DSOA – How to complete a
Change of Needs Application

This fact sheet aims to assist Disability Support for Older Australians (DSOA) service coordinators to submit a [Change of Needs Application Form](https://www.health.gov.au/resources/publications/dsoa-program-manual-appendix-e-change-of-needs-application-form?language=en) on their client’s behalf.

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| More information about the Change of Needs Application process is outlined in Section 3.3 of the [DSOA Program Manual](https://www.health.gov.au/resources/publications/disability-support-for-older-australians-program-manual). |

Eligibility and mandatory submission requirements

* DSOA service coordinators should submit a Change of Needs Applications to the Department of Health and Aged Care (the department) when:
	+ your client has been recently impacted by an incident or change in circumstance (i.e. must be within the last 12 months), and
	+ the change in needdirectly relates to their disability.
* You **must** provide sufficient evidence to demonstrate how the client’s disability needs have changed and why your client requires additional funding for supports. This may include recent (i.e., no older than 12-months) medical assessments or reports from an allied health professional, specialist, or general practitioner.
* If your client had an aged care assessment and is eligible for permanent residential aged care or a Home Care Package, their funding is capped at their current level, and they are not elegible for additional funding under the DSOA Program.
* The department will **not** accept outdated versions of the application form. Please refer to [Appendix E – Change of Needs Application Form](https://www.health.gov.au/resources/publications/dsoa-program-manual-appendix-e-change-of-needs-application-form?language=en) for the most current version, which is available on the department’s website.
* You **must** submit a copy of your client’s fully completed and up to date [Independent Support Package (ISP)](https://www.health.gov.au/resources/publications/dsoa-program-manual-appendix-d-individual-support-package-template?language=en) as well as the completed annual review document.
* To meet your privacy obligations, you **must** de-identify any personal information in the application and supporting evidence relating to clients other than the applicant client. For example, other residents your client may reside with including National Disability Insurance Scheme (NDIS) participants.

****Application Form****

**To avoid common errors with the application, please consider the following information:**

****Part A & B – Service Coordinator and Client Information****

* **The application must correctly reference your organisation’s legal entity name as listed on your DSOA Funding Agreement.**
* **The application must correctly reference the applicant client’s DSOA National ID. This is in the format of *DSOA0000* – ‘DSOA’, followed by 4 numeric values.**

****Part C – Proposed Services****

* **The table must include all additional outputs and funding the client requires to meet their change in need. You do not need to include outputs and funding that the client currently receives in the application.**
* **Requests for recurrent funding should reflect annual output and funding values.**
* **Requests for one-off funding should reflect the lump-sum output and funding values.**
* **To ensure the correct unit prices are listed for each DSOA support type requested, the table must align with** [Appendix A – DSOA service and pricing schedule](https://www.health.gov.au/resources/publications/dsoa-program-manual-appendix-a-dsoa-service-and-pricing-schedule?language=en).
* **Retrospective funding is out of scope for the DSOA Program, and the department will only consider funding from the date you lodge a correct Change of Needs Application.**
* **In the table, if the total output is not a whole number, it should be rounded up to the closest hour. For example, 15.7 hours is rounded up to 16 hours.**

****Part D – Assessment Criteria****

* **When answering Question 16, please describe in detail what has caused a change
in your client’s support needs.**
	+ **Explain why and how the client’s disability has deteriorated, and the extent to which their disability needs have changed.**
	+ **You may wish to consider the following questions:**
		- **Has your client experienced a significant change in their living circumstances, and if so, what are they?**
		- **Has your client experienced a** **significant change to their informal support/carer arrangements?**
		- **Was there an unexpected event/accident that impacted on the client’s support needs?**
* **When answering Question 17, please describe in detail how you will use the additional funding. Explain why and how the DSOA support types requested will meet the client’s change in need.**
* **When answering Question 20.1, you may wish to consider the following questions:**
	+ **Does the client have access to other informal/formal supports? If so, what are they?**
	+ **Is the client eligible to access funding from other sources? For example, hospital, state-based funding or through the Commonwealth Home Support Programme (CHSP).**
	+ **Have you considered other accommodation options to support the client’s needs?**
	+ **Are there any other services your client is receiving that can address their specific needs? For example, community nursing for dressing changes.**

Submission

* As their DSOA service coordinator, you must submit all Change of Needs Applications on your clients’ behalf.
* Submit completed applications, with all supporting documentation attached, by email to DSOAchangeofneed@health.gov.au
* If you have multiple client’s requesting additional support, you **must** send one application per email for each client.

