

Disability Support for Older Australians

Change of Needs application form instructional video



Australian Government
Department of Health and Aged Care



www.health.gov.au/our-work/disability-support-for-older-australians-dsoa-program

Welcome to our Disability Support for Older Australians Change of Needs application form instructional video. This short step-by-step video has been designed to show you how to accurately fill out the form, and what additional key information is needed to support your application submission.

Locating the Application Form

Disability Support for Older Australians (DSOA) Program

The DSOA program supports older people with disability who received specialist disability services from the Continuity of Support (CoS) Programme, but were not eligible for the National Disability Insurance Scheme (NDIS).

Learn about the program

Learn about the program including who is eligible and how the program works.



Delivering services under the program

Find out what services are delivered under the program and what aren't.



Managing your DSOA services

Learn about what management activities you must undertake.



Understand your responsibilities as a DSOA provider

Learn what you need to do as provider of DSOA services.



[See all DSOA Program information >](#)




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www.health.gov.au/our-work/disability-support-for-older-australians-dsoa-program

The Change of Needs application form can be found on the DSOA website. This link will take you to the most recent version of the form.


Locating the Application Form




[DSOA Program manual – Appendix F – Change of Service Coordinator form](#)
7 February 2024 | Form
Disability Support for Older Australians service providers must use this form to apply to change a coordinator.



[Disability Support for Older Australians Program – How to Complete a Change of Needs Application](#)
7 February 2024 | Fact sheet
This fact sheet provides information to assist Disability Support for Older Australians (DSOA) service coordinators with completing a change of needs application for DSOA clients.



[DSOA Program manual – Appendix D – Individual Support Package \(ISP\) template](#)
7 February 2024 | Template
Disability Support for Older Australians service providers must use this template to create an Individual Support Package for their clients.



[Disability Support for Older Australians Program manual](#)
7 February 2024 | Procedure
This program manual is a guide for Disability Support for Older Australians (DSOA) service coordinators and clients.

Disability Support for Older Australians Program

- About the program
- Responsibilities of service coordinators
- Delivering services
- Funding
- Changing for services
- Managing services
- Resources
- Contacts

You will be required to scroll down until you see Appendix E.

Downloading the Application Form

DSOA Program manual – Appendix E – Change of Needs Application Form

Form for submitting a Change of Need Application to the Disability Support for Older Australians (DSOA) Program.

Downloads

dsOA-program-manual-appendix-e-cha

Open file

See more

Open file



Disability Support for Older Australians (DSOA) Change of Needs Application Form

Please complete this form per client and email directly to:

dsOA@health.gov.au

Please read before completing this form:

- A Change of Needs Application must be submitted to the DSOA Program Manager, Department of Health, Canberra, via email only, to dsOA@health.gov.au. Completed forms should be submitted to the DSOA Program Manager, Department of Health, Canberra, via email only, to dsOA@health.gov.au.
- Do not disclose any personal information of the client to anyone, including the DSOA Program Manager, Department of Health, Canberra, via email only, to dsOA@health.gov.au.
- If you are not a DSOA Program Manager, please email the DSOA Program Manager, Department of Health, Canberra, via email only, to dsOA@health.gov.au for assistance.
- The DSOA Program Manager, Department of Health, Canberra, will be notified of any changes to the DSOA Program Manager, Department of Health, Canberra, via email only, to dsOA@health.gov.au.
- Please email the DSOA Program Manager, Department of Health, Canberra, via email only, to dsOA@health.gov.au for assistance.

Version 1.0 DSOA Change of Needs Application Form (2024-02-07)

Downloads

DSOA Program manual – Appendix E – Change of Needs Application Form

Download Word - 126.83 KB - 9 pages

We aim to provide documents in an accessible format. If you're having problems using a document with your accessibility tools, [please contact us for help](#).

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Australian Government
Department of Health and Aged Care



www.health.gov.au/our-work/disability-support-for-older-australians-dsoa-program

Download the form in Microsoft Word format. Click “Open File” to access the form.

