



Needs Assessment and Care Management Services in Taranaki



■ ■ *What is a Care Manager?*

Care Managers are registered health professionals who have been trained to carry out InterRAI HOME CARE assessments, and who specialise in working with older people who have complex needs. You will only be assigned a Care Manager if your needs are considered to be complex.

Each Care Manager is linked to a small group of local GP practices. Which Care Manager you are assigned will depend on who your GP is. This ensures that you are always seen by the same person, and that your Care Manager has a good working relationship with your GP.

■ ■ *What happens after the needs assessment?*

After the needs assessment, a care plan will be put together that summarises the findings of the assessment and any service coordination that is required to meet your assessed needs.

Our staff have knowledge of a range of service options, including public, private, voluntary and community services. These can include referral on to other health professionals (e.g. occupational therapy, social workers, etc) or funded support services (e.g. personal care, respite care, residential care).

Even if you are assessed as not being eligible for funded services, you may still be referred on to other local services that can assist you.

If you are not satisfied with the assessment, or service coordination that follows, you have the right to contact us and request that this is reviewed.

■ ■ *Who do I contact to find out more, or to request a needs assessment?*

Please contact the Community Referral Hub at:

TDHB Community Support Service & Referral Hub
Older People's Health
Taranaki Base Hospital
Private Bag 2016
New Plymouth

Phone: 06 759 7214
Or 0800 823 443 (for calls outside the New Plymouth area)
Fax: 06 759 7215
Email: olderpeoplesnasc@tdhb.org.nz

If this is an emergency – contact your GP or dial 111

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■ ■ *Taranaki DHB's Community Support Service?*

The Taranaki DHB Community Support Service is a needs assessment and service coordination (NASC) service that assists in obtaining support services for people with long term disabilities and health conditions in the Taranaki region. These services include:

- Household assistance
- Personal care
- Day - programmes
- Carer respite
- Residential care
- Referrals to other support services

Referrals to CSS can be made by health professionals, support workers, carers, family/whanau and others. Self referrals are also accepted. Referrals are made to the Community Referral Hub – a single point of entry for community support referrals in Taranaki. Contact details for the Community Referral Hub are given at the end of this leaflet.

■ ■ *Who can access a needs assessment?*

Anyone aged 65 years or over (55+ for Maori and Pacific) who has long-term age-related disability support needs and who feels they (and/or their carer) would benefit from additional help and support.

Anyone aged 18 years or over who has **short-term** disability support needs (e.g. as the result of acute or palliative care needs) who would benefit from additional help and support

■ ■ *What is a Needs Assessment?*

The purpose of a needs assessment is to gather information about a client's current abilities, resources, goals and needs. A care plan is then developed to identify how these needs can best be met, which may include the provision of funded support services. The assessment is carried out using a assessment tool known as InterRAI.

■ ■ *What is an InterRAI assessment?*

InterRAI is a comprehensive assessment and care planning tool which helps identify the clinical, rehabilitation and support requirements of an older person. It is carried out by a trained health professional who works with the older person and their family/whanau to complete the assessment using a laptop computer. There are two types of assessment:

CONTACT Assessment

This is a screening assessment used for people who have non-complex needs, or who require urgent, short term services to be put in place. The assessment is usually carried out face to face by a trained assessor, although it can be carried out over the phone. The assessment takes approximately 20 minutes.

HOME CARE Assessment

This is a more comprehensive assessment and is predominantly used with older people who have more complex needs. It is completed face to face, usually in the older person's own home by a Care Manager who is linked to your GP practice. This assessment takes approximately 1- 1 ½ hours.

Prior to the assessment, the Community Support Service will notify you whether we will be carrying out a CONTACT or HOME CARE assessment. You are encouraged to have a support person and/or your family/whanau present at the assessment.

