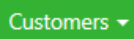




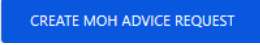

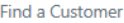


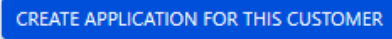
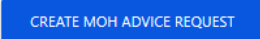



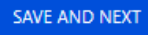
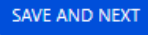





Create and Submit Advice Request







When consultation with an EMS Advisor is a mandatory requirement, the EMS Assessor must create and submit an aSAP Advice Request after the Customer assessment has been completed.


If consultation with an EMS Advisor is not a mandatory requirement, the EMS Assessor may choose to create and submit an aSAP Advice Request after the Customer assessment has been completed.


Step	Description
	<p>Completed steps:</p> <ol style="list-style-type: none"> The Assessor has completed a Customer assessment, and identified solutions The solution type requires mandatory consultation with an EMS Advisor The Customer is available in aSAP
1.	<p>Create an Advice Request for an existing Customer using Option 1 or Option 2</p> <p>Option 1: My Customers</p> <ol style="list-style-type: none"> Click  Click  Click  for the customer, and click  <p>Note:  is used to create Applications and Advices</p> <p>Note: If necessary, search for the Customer by First Name, Last Name or NHI</p> <ol style="list-style-type: none"> Click . The Advice Request page displays <p>Option 2: Find a Customer</p> <ol style="list-style-type: none"> Click  Click  Enter one of the following: <ul style="list-style-type: none"> Option 1: NHI Option 3: Birth Date (DD/MM/YYYY) and Last Name Click  <p>If the customer is found during the search, the Personal Information page of the customer record displays:</p> <ol style="list-style-type: none"> Click  Click  Click . The Advice Request page displays

Step	Description								
2.	<p>In the Advice Request page, enter required fields marked with an asterisk that are not pre-populated and optional fields if needed:</p> <table border="1" data-bbox="240 454 1425 1547"> <thead> <tr> <th data-bbox="240 454 531 528">Section</th> <th data-bbox="531 454 1425 528">Fields</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 528 531 1025">Personal Information</td> <td data-bbox="531 528 1425 1025"> Fill in required fields that are not pre-populated <ul style="list-style-type: none"> • NHI Number* • First Name* • Last Name* • Date of Birth* • Gender* • Ethnicity* • Primary Disability Type* • Type of Home* • Funding Type* • Residency Status* </td> </tr> <tr> <td data-bbox="240 1025 531 1182">Customer Primary Address</td> <td data-bbox="531 1025 1425 1182"> <ul style="list-style-type: none"> • Address field (pre-populated) • Primary DHB* • Territorial Authority* </td> </tr> <tr> <td data-bbox="240 1182 531 1547">Advice Request Information</td> <td data-bbox="531 1182 1425 1547"> <ul style="list-style-type: none"> • Advice Summary* (e.g. Wheelchair and Seating, Bathroom Modifications) Note: The Summary is a brief name or title for your Advice • Advice Request Type*. Select from drop-down list (ACCESS Clinic, Equipment, Housing, Vehicle) and click  • Reason for Equipment Request* or Reason for Housing Request* or Reason for Vehicle Request*. Select from drop-down list </td> </tr> </tbody> </table>	Section	Fields	Personal Information	Fill in required fields that are not pre-populated <ul style="list-style-type: none"> • NHI Number* • First Name* • Last Name* • Date of Birth* • Gender* • Ethnicity* • Primary Disability Type* • Type of Home* • Funding Type* • Residency Status* 	Customer Primary Address	<ul style="list-style-type: none"> • Address field (pre-populated) • Primary DHB* • Territorial Authority* 	Advice Request Information	<ul style="list-style-type: none"> • Advice Summary* (e.g. Wheelchair and Seating, Bathroom Modifications) Note: The Summary is a brief name or title for your Advice • Advice Request Type*. Select from drop-down list (ACCESS Clinic, Equipment, Housing, Vehicle) and click  • Reason for Equipment Request* or Reason for Housing Request* or Reason for Vehicle Request*. Select from drop-down list
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3.	<p>Click .</p> <p>Note: A message displays at the top of the page if the form could not be saved. Complete the required fields indicated in blue text and click . The blue text is hyperlinked to the section to be completed</p>								
4.	<p>The Advice Request page opens</p> <p>Note: The General section contains the Advice Request number, Advice Summary and Advice Request Type</p> <p>Note: Each section of the page can be collapsed or expanded by clicking the section title</p>								

