



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

Domestic Purposes Benefit – Care of Sick or Infirm

**GUIDE FOR MEDICAL
PRACTITIONERS**

Purpose of this guide

Work and Income relies on medical practitioners to indicate the level of care and attention a person needs to enable them to remain at home. Work and Income uses this information to help determine a carer's or potential carer's eligibility for financial assistance.

This booklet provides a guide to completing the medical certificate and contains scenarios that illustrate when the carer may or may not be eligible for this assistance. It explains the questions we ask on the certificate and how your responses will help Work and Income determine eligibility.

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Financial assistance for carers: Domestic Purposes Benefit – Care of Sick or Infirm

The Domestic Purposes Benefit – Care of Sick or Infirm (DPB-CSI) provides financial assistance for people who are caring full-time at home for someone (other than their spouse or partner) who, if they were not being cared for at home, would otherwise need either:

- rest home care
- residential disability care
- extended care services for severely disabled children and young people¹
- hospital care (in-patient or residential hospital care)
- care equivalent to any of these kinds of care.

This is paid in recognition of the impact that providing full-time care and attention can have on a carer's ability to work.

There is an income limit for this assistance. Income is calculated based on the income of the carer and their spouse or partner (if in a civil union or de facto relationship), as applicable.

Who qualifies?

Carer

To qualify for this benefit, the carer must:

- be over 16 years old (if the carer is 16 or 17 years old, there must be no other carer reasonably available)
- be a New Zealand citizen or permanent resident
- have lived in New Zealand for at least 2 years at any one time since becoming a New Zealand citizen or resident (unless a refugee)
- usually live in New Zealand and intend to stay here.

The carer can be providing care and attention for another person of any age and does not have to be related to the supported person.

¹ This refers to only those services facilitated by Child, Youth and Family under Section 141 of the Children, Young Persons and Their Families Act (1989).

Supported person

The supported person must:

- be cared for at home
- need full-time care and attention
- not be the spouse or partner of the carer
- otherwise need rest home care, residential disability care, extended care services for severely disabled children and young people, hospital care or care of a similar kind.

Full-time care and attention

Full-time care and attention means that the person will require 24-hour **access** to care and attention. This does not mean the carer is expected to give 24-hour care, but they must be available if required. The level of care and attention must be over and above the ordinary care and attention required by someone of the same age.

A carer can be away from the home for a few hours a day, and still be considered to be providing full-time care, if arrangements are made for the supported person's care and their safety is not compromised. The carer's absence could be for a number of reasons including part-time employment or study.

The carer must provide the care and attention at home. The home can be that of the supported person or of the carer.

'Care and attention' is the terminology used in the Social Security Act (1964) which sets out the criteria for this assistance.

More than one carer

This benefit is paid to only one carer of a supported person.

Caring for a spouse or partner

A person caring at home for their spouse or partner (in a civil union or de facto relationship) is not eligible for this benefit.

In these circumstances, the supported person and their partner may qualify for a benefit in their own right. This may include the Invalid's Benefit or New Zealand Superannuation, and the carer could receive financial support as a partner.

Other Work and Income assistance available for carers

The Child Disability Allowance and the Disability Allowance are two other forms of assistance that may be available to carers of dependent children. Carers should be encouraged to discuss their individual circumstances with Work and Income to determine what forms of assistance may be available.

Child Disability Allowance

The Child Disability Allowance is a non-taxable allowance paid to the principal carer of a dependent child or young person under the age of 18 years with a serious disability. Child Disability Allowance is paid in recognition of the constant care and attention provided and is not income or asset tested.

Disability Allowance

The Disability Allowance differs from the Child Disability Allowance.

The Disability Allowance is a non-taxable allowance paid to reimburse ongoing disability-related expenses. It is income tested. The amount paid is estimated in relation to the actual costs that have been or will be incurred on a regular basis.

Some carers can receive both the Child Disability Allowance and the Disability Allowance if providing care for a dependent child or young person under the age of 18 years.

If the supported person is over 18 years of age, the disability allowance would be paid to them and not to the carer.

