

**HEALTH**

MANATŪ HAUORA

# Long-term Residential Care for Older People

## What you need to know

June 2010

2010

New Zealand Government

## Important information and disclaimer

This booklet summarises how older people can access long-term residential care, under Part 4 and Schedule 27 of the Social Security Act 1964.

The information in this booklet is not legal advice and you should not use it as a substitute for legal advice, particularly if your personal situation is complicated.

If you would like more information about the law or any other issues covered in this booklet, and how it might apply to your situation, you should talk to your DHB, one of the other agencies listed at the end of this booklet, or a lawyer.

This booklet is intended to accurately summarise the relevant law. But if any of the information in the booklet is not consistent with the Social Security Act, any regulations made under the Act, or the DHB aged residential care contract, the Act, Regulations or contract prevail.

Citation: Ministry of Health. 2010. *Long-term Residential Care for Older People: What you need to know*.  
Wellington: Ministry of Health.

Published in June 2010 by the Ministry of Health  
PO Box 5013, Wellington 6145, New Zealand  
ISBN 978-0-478-35942-8 (Print)  
ISBN 948-0-478-35943-5 (Online)

HP 5082

This document is available on the Ministry of Health's website:  
<http://www.moh.govt.nz>

HEALTH

# Introduction

This booklet tells you about long-term residential care. It outlines the steps you must take to access funding for this live-in care. It helps you find out whether you qualify for financial assistance from the Government to help pay for it. It tells you about:

1. The steps to take to access long-term residential care (page 5)
2. Your needs assessment and service co-ordination (page 7)
3. Choosing your care home or moving to another care home (page 8)
4. The financial means assessment – asset and income testing (page 9)
5. Who can get the Residential Care Subsidy (page 10)
6. Paying for your care costs (page 17)
7. What services you can expect from residential care (page 20)
8. Complaints or queries about your care (page 23)
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## Terms used in this booklet

**Financial means assessment** means an assessment of your assets and income which is carried out by the Specialised Processing Services of Work and Income.

**Long-term residential care** means ongoing live-in care. Your ongoing care needs are assessed to see if they are best provided for at the level of a:

- rest home
- specialist dementia unit
- long-term care hospital, *or a*
- psycho-geriatric unit.

**NASC** means the needs assessment service co-ordinator at your District Health Board (DHB).

**Needs assessment** means the health check by a *needs assessor* to see if you need ongoing residential care, and the level of care required.

A **needs assessor** is the person who carries out your needs assessment. Your DHB will arrange for a *needs assessor* to assess your need for ongoing residential care.

**Residential Care Subsidy** is the money the Government pays towards your ongoing care, if you qualify for this. The Residential Care Subsidy is paid at the rest home level of care cost only.

# 1. The steps to take to access long-term residential care

These steps are summarised in the flowchart on page 16.

## Step 1 – Get assessed

- Ask your family member, doctor, hospital, social worker or other health provider to help you make a *needs assessment* appointment  
*or*
- phone your local DHB and ask to speak to a Needs Assessment Service Co-ordinator (NASC). DHBs are listed on page 26  
*or*
- choose your local NASC by checking the list on the Ministry of Health website:  
[www.moh.govt.nz.nsf.indexmh/hop-supportservicesaccess](http://www.moh.govt.nz.nsf.indexmh/hop-supportservicesaccess)

## Step 2 – Apply for Residential Care Subsidy

- If your *needs assessment* shows you need long-term residential care, **your *needs assessor* will give you the Residential Care Subsidy application forms.**
- These forms need to be filled in and sent to Work and Income promptly for a *financial means assessment* to see if you qualify for the Subsidy. (See section 4, page 9 for further details).

### Step 3 – If the *financial means assessment* shows that your assets are **below** the defined asset threshold:

- you qualify for government funding through the Residential Care Subsidy
- Work and Income will then assess your income and tell you how much of this you need to pay towards the cost of your care. This will include most of your New Zealand Superannuation and also any other income you receive.

### Step 4 – If the *financial means assessment* shows that your assets are **above** the defined asset threshold:

- you do **not** qualify for the Subsidy
- you pay the cost of rest home care up to the maximum contribution for your area (See section 6, page 17 for more information).
- you **may** qualify for a *residential care loan*. You can apply for this through Work and Income.

