

Purpose of attendant care

Contact

Last review 12 Jun 2013

Next review 12 Jun 2014

Introduction

Attendant care aims to help the client achieve a maximum level of independence in the course of daily life. Too much support may reduce a person's independence and desire to attempt challenges. Too little support can place individuals and families under stress and outcomes may not be achieved. Assessment should be needs-based and holistic.

Rules

According to [AC Act 2001, Schedule 1 clause 12](#) attendant care means:

- personal care, eg help to move and take care of basic needs such as bathing, feeding and toileting
- assisting with the cognitive tasks of daily living, such as communication, orientation, planning, and completing tasks
- protecting the client from further injury in their ordinary environment
- training a person to provide attendant care, if ACC agrees to fund the training.

Attendant care does not include:

- [childcare](#)
- [home help](#).

Complex Personal Injury (CPI) and grandparented clients

Some clients have their attendant care entitlement retained under previous legislation. In relation to attendant care, the provisions of the AC Act 2001 do not apply to the following groups of clients:

- Complex Personal Injury (CPI) clients
- grandparented attendant care clients.

See [Complex Personal Injury and grandparented clients](#)

Providing attendant care without an assessment

If a client's need or injury is straightforward and it is likely that they will need attendant care on a short-term basis, ie fewer than 70 hours over 12 weeks or less, attendant care may be provided without an external assessment.

Released under the Official Information Act 1982

Attendant care

Contact

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Introduction

Attendant care aims to help clients achieve a maximum level of independence in their daily lives. Before providing attendant care, all other options to meet the client's needs should be explored.

Other options may include, but are not limited to:

- provision of [aids and appliances](#)
- [rehabilitation equipment](#) and [housing modifications](#)
- [training for independence services](#).

Types of attendant care

Attendant care includes:

- personal care, eg help with basic needs such as moving, bathing, feeding and toileting
- assisting with the cognitive tasks of daily living, eg communication, orientation, planning, and completing tasks
- protecting the client from further injury in their ordinary environment
- training a person to provide attendant care, if we agree to fund the training, see [Carer training](#)
- relief or respite care to give a break to family members who are providing attendant care for a client.

Attendant care can be classified into four types:

- Level 1 care (basic care)
- Level 2 care (complex care)
- [Supervisory care](#)
- [Overnight care](#) including sleepover care.

For complex or long-term injuries a [Social rehabilitation assessment](#) is required.

Assessing the level of care a client requires

An assessor will recommend the level of care required to complete the tasks and the duration of the care. The assessor will also identify the mix of care required. For some clients, level 2 care (complex care) may only be required for a proportion of the total assessed attendant care. The same carer can provide level 1 (basic) and 2 (complex) care if they have the appropriate skills.

The case manager must ensure that any level 2 care recommended meets the criteria for level 2 attendant care. If not, the issue must be reviewed with the assessor and any changes must be documented.

The Home and Community Support Services (HCSS) provider needs to contact the case owner if they have any concerns about the approved level of care. The case owner can redefine the care levels and issue a new decision about the care required, or request a further assessment.

Level 1 attendant care

Level 1 attendant care covers all basic personal care activities that can be provided by support workers. It is often provided in conjunction with [Home help](#).

Level 2 attendant care

Level 2 attendant care applies to personal care activities that require more training and expertise. This level of care is delivered to clients who meet all of the following criteria:

- client has serious or complex injuries
- the care required is more complex, such as ventilator care, complex bowel and bladder management, or managing challenging behaviour in a brain-injured client
- carers require more training or expertise, eg an enrolled nurse with a current Annual Practising Certificate or an experienced caregiver with training in the specific tasks
- the supervision and direction of a registered nurse is required.

Supervisory care

[Supervisory care](#) may be provided to:

- remind the client to complete physical and cognitive tasks
- protect the client from further injury

- ensure the client does not harm others or damage property.

Overnight care

[Overnight care](#) includes continual attendant care and sleepover care.

Overseas Clients

Attendant care can be provided to clients who are overseas in certain situations. See [Providing attendant care overseas](#).