Types of care otherwise required

Rest home care

Rest home care is the level of care provided for the care and attention of people whose needs cannot be met in their own home with home-based services, generally because of their age-related needs. This relates to the full continuum of residential rest home care.

Residential disability care

Residential disability care is the level of care provided for the care and attention of children, young people and adults whose needs cannot be met in their own home with home-based services, generally because of their disability/impairment related needs.

Extended care services for severely disabled children and young people

Extended care is the level of care provided for the care and attention of a child or young person where the extent of their disability is such that suitable care can be provided only by an approved organisation or body. In some cases, the extended care arrangement may be an approved foster care placement.

This refers to only those services facilitated by Child, Youth and Family under Section 141 of the Children, Young Persons and Their Families Act (1989).

Hospital care

Hospital care is the level of care provided by a non-government organisation (NGO) or District Health Board (DHB) as in-patient or residential hospital care, including geriatric hospital-level care.

Hospital care exceeds the level of care provided if a person is solely under the care of a hospital specialist or receiving out-patient care.

Equivalent care

This is any type of care which is equivalent to:

- rest home care
- residential disability care
- extended care services for severely disabled children and young people
- hospital care (in-patient or residential hospital care).

NASC organisations and NASC assessments

NASC organisations and processes

A Needs Assessment and Service Co-ordination (NASC) organisation assesses a person's eligibility and need for health-funded support services. NASCs typically undertake three functions:

- facilitating assessment of disability support needs
- service/support planning and co-ordination (including allocating government-funded services)
- managing an indicative budget on behalf of the funder.

NASCs are funded through the Ministry of Health or District Health Boards. There are generally three types of NASCs in most areas, each catering for different populations. The names for each NASC can vary from region to region, but the general designations and grouping are:

- **Disabled People** – Disability focused NASCs are funded by the Ministry of Health to work with disabled people with a lifelong impairment, usually under 65 years. This is primarily to help them identify their goals, disability support needs, natural supports and to outline what disability support services are available. They allocate Ministry-funded support services and assist with accessing other supports.
- **Older People/DHB NASCs** – Services for older people with age-related needs are accessed through NASCs funded by District Health Boards. DHB NASCs also co-ordinate access to short-term support services for younger adults following illness or hospitalisation, home-based services for people who have palliative care needs, and services for people under 65 years who have a disability as a result of chronic disease.
- **Mental Health NASCs** – Mental Health NASCs are funded by District Health Boards to undertake needs assessments and service co-ordination for people with mental health and/or addiction related needs.

NASC assessment reports

NASC assessment reports can provide valuable information for medical practitioners completing the medical certificate for this benefit. However, a NASC assessment is not a requirement for this benefit.

A NASC assessment report will typically include consideration of the person's:

- living situation and support networks
- health and disability conditions and the related needs
- personal care and household management capacity
- memory, cognition and behaviour
- aspirations and needs, including social, education, and vocational goals.

The NASC assessment is used to assist the person and the NASC service co-ordinator to determine the best mix of supports based on their own strengths, resources and goals. This will form the person's individual support plan. The supports or services are then delivered by people in the person's networks, community or by service providers.

The assessment also considers the needs of the carer, including access to carer respite.

In the NASC process, the assessment report should be signed off by the person. They will generally hold a copy which may be obtained from them. Alternatively, their permission could be sought to ask the NASC for information.

Guidance on levels of care and attention

There are no conditions which automatically qualify the carer for this assistance. Each case will be different and needs to be considered on an individual basis.

To help determine if the carer is providing the level of care and attention required to qualify, we have provided the following illustrative examples.

Example 1 – Respiratory conditions

Anne is a two-year-old child with respiratory problems who requires home oxygen and overnight apnoea monitoring. She has had several emergency hospital admissions in the last year. Anne's mother is the main carer and Anne's grandmother cares for her in the mornings, so that her mother can catch up on sleep.

Anne's mother is likely to qualify for DPB-CSI.

Suggested review period – In three years (when the child is five years of age).

