

# Moving into Residential Care



This information is for people over 65 years of age requiring long-term care in a rest home or hospital. It is intended to supplement information on residential care from Work and Income and Ministry of Health.

**Seniorline**  
July 2017

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*Seniorline is an information service for older people and their family / whanau.  
We can answer questions about rest homes and hospitals and services that  
should be provided and support to help you stay at home.*

## About this booklet

This booklet is designed to support people considering residential care options. If residential care is indicated; you or someone you care about is likely to have poor physical and / or cognitive health, and no longer able to live safely at home. The decision to seek residential care can be especially difficult for caregivers or family members.

Residential care is the care provided in a rest home, private hospital or dementia facility. These facilities have a contract with the District Health Board and require you to have both a needs assessment and a level of care assessment before entering long term care. Residential care can seem overwhelming complex, with use of terms like admission agreement, enduring power of attorney, maximum contribution, top up subsidy and premium room fees.

This guide is intended to support you in navigating the move into residential care. Beginning with a needs assessment, visiting care facilities and understanding the costs of care, including fees that are not publicly funded.

It can be a great relief for everyone when appropriate residential care is found. Carers can still choose to be involved as much or little as they wish, knowing a loved one is looked after.

Please note that retirement village living and residential care are different. For further information on these differences please see page 6.

## Needs Assessment & Service Coordination

The criteria for entry to residential care is that the person has been assessed as having high or very high needs which are indefinite and cannot be safely met with a package of care in the community.

Before considering residential care, you should have a Needs Assessment. This ensures that:

1. You know of support services that would help you to remain in your own home e.g. district nurses, home care.
2. You have access to rehabilitation and / or specialist medical advice which may improve your health.
3. You have help with making the critical decision. It is difficult to return home once you have moved into care.
4. You know the costs of residential care and the assessment criteria for public funding.

A Needs Assessor will visit you at home or in hospital and talk with you about:

- \* Tasks you find difficult
- \* Family / whanau or social support available to you
- \* Services that could help you stay at home
- \* Whether you meet the criteria for long term care

If it is not possible for you to stay safely at home, the assessor can authorise entry to residential care. The decision on residential care considers both needs assessment (InterRAI) and clinical assessment (level of care).

To access Residential Care Subsidy you must have a clinical assessment recommending long-term care. The terms of the Aged Care contract (page 13) do not apply to residents who have not been needs assessed; this could mean that fees for contracted care services are not capped at 'maximum contribution' rates, see page 12. The rest home / hospital must advise you in writing of these risks.

To get an assessment you can phone Needs Assessment and Service Co-ordination Service (NASC), or your GP can refer. If you are in hospital, you can be seen in the ward.

### **NASC phone numbers:**

Contact Seniorline for NASC phone numbers / contact details or ask your local District Health Board (DHB) / hospital.

Phone ..... 0800 725 463 or 09 375 4395

Email ..... [seniorline@adhb.govt.nz](mailto:seniorline@adhb.govt.nz)

Website ..... [www.seniorline.org.nz](http://www.seniorline.org.nz)

## **Levels of Residential Care**

There are four types of care: rest home, dementia rest home, private hospital and specialist private hospital. All facilities must be certified by Ministry of Health and have a contract with the local District Health Board

### **Rest Homes**

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Rest homes provide 24 hour care to older people who are no longer able to live safely at home. Residents may be able to do some daily tasks by themselves but are likely to need support showering, dressing and moving around.

The majority of rest home residents are women aged 85 years or older and a significant number have memory loss. Rest homes employ a registered nurse some hours each week, there is at least one care staff on-duty at all times with another on-call. More staff members are on duty according to the number of residents.

### **Dementia Rest Home**

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A person with dementia does not necessarily require care in a dementia rest home. The assessor consults with others, e.g. a psycho-geriatrician, and recommends the most appropriate type of care facility. Residents of dementia rest homes are often confused and require specialist care in a secure environment.