Each of these steps is explained more fully in the following sections of this booklet.

#### Privacy and confidentiality

Any medical and financial information you provide as part of a needs assessment or a financial means assessment is private and confidential, and will be used only for the purpose of your residential care assessment.

## 2. Your needs assessment and service co-ordination

*Needs assessment* is strongly recommended, but is a ‘must have’ only if:

- you wish to apply for the Residential Care Subsidy **and**
- you want to live in a rest home which provides DHB-contracted care services
- you are receiving subsidised rest home care and require any higher levels of care such as dementia or hospital level care.

A *needs assessor* will look at:

- your health needs (which may include specialist geriatric assessment)
- your support needs to see if you need residential care
- whether you need ongoing, long-term residential care
- the level of care you need – rest home, specialist dementia, long-term hospital or specialist psycho-geriatric care.

The *needs assessor* can also help with information about appropriate facilities in your area. If you are hospitalised due to illness or injury, that hospital may arrange a *needs assessment* for you.

If you wish to live in a rest home and pay for your care yourself you can. You would need to arrange your entry with the rest home provider directly. However, there would be no restriction on the amount of fees you could be asked to pay for your care by the rest home if you have not been needs assessed as requiring aged residential care.

### 3. Choosing your care home or moving to another care home

If you are assessed as needing long-term residential care your needs assessor will give you a list of residential care facilities in your area. You have the right to choose any aged residential care provider in New Zealand with a DHB contract to provide your assessed level of care need.

You can also find out about residential care facilities in your area through your local Age Concern – find them in the phone book, or check for your local branch on their website:

[www.ageconcern.org.nz/contact-age-concern](http://www.ageconcern.org.nz/contact-age-concern) or

[www.eldernet.co.nz](http://www.eldernet.co.nz), click on Residential Care. You can also check a summary audit report on the rest home you may be considering on the Ministry of Health website:

[www.moh.govt.nz/audits](http://www.moh.govt.nz/audits)

You may like to spend some time visiting rest homes in your area, to see what they are like. Remember to ask them if there are any additional charges. Once you have moved into a residential care facility it's OK to change your mind and move to another facility. Your admission agreement will state what advance notice your current place requires.

When you do move to another place for the same level of residential care services, the NASC must be asked to complete a Change of Client Details/Residential Care Transfer form. This is so your payment arrangements will follow you to your new residential care facility.

If you want to receive care in a rest home or hospital that **does not** have a contract with a DHB you will need to pay for your care privately – it will not be government subsidised.

## 4. The financial means assessment – asset and income testing

Once it is shown that you need long-term residential care, you can apply for a *financial means assessment*. Your Needs Assessment Service Co-ordinator (NASC) will give you the forms you need to complete for your *financial means assessment*.

Your *financial means assessment* will determine whether you qualify for government funding through the Residential Care Subsidy. Specialised Processing Services, Work and Income, completes the *financial means assessment* for you based on the information that you give them.

To qualify for the Residential Care Subsidy you need to have assets **equal to or below** those described in the section 5 table on page 11 in the year that you apply.

It is important to send in your *financial means assessment* application promptly, even if you can't supply all the information or papers required by Work and Income at this stage. This is important, as eligibility for the Residential Care Subsidy can only be back-dated for up to 90 days before the date of the *financial means assessment* application.

**Please note:** By law you must pay the fees for your care until it is confirmed that you are eligible for the Residential Care Subsidy. This means that if you delay sending in your forms you will have to pay for any care costs not covered by the subsidy. The residential care facility will reimburse you any extra you may have paid that is subsequently covered by the subsidy.

## 5. Who can get the Residential Care Subsidy

To be eligible for government funding through the Residential Care Subsidy you need to:

- be aged 65 or older, or aged 50–64 and single with no dependent children
- have a *needs assessment* that shows you need ongoing, long-term residential care in a rest home or hospital indefinitely
- have a *financial means assessment* that shows that your *assets* are **equal to or below** the applicable asset threshold and how much of your income will go towards your care costs
- receive contracted care services provided by a long-term residential care facility that is certified – under the Health and Disability Services (Safety) Act 2001 – and that has a contract with a DHB.