Step	Description																
	<p>Amend fields in section details as required:</p> <p>ACCESS Clinic</p> <table border="1" data-bbox="240 427 1428 2020"> <thead> <tr> <th data-bbox="240 427 531 501">Section</th> <th data-bbox="531 427 1428 501">Fields</th> </tr> </thead> <tbody> <tr> <td data-bbox="240 501 531 575">Service Request</td> <td data-bbox="531 501 1428 575"> <ul style="list-style-type: none"> Select applicable Service Request from lookup list, if required </td> </tr> <tr> <td data-bbox="240 575 531 779">Clinical Profile Information</td> <td data-bbox="531 575 1428 779"> <ul style="list-style-type: none"> Update Clinical Profile data, if required For example, to amend Functional Loss: <ul style="list-style-type: none"> Enter text in Functional Loss Comments field and click  </td> </tr> <tr> <td data-bbox="240 779 531 1133">Main Issues</td> <td data-bbox="531 779 1428 1133"> <ul style="list-style-type: none"> Description of person's main issues/functional loss related to request* If the person has challenging behaviours, describe the challenging behaviours Relevant EMS Funding Criteria*. Select from drop-down list Findings from Initial Observations/Assessment Current Equipment Describe how Existing Equipment is no longer suitable </td> </tr> <tr> <td data-bbox="240 1133 531 1290">Solutions</td> <td data-bbox="531 1133 1428 1290"> <ul style="list-style-type: none"> Proposed Solution* Alternative Options Considered/Trialled* Outcome to be Achieved* </td> </tr> <tr> <td data-bbox="240 1290 531 1402">Cultural Considerations</td> <td data-bbox="531 1290 1428 1402"> <ul style="list-style-type: none"> Describe cultural considerations related to the request </td> </tr> <tr> <td data-bbox="240 1402 531 1850">ACCESS Clinic</td> <td data-bbox="531 1402 1428 1850"> <ul style="list-style-type: none"> Select from options <ul style="list-style-type: none"> <input type="checkbox"/> Wheeled Mobility/Seating <input type="checkbox"/> Postural Support/Lying <input type="checkbox"/> Other Preferred Clinic Venue Preferred Clinic Date Preferred Clinic Time Hoist Required in Clinic. No selected by default Person's Home is Wheelchair Accessible. Select from drop down list </td> </tr> <tr> <td data-bbox="240 1850 531 2020">Body Measurements (in cm)</td> <td data-bbox="531 1850 1428 2020"> <p>Enter:</p> <ul style="list-style-type: none"> Date body measurement were taken Body measurements </td> </tr> </tbody> </table>	Section	Fields	Service Request	<ul style="list-style-type: none"> Select applicable Service Request from lookup list, if required 	Clinical Profile Information	<ul style="list-style-type: none"> Update Clinical Profile data, if required For example, to amend Functional Loss: <ul style="list-style-type: none"> Enter text in Functional Loss Comments field and click  	Main Issues	<ul style="list-style-type: none"> Description of person's main issues/functional loss related to request* If the person has challenging behaviours, describe the challenging behaviours Relevant EMS Funding Criteria*. Select from drop-down list Findings from Initial Observations/Assessment Current Equipment Describe how Existing Equipment is no longer suitable 	Solutions	<ul style="list-style-type: none"> Proposed Solution* Alternative Options Considered/Trialled* Outcome to be Achieved* 	Cultural Considerations	<ul style="list-style-type: none"> Describe cultural considerations related to the request 	ACCESS Clinic	<ul style="list-style-type: none"> Select from options <ul style="list-style-type: none"> <input type="checkbox"/> Wheeled Mobility/Seating <input type="checkbox"/> Postural Support/Lying <input type="checkbox"/> Other Preferred Clinic Venue Preferred Clinic Date Preferred Clinic Time Hoist Required in Clinic. No selected by default Person's Home is Wheelchair Accessible. Select from drop down list 	Body Measurements (in cm)	<p>Enter:</p> <ul style="list-style-type: none"> Date body measurement were taken Body measurements
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Step	Description	
	Main Issues	<ul style="list-style-type: none"> • Description of person’s main issues/functional loss related to request* • If the person has challenging behaviours, describe the challenging behaviours • Relevant EMS Funding Criteria*. Select from drop-down list • Description of home’s features and barriers – external layout • Description of home’s features and barriers – internal layout • Property Owned By. Select from drop-down list • How many years have they lived in this property? Note: Enter a whole number • Is the living/care situation sustainable for 2-3 years? No/Unsure selected by default. Enter description • Is the House Suitable Long Term? No/Unsure selected by default. Enter description
	Solutions	<ul style="list-style-type: none"> • Proposed Solution (Internal Modification)* • Proposed Solution (External/Access Modification)* • Alternative Options Considered/Trialled* • Outcome to be Achieved* • Additional Information • Repeat Funding. No selected by default. If Yes provide details
	Cultural Considerations	<ul style="list-style-type: none"> • Describe cultural considerations related to the request
Vehicle		
	Section	Fields
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	Clinical Profile Information	<ul style="list-style-type: none"> • Update Clinical Profile data, if required. For example, to amend Functional Loss: <ul style="list-style-type: none"> ○ Enter text in Functional Loss Comments field and click 
	Main Issues	<ul style="list-style-type: none"> • Description of person’s main issues/functional loss related to request* • If the person has challenging behaviours, describe the challenging behaviours • Relevant EMS Funding Criteria*. Select from drop-down list • Vehicle Requested For. Select option from drop-down list

