

- occupational therapy
- physiotherapy
- speech-language therapy (for adults)
- audiology services

- orthotic services
- podiatry services that are additional and related to the disability, for example, travel to a podiatry service that is related to diabetes would not be covered for someone whose disability is deafness.

5.7 Conductive education

Conductive education services that are not funded by a DSD may have their own travel arrangements, which should take precedence over the NTA Policy 2005. DSD clients will need to provide proof that they are not able to access the conductive education service's travel arrangements when they apply for NTA funding. Referral for travel assistance will be via a NASC agency.

5.8 New Zealand Riding for the Disabled Association

The New Zealand Riding for the Disabled Association (NZRDA) covers therapy and rehabilitation, education, behaviour modification and social contact as well as horse riding for sport and recreation for people with disabilities. NZRDA for DSD clients is for rehabilitation/habilitation purposes only. Referral for NTA will be via a NASC agency.

5.9 Swimming programmes

Until otherwise advised by DSD, only clients who claimed travel assistance before the start of the NTA scheme (that is, those who claimed travel assistance before 1 January 2006) will be approved to claim NTA for travel to attend swimming programmes.

5.10 Cochlear implant programmes

The Northern Cochlear Implant Trust and the Southern Cochlear Implant Programme are funded to manage the Ministry's cochlear implant programme. Cochlear implant services covered by NTA include initial assessment, audiology and surgery and ongoing audiology, habilitation for children, rehabilitation for adults, repairs of children's cochlear implant devices and replacement of worn devices. Referrals for NTA will be via an audiologist or ENT specialist.

Note: It is important that DHB travel coordinators be notified when a referral is made by a Cochlear Implant Programme Coordinator. Contact details of all DHB travel coordinators can be obtained by emailing travel@moh.govt.nz.

5.11 Royal New Zealand Foundation of the Blind

Referrals for NTA to access an eye assessment or for RNZFB services, such as orientation and mobility services, will be via the clinical assessment team leader of the RNZFB.

6.0 Other Eligible Clients

Clients who do not meet the eligibility criteria outlined in section 2.0 of this guide may qualify for travel assistance under the circumstances detailed below.

6.1 Organ donors

Live bone marrow, liver and kidney donors automatically qualify for travel assistance without having to meet any of the NTA eligibility criteria. The recipient's DHB is the funder of NTA for the recipient as well as the donor.

Note: Organ transplant *recipients* must meet the usual NTA eligibility criteria.

The organ donor will be able to claim for travel costs incurred in New Zealand provided that the travel coincides with periods of care for the organ recipient and/or preoperative or post-operative care directly related to the organ donation.

NTA covers potential organ donors' travel for any specialist tests (that is, tests that cannot be carried out by a GP or a local laboratory) that are related to determining donor compatibility. A specialist, or a person who has specialist delegated authority, must register the donor for NTA.

If the donor lives overseas, the NTA scheme will *not* cover the costs of the organ donor's travel to and from New Zealand.

It is advised that waiting organ donors and recipients register for NTA as soon as possible. This enables any travel bookings that may be required to be made promptly once a date for transplant has been arranged.

Note: When eligible **organ transplant recipients** require urgent travel bookings after hours and at weekends, they can deal directly with the Ministry's NTA payment team travel agent Business Direct, on freephone: 0800 707 104, provided that they are registered for NTA and quote their client NTA ID number. Alternatively, the client or the DoD can pay for the travel and then submit a claim to the Ministry's NTA payment team for reimbursement.

6.2 Long stays near the hospital

Clients who, for medical reasons, are required to stay close to the hospital, or treatment centre, for more than 14 days at a time can claim for accommodation assistance without meeting the usual eligibility criteria (see section 2.0 of this guide). This may apply to.

Long stays near hospital of 14 days or more are granted for clinical reasons. Those who may fall into this category are: organ transplant recipients, or clients learning the process of renal dialysis or people having chemotherapy or pregnant women who have at risk pregnancies and need to stay close to the hospital in cases of emergency. The Ministry's NTA payment team will usually only approve accommodation assistance for long stays near hospital for clients who usually live at least 100 kilometres (one way) away from the treating facility. Clinical justification is required in writing, by letter or on the NTA registration form, to support the application for long-stay-near-hospital accommodation assistance where the distance travelled is less than 100 kilometres one way.

At the point of registration for long-stay-near-hospital accommodation assistance, there must be an expectation from the specialist involved that the client will need to

stay longer than 14 days. Under the long-stay-near-hospital category, clients must first meet the 14-day-stay threshold before payment/reimbursement of accommodation costs is made, unless otherwise notified by the funding DHB. However, once the 14-day threshold is met, payment is made from day one of the stay. The long-stay accommodation provider will be reimbursed at the usual NTA accommodation rates.

The specialist must provide any referrals for a long stay near hospital to the Ministry's NTA payment team in writing (by letter or on the NTA registration form). The estimated duration (number of accommodation nights required) of the stay must be provided.

Where appropriate, when a client is staying close to the hospital for months at a time, it may be cheaper for a DHB and/or the Ministry's NTA payment team to source accommodation other than motels/hotels, for example, weekly rental accommodation.

If approved by a specialist, long-stay-near-hospital clients may travel home during their stay to receive emotional support of family/whānau. The client can claim the cost of a return trip home once a month at the usual reimbursement rates.

When clients meet the 14 nights threshold, thus qualifying for a long stay near hospital, in some cases it may be cheaper for the client to travel home each weekend rather than pay accommodation costs for the weekend. In such cases, the travel home can be approved on the basis that it is practical and cost effective.

6.2.1 Supporters of long-stay-near-hospital clients

Accommodation assistance: If the client is eligible for support person costs (see section 7.0 of this guide), if possible, the long-stay-near-hospital client (section 6.2 of this guide) and their supporter should stay in the same accommodation.

Transport assistance: If the case is eligible for support persons costs, transport assistance (mileage, public transport, air travel) is covered for a long-stay-near-hospital client's supporter only when the supporter is travelling with the client or is travelling home after fulfilling their obligations as a supporter. If the eligible supporter is not able to stay with the client for the duration of the long stay, then travel costs for a supporter travelling alone will be covered for clinical reasons only (for example, if the client has a specialist appointment at which joint decision-making is required or the supporter is required to learn a new skill to care for the client at home). In such cases, a return trip will be covered for the supporter. The specialist must make the application for transport assistance for a supporter when that person is not travelling with the long-stay-near-hospital client in writing to the Ministry's NTA payment team, and the application must include details of the clinical reason for the treatment.

