

Nursing Homes Support Scheme

Information Booklet

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1. Introduction

The Nursing Homes Support Scheme is a scheme of financial support for people who need long-term nursing home care. It replaces the Subvention Scheme which has been in existence since 1993.

Under the Nursing Homes Support Scheme, you will make a contribution towards the cost of your care and the State will pay the balance. This applies whether the nursing home is public, private or voluntary.

The scheme has a number of steps and these are set out in the rest of this booklet.

2. Applying for the Scheme

In order to apply for the scheme you must be ordinarily resident in the State. Ordinarily resident means that you have been living in the State for at least a year or that you intend to live here for at least a year. Applications are made to your local Nursing Homes Support Office on the standard application form. There are three steps to the application process.

Step 1 is an application for a Care Needs Assessment. The Care Needs Assessment identifies whether or not you need long-term nursing home care.

Step 2 is an application for State Support. This will be used to complete the Financial Assessment which determines your contribution to your care and your corresponding level of financial assistance ("State Support").

Steps 1 and 2 must be completed by all applicants (if you were resident in a nursing home before the scheme started please see section 10 for further information).

Step 3 is an optional step which should be completed if you wish to apply for the Nursing Home Loan (this is termed "Ancillary State Support" in the legislation). The loan is explained in section 5 of this booklet.

The application form should be completed and signed by the person applying for nursing home care. However, in certain cases, another person may apply on their behalf as explained below.

Where a person may need care, and because of ill-health, a physical disability or a mental condition, is unable to make an application for a care needs assessment, a specified person may apply for a care needs assessment on their behalf.

Where a person has reduced ability to make decisions (i.e. diminished mental capacity), the specified person may also make the application for State Support on their behalf.

A specified person is:

- a) If you are a ward of court, your Committee,
- b) A person appointed under a valid, registered enduring power of attorney who is not restricted from applying for the scheme,
- c) A care representative appointed under the Nursing Homes Support Scheme Act (see section 6 of this booklet),
- d) Your spouse or partner,
- e) A relative of yours who is 18 years of age or over,
- f) A next friend appointed by a court,
- g) Your legal representative, or
- h) A registered medical practitioner, nurse or social worker.

The people listed at (a)-(c) have first priority over those listed at (d)-(h). This means that they have the right to act as a specified person ahead of the other categories. However, the people listed at (a)-(c) may consent in writing to a person with lesser priority acting as the specified person.

Where a person has reduced ability to make decisions and wishes to apply for the Nursing Home Loan, only the people listed at (a)-(c) above may make the application (see section 6 of this booklet for further information).

Under the legislation, the HSE may refuse to consider an application where information is requested and is not given to the HSE within 40 working days from date of request.

In cases where an application is refused as a result of requested information not being given to the HSE, it can be reactivated within 6 months from date of refusal. After 6 months, a new application will be required should the person wish to re-apply for financial support under the scheme.

3. Care Needs Assessment

The Care Needs Assessment identifies whether or not you need long-term nursing home care. Its purpose is to ensure that long-term nursing home care is necessary and is the right choice for you. The assessment will consider whether you can be supported to continue living at home or whether long-term nursing home care is more appropriate.

The Care Needs Assessment will be carried out by appropriate healthcare professionals, for example, a nurse etc., appointed by the HSE. An assessment may be completed at any time in a hospital or a community setting such as your own home. The assessment will include consideration of the following:

- your ability to carry out the activities of daily living, e.g. bathing, shopping, dressing and moving around,
- the medical, health and personal social services being provided to you or available to you both at the time of the carrying out of the assessment and generally,
- the family and community support available to you, and
- your wishes and preferences.

Please note that the assessment may include a physical examination by a healthcare professional.

The results of the Care Needs Assessment will be submitted to the HSE in the form of a report called a Common Summary Assessment Report (CSAR) or a Care Needs Assessment Report. Based on the report, the HSE must decide whether or not long-term nursing home care is the most appropriate option.

Once a decision is made, you will be notified, in writing, within 10 working days. You will be given a copy of the Report and the reasons for the decision.

Where it has been decided by the HSE that an applicant does not need long term nursing home care, a person may not re-apply for a care needs assessment until 6 months after the initial application unless there has been a material change in the person's health or circumstances.