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When to provide attendant care

Contact

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Introduction

Attendant care aims to help the client achieve a maximum level of independence in the course of daily life. Before attendant care is provided, all other options to meet the client's needs should be explored first. Other options may include (but are not limited to) provision of aids and appliances, rehabilitation equipment, housing modifications or training for independence services.

Rules

Deciding whether to provide attendant care

Attendant care is based on an assessment of need. For complex or long-term injuries an external social rehabilitation assessment is required. See [Social Rehabilitation Assessment](#)

Before providing attendant care you must consider:

- what rehabilitation outcome will be achieved by providing this assistance
- the nature and extent of the injury and the degree to which the injury impairs the client's ability to provide their own personal care
- whether the client needs attendant care to attend their workplace or school
- whether family members might reasonably be expected to provide attendant care for the client. See [Using natural supports](#)

Providers of attendant care

ACC has Home and Community Support Services (HCSS) contracts with providers for assessing and providing attendant care. See [Contracted providers](#).

Attendant care may also be provided by non-contracted providers including:

- family caregivers
- privately engaged carers
- non-contracted agencies.

Clients who do not wish to be assessed

If a client does not wish to be assessed, ask why. If their reason is not reasonable, discuss this with your manager before [deciding whether to decline to provide an entitlement](#) for the period the client does not wish to have an assessment.

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Types of attendant care

Contact

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Introduction

Attendant care aims to help clients achieve the maximum level of independence in the course of their daily life. Contracted attendant care can include:

- Standard support hours (previously attendant care level 1)
- Complex support hours (previously attendant care level 2)
- **Overnight care** including sleepover care.

Standard support hours

Standard support hours care covers all basic personal care activities that can be provided by support workers.

Complex support hours

Complex support hours apply to personal care activities that require more training and expertise. You should consider providing complex support hours if the client displays either or both:

- high medical needs
- behaviours of concern.

Deciding the level of care

The assessor will recommend the level of care needed to complete the tasks and the duration of the care. The assessor will also identify the mix of care needed.

For some clients, complex support hours (previously attendant care level 2) may only be needed for part of the total assessed attendant care. The same carer can provide standard support hours (previously attendant care level 1) and complex support hours if they have the appropriate skills. The case owner must ensure that any complex support hours recommended meet the criteria referred to above.

Current high medical needs

High Medical Support Needs, as assessed in the Support Needs Assessment, tells the case owner about the presence of complex medical needs that affect care responses. Consideration must be given to the skills needed to deliver this level of support, and the consequences of inappropriate management.

Need	Skilled response
Respiratory:	
Ventilator assistance	All cares associated with ventilator use
Postural drainage	All cares associated with assisted coughs and postural drainage
Suctioning	Only into nasal passages or tracheostomy using suction catheter
Support for management of oxygen dose	Deciding whether oxygen is required and/or dose adjustment is needed
Eating:	
Managing aspiration risk when eating and/or drinking	Hands-on oral assistance and/or jaw positioning and/or swallowing stimulation. Excludes supervision
Tube feeding assistance	Delivering nasogastric feeds Changing Mickey button
Skin care:	
Wound management	Changing vacuum dressing
Sphincter management:	

Need	Skilled response
Indwelling catheter management	All cares associated with catheter changes and flushes
Intermittent catheterisation	All cares associated with catheter changes and flushes
Assisting in bowel management	Assistance to insert suppository and/or digital stimulation

Current behaviours of concern

The need is evidenced on the Overt Behaviour Scale completed as part of ACC's Support Needs Assessment including scores of:

- >3 on Physical Acts Against Self and/or Physical Aggression Against Other People
- >2 on Inappropriate Sexual Behaviour
- >4 on Inappropriate Social Behaviour

and

- the behaviours are of such severity that the behaviour poses a serious safety risk to the person and/or other people

and

- the behaviour has not been managed via a behaviour support programme designed to contemporary models of practice.

The above criteria has been designed as a guide. If you believe a client requires complex support hours and this has not been identified in the Support Needs Assessment, or the client is not a serious injury client, please refer to the SNA Panel to discuss the use of complex support hours. The SNA Panel will provide advice and guidance regarding the current and ongoing need for complex support hours.

Supervisory care

Supervisory care is a type of personal support. Supervisory care may be provided to:

- remind the client to complete physical and cognitive tasks
- protect the client from further injury
- ensure the client does not harm others or damage property.