### Information for those aged 50–64 who need residential care

- a. If you are aged 50–64 years and single with no dependent children, the Residential Care Subsidy is not asset tested. You will have only your income assessed to see what you can contribute to your care costs.
- b. People aged 50–64 who have a partner and/or a dependent child and require residential care are not asset or income tested and do not have to contribute to their care costs until they turn 65 when they must apply for a *financial means assessment*.

## Asset thresholds

The table sets out the applicable asset thresholds that apply annually from 1 July 2009 until 30 June 2026.

Year	Total assets	Couple with one still living in the community
	Column A \$	Column B \$
1 July 2009 – 30 June 2010	190,000	95,000
1 July 2010 – 30 June 2011	200,000	105,000
1 July 2011 – 30 June 2012	210,000	115,000
1 July 2012 – 30 June 2013	220,000	125,000
1 July 2013 – 30 June 2014	230,000	135,000
1 July 2014 – 30 June 2015	240,000	145,000
1 July 2015 – 30 June 2016	250,000	155,000
1 July 2016 – 30 June 2017	260,000	165,000
1 July 2017 – 30 June 2018	270,000	175,000
1 July 2018 – 30 June 2019	280,000	185,000
1 July 2019 – 30 June 2020	290,000	195,000
1 July 2020 – 30 June 2021	300,000	205,000
1 July 2021 – 30 June 2022	310,000	215,000
1 July 2022 – 30 June 2023	320,000	225,000
1 July 2023 – 30 June 2024	330,000	235,000
1 July 2024 – 30 June 2025	340,000	245,000
1 July 2025 – 30 June 2026	350,000	255,000

For a single person or a couple where both are in care, the asset threshold in Column A applies.

For a couple aged 65 and over where only **one** is in long-term residential care

*either*

- the house and car is exempt and the asset threshold that applies is in Column B

*or*

- the couple can opt for the total asset level in Column A.

Other assets which are counted include: cash or savings, investments or shares, loans made to other people (including family trusts), boats, caravans and campervans, investment properties.

A prepaid funeral of up to \$10,000 is an exempt asset. Personal belongings including clothing, jewellery, household furniture and effects are also exempt assets.

## Income assessment

What you must pay is set by the *financial means assessment*.

**Any** benefit or pension – such as your New Zealand Superannuation – plus **any other** income you receive will go towards the cost of your care, except for:

- a weekly personal allowance and an annual clothing grant (both adjusted to the Consumers Price Index (CPI) every April), and
- an amount of gross income from your annual income from assets (CPI adjusted every July).

If your assets are at or below the asset threshold, Work and Income will assess your income and tell you how much you must pay towards the cost of your care.

The income assessment does **not** include:

- those earnings or interest from assets that are exempt
- for couples with one partner in care, any income from paid employment of the partner living in the community.

The exempt amount of interest or earnings from assets is different depending on whether you are:

- a single person
- a couple with both in care
- a couple with one partner in care.

The exempt amount is adjusted each year on 1 July.

When you apply for your *financial means assessment*, Work and Income's Specialised Processing Services will tell you how much of your income is exempt – or you can check on their website: [www.workandincome.govt.nz](http://www.workandincome.govt.nz)

For more details on how much income you can earn and treatment of family trusts, call the Work and Income Specialised Processing Services on 0800 999 727 for a copy of their booklet on the Residential Care Subsidy, or access it on their website: [www.workandincome.govt.nz/documents/residential-care-subsidy-supe0005.pdf](http://www.workandincome.govt.nz/documents/residential-care-subsidy-supe0005.pdf)

## Gifting

If you qualify for the Residential Care Subsidy the assets you are able to retain for your use can only be gifted to others at the gifting rate of \$5,500 per year.

## People already in care

If you already live in residential care, pay all the costs and have had a *financial means assessment*, you can ask the Specialised Processing Services of Work and Income (0800 999 727) for a review of your *financial means assessment* at any time.

For example, you may wish to ask for a review of your *financial means assessment* if:

- you didn't qualify for a subsidy before because your assets were above the asset threshold
- you think you may now meet the applicable asset threshold
- your income changes
- your circumstances have changed.