You must be assessed as needing nursing home care in order to be eligible for either State Support or the Nursing Home Loan.

4. Financial Assessment

The Financial Assessment looks at your income and assets in order to work out what your contribution to care will be. The HSE will then pay the balance of your cost of care. For example, if the cost of your care was €1,000 and your weekly contribution was €300, the HSE will pay the weekly balance of €700.

This payment by the HSE is called State Support.

The Financial Assessment looks at all of your income and assets.

Income and assets:

Income includes any earnings, pension income, social welfare benefits/allowances, rental income, income from holding an office or directorship, income from fees, commissions, dividends or interest, or any income which you have deprived yourself of in the 5 years leading up to your application.

Broadly speaking, **an asset** is any material property or wealth, including property or wealth outside of the State. Within the legislation, assets are divided into two distinct categories, namely Cash Assets and Non-Cash Assets. Cash assets include savings, stocks, shares and securities.

Non-Cash assets include all forms of property other than cash assets, for example a person's principal residence or land. In both cases, the assessment will also look at assets which you have deprived yourself of in the 5 years leading up to your application. Details of income and assets are contained in the application form for the scheme.

If you are a member of a couple, the assessment will be based on half of the couple's combined income and assets. For example, if a couple's income was €600 per week, the assessment of the person needing care would be based on 50% of €600, or €300. In other words, the person needing care would be considered to have a total income of €300 per week.

A **couple** is defined as (a) a married couple who are living together or (b) a heterosexual or same sex couple who are cohabiting as life partners for at least three years.

The assessment will not take into account the income of other relatives such as your children.

Your Contribution to Care

Having looked at your income and assets, the Financial Assessment will work out your contribution to care. You will contribute **80% of your assessable income and 7.5% of the value of any assets per annum** (5% of assets if the application was made prior to the 25th July 2013). However, the first €36,000 of your assets, or €72,000 for a couple, will not be counted at all in the financial assessment.

Where your assets include land and property in the State, the 7.5% contribution based on such assets may be deferred and collected from your estate. This is an optional Nursing Home Loan element of the scheme which is legally referred to as "Ancillary State Support" (see section 5 below).

Your principal residence will only be included in the financial assessment for the first 3 years of your time in care. This is known as the 22.5% or 'three year' cap (15% if application was made prior to the 25th July 2013). It means that you will pay a 7.5% contribution based on your principal residence for a maximum of three years regardless of the time you spend in nursing home care. After 3 years, even if you are still getting long-term nursing home care, you will not pay any further contribution based on the principal residence. This 'three year' cap applies regardless of whether you choose to opt for the loan or not (see section 5).

In the case of a couple, the contribution based on the principal residence will be capped at 11.25% (7.5% if the application was made prior to the 25th July 2013) where one member of the couple remains in the home while the other enters long term nursing home care, i.e. the 'three year' cap applies. Where a person opts for the nursing home loan in respect of the principal residence, their spouse or partner can also apply to have the repayment of the loan deferred for their lifetime (see section 9).

All other assets will be taken into account for as long as you are in care.

The 'three year' cap will also extend to farms and businesses in circumstances where:

- (i) the person has suffered a sudden illness or disability which causes them to need long-term nursing home care, and
- (ii) the person or their partner was actively engaged in the daily management of the farm or business up until the time of the sudden illness or disability, and
- (iii) a family successor certifies that he or she will continue the management of the farm or business.

This measure is intended to ensure the financial sustainability of family farms and businesses in cases where a person suffered a sudden illness and did not have an opportunity to put appropriate succession arrangements in place.

It should be noted that tax relief may be available in respect of medical expenses and nursing home fees. Please contact your local revenue office or www.revenue.ie for further information.

Finally, there are important safeguards built in to the Financial Assessment which are worth noting.

- (a) Nobody will pay more than the actual cost of care.
- (b) You will keep a personal allowance of 20% of your income or 20% of the maximum rate of the State Pension (Non-Contributory), whichever is the greater.
- (c) If you have a spouse/partner remaining at home, he/she will be left with 50% of the couple's income or the maximum rate of the State Pension (Non-Contributory), whichever is the greater.

