



9 May 2013

Senator Claire Moore
Chair, Community Affairs Legislation Committee
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Dear Senator Moore

RE: Wintringham response to questions on notice & marked-up copy of hansard

Following here are our responses to questions raised during the Senate hearing in Melbourne on 1 May 2013.

Question on notice from Senator Fierravanti-Wells, p.28 hansard: How RCS worked for Wintringham

The methodology adopted by the Resident Classification Scale (RCS) was very different to that employed by the current funding tool, the Aged Care Funding Instrument (ACFI). Possibly the best way to succinctly describe how RCS worked for Wintringham is to summarise how it differed in approach to ACFI. In essence, the differences can be summarised as follows:

- Behavioural care defined under ACFI tends to measure care needs associated with traditional dementias associated with ageing (i.e. Alzheimer's Disease) rather than Alcohol Related Brain Injuries or behaviours associated with a mental health disorder, both of which are more prominent in our client group than aged related cognitive deficits;
- With ACFI there is an inability to claim for monitoring and behavioural management programs which prevent behaviours occurring;
- Some categories of care that were included within RCS cannot be claimed under ACFI;
- The rigidity of the ACFI design (specifically claim criteria) does not allow claims that previously could be allocated into corresponding funding categories in RCS;
- The silo nature of the ACFI domains has reduced funding available to those with extreme behaviours;
- The change in validation of claims from "care provided" (RCS) to "assessed care needs" (ACFI), in partnership with the silo nature of the ACFI funding domains.

The general issue that ACFI would not work for Wintringham was recognised by DoHA. Prior to the March 2008 introduction of ACFI, DoHA commissioned a report from the creator of ACFI, Richard Rosewarne and his colleague Janet Opie from Applied Aged Care Solutions. The report sought to compare funding received by Wintringham for the 35 residents who lived at



Wintringham Port Melbourne hostel. The report concluded that the funding that the residents would receive under ACFI would be significantly lower than that they would receive under the RCS.

The report summary also noted:

What is also clear is that the type of resident supported at Wintringham Port Melbourne facility is highly atypical of the general residential aged care population in both low and high care (diagnosis evidence was often found in the ACAS ACCR forms with alcoholism and acquired brain damage commonly diagnosed. Cognitive impairment or memory loss was also more common than a dementia diagnosis). Residents in the facility have significant behavioural support issues and accommodation and social support needs but have generally quite low activities of daily living dependencies and low levels of complex health care needs.

The current RCS funding is achieved by higher ratings in ADL RCS items and Medication and complex Health areas than would be expected. This is a function of the methodology used with the RCS that relies on documentation and care provided to validate claims. The ACFI in contrast relies on the assessed care needs of residents relating to their underlying impairments.

The bullet point items noted above and the conclusion drawn by Richard Rosewarne provide an overview of how, relative to RCS, the ACFI methodology was not designed to recognise the needs of Wintringham's client group.

Question on notice from Senator Fierravanti-Wells, p.31 hansard: Whether Wintringham is affected by the Religious and Charitable Development Fund issue

Wintringham is **not** affected by the Religious and Charitable Development Fund (RCDF) issue noted at section 3.5 (p13) of the Catholic Health Australia submission. The limited accommodation bonds received by Wintringham are and will continue to be invested in permitted financial products as defined by the proposed aged care legislation.

Please find attached our marked-up copy of hansard from the senate hearing.

We thank you again for the opportunity to present to the committee and look forward to hearing the outcome of your deliberations.

Yours sincerely

Bryan Lipmann, AM
Chief Executive Officer

Encl.

