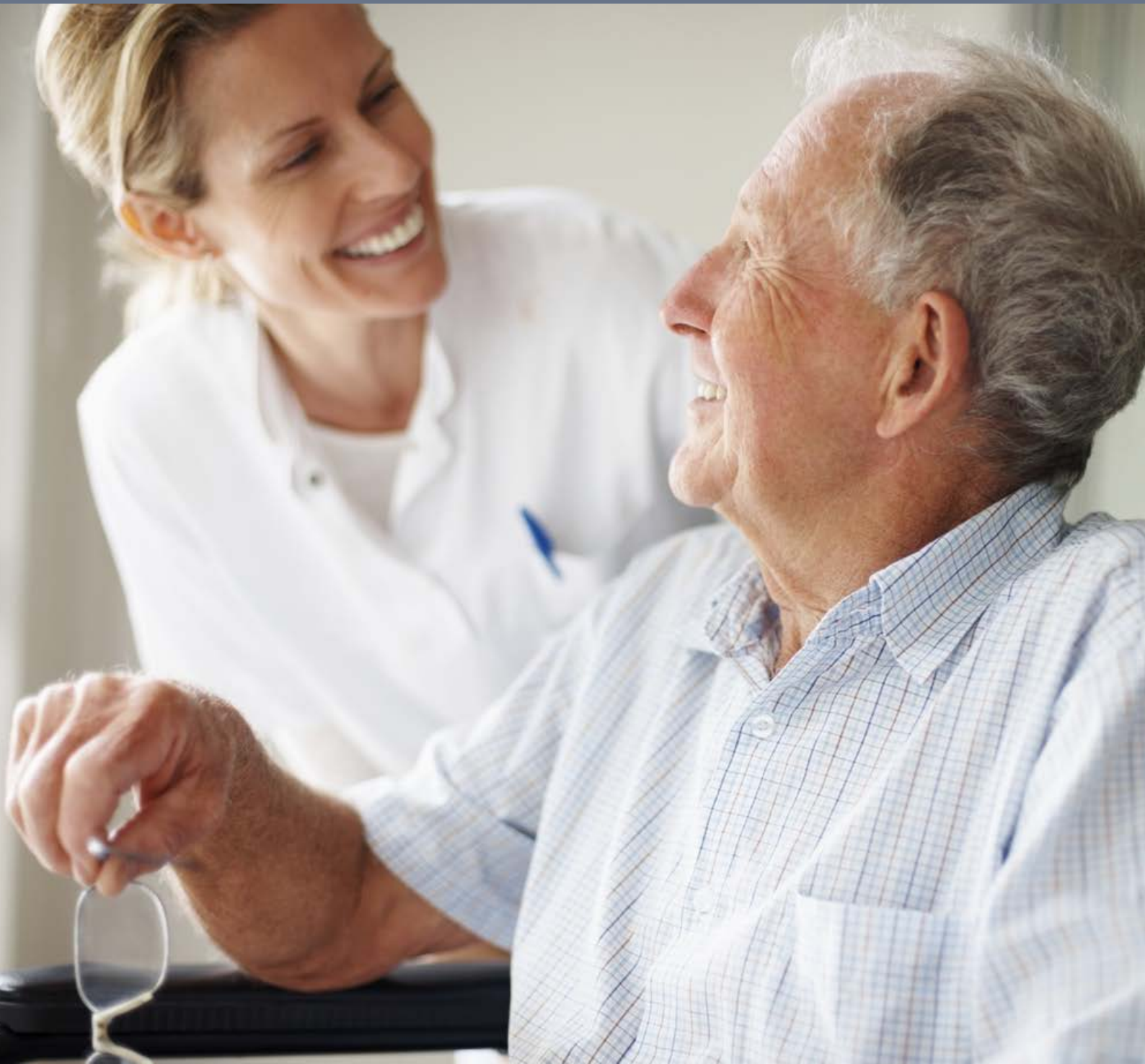


A GUIDE TO RESIDENTIAL CARE



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INTRODUCTION

Before entering a long-term residential care facility, there are a few steps you will need to take. To help you prepare, we have created this guide that outlines each step of the process, and hopefully provides you with the answers you need to make an informed decision about your future.

Below you will find a brief outline of the steps you will be taking when accessing long-term care, followed by a detailed explanation of each of these steps.

