

# Guidance for Healthcare Professionals:

## Assisting Whānau with Diabetes to Apply for the Disability Allowance

### Guidance document

Prepared for participants of the 2024  
Advanced Diabetes Management Course



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Aotearoa Diabetes Collective

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# Table of Contents

<u>Introduction</u>	<u>1</u>
<u>Step 1. Check Eligibility</u>	<u>2</u>
<u>Step 2. Complete patient form</u>	<u>4</u>
<u>Step 3. Collect quotes</u>	
- <u>Freestyle Libre</u>	<u>5</u>
- <u>Empagliflozin</u>	
- <u>Other costs</u>	
<u>Step 4. Supporting letter</u>	
- <u>Template letter Freestyle Libre</u>	<u>8</u>
- <u>Template letter Empagliflozin</u>	
<u>Step 5. Complete Medical Cert</u>	<u>11</u>
<u>Step 6. Contact WINZ</u>	<u>12</u>
<u>Patient checklists</u>	
- <u>Existing clients of MSD</u>	<u>13</u>
- <u>New clients of MSD</u>	

# Introduction

## Disability Allowance Guide for Healthcare Professionals

The purpose of this document is to support healthcare professionals (HCPs) who work with people with diabetes when applying for the disability allowance through Ministry of Social Development (MSD) for diabetes related technology and pharmaceuticals that are not currently funded. There are other costs that the disability allowance can fund which will also be covered briefly in this document.

This guide has been developed by health care professionals who have experience supporting people to apply for the disability allowance. The information in this document is readily available on the MSD website as of June 2024. The templates and tips throughout this document have been created and shared based on clinical experience. This is not a Ministry of Social Development document.

Disability allowance applications are assessed on an individual basis. There is no guarantee that the person will be approved for disability allowance funding. If you are having difficulties with the process please contact your local MSD Work and Income (WINZ) branch.

Thank you to the following people who collaborated to create this guide:

Jude Godwin, Social Worker

Solita Donnelly, Diabetes Nurse Specialist

Dr Ryan Paul, Endocrinologist



# Step 1. Check eligibility

## Disability Allowance Application Guide

### Check eligibility on the MSD website

Someone may be eligible for the Disability Allowance if they:

- have a disability that is likely to last at least 6 months
- have regular, ongoing costs because of your disability that are not fully covered by another agency
- are a New Zealand citizen or permanent resident
- normally live in New Zealand and intend to stay here.

It also depends on their household income.

Your situation	Weekly income limit before tax
Single 16-17 years	\$631.50
Single 18+ years	\$786.69
Couple (with or without children)	\$1,171.42
Sole parent 1 child	\$880.73
Sole parent 2+ children	\$927.94

**Tip:** The patient does not need to already be receiving a benefit from MSD in order to be eligible for a disability allowance

Check what you might get [here](#)



**Warning:**

The maximum amount that people may be entitled to is **\$78.60 per week**. Before recommending that people utilise the disability allowance for continuous glucose monitoring, please make sure that they are aware that it may impact their ability to have other disability costs covered such as lawn mowing, GP visits, blister packing and other pharmaceutical costs.

**Temporary additional support (TAS):**

Temporary Additional Support is another form of assistance to enquire about if disability allowance is maxed out.

Learn more about the temporary additional support [here](#)

To check eligibility for TAS follow the [link here](#).

Temporary Additional Support is a weekly payment that helps you when you don't have enough money to cover your essential living costs.

Temporary Additional Support is non-taxable extra help paid for a maximum of 13 weeks. It is paid as a last resort to help people with their regular essential living costs that cannot be met from their chargeable income and other resources.

People must ensure that they are accessing all other assistance available to them, and take reasonable steps towards reducing their costs and increasing their chargeable income.

**Remember:**

- Each application for assistance is taken on a case by case basis.
- The one off cost and ongoing costs need to be signed off by the Regional Health Team and Principal Health Advisor.
- There needs to be very clear supporting documents and quote/s included.
- The medical certificate can only be signed by registered medical practitioner or nurse practitioner.
- Any support letters can be written and signed by a registered health practitioner - a person who is registered with an authority as a practitioner of a particular health profession (see table on page 8).



