



MIDCENTRAL DISTRICT HEALTH BOARD

Te Pae Hauora o Ruahine o Tararua

POLICY RECOMMENDATIONS FOR MENTAL HEALTH and ADDICTIONS/DHB DISABILITY SUPPORT SERVICES NASC SERVICES

MidCentral District Health Board

January 2019

The following policy guidelines provide additional consistency to the Needs Assessment and Service Coordination process at Supportlinks as well as formal direction to the wider stakeholder group.

A limited resource and the need to provide equitable access to disability support services across the MidCentral District is a driver for policy guidelines to ensure:

- Equitable access to services
- Eligibility criteria is a strong pre-requisite for the right service at the right time
- Affordable population access to a range of services
- Quality driven services are provided to enhance the health needs of the population

**Healthy Ageing and Rehabilitation Cluster
MidCentral District Health Board**

1 Aged Residential Care

- 1.1 People accessing MidCentral District Health Board (MDHB) funded long term Aged Residential Care support will require an up to date comprehensive clinical assessment (interRAI) (within six months) and reflect the persons relevant need, with a care plan in place to address the clinical assessment protocols (CAPs) prior to permanent care being allocated.
- 1.2 For people being considered for long term funded Aged Related Residential Care, a comprehensive clinical interRAI assessment is completed which may include a specialist assessment with the following areas identified and addressed:
 - Medication Review has been undertaken by a specialist clinician service or DHB specialist Health of Older Person team
 - Continence issues and management have been considered by specialist services where these exist Nutrition and hydration status of the clients has been identified and deficits have been addressed by the persons GP or specialist clinician
 - Mobility and equipment status have been addressed and interventions are in place and being utilised
 - There is an up to date care plan in place to address any modifiable deficits
- 1.3 Before consideration is given for a person to enter into long term Age Related Residential Care the person will have been supported in the community by formal DHB district health board funded support. The accepted exception would be people with high and complex needs or people who have significant cognitive or executive functioning deficits or significant physical impairment like a CVA and have not or will not accept formal support or those from acute wards or STAR ward.
- 1.4 People in Aged Residential Care facilities (including apartments) who have not been service coordinated into that level of care (private residents) by Supportlinks and who request long term aged related residential care 1.2 applies. Levels of care are determined by the Supportlinks NASC. Difficulty may exist if the person is not eligible for permanent aged residential care, and this needs to be facilitated through the appropriate service; Supportlinks.
- 1.5 When there is less than five aged residential care rest home or hospital level beds available and five dementia beds in the MidCentral District area the Supportlinks NASC agency will not accept referrals from out of district without approval from the District Health Board line management. All out of area referrals for psycho geriatric level are managed through the management team at Supportlinks and verified against suitable resident acceptance in MidCentral Health (STAR 1 or community) before interNASC transfers are accepted into the area.
- 1.6 Residents in Aged Residential Care (either subsidised or privately funded) who sustain an injury and require additional support are supported by Accident

Compensation Corporation in their usual residence in the first instance on discharge from hospital.

2 Home and Community Services: Home Management Services

Home management services (if the person is eligible) are provided in the following instances

Eligibility

- 2.1 The person has a current community services card. Where a person no longer has a community services card and information to support having a card is unavailable, no home management service will be provided. An exception to this is under 'Packages of Temporary Support (POTS)'. In a fulltime carer capacity the parent of the child is the one that must have a community services card.
- 2.2 The person has no other means of support and health would be undermined if this service was not received AND they would usually require personal care services to support their functional loss. If there are no eligible requirements for personal care support, home management cannot be allocated without an exception process being worked through.

Access

- 2.3 Where a person is receiving personal care assistance and requires household management, a maximum visit of up to 1 hour per week (could be utilised as 2 visits per fortnight) per household for the heavier household duties. A household may choose to purchase privately additional support.
- 2.4 Household management services are used to meet the needs and only for the purpose of that listed in the service level agreements /contracts with providers.

Health Needs

- 2.5 If home management services are required to address the washing of linen needs related to incontinence, a care plan must be developed that looks to address any modifiable continence issues. Once these are fully addressed and the need is specific to requiring additional supports, sign off is through the Management at the NASC.
- 2.6 If home management service allocation is required to address the meal preparation, every effort must be made for a) meals on wheels, b) the client to purchase some meals through the supermarket, on-line or other suitable service. Approval is on a case by case situation through the NASC Management.
- 2.7 If shopping is a requirement, all avenues including non funded and family support are considered as a first alternative to home management services being allocated, this includes on-line options. Approval is on a case by case situation through the NASC Management.