Application Form Overview

 Australian Government
Department of Health and Aged Care

Disability Support for Older Australians (DSOA) Change of Needs Application Form

Please complete one form per client and email directly to:
DSOAchangeofneed@health.gov.au

Please read before completing this form:

- A Change of Needs Application must be submitted by the client's DSOA Service Coordinator. The full legal entity (organisation) name of that DSOA Service Coordinator must be correctly listed in the application form at [Part A](#).
- Do not disclose any personal information in this document or supporting evidence about National Disability Insurance Scheme (NDIS) clients who may reside in the same accommodation as your client.
- If your client has had a [My Aged Care assessment](#) or is accessing aged care services (i.e. Commonwealth Home Support Programme), please refer to the [DSOA Program Manual](#) to determine your client's eligibility for additional funding through the Change of Needs process.
- You should refer to the [How to complete a change of needs application fact sheet](#) for further information to assist you with completing a Change of Needs Application for your client.
- Incomplete applications will not be accepted. You will be advised the application form is incomplete and asked to resubmit. This will delay the assessment of an application, including the date from when funding will be considered.
- When a Change of Needs Application has been accepted and exceeds the \$20k threshold or brings your client's cumulative change of needs over the last 12 months to above \$20k, the department will refer your client for an independent assessment (i-CAN). The department may also refer your client for an i-CAN assessment at its discretion to support the Change of Need Application. Please refer to the [DSOA Program Manual](#).

Eligibility and evidence:

- An application will only progress where it has been assessed as meeting the specific criteria (outlined in the [DSOA Program Manual](#)) and where funding is available.
- Your client must have experienced a change in need and/or circumstance, within the last 12 months, that relates to their disability. Any change in need that **does not** relate to the client's disability is out-of-scope of the DSOA Program and **will not** be considered.
- You **must** submit evidence detailing how your client's needs have changed and why your client requires additional support through the DSOA Program.
 - Evidence to support a change in need may include mobility or occupational therapy assessment reports, letters from a General Practitioner, specialist, allied health practitioner, or hospital.
 - The evidence provided must be within 12 months and **must** relate to your client's change in their disability needs.
- You must submit your client's completed up to date [Individual Support Package \(ISP\)](#) with each Change of Needs Application. The Change of Need Application will not be accepted if the ISP submitted is out of date or incomplete.
- You must submit evidence of your client's annual review with your Change of Needs Application. The Change of Need Application will not be accepted if the annual review has not been completed in the last 12 months or is incomplete. Please see the [DSOA Program Manual](#) for more information.

Please submit your application, with all supporting evidence attached to DSOAchangeofneed@health.gov.au.


Complete application checklist:

- ☐ A completed Change of Needs Application Form with responses against all questions.
- ☐ Signed Individual Support Package (ISP), no older than 12 months.
- ☐ Annual Review document, no older than 12 months.
- ☐ Evidence from a medical professional or relevant third party which documents the client's change in circumstance/s.
- ☐ If *Assistance with Supported Independent Living* or *Assistance with Self-Care services* are requested, current and proposed Rosters of Care.
- ☐ Any additional documentation that is relevant to the client, application and circumstances relating to the client's change in need.



This is what the form looks like when opened.

Important Information



Australian Government
Department of Health and Aged Care

Disability Support for Older Australians (DSOA) Change of Needs Application Form

Please complete one form per client and email directly to:
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Please read before completing this form:

- A Change of Needs Application must be submitted by the client's DSOA Service Coordinator. The full legal entity (organisation) name of that DSOA Service Coordinator must be correctly listed in the application form at [Part A](#).
- Do not disclose any personal information in this document or supporting evidence about National Disability Insurance Scheme (NDIS) clients who may reside in the same accommodation as your client.
- If your client has had a [My Aged Care assessment](#) or is accessing aged care services (i.e., Commonwealth Home Support Programme). Please refer to the [DSOA Program Manual](#) to determine your client's eligibility for additional funding through the Change of Needs process.
- You should refer to the [How to complete a change of needs application fact sheet](#) for further information to assist you with completing a Change of Needs Application for your client.
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Eligibility and evidence:

- An application will only progress where it has been assessed as meeting the specific criteria (outlined in the [DSOA Program Manual](#)) and where funding is available.
- Your client must have experienced a change in need and/or circumstance, within the last 12 months, that relates to their disability. Any change in need that **does not** relate to the client's disability is out-of-scope of the DSOA Program and **will not** be considered.
- You **must** submit evidence detailing how your client's needs have changed and why your client requires additional support through the DSOA Program.
 - Evidence to support a change in need may include mobility or occupational therapy assessment reports, letters from a General Practitioner, specialist, allied health practitioner, or hospital.
 - The evidence provided must be within 12 months and **must** relate to your client's change in their disability needs.
- You must submit your client's completed up to date [Individual Support Package \(ISP\)](#) with each Change of Needs Application. The Change of Need Application will not be accepted if the ISP submitted is out of date or incomplete.
- You must submit evidence of your client's annual review with your Change of Needs Application. The Change of Need Application will not be accepted if the annual review has not been completed in the last 12 months or is incomplete. Please see the [DSOA Program Manual](#) for more information.