Eva is a three-year-old who requires daily medication for asthma and has had a couple of short hospital admissions. She goes to playgroup with her father and the young woman next door looks after Eva and her siblings once a week to allow her father some time away from home. Eva's father is at home full-time caring for three children.

Eva's father is unlikely to qualify for DPB-CSI.

Example 2 – Cerebral Palsy

Tane is a six-year-old boy with spastic quadriplegic Cerebral Palsy. Tane needs frequent specialised care (such as gastrostomy feeding, home oxygen and suctioning). He goes to school but is unable to attend several times a month. Tane's mother volunteers for a few hours a week during school hours and is able to take time off when he is unable to go to school.

Tane's mother is likely to qualify for DPB-CSI.

Suggested review period – Never.

Paul is an eight-year-old boy with spastic diplegic Cerebral Palsy who requires splints or crutches to walk. He needs more help with dressing and his personal cares than a typical eight-year-old boy. He goes to school and Paul's mother works part-time during school hours.

Paul's mother is unlikely to qualify for DPB-CSI.

Example 3 – Autism Spectrum Disorders

Robert is a twelve-year-old boy with Autism. He has extremely disruptive behaviour that is difficult to manage and he needs constant supervision. His mother cannot work because she frequently has to go to school when they cannot manage his aggressive behaviour. Robert’s mother is often exhausted due to disrupted sleep because Robert wakes frequently and needs assistance during the night.

*Robert’s mother is likely to qualify for DPB-CSI.
Suggested review period – In three years.*

Rose is a nine-year-old girl with Autism. She goes to school full-time with the assistance of a teacher aide. She is able to stay with close family friends and family. Rose’s father works during school hours so that he can be home for Rose after school.

Rose’s father is unlikely to qualify for DPB-CSI.

Example 4 – Down’s Syndrome

Graham is a 20-year-old man with Down’s Syndrome and diabetes who lives with his brother. Graham has significant cognitive impairments and difficulties communicating with people who are not used to his speech. He requires assistance from his brother with his daily cares, planning his day, managing finances, and getting to and from his day programme. Graham is unable to manage his diabetes without regular monitoring.

*Graham’s brother is likely to qualify for DPB-CSI.
Suggested review period – Never.*

Josh is a 36-year-old man with Down’s Syndrome. He lives in a flat with his 40-year-old cousin, Tom, who helps him get dressed, prepare for bed, and ensures that he takes his medication. Josh takes public transport to a vocational service several times a week.

Josh’s cousin Tom is unlikely to qualify for DPB-CSI.

Example 5 – Multiple Sclerosis

Rebecca is a 45-year-old woman with Multiple Sclerosis whose condition is progressive (no longer relapsing-remitting). She uses a wheelchair and requires help with personal care activities because of her decreasing co-ordination. Rebecca is also now experiencing cognitive impairments and emotional distress. Her sister could provide care for Rebecca at home.

*Rebecca’s sister is likely to qualify for DPB-CSI.
Suggested review period – Never.*

Lisa is a 29-year-old woman with Multiple Sclerosis. She is normally independent but has recently had a relapse. She has lost her independent mobility and is very fatigued and dizzy. Lisa currently receives Home Help and nursing visits. Her friend has moved in because Lisa is unable to care for herself and it is unsafe for her to be left alone for long periods.

*Lisa’s friend is also likely to qualify for DPB-CSI.
Suggested review period – In three months.*

Example 6 – Mental health

Antony is a 32-year-old post graduate student diagnosed with bipolar disorder. He recently experienced his first hypomanic episode, followed by major depression. He has attempted self harm and from time-to-time expresses suicide ideation. He does not want to go to hospital but without regular encouragement does not take his medication. He has returned home to live with his mother for the time being. She monitors his mood, liaises with his community mental health team, and is providing daily care while he is unwell.

*Antony's mother is likely to qualify for DPB-CSI.
Suggested review period – In six months.*

Tania is a 37-year-old woman with bipolar disorder. Tania is in regular contact with a community mental health team and is admitted to the local acute in-patient unit about once a year. Tania lives alone but her sister helps her manage her finances and household.

Tania's sister is unlikely to qualify for DPB-CSI.