# Step 2. Complete patient form

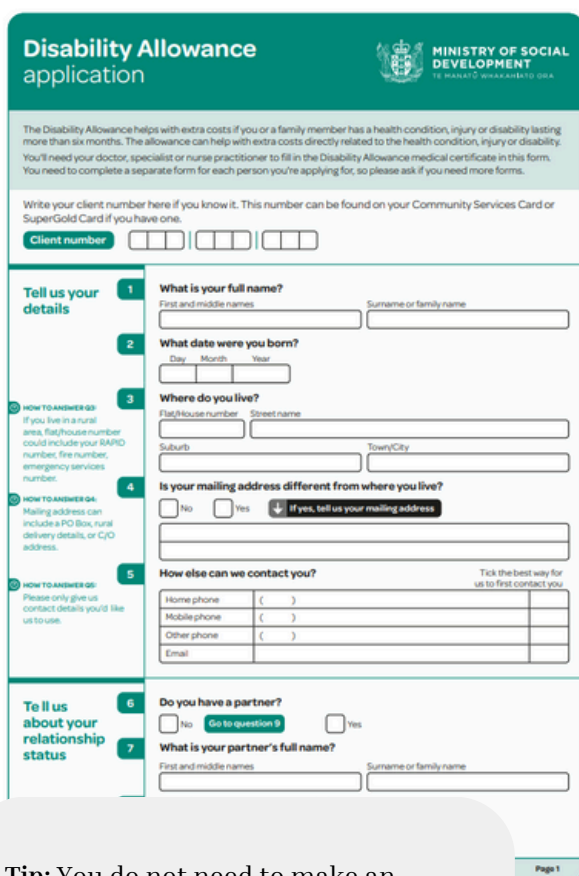
## Disability Allowance application or Extra Help application

### Patient to complete the required form

**Existing client:** A patient is an existing client if they **do** currently receive a benefit, superannuation or other financial assistance such as the accommodation supplement. They will need to complete the Disability allowance application form.

**New client:** A patient is a new client if they **do not** currently receive any assistance from Work and Income (excluding working for families tax credits). They will need to complete the Extra Help application form.

### Existing client of MSD

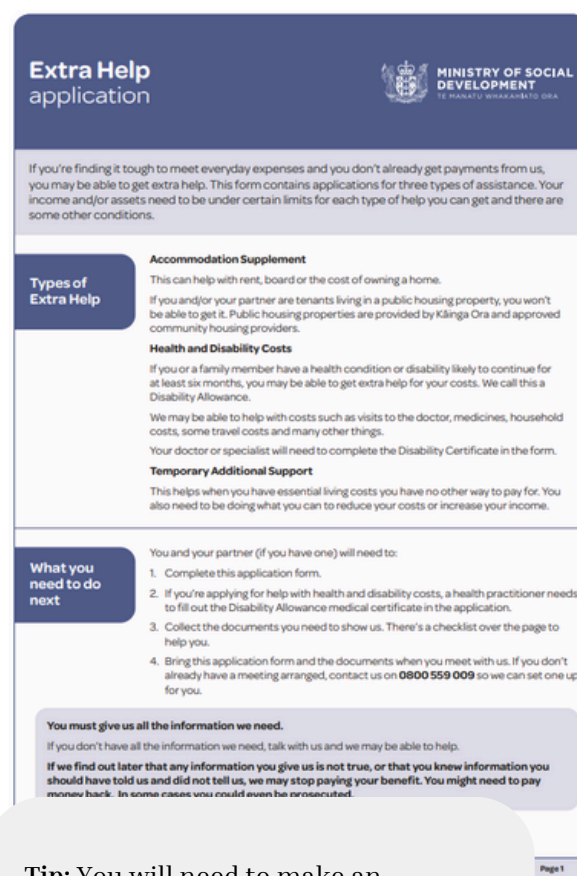


The Disability Allowance application form is a green and white document. It includes the Ministry of Social Development logo and a brief explanation of the allowance. The form is divided into sections: 'Tell us your details' (1-5) and 'Tell us about your relationship status' (6-7). Section 1 asks for the full name. Section 2 asks for the date of birth. Section 3 asks for the address. Section 4 asks if the mailing address is different. Section 5 asks for contact details. Section 6 asks if there is a partner. Section 7 asks for the partner's full name. There are 'HOW TO ANSWER GO' tips for sections 3, 4, and 5. A 'Client number' field is at the top. The form is labeled 'Page 1' at the bottom right.