Please submit your application, with all supporting evidence attached to DSOACHangeofneed@health.gov.au.

Complete application checklist:

- ☐ A completed Change of Needs Application Form with responses against all questions.
- ☐ Signed Individual Support Package (ISP), no older than 12 months.
- ☐ Annual Review document, no older than 12 months.
- ☐ Evidence from a medical professional or relevant third party which documents the client's change in circumstance/s.
- ☐ If Assistance with Supported Independent Living or Assistance with Self-Care services are requested, current and proposed Rosters of Care.
- ☐ Any additional documentation that is relevant to the client, application and circumstances relating to the client's change in need.

Please ensure to read pages 1 and 2 of the form. They contain important information about what deems a client eligible for additional funding and what evidence is required to support your submission.

Completing Parts A & B

review with this application? <i>A copy must be provided with your application</i>	
10 When was your client's Individual Support Package (ISP) last reviewed? <i>This must be within the last 12 months</i>	Click to enter a date.
10.1 Have you submitted a copy of your client's ISP with this application? <i>A copy must be provided with your application</i>	Choose an item.
11. Living arrangements <i>Refer to below definitions</i>	Choose an item.
<p>'Residential': If your client lives in Residential Supported Accommodation and you are applying for Assistance in Supported Independent Living (SIL) in Part C – Proposed Services, you must submit a current NDIS SIL tool, showing the client's current care, and a proposed SIL tool showing the additional services requested if funding is approved. Residents living with your client must be included (de-identified) in the NDIS SIL tool.</p> <p>'In-home': If your client lives in their own home and you are applying for Assistance with Self-Care Activities in Part C – Proposed Services, you must submit a current weekly care roster showing all staff supports the client currently receives and a proposed care roster of all staff supports the client will receive if funding is approved. The rosters can be in any format, if all 7 days are listed, including times of the day a support worker is with the client.</p>	
12. Client's primary disability	Choose an item.
13. Client's secondary disabilities <i>If applicable:</i>	<input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Neurological <input type="checkbox"/> Deafblind <input type="checkbox"/> Physical <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Psychiatric

	<input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Intellectual <input type="checkbox"/> Vision
14. Has your client previously had an aged care assessment or been approved for services under the Aged Care Act 1997? <i>If the answer is YES, see the DSOA Program Manual and check if the client meets the criteria to apply for additional funding.</i>	Choose an item.
14.1 If the answer is YES at Q14, when was the assessment and what was the outcome?	Click or tap here to enter text.

When completing questions in Part A, you can refer to your program schedule or grant agreement.

When completing Part B, ensure to list your client's correct DSOA National ID. DSOA IDs should only include 4 digits.

Make sure you list any underspend for your client in response to this question. You may wish to contact your Funding Arrangement Manager at the Community Grants Hub in your relevant state or territory for further information.

Make sure you list whether your client has had an Aged Care Assessment through My Aged Care, and if so, please provide further information.

Please note, if your client has had an Aged Care Assessment and has been found eligible for a Home Care Package or permanent residential aged care their funding is capped and they cannot access additional funding through the DSOA Program.