6.3 Publicly funded care by a private provider

The NTA scheme provides travel and accommodation assistance associated with treatment by a publicly funded private specialist treatment provider following special approval from the relevant DHB. Clients must first meet all the eligibility criteria of the NTA scheme.

the Ministry's NTA payment team will decline any claim for travel assistance to private surgery unless it receives written approval for travel assistance from the

client's DoD or the publicly funded specialist on DHB letterhead. This written approval needs to explain that the surgery is publicly funded. NTA will only be provided when the client's full treatment costs are covered by the DHB and when the travel and accommodation is not covered by a third party, for example, an insurance company.

6.4 Cosmetic surgery

See section 11.5 of this guide

6.5 Return of the deceased

Return of a deceased client to their home by road (private car or hearse) is covered under the NTA scheme provided that the deceased client was registered for NTA (that is, had met all the eligibility criteria of the NTA scheme and was not voluntarily travelling out of DHB region) and assistance is not available from other agencies (for example, Work and Income or the New Zealand Police or a coroner).

Return of the deceased by air is covered under the NTA Policy providing the deceased client is registered for NTA air travel (i.e. meets the eligibility criteria of long distance travel in the NTA scheme and is not voluntarily travelling out of DHB region) and assistance is not available from other agencies (e.g. Work and Income or police/coroner). The NTA Policy will not cover any additional costs related to preparation of the deceased body for air or road travel, for example the embalming and the purchase of a coffin. This is because it is expected that the deceased person's estate or his or her family will meet these additional costs.

In situations where a client dies 'during treatment', NTA is only available to support persons when they were actually at the place of the deceased client's treatment facility for which the client was eligible for NTA assistance or were travelling to or from that treatment facility as an eligible supporter. The deceased client can have been either an inpatient or an outpatient.

If applicable, NTA will cover the travel costs of an eligible support person (or persons) to return to the deceased client's home (or funeral home close to the client's home). 'Home' is defined as the usual place of residence of the NTA client as per the NTA registration form.

If the DHB responsible for funding the return of the deceased client faces no additional costs, then the deceased client can also be returned to their tūrangawaewae, if this address is different from the residential address listed on the deceased client's NTA registration. For example, a Hawkes Bay man dies during treatment at Auckland DHB and his tūrangawaewae is Northland, if requested, then his body may be transported directly to Northland, because no additional cost is borne by Hawkes Bay DHB.

6.6 Residential care clients

The NTA Policy 6.8 states that when access to specialist services for clients who are resident in residential care facilities such as rest homes is the responsibility of the facility, costs cannot be claimed for travel under the NTA policy. However, DHBs are funded to cover NTA eligible clients who live in aged residential care facilities. As a consequence, the NTA reference group reviewed section 6.8 of the NTA Policy and they interpret this section to mean; the cost of travel to Specialist Health and

Disability Services is the responsibility of the residential care facilities when the resident does not meet the NTA criteria. People who are eligible for publicly funded Specialist Health and Disability Services and they meet the NTA are entitled to apply for NTA; this includes people living in aged residential care facilities.

6.7 Repatriation of Inter-hospital transfers (IHTs) and people voluntarily travelling away from home

This section covers repatriation of people who have a planned or unplanned acute admission to a treatment facility that is not the closest one to their home.

Currently the NTA scheme provides the national standard around how DHBs of Domicile (DoD) repatriate:

- their IHTs if discharged from a hospital other than the one they were admitted to. See section 8.0 of this guide
- people voluntarily travelling away from home (for example holidaymakers or people travelling for work) and have a unplanned acute admission.

Only when IHT or clients traveling voluntarily meet the NTA eligibility criteria, will NTA cover clients and their supporters when discharged from another DHB's hospital or when they are discharged from another facility within a DHB.

In cases where people are voluntarily traveling away from home, NTA eligibility is assessed using the current or treating DoS or their holiday location **not** their usual place of residence (see 112.0 for further explanation).

6.7.1 Arranging repatriation home

A client who is discharged home from a tertiary service is entitled to claim NTA if they meet the NTA eligibility criteria. Where it is deemed that the client would meet the NTA eligibility criteria, it is preferable that the DoD register all inpatients transferred at the time of discharge. However, the DoS can also register the client for NTA. In such cases, the DoS should not under any circumstances arrange an air or road ambulance service as the discharge transport without first contacting the client's DoD for approval.

Note: Often a DoD purchase order number is required before payment can be made for an ambulance service.

If a client is discharged home and is able to make their own travel arrangements, they can register for NTA through their DoD specialist service and can claim travel costs through the Ministry's NTA payment team.

In cases where the client is not able to arrange their own travel, DHBs should follow the following process:

6.7.2 For planned discharges:

In cases of planned discharges, the DoS notifies the DoD's travel co-ordinator, transport office or the NTA primary contact (the list NTA contacts is available on request from: travel@moh.govt.nz) of the client's discharge as soon as the date of discharge is known. The DoD is responsible for registering the client for NTA and making transport arrangements.

6.7.3 For unplanned discharges

In cases of unplanned discharges, a DoS may be required to register an eligible client for NTA and arrange their transport home. In such cases, if possible, the DoS should first notify the DoD's travel co-ordinator, transport office, the NTA primary contact or the after-hours duty manager. This is because the DoD may be able to arrange the client's NTA registration and/or transport home and minimize their costs, for example, clients could be taken as back-load on a DoD aircraft or ambulance, as currently occurs with discharges from some tertiary DHBs.

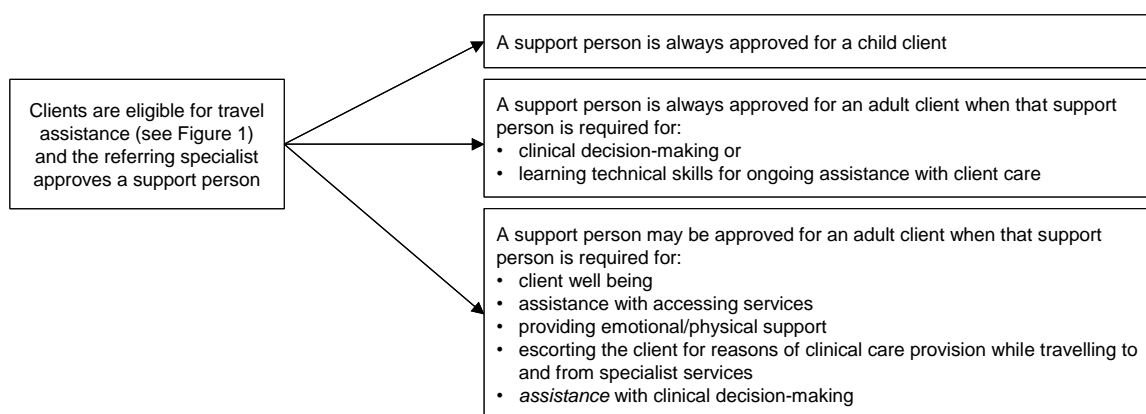
In some circumstances, the DoS may be required to prepay the client's travel assistance (for example, in petrol vouchers or by providing public transport tickets). If the DoS is expecting some reimbursement from the DoD for this prepayment, it is important that the DoS ensures that the client is eligible for NTA before making any payment.