1. Needs Assessment

Contact your local DHB (District Health Board) or NASC (Needs Assessment Service Coordination) agency to arrange a needs assessment.

2. Financial Means Assessment

Apply to Work and Income for a Financial Means Assessment to determine whether or not you are eligible to receive the Residential Care Subsidy.

3. Research available facilities

If you aren't already in a long-term care facility, shortlist the facilities that are available and visit these to compare and decide which one best meets your needs.

4. Choose your preferred home

Talk to the admissions person, negotiate any issues, and sign the Admission Agreement before you move in.

5. Residential Care Subsidy

Once your Residential Care Subsidy has been approved, the Ministry of Health will pay this directly to your long-term care facility and you will be refunded for any payments you've made up to 90-days preceding approval date.

NEEDS ASSESSMENT AND SERVICE COORDINATION

If you are unable to live at home even with support, you may need to enter a long-term care facility.

Before you can enter long-term care, you will need to be assessed by a District Health Board (DHB) Needs Assessor or a Needs Assessment Service Coordination (NASC) Assessor. Alternatively, if you are a patient in a public hospital, you may be needs assessed by a specialist at the hospital.

The contact details for NASC are provided at the end of this document.

The Needs Assessor will determine if you have a condition that can be reversed, if you can be safely supported in the community, or if you require long-term care indefinitely. A Needs Assessment also determines the level of care you require based on your needs – very low, low, medium, high or very high.

To enter a DHB-contracted residential care facility, you must be needs assessed as having high or very high needs which are indefinite, that you are unable to be safely supported within the community, and that you are aged over 65 years or are between 50 and 64, unmarried and with no dependent children.

A Needs Assessment is an essential requirement if you are applying for the Residential Care Subsidy, you want to live in a rest home which provides DHB-contracted care services, or you are currently receiving subsidised rest home care and require a higher level of care such as dementia or hospital level care.

You can get a Needs Assessment by:

- Visiting your General Practitioner who will refer you to a District Health Board (DHB) assessor.
- Contacting your local DHB or NASC yourself and making an appointment with an assessor.
- Speaking to a social worker or organisation such as Age Concern to assist you in contacting an assessor.

What happens in a Needs Assessment?

Using a series of questions, the Needs Assessor will evaluate just how much help you need in your daily life. A Needs Assessor will look at:

- Your health needs
- Your support needs
- The level of care you need

You'll be asked questions about what you can and cannot do around the home each day, what help you currently have and what help you need.

Depending on the outcome of your Needs Assessment, the Needs Assessor will recommend the service that best meets your needs: Rest home, specialist dementia, long-term private hospital or specialist psycho-geriatric care.

A letter of confirmation from the Needs Assessor will be sent to you confirming your eligibility for residential care and outlining the support plan and services you will be receiving.



FINANCIAL MEANS ASSESSMENT

What is a Financial Means Assessment?

Once you have completed a Needs Assessment and been assessed as requiring long-term care, the next step is to find a long-term care facility and arrange to pay the cost of your care.

If your assets and income are below the eligibility threshold, you may be entitled to receive government funding through the Residential Care Subsidy. To determine whether or not you are eligible, you are required to apply for a Financial Means Assessment through Work and Income.

The Financial Means Assessment has two components: An asset test and an income test.

What are the Asset thresholds?

For the year 1 July 2019, the asset limits are:

- **\$230,495** for a single or widowed person in care (including the value of their home and car);
- **\$230,495** for a couple with both partners in care; and
- **\$126,224** for a couple with one partner in care (excluding their home and car).