- (d) If both members of a couple enter nursing home care, they each retain at least 20% of their income, or 20% of the maximum rate of the State Pension (Non-Contributory), whichever is the greater.

(Note: (b)-(d) above refers to contributions to care based on income)

Conditions of payment of financial support under the Nursing Homes Support Scheme Act 2009

It is a condition of payment that a person who qualifies for financial support or the person acting on their behalf, shall inform the HSE if there is any change in the financial means of the person, his/her partner or a child of the person or partner who is less than 21 years of age which may result in:

- (i) financial support not being provided,
- (ii) the amount of financial support being reduced, or
- (iii) financial support ceasing to be provided

Notice must be given in writing to the Executive of any material change in circumstances not later than **10 working days** after such change becomes known.

Examples of material changes in circumstances which must be notified to the Nursing Homes Support Scheme Office include the following:

- Death of a spouse/partner
- An increase in income for the applicant or their spouse/partner
- Rental income commencing or increasing
- Sale of person's home or other properties
- Legal settlement/receipt of compensation
- Increase in cash assets
- Increase in other assets, e.g. inheritance, beneficiary in a will
- Legal Separation

A person who, without reasonable excuse, does not notify the HSE of a material change in circumstances within the specified timeframe is liable on summary conviction to a fine under Section 24 (2) of the Nursing Homes Support Scheme Act 2009.

What happens if a person sells a relevant asset e.g. their principal residence?

If a relevant asset (e.g. the principal residence) is sold, it is no longer considered a relevant asset. The proceeds of the sale become assessable cash assets. The Nursing Homes Support Scheme Office must be notified within 10 working days of the date of the sale in order to undertake a reassessment of the person's weekly contribution.

What happens when a person sells their principal residence, farm/business (in certain circumstances) after the 3 year cap has expired?

If a person sells an asset that was subject to the 3 year cap at any stage, the proceeds of the sale become assessable cash assets.

The Nursing Homes Support Scheme Office must be notified within 10 working days of the date of the sale in order to undertake a reassessment of the person's weekly contribution.

Financial Assessment – Examples

The following are examples of financial assessments which calculates a person's contribution towards the cost of their care:

Applicant A (single)

Income	€240.30 p.w.
Savings	Nil
Principal Residence	€200,000

Calculation – Contribution to Care:

Weekly Contribution based on 80% of Income	€192.24
Weekly Contribution based on 7.5% of Assets (Less €36,000 Asset Disregard)	€236.54
Assessed weekly contribution towards the cost of care	€428.78

As the applicant has no savings, he/she may decide to avail of the nursing home loan to pay that part of their weekly contribution based on the asset (€236.54) which without the loan is €428.78 per week. By availing of the loan, the applicant will pay €192.24 per week to the nursing home, with a nursing home loan of €236.54 per week being paid by the HSE.

Applicant B (single)

Income	€400 p.w.
Savings	€100,000
Principal Residence	€200,000

Calculation – Contribution to Care:

Weekly Contribution based on 80% of Income	€320.00
Weekly Contribution based on 7.5% of Cash Assets (less €36,000 asset disregard)	€92.31
Weekly Contribution based on 7.5% Principal Residence	€288.46
Assessed weekly contribution towards the cost of care	€700.77

Applicant B has €100,000 in savings. The weekly amount attributed to the principal residence is €288.46. In this example the person may not decide to apply for the nursing home loan given that he/she appears to have money to meet their weekly contribution of €700.77. However, a person may apply for the loan at any stage if they wish.

Applicant C (member of a couple)

Combined Income	€800 p.w.
Combined Savings	€100,000
Principal Residence	€200,000

Calculation – Contribution to Care:

Weekly Contribution based on 40% (80%/2) of Income	€320.00
Weekly Contribution based on 7.5%/2 (3.75%) of Cash Assets (less €72,000 asset disregard)	€20.19
Weekly Contribution based on 7.5%/2 (3.75%) principal residence	€144.23
Assessed weekly contribution towards the cost of care	€484.42

This couple has combined savings of €100,000. The weekly amount attributed to the principal residence is €144.23. Applicant C may not wish to apply for the nursing home loan given that it appears that sufficient money may be available to meet his/her weekly contribution of €484.42. However, he/she may apply for the loan at any stage if they wish.