If you have **not** been *needs assessed* and wish to apply for the *residential care subsidy* you should contact your local Needs Assessment Service Co-ordinator (NASC) and ask to be assessed. A *needs assessment* must be done before you can apply for a *financial means assessment*. These assessments will show if you now qualify for government funding through the Residential Care Subsidy. Your residential care provider will help you with contacting your NASC.

(See section 2, page 7 and section 3, page 8 for more information about the *needs assessment* process and the *financial means assessment*.)

You can find the asset thresholds that apply each year in the section 5 table on page 11.

## Answering your questions

There are a number of people you can talk to if you would like more information about *needs assessment* or the *financial means assessment* for the Residential Care Subsidy.

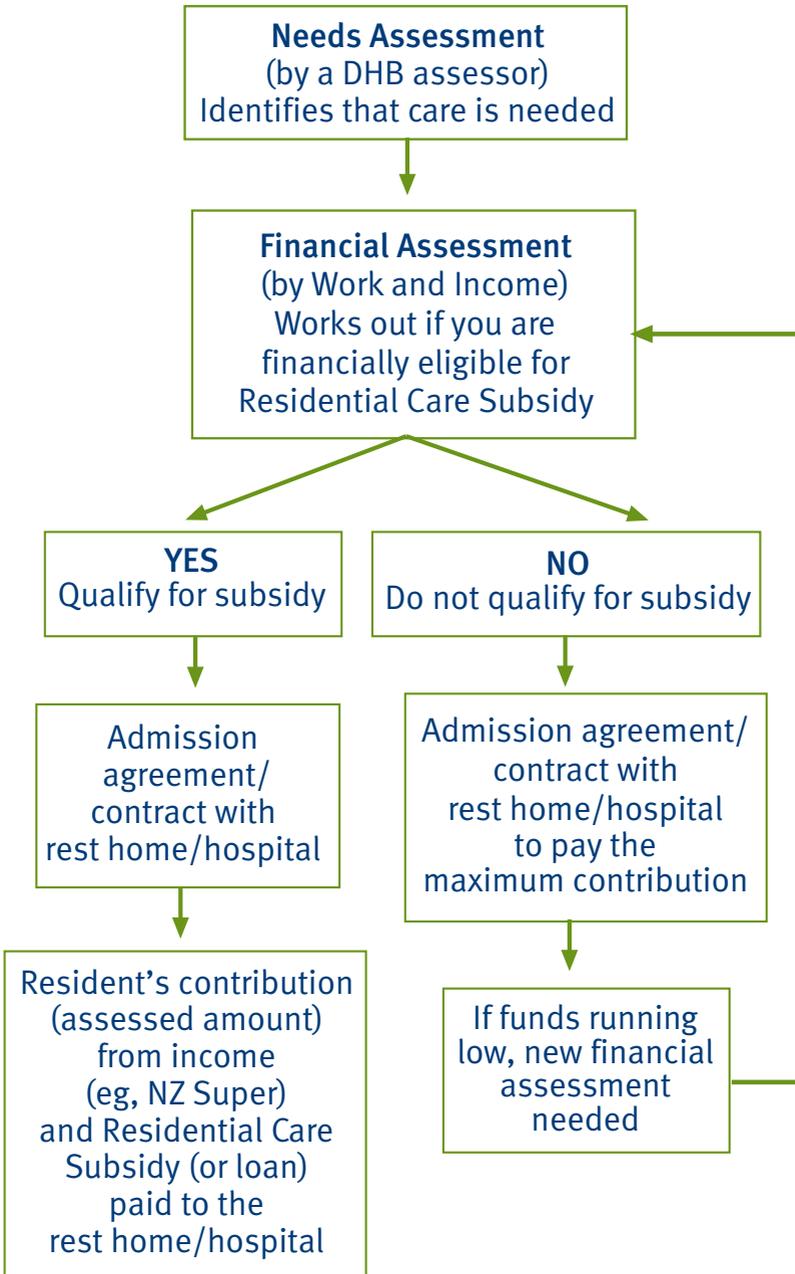
You can talk to:

- Specialised Processing Services, Work and Income, on 0800 999 727
- your local Needs Assessment Service Co-ordinator (NASC)
- Information Line on 0800 737 777
- your local DHB Portfolio Manager for Health of Older People.