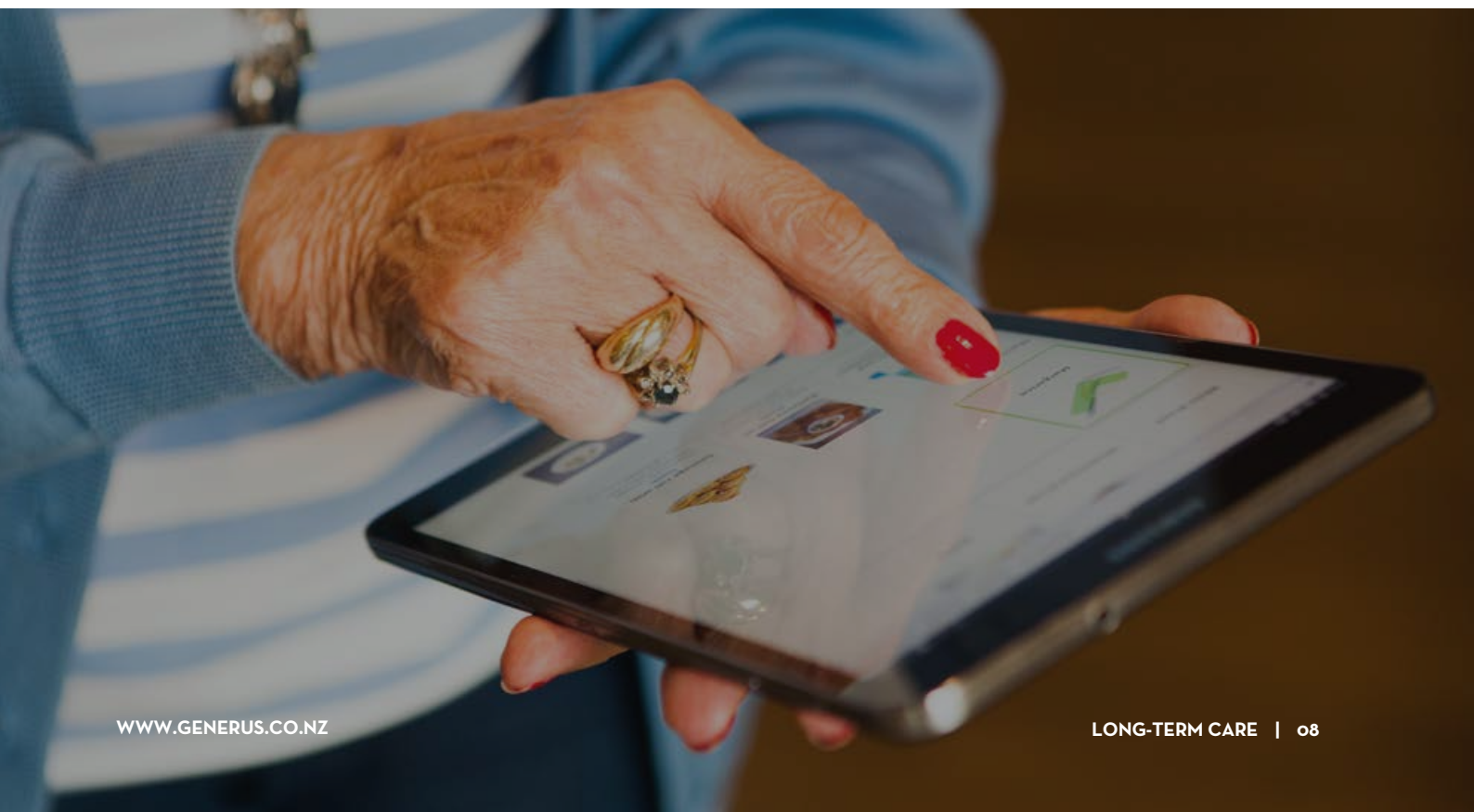
Couples, with one partner in care, can choose to be tested under the **\$230,495** threshold, but the house and car will not be exempt.

Assets counted in the Financial Means Assessment include:

- Cash or savings
- Bonus bonds
- Investments or shares
- Life insurance policies with a surrender or cash asset value
- Loans made to other people (including Family Trusts)
- Boats, caravans and campervans
- Investment properties
- Your house and car

Assets that are excluded from the Financial Means Assessment:

- Pre-paid funeral expenses for you and your partner of up to \$10,000 each if they are held in a recognised funeral plan
- Personal belongings such as clothing and jewellery
- Household furniture and effects



How do I reduce the value of my assets?

If you give away assets, these may still be counted in your Financial Means Assessment. However, gifts of up to \$6,500 a year in each of the five years preceding your application for the Residential Care Subsidy and \$32,500 in total per year outside of that five-year period can be excluded.

Important to note that gifts above these limits may be classed as “deprivation of assets” and will be included or added back when assessing your entitlement for the Residential Care Subsidy. What’s more, the gifting limits apply between you and your partner even if only one of you is going into care. So, if you both individually gift \$32,500, the first gift will still be considered a gift from both of you and the second gift will be considered an asset.