Dementia rest homes provide higher levels of staff trained in dementia care and have enclosed garden areas with access to the street restricted. Dementia rest homes employ a registered nurse some hours per week and have one staff member on duty at all times, with another readily available on-site.



## Private Hospitals

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These hospitals care for older people who need nursing due to illness and disability. Although they are called hospitals, long-stay hospitals are very different from public hospitals. They do not have doctors on duty 24 hours, or specialised rehabilitation. Hospital residents tend to be immobile and many of them are confused.

Private hospitals have two staff on duty at all times, one registered nurse and one caregiver, with more staff according to numbers of residents.

## Specialist Hospitals

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Specialist hospitals are sometimes called 'psychogeriatric hospitals'. The residents have high dependency needs coupled with challenging or noisy behaviours. The behaviour may be due to dementia, or the combination of an age-related disability and a mental health condition. Staff members are trained to manage this type of behaviour.

Specialist hospitals have two staff on duty at all times, one registered nurse and one caregiver, more staff according to number of residents. For larger facilities with several units on one site, registered nursing cover can be shared between units for the hours 10pm to 7am.

## Convalescent Care

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There are no specialist convalescent facilities. Some people choose to stay in a rest home or private hospital for a short time. There is no public funding for convalescent care.

## Choosing a Residential Care Facility

Many care providers have their own websites. Seniorline can send out listings of rest homes and hospitals for Greater Auckland and Northland and has a useful site: [www.seniorline.org.nz](http://www.seniorline.org.nz) Eldernet [www.eldernet.co.nz](http://www.eldernet.co.nz) has vacancy information for most District Health Boards (DHBs). It also allows you to search for particular features. Rest home audit information is listed on the Ministry of Health site [www.health.govt.nz](http://www.health.govt.nz) and search for '[rest home audits](#)'.

Day care or short stays can provide a gradual transition to long-term care. This way you are not moving to a totally new environment and there is time to get to know staff and residents.

Premium room fees are common in residential care - there is no public funding for these fees. Premium room fees typically range from \$5 to \$70 *per day*. Your choice of facility will be limited if you are unable to fund premium room fees privately.

Often the need for residential care is urgent. If there is no vacancy at your first choice, you might have to consider another facility. This sometimes happens when you are in a public hospital and there is pressure for discharge. If you plan to transfer, it is best to make this clear from the beginning. Try to negotiate a shorter period of notice in the Admission Agreement to avoid paying both facilities during the transfer process.

If you move into a facility and then decide it is not the right place, you can move again. Re-contact Needs Assessment to begin the transfer process. See page 17, 'Transferring to a Different Facility'.

## Retirement Village Living

Residential care and retirement villages are different. Purchasing into a retirement village is a lifestyle choice. Residential care is for people with high dependency needs who have been needs-assessed as requiring care.

If you move into a retirement village, in an independent unit or serviced apartment, you may not be able to access any publicly funded home based support services. Check the retirement village contract for this.

If you move from independent living into residential care you may be required to continue paying service fees for the independent unit, plus premium room fees and residential care fees. Costs can be significant.

Check what levels of residential care are available at a village. Not all villages have care facilities co-located on site. If you require care that is not available onsite you may need to relocate, continue to pay service fees in the retirement village and be unable to release equity to cover care costs. You will not be able to access a residential care loan because the retirement village owns the unit.

Premium room fees often apply in retirement village care facilities. There is no public funding for premium room fees. Even if you are eligible for a Residential Care Subsidy, you cover the cost of premium room fees privately.

Thoroughly investigate potential costs of care and outgoings with family and your attorney before you become a retirement village resident.

## Viewing the Facility

Making an appointment to view a facility ensures the manager is free to talk with you, or you may prefer to arrive unannounced. It is best to avoid first thing in the mornings and mealtimes, as these are the busiest times for staff.