**Tip:** You do not need to make an appointment with WINZ if you are existing client of MSD

[Download the form here](#)

### New client of MSD



The Extra Help application form is a blue and white document. It includes the Ministry of Social Development logo and a brief explanation of the help. The form is divided into sections: 'Types of Extra Help' (Accommodation Supplement, Health and Disability Costs, Temporary Additional Support) and 'What you need to do next'. There are 'HOW TO ANSWER GO' tips for sections 3, 4, and 5. A 'Client number' field is at the top. The form is labeled 'Page 1' at the bottom right.

**Tip:** You will need to make an appointment with WINZ if you are not an existing client of MSD

[Download the form here](#)



# Step 3. Collect quote/s

Continuous glucose monitoring - Freestyle Libre 2

Collect supporting quotes, invoices and receipts - Mediray

Email [sales@mediray.co.nz](mailto:sales@mediray.co.nz) to request a proforma invoice for the specific patient.

1. Include name, delivery address, phone number and email address of the patient.
2. Request an invoice stating costs for a year's worth of sensors and freight.
3. If the patient's phone is not compatible, then also request the cost of a Freestyle libre reader.

This quote will provide a customer number that is used for redirection of payments.

## Tip to save on postage:

If the application is successful and payments are redirected to Mediray, they will often wait until two payments have cleared before sending out sensors every four weeks to reduce the cost of postage. For instance, having sensors sent fortnightly costs \$116.87, which translates to \$58.45 per week. Having sensors sent four weekly costs \$223.63 which translates to \$55.91 per week. This saves \$2.53 per week, which translates to \$131.30 saved per year that may be used to fund other disability related costs such as GP visits and repeat prescription request fees.





# Step 3. Collect quote/s cont...

## Empagliflozin (Jardiance/Jardiamet)

### Collect supporting quote or invoice from Pharmacy

Ask the person's local pharmacy for a quote for Empagliflozin

The quote must include;

- The business name and address
- The cost of 30 days of supply for the prescribed amount
- Ideally the quote should also include the patient's details

**Tip: 30 tablets of 25mg of Empagliflozin is usually the same or similar price to 30 tablets of 10mg. Likewise the prices are usually the same or similar with Jardiamet 12.5/1000mg versus 5/1000mg.**

If the person has a limited amount of disability allowance funding available due to it being used for other disability related costs, it may be cheaper to take half of a 25mg tablet (12.5mg) rather than 10mg daily. This can effectively halve the monthly cost but will require a pill cutter.

Most of the studies that demonstrate the renal and cardiovascular benefits of Empagliflozin were done on 10mg daily dosing. Therefore a half dose should provide them with the renal and cardiovascular protective benefits, however a 25mg dose can provide further glucose lowering support.

**Case study: Ray is entitled to the maximum disability allowance of \$78.60 per week. His GP recommends self funding Empagliflozin, however he already receives;**

- \$223.63 every four weeks redirected to Mediray for Libre (\$55.91 per week)
- \$5 per month for blister packing fees (\$1.51 per week)
- \$45 every 3 months for GP consult fees (\$3.46 per week)
- \$25 every fortnight for lawn mowing (\$12.50 per week)
- **Total = \$73.38 per week**

That leaves a remaining \$5.22 available per week to self fund Empagliflozin.

His local pharmacy charges \$85 for 30 tablets of 25mg Empagliflozin

If he was prescribed (12.5mg daily), then \$85 = 60 days, over a year this = \$9.94 per week

**This results in a -\$4.72 deficit per week.** Ray could either apply for temporary additional support, or decide if he could make up the shortfall himself.



# Step 3. Collect quote/s cont...

Other costs related to disability

To see what types of costs disability allowance covers visit the MSD website [here](#).

The principle is the same, collect a quote or invoice for the additional costs related to their disability.

Other costs that might be covered:

1. Alternative treatment
2. Ambulance fees and subscriptions
3. Authorised consumables
4. Clothing and footwear
5. Counselling
6. Day care for the elderly disabled
7. Gardening, lawns and outside window cleaning
8. Gym and swimming pool fees
9. Medical alarms
10. Medic Alert costs
11. Medical fees
12. Nicotine replacement products
13. Prescription fees (if they're not free)
14. Power, gas and heating
15. Rental equipment
16. Residential care services
17. Rest home costs for a private paying patient
18. Special foods
19. Telephone
20. Travel to counselling
21. Travel because of your disability
22. Vitamins, supplements, herbal remedies and minerals.