7.0 Support Person NTA Criteria

A support person's eligibility for assistance to accompany the client to treatment depends on the client's eligibility for travel assistance and will be granted or denied based on the criteria in the NTA scheme (see 3.0 of this guide)

The flow chart below shows criteria for a first support person's eligibility for assistance based on the client's circumstances.

All children under the age of 18 years are automatically entitled to assistance for a support person. For an adult client, the specialist must make an application for assistance for a support person in writing (a letter or on the NTA registration form) to the Ministry's NTA payment team.



7.1

Second supporter criteria

Under certain circumstances, the referring specialist may recommend that the client have a second support person accompany them to treatment, with the additional cost being covered by the NTA scheme (also for neonate supporters see section 9.1.2 of this guide).

Additional funding for a second support person may be approved in any of the following situations:

- A second support person is required to learn technical skills for ongoing care of the client and cannot learn these skills from a local health or disability support service provider, the first support person or the client.

- A child client is in a critical condition.
- A second support person is required to be present to make a decision about whether to proceed with surgery.

A letter, and/or statement on the NTA registration form, signed by the specialist, that explains why it is necessary to have two support people present will be required as part of any decision to fund a second support person.

7.2 Supporters of inpatient children

First supporters of NTA eligible inpatient children are entitled to accommodation costs for the length of a child's inpatient stay. Where there is an expectation that the DoS will provide accommodation for the first supporter to stay with the child in the unit or ward, and support person facilities are provided by the DoS, the NTA scheme will not fund additional accommodation for the first supporter.

Second supporters of long-term inpatient children will have their case considered separately and this will be based on clinical reasons and the criteria in section 7.1 and 9.1.2 (neonates) of this guide. The treating specialist must make an application for assistance for a second supporter to the Ministry's NTA payment team in writing stating the clinical reason/s.

7.3 Supporters of inpatient adults

If eligible for NTA and for costs of a first supporter (see section 7.0 of this guide), inpatient adults are entitled to have the travel and accommodation costs of a supporter covered up to the usual reimbursement levels.

A support person's costs may be met for two return trips per week and/or accommodation as appropriate for the client's first two weeks of inpatient and/or daily outpatient specialist services. Thereafter the support person will be entitled to one return trip and two nights' accommodation as appropriate per week.

If the Ministry's NTA payment team is advised in advance, the 16 nights of supporter accommodation can be taken at any time during the NTA client's inpatient stay.

NTA will cover supporters of all NTA eligible in-patients (ACC or otherwise). This rule will apply when the NTA client is admitted as an in-patient, even if this inpatient admission occurs in the first 24 hours of the accident. At the point of admission NTA covers eligible supporter/s.

7.3.1 Long-term inpatient adults

A long-term inpatient adult's stay is a stay of 16 days or more. Additional travel assistance for a eligible support person beyond the first 16 days (14 days plus 2 days) of the eligible inpatient adult's stay (that is, more than two nights accommodation or one return trip) may be approved on a case-by-case basis for clinical reasons only.

The specialist must make any applications for additional first supporter assistance and/or assistance for a second supporter to the Ministry's NTA payment team in writing (a letter or on the NTA registration form) stating the clinical reason/s. For example, a first supporter is frequently required for clinical decision-making and/or a second supporter is required to learn a new skill for ongoing care of the client when the client is discharged home.

8.1 Supporter/s of inter-hospital transfer clients

Where possible, the supporter should always travel with the IHT client. To claim support persons travel cost, when the client is an IHT and the supporter is travelling separately, first the client must be registered for NTA and be eligible to claim the costs of a support person.

When registered, if the client is unable sign the NTA claim form, a client representative, usually an immediate family member or a DHB travel co-ordinator or social worker, may sign on their behalf.

Note: it is the situation of the client and not the support person that is considered when applying for NTA.

9.0 Neonates

For the purposes of the NTA scheme, a neonate is an infant up to the later of 28 days or initial discharge from hospital. This definition means that a mix of inpatient and outpatient appointments will be covered under the neonate criteria. If eligible, assistance will be provided to all neonates not just breastfed neonates.

It is the situation of the neonate client that is considered when assessing eligibility for NTA. Eligible neonates are always entitled to have the cost of one supporter covered (see section 9.1.1). Eligibility of the neonate to have the cost of a second supporter covered is assessed according to the second supporter eligibility criteria (see section 9.1.2).

9.1 Inpatient neonates

An inpatient neonate is a neonate admitted to hospital up to 28 days from birth and until discharge from hospital. If a neonate is discharged home and is over 28 days old and requires readmission, the baby must then meet the eligibility criteria of a child client to qualify for further NTA. Appendix 2, Figure 1 shows eligibility and entitlements of inpatient neonates.

9.1.1 *First supporters of inpatient neonate*

First supporters of inpatient neonates are entitled to travel assistance under the NTA scheme provided that the inpatient neonate meets the definition of a neonate.

First supporters of inpatient neonates will qualify for NTA assistance without having to meet the usual NTA eligibility criteria.

Inpatient neonates are always entitled to have the following costs of a first supporter covered:

Accommodation costs: First supporters of inpatient neonates are entitled to accommodation costs, if eligible, up to \$100 per night for the length of the neonate's inpatient stay. Where there is an expectation that the treating facility will provide accommodation for the first supporter to stay with the child on the unit, and support person facilities are provided by the treating facility, the NTA scheme will not fund additional accommodation for the first supporter. In cases where the treating facility does not provide on-site boarding for the mother or charges for that board, accommodation will be covered if the mother lives more than 100 kilometres away or

for a lesser distance where a clinical reason is provided in writing (a letter or on the NTA registration form) to support the application for additional accommodation assistance, for example, if the neonate is in critical condition and the supporter needs to be close by for decision-making purposes. A distance criterion is always calculated on the assumption that the neonate's home address is the same as the first supporter's home address. If the first supporter is staying on site and needs to go home s/he can claim two trips per week.