Example 7 – Cancer

Kevin is an 85-year-old man who has advanced prostate cancer. His son is taking care of his finances, driving him to treatments and helping him with his personal cares. Kevin's son helps with medication management, oversees daily household issues, and sleeps over at his father's house as Kevin is at risk of falling.

*Kevin's son is likely to qualify for DPB-CSI.
Suggested review period – Never.*

Sue is a 40-year-old woman who has recently had surgery for breast cancer. She is receiving chemotherapy and on medication to manage her pain. Her husband works and Sue's sister is helping her during the day with some household activities (laundry, cooking, cleaning) and will sometimes help with other activities when Sue is fatigued as she has turned down home support.

Sue's sister is unlikely to qualify for DPB-CSI.

Example 8 – Stroke

Leilani is a 62-year-old woman who had a stroke and is now leaving hospital. She needs help with her personal cares and activities during the day, medication management and has difficulties with speech. She has been assessed by the NASC and is eligible for rest home care. Leilani does not want to go into care and her daughter is willing to give up work to remain at home with her.

*Leilani's daughter is likely to qualify for DPB-CSI.
Suggested review period – In six months.*

Tipene is a 50-year-old man who had a stroke and lives by himself. He is able to mobilise with a walking frame, and is receiving home support for his personal cares, meal preparation and housework. He has a medical alarm in case of emergency. This level of care is sufficient to meet his needs, however he wants his daughter to move in with him and provide support as he believes this is what she should do.

Tipene's daughter is unlikely to qualify for DPB-CSI.

Example 9 – Dementia

Frank is an 80-year-old man with moderate dementia. He lives with his daughter and cannot be left alone because of his disorientation and tendency to wander. His daughter is managing the household and his finances. She assists with his self-care and ensures her father's safety.

*Frank's daughter is likely to qualify for DPB-CSI.
Suggested review period – Never.*

Jane is a 50-year-old woman with early onset dementia. Her daughter manages her finances and helps around the home on weekends. Jane receives meals on wheels and home help.

Jane's daughter is unlikely to receive DPB-CSI at this stage of her dementia but this may change as the dementia progresses.

Example 10 – Frail Elderly

Phyllis is an 83-year-old woman and is generally in good health. Phyllis' eyesight is deteriorating significantly and her hearing is limited. She has fallen twice in the last few months and the second fall resulted in a fracture. It is now unsafe for her to be alone at home. Her 51-year-old neighbour has offered to give up work and assist Phyllis during the day with some domestic tasks, shopping and transport. Phyllis' neighbour would also stay overnight as Phyllis often has to get up during the night and is prone to falling.

*Phyllis' neighbour is likely to qualify for DPB-CSI.
Suggested review period – Never.*

Terry is an 86-year-old man who has recently hurt his leg in a minor fall. Terry now lives with his granddaughter as he did not want to remain alone in his home as he was getting lonely. His granddaughter ensures he gets up in the mornings and has breakfast, and a District Nurse visits to change his dressings on his leg ulcer. Terry continues to play bridge and get out on a regular basis.

Terry's granddaughter is unlikely to qualify for DPB-CSI.

The medical certificate

Who can complete the certificate?

The medical certificate must be completed by a registered medical practitioner. In most cases this should be the supported person's usual medical practitioner.

Completing the medical certificate

As a medical practitioner, you need to decide:

- whether full-time care and attention is required for the person to live at home
- how long the full-time care and attention is required
- if the supported person would otherwise require rest home care, residential disability care, extended care services for severely disabled children and young people, hospital care or care of a similar kind.

It is important to note that while this assistance is income tested, medical practitioners do not assess if the carer meets the income threshold.

The following pages provide a guide to completing each question in the medical certificate.

Once completed, the certificate should be given to either the carer or the supported person, who will return it to Work and Income.

Medical details

Medical details

Q4 note: Work and Income may arrange a second opinion.

