

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.

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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 suggested; 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 difficult for all members of the family / whanau.

Residential care is the care provided in a rest home, private hospital or dementia facility. To potentially be eligible for public funding, entry to permanent residential care must be through the District Health Board (DHB). People can enter residential care without going through the DHB, but as a consequence they are personally liable for the full cost of their care.

Residential care can seem overwhelmingly complex. This guide is intended to help you navigate the move into long term care. Needs assessment is the first step, followed by visits to care facilities and understanding the costs of care, including fees not covered by public funding.

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 permanent 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:

- Your preferences
- 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 funding you must have a clinical assessment recommending long-term care.

The terms of the Aged Care contract (page 8) 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 / hospital.

Phone 0800 725 463 or 09 375 4395

Email seniorline@adhb.govt.nz

Website 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.

Please note 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.

Rest Homes

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.

Rest homes employ a registered nurse some hours each week, there is at least one care staff on-duty at all times. More staff members are on duty according to the number of residents.

Dementia Rest Home

A person with dementia does not necessarily require care in a dementia rest home. The needs 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 staff trained in dementia care and have enclosed garden areas with restricted access to the street. 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

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. Staffing is according to residents' needs.

Specialist Hospitals

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

Care Suites

Some villages offer care in serviced apartments / care suites. The apartment is purchased in the same way as any retirement village property and ownership is by Occupation Right Agreement (ORA). The apartment is certified by Ministry of Health and contracted to the local District Health Board to provide residential care (usually rest home or hospital care) in the apartment. You pay for care privately or via the Residential Care Subsidy.

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. Eldernet www.eldernet.co.nz has vacancy information for all District Health Boards. 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, search for 'rest home audits'.

Premium room fees are common in residential care - there is no public funding for these fees. Premium room fees typically range from \$10 to \$85 *per day*. Your choice of facility will be limited if you are unable to fund premium room fees privately. Ask careful questions when visiting a facility to see if premium room fees apply.

Often the need for residential care is urgent. If there is no vacancy at your first choice, you may 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 change. Re-contact needs assessment to begin the transfer process. See page 17, 'Transferring to a Different Facility'.

Day care or short stays can be useful to get to know a facility. This way you are not moving to a totally new environment and there is time to build relationships with staff and residents. Not all facilities offer these services.

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 long term care.

If you move into a retirement village independent unit or serviced apartment, you may not be able to access publicly funded home support services such as home help or help with showering and dressing. Check the village contract for this. You may need to pay the village to provide these services.

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

It may be possible to access rest home and hospital care in a serviced apartment or care suite that you purchase. You then pay for care privately or via the residential care subsidy.

Check which levels of residential care are available at a village. Not all villages offer care on the same site, for example dementia care may not be provided. If you require care that is not available onsite, you may need to relocate.

Premium room fees usually 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 / Loan, you are required to cover the cost of premium room fees privately.

Thoroughly research potential care costs and outgoings with family and your lawyer 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, are they experienced?
- 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? See page 12.
- Are there premium room fees? If so, what for?
- Do you need to provide a guarantor for payment? Or a bond?

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 visit?
- Is transport available for appointments and activities?
- Is there a free private phone for resident use?
- How many hours per week is the activities person employed?
- Are there outings, 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 the responsibilities of both parties. 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. Both parties initial changes just as you would any other legal document. For example, you might want to negotiate a reduced period of notice if you think you might move in the future. 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:

www.centrautas.co.nz and search 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.

Providers cannot charge you for services that are already part of the District Health Board contract. These are known as Contracted Care Services, see page 13. Services generally include GP visits, medications and continence 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 have input on the care provided. 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 basis for discussion. Care plans should be reviewed every six months or when there is a change in health status.

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 or Loan, 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.

The [Age Related Residential Care Services contract](#), section A13 specifies when premium room fees can apply on entering care. It also details 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 premium room fee policy.

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.

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 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 search Residential Care Subsidy.

Income and Asset Testing

Asset Testing

From 1 July 2020, asset thresholds for Residential Care Subsidy are as follows:

- \$236,336 for a single or widowed person in care
- \$236,336 for a couple with both partners in care
- \$129,423 for a couple with one partner in care (house and car are exempt). Couples can choose to be tested under the \$236,336 threshold, but the house and car will not be exempt.

Asset thresholds increase on July 1st every year. Visit the Ministry of Health site: 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

When applying for public funding you are required to complete a declaration of assets sold or gifted and provide trust documents if you have set up a trust.

In some cases, assets transferred to a trust can still be counted as yours. If you are a beneficiary of a trust, the Ministry of Social Development (through Work and Income) consider it reasonable for the trust to distribute assets to you or make regular payments to cover care costs. If the trust will not support you, you will need to provide this information.