Travel costs: If the first supporter travels each day from home to visit the neonate, travel assistance (mileage) may be approved for up to two trips per day with no distance stipulation. If accommodation is provided by the DHB, or the first supporter is staying in accommodation close by the hospital, the first supporter is entitled to have travel costs covered for two return trips home per week for the first 14 days of the neonate's inpatient stay and thereafter one return trip per week for the length of the neonate's inpatient stay.

9.1.2 Second supporter of inpatient neonates

A second support person's costs, for example, costs for a father or a grandparent, may be approved if a client neonate meets the eligibility criteria and the following criteria is met for a second supporter.

Additional funding for a second support person may be approved when:

- a. a second support person is required to learn technical skills for ongoing care of the client and cannot learn these skills from a local health care or disability support service provider or the first support person or the client, or
- b. a child client is in a critical condition, or
- c. a second support person is required to be present to make a decision about whether to proceed with surgery.

If eligible, the second supporter is entitled to 16 days accommodation (two weeks plus two days) and/or two trips per week for the first 14 days of the neonates inpatient stay. Thereafter, the second supporter is entitled to one return trip per week and two nights accommodation for the length of the neonate's inpatient stay.

Where the first supporter is staying in accommodation, it is expected that the second supporter will stay in the same accommodation, if appropriate, for example, if it is double accommodation and the supporters are related.

Approval for additional travel assistance for a second support person beyond the first 16 days (14 days plus 2 days) of the neonate's inpatient stay (that is, more than two nights' accommodation or one return trip per week) may be met for clinical reasons only. The specialist must make an application for additional assistance to the Ministry's NTA payment team in writing or on the NTA registration form stating the clinical reason/s, for example, joint decision-making by both parents is required or the second supporter requires more time to learn a new skill for ongoing care of the neonate when the neonate is discharged home.

If the Ministry's NTA payment team is advised in advance, the 16 nights of supporter accommodation can be taken at any time during the NTA client's inpatient stay.

9.2

Outpatient neonates

Outpatient neonates who visit specialist services must meet the eligibility criteria outlined in Appendix 2, Figure 2. If eligible, outpatient neonates and their supporter are entitled to travel assistance as per the NTA scheme. To have the cost of a second supporter covered, the conditions described in section 7.0 of this guide must be met. Accommodation will be covered if the outpatient neonate lives 100 kilometres or more away or for a lesser distance where the specialist provides a clinical reason in writing (a letter or on the NTA registration form) to support the application for additional accommodation assistance.

10.0 Travel Assistant Available

The following information relates to reimbursement of mileage and transport costs. Reimbursement rates may not always cover the full cost of travel because NTA contributes towards travel and accommodation costs and is not intended to cover the full cost of travel.

10.1

Private vehicle mileage

Private vehicle travel is claimed at 28 cents per kilometre. Distance is calculated door to door and is determined by the Ministry's NTA payment team via a web-based distance calculator.

10.2

Public transport

Public transport is reimbursed for the least expensive option available, for example, public bus or train services. In cases where a more expensive option is used (for example, taxis, wheelchair taxis, commercial air travel), the specialist must verify the eligibility, clinical or mobility reasons why such a form of transport is necessary.

Receipts must be provided when claiming reimbursement for public transport. Clients who are eligible for travel assistance and who cannot afford to pay for their public transport tickets in advance should contact the Ministry's NTA payment team on freephone: 0800 281 222 (press option 2), and their transport will be booked for them if the client is registered for NTA and provides proof of their appointment. When eligible organ transplant recipients require urgent travel bookings after hours and at weekends, they can deal directly with the Ministry's NTA payment team travel agent Atlantic & Pacific on freephone: 0800 707 104 provided that they are registered for NTA and quote their client NTA ID number. Alternatively, the client or the DoD can pay for the travel and then submit a claim to the Ministry's NTA payment team for reimbursement.

If eligible for reimbursement towards the cost of travel, NTA clients will retain the right to choose their own transport arrangements, but there is an expectation that clients will use DoD-preferred providers. Where possible, the Ministry's NTA payment team and DHBs should notify NTA clients of a DoD's preferred provider.

The Ministry's NTA payment team appreciates feedback on the quality of preferred service providers, and clients can forward any comments/suggestions via email travel@moh.govt.nz or in writing, to National Travel Assistance PO Box 1026 Wellington

10.2.1 Transfers between public transport terminals, accommodation and treatment centres

The costs of airport or public transport terminal transfers to and from treatment centers are covered by the NTA scheme.

The following travel costs are **not** covered, unless otherwise notified, for clinical reasons, by the client's specialist, or DHB, in writing or on the NTA registration form:

- For transfers from home to airport or public transport terminals (or vice versa).
- Between client accommodation and the treatment center or any about town travel (it is expected that the client will stay close to the hospital).
- When the client is an inpatient, between a support person's accommodation and the treatment center or any about town travel.

Note: The DHB must notify the Ministry's NTA payment team of those situations where it funds long-distance airport to home travel. Contact the Ministry's NTA payment team to find out which DHBs fund long-distance airport to home travel.

10.2.2 Approval of air travel

Commercial air travel can be claimed by eligible clients when recommended by the specialist, in a letter or on the NTA registration form, and only under the following circumstances:

- Where it is medically required
- When the client must travel across water as designated by the DHB (see section 10.3 of this guide). Note: where appropriate, ferries should be used as a less expensive alternative form of transport.
- where the distance travelled exceeds 350 kilometres one way.

These circumstances must be stated on the NTA registration form.

Clients who are eligible for air travel and who cannot afford to pay for their air tickets in advance should contact the Ministry's NTA payment team on freephone: 0800 281 222 (press option 2), and their transport will be booked for them if the client is registered for NTA and provides proof of their appointment. When eligible organ transplant recipients require urgent travel bookings after hours and at weekends, they can deal directly with the Ministry's NTA payment team travel agent Atlantic & Pacific on freephone: 0800 800 483 provided that they are registered for NTA and quote their client NTA ID number. Alternatively, the client or the DoD can pay for the travel and then submit a claim to the Ministry's NTA payment team for reimbursement.

10.3

Travel over water

The DoD must designate, authorise and notify the Ministry's NTA payment team of those situations where the costs of travel over water are to be covered, even if frequency or distance criteria are not met. Contact the Ministry's NTA payment team to find out which DHBs fund travel over water when frequency or distance criteria are not met.