It is worthwhile talking to your lawyer about setting up a Family Trust to transfer and gift your assets into before applying for the Residential Care Subsidy.

What are the Income thresholds?

If you meet the asset threshold, Work and Income will also complete an income assessment to determine the amount you will be required to contribute towards the cost of your care.

There are no limits on the income that you can earn, but any income that you earn above the exempt income amount will go towards the cost of your care.



Income included in the Financial Means Assessment:

- New Zealand Superannuation, Veteran's Pension or any other benefit
- 50% of private superannuation payments
- 50% of life insurance annuities
- Overseas Government pensions
- Contributions from relatives
- Earnings from interest and bank accounts
- Investments, business or employment
- Income or payments from a trust or estate

Income excluded from the Financial Means Assessment:

- Any money that your partner has earned through employment
- Income from assets when the income is under:
 - **\$1,005*** a year for a single people
 - **\$2,009*** a year for a couple when both have been assessed as requiring care
 - **\$3,013*** a year for a couple where one partner has been assessed as requiring care
- War Disablement Pension from New Zealand or any other Commonwealth country

****These values are valid at the time of publication, to check the most recent values please check with Work and Income.***



How do I arrange a Financial Needs Assessment?

Your Needs Assessor will provide you with the application forms to complete and, using the information you provide about your assets and income, Work and Income will determine whether or not you qualify for the Residential Care Subsidy, and how much you are liable to pay for the cost of your care.

If you need help completing the Financial Means Assessment application form, you can call the Residential Subsidy Unit at Work and Income for assistance on 0800 999 727.

It is important you apply for a Financial Means Assessment as soon as you can, even if you are unable to provide all of the information required by Work and Income. By law, you must pay the fees for your long-term care until you have confirmation that you are to receive the Residential Care Subsidy.

Funding can only be backdated for up to 90 days before the date of your Financial Means Assessment application, which means any delay in your application will result in you paying for the cost of care not covered by the subsidy.



RESIDENTIAL CARE SUBSIDY

What is the Residential Care Subsidy?

The Residential Care Subsidy is a Government-funded subsidy that helps with the cost of your long-term care. It is paid directly to the long-term care facility and is managed through the Ministry of Health.

In order to apply for the Residential Care Subsidy, you must have undergone a Financial Means Assessment to determine that your income and assets meet the thresholds. The amount of funding you qualify for will depend on your income and assets as assessed by Work and Income.

Who can access the Residential Care Subsidy?

You can apply for a Residential Care Subsidy if:

- You are a New Zealand citizen or resident
- You have been assessed as requiring long-term residential care (Needs Assessment)
- You are moving into or already living in a long-term care facility that has contracted care services with the local District Health Board (DHB)
- You are 65 years or older
- Your income and assets are at or below the thresholds as determined by Work and Income through a Financial Means Assessment or;
- You are aged between 50 and 64, single and have no dependent children

How do I apply for the Residential Care Subsidy?

After you have completed a Financial Means Assessment, Work and Income will write to you to let you know whether or not your application for funding has been approved. Applications generally take about 4 weeks to process, but these can take longer if Work and Income needs more information from you or you are unable to provide all of the information they require.

Work and Income will also write to the Ministry of Health, your local District Health Board (DHB) and the long-term care facility you are entering or are already in to let them know your subsidy has been approved. The Residential Care Subsidy is then paid by the Ministry of Health directly to your long-term care facility.

How much subsidy do I qualify for?

The Residential Care Subsidy is calculated as the difference between the cost of your care and your assessed income contribution. It is paid directly to the long-term care facility you are entering or are already living in by the Ministry of Health.

Each year, the Maximum Contribution or capped limit is set by the DHB and covers the full cost of services which your long-term care facility provides under their contracted care services agreement with the local District Health Board (DHB).

The Maximum Contribution varies by region but is the same amount for all levels of care.

You can find the most recent maximum contribution applying in each region by calling Seniorline on **0800 725 463** or visiting their website **www.seniorline.org.nz**.

Remember, you are responsible for paying for your care until you have been approved to receive the Residential Care Subsidy.



What services are covered under the Residential Care Subsidy?

Under the Age Related Residential Care contract with District Health Boards, long-term care facilities are required to tailor services to meet the needs of each resident.

Long-term care facilities also cannot charge subsidised residents for services that are covered in this contract.