It should be noted that in all of the examples above, the contribution based on the principal residence is only included in the assessed weekly contribution for the first 3 years that the person is in receipt of care services.

5. Nursing Home Loan (“Ancillary State Support”)

As outlined above, where your assets include land and property in the State, the contribution based on such assets may be deferred. This means that you do not have to find the money to pay this contribution during your lifetime. Instead, if approved, the HSE will pay the money to the nursing home on your behalf and it will be collected after your death.

This is an optional benefit of the scheme. It is effectively a loan advanced by the State which can be repaid at any time but will ultimately fall due for repayment upon your death. Its purpose is to ensure that you don't have to sell assets such as your house during your lifetime. The legal term for the Nursing Home Loan is “Ancillary State Support”. You may choose to apply for this element of the scheme at the date of initial application or at any stage while resident in the nursing home.

In order to apply for the Nursing Home Loan you must provide written consent to having a Charging Order registered against your asset. If you are part of a couple, your spouse/partner must also request the payment of the loan and you must both consent to having the Charging Order registered against the interest of you and your spouse/partner in the asset. The Charging Order is a simple type of mortgage which secures the money loaned by the HSE. Subject to your consent, the HSE is responsible for making the Charging Order, registering it against your asset and making Nursing Home Loan payments to the nursing home on your behalf. You will not need to do anything (although the HSE may need to check with you about the information in your application).

If a person does not have the capacity to consent to the Nursing Home Loan and the Charging Order, a Care Representative will need to be appointed to act on his/her behalf. A person appointed under Enduring Power of Attorney or the Committee of a Ward of Court can also make an application in such circumstances (see section 6 below for full details). A person does not have to apply for the nursing home loan if they have sufficient money to pay their full assessed weekly contribution to the nursing home. In such cases a person may wish to apply for State support only.

You may wish to seek independent legal advice before you apply for a nursing home loan (Ancillary State Support). There is no requirement on you to do so. The loan amount when falling due for repayment must be repaid to the Revenue Commissioners. The repayment of the Nursing Home Loan is dealt with in Section 9 of this booklet.

6. Care Representative

Role of a Care Representative

A Care Representative is only required where a person has reduced capacity to make certain decisions (i.e. **diminished mental capacity**) and wishes to apply for the Nursing Home Loan.

The Care Representative is appointed by the Circuit Court. Their role is to act on behalf of the person in respect of the Nursing Homes Support Scheme and especially in respect of the Nursing Home Loan. They can also act on behalf of the person in relation to making an application for a Care Needs Assessment, State Support, or any other matter relating to the scheme. The list of people who can apply to be a Care Representative is set out in the box below.

Persons who can apply for Appointment as a Care Representative

The following persons, in order of priority, may apply to be appointed as a Care Representative once they are 18 years of age or over:

1. Your spouse/partner,
2. Your parent,
3. Your child,
4. Your brother or sister (whether of the whole or half blood),
5. Your niece or nephew,
6. Your grandchild,
7. Your grandparent,
8. Your aunt or uncle,
9. A person who appears to the court to have a good and sufficient interest in your welfare, other than:
 - the owner of a nursing home in which you reside or are likely to reside, or
 - a medical practitioner who examined you and prepared a report for the Court in relation to your capacity.

A person is considered to be of diminished mental capacity if, in relation to a decision on applying for the Nursing Home Loan and consenting to the Charging Order, he or she is unable:

- a) to understand the information relevant to the decision,
- b) to retain that information,
- c) to use or weigh that information as part of the process of making the decision, or
- d) to communicate his or her decision (whether by talking, using sign language, communicating through a third party or any other means).

Two reports from two separate registered medical practitioners are required by the Court as evidence that a person is of diminished mental capacity. Your doctor may be able to assist you in obtaining these reports.

Procedure for Appointment as a Care Representative

The application for appointment must be made to the County Registrar in any county in the Circuit in which the person requiring a care representative now lives or in which he or she has lived at any time during the past three years.

