

# Guide to completing an assessment for a Medical Alarm



**Work and Income**  
Te Hiranga Tangata

A service of the Ministry of Social Development

## General information

Disability Allowance is paid to help people meet some ongoing, additional costs they have because of a disability.

Disability Allowance can help pay for some of the costs of the rental and monitoring of a medical alarm if:

- the need for the alarm is an ongoing and an additional cost **directly related** to the person's disability or personal health need, **and**
- the disability has resulted in a reduction of the person's independent function to the extent that the person requires either ongoing support to undertake the normal functions of life or ongoing supervision or treatment by a health practitioner, **and**
- the person has entitlement to a Disability Allowance.

Disability Allowance cannot be paid to cover the costs of:

- buying medical alarms, because this is a one-off cost and not an ongoing cost
- smoke alarms or alarms installed for security reasons, as this is not a cost directly related to the person's disability
- an alarm cost that is included in the standard service fee for a person living in a retirement village or complex, unless the person was receiving Disability Allowance for the cost of a medical alarm prior to moving there and that the same cost still exists in the retirement village or complex.

There are other qualifying criteria to be considered for Disability Allowance. You can discuss this with Work and Income.

## Role of the Registered Medical Practitioner

The medical practitioner needs to confirm the presence of a disability and its likely impact on the client. The decision to approve and grant a Disability Allowance (or not) is made by Work and Income.

The medical practitioner needs to indicate:

- if she or he has personally consulted with the client
- the nature and likely duration of the client's disability
- that the client requires either ongoing support to undertake the normal functions of life; or ongoing supervision or treatment by a health practitioner.

## Scenarios for reference

The scenarios are examples only.

The following scenarios are to provide general guidance to assist medical practitioners to decide whether a client's disability and/or personal health need requires a medical alarm.

Each person must be assessed by the medical practitioner on their own merits.

### Increasing unsteadiness

#### Scenario 1

A 45 year old woman has been independent and was working up to 6 months ago. She has progressive Multiple Sclerosis, and applies for a medical alarm due to her unsteadiness. This affects her balance and general coordination resulting in falls and accidents in the home.

She is likely to qualify for Disability Allowance assistance for a medical alarm

#### Scenario 2

A 45 year old woman with a history of Multiple Sclerosis which has resulted in episodic periods of reduced capacity. She has applied for a medical alarm on the grounds she may have another spell of reduced capacity. Currently she is active and able to do her usual activities at home. She has not worked for 10 years.

She is unlikely to qualify for Disability Allowance assistance for a medical alarm

### Increasing age

#### Scenario 1

The daughter of an active independent 82 year old woman is insisting her mother have a funded medical alarm in case something happens. A recent general check up noted nothing more significant than slightly raised blood pressure and mild arthritis of the knees.

She is unlikely to qualify for Disability Allowance assistance for a medical alarm

## Scenarios for reference – *continued*

### History of falls

#### Scenario 1

A 72 year old man has had two episodes of collapses (suspected transient ischaemic attack). He was seen and assessed by ambulance paramedics on both occasions and taken to hospital the first time. He has a history of moderately controlled blood pressure and was a smoker for many years. He lives with his 70 year old wife who called the ambulance on the previous occasions.

He is unlikely to qualify for Disability Allowance assistance for a medical alarm.

#### Scenario 2

A 72 year old woman had a fractured neck of femur after tripping over her dog 6 months ago. She has made a very good recovery and is now fully mobile. An alarm sales representative suggests that having had a broken hip she will “automatically qualify for a Work and Income funded alarm.” He has completed a Disability Allowance application for her and has dropped it off to her GP and will return later to pick it up – signed.

She is unlikely to qualify for Disability Allowance assistance for a medical alarm – unless the GP has examined the client and is aware of other factors and history that would indicate a medical entitlement.

### Dementia

#### Scenario 1

A 69 year old woman has an increasing degree of dementia. She is otherwise well but has wandered from home on several occasions. She lives with her 73 year old husband, who keeps good health. He would like an alarm so he can call for help when she disappears again.

Neither partner is likely to qualify for Disability Allowance assistance for a medical alarm.

### Cardio-vascular disease

#### Scenario 1

A 74 year old woman who is living on her own is a smoker and has a history of increasing episodes of chest pain. She was assessed in the Emergency Department and the pains have been confirmed to be angina. She was admitted once recently with persistent angina.

She is likely to qualify for Disability Allowance assistance for a medical alarm.

#### Scenario 2

A 71 year old retired man had a heart attack 9 months ago. He was treated with an angioplasty and has been symptom free since. He is applying for a medical alarm in case he has another episode.

He is unlikely to qualify for Disability Allowance assistance for a medical alarm.

### Stroke

#### Scenario 1

A 74 year old man had a stroke 9 months ago. He has made an excellent recovery and is able to walk freely and his speech is back to normal after 3 months of speech therapy. His blood pressure is now under control and he is on appropriate medications.

He is unlikely to qualify for Disability Allowance assistance for a medical alarm.

#### Scenario 2

An 84 year old woman living alone has had several transient ischaemic attacks before having a stroke 6 months ago which has left her with significant left-sided weakness and is unsteady on her feet. She is able to care for herself but has home help to assist with dressing, bathing, cleaning and shopping.

She is likely to qualify for Disability Allowance assistance for a medical alarm.

### Living Arrangements

In your assessment, you should consider the applicant's living arrangements and the effect this may have on the need for a medical alarm. For example those living with another person may not require a medical alarm. However, in these cases a medical alarm may be necessary if:

- both parties have significant disability, or
- the person seeking assistance spends substantial time alone (eg the other person works).

### Confirmation of Medical Entitlement

To allow Work and Income to assess entitlement to Disability Allowance for a medical alarm, the medical practitioner is required to confirm that in their estimation, the medical alarm is necessary for normal daily living, and that the need for the medical alarm is directly related to the documented disability.

## For more information

If you have any questions about this guide you can speak to your local Work and Income Health and Disability Coordinator. Call us on 0800 559 009 and ask to be connected.