Information is also available on the Ministry of Health website [www.moh.govt.nz/olderpeople](http://www.moh.govt.nz/olderpeople) and the Work and Income website [www.workandincome.govt.nz/individuals/a-z-benefits/residential-care-subsidy.html](http://www.workandincome.govt.nz/individuals/a-z-benefits/residential-care-subsidy.html)

The information in this booklet applies to services provided under a DHB contract for long-term aged residential care. You must be a New Zealand citizen or resident who is eligible for publicly funded health or disability services under the New Zealand Public Health and Disability Act 2000.

# Steps to Residential Care Subsidy



## 6. Paying for your care costs

### YES 'I am eligible for the Residential Care Subsidy – how much do I have to pay towards my care costs?'

If you qualify for government funding through the Residential Care Subsidy you still contribute towards the cost of your care **from any income you receive**. If your residential care provider has a contract with a DHB then the Subsidy, along with your own contribution, is paid direct to the residential care provider.

Your Residential Care Subsidy will make up the difference between what you pay, as set by the *financial means assessment*, and the price of care that is agreed between your residential care facility and the DHB under the Age Related Residential Care (ARRC) contract.

You can ask Work and Income to pay your New Zealand Superannuation payments direct to your rest home provider. Your personal allowance will be paid to your nominated bank account.

### NO 'I am not eligible for the Residential Care Subsidy – how much do I have to pay towards my care costs?'

If you do not qualify for government funding through the Residential Care Subsidy, but have been *needs assessed* as requiring long-term residential care and your residential care provider has a contract with a DHB, you will not have to pay more than the current *maximum contribution* per week.

You will only pay more than the *maximum contribution* if you have agreed in writing with the rest home or hospital to pay for ‘extra services’ (other than contracted care services as set out in the ARRC contract – see section 7, page 20 for more information).

Your DHB will pay a top-up subsidy to your residential care provider if your assessed care needs are a higher level than rest home care and if your facility has a contract with a DHB for the higher level of care. For example, a higher price for contracted care services is paid for specialist dementia and hospital level care.

If at any time after you move into residential care and your assets are getting close to the allowable asset threshold or your circumstances change, then you can apply for a *financial means assessment* – or a review of your *financial means assessment* if you have previously applied and been declined due to the level of your assets.

Please note that DHBs will only pay to the level that they are satisfied meets your assessed care needs. For example: if you are assessed as needing rest home care the DHB will only pay for that level of care and not for hospital level care.

## Maximum contribution

The *maximum contribution* is the most a person assessed as requiring rest home level care can be asked to pay for their contracted care services. Since 1 July 2005 the *maximum contribution* has been set by notice in the New Zealand Gazette (officially published government notices) and is updated in line with changes to the contract price for rest home care that DHBs pay providers in your region.

A copy of the current *maximum contribution* amounts applying in each region can be found on the Ministry of Health website: [www.moh.govt.nz/moh.nsf/indexmh/hop-longtermresidentialcare-maximumcontribution](http://www.moh.govt.nz/moh.nsf/indexmh/hop-longtermresidentialcare-maximumcontribution) or obtained from your local NASC.

The *maximum contribution* amount varies between regions. DHB contract prices vary across the country and the maximum contribution is equal to the most recent DHB contract price for rest home care.

The *maximum contribution* is the same for all residents, regardless of the level of care they need.

The *maximum contribution* applies to contracted care services (see section 7, page 20) and does not cover any extra services offered by your facility.

## Residential care loan

People whose assets are over the applicable asset threshold, primarily because they own their former home, may be eligible for an interest-free *residential care loan* if they meet the criteria. The loan is secured by a caveat over a person's house and becomes payable back to the Government when the person dies or the house is sold.

For information about the *residential care loan* scheme and a copy of the *residential care loan* scheme policy gazette notice, check the Ministry of Health website [www.moh.govt.nz/moh.nsf/indexmh/hop-longtermresidentialcare-loanscheme](http://www.moh.govt.nz/moh.nsf/indexmh/hop-longtermresidentialcare-loanscheme), or talk to your local Work and Income office, or phone their Specialised Processing Services on 0800 999 727.