### Ask Questions About:

#### Ownership / Management

- \* Who manages the facility? What experience do they have?
- \* What is the level of staff turnover?
- \* Is there a residents' committee?
- \* Ask to see the most recent audit report
- \* Are there other levels of care on the same site?
- \* Is the facility about to change owner or manager?
- \* How does a family / whanau member raise a concern? See Complaints, page 17.
- \* Is there an independent advocate? Who is it?
- \* What happens if you want to move?

## **Additional Costs**

- \* Do you have to pay more than maximum contribution?
- \* Are there premium room fees? If so, what for?
- \* Do you need to provide a guarantor for payment?

## **Meals**

- \* Ask the residents about the food.
- \* What times are the meals - when is the main meal?
- \* Are the meals cooked on site or delivered?
- \* Are special / culturally appropriate diets available?

## **Care**

- \* How are family / whanau involved in writing the Care Plan (page 8) and reviews?
- \* What is the ratio of staff to residents?
- \* For rest homes, how many hours per week is a registered nurse on duty, and when?
- \* Which doctor visits, how often, and is there a choice?
- \* Can you have a shower every day?

## **Facilities**

- \* Can you bring your own furniture?
- \* Can people enter your room without permission?
- \* Is there an ensuite? Ensuite usually means your own private toilet. A communal shower is often acceptable, as most residents need help.
- \* Would you prefer a small or a large facility?
- \* How many lounges are there? Is there a choice?
- \* Is there a pleasant, sheltered outdoor area to sit?
- \* Can residents smoke / drink alcohol?
- \* Can you take your pet with you?

## **Other Services**

- \* Does a hairdresser / podiatrist call?
- \* Is transport available for appointments and activities?
- \* Is there a free private phone for resident use?
- \* How many hours per week does the activities person work?
- \* Are outings arranged and how often can each resident go?
- \* Is there extra cost for outings or activities?

## Admission Agreement

This legal document protects the resident and rest home / hospital by setting out responsibilities of both. Care Providers are required to have an Admission Agreement. Ask to take the agreement away with you and study it carefully. If there is anything you are not clear about, seek advice.

If you are not happy with the terms, try to negotiate a different arrangement and change the agreement to reflect this. You initial changes just as you would any other legal document. For example, you might negotiate a reduced period of notice, see page 17. There is no charge for providing an Agreement.

### What should an Admission Agreement include?

This is covered in the Age Related Residential Care Services contract, section D13. View the full contract online at:

[centraltas.co.nz](http://centraltas.co.nz) under Health of Older People / [National Agreements](#).

The Admission Agreement should specify any extra charges. By signing it you undertake to pay these costs if you use the services listed. Some facilities may ask you to supply a guarantor for payment.

The Admission Agreement is required to cover issues such as liability for damage or loss of residents' personal belongings, staffing, resident safety and security, transport policies, procedures, costs, complaint processes and information on when a resident may be required to leave a facility.

Your care provider cannot charge you for any services you receive that are already part of its contract with the District Health Board (DHB). These are known as *Contracted Care Services*, see page 13. Services generally include GP visits, medications and incontinence products.

## Care Plan

This is not part of the Admission Agreement but documents the care needs of an individual resident.

The Care Plan details how care is to be delivered to a resident. Ideally it should be written in consultation with the resident and family / whanau so you can make informed decisions about care. For example, if you have specific dietary requirements or if family want to be notified of falls, the care plan is where this information is recorded.

If you want to change some part of your care, the plan forms the base for discussion. Care plans should be reviewed every six months or when there is a change in health status.



## Cost of Care

Once you meet the Needs Assessment criteria for long-term care in a rest home or hospital, you determine whether or not you need to apply for a residential care subsidy or loan. You will also need to decide whether or not you can fund premium room fees.

## Premium Room Fees

Premium room fees are common in residential care. Premium rooms have 'additional features of a permanent or fixed nature', such as an ensuite, big room or garden access. These fees differ from fees for extra services that can be turned off easily such as a newspaper, private phone line or Sky TV subscription.