Appendix A – Service and Pricing Schedule

<div>  <div> Disability Support for Older Australians (DSOA) Service and Pricing Schedule </div> <div> Make sure you always visit the DSOA website for the most up to date pricing </div> </div>							
Prices align with the 2023-24 NDIS Pricing Arrangements and Price Limits July 2023.							
DSOA Support Area	DSOA Support Type	DSOA Support Level	Time of Day/Week	Output Unit	National Rate	Regional Rate	DSOA Support Type Definition
Self-Care & Mobility	Assistance in Supported Independent Living	Standard	Weekday day	Hours	\$65.47	\$98.21	These support items provide assistance with, or supervision of, tasks of daily life in a shared living environment, with a focus on developing the skills of each individual to live as autonomously as possible. The support is provided to each person living in the shared arrangement in accordance with their need. Supported Independent Living does not include rent, board and lodging or other day-to-day usual living expenses such as food and activities. It also does not include the capital costs associated with a client's accommodation. High Intensity A support is considered a High Intensity Support if the client requires assistance from a support worker with additional qualifications and experience relevant to the client's complex needs. High intensity may be considered when: <ul style="list-style-type: none"> • frequent (at least 1 instance per shift) assistance is required to manage challenging behaviours that require intensive positive behaviour support; and/or • continual active support is required due to high medical support needs (such as unstable seizure activity or respiratory support).
			Weekday night	Hours	\$73.46	\$110.19	
			Saturday	Hours	\$92.12	\$138.18	
			Sunday	Hours	\$118.78	\$178.17	
			Public Holiday	Hours	\$145.44	\$218.16	
		Standard	Night-Time sleepover	Each	\$276.27	\$414.41	
		High Intensity	Weekday day	Hours	\$70.85	\$106.28	
			Weekday night	Hours	\$79.50	\$119.25	
			Saturday	Hours	\$99.69	\$149.54	
			Sunday	Hours	\$128.54	\$192.81	
			Public Holiday	Hours	\$157.39	\$236.09	
	Assistance with Self-Care Activities	Standard	Weekday day	Hours	\$65.47	\$98.21	

In Part C, you must list what additional DSOA Support Types your client requires to meet their change in need. This table should not include your client's current funding. It is important to read the dot points prior to completing the table.

Click on the link to Appendix A to open the DSOA Service and Pricing Schedule. The format outlined in Appendix A should be reflected in Part C of the form for each DSOA Support Type listed.

Completing Part C

DSOA Support Type	DSOA Support Level	Time of day / week	Is the Service recurrent or one-off?	(A) Total outputs requested	(B) Unit Price (GST exclusive)	(A) X (B) = Total funding (GST exclusive)
Choose an item.	Choose an item.	Choose an item.	Choose an item.			
Choose an item.			Choose an item.			
Assessment Recommendation Therapy And/or Training (Incl. AT) - Other Therapy			Recurrent			
Assessment Recommendation Therapy And/or Training (Incl. AT) - Physiotherapy			One-off			
Assessment Recommendation Therapy And/or Training (Incl. AT) - Psychology			Choose an item.			
Assistance in Supported Independent Living			Choose an item.			
Assistance with Self-Care Activities			Choose an item.			
Audiologist hearing services			Choose an item.			
Case Management			Choose an item.			
Community Nursing for Continence Aid			Choose an item.			
Counselling			Choose an item.			
Delivery of Health Supports by a Clinical Nurse			Choose an item.			
Delivery of Health Supports by a Clinical Nurse Consultant			Choose an item.			
Delivery of Health Supports by a Nurse Practitioner			Choose an item.			
Delivery of Health Supports by a Registered Nurse			Choose an item.			
Delivery of Health Supports by an Enrolled Nurse			Choose an item.			
Dietitian Consultation and Diet Plan Development			Choose an item.			
Exercise physiology			Choose an item.			
Psychosocial Recovery Coaching			Choose an item.			
Specialist Behavioural Intervention Support			Choose an item.			
STA and Assistance (inc. Respite)			Choose an item.			
Therapy Assistant (Level 1)			Choose an item.			
Therapy Assistant (Level 2)			Choose an item.			
TOTAL FUNDING REQUESTED:					\$	

Select the DSOA Support Type your client needs.

Continue to select the DSOA Support Level and the time of day or week for the chosen support.

You must also select whether the support is required on a recurrent or one-off basis.

List the total annual outputs required, the unit price and the total funding requested for the DSOA Support Type.

Completing Parts D & E

Part D – Assessment Criteria

15. What caused this change in need?

☐ Client's disability is deteriorating
☐ Change to living arrangements
☐ Unexpected event or accident
☐ Change to informal support/carer arrangements
☐ Other

16. How have your client's disability support needs and/or circumstances changed? Change must have occurred within the last 12 months with supporting evidence attached.

Sufficient detail is required

Click here to enter text.