Step	Description	
		<ul style="list-style-type: none"> • Current vehicle • Vehicle Owned By
	Solutions	<ul style="list-style-type: none"> • Proposed Solution* • Alternative Options Considered/Trialled* • Outcome to be Achieved* • Additional Information • Repeat Funding. No selected by default. If Yes provide details • For Vehicle purchase, is the person willing to be income and cash asset tested? Select Yes or No from drop-down list
	Cultural Considerations	<ul style="list-style-type: none"> • Describe cultural considerations related to the request
5.	Add Support Documents, if required	
6.	<p>If the Advice Request is not ready for submission, go to Step 7</p> <p>If the Advice Request is ready for submission, go to Step 8</p>	
7.	<p>If the Advice Request is not ready for submission, save the Advice Request:</p> <ul style="list-style-type: none"> • Click SAVE AS DRAFT. When processing has completed, the Advice Request is saved in status Draft in the Advice Requests Summary page • To amend a Draft Advice Request: <ul style="list-style-type: none"> ○ Click Advice Requests and <i>Advice Requests (MOH)</i>, ○ Select the Advice Request and open the Advice Request in  Edit mode ○ Amend the Advice Request ○ To submit the Advice Request, go to Step 8 	
8.	<p>If the Advice Request is ready for Submission:</p> <ul style="list-style-type: none"> • Click SUBMIT ADVICE REQUEST. The Advice Request is submitted and has Status Awaiting PAT Assignment <p>Note: Status changes can take a few minutes to process</p> <p>Note: To print or save a PDF of an Advice Request</p> <ul style="list-style-type: none"> ○ Open the Advice Request ○ Expand any section of the Advice Request that is collapsed ○ Mouse right-click and select Print ○ Select the printer or Save as PDF 	