



Elms Court

MAKE YOURSELF AT HOME

Residential Care Subsidy Frequently Asked Questions

The residential care industry can be overwhelming and sometimes decisions need to be made in a short time-frame.

How does a person apply for residential care?

To apply for DHB-contracted residential care, someone must first undergo a Needs Assessment. This assessment will determine what type of care the individual requires, for example rest home care, hospital care, or dementia care. To move into a residential care, someone must be assessed as having needs that cannot be supported by the community and cannot be reversed (i.e. assessed as requiring long-term, indefinite care). They must also be either aged 65 and over or between 50 and 64 if unmarried with no dependent children.

Individuals can choose to enter residential care without completing a Needs Assessment, but this means they will be liable for the total cost of their care.

Rest Home care vs. Hospital Level Care

Rest home level care is the lowest level of care available in a care home. It's designed for residents who require moderate everyday support with personal care.

Hospital level care is the highest form of care available in a care home. It's designed for residents who require 24/7 personal care, for example assistance showering, dressing, and feeding, as well as help with medication and pain management. At Elms Court Village we provide for Rest Home and Hospital Level Care in all our rooms.

At Elms Court, we provide the following levels of care in all our rooms:

Rest Home Level care: Elms Court Rest Home - Opawa

Hospital Level Care: Elms Court Life Care - Avonhead

Rest Home or Hospital Level Care: Elms Court on Middlepark - Sockburn
Elms Court Village - Upper Riccarton & Elms Court Gardens - Riccarton



How do I arrange an aged care assessment?

You can arrange a Needs Assessment by contacting your local Needs Assessment and Coordination service (NASC). You will most likely need a written referral in order to book a Needs Assessment. You can get a blank written referral form from your local NASC. Anyone can provide a written referral as long as they have the agreement of the person who requires the Needs Assessment. You can contact NASC directly or through your GP or care home.

NASC - Older Peoples

Canterbury District Health Board

The Princess Margaret Hospital Older Persons Health PO Box 800 Christchurch

Phone: 03 337 7765

Fax: 03 337 7620

Email: CommunityReferralCentre@cdhb.health.nz

Who Pays For Rest Homes?

Te Whata Ora fund residential care services for seniors by contracting private rest home owners (also known as 'providers' or 'operators') to deliver these services. However, an individual may have to contribute to the cost of their residential care if their assets or income exceeds certain thresholds. These thresholds are set and managed by Work and Income.

There is government funding available for residential care, including both rest home and hospital level care. Funding for residential care is means-tested and depends on your assets and income. Residents must complete a financial means assessment from Work and Income to determine if they qualify for the residential care subsidy. If you do not qualify for the subsidy, they will need to pay up to the 'maximum contribution', which is set by the Ministry of Health.

The total cost of hospital level care usually exceeds the maximum contribution. The DHB pays the 'top-up' costs (and this is not means-tested). Please note, the DHB will only pay the difference if the care is provided in a DHB-contracted care facility. Residents must complete a Needs Assessment before applying for government funding.



Elms Court

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Standard Room Rates at Elms Court

(Prices as at July 2026 and may vary from time to time without notice. Fees are reviewed 1 July annually.)

Rest Home Care & Hospital Level Care \$222.40 per day

Respite Rest Home Care \$227.75 per day

Maximum Fee Payable by any Resident, following an assessment but not qualifying for a full subsidy under the Income & Asset Test conducted by Work & Income. The amount you will be required to pay will be dependent upon the results of your assessed health care needs and an income and asset test by Income Support Services (WINZ).

The full hospital fee is not required to be paid for those residents who are assessed as requiring long term hospital care under our contract with the Ministry of Health, whether qualifying for a subsidy or not.

Please refer to the Admission Agreement for greater details on charges, Ministry of Health requirements and service specifications.

What are premium rooms?

At Elms Court, we have both premium and non-premium (standard) rooms. Standard rooms do not incur an extra charge, conversely premium rooms are subject to a premium charge. The Residential Care Subsidy only covers the cost of standard rooms and services, so if an individual would like a premium room, they must pay for it separately. Different rest homes charge different rates for premium rooms.

Premium Room Rates at Elms Court range between \$15-\$115 per day*

Premium Room; either full ensuite or North facing / outdoor access	\$15 per day
Superior Room; full ensuite, usually with outdoor access	\$25 per day
Superior Room; full ensuite, north facing outdoor access	\$30 per day
Care Suite; full ensuite, kitchenette, ceiling hoist	\$50 per day
Studio with ensuite, kitchenette & outdoor access	\$65 per day
Large studio with ensuite, kitchenette & outdoor access	\$80 per day
One bedroom apartment	\$85 - \$115 per day

*Premium room options are available at Elms Court on Middlepark, Elms Court Village or Elms Court Gardens



How can I find out if I'm eligible for government-funded aged care? The Residential Care Subsidy

Government funding for residential care is called the Residential Care Subsidy. This subsidy is paid directly to rest homes on behalf of an individual towards the cost of rest home care.