****Frequently Asked Questions****

****1. What additional supports can I apply for on behalf of my client?****

**You can apply for supports that are in scope for the DSOA Program, as outlined in** [Appendix A – DSOA Service and Pricing Schedule](https://www.health.gov.au/resources/publications/dsoa-program-manual-appendix-a-dsoa-service-and-pricing-schedule?language=en)**.**

****2. Can I apply for aids and equipment for my client?****

The department will consider applications for aids and equipment on a case-by-case basis.

If urgent, you can submit a Change of Needs Application for consideration if a state or territory scheme:

* does not supply the required aid or equipment or
* does not fully fund the purchase of aids and equipment**.**

In the Change of Needs Application, you must provide sufficient supporting evidence. For example, provide proof that state equipment scheme funding has been exhausted. If applicable, you must list the gap amount of funding you are requesting in Part C of the application form, with the most appropriate DSOA support type selected.

For more information on conditional in-scope services, please refer to Section 2.2 of the [DSOA Program Manual](https://www.health.gov.au/resources/publications/disability-support-for-older-australians-program-manual?language=en).

****3. What is the difference between a Change of Needs Application, an ISP and an annual review?****

You only need to submit a Change of Needs Application when your DSOA client requires additional funding to address a change in their disability support needs.

An ISP is a record for clients that shows the DSOA supports and services they are funded for and should expect to receive from their DSOA service coordinator. The ISP is an agreement with the client, which provides transparency so they can make informed decisions when managing their DSOA funding package. You must update a client’s ISP within 10 days to reflect any changes to their supports provided, or any changes to their funding amounts. For more information, refer to [Appendix C – How to fill out the ISP template](https://www.health.gov.au/resources/publications/dsoa-program-manual-appendix-c-how-to-fill-out-the-isp-template?language=en).

The annual review is your assessment of whether the client is receiving the right services and supports. You **must** conduct an annual review with all your DSOA clients and their representatives (where applicable) and document the following:

* the time, location and participants of the review
* a report on the client’s disability support needs at the time of the review, which you may support with outcomes of allied health or other assessments
* any changes to the client’s circumstances since the last annual review or ISP review, such as:
	+ a health crisis or episode d
	+ changes in their disability support needs
	+ changes to their service delivery situation
	+ changes to their living or carer arrangements
* if the client’s current DSOA funding meets their disability support needs.

The outcome of an annual review may support consideration for a successful Change of Needs Application, subject to the criteria outlined in Section 3 of the [DSOA Program Manual](https://www.health.gov.au/resources/publications/disability-support-for-older-australians-program-manual).

****4. Can I request an I-CAN Assessment for my client through the Change of Needs process?****

Change of Need Applications that exceed $20,000 (excluding GST) in the previous 12-month period will require an I-CAN Assessment of a DSOA client’s needs. This amount includes recurrent and one-off supports. The department has the sole discretion to request an I-CAN Assessment alongside a Change of Need Application.

For more information, please refer to Section 3.3 of the [DSOA Program Manual](https://www.health.gov.au/resources/publications/disability-support-for-older-australians-program-manual?language=en).

****5. If the department has approved my client’s application, when will I receive the variation to my organisation’s DSOA Funding Agreement?****

**Application processing times are dependent on whether you have met all e**ligibility and mandatory submission requirements at the point of lodgement.

Timeframes may depend on date order of submission and volume of applications in progress.

Please note, the department will process urgent applications as a priority.

****Complete application checklist:****

**Before submitting to the department for consideration, please confirm:**

[ ]  You completed the [Change of Needs Application Form](https://www.health.gov.au/resources/publications/dsoa-program-manual-appendix-e-change-of-needs-application-form?language=en), with responses to all questions.

[ ]  The client has a signed [Individual Support Package (ISP)](https://www.health.gov.au/resources/publications/dsoa-program-manual-appendix-d-individual-support-package-template?language=en), no older than 12 months, which you have attached to your application.

[ ]  The client has an annual review document, no older than 12 months, which you have attached to your application.

[ ]  You have attached supporting evidence from a medical professional or relevant third party, which documents the client’s change in circumstance/s.

[ ]  If you request Assistance with Supported Independent Living or Assistance with Self-Care services, you have attached current and proposed rosters of care.

[ ]  You have provided any additional documentation relevant to the client’s application and circumstances relating to the client’s change in need.