Contracted care services that are covered by the Residential Care Subsidy include:

- Food Services
- Laundry
- Nursing and other care
- General practitioner visits
- Prescribed medication
- Continence products
- All health care that is prescribed by a general practitioner
- Transport to health services

If you are unsure about what is included in the cost of your care, please talk to your long-term care facility.



Can I be charged more than the Maximum Contribution?

If you choose to receive extra services or facilities over and above the care you have been assessed as requiring, you may be charged more than the Maximum Contribution.

Similarly, if you have not undergone a Needs Assessment and have already moved into a long-term care facility that has a contract with the District Health Board, there is no restriction on how much you could be charged for your care.

Extra services or facilities you could be charged for over and above the Maximum Contribution may include:

- A 'premium' room with en-suite facilities, a good view, or garden access
- Specialist Doctor visits that are not publicly funded
- Transport to other services or to outside social events
- Toll calls
- A private phone or cell phone usage
- Personal newspapers, books or magazines
- Personal toiletries
- Recreational activities that are not part of the normal programme
- Hairdresser, massage
- Dietician, podiatrist, or other services that have not been prescribed by a doctor, and are not publicly funded
- Glasses, hearing aids and dental care

You have the right to refuse any or all of the extra services that are not covered under the DHB contract offered by the long-term care facility, or you can negotiate to find an arrangement that suits you.

Problems over fees can be stressful so it is important these are clearly explained to you up front. When visiting long-term care facilities initially, find out about their fee structure, and determine what happens if you decide to add or remove extra services after you have moved in

Any extra services you refuse should be noted in your admission agreement. Likewise, any extra services that you agree to pay for must be set out in your admission agreement.

What happens if I am already in care?

If you are already in a long-term care facility, you will need to cover the cost of your care while you await the results of your Financial Means Assessment. You will be responsible for paying the cost of contracted care services up to the Maximum Contribution amount.

Once your eligibility has been approved, payments to the long-term care facility can be back-dated for up to 90 days from the date your application was received by Work and Income. Any payments you have made to the facility during those 90 days will be refunded to you by the facility.

What if my application is unsuccessful?

If you are needs assessed as requiring long-term residential care but you do not meet the asset and income thresholds, you will need to pay for your long-term care up to the Maximum Contribution amount.

The Maximum Contribution covers the care that you have been assessed as needing and must include:

- Accommodation
- Food
- Laundry
- Nursing and care
- GP visits
- Prescribed medication
- Continence products
- All health care prescribed by a GP
- Transport to health services

You can ask for a review of your Financial Means Assessment if your assets or income have reduced since you applied. Contact the Residential Subsidy Unit at Work and Income on Freephone 0800 999 727 to find out what information they require from you to complete a review.

If you own your own home, Work and Income may suggest you arrange a Residential Care Loan. This is an interest-free loan secured against the value of your home to help pay for the cost of your long-term care should you not qualify for the Residential Care Subsidy.

To apply for a Residential Care Loan, you will need to contact a Needs Assessor in your area, who will assess your requirement for residential care and give you a 'Residential Care Subsidy Application' form to complete.

CHOOSING A LONG-TERM CARE FACILITY

Once you have completed a Needs Assessment and been assessed as requiring long-term residential care, it is time to choose a long-term care facility that provides the relevant service you have been assessed for.

How do I find a long-term care facility?

Your local District Health Board can provide you with a list of rest homes and hospitals in your area. You can also check the Eldernet website or contact your local Age Concern or Needs Assessment and Service Coordination agency for a list of available facilities.

It makes sense to visit a few facilities to compare what services and facilities are provided at each. You may like to use our checklist of questions to consider when visiting and comparing long-term care facilities. You will find the checklist at the end of this booklet.

If you are considering long-term care, it is a good idea to start looking early as you may need to add your name to a waitlist and wait until a place becomes available. You can do this even if you have not completed a Needs Assessment.