To determine eligibility for the Residential Care Subsidy, an individual will need to complete both a Needs Assessment and an assets and income assessment (means tested). They must also be a New Zealand citizen or resident, be aged 65 years or older (or aged between 50 and 64 if unmarried with no dependent children), and plan to receive care from a DHB-contracted rest home.

Pension & Support WEEKLY Rates 01-April 2026

New Zealand Superannuation / Veterans Pension

Single	\$512.45
Married	\$427.04
One partner not qualified	\$406.03

Contribution to Rest Home

Single	\$454.11
Married	\$368.70
One partner not qualified	\$347.69

Personal Allowance (paid directly to resident)

Age Related	\$58.34
Psychiatric/Intellectual/Drug or Alcohol	\$85.02
Physical or Sensory	\$138.14

A clothing allowance of \$365.92 will be paid during the first week in April to those clients who are currently receiving or are eligible for Residential Care Subsidy as of 1 April 2026.



A resident can apply for the residential care subsidy multiple times throughout their life, as their circumstances change. The Residential Care Subsidy does not cover certain living expenses, such as personal toiletries, personal subscriptions, specialist visits, toll calls, and more. It's important to check which costs an individual is responsible for paying.

If someone is not eligible for the Residential Care Subsidy, they may wish to apply for a Residential Care Loan, instead.

Residential Care Subsidy Amount?

The subsidy amount is the difference between how much an applicant must contribute towards their care (based on an asset and income assessment) and how much the care costs (according to the Ministry of Health).

For example, if an applicant must contribute \$200 to their care, and the Ministry of Health confirms the care costs \$1,200 a week, the subsidy will be \$1,000 per week.

NB: The cost of care excludes premium room charges, as these must be paid for privately. Other charges may also be excluded; please consult the care facility manager for a list of all excluded costs.

Eligibility?

To be eligible for the residential care subsidy, an applicant must:

- Have completed a needs assessment that confirms they require care in a residential care facility on a permanent basis.
- Be aged 65 years or older*
- Be a New Zealand citizen or resident.
- Have completed a financial means assessment that shows they have assets and income equal to or less than the thresholds administered by Work & Income.
- Plan to receive care from a certified residential care facility that has a contract with a DHB.

*If the applicant is under 65, they may still be eligible under certain circumstances. For further information visit the Work and Income website, e.g., 50-64 and single with no dependent children.



How to apply?

If a needs assessment reveals the applicant requires permanent care, their needs assessor will provide them with the residential care subsidy application forms – including the form for a financial means assessment.

The next step is to complete these forms and send them to Work and Income. It's recommended to complete these forms as promptly as possible, as processing the application can take some time.

Work and Income will inform the applicant whether they qualify for the residential care subsidy or not. If they do not qualify for the residential care subsidy, they may choose to apply for a residential care loan.

NB: Those already in long-term residential care can request a review of their financial means at any time.

Asset and Income Limits?

Below are the current asset and income limits [see: Work and Income for up to date information].

Asset Limits

For those aged 65 or older, there is an asset limit of <\$300'811. This asset limit applies to both individuals and couples.

For a couple where one person is moving into long-term residential care and the other is not, they can choose whether or not to include the value of the family home* and personal car in this equation. If these assets are excluded, the limit drops to \$164'731. *Figures from WINZ as at July 2026 and may vary from time to time without notice. Fees are reviewed 1 July annually.

*A home is not counted as an asset if it's the main place of residence for the partner of the person going into care or any of their dependent children.

NB: Work and Income will also want to know if the applicant or their partner has ever transferred assets into a trust, or been the settlor, trustee, or beneficiary of a trust or estate.



Income limits

An income is not simply what is gained from private employment. Different income limits apply to different situations.

Work and Income will assess income for each application, including:

- New Zealand superannuation payments, the Veteran's Pension, and any other benefits
- 50% of life insurance annuities
- 50% of private superannuation payments
- Pensions from international governments
- Interest earned from bank accounts
- Contributions from relatives
- Income from investments, business, or employment
- Income or payments from an estate or trust

NB: The weekly personal allowance and annual clothing allowance are adjusted to the Consumers Price Index (CPI) every April, and the gross income from assets is adjusted to the CPI every July.

Subsidy Back Payments

After checking an applicant's income levels, Work and Income will determine the point at which they became eligible to receive the subsidy. It's possible they were eligible earlier than the date of their application, which means they qualify for a back payment. For those aged 65 or older, the subsidy can be back paid for up to 90 days before the date Work and Income received the application.

Helpful Links

Residential Care Subsidy

www.workandincome.govt.nz

Income & Asset Testing

www.health.govt.nz