There is no public funding available for premium room fees or additional services. This means that even if you are on Residential Care Subsidy, you may still be required to pay premium room fees. It is important to be very clear about any extra costs prior to entering care.

In July 2014 an industry agreed policy was introduced to clarify if and when premium room fees can apply on entering care. It also detailed the process if you no longer wish to reside in a premium room and / or pay premium room fees. Contact Seniorline if you require information on policy regarding premium room fees or visit [www.centrahtas.co.nz/health-of-older-people/premium-room-service-charges/](http://www.centrahtas.co.nz/health-of-older-people/premium-room-service-charges/)

## Residential Care Subsidy

### Eligibility

To qualify for Residential Care Subsidy you need to:

1. Be a NZ citizen or resident, 65 years or older, some people aged 50-64 may also qualify.
2. Have a needs assessment that confirms you need care in a rest home or hospital indefinitely.
3. Meet the Ministry of Health eligibility criteria for publicly funded services. This is a complex area. As a general rule you are eligible if you are a NZ resident and receive a NZ Work and Income benefit.
4. Meet the financial criteria of the income and asset test administered by Work and Income on behalf of Ministry of Health, see next page.
5. Receive services provided by a certified rest home or hospital with a District Health Board (DHB) contract.

Residential Care Subsidy is not available for convalescent care or Accident Compensation Corporation clients. It may be possible to claim subsidy into a retirement village, see page 11.

The Work and Income Residential Subsidy Unit at Whangarei process financial means assessments for residential care for all New Zealand. You can phone them on 0800 999 727 or look at information on the website: [www.workandincome.govt.nz](http://www.workandincome.govt.nz) search Residential Care Subsidy.

## **Income and Asset Testing**

### **Asset Testing**

From 1 July 2017, asset thresholds for Residential Care Subsidy are as follows:

- \* \$224,654 for a single or widowed person in care
- \* \$224,654 for a couple with both partners in care
- \* \$123,025 for a couple with one partner in care (house and car remain exempt). Couples can choose to be tested under the \$224,654 threshold, but the house and car will not be exempt.

Asset thresholds increase by the rate of increase in the Consumer Price Index each year. Visit the Ministry of Health site: [www.health.govt.nz](http://www.health.govt.nz) and search on 'income and asset testing', or ask Seniorline to send information.

### **Income Testing**

A person receiving Residential Care Subsidy is required to contribute income toward the cost of care. This includes NZ Super, pensions and other sources of income. A small amount of income from assets is exempt. Earnings of a partner in paid employment, War Disablement pension and 50% of private super schemes are not counted as income.

### **Trusts**

You are required to complete a declaration of assets sold or gifted and you will need to provide trust documents if you have set up a trust. In some cases, assets you have transferred to a trust can still be counted as yours. Work and Income will require more information if you or your spouse/partner have ever: transferred or sold assets to a trust, been the settlor, trustee or beneficiary of a trust.

### **Pre-paid Funeral Trusts**

Pre-paid funeral expenses up to \$10,000 for each partner are not counted as assets by Work and Income. The trust must be a Work and Income approved trust, you can check with them on 0800 999 727.

### **Gifting**

The rules relating to gifting for someone who applies for Residential Care Subsidy are quite different to those used by Inland Revenue. Discuss with Work and Income 0800 999 727.

## Residential Care Loan

Your home counts as an asset for single people or couples where both are in long term residential care. If you are not financially eligible for Residential Care Subsidy, have cash assets of \$15,000 (per person) or less and do not want to sell your home, you can apply for an interest-free loan.

You arrange a loan by completing a financial means assessment in the usual way then answering additional questions specific to the loan. If you qualify, Ministry of Social Development (through Work and Income) will ask you to sign a legal contract called the 'Residential Care Loan Agreement'. The loan is usually secured over your home by a caveat registered against the title. The loan is repaid when your home is sold, or within twelve months from your estate.