# 7. What services you can expect from residential care

## Contracted care services

The DHB contract with your rest home or hospital requires that your care services meet your own assessed needs. It requires that the services provided:

- are ‘resident centred’ and ‘promote the independence and quality of life of residents’
- are those needed for your care, including:
  - accommodation – including access to toilet and shower
  - food services
  - laundry
  - nursing care
  - general equipment for mobility and personal care
  - general practitioner (GP) visits
  - prescribed medication (normally from the official Pharmac list)
  - continence products
  - diversional activity
  - all health care that is prescribed by a GP.

The current contract can be found on District Health Boards New Zealand (DHBNZ) website: [www.dhbnz.org.nz](http://www.dhbnz.org.nz) or on your local District Health Board website. The contract is called the Age-Related Residential Care (ARRC) contract.

The ARRC contract is also available on the Ministry of Health website: [www.moh.govt.nz/moh.nsf/indexmh/hop-longtermresidentialcare-arrcagreement](http://www.moh.govt.nz/moh.nsf/indexmh/hop-longtermresidentialcare-arrcagreement)

## Extra services and who pays

If you agree to receive *extra services*, you will need to pay for these services and/or personal items yourself (either directly or by giving money to your rest home or hospital so they can pay for the services or goods on your behalf) just as you would if you were living independently in the community. Such *extra services* and personal items might include:

- specialist visits where these are not publicly funded by the DHB
- transport to services (not related to health needs) or to outside social functions
- private toll calls
- your own phone or cellphone or any internet access costs
- your own newspapers, books and magazines
- insurance for personal belongings
- personal clothing items and footwear
- personal toiletries
- recreational activities, where these are not part of the normal programme
- hairdresser
- dietician, podiatrist or other services that are not prescribed by a doctor or not funded by the DHB
- spectacles, hearing aids and dental care.

If you do choose to receive *extra services* these must be itemised in your admission agreement. If, at a later date, you choose to stop receiving these, you can do so by informing the manager of your rest home and amending your admission agreement. Rest homes and hospitals contracted to a DHB cannot charge for services already part of this contract, only for extra services outside of the contract.

## Your admission agreement or contract

It is a good idea to have someone independent of the rest home such as a relative, friend, nominated power of attorney or lawyer look at any agreement or contract you are offered by your rest home or hospital before you sign it.

You may also choose to have someone to support you if you want to discuss any aspects of an agreement with your rest home. The agreement (or contract) that you sign with your rest home should set out both what services you can expect and what the *extra services* are that you have agreed to receive and would have to pay for. You have the right to refuse all (or any) extra services offered and this should be noted in your admission agreement or other agreement or contract.

If you have been needs assessed as requiring long-term residential care and you qualify for government funding through the Residential Care Subsidy, or you are a private payer with a 'top-up' subsidy, your rest home cannot charge you for any service you receive that is already part of its contract with a DHB (*contracted care services*), only for *extra services* that are not *contracted care services*.

For example, if you require a piece of equipment to aid care and mobility, then your room needs to be large enough for that equipment with no extra charge for its size.

## 8. Complaints or queries about your care

It is OK to talk about any aspect of your care that concerns you or your family/whānau. Dealing with a small issue early can prevent a larger problem.

If you believe the care (or facilities) in your rest home or hospital is not up to standard you can tell your residential care provider about your concern. It is useful to check your admission agreement or private contract with the provider to see what you have agreed to, and also what complaints processes the provider has in place.

All rest homes and hospitals are required to have a complaints process and it is always best to talk to the manager first. It is your right to have a support person with you; ask a friend or family/whānau member, or you can ask for help from a health advocate, see contacts below.

If you are not satisfied after speaking to your care provider, then for:

- concerns about **quality of care**, contact the Health and Disability Commissioner, [www.hdc.org.nz/complaints/making\\_a\\_complaint](http://www.hdc.org.nz/complaints/making_a_complaint)
- concerns about what **contracted care services** the provider must provide to a resident, contact your local DHB Health of Older People Portfolio Manager (DHBs are listed on page 26)
- concerns about **costs**, go back to your admission agreement which should specify all charges

- **financial issues** that you are not able to resolve with your care provider, you can go through the Disputes Tribunal, a user-friendly process that does not involve lawyers. You may wish to ask a family member or friend to do this for you.