4. **Who do you consider best placed to provide this information?**

Yourself Second opinion

Other ▶

5. **Are you the supported person's usual medical practitioner?**

No Yes

6. **When did you last see the supported person?** (Including today)

Date last seen: Never

Day Month Year

7. **Please indicate what information this assessment is based on:**

Work and Income recognises that there are circumstances where you may feel you are not in the best position to provide the information. This may be because you are placed in a conflict of interest, or because of the person's complex social, financial or environmental factors.

Please indicate who you consider best placed to provide the required medical information – yourself, a second opinion (eg designated doctor) or another health practitioner. If you signal that you are not the best person to complete the medical certificate, you can still continue to provide the information to the best of your knowledge.

Tell us if you are the supported person’s usual medical practitioner and when you last saw them. Also tell us what information you are basing the recommendation on. For example, this may be a face-to-face interview when completing the form, a previous assessment undertaken, a NASC assessment, a specialist assessment, and/or a review of medical notes.

It is not always necessary for the practitioner completing the medical certificate to be the supported person’s usual medical practitioner and/or to have seen them recently. However, in such cases, this medical certification should be based on relevant previous assessments or medical information that you have sighted.

<p>Q8 note: Please list the diagnoses in the order of their impact, starting with the most significant. The READ Code is optional if the description is provided.</p>	<p>8. What are the supported person’s main diagnoses?</p> <table border="1"> <thead> <tr> <th>READ Code</th> <th>Description</th> <th>Covered by ACC? (No/Yes)</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> </tr> </tbody> </table>	READ Code	Description	Covered by ACC? (No/Yes)	1.			2.			3.			4.		
READ Code	Description	Covered by ACC? (No/Yes)														
1.																
2.																
3.																
4.																

Please provide the details of the supported person’s diagnoses. This information will help the case manager understand the nature of the supported person’s overall condition, and to accurately record this information. List the diagnoses in order of their impact starting with the most significant.

Where a condition is the result of an accident covered by ACC, please indicate this in the appropriate box. Some payments made by ACC may affect eligibility to this assistance.

<p>Medical details – continued</p> <p>Q9 note: A Needs Assessment and Service Coordination (NASC) assessment is not required for this benefit. However, a NASC assessment may provide you with useful information to assist with your assessment of the level of care otherwise required.</p>	<p>9. Has the supported person had a recent Needs Assessment and Service Coordination (NASC) assessment?</p> <p><input type="checkbox"/> No ▶ Go to Question 11 <input type="checkbox"/> Yes</p> <p>10. Did the NASC assessment indicate the need for a level of care consistent with the requirements of this benefit (see above)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I did not receive a copy of the assessment</p>
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A Needs Assessment and Service Co-ordination (NASC) assessment is not required for this benefit. However, a NASC assessment may provide you with useful information to guide your recommendation of whether the person requires full-time care and attention.

Q11 note: Not all factors will apply for children and young people, eg shopping.

Factors should only be indicated if the person requires support over and above what is ordinarily needed by someone of the same age or what is developmentally appropriate.

11. Indicate the main factors that determine the supported person's need for care and attention? (Please tick all applicable boxes)

Type	Description
Physiological / health related	<input type="checkbox"/> Physical limitations <input type="checkbox"/> Psychiatric / psychological condition <input type="checkbox"/> Cognitive / neurological condition <input type="checkbox"/> Sensory impairment <input type="checkbox"/> Undergoing current treatment <input type="checkbox"/> Frequent hospitalisation / treatment demands <input type="checkbox"/> Terminal illness <input type="checkbox"/> High levels of physical support <input type="checkbox"/> Mobility restrictions <input type="checkbox"/> Chronic pain
Safety	<input type="checkbox"/> Respiratory support <input type="checkbox"/> Risk to life / life threatening condition <input type="checkbox"/> Falls risk <input type="checkbox"/> Home safety / security <input type="checkbox"/> Wandering
Personal care / household management	<input type="checkbox"/> Hygiene / grooming – including dressing and showering or bathing <input type="checkbox"/> Toileting / continence <input type="checkbox"/> Eating / drinking <input type="checkbox"/> Medication <input type="checkbox"/> Meal preparation <input type="checkbox"/> Shopping <input type="checkbox"/> Housework / laundry <input type="checkbox"/> Finances
Memory, cognition and behaviour	<input type="checkbox"/> Memory loss <input type="checkbox"/> Poor orientation to surroundings <input type="checkbox"/> Delusions / hallucinations <input type="checkbox"/> Mood / anxiety <input type="checkbox"/> Inappropriate social behaviour <input type="checkbox"/> Limited insight
Other (please specify):	

Medical details – continued

12. Comment on how these factors impact on the supported person's need for care and attention:

This question provides a structured guide to your recommendation and is a source of useful information for Work and Income.