Detail on eligibility for the Loan Scheme can be viewed on the Ministry of Health website [www.health.govt.nz](http://www.health.govt.nz), search for 'Residential Care Loan Scheme'.

## Applying for a Residential Care Subsidy / Loan

Application forms are provided as part of the needs assessment process. Work and Income require the Needs Assessment Certificate to be filled in before they process the form. It is a good idea to make copies of the application and any related documents. It is your responsibility to post to:

Work and Income, Private Bag 9032, Whangarei 0148

Payment can be backdated 90 days from the time application is received by Work and Income. You are responsible for the cost of care until subsidy / loan payments begin. Discuss with care provider if this is a problem.

You can test your eligibility for residential care subsidy / loan at any time through Work and Income.

If you receive residential care subsidy / loan most of your NZ Super is paid to the care facility. You can arrange an automatic payment from your bank account or ask Work and Income to pay it directly to the facility. The rest of your NZ Super will be paid to you as a fortnightly personal allowance. You also receive an annual clothing allowance paid in April each year.

It may be possible to claim subsidy (not loan) into a retirement village Occupation Right Agreement unit certified for rest home or hospital level care. Eligibility criteria apply. Providers of this type of care must refund resident the accommodation portion (18%) of the District Health Board Maximum Contribution rate, see page 12. Please seek advice on how well this arrangement meets the needs of your family member.

## Privately Paying Residents / Maximum contribution

These are people who do not meet the asset threshold for Residential Care Subsidy. They pay their own fees which are limited to the *Maximum Contribution* for contracted care services. This applies to all levels of care; rest home, hospital and dementia. Private payers continue to receive NZ Super.

Maximum Contribution is GST inclusive and rates vary according to land value. New rates are set on the first day of July each year. View rates on the Ministry of Health website [www.health.govt.nz](http://www.health.govt.nz) and search for 'maximum contribution'. The maximum contribution rate is equal to the rest home contract rate in each District Health Board (DHB).

For high levels of care such as hospital or dementia level care, the cost is greater than maximum contribution. This difference in cost is covered by Top-Up subsidy. All residents needs assessed as requiring dementia or hospital care receive Top-Up, even if they pay for care privately. There is no application process, it is organised by the Needs Assessor.

Care facilities cannot charge for services included in the DHB contract. This applies regardless of how care is funded. Extra can be charged for items or services outside of the contract by negotiation. Charges must be specified in the admission agreement.

## Checklist for moving into Residential Care

1. Organise GP referral for a Needs Assessment
2. Needs Assessment by NASC (InterRAI)
3. Level of residential care required
4. Discuss options and plan of action with NASC
5. Visit a number of rest homes / hospitals
6. Establish if premium room fees apply, and if so, can you afford to privately fund them
7. Request a copy of the admission agreement and take it away to read
8. Choose a rest home / hospital
9. Negotiate and sign admission agreement
10. Apply for a Residential Care Subsidy or Loan if appropriate

## Services and who pays

Contracted care services are those provided to needs assessed people in a rest home or hospital with a District Health Board (DHB) contract. The Maximum Contribution fee covers these services, see page 12. For more detail see the Age Related Residential Care Services Agreement, view on the [centraltas.co.nz](http://centraltas.co.nz) website under Health of Older People / National Agreements.