In order to make an application, the following documents must be lodged with the Circuit Court Office for the county in which the application is being made. These are as follows:

- A document called a **Notice of Motion** which must be addressed to the County Registrar
- A sworn statement called an **Affidavit** setting out the reasons for the application; the affidavit should be sworn before a Commissioner for Oaths or a practising solicitor
- The two **Medical Reports** mentioned above, which must be exhibited to (i.e. attached to) the affidavit *prior to* the swearing
- Any **Consents** in writing to the application received from persons with an equal or greater priority to be appointed as care representative (please see order of priority listed in the box on page 9), which must also be exhibited to (i.e. attached to) the affidavit *prior to* the swearing.

Templates of these documents are available on the Courts Service website (www.courts.ie).

Firstly, all the documents (the Notice of Motion, the Affidavit, the attached Medical Reports and Consents) should be lodged together in the Circuit Court Office and this can be done either in person or by post. The Notice of Motion and the Affidavit must be stamped in advance with the appropriate stamp duty. Information on stamp duty is available on the Courts Service website.

When the documents are received by the Circuit Court Office, the application shall be listed before the County Registrar.

Secondly, the person making the application must also serve a copy of the Notice of Motion, together with a copy of the Affidavit and the attached Medical Reports, on the person in respect of whom the application is being made as well as on every person with an equal or greater priority to apply for appointment to be the care representative. The documents must be served personally on the person in respect of whom the application is being made. In every other case they may be served personally or by registered post. Please note that you do not need to serve copies of the documents on every person with an equal or greater priority if the person has already consented in writing to the application.

Finally, the person making the application must also serve a document called a **Reply** on the person in respect of whom the application is being made. In the Reply, the person can indicate whether or not he or she objects to the appointment. The Reply should be sent to the County Registrar seven days before the date on which the matter is to be listed.

You do not need to obtain legal representation in order to be appointed as a Care Representative. However, anyone who wishes to seek legal advice/representation is free to do so.

Exemptions to Requirement for Appointment as a Care Representative

A Care Representative is not needed in order to apply for the Nursing Home Loan in any of the following cases:

- Where the applicant is of full mental capacity.
- Where the applicant is a Ward of Court (in such cases the Committee of the applicant may apply where he/she has been authorised to do so by the President of the High Court).
- Where a person is appointed under a valid, registered Enduring Power of Attorney to act on behalf of the applicant and is not restricted by the terms of the Power of Attorney from applying for the Nursing Home Loan.
- Where another person is already permitted by law to act on behalf of the applicant.

7. Next Steps

Once the Care Needs and Financial Assessments have been processed the HSE will write to you. Firstly, it will advise you of your contribution to care and whether you are eligible for State Support. Secondly, if you have applied for the Nursing Home Loan, it will also advise you about your eligibility for this. Thirdly, it will provide you with a list of nursing homes to choose from. The list will include public nursing homes, voluntary nursing homes and approved private nursing homes. Approved private nursing homes are homes which have agreed the price charged for care with the National Treatment Purchase Fund and are approved for the purposes of the scheme.

You can choose care in any nursing home on the list. However, in order for financial support to be provided:

- The home must have a place for you, and
- The home must be able to cater for your particular needs. The nursing home will have to carry out an assessment to determine whether it can meet your particular needs.

Your choice of nursing home is not connected in any way to the level of your contribution to care.

If you select a **public or voluntary nursing home**, you will pay your contribution to the HSE or voluntary home as appropriate each week and the HSE will pay the balance.

If you select an **approved private nursing home**, you will pay your contribution to the nursing home provider each week and the HSE will pay the balance.

The HSE is provided with a set level of funding for the scheme each year. While it is hoped that there would be sufficient funding to support everyone, there may be situations where a person's name must go onto a national placement list until funding becomes available. If this is the case the HSE will notify you when it writes to advise you whether you are eligible for financial support. You will subsequently be notified by the HSE when you have been approved for financial support under the scheme.

8. Reviews/Appeals

Reviews

If the Care Needs Assessment determines that you do not require long-term nursing home care, you can apply for a review. This can be done six months after the previous assessment or earlier if a) the HSE is satisfied that there has been a material change in your health or circumstances or b) a registered medical practitioner states that there has been a material change in your health or circumstances since your last Care Needs Assessment.

If you are in receipt of State Support or the Nursing Home Loan, the HSE can review, either at your request or on its own initiative:

- your care needs,
- your financial assessment, or
- the amount of the Nursing Home Loan.