How do I choose a long-term care facility

Deciding on a facility largely comes down to your personal preferences. Only you and your family can decide what is going to suit your needs best. Here are some steps to help guide you in deciding on a facility for long-term care:

- 1.** Decide what is most important to you: What are you most looking for in a facility?
- 2.** Visit the facility's website to gain an understanding of the services and facilities they offer.
- 3.** Make an appointment with the facility manager at a few of the local facilities in your area and arrange to visit.
- 4.** Consider talking to some of the residents to get their perspective.
- 5.** View the Ministry of Health audit reports to find out if the care facility meets Government standards for quality and safety.
- 6.** Make a shortlist of the facilities that meet your requirements.
- 7.** Visit these a second time to see if your first impressions were right.
- 8.** Use our question checklist to tick off some of the questions you need answered.
- 9.** Make your choice.

What happens once I choose a long-term care facility?

Once you have decided on a facility, you will need to sign an Admission Agreement.

An Admission Agreement contains information about what services the facility will provide and what you have agreed to pay, as well as the rights and responsibilities for both you and the facility. It must be signed before you can be admitted.

An Admission Agreement includes information about:

- Who is responsible for care costs?
- What services are included in the fee
- What extra services you are responsible for paying
- When you must leave the facility
- How you make a complaint
- How to transfer to another facility

Before you sign the Admission Agreement, it is important you understand everything within the agreement. Have someone independent from the facility go over the contract before you sign it: A nominated power of attorney, a relative, a friend or your lawyer. Be sure to seek advice on anything you are not sure about.

You are now ready to enter the long-term care facility.



RESIDENTIAL CARE FACILITIES CHECKLIST

The following checklist has been provided to help guide you in choosing a facility. These are some of the questions you may like to think about or ask at the long-term care facility you visit.

Facility Atmosphere

- How do the residents relate one to another and to staff?
- How does the manager relate to staff, residents and all visitors?
- Do relationships seem natural and easy?
- How do staff members speak to you? Do they give you their full attention?
- How engaged in the life of the place do people seem to be? Do the seating arrangements in the lounge areas encourage interaction?
- Do the residents appear happy and well cared for?

Care

- Are buzzers answered promptly?
- How well is resident privacy managed?
- Do staff members knock and wait to be invited in before entering rooms?
- Does the facility smell clean?
- Do residents look comfortable? Can they move about in their beds and chairs easily? If not, are they regularly checked and repositioned comfortably?
- Are residents cleanly and tidily dressed?
- Are staff helpful particularly at meal times?
- Do there appear to be enough staff members available to help at busy times?
- What is the carer to resident ratio and does this differ at night and weekends?
- When are the registered nurses on duty?
- Who fills in for staff when they are absent?
- What is the policy regarding the use of Bureau nurses and caregivers?
- Does the facility management perform police/background checks on potential new staff members?
- What system do staff have for updating each other between shifts?
- What does the facility do to ensure safe medicine management?
- Do many people keep their own doctor?
- Is there a GP on call at all times?
- What qualifications do the caregivers have?
- What is the policy if people do not sleep well or become confused and disturb others during the night?

Rooms/Facility Layout

- Are the rooms spacious enough for you, sunny or well lit, with an outside window?
- Are all furnishings supplied or do you have a choice of own furnishing/furniture?
- Can you bring your own bed?
- Are there pleasant areas you can go to, inside and outside? Are these easily accessible?
- Are the bedroom sizes and facilities appropriate for you? Are these standard rooms or do they attract extra costs?
- Is there easy access between areas, e.g. no tricky stairs, hallways can accommodate a wheelchair?
- Can you control the heating in your own room?
- If the rooms don't have en-suites, are the toilets close by and easily accessible?
- If there are shared rooms, is there a choice of room-mate?
- What are the lounges like? Are there areas where you could comfortably entertain guests?
- Do all the lounges have TVs or are there some quieter areas?
- Are all living areas comfortably warm?

Safety

- Are call bells within easy reach in bedrooms and located sufficiently throughout the facility?
- Are accidents or spills attended to promptly?
- Does the facility display a current license, building 'Warrant of Fitness' and evacuation procedures?
- Are the building/s and grounds secured at night?
- How often are emergency drills held?
- Does the facility have an emergency plan and adequate emergency supplies?
- How are accidents recorded?

Meals

- Ask about meal times (rotational meal times may apply) menu range and choice.
- Is the weekly menu prominently displayed?
- Do residents who need help with their meals dine in another area? How do you feel about this?
- How are individual preferences catered for?
- What access do residents have to tea/coffee making facilities? Can you help yourself to snacks or fruit at any-time?
- Can a friend/relative join you for morning/afternoon tea or main meals occasionally; if so, is there a cost?
- What do current residents say about the meals?
- What do the meals look like?
- What does the dining room look like? Are the tables, chairs and table linen fresh and clean?
- What is the policy about having meals in your room?