Other options include the Commerce Commission or the Consumers' Institute.

You must be a paid-up member to get advice from the Institute.

## Who to contact with complaints/queries about your care:

Organisation	Contact details
Health advocates	0800 555 050 Email: <a href="mailto:advocates@hdc.org.nz">advocates@hdc.org.nz</a>
Health and Disability Commissioner	0800 11 22 33
Information line	0800 737 777
District Health Boards	Contact your local DHB Portfolio Manager or Needs Assessor
Commerce Commission	0800 94 3600
Disputes Tribunal	Contact your local District Court
Specialised Processing Services of Work and Income	0800 999 727
Ministry of Health	0800 113 813

## 9. Where to get more information about residential care

Your local branch of Age Concern, see phone book or check website: [www.ageconcern.org.nz/contact-age-concern](http://www.ageconcern.org.nz/contact-age-concern)

Ministry of Health website: [www.moh.govt.nz/olderpeople](http://www.moh.govt.nz/olderpeople)

Your local Citizens Advice Bureau (CAB)

Eldernet: [www.eldernet.co.nz](http://www.eldernet.co.nz) – click on Residential Care

MSD Seniors website:

[www.msd.govt.nz/what-we-can-do/seniorcitizens](http://www.msd.govt.nz/what-we-can-do/seniorcitizens)

Work and Income website: [www.workandincome.govt.nz](http://www.workandincome.govt.nz)

Check Work and Income’s website for details of New Zealand Superannuation/Personal Allowance rate changes (1 April) and interest from assets exemptions (1 July). Benefit rates are usually adjusted on 1 April each year.

For information on your *financial means assessment*: Specialised Processing Services, Work and Income, phone 0800 999 727.

## Contact details for District Health Boards

DHB	Phone number
Northland DHB – Whangarei	(09) 430 4100
Waitemata DHB – North Shore	(09) 486 8900
Auckland DHB	(09) 630 9943
Counties Manukau DHB	(09) 262 9500
Waikato DHB	(07) 839 8899
Bay of Plenty – Tauranga	(07) 579 8000
Tairāwhiti – Gisborne	(06) 869 0500
Hawke’s Bay – Napier/Hastings	(06) 878 8109
Lakes DHB – Taupo/Rotorua	(07) 348 1199
Taranaki – New Plymouth	(06) 573 6139
Whanganui DHB	(06) 348 1234
MidCentral DHB – Palmerston North	(06) 350 8061
Wairarapa DHB – Masterton	(06) 946 9800
Hutt Valley DHB – Upper/Lower Hutt	(04) 566 6999
Capital and Coast DHB – Kapiti Coast/Porirua/Wellington	(04) 385 5999
Nelson Marlborough DHB – Nelson/Blenheim	(03) 546 1800
Canterbury DHB – Christchurch/Kaikoura/Ashburton	(03) 364 4106
South Canterbury DHB – Timaru	(03) 684 4000
West Coast DHB – Greymouth/Hokitika/Westport	(03) 768 0499
Southern DHB – Dunedin – Invercargill	(03) 474 0999 (03) 214 7224

You can get extra copies of the booklet *Long-term Residential Care for Older People: What you need to know*, by:

- calling Wickliffe Ltd on (04) 496 2277
- emailing: [moh@wickliffe.co.nz](mailto:moh@wickliffe.co.nz)
- writing to Ministry of Health Publications  
c/o Wickliffe Ltd  
PO Box 932  
Dunedin

You'll find government legislation relating to residential care on the Parliament website:

[www.parliament.nz/en-NZ/PB/Legislation](http://www.parliament.nz/en-NZ/PB/Legislation)

(or you can purchase the Act at Bennett's Government Bookshops).



**Choosing a rest home?**

Find out how well your local rest home meets Ministry of Health Standards

[www.moh.govt.nz/audits](http://www.moh.govt.nz/audits) 

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