# Step 4. Supporting letter

## Supporting letter for CGM - Freestyle Libre

### Preparing a supporting letter for continuous glucose monitoring

The support letter should state:

- 1.The device is not funded and how having it would support/advantage the patient's health and well-being.
- 2.Add the reason why general finger pricking is not suitable for the patient – for example, the patient is elderly, has suffered a stroke, or has low vision.
- 3.IMPORTANT – the letter from a health practitioner must verify that the costs are additional, ongoing, are beneficial and of therapeutic value, and is directly related to the person's disability. Note treatment that is beneficial and of therapeutic value means that the treatment may improve the patient's condition, maintain the patient's condition, or prevent it from getting worse.

**Disclaimer:** On occasion, MSD may request further information from the healthcare professional and/or the patient. If this is the case, the patient will receive a letter from MSD outlining what further information is required for their disability allowance application. The patient may need to make another appointment with the healthcare professional who wrote their supporting letter or their GP/NP.

Professions that can write the support letter		
Chiropractor	Dispensing Optician	Optometrist
Clinical Dental Technician	Medical Laboratory Tech	Osteopath
Dental Hygienist	Medical Radiation Tech	Pharmacist
Dental Technician	Midwife	Physiotherapist
Dental Therapist	Nurse	Podiatrist
Dentist	Nurse practitioner	Psychologist
Dietitian	Occupational therapist	Psychotherapist



# Template supporting letter

## Continuous glucose monitoring - Freestyle Libre 2

This is an example letter that has been created based on applying for the disability allowance to fund Freestyle Libre CGM. Please adapt as you see fit.

Date: DD/MM/YYYY

Re: [Patient name]

Kia ora Colleague,

This letter is in support for [Patient name]'s application for financial support for funding of the Freestyle Libre 2 continuous glucose monitoring (CGM) system to optimise their type 2 diabetes. We have strongly recommended [Patient name] uses the Freestyle Libre 2 system because finger pricking for blood glucose levels cannot provide the necessary information to safely and effectively titrate their glucose lowering medications quickly or sustainably. The Freestyle Libre 2 will also alarm when glucose levels are either high or low that helps prevent life-threatening low or high glucose levels, reducing complications of diabetes and improving longevity and quality of life. For these reasons, national and international guidelines strongly recommend using CGM in certain exceptional circumstances in people with type 2 diabetes on insulin and/or sulfonylureas (e.g. glipizide or gliclazide tablets. These circumstances include when [on dialysis, at high risk of severe hypoglycaemia (low glucose levels), onset of diabetes at a young age (e.g. < 30 years), pregnant, cognitive impairment, or unable to check blood glucose levels due to disability] *(\*please delete all that do not apply in this sentence)* which applies to [Patient name].

CGM is funded for these circumstances in Europe, North America and Asia, but unfortunately not yet for people with type 2 diabetes in Aotearoa New Zealand. The Freestyle Libre is the cheapest continuous glucose monitoring system in Aotearoa, so is likely more cost-effective than other CGM systems and is more suitable than the only other alternative of finger-pricking blood glucose levels for all the reasons outlined above. Understandably, [Patient name] cannot afford the ongoing fortnightly costs of approximately \$117 (incl. GST + postage) for the Freestyle Libre 2 sensors. [Patient name also cannot afford the one off cost of \$117 (incl. GST + postage) for the Freestyle Libre reader] *\*please delete this sentence if they have smart phone compatible with Libre Link app.* We would appreciate any financial support you could provide [Patient name] for obtaining the Freestyle Libre 2 system. We encourage redirection of payments to Mediray New Zealand Ltd (distributor of Freestyle Libre 2) to ensure an ongoing supply of sensors.

Account name: Mediray New Zealand Ltd. Account number: 03-0252-0509161-000.

[Patient name] understands that they need to be eligible for the disability allowance for funding, and that funding the Freestyle Libre 2 takes up a large proportion of the maximum weekly disability allowance. Many thanks for your consideration and please contact me if you require any further information.