17. How will the additional supports requested specifically address the change in your client's disability support needs?

Sufficient detail is required

Click here to enter text.

18. When did your client's disability support needs change?

Click to enter a date.

19. Is your client's change in need permanent or a temporary change?

Choose an item.

19.1 If the change is temporary, when is it likely to end?

Click to enter a date.

20. Have other steps been taken to support your client's change in need?

Choose an item.

20.1 If the answer is YES at Q20, provide details.

Click here to enter text.

Part E – Declaration

You confirm that you, your organisation, and your submission have complied and will continue to comply with the terms of your organisation's DSOA Funding Agreement as well as the additional conditions set out below.

a. You confirm that to the best of your knowledge, the information contained in your submission is true and accurate and that no other information that is relevant is known to you. Information that is relevant is that which may contradict or bring into doubt information given in the application or otherwise influence the DSOA Program's consideration of the legitimacy of the services being requested or removed.

b. You will ensure that your submission or draft application does not include any personal information for the purposes of the Privacy Act 1988 (Commonwealth) other than the name of your organisation, contact details of the primary contact and other nominated contacts, clients IDs for your submission for which you have obtained consent to provide.

c. You confirm that:

- to the best of your knowledge, the information contained in your submission is true and accurate; and
- your submission complies with the 20 MB file size upload limit, and you understand that non-compliance with this limit may mean the department may not be able to accept your submission.

d. You accept and agree that you are responsible for any submissions made to the department by your organisation. The department is not liable or legally responsible for any of the submissions you make. Your organisation retains ownership of the application and its contents.

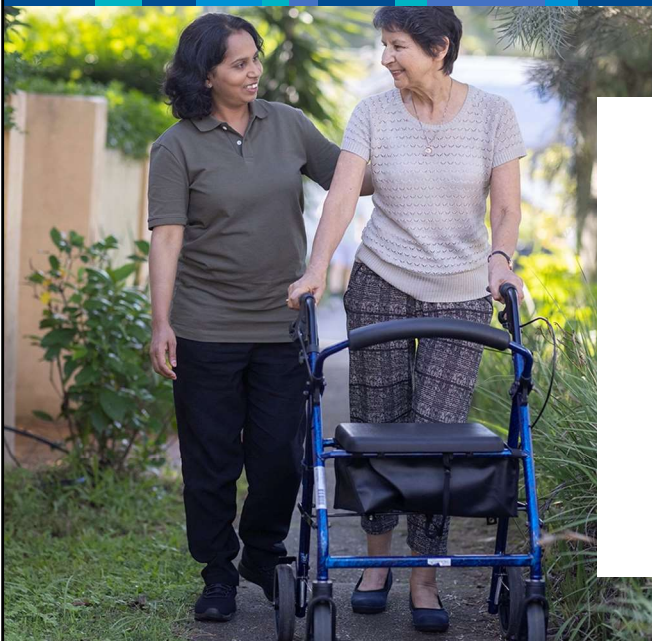
☐ I accept the above declaration

Name	Click here to enter text.
Position title in the organisation	Click here to enter text.
Date	Click to enter a date.

When completing Part D it is important to comprehensively outline what your client's change in need is, and how this change occurred. You must explain how the DSOA Support Types requested in Part C directly address your client's change in need.

When answering this question, you may wish to consider whether the client has access to other informal or formal supports. 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? Or are there any other services your client is receiving that can address their specific needs?


Ensure that Part E is completed and ticked by the client's DSOA service coordinator. By completing this section, you accept and agree that you are directly responsible for any submissions made to the department by your organisation. You confirm that to the best of your knowledge, the information contained in your submission is true and accurate and that no other information that is relevant is known to you.




Thank you

For further information, please refer to the [How to Complete a Change of Needs Application](#) fact sheet and Section 3.3 of the [DSOA Program Manual](#).

Submit your completed application to dsoachangeofneed@Health.gov.au.

 Australian Government
Department of Health and Aged Care

 www.health.gov.au/our-work/disability-support-for-older-australians-dsoa-program

Thank you for watching our instructional video. The completed application form, and all supporting evidence can now be submitted to dsoachangeofneed@Health.gov.au.

For more information about the Change of Needs process, please refer to the Change of Needs Fact Sheet and Section 3.3 of the DSOA Program Manual.