Appeals

Certain decisions of the HSE may be appealed within 40 working days of the original decision being given to you.

Decisions which may be appealed include:

- the result of your care needs assessment,
- the HSE's decision not to consider an application for State Support,
- the HSE's decision not to carry out a financial assessment,
- the result of an application for State Support,
- the result of an application for the Nursing Home Loan,
- the result of a review.

Appeals will be considered by suitable people who are appointed by the HSE with the consent of the Minister. The outcome of an appeal may be further appealed to the High Court on a point of law. You may also take your case to the Office of the Ombudsman.

9. Repayment of the Nursing Home Loan

The purpose of the Nursing Home Loan is to ensure that you don't have to sell assets such as your home during your lifetime. If you opt for the Nursing Home Loan, it will become repayable:

- after your death,
- if you sell or transfer your property (if this occurs before your death),
- if you or your partner are deemed to be bankrupt, or
- if the HSE determines that it has been given false/misleading information relating to your application for the loan.

However, where the loan becomes repayable on your death, the repayment of monies *based on the principal residence only* can be further deferred or postponed in certain cases. This is called 'Further Deferral'.

Further Deferral

There are some people who may qualify for a further deferral of the repayment of the loan. **This means that the money provided under the Nursing Home Loan will not have to be repaid during their lifetime.** These are:

- a) Your spouse or partner,
- b) Your child (or your spouse/partner's child) if they are under the age of 21 years or if their assets do not exceed the asset disregard
- c) Your sibling if their assets do not exceed the asset disregard,
- d) A relative in receipt of a disability or similar allowance, blind person's pension, or the State pension (non-contributory), or whose income doesn't exceed the State pension (contributory),
- e) A relative who is in receipt of a foreign pension or allowance similar to those outlined in (d) above,
- f) A relative who owns a building to which the principal residence is attached (e.g. 'a granny flat'), or
- g) Any person who cared for an applicant prior to the latter entering the nursing home (this is defined by reference to relevant social welfare payments).

The individuals at (b)-(g) above are termed "connected persons" and they must also satisfy the following conditions:

- The asset in question must be their only residence, and
- They must have lived there for not less than 3 years preceding the original application for the Nursing Home Loan, and
- They must not have an interest in any other property.

The HSE should be contacted for more information in relation to further Deferral.

Repayment of Loan to the Revenue Commissioners (Revenue)

When the Nursing Home Loan falls due for repayment, the HSE will write to the person responsible for the repayment (known as the “relevant accountable person”). It will notify them that the loan must now be repaid and advise them of the amount due. In doing this, the HSE will apply the Consumer Price Index to the loan to take account of the time value of money (i.e. inflation or deflation) since the loan was made.

The **relevant accountable person** is responsible for the repayment and may be a different person depending on the circumstances. For example, if you sell or transfer your property during your lifetime, you and your spouse/partner will be the relevant accountable persons. On the other hand, where the loan is repayable after your death, your personal representative will be the relevant accountable person. A person who inherits the property or any part of it can also be held accountable for repayment of the loan.

Money owed under the Nursing Home Loan must be repaid to **Revenue**. It should be repaid as soon as possible after notice is received from the HSE and, in any event, within the timeframes outlined in the blue box below. Once payment is made within these time limits, interest will not have to be paid.

- If the repayment arises, for example, because of the death of the person in care it must be repaid within **12 months** of the date of death. Otherwise interest will apply from the date of death.
- If the loan is repayable because of the sale or transfer of your property during your lifetime, it must be repaid within **6 months** of the date of sale or transfer, or interest will apply back to that date.

Where payment has not already been received, the relevant accountable person will be advised by Revenue in advance of the 6 and 12 month payment deadlines of the need to pay on time so as to avoid paying interest.

10. Existing Nursing Home Residents

A commitment has been made that anyone who was in a nursing home before the Nursing Homes Support Scheme started cannot be made worse off by the scheme.

