

DHB-funded home-based healthcare and support

If a person needs some additional support in the home, Capital & Coast District Health Board has a service that can help. We can provide support ranging from a small amount of housework or assistance with things like doing the shopping or lifting heavy items, right through to providing long-term care including daily healthcare and home assistance.

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What is home-based support?

Home-based support is classified into two categories:

Household Management and Personal Care in the home

Household Management support ranges from housework, or assistance with things like doing the shopping or lifting heavy items. Personal Care includes providing support for a person's care such as assistance with showering and dressing.

Please note, there have been changes to the eligibility criteria for those seeking assistance with household management only.

Complex home support/Packages of Care

Support, including providing healthcare in the home, may also include complete Packages of Care for those with complex support needs – such as people who have long-term health conditions or disabilities.

Support is based on assessed need

DHB-funded home support is provided based on an assessment of your identified health needs, related to a short or long term health condition or disability.

Provision of services to those who need them most

The DHB has to use resources wisely to meet the needs of our entire population and achieve a balance between those with non-complex needs and those with very complex needs.

If you are assessed as being independent and do not reach the threshold to receive support, then your information will be held in case your needs change in the future; if this happens you will be reassessed.

Why an assessment is needed

Assessments are carried out when you are first referred for assistance, and follow up reassessments are carried out regularly to make sure that you are receiving the care that you need. The help you get may change over time as your needs change.

More information on how first contact assessments work is available here:
<http://www.ccdhb.org.nz/community/home-based-care/access.htm>

Because your needs can change over time, it is important that we reassess your condition and environment to make sure that you're receiving the kind of care that best meets your circumstances. This can include increasing the amount of care if your condition has got worse or changed, or reducing or stopping care when it is no longer needed or appropriate.

For example, a person with a broken leg may require one level of support such as help showering and getting dressed, when they are in a full cast; a different level once the cast is removed and while they are regaining strength in the limb – such as less personal care but assistance with heavier household tasks; and may ultimately no longer need support once the leg is back to full (or near-full) functionality.

Who coordinates these services?

Who is the CCC?

Capital & Coast District Health Board contracts with a community provider called the Care Coordination Centre, which handles all referrals for community based health services. This service is provided by the Nurse Maude Association.

The role of the Centre is to coordinate all referrals requiring access to community services in Kapiti, Porirua and Wellington. The Care Coordination Centre allows for a single point of entry for all referrals for access to any community services across the DHB.

What do the CCC do?

The Care Coordination Centre undertakes assessments, establishes care plans and arranges for the most appropriate services to be provided to you to meet your personal care plan.

The CCC screens and directs referrals and assesses your needs for home-based support and/or rest home level residential care.

Services covered include:

- Community allied health services
- Community rehabilitation services
- District nursing services
- Home based services, including home help and personal care assistance
- Residential care
- Respite care

The following community services are *exceptions*:

- If you are aged under 65 years and have a life long disability, and require long term disability support – you will be referred to Capital Support
 - **Phone:** 04 237 2570
Free phone for Kapiti residents: 0800 353375
Fax: 04 237 2571
- If you need rehabilitation services as a result of long term impairment, and are aged 16 to 55 years – you will be referred to Capital Coast Rehab
 - **Phone:** 04 3855 909
Fax: 04 3855 827
Email: capitalcoastrehab@ccdhb.org.nz

If you're not sure who to talk to, please contact the Care Coordination Centre.

You can contact the Care Coordination Centre seven days a week.

Hours of service:

- 8am – 6pm Monday to Friday
- 8am – 4pm Weekends/ holidays

There is also an after hours service for urgent calls and referrals – see contact details below.

Contact Us:

Postal Address: PO Box 50-544, Porirua

Telephone (Including after hours): 0800 282 200 or (04) 238 2020

Fax: 0800 282 202 or (04) 238 2022

Email: wellington@coordination.org.nz

Training and expertise of staff

Care coordination and assessments are carried out by Care Managers who are registered health professionals with current practising certificates.

They all receive initial training and then regular training updates specific to the requirements of their roles.

Who is eligible to receive these services?

Home-based support services are available to people of all ages who are living in the Capital & Coast DHB district – with a couple of exceptions:

- If you need care and support as a result of an accident, you are covered by the Accident Compensation Corporation (ACC): <http://www.acc.co.nz/making-a-claim/what-support-can-i-get/index.htm>
- If you are aged under 65 years and have a life long disability, and require long term disability support, you will be referred to Capital Support:

<http://www.healthpoint.co.nz/default,140098.sm>

Phone: 04 237 2570

Free phone for Kapiti residents: 0800 353375

Fax: 04 237 2571

Who can refer to the CCC?

Your GP, the hospital, or a health professional can make a referral to the CCC. Alternatively, you or your family/whanau can contact the CCC directly.

Who pays for these services?

There is no cost associated with contacting or sending a referral to the CCC for New Zealand residents.

Most health and disability services you are likely to receive will also be free. If any of the services you are referred to do have associated costs, the CCC will discuss this with you.

If you do not meet the eligibility criteria for household management assistance, the CCC can give details of private providers who can be employed directly by you at your own cost.

How do these services get delivered?

Once assessment has been completed and you are eligible to receive services, you will have a choice of three contracted providers:

Access Home Health: http://www.access.org.nz/	Enliven (Presbyterian Support Central): http://www.psc.org.nz/site/central/	Healthcare of New Zealand: http://www.healthcarenz.co.nz/Home
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You will be asked to choose a provider, but if you don't have a preference then the CCC will choose for you.