Where a client qualifies for travel across water, as a rule, ferries should be used as a less expensive alternative form of transport. However, where appropriate (for example, it is a cheaper option or for clinical reasons a client must fly), the costs of commercially scheduled air travel will be covered if approved by the specialist. Water taxis are covered under NTA with specialist approval. However, when practicable and available, ferry services should be used as an alternative.

10.4 Specialised transport/approval to travel in taxis

Public transport (buses and trains) should be used where possible to transport clients to and from treatment facilities.

10.4.1 Taxis

Taxis (modified and non-modified) are considered specialised transport and must be approved by the specialist for clinical reasons only.

10.4.2 Shuttles

Shuttles or 'door to door' transport services, are specialist transport under the NTA Policy. Specialist transport is for those NTA clients whose medical condition or disability means that they are unable to access private or public transport and must be approved by the specialist for clinical reasons only.

Some DHBs have contract with shuttle services for the transportation of the people accessing specialist services. People are to first use the contracted / preferred DHB provider/s (includes public transport) and as an alternative they also have the choice of using their own private transport and seek reimbursement of 28 cents per km as per NTA policy.

10.5 Accommodation

In general, accommodation assistance will only be granted when a client, or support person of an eligible client, travels more than 100 kilometres one way and will not usually be funded to break up a journey to and from the place of treatment, unless deemed necessary by the specialist. In cases where the client and/or the eligible support person travels a lesser distance, a clinical reason is required in writing (a letter or on the NTA registration form) to support the application for this accommodation assistance, for example, the client is elderly, he or she is travelling alone and the return trip home of less than 100 kilometres may compromise his or her safety, or a child, who lives less than 100 kilometres away, is receiving day-stay chemotherapy and is not be well enough to tolerate the return journey home.

For eligible clients, assistance with accommodation costs may be approved if an overnight stay is necessary, according to the specialist's recommendation. For example, a client who lives 100 kilometres away needs to arrive the day before the appointment or public transport is not available for the return trip so has to stay overnight. In such cases, accommodation will be covered for up to two nights. The specialist must complete the appropriate section of the NTA registration form or notify the Ministry's NTA payment team by a letter outlining the reasons for requiring accommodation.

10.5.1 Choosing an accommodation providers

If eligible for reimbursement towards the cost of accommodation, NTA clients will retain the right to choose their own accommodation provider, but there is an expectation for clients to use DHB-preferred providers. Where possible the Ministry's NTA payment team and DHBs should notify NTA clients of a DHB's preferred providers.

10.5.2 Accommodation reimbursement levels

An accommodation rate surcharge may apply over and above the amount the client can claim from NTA. The surcharge may vary between accommodation providers. Clients are urged to contact the Ministry's NTA payment team or their DHB for advice in regards to accommodation providers with lower or no surcharges.

Where accommodation costs are approved, clients may claim actual costs up to \$100 per night.

Note: surcharges may apply to accommodation provider rates.

When seeking reimbursement of accommodation costs, the eligible client is required to submit a claim form for the reimbursement up to the maximum applicable rates and to provide receipts (showing costs and dates stayed with this claim). Where the client is travelling with a supporter, they are expected to stay together, and only one rate of accommodation can be claimed. Clients who are eligible for accommodation travel assistance but who cannot afford to pay up front for their accommodation should contact the Ministry's NTA payment team on freephone: 0800 281 222 (press option 2), and their booking for the travel and accommodation will be made directly provided that proof of appointment is supplied. Clients who are unable to pay the accommodation surcharge should contact their DHB's travel coordinator for advice.

10.5.3 Staying with friends and family

Clients and support people eligible for accommodation assistance are encouraged to stay with family and friends whenever possible. In such cases, the reimbursement is \$25 per night per NTA client, regardless of the number of supporters to be accommodated, and can be claimed from the Ministry's NTA payment team through the usual claiming process. Verification of stay is **not** required.

Clients cannot claim accommodation costs for nights when they are admitted to a specialist service as an inpatient. However, if they meet eligibility criteria, the client's support person may claim for their separate accommodation at \$25.00 per night.

If is advised in advance, the 16 nights (14 nights plus two) of supporter accommodation can be taken at any time during the NTA client's inpatient stay.

10.5.4 Accommodation assistance for supporters of inpatients

If eligible for the cost of accommodation (see section 10.5 of this guide), first supporters of eligible **inpatient children** are entitled to accommodation costs for the length of the child's inpatient stay. Second supporters will have their case considered separately and this will be based on clinical reasons and the criteria discussed in section 7.1 of this guide.

Support person's costs for **inpatient adults** will be met if the inpatient meets the NTA eligibility criteria (see section 2.0 of this guide) and the support person meets the

support person eligibility criteria (see section 7.0 of this guide). Approval for additional travel assistance for a support person beyond the first 16 nights (14 nights plus two nights) of an eligible adult's inpatient stay (that is, more than two nights accommodation or one return trip per week) may be approved on a case-by-case basis and for clinical reasons. The specialist must make any applications for additional first supporter assistance and/or second supporter assistance to in writing stating the clinical reason, for example, a first supporter is frequently required for clinical decision-making and/or a second supporter is required to learn a new skill for ongoing care of the client when the client is discharged home.

If is advised in advance, the 16 nights (14 nights plus two) of supporter accommodation can be taken at any time during the NTA client's inpatient stay.

10.5.5 Forensic mental health inpatients supporters

Forensic mental health inpatients must meet the usual criteria for assistance with a support person's cost (see section 7.0 of this guide). If eligible, a support person's costs may be met for two return trips per week and/or accommodation as appropriate for the client's first two weeks of inpatient and/or daily outpatient specialist services. Thereafter, the support person will be entitled to one return trip and two nights' accommodation as appropriate per week, for up to a three-month period. After this time, a DHB review of ongoing NTA for the support person's costs is required, or a clinical reason for the continued provision of NTA for a support person must be provided to and signed off by a forensic psychiatrist. For example, the forensic inpatient is being rehabilitated back into the community, and a support person needs to travel to contribute to that rehabilitation.

10.5.6 Claiming a return journey home in place of accommodation

NTA eligible inpatients (children or adults) and/or their supporters or 'long stay near hospital' clients and/or their supporters, who are approved for accommodation allowance, can claim a return mileage journey home in place of accommodation under the following conditions:

- if the DHB responsible for funding the return journey faces no additional costs i.e. the funding DHB will fund a journey home up to the level of what the accommodation rate would have been.
- if an accommodation provider chooses not to invoice the fee for holding a patient's room open i.e. the provider is not financially penalised for holding a room open.