Supervisory care is an exceptional response and approval must be validated by an assessment of need with clear rationale about why other strategies (such as technology or natural support) are not appropriate. If you believe a client requires supervisory care and this has not been identified in a Support Needs Assessment (or IRA), or the client is not a serious injury client, please refer the case to the SNA Panel and discuss the use of supervisory care. The SNA Panel will provide advice and guidance regarding the current and ongoing need for supervisory care.

Children under the age of 14 years are legally required to be supervised by an adult; supervision for children is not expected to be funded by ACC. If you receive an assessment requesting supervisory care for a child, please refer the case to the SNA Panel (even if from another assessment).

Sleepover and overnight care

Sleepover care is when a client needs someone in the house overnight as they have been assessed as unsafe to be left alone, due to the nature of their injury. The client may also require sporadic care throughout the night.

Overnight care is when the client needs direct injury-related personal support throughout the night on a regular and consistent basis. Overnight care requires the carer to be fully awake for the entire shift.

Sleepover care and overnight care are considered an exceptional response. Approval of this must be validated by an assessment of need with clear rationale about why other strategies (such as technology, alarms or natural support) are not appropriate. If you believe a client requires sleepover and/or overnight care and this has not been identified in a Support Needs Assessment (or IRA), or the client is not a serious injury client, please refer the case to the SNA Panel and discuss the use of this care. The SNA Panel will provide advice and guidance regarding the current and ongoing need for sleepover and/or overnight care.

Supervisory care

Contact

Last review 23 Dec 2013

Next review 23 Dec 2014

Introduction

Supervisory care is a type of attendant care. Supervisory care may be provided to:

- remind the client to complete physical and cognitive tasks
- protect the client from further injury
- ensure the client does not harm others or damage property.

Supervisory care is an exceptional response. Supervisory care approval must be validated by an assessment of need with a clear rationale stating why other strategies (such as technology or natural support) are not appropriate.

If you believe a client requires supervisory care and this has not been identified in a Support Needs Assessment (or IRA), or the client is not a serious injury client, please refer the case to the SNA Panel to discuss the use of supervisory care. The SNA Panel will provide advice and guidance regarding the current and ongoing need for supervisory care.

Complex Personal Injury (CPI) and grandparented clients

See [Complex Personal Injury and grandparented clients](#) for the rules that apply to clients with an entitlement to social rehabilitation under:

- the Complex Personal Injury (CPI) Regulations 1994, or
- the AC Act 1972 and 1982.

Paying for supervisory care

Payment rates for supervision vary depending on who provides the supervision. See Payment of attendant care. Paid supervision is only provided after all other options have been considered and if one or more of the following criteria is met:

Criteria	Evidence required
Client has a medical condition that poses a serious safety risk to the client, eg. uncontrolled epilepsy	Medical report
Client has need for support to complete fundamental daily living activities and one-to-one supervision is the most appropriate response	Functional Independence Measure in the Support Needs Assessment or Part four: injury related functional needs and options of the Integrated Rehabilitation Assessment
Client demonstrates behaviours that pose a safety risk to client or others and all other appropriate interventions have been explored	Overt Behaviour Scale in the Support Needs Assessment or as indicated in the Integrated Rehabilitation Assessment

Supervision for children under age 14

Children under the age of 14 years are legally required to be supervised by an adult; supervision for children is not expected to be an ACC funded response. If you receive an assessment requesting supervisory care for a child, please refer the case to the SNA Panel, even if from another assessment.

ACC will fund injury-related supervision only if the need is inconsistent with the child's age and it is not reasonable for the family to provide care. Decisions must be based on the difference between the child's age and the developmental age delay that results from the injury.

Supervision provided by an agency

Supervision will be provided by an agency if it is the only appropriate option to meet the client's assessed safety needs and the client has no family or other natural supports available to provide supervision.

Where a household family member is employed by an agency, ACC will first determine what is reasonable for a household family member to provide as [natural support](#). ACC will not pay for supervision where it is reasonable for the household family member to provide supervision as part of their usual daily activities. Where it is not reasonable for a household family member to provide unpaid supervision, ACC will pay the appropriate agency rate.