The need for care and attention can be influenced by a number of factors. Please tick the most relevant factors.

Factors should only be indicated if the person requires support over and above what is ordinarily needed by someone of the same age or what is developmentally appropriate.

13. Does the supported person require full-time care and attention?

No Yes

Full-time care and attention means that the person will require 24-hour access to care and attention. The level of care and attention must be over and above the ordinary care and attention required by someone of the same age. This does not mean the carer is expected to give 24-hour care, but they must be available if required.

This is a key question. If the carer is not required to give full-time care and attention to the supported person, the carer will not be eligible for this benefit. In this case, Work and Income will consider the information provided to see if the carer may qualify for other types of assistance.

14. What level of care would the supported person otherwise need if they were not cared for at home? (Please tick the applicable box)

Rest home care

Residential disability care

Extended care services for severely disabled children and young people

Hospital care

Other form of care equivalent to levels above (please specify)

Does not require care of the levels above

This assistance can only be granted when the supported person, if they were not being cared for at home, would otherwise need:

- rest home care
- residential disability care
- extended care services for severely disabled children and young people or
- hospital care (in-patient or residential hospital care)
- care equivalent to any of these kinds of care.

When this level of care would not otherwise be required, the carer is not eligible for this benefit. In these cases, Work and Income will consider the information provided to see if the carer may qualify for other types of assistance.

15. Is the need for care and attention time limited or permanent?

Time limited (please specify the expected duration)

Permanent

The needs for this level of care and attention can change over time. For example, people with episodic/relapsing conditions such as Multiple Sclerosis may have periods where they are unable to live independently and require full-time care and attention from hospital or residential services, or from a full-time carer. Once the relapse or episode abates, however, they may no longer require this level of support.

Those with static or deteriorating conditions, like adults with Down’s Syndrome or dementia respectively, are unlikely to see significant improvements. Their needs are more likely to increase and the need for care is generally permanent.

Registered medical practitioner verification

Registered medical practitioner verification

I have discussed the information contained in this form with the supported person (or their guardian or their legal representative).

No ▶ Please state reason below: Yes

HPI Number

Medical practitioner's full name

Practice address

Telephone number

Registered Medical Practitioner's stamp for name and address

Medical practitioner's signature

Date certificate completed
Day Month Year

This section records your details and lets us know if the supported person, or their guardian or legal representative, has agreed that the information contained in the certificate can be disclosed to Work and Income.

Where you have not met with the supported person (or their representative) or they have not agreed to the release of the information, you should select the ‘No’ option and state the reason why in the space provided. For example where the supported person lacks capacity due to advanced dementia and has no legal representative, you would state this in the textbox.

We use your HPI number to check your current registration status. If you are not registered as a medical practitioner we will be unable to accept the certificate from you.

When completing the medical certificate, you are encouraged to use a stamp which imprints the necessary name and address details.

Further information

If you have any further questions about the financial assistance available from Work and Income for carers, or any other types of assistance available to disabled people or people with ill health, please contact your local Health and Disability Co-ordinator.

If you do not have their contact details, please call our General Enquiries number **0800 559 009** and one of our Customer Services Representatives will arrange for them to contact you.

If you are deaf or find it hard to communicate by phone, you can send a message to our Deaf Link free-fax on **0800 621 621** or email **MSD_Deaf_Services@msd.govt.nz**

More information about the types of assistance we offer can be found at:

- **www.workandincome.govt.nz** or
- call us on **0800 559 009** from 7am to 6pm Monday to Friday and Saturday 8am to 1pm.



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