10.6

DHB preferred providers

There is an expectation that clients will use DHB-preferred providers. Some DHBs have contracts with transportation and accommodation providers for people accessing specialist services. People are to first use the contracted / preferred DHB provider/s (includes public transport). As an alternative they can also use their own private transport and self selected accommodation, if eligible, then seek reimbursement at the NTA Policy's usual mileage and accommodation rates. Where possible, and the DHBs should notify the NTA clients of the DHB's preferred providers.

Where the DHB has agreed to a set price with accommodation and/or transport providers, it is likely that these providers will invoice the DHB directly for the cost of

client accommodation and/or transport, rather than the client pay 'up-front'. However, a surcharge may still apply.

The NTA payments team maintains a list of DHB-preferred providers. It is recommended that, from time to time, DHBs contact the NTA payments team to update this list.

10.7 Postponed admissions or cancelled appointments

The cost of non-refundable travel due to postponed admissions, or cancelled appointments, will be covered by the NTA Policy. Costs include non-refundable fares, mileage costs, associated accommodation costs and/or specialised transport costs. However, to avoid the DoD having to pay for non-refundable travel costs, the DoS must inform the client as soon as possible that their appointment has been changed or cancelled. If booking their own travel, clients should be advised to book the cheapest transport fare possible. This may mean booking a non-refundable fare

The Ministry's NTA payment team will only book and pay for travel fares, on behalf of clients, if their appointment is confirmed. Where possible, both and/or clients should attempt to recover costs from the travel provider for changed or cancelled appointments or rebook the flights for another client.

11.0 Exclusions from NTA Funding

11.1 Overseas travel

Overseas travel is not funded under the NTA scheme. Exceptions to this rule can only be agreed collectively by DHBs.⁶

11.2 Transfers between client/supporter accommodation and treatment centre

The following travel costs are **not** covered by NTA unless otherwise notified, for clinical reasons, by the client's specialist, or DHB, in writing or on the NTA registration form:

- For transfers from home to airport or public transport terminals (or vice versa),
- Between client accommodation and the treatment center or any about town travel
- When the client is an inpatient, between a support person's accommodation and the treatment center or any about town travel

Also see section 11.2 for more details

⁶ Overseas travel may be funded by the high cost treatment funding pool and is applied for through the Ministry of Health not NTA. Prior approval is required to access this funding.

11.3 Voluntary travel away from the usual place of residence

Costs for a client to return home are not covered if the client requires an unplanned acute admission to a treatment facility that is not the closest one to their home while they are voluntarily travelling out of their DHB region (for example on holiday or travelling for work). This is because it is assumed that the client has arranged the return journey home as part of their travel plans. In these cases, the location of the out-of-region accommodation (for example, motel accommodation or camp ground) and/or the address of the treatment facility is used when assessing a client's NTA eligibility criteria and reimbursement levels.

Should the acute admission client require transfer to another treatment facility, the NTA criteria is also applied, using the location of the client's out-of-region accommodation, for example, motel, camping ground etc, or current DoS. As a result, the client's location while travelling will be required with their NTA registration form.

For the above policy to be applied, it is recommended that DHB staff, for example, travel co-ordinators or social workers, advise clients who are admitted to hospital and who are voluntarily travelling out of the DHB region that eligibility for travel assistance will be assessed from the address of their holiday location.

Repatriation from the out-of-region location/health service to their usual place of residence will not be covered under the NTA scheme (unless otherwise notified by the DoD). For example, if a child who lives in Wellington breaks a leg on a skiing trip to Queenstown and is transferred to Dunedin Hospital, that child would be eligible for travel assistance to return to Queenstown because it is more than 80 kilometres from Dunedin Hospital. The child would *not* be eligible for travel assistance to return to Wellington, unless the DHB approves otherwise.

Clients may still receive assistance if their DoD or DoS has a local policy around repatriating them from a treatment facility when they are voluntarily travelling out of their DHB region. Clients need to contact their Dos or DoD for advice about travel assistance available to them.

11.4 ACC transport assistance

In the case of ACC clients, responsibility for travel assistance is divided between the DHB and ACC as listed in appendix 5.

Note: ACC travel policy and the NTA scheme assess clients according to different sets of criteria, therefore a client's eligibility for travel assistance and reimbursement levels will differ between the Ministry and ACC. When an ACC client is not eligible for NTA, they should contact their local ACC branch or DHB travel coordinator for advice. Other agencies, such as WINZ or Ministry of Social Development may be able to assist in cases of financial hardship.

The following is a brief guide to the differences in eligibility criteria between ACC and DHBs.

First 24 hours after accident	ACC pays ⁷ .
From after first 24 hours until	DHB pays if the client is eligible

⁷ See section 7.3 for information regarding rules for supporters of ACC inpatient adults.

discharge/end of 'acute' phase	for NTA.
First six weeks after discharge	DHB pays if the client is eligible for NTA.
From six weeks after discharge	ACC pays

11.5 Cosmetic surgery

Although travel for cosmetic surgery is expressly excluded from the NTA scheme, clients receiving publicly funded cosmetic surgery will be covered for travel assistance if they fit the usual eligibility criteria of the NTA scheme.

11.6 Travel or transport costs borne by a third party

As a rule, any travel assistance costs covered by a third party such as ACC, the Total Mobility scheme, the Ministry of Education, the Department of Courts, Work and Income or the Ministry of Social Development will not be covered under the NTA.

Before registering a client for NTA, DHB health and disability specialists must take care to ensure that travel assistance is not available from other sources. This is especially true for disability clients. will confirm with the Ministry's DSD any registrations approving travel to some disability services that are not funded by DHBs and are not listed in section 5.0 of this guide.

11.7 Referral for dental or orthodontic treatment

The NTA scheme does not cover travel to general dental or orthodontic services.

To be eligible for travel assistance for specialist hospital dental services, the client must fit the usual eligibility criteria of the NTA scheme and be referred by a specialist (for example, a paediatrician) or a health professional with delegated authority from their DHB to approve the first visit to a specialist dental service. When these requirements are met, travel assistance to the following services is covered:

- Hospital dental services provided for medically compromised NTA clients, for example, oncology clients or adults who are assessed as having an intellectual and/or physical disability that prevents them from receiving dental care in the primary care setting
- Hospital dental services provided for children who require a general anaesthetic for dental care.

11.8 Weekend leave for inpatients

Additional funding assistance for a client's travel for weekend leave over the amount already provided for eligible supporters and clients will not be approved unless the client's leave is for clinical reasons, that is, part of ongoing treatment and/or rehabilitation. The specialist must request additional funding for weekend leave in writing to .