Routines and Activities

- Is there an activities programme displayed? Who decides what goes into it?
- What is offered in arranged activities? How frequent are these? Are individualised activities arranged and if so can they cater to your hobbies/interests?
- How frequent are the outings? Who chooses where to go? Can everyone be included? Are there any associated costs? Does the facility have a bus or minivan onsite?
- What opportunities for community involvement are there?
- Does the person arranging the activities program also assist residents to keep in touch with friends and family?

Dignity, Privacy and Independence

- When you visit, do you feel comfortable about the way in which residents are addressed and their privacy and dignity respected?
- Would you be happy to be treated in such a manner?
- Is independence encouraged? How is this done?
- How are individual preferences catered for e.g. are bed times flexible, who chooses what you wear, how often can you shower etc?
- Do the residents have a collective voice, i.e. is there a residents' committee?
- Is there a policy about money management?
- If you don't have your own phone in your room, can you use the facility phone? Is this located in a private place?
- If there is a computer with internet access onsite, can this be used privately?
- What other house rules are there, e.g. how long can visitors stay, how do you inform people of your intention to go out for the day etc.?
- How are residents' ethnic, cultural and spiritual values and beliefs respected and upheld?

General

- How are complaints dealt with?
- Is there an orientation programme for new residents?
- How are disputes/disagreements between residents dealt with?
- What arrangement is there for washing your personal clothing? How do staff members ensure that clothes aren't returned to the wrong resident?
- How much does it cost per day/month? What is included or not included in that cost?
- Are there any additional costs?
- Are any additional charges separable (able to be stopped without affecting which room you have e.g. a private phone line, SKY TV etc.) or are there wider implications (e.g. move to another room)?
- In what circumstances would you have to surrender your room e.g. long hospitalisation, etc?

CONTACT DETAILS FOR NASC

Ashburton - Mid-Canterbury

www.cdhb.health.nz

Service Name: Older Person's Health, Canterbury DHB

Phone: 03 307 6916 / 03 307 8495 / 027 5027 532

Email: lorraine.bryan@cdhb.health.nz / Caitlin.richardson@cdhb.health.nz

Physical Address: Ashburton Hospital - 28 Elizabeth St - Ashburton

Auckland - Central Auckland

www.adhb.health.nz

Service Name: NASC, Auckland DHB

Phone: 09 631 1234 / 0800 631 1234

Email: communityservices@adhb.govt.nz

Physical Address: Lower Ground Floor, Building 15 - Greenlane Clinical Centre
214 Greenlane Road West