- If you are in a **public or voluntary nursing home** or in a **contracted bed** in a private nursing home before the start of the scheme, you can continue with your existing arrangements.
- If you were in an **approved private nursing home** before the start of the scheme, you can choose to transfer to the Nursing Homes Support Scheme or you can retain your current **subvention** arrangements. If you apply for the scheme and have been in the nursing home for three years or more, the financial assessment will only be based on income and assets other than your principal residence (and your farm/business in certain circumstances), i.e. the ‘three year’ cap will apply.
- If you were in an **approved private nursing home** before the start of the scheme and have been **paying the cost of care yourself**, you may apply for the scheme or you can continue to fund the complete cost of care. If you apply for the scheme and have been in the nursing home for three years or more, the financial assessment will only be based on income and assets other than your principal residence (and your farm/business in certain circumstances), i.e. the ‘three year’ cap will apply.
- If you are in a private nursing home which is not approved for the purpose of the scheme, you can retain your current subvention arrangements or you can opt to apply for the scheme and change to a nursing home on the list.
- Finally, if you were in an approved private nursing home before the start of the scheme, you do not need to apply for a Care Needs Assessment. You can commence the process by applying for the Financial Assessment.

For Further Information on the Scheme, please contact your local HSE Nursing Homes Support Office, details are provided on the following page. You can also call the HSE infoline 1850 24 1850 or visit www.health.gov.ie or www.hse.ie.

11. HSE Nursing Homes Support Offices

Your Nursing Homes Support Office is available to help you fill in the form or answer questions about your application. When you have completed this form, send it to the Nursing Homes Support Office for your area:

Carlow/ Kilkenny	HSE Nursing Homes Support Office, Community Services, James's Green, Kilkenny. Tel: 056 7784761 & 056 7784633
Cavan/ Monaghan	HSE Nursing Homes Support Office, Lisdarn, Cavan. Tel: 049 4373155/112/191
Cork/Kerry	HSE Nursing Homes Support Office, Floor 1, Áras Sláinte, Wilton Road, Cork. Tel: 021 4923536/37/38/39/40/41/42
Donegal	HSE Nursing Homes Support Office, Donegal PCCC HQ, St Joseph's Hospital, Stranorlar, Lifford, Co Donegal. Tel: 074 9191734 / 074 9191740 / 074 9191733
Dublin South, Wicklow and Kildare	HSE Nursing Homes Support Office, Oak House, Millennium Park, Naas, Co Kildare. Tel: 045 880400
Dublin North City and County	HSE Nursing Homes Support Office, Civic Office, Main Street, Ballymun, Dublin 9. Tel: 01 8467148
Galway	HSE Nursing Homes Support Office, Community Services, Lá Nua, Ballybane Neighbourhood Village, Castlepark Road, Ballybane, Galway. Tel: 091 748485
Laois/Offaly	HSE Nursing Homes Support Office, Bury Quay, Tullamore, Co.Offaly. Tel: 057 93 27823 / 057 93 27826 / 057 93 27822

Limerick, Clare and North Tipperary	HSE Nursing Homes Support Office, St Joseph's Hospital, Mulgrave Street, Limerick. Tel: 061 461499
Longford/ Westmeath	HSE Nursing Homes Support Office, Health Centre, Longford Road, Mullingar, Co Westmeath. Tel: 044 9394995
Louth/Meath	HSE Nursing Homes Support Office, Unit 3 Ardee Business Park, Hale Street, Ardee. Tel: 041 6871515/529/525
Mayo	HSE Nursing Homes Support Office, St Mary's Headquarters, Castlebar. Tel: 094 9049176
Roscommon	HSE Nursing Homes Support Office, Government Buildings, Convent Road, Roscommon. Tel: 090 6637561/46
Sligo/Leitrim	HSE Nursing Homes Support Office, Markievicz House, Barrack Street, Sligo. Tel: 071 9155193
Tipperary South	HSE Nursing Homes Support Office, Community Care Centre, Western Road, Clonmel. Tel: 052 6177283
Waterford	HSE Nursing Homes Support Office, Waterford Community Services, Cork Road, Waterford. Tel: 051 842963
Wexford	HSE Nursing Homes Support Office, Wexford Community Services, Georges Street, Wexford. Tel: 053 91 14315 / 053 91 14316

You can read more about this scheme on www.hse.ie. Information is also available from the HSE infoline on 1850 24 1850, Monday to Saturday, 8am to 8pm.



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