11.9 Experimental treatment

NTA will not be approved for experimental treatment unless the experimental treatment is a publicly funded treatment, for example, oncology chemotherapy, for which participation in ongoing clinical trials is considered part of routine treatment.

Clinical trials should be interpreted as those that are experimental and conducted primarily for research purposes (for example, human trials undertaken as part of the development of a novel drug or therapy). In such situations, it is the responsibility of the researcher to fund travel and accommodation for the trial participants.

There are a number of publicly funded treatments, such as paediatric oncology, for which participation in ongoing clinical trials is considered part of routine treatment. Participation in clinical trials such as these is for the purpose of defining and improving standard therapy. Participation in these circumstances usually requires no additional travel above that required for standard treatment.⁸

11.10 Prison inmates

When a prisoner requires health services outside the prison, the correctional facility is responsible for arranging and funding transport for the prisoner and a prison escort.

11.11 Travel to the First Specialist Assessment (FSA)

Travel to a First Specialist Assessments (FSA) is not covered by NTA. This is because the first referral is usually a GP referral (see section 1.3 of this guide). However, FSA are covered if the referring clinician (or those nominated by them) has approved delegated authority by the relevant DHB (see section 4.1.2 of this guide) or if the assessment is a video or internet assessment (see section 4.1.4 of this guide).

11.12 Other exclusions

Other areas not covered under the NTA Policy include:

- self referred clients and clients independently seeking a second opinion
- facilities not the closest to home, unless otherwise advised by the DoD or a medical or disability specialist
- additional, associated costs such as meals, parking or care of other children.

12.0 Special Circumstances

The Ministry's NTA payment team does not approve funding on behalf of DHBs for special circumstances claims or claims that do not meet the NTA eligibility criteria. All clients who apply for travel assistance under the NTA scheme and who do not meet eligibility criteria will be referred back to their DoD. DHBs are advised to have

⁸ If there is any doubt about the experimental classification of a certain service, an independent assessment will be required.

processes in place whereby clients who do not meet the criteria for travel assistance are given the opportunity to discuss other funding options.

13.0 Abbreviations

Abbreviations used in this document

Aged Residential Care (ARC) Contract

Community Services Card (CSC)

District Health Board (DHB)

DHB of Domicile (DoD) (The DHB where a client usually resides. NTA is funded by the DoD.)

DHB of Service (DoS) (The DHB where a client receives health care or disability support)

Disability Services Directorate (DSD)

Disability Support Services (DSS)

Ear, nose and throat (ENT)

General Practitioner (GP)

Inter District Flows (IDF)

Inter-Hospital Transfer (IHT)

Lead Maternity Carers (LMC)

Medical officer special scale (MOSS)

National Travel Assistance (NTA)

Needs Assessment Service Co-ordination (NASC)

New Zealand Riding for the Disabled Association (NZRDA)

Occupational therapists (OTs)

Royal New Zealand Foundation for the Blind (RNZFB)

Regional Intellectual Disability Care Agencies (RIDCAs).

14.0 Appendices

Appendix 1

Residence criteria for the purposes of the Inter District Flow (IDF) rules

A 'resident population' of a DHB is defined in section 6 of the New Zealand Public Health and Disability (NZPHD) Act, 'the eligible people residing in the geographical area of the DHB'. DHB districts are defined by territorial authority and ward boundaries outlined in Schedule 1 to the NZPHD Act.

Residence is essentially self-defined and does not include a time criterion (except in clause 4 below). Residence is where a person considers himself or herself to usually reside. Where the DoD of a person does not correspond with the DoS, then an Inter District Flow (IDF) is deemed to occur.

To avoid doubt, and to maintain consistency with the Statistics New Zealand Census definitions of residence⁹ that are used in the distribution of funding via the Population Based Funding Formula (PBFF), the following guidelines should be used in determining a person's residence for the purposes of these IDF rules:

1. Children, who board at another residence to attend primary or secondary school and return to the home of their parent(s) or guardian(s) for the holidays, usually reside at the address of their parent(s) or guardian(s).
2. Post-secondary school students usually reside at the address where they live while studying.
3. Children, in joint custody, usually reside at the place where they spend more nights or, if they spend equal amounts of time at each residence, their DoD is considered to be that of the residence where they were when they first sought care for the current health episode.
4. Clients who are in rest homes, hospitals or other institutions usually reside where they consider themselves to live, and this may include the institution. If a client moves into long-term care in a DHB area different from their current DHB, funding from the original DHB must continue for at least three months¹⁰ before a change of address (and therefore change of DHB funder) is affected.
5. A client whose home is on any ship, boat or vessel permanently located in any harbour is deemed to usually reside at the wharf or landing place (or main wharf or landing) of the harbour.
6. In cases of involuntary changes in residence in long-term institutional treatment or support services, the last 'voluntary' residence, for the length of the service or until a change in service supports a review of domicile, is considered to be the client's address.