Exclusions

- 2.8 Household management will not be used as funding support to Contracted Providers to assist in travelling expenses, urban or rural. Any National or local DHB response addresses the travel concerns related to Home and Community Support Services.
- 2.9 A recent acute hospital admission or an acute community event requiring home management supports is excluded from receiving long term disability supports via the Supportlinks NASC service. This is addressed through the Packages of Temporary Support (PoTS).
- 2.10 Where a person comes into the MidCentral area from another district, their home management requirements will be modified to be consistent with this policy.

3 Home and Community Services: Personal Care Services

Personal care services in general cover showering, toileting, dressing and attention to the personal care needs of individuals. The time this takes to complete can be a range from a supervised shower (risk of falling) through to two person assistance and multiple tasks involved in the delivery of this service. The Supportlinks NASC service will make a judgement based on the assessed needs of the individual as to the allocation of support time to complete the tasks. This could range from 15 minutes to upwards of one hour for the range of tasks. A minimal allocation will be made initially with Home and Community support trialling the most efficient method of delivering safe care.

Where there is disagreement over the time allocated and associated tasks, Supportlinks will seek an occupational therapy review to support a final outcome. Clients will be able to purchase any additional requirements through Home and Community Support providers.

Personal care services are provided only in the instances where:

Eligibility

- 3.1 The person has been assessed as requiring the services through a Needs Assessment and the deficits identified are not modifiable by interventions or environmental supports. The Needs Assessment will highlight any CAPs and for these to be addressed where this is able.
- 3.2 There is no other appropriate person living in the home that could provide this support. Where there is support available carer stress needs to be a factor in determining eligibility.

Health Needs

- 3.3 Daily personal care for showering is provided where the person requires a daily shower for health and hygiene reasons, and is assessed for this need. If daily DHB funded supports can be minimised through other alternatives such as housing modifications or equipment to support independence, this should be explored.

- 3.4 Encouragement and support mechanisms are considered for people to develop skills and approaches to undertaking their own personal care. This is so they may increase their independence and function effectively within their physical and mental limitations, in doing so reduce their reliance on DHB funded personal care services.

Exclusions

- 3.5 Long term DHB funded personal care is unable to be allocated to those who have recently experienced a personal health event that is self-limiting; this may be better met through Packages of Temporary Support (PoTS).

4 Home and Community Support Services: Other allocated services

The District Health Board from time to time, implements various strategies to assist with improvement of the population's health and wellbeing. Where strategies and services are in place, the Supportlinks NASC can allocate additional time to assist with these other allocated services.

- 4.1 Where a person is referred for the **In-home Strength and Balance** programme (IHSB), and a client can benefit from these services, then so long as the Home and Community Support provider is delivering these services, additional personal care support (up to 15 minutes) may be allocated. If the Supportlinks NASC considers the current allocation is sufficient to provide prompting of exercise, no other allocations will be made available to the Home and Community Support provider.

- 4.1.1 The client must be 'coded' in the NASC system that they are receiving IHSB.

The Manager of the NASC must be satisfied that additional supports for IHSB are required, that there is no capacity within standard allocations to deliver this. An approval process is utilised through a request for approval to the NASC Management.

- 4.1.2

5 Respite Services

- 5.1 Where a client lives on their own respite services are not allocated. An exception is where an individual receives four or more hours a day on support from an informal carer who does not live within the home but is domiciled close by, then this situation can be considered for respite allocations.
- 5.2 Respite services are not generally used for people discharging out of hospital and requiring additional care. This service is contracted by the Healthy Ageing and Rehabilitation Cluster and is usually termed 'health recovery beds'.
- 5.3 In the event a person is likely to enter permanent residential care and is temporarily on respite, the NASC service must cease the respite and Service Coordinate to permanent care at the earliest possible time. Respite use is not available as a default accommodation payment. Asset and income

testing is the appropriate process from the initial date of decision for permanent long term care.