For more information regarding family members and natural supports see:

- [Payment for supervision by natural supports](#)
- [Supervisory care examples](#)
- [Using natural supports](#).

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Overnight care

Contact

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Introduction

Overnight care is a type of attendant care. Overnight care can include either continual attendant care or sleepover care. Overnight care should only be provided after all other options have been considered, eg. specialised beds, environmental controls, security alarms, companion care phones.

Sleepover care and continual attendant care are considered an exceptional response and approval of this must be validated by an assessment of need with clear rationale about why other strategies (such as technology, alarms or natural support) are not appropriate. If you believe a client requires sleepover and or overnight care and this has not been identified in a Support Needs Assessment (or IRA), or the client is not a serious injury client, please refer the case to the SNA Panel and discuss the use of this care. The SNA Panel will provide advice and guidance regarding the current and ongoing need for sleepover and/or overnight care.

Continual attendant care

Continual attendant care is when the client needs direct injury-related assistance throughout the night on a regular and consistent basis. Continual attendant care requires the carer to be fully awake for the entire shift.

Sleepover care

Sleepover care is an add-on to the home and community support service and is used when a client needs someone in the house overnight as they have been assessed as unsafe to be left alone, due to the nature of their injury. The client may also require sporadic care throughout the night.

Sleepover care usually covers the hours after the client is settled in bed until immediately before they wake or are attended to in the morning. ACC generally does not pay for sleepover care provided by family members where no direct assistance is needed while the client is asleep. This includes family members employed by contracted agencies.

Sporadic care

Sporadic care is when a carer needs to briefly help a client with their injury-related needs. Unlike continual attendant care, the carer does not need to remain awake overnight, but they need to get up and help the client when necessary. Sporadic care includes situations where there is a temporary change in the client's condition, eg. additional help needed for a urinary tract infection, chest infection or other period of ill-health.

Relief care

Contact

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Introduction

If family members are providing a significant level of attendant care, we can provide relief care, or respite care, to help maintain both the client's and the family member's health and safety.

Relief care is provided to give family members who are providing significant levels of care a break, as it is not possible for one person to safely provide 24-hour hands-on care by themselves. It is against the [Health and Safety in Employment Act 1992](#) for any carer, whether employed by an agency or as a family or private carer, to work hours that could put others or their own health and safety at risk.

Types of relief care

The two types of relief care are:

- family caregiver requires a break
- crisis care.

Family caregiver requires a break

Regular relief care is encouraged if the client's usual caregiver is a family member. Relief care is important to ensure that family can maintain the required standard of care without a build-up of stress, fatigue or emotion.

If the client chooses to use agency care while family carers are absent, agency rates apply.

Family members having a break are not entitled to attendant care payments for the period of relief care.

Crisis care

Crisis care might be needed if the client's care arrangements break down without warning. Crisis care provides emergency funding for up to three days in contracted facilities and contributes to the rehabilitation outcome and safety of the client.

The need for crisis care can be minimised by having a plan listing a variety of carers and periods of relief care.

Planning for relief care

Case owners should encourage clients who are receiving attendant care from a family member to have a plan in place for relief care. This will ensure that their will care continue should a family caregiver need a break or be unexpectedly unavailable.

If your client is receiving more than 10 hours of attendant care a week for more than 12 weeks then they should be offered the 'Setting up and Managing Your Private Care' resource. This resource has a pull out booklet called 'My Care Overview.' Clients and carers can use this booklet to identify:

- who their care team is
- who or which agency will provide their relief care
- emergency contact details for whanau/family/friends.

'Setting up and Managing Your Private Care' and extra copies of just the 'My Care Overview' booklet can be ordered through Wickliffe.

Note: If your client is receiving less than 10 hours of attendant care a week for less than 12 weeks, but you think it may reduce the risks associated with their non-contracted care, please offer these resources to your client

Amount of relief care

The amount of relief care is available is determined by the client's assessed needs and is no different to the client's normal attendant care entitlement. There is no limit on the amount of relief care we can provide, but the amount predicted per year should form part of the [Individual Rehabilitation Plan](#) (IRP) or Support/Service Plan, based on the social rehabilitation assessment.