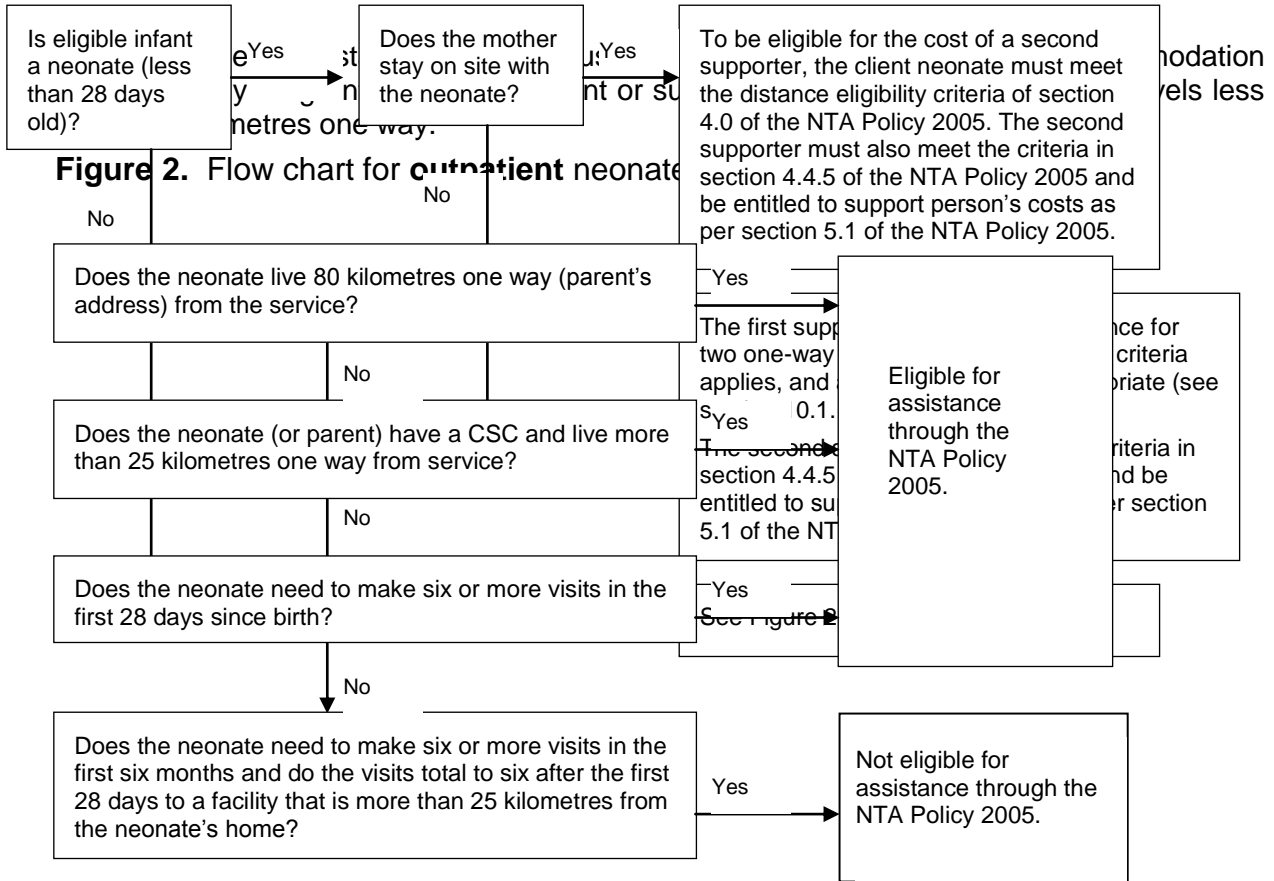
⁹ Statistics New Zealand. 2001. *Census of population and dwellings: definitions and questionnaires*. Wellington: Statistics New Zealand (Available in PDF format from <http://www.stats.co.nz>).

¹⁰ Payment is made on a two-weekly basis, therefore the three-month rule should be aligned to these fortnightly payments by the Ministry's NTA payment team (for example, 14 weeks is the closest payment period to three months).

Appendix 2

Eligibility of neonate supporters

Figure 1. Flow chart for **inpatient** neonate eligibility



Appendix 3

Mental health service specifications with provision for travel assistance

Where such specifications exist, they take precedence over the NTA. They are:

Adult community services, description of service type for community mental health services – crisis intervention services. Where necessary, the service will arrange for or provide transport of the Eligible Person to the nearest acute treatment facility. (This will usually be for acute hospital admission.)

Adult community services, description of service type for community mental health services – community day hospital programme. 'Where required, transport to and from the facility is provided by or arranged by the service.'

Community services for older people, description of service type for older persons day hospital programme. 'Where required, transport to and from the facility is provided by or arranged by the service.'

Adult community residential services, description of service type for community residential – level III. Programme flexibility will be achieved by '... providing some company, support and/or access to transport to residents in their use of community services.'

Adult community residential services, description of service type for community residential – level IV. Programme flexibility will be achieved by '... providing some company, support and or access to transport to residents in their [sic] use of community services.'

Description of service type for child and youth day services (part of inpatient service). Where required, transport to and from the facility is provided by or arranged by the service.

Description of service type for ngā kaupapa Māori whakapiri i te oranga ki runga ki ngā māuiuitanga/kaupapa Māori mental health services – crisis intervention. 'Where necessary, the service will arrange for or provide transport of the Tangata Whai Ora to the nearest acute treatment facility.'

Appendix 4

The Ministry of Health defines a person with a disability as one who has been assessed as having a physical, intellectual, sensory, psychiatric or age related disability, or a combination of these, which is likely to continue for a minimum of six months and result in a reduction of independent function to the extent that ongoing support is required.

People are considered to meet this definition of disability if they have received a Ministry of Health needs assessment.

In the disability support services (DSS) area, travel assistance is provided to enable access to specific specialist habilitation and/or rehabilitation in order to maximise a person's independence. Habilitation refers to services for people who have never lived independently and focuses on developing a person's skills to achieve independence. Rehabilitation focuses on more goal-centred restoration or relearning skills to resume a former role.

In addition to the other specialist services specified in section 5.0, specialist disability services include:

- artificial limb centres
- assessment, treatment and rehabilitation (AT&R) services
- conductive education services
- Wilson Home
- specialist therapy services
- specialist sensory services, such as the Royal New Zealand Foundation of the Blind, the Van Asch Deaf Education Centre, Cochlear Implant programmes
- riding schools
- swimming programmes.

Appendix 5

Summary of Agency Responsibility for Determining Travel/Transport Assistance (table provided by ACC)

Type of hospital-related attendance	Type of transport	Agency	
		DHB	ACC
DHB emergency department attendance	Emergency transport of injured person and escort within 24 hours		✓
	Non-emergency transport (non-ambulance)		✓
DHB acute admission	Emergency transport of injured person and escort within 24 hours		✓
	Interhospital transfers within 24 hours		✓
	Interhospital transfers after 24 hours	✓	
	Non-emergency transport prior to admission		✓
	Non-emergency transport of a claimant travelling home after discharge from an acute admission	✓	
	Non-emergency transport of a claimant transferring to a non-acute inpatient rehabilitation facility after discharge from an acute admission	✓	
	Non-emergency transport for family/support person to travel between their home and the DHB	✓	
DHB medical outpatient services: <ul style="list-style-type: none"> provided by doctor within six weeks of an emergency department attendance discharge or six weeks following an acute admission provided by a doctor within seven days of a referral by a doctor 	Non-emergency transport for the injured person (and family/support person) to travel to and from the DHB for treatment at medical outpatients	✓	
DHB other outpatient services: <ul style="list-style-type: none"> all non-medical outpatient services (eg, physiotherapy, occupational therapy) medical outpatient services outside the public health acute period 	Non-emergency transport for the injured person (and escort) to travel to and from the DHB for treatment at outpatients		✓
DHB elective admissions	Non-emergency transport and other travel assistance for injured person (and support person/escort) for hospital visits associated with elective admissions		✓
Services provided by non-DHB hospital treatment providers	All non-emergency transport and travel assistance		✓