Ngā mihi nui,



# Template letter template

## Empagliflozin (Jardiance or Jardiamet)

This is an example letter that has been created based on applying for the disability allowance to fund Empagliflozin. Please adapt as you see fit.

Date: DD/MM/YYYY

Re: [Patient name]

Kia ora Colleague,

This letter is in support for [Patient name]'s application for financial support for empagliflozin (Jardiance or Jardiamet if in combination with metformin). In accordance with national and international guidelines, we have strongly recommended [Patient name] is treated with empagliflozin. This is because empagliflozin is the only additional medication that will lower [Patient name]'s glucose levels without causing hypoglycaemia (dangerously low blood glucose levels), as well as reducing their weight and progression of heart and kidney disease. All alternative options will either lead to potential hypoglycaemia, weight gain or will not prevent heart and renal disease, which are the most common causes of death in people with diabetes. This is important because [Patient name] already has [Renal disease, cardiovascular disease and/or heart failure]. *(\*delete what doesn't apply)* and [weight gain and/or hypoglycaemia] *(\*delete what doesn't apply)* would have significant negative impacts.

Unfortunately, empagliflozin is not funded as per best practice in Aotearoa New Zealand, and [Patient name] does not meet the special authority funding criteria. Understandably [Patient name] cannot afford to self-fund empagliflozin. Therefore, we would greatly appreciate any financial support you could provide for [Patient name] to have access to empagliflozin. The cost varies from pharmacy to pharmacy, but costs approximately \$90 – 95 per month. It is also possible to use low dose empagliflozin at half-price, but it is not as effective as full dose and up to how Patient name wishes to spend their disability allowance. However, [Patient name] understands that they need to be eligible for the disability allowance for funding and this letter does not guarantee the disability allowance or funding for empagliflozin.

Many thanks for your consideration of this important treatment for [Patient name] and please contact me if you require any further information.

Ngā mihi nui,

Name and role



# Step 5. Complete medical cert

## Disability allowance medical certificate

GP / Nurse Practitioner / Specialist to complete the disability allowance medical certificate

Download the disability allowance medical certificate [here](#)


or

Complete it within the appropriate application form

- Disability Allowance Application form page 5-6
- Extra Help Application page 19-20

### Disability Allowance medical certificate

Health practitioner to complete



The Disability Allowance is available for reimbursement of additional costs arising from a disability where the following criteria are met:

1. The person has a disability which is likely to continue for at least six months; and
2. The disability has resulted in a reduction of the person's independent function to the extent that:
  - the person requires ongoing support to undertake the normal functions of life, or
  - the person requires ongoing supervision or treatment by a health practitioner.

For the purposes of qualifying for Disability Allowance, a disability means:

- physical disability or impairment
- physical illness
- psychiatric illness
- intellectual or psychological disability or impairment
- any other loss or abnormality of psychological, physiological, or anatomical structure or function (including sensory impairment)
- reliance on a guide dog, wheelchair, or other remedial means
- the presence in the body of organisms capable of causing illness.

The information you provide below is covered by our Privacy Statement which lets clients know we may contact health providers to check the health-related information they give us. For more information go to [workandincome.govt.nz](http://workandincome.govt.nz) and search on Disability Allowance.

1

Client details

2

Client number

0000000000

3

Client's name

First names Surname

4

Disability details

5

Does the person have a disability that meets the Disability Allowance criteria?

☐ Yes

Please provide the details below

☐ No

Go to Health Practitioner Verification

6

What is the nature of the person's disability?

Please tick the major disabilities or specify below

Psychological or psychiatric conditions

☐ Stress (160)

☐ Depression (161)

☐ Bipolar disorder (162)

☐ Schizophrenia (163)

☐ Other psychological/psychiatric (165)

Nervous system disorders

☐ Epilepsy (120)

☐ Multiple sclerosis (121)

☐ Parkinson's disease (122)

☐ Muscular dystrophy (123)

☐ Other nervous system disorders (124)

Cardio-vascular disorders

☐ Heart disease (130)

☐ Stroke (131)

☐ Other cardio-vascular (132)

Immune system disorders

☐ HIV / Aids (140)

☐ Other immune system disorders (141)

Metabolic and endocrine disorders

☐ Diabetes (150)

☐ Other metabolic or endocrine disorders (151)

Substance abuse

☐ Alcohol (170)

☐ Drug (171)

☐ Other substance abuse (172)