Bay of Plenty

www.bopdhb.govt.nz

Service Name: Support Net - Kupenga Hao Ite Ora

Phone: 07 571 0093

Email: SupportNetBOP@bopdhb.govt.nz

Physical Address: 510 Cameron Rd - Tauranga

Christchurch - Canterbury

www.cdhb.govt.nz

Service Name: Older Persons Health & Rehabilitation, Canterbury DHB

Phone: 03 337 7765

Email: communityreferralcentre@cdhb.health.nz

Physical Address: The Princess Margaret Hospital - Cashmere Road - Christchurch

Counties Manukau

www.countiesmanukau.health.nz

Service Name: NASC, Counties Manukau DHB

Phone: 09 276 0040

Email: DutyNasc@middlemore.co.nz

Physical Address: Middlemore Hospital - PB 93 311 Otahuhu - Auckland 1640

Gisborne - Tairāwhiti

www.tdh.org.nz

Service Name: NASC Older Persons, Community Mental Health

Phone: 06 869 2090

Email: penny.forrester@tdh.org.nz

Physical Address: 1st Floor Tangata Rite Building - Gisborne Hospital - Gisborne

CONTACT DETAILS FOR NASC

Greymouth - West Coast

Service Name: Complex Clinical Care Network

Phone: 03 768 0481

Email: complexclinicalcarenetwork@westcoastdhb.health.nz

Physical Address: 100 Tainui Street - Greymouth

www.westcoastdhb.org.nz

Hamilton - Waikato

Service Name: Disability Support Link - Health Waikato DHB

Phone: 07 839 8883 / 0800 55 33 99

Email: dslooffice@waikatodhb.health.nz

Physical Address: Level 2 - 73 Rostrevor St - Hamilton

www.waikatodhb.health.nz

Hawke's Bay

Service Name: NASC Hawke's Bay, Hawke's Bay DHB

Phone: 06 870 7485 / 0800 339 449

Email: NASC.HB@hbdhb.govt.nz

Physical Address: Puawānanga Building - Gate 9, McLeod Street - Hastings

www.hawkesbaydhb.govt.nz

Hokianga - Northland

Service Name: Hauora Hokianga / Hokianga Health

Phone: 09 405 7709 / 021 457 712

Email: lyn.foster@hokiangahealth.org.nz

Physical Address: Hokianga Health Hospital - 163 Parnell St - Rawene

www.hokiangahealth.org.nz

Hutt Valley - Upper & Lower Hutt

Service Name: Hauora Hokianga / Hokianga Health

Phone: 04 566 2226 / 0800 662 225

Email: hutt@careco.org.nz

Physical Address: Pilmuir House - Pilmuir Street - Lower Hutt

www.careco.org.nz

Masterton - Wairarapa

Service Name: FOCUS, Wairarapa DHB

Phone: 06 946 9813

Email: focus@wairarapa.dhb.org.nz

Physical Address: Blair Street - Masterton

www.wairarapa.dhb.org.nz

CONTACT DETAILS FOR NASC

Nelson-Marlborough

www.nmdhb.govt.nz

Service Name: Needs Assessment Service - Support Works

Phone: 03 539 3976 / 0800 244 300

Email: support.works@nmdhb.govt.nz

Physical Address: NASC - Support Works - 281 Queens Street - Richmond

New Plymouth - Taranaki

www.tdhub.org.nz

Service Name: Community Support Service, Taranaki DHB

Phone: 06 759 7214 / 0800 823 443

Email: olderpeoplesnasc@tdhb.org.nz

Physical Address: Taranaki Base Hospital - David Street - New Plymouth

Northland

www.northlanddhub.org.nz

Service Name: Health of Older People, Northland DHB

Phone: 09 430 4131 / 0800 88 88 90

Email: nasc@northlanddhub.org.nz

Physical Address: Whangarei Area Hospital - Maunu Road - Whangarei

Otago / Southland - Southern

www.southerndhb.govt.nz

Service Name: Care Coordination Centre Single Point of Entry

Phone: 03 470 9300 / 0800 627 236

Email: nasc@northlanddhub.org.nz

Physical Address: Fraser Bldg, Dunedin Hospital - 201 Great King St -Dunedin

Palmerston North - Mid Central

www.midcentraldhb.govt.nz

Service Name: Supportlinks

Phone: 0800 221 411

Email: supportlinks@supportlinks.org.nz

Physical Address: Health on Main - 575 Main Street - Palmerston North



CONTACT DETAILS FOR NASC

Rotorua / Taupo - Lakes

www.lakesdhb.govt.nz

Service Name: Lakes Needs Assessment Service Co-ordination

Phone: 07 343 1030 ext 5230

Email: Nasc.admin@lakesdhb.govt.nz

Physical Address: 2 Ranolf Street - Victoria - Rotorua 3010

South Canterbury

www.scdhb.health.nz

Service Name: NASC South Canterbury

Phone: 03 687 7114

Email: nascadmin@scdhb.health.nz

Physical Address: 18 Woollcombe Street - Timaru Central - Timaru

Waitemata - North Shore, Rodney and Waitakere

www.waitematadhb.govt.nz

Service Name: NASC, Waitemata DHB

Phone: 09 442 7171

Email: nascinfo@waitematadhb.govt.nz

Physical Address: 124 Shakespeare Road - Takapuna - Auckland

Wellington - Capital & Coast

www.midcentraldhb.govt.nz

Service Name: Capital & Coast Care Coordination Centre

Phone: 04 238 2020 / 0800 282 200

Email: wellington@careco.org.nz

Physical Address: 10 Wi Neera Drive - Porirua

Whanganui

www.accessability.org.nz

Service Name: Access Ability - Whanganui

Phone: 0800 758 700 / 06 281 3123 (DD)

Email: Wanganui@accessability.org.nz

Physical Address: 244 Victoria Ave - Whanganui