### Services provided by care facility

- \* Accommodation, meals, cleaning and laundry
- \* Nursing and other care
- \* Doctor visit on admission, then once a month, or every 3 months at the doctor's discretion, plus emergency visits
- \* All prescribed medication costs (Pharmac approved), plus packaging, e.g. blister packs
- \* All dressings and supplies used in treatments
- \* Continence products
- \* Equipment and mobility aids for communal use
- \* Activities that are part of the regular programme
- \* Dietician advice, physiotherapy, speech therapy and podiatry if prescribed by a doctor
- \* Temporary absences - in any one year subsidy continues to be paid if you are away for a short time: 2 x 2 weeks for a holiday, and 3 weeks if you are admitted to a public hospital
- \* Transport for health reasons e.g. to and from local public hospital
- \* Someone to accompany a resident to a health appointment if no family or friends are available

## Services paid by resident / family

This is not a complete list - it includes items and services for which facilities often charge extra:

- \* Premium rooms e.g. larger room or one with ensuite. See page 9 for further information on premium room charges
- \* Items such as vitamin supplements, unless prescribed by the doctor
- \* Services of dentists, opticians, audiologists
- \* Private specialists, x-rays
- \* Private medical appointments you have made without the knowledge of the rest home / hospital
- \* Personal items such as hairbrushes, razors, TV, radio, batteries and cigarettes. See Advance payment of benefit, page 15, for help with cost of hearing aids and glasses.
- \* Personal clothing and dry-cleaning
- \* Basic toiletries such as soap, shampoo, toothpaste, toothbrush, talcum powder
- \* Hairdressing
- \* Wheelchair for exclusive use of one resident
- \* Insurance of personal belongings
- \* Entrance fees to shows, concerts etc
- \* Private telephone, toll calls, internet or Sky TV

To view the full contract, visit the [centraltas.co.nz](http://centraltas.co.nz) website under Health of Older People / National Agreements.



## **Help for Partners Still at Home**

### **National Superannuation**

If you are at home and your partner in care receives Residential Care Subsidy, Work and Income will automatically increase your NZ Super to either the single living alone rate or the single sharing rate. If your partner pays their own fees, you can apply directly to Work and Income.

### **Accommodation Supplement**

You might be able to get help with the cost of renting, boarding or owning a home. Accommodation Supplement is income and asset tested.

### **Advance Payment of Benefit**

If you have immediate need for an essential item such as dentures, hearing aids or glasses, and have no other way to meet these costs, you may be able to get an Advance from Work and Income. This is income and asset tested and must be paid back. If you receive Residential Care Subsidy you will not be asked to use your personal allowance to repay the Advance. Recovery is generally sought from the estate.

### **Disability Allowance**

This helps towards extra disability costs, e.g. help with lawn mowing, a medical alarm or medical expenses. Your doctor has to complete a medical certificate for Work and Income to help decide eligibility. The allowance is income tested.

### **Special Disability Allowance**

Partners of those receiving Residential Care Subsidy may get this allowance to help meet the transport costs of visiting.

### **SuperGold Card**

This card replaces the Community Services Card and the NZ Super Card. It gives over-65s discounts and concessions at participating businesses. Entitlement to subsidies on doctors' fees and prescriptions is noted on the card for those who qualify. Apply through Work and Income.

### **High Use Health Card**

If you do not qualify for Community Services Card subsidy but have frequent doctor visits for a chronic health condition, you might qualify for a high-use health card. This card reduces the cost of prescriptions and fees for doctor visits. Discuss with your doctor.

## **Total Mobility Scheme**

This reduces the cost of taxi travel for people assessed as unable to use public transport because of permanent disability. Those eligible hold an identity card. The scheme is managed by a number of disability organisations and you need to join the organisation. Participating agencies include Alzheimer's, Stroke Foundation, Age Concern and others.

## **Rates rebate**

If your income is low, you may qualify for a rates rebate. Contact your local council.

## **St John Supporter Scheme**

This covers emergency ambulance call-out charges anywhere in New Zealand. Subscription rates vary from \$50 to \$80 per year. The St John Supporter Scheme does not cover transport on discharge from hospital, transfer from one hospital to another, or transport to clinic appointments.

Phone 0800 780 780 or visit [www.stjohn.org.nz](http://www.stjohn.org.nz)

## **Enduring Power of Attorney**

An Enduring Power of Attorney (EPA) is a legal document that allows you to say who you want to take care of your affairs if you are incapacitated. If you do not have one, family / whanau must apply to the Family Court before they can manage your affairs. This can be time consuming, costly and the person appointed may not be the one you would have chosen.