The CCC will forward your assessment information to your chosen provider and then the provider will contact you to arrange a time to come and meet with you to discuss your needs and arrange the support with you and your family/whanau.

How do I (or a family member/friend) access these services?

Contact the Care Coordination Centre

Phone 0800 28 22 00 or (04) 238 2020
P O Box 50 544, Porirua

What happens during an assessment?

The CCC will telephone you to get an idea of your situation, and to arrange a suitable time for an assessment.

The assessment can be carried out face to face or over the telephone. By having a phone assessment it will take only about 20 minutes. Phone assessments mean that we can assess and reassess more people and also make sure that people who need to can have a face to face assessment in a timely way.

If you have a hearing or speech impairment, if English is your second language or if you'd like to have a support person present, we will organise a face to face assessment.

The assessment can also be carried out at the bedside if you're in Wellington or Kenepuru Hospitals, to help plan for going home.

If you need a full assessment, it will be completed with a Care Manager. They will work with you to develop a plan that will support you to achieve your health goals.

Who makes the decision about what support you need and how is a decision reached?

Assessment process - What you can expect

You will be informed that an assessment (or reassessment) is planned, either by a phone call or by letter to confirm an appointment time. At the beginning of the assessment the assessor will advise you that you are being assessed and outline what you can expect.

If you need only household management assistance, you will be subject to eligibility criteria (you must hold a current Community Services Card). If you are not eligible

for this support, the assessor will tell you at the time of your assessment and offer a list of private providers who you can employ directly at your own cost.

Support person

You may wish to have a support person with you during your assessment. This will require a face to face assessment, and the assessor will arrange a suitable time for this to occur.

Someone for the assessor to ask questions

The assessor will ask you for the name and contact details of a family or whanau member that they could also contact to discuss the assessment if required, or if you would like them to.

Opportunity to ask for review

When you are assessed, you will be informed that you can ask for a review of the assessment findings if you wish.

Re-referral if circumstances change

If you are receiving support but you think your needs have changed, you can ask for a further assessment, or for re-referral through your GP or health professional.

What do you do if you are unhappy with the amount of support you receive?

Reassessment process

If you (or your family member/friend) believe your needs or eligibility to receive services have changed, you (or they) can ask for a further assessment by contacting the CCC directly, or for re-referral through your GP or health professional.

Complaints process

If you have a complaint with the assessment process or the CCC, you can direct it through to the Service Manager of the CCC, or to:

General Manager Care Coordination

24 McDougall Ave
PO Box 36126
Merivale
Christchurch 8146

If your complaint is about the support services that you receive you will need to contact the Coordinator of your Home Based Support Service provider. If you need more information about who your provider is, you can contact the CCC.

If you do not get resolution of your complaint through the above processes, then you may lodge a complaint through the DHB:

Complaints Facilitator

Capital & Coast District Health Board
Private Bag 7902
Wellington
Phone: (04) 806 1073

Plans for the future

We will be updating this section if or when any changes are made.

Changes to Eligibility for Household Management Services

In June this year, the Board of C&C DHB made a decision to re-focus the way it targets the provision of home-based support, to ensure those with the greatest need and those who will benefit most have access to services.

As part of this new focus, the Board has decided to limit household management support to those in greatest financial hardship and who need services most.

Household management includes the following kind of support:

- Assistance with essential household management – vacuuming and floor cleaning in bathroom, kitchen, main living area and main bedroom; cleaning of main bath/shower and toilet
- Assistance with heavier aspects of laundry management, such as sheets, duvet covers, including hanging heavy, wet laundry on clothes horse
- Assistance with meal management, including referral to Meals of Wheels or advise on purchase of pre-prepared vegetables, etc
- Assistance with shopping – this may include organising assistance, for example, for family members to shop online for the client.

In 2005, C&CDHB removed means testing as part of our integrated approach to home and community support services, and is now making a change to bring it into line with all other DHBs around the country that offer these services to the community.

The new approach will include new criteria that all **newly referred clients as of 6 September 2010 will need to hold a current Community Services Card** in order to be eligible for household management assistance.

Please note: This applies to people who require **ONLY** household management (i.e. no personal or complex care is required). Those needing any level of personal care or other services will not be subject to this condition.

For existing clients, when you undergo a **reassessment after 1 December 2010**, you will also need to hold a current Community Services Card to continue to be eligible for DHB-funded household management. If you do not hold a Community Services Card, you will continue to receive services until the date of your reassessment.

The Care Coordination Centre Care Managers will tell you if you are eligible for household management support at the time when your first assessment takes place, or when you undergo your usual reassessment.

A letter will be sent to all existing clients prior to your reassessment date to outline the new eligibility criteria.

At the time of the assessment or reassessment, the Care Managers will discuss what other options are available to you if you do not meet the new criteria, including providing details of private providers who you can employ directly, at your own cost.

If your circumstances change after initially not being eligible, you can contact the Care Coordination Centre directly at any time for a reassessment of your eligibility and what services you might need.

If you have questions or concerns about the above process and how it may affect you, you can contact the Care Coordination Centre directly. Alternatively, existing clients may wait for your Care Manager to contact you with further information prior to your reassessment date.