Pre-paid Funeral Trusts

Pre-paid funeral expenses up to \$10,000 for each partner are not counted as assets by Work and Income if they are held in a recognised funeral plan. Contact the Work and Income Residential Subsidy Unit on 0800 999 727 to discuss.

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 Residential Subsidy Unit on 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 other assets of \$15,000 (per person) or less, you can apply for an interest-free loan.

You arrange a loan by completing the 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'. There is a cost for the legal work involved in loan set-up.

The loan is usually secured over your home by a caveat registered against the title. Loan repayment is made 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, 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 included 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. The front cover of the form lists multiple ways to submit the application.

Payment can be backdated 90 days from the date the 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.

Once assessed as meeting the criteria for residential care, 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 Residential Care Subsidy / Loan into a retirement village unit certified for rest home or hospital level care. These are sometimes known as 'Care Suites'. 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 / whanau member.

Private Payers / Maximum Contribution

People whose assets are above the asset threshold for Residential Care Subsidy 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 the agreed rate of payment for rest home level of care in each District Health Board (DHB). It is GST inclusive and rates vary according to land value. Rates increase on the first day of July each year. View rates on the Ministry of Health website www.health.govt.nz and search for 'maximum contribution'. If agreed, a private paying resident can be charged a premium room fee on top of the Maximum Contribution rate, see page 9.

For high levels of care such as hospital or dementia level care, the cost is greater than maximum contribution. This cost difference is covered by Top-Up subsidy, which applies to all needs assessed clients requiring a high level of care, including those paying privately. Application is made on their behalf by the needs assessor and payment is made directly to the provider, no action is required of the resident or agent.

Care facilities cannot charge for services included in the DHB contract, 'Contracted Care Services' see page 13. This applies regardless of how care is funded. Extra can be charged for items or services outside of the contract by negotiation. Additional charges must be specified in the Admission Agreement.

Checklist for Moving into Residential Care

1. Organise GP or self-referral for a needs assessment
2. Needs assessment by NASC (interRAI) confirms need for indefinite care
3. Level of residential care assessment i.e. rest home, dementia, hospital or specialist hospital care
4. Discuss options and plan of action with needs assessor
5. Family / whanau / support person 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. Choose a rest home / hospital
8. Request a copy of the Admission Agreement and take it away to read
9. Negotiate and sign Admission Agreement
10. Apply for a Residential Care Subsidy or Loan if appropriate, or pay privately.

Services and Who Pays

Contracted care services are those provided to needs assessed people in rest homes or hospitals with a District Health Board contract. Maximum Contribution rate covers these services, see page 12. For more detail view the [Age Related Residential Care Services Agreement](#).

Services provided by care facility

- * Accommodation, meals, cleaning and laundry
- * Nursing and other care
- * Doctor / nurse practitioner visit on admission, then once a month and as clinically indicated, or every 3 months at the doctor's discretion
- * All prescribed medication costs (Pharmac approved), plus packaging, e.g. blister packs
- * All dressings and supplies used in treatments
- * Continence products to meet assessed need
- * 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 / nurse practitioner
- * Temporary absences - in any year, subsidy continues to be paid during a brief absence: up to 14 days at a time to a maximum of 28 days, or 21 days if you are admitted to a public hospital, longer if approved by needs assessment
- * 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. large room or one with ensuite. See page 9 for more information on premium room fees
- * Items like vitamin supplements, unless prescribed by the doctor / nurse practitioner and Pharmac approved
- * 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, cigarettes and batteries. 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 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 'Combo Card'

This card replaces the separate Community Services Card (CSC) and NZ Super Card. It gives over-65s discounts at participating businesses. CSC entitlement to subsidies on doctors' fees and prescriptions is noted on the back of 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 may need to join the organisation. Participating agencies include 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 start from \$55 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 785 646 or visit 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 visit www.superseniors.msd.govt.nz (search for Enduring Power of Attorney) or contact your [local Age Concern office](#).

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. A service coordinator may need to complete paperwork for the transfer.

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 requires that the provider supports the transfer. View the [Age Related Residential Care Services Agreement](#).

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

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 need assistance.

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
<https://www.hdc.org.nz/making-a-complaint>

More information

Citizens Advice Bureau..... 0800 367 222
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
Work & Income - Superannuation Line 0800 552 002
Disability Information 0800 693 342
www.nzfdic.org.nz
Age Concern..... 0800 652 105
www.ageconcern.org.nz
Grey Power..... 0800 473 979
www.greypower.co.nz

Seniorline

Phone 0800 725 463 or 09 375 4395
Website..... www.seniorline.org.nz
Email.....seniorline@adhb.govt.nz

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