It is a good idea for all adults to make an EPA, but there are pitfalls. Discuss the issues with someone who is impartial or has experience in this area, e.g. your lawyer, Age Concern or Citizens Advice Bureau. EPAs can be arranged through a lawyer, trustee company or Public Trust.

Changes to the EPA legislation (Sept 2008) require independent legal advice so that someone setting up an EPA is better informed and those granted the power are more accountable. This does add cost; Community Law centres and some Citizens Advice Bureau provide free legal advice.

For further information contact your local Age Concern or visit: [www.ageconcern.org.nz](http://www.ageconcern.org.nz) select information / money matters / and then Enduring Power of Attorney.

## Transferring to a Different Facility

You have the right to move to another facility.

If you have been in a rest home / hospital for a while, or if your health has changed, it is best to have a reassessment to check the level of care you require. Liaise with needs assessment (NASC) before making a move. If you are receiving public funding, a service co-ordinator must do a transfer form.

If you experience any difficulty, ask your local NASC for assistance, see page 4 for contacts. The national contract between care providers and District Health Boards (DHBs) requires that the provider makes the transfer easy. See page 14 for a link to the contract.

Transfer to another DHB requires a recent (less than 6 months old) interRai assessment and approval of the receiving NASC team for that area prior to the move. This applies to all residents.

Check the length of notice required in your Admission Agreement, industry norm is 21 days. This period of notice can make transfer difficult as Ministry of Health will not pay subsidy to two different facilities at the same time.

## Complaints

It is okay to talk about some aspect of care which concerns you or your family / whanau. Dealing with a small issue early can prevent a larger problem.

Rest homes and hospitals must meet the requirements of:

- \* Code of Health and Disability Services Consumers' Rights
- \* Health and Disability sector standards
- \* Aged Residential Care contract with the District Health Board (DHB)

If you feel that care is not up to standard it is always best to first talk or write directly to the manager / owner.

You can make a complaint to the provider - all rest homes and hospitals are required to have a complaints process.

Health Advocates can offer support if you are uncomfortable with this.

If you are not satisfied after talking with the provider, then:

- \* For concerns about **quality of care**, contact the Health and Disability Commission or a DHB Funding manager.
- \* For concerns about **services** the facility is required to provide residents, contact Seniorline.
- \* For concerns about **how much you have to pay**, check the Admission Agreement with the rest home or hospital, this should specify all charges.
- \* For **financial issues** you are not able to resolve with a rest home or hospital, contact the Funding manager for the local DHB. Phone Seniorline for contacts.

## Contacts for complaints

Health Advocates ..... 0800 555 050

Health & Disability Commission ..... 0800 11 22 33  
[www.hdc.org.nz/complaints/making-a-complaint](http://www.hdc.org.nz/complaints/making-a-complaint)

## More information

Citizens Advice Bureau ..... 0800 367 222  
[www.cab.org.nz](http://www.cab.org.nz)

Work & Income - Residential Care ..... 0800 999 727  
or fax 0800 621 621 (Deaf Link)  
or text 029 286 7170 (Deaf Link)  
[www.workandincome.govt.nz](http://www.workandincome.govt.nz)

Work & Income - Superannuation Line..... 0800 552 002

Disability Information..... 0800 171 981  
[www.weka.net.nz](http://www.weka.net.nz)

Age Concern.....[www.ageconcern.org.nz](http://www.ageconcern.org.nz)

Grey Power..... 0800 473 979  
[www.greypower.co.nz](http://www.greypower.co.nz)

## Seniorline

Phone ..... 0800 725 463 or 09 375 4395

Website..... [www.seniorline.org.nz](http://www.seniorline.org.nz)

Email.....[seniorline@adhb.govt.nz](mailto:seniorline@adhb.govt.nz)

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