Aged Residential Care Respite

This respite is provided in the instances where:

- 5.4 The person has been assessed as requiring the services through a Needs Assessment and the needs identified are not modifiable, and carer stress is such that respite is the only option that will support the carer/family.
- 5.5 A maximum of 28 days per year is provided unless there is an exceptional circumstance that would otherwise lead to the person needing to enter an aged residential care facility and or/be unsupported in their home environment. Additional requirements are escalated to the NASC Management.

Home and Community Support Services – In Home Respite

- 5.6 In home respite through personal care hours of up to four hours per week is available as a form of respite to carers. This is through a request for approval to the NASC Management.

Crisis/Urgent Respite

- 5.7 Crisis and urgent respite is allocated in alignment with consideration to urgency, the persons ability to fund themselves and eligibility.
- 5.8 Crisis respite can be used for other purposes if deemed appropriate and decided between the NASC Manager and DHB management for the purposes of an urgent requirement for bed and support to an individual.

6 Combination of support:

- 6.1 Where a combination of supports exceeds the cost (minus the client contribution) of Aged Residential Care, these packages of support are escalated to the Management for sign off Packages of care higher than standard allocations are likely to impact on available funding and equitable access across the district. NASC staff are required to work within the most recent SPA (support package allocation) tool.

7 Current Packages of Support

- 7.1 All current and existing packages of care where home management exceeds one (1) hour per week will be reviewed in line with reassessments to identify continued need and include 7.2. (DHB Policy, Board Report 2014).
- 7.2 When existing packages of support are reviewed, packages of support that fall outside any current guidelines will be reviewed in line with this current policy.

8 Long Term Services – Chronic Health Conditions (LTS-CHC)

- 8.1 The Supportlinks NASC service will ensure the population eligible for LTS-CHC services, do receive the services that they are entitled to. Every effort will be made to consider which services have District Health Board contracts and appropriate discussion elevated to NASC Management where necessary.

- 8.2 Where a person who receives access to funded supports for LTS:CHC and is assessed as no longer requiring this specific funded contract support and is Needs Assessed as primarily requiring disability support close in age and interest to older persons services, the person will be transferred over to this older persons contract funding within a four week period of the Needs Assessment. The person will receive a letter that outlines the implication to their personal allowance.

9 Mental Health Funding Allocations

- 9.1 The Supportlinks NASC will ensure the population eligible for Mental Health funded community supports through appropriate Needs Assessment do receive the services they are entitled to. These services are limited to the services that the Mental Health and Addictions Cluster within MDHB requires the Supportlinks NASC to provide access to.
- 9.2 Where a person who receives access to funding or a contract under Mental Health and is Needs Assessed as no longer requiring this specific service and is Needs Assessed as the primarily requiring disability support services close in age and interest to older persons services, that person will be transferred over to older persons services within a four week period of the Needs Assessment once all necessary ¹PPPR requirements are met (if this is appropriate). Discussions and notifications to the individual family and whānau will occur as part of the process. The person will receive a letter that outlines the implication to their personal allowance.

10 Close in Interest – Criteria for allocating services to clients aged 50-64

- 10.1 The ‘Close in Interest’ criteria for people under 65 years (50-64 years) who are eligible for Older Persons support services are often people with a cognitive impairment or dementia and who require long term aged related residential care. It is important to recognise that Māori and Pacific Island peoples often are represented in this age group as having health needs similar to those for non-Māori in older age bands.
- 10.2 The ‘like in age and interest’ criteria apply when a person meets the DSS definition of disability and:
- either** has two or more advance chronic conditions with multiple co-morbidities
- or** have a vulnerable state of health arising from a complex interaction of medical and social problems (is frail)
- and** requires integrated health and disability support services and close health management to ensure health is maintained at an optimal level

¹ Personal Protection and Property Rights.

- 10.3 Exclusions include non NZ residents and people less than 50 years of age. The pathway for those under aged 50 and not eligible through DHB funded supports can be through Ministry of Health under 65 funded services.

11 Appeal/Review Process

- 11.1 The client has the right to ask for a review/ appeal/or complain regarding the decision or outcome of the Needs Assessment or Service Coordination or is dissatisfied about the service.
- 11.2 The Supportlinks NASC Management will make contact with the client and or family. A reassessment or moderation process may be required to finalise an outcome. Refer to the Supportlinks 'Appeal/Review process' for a detailed process of how to go about an appeal and what you can expect.

End/