Sensory disorders

☐ Blindness (180)

☐ Other visual / eye (181)

☐ Hearing / ear (182)

☐ Other sensory disorders (183)

7

Accident

☐ Burns (190)

☐ Fractures, dislocations, soft tissue injury (191)

☐ Poisoning, toxic effects (192)

☐ Internal injuries (193)

☐ Injury to the nervous system (194)

☐ Back pain / injury (195)

☐ Overuse injury (196)

☐ Complications of medical or surgical care (197)

☐ Other injury (198)

8

Other disorders

☐ Congenital conditions (103)

☐ Intellectual disability (164)

☐ Cancer (104)

☐ Infectious / parasitic diseases (105)

☐ Musculo-skeletal system disorder (106)

☐ Respiratory disorders (107)

☐ Genito-urinary disorders (108)

☐ Blood and blood forming organs (109)

☐ Skin disorders (110)

☐ Digestive system disorder (111)

9

Please indicate the expected duration of the disability:

☐ Less than 6 months

☐ 6 to 12 months

☐ 1 to 2 years

☐ 2 to 3 years

☐ Permanent (never reassessed)

10

Please list the type, cost and how often visits to doctors, specialists or nurse practitioners are necessary because of the stated disability:

Type of consultation	Cost	How often (eg daily, weekly, monthly)	Health practitioner's initials
	\$		
	\$		
	\$		

11

Please list the pharmaceuticals, items, services or treatments that are necessary and of therapeutic value for the stated disability:

Item / service / treatment / pharmaceutical	Health practitioner's initials

12

Please print your details below:

HPI number

000000

Health practitioner's full name

Practice name and address

Telephone number

( )

Health practitioner's signature

Date

Day Month Year

Page 1

Page 2

**Tip:** Remember to include all of the patient's disability related costs including things such as GP visits and repeat prescription request fees.



# Step 6. Contact Work & Income

Submitting all of the required documentation

## Patient to contact Work & Income (WINZ)

**Current Client.** If the person is already receiving a benefit from Work and Income

- Complete all of the forms & supporting documents
- Drop them off to reception for processing or upload to MyMSD & phone them
  - There is no need for an appointment.

**New client.** If the person does not currently receive assistance from Work and Income

- Complete the Extra Help application and collect all supporting documents
- Make an appointment with Work and Income

## When speaking to the WINZ case manager

**Step 1.** Ask Winz to redirect the disability allowance payments to Mediray.

**Step 2.** Discuss with your case manager possible options of an Advance payment of benefit or special needs grant to purchase the libre reader (if required).

**Step 3.** If the maximum entitlement of \$78.60 for disability allowance has been reached covering other expenses such as a medical pendant, then enquire about eligibility for Temporary Additional Support.



# Patient checklist

For **current MSD clients** (people who already receive a benefit) use the Disability Allowance form

☐

## Check eligibility

Check the MSD website

☐

## Completed **Disability Allowance** application form

Completed by the person with diabetes (+/- partner)

☐

## Signed medical certificate

Signed by a GP, Nurse Practitioner or Specialist doctor

☐

## Supporting Letter

Completed by a registered healthcare professional

☐

## Collect quotes and/or invoices

- quote from Mediray / Dexcom
- quote from pharmacy for Empagliflozin (Jardiance)
- copy of invoices from medical centre
- quote for blister packing from pharmacy
- copy of invoices from pharmacy

☐

## Send all documents to Work & Income

Either drop everything to WINZ Reception  
or upload them to MyMSD and phone MSD.  
No appointment is required.





# Patient checklist

For **new MSD clients** (people who do not already receive a benefit) use the Extra Help application form

☐

## Check eligibility

Check the MSD website

☐

## Completed Extra Help application form

Completed by the person with diabetes (+/- partner)

☐

## Signed medical certificate

Signed by a GP, Nurse Practitioner or Specialist doctor

☐

## Supporting Letter

Completed by a registered healthcare professional

☐

## Collect quotes and/or invoices

- quote from Mediray / Dexcom
- quote from pharmacy for Empagliflozin (Jardiance)
- copy of invoices from medical centre
- quote for blister packing from pharmacy
- copy of invoices from pharmacy

☐

## Make an appointment with Work & Income

Collect all of the required documents before the appointment  
There is further guidance for your appointment on page 12..