Methods of providing relief care

Relief care can be provided by:

- admitting the client to a residential facility to receive care
- having an alternative caregiver come to the family home to provide care
- sending the client to an alternative provider's home.

Setting expectations about relief care

ACC will:

- advise carers of the amount of predicted relief care per year, based on the social rehabilitation assessment
- establish the mix of care and the care team. Ideally there should be a variety of carers to minimise the need for periods of relief care
- strongly advise family caregivers to include a contracted agency as part of the care team, so that they can:
 - access regular support
 - share the client's care
 - have back-up arrangements in case of sickness or other reasons.

The family should advise ACC as soon as possible if they require a break outside that predicted in the assessment.

More information about the importance of planning for and organising a respite break can be found in the Carers NZ resource [Time Out](#) or on their website <http://www.carersair.net.nz>

Retention payments

See [Retention payments](#) for information about payments made to retain the services of a carer while a client is in hospital or respite care.

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Providing attendant care overseas

Contact

Last review C2 Sep 2015

Next review 01 Sep 2016

Introduction

Attendant care can be provided to clients who are overseas in the following situations:

If the client is...	then...
entitled to receive attendant care in New Zealand under either: <ul style="list-style-type: none"> the AC Act 2001, Schedule 1 the CPI Regulations 	entitlement to attendant care can be paid for a maximum of 28 days overseas as long as there is an assessed need
receiving grandparented attendant care under: <ul style="list-style-type: none"> Section 80 of the 1982 legislation, or Section 121 of the 1972 legislation (see Complex Personal Injury and grandparented clients)	attendant care can continue to be paid overseas as long as there is an assessed need

The 28 day period applies each time the client travels outside New Zealand. There is no limit on the number of overseas periods per year.

Although attendant care is usually only paid for a maximum of 28 days overseas, extra support may be provided depending on the client's situation or individual needs.

See [Management of extended discretion](#).

Use of usual carer

The client should be encouraged to take their usual attendant carer with them overseas, as a first option. Advise them that this will:

- ensure continuity of care
- avoid the risk of not having the same caregiver on their return to New Zealand.

Payment of attendant care overseas

What ACC pays

ACC will pay for the same amount of attendant care as the client is entitled to receive in New Zealand.

What ACC does not pay

ACC does not pay for:

- any travel or accommodation costs of the client or attendant carer
- additional costs incurred by the client overseas, eg by employing an overseas attendant carer who charges a higher rate
- retention payments for an existing carer if the client chooses to stand down their usual carer in favour of a family member, friend or other carer
- training costs for a family member or friend if the client chooses not to take their usual caregiver overseas
- recruitment and training costs of new caregivers in New Zealand if the existing caregiver finds alternative employment while the client is overseas
- managing the quality and standard of attendant care purchased overseas
- any exchange rate losses as a result of employing an overseas caregiver.

Assessing overseas clients

See [Assessing overseas clients](#).

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Attendant care payments

Contact

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Next review 09 Dec 2016

Introduction

ACC does not pay for more than one type of care at the same time, and only pays for attendant care that is actually provided.

Rules

Paying for different types of care

ACC should not pay for more than one type of care at the same time. For example, attendant care costs should not be incurred while the client is at school or receiving therapy, unless the carer is required to be in attendance for safety or carer training purposes.

Supervisory care may occur concurrently with [home help](#) or [childcare](#) tasks, or attendant care can be combined with other rehabilitation tasks, however, only one type of care would be paid for.

Paying only for the care provided

ACC only pays for attendant care that is actually provided. This means that ACC is not required to pay any member of a client's normal care team while the client is not receiving care from them.

Example:

A client goes into hospital for treatment, or for an unrelated illness. The hospital provides for all their attendant care needs during their stay. ACC does not pay the care team for care during this period.

Example:

A client travels away from home to attend an assessment or receive a rehabilitation service and one member of the care team travels with them. ACC pays only for the care actually provided by the escort during travel and any ancillary services the client is eligible for.

Example:

A client receives temporary attendant care, during a period of relief care, to give a family member carer a break from providing attendant care. During the period of relief care, ACC does not pay for the care arrangements that are normally provided by the family member.