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NSW HMMS
STATE COUNCIL



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06/10/10

Attn: Rachel Simpson
Director
Standing Committee on Social Issues
Legislative Council
Parliament of NSW
Macquarie Street
Sydney NSW 2000

Re: **Inquiry into Services Provided or Funded by the Department of Ageing, Disability
and Home Care,**

Ref: **Submission No. 34 & No. 28**

Dear Rachel,

Further to your correspondence dated September 10, 2010, please find enclosed responses to the additional written questions on notice from the Legislative Council regarding submission No. 34 & No. 28, provided by the Executive Office Bearers on behalf of the NSW Home Modification and Maintenance Services State Council.

Regarding the transcript, the Executive Office Bearers and Staff present at the hearing have reviewed the transcript and **do not** wish to make any changes to the transcript.

If you require any further information, please do not hesitate to contact me on

Yours faithfully,

Stacey Sheppard-Smith
Executive Officer
NSW HMMS State Council

L020-10

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Submission 34

Section 1 – Data Collection, Question 1

Response by Stacey Sheppard-Smith, Executive Officer, NSW HMMS State Council

The Minimum Data Set (MDS) captures past episodes of service it does not therefore does not capture unmet need. An increased collection of hard data via surveys and increased conversation/consultation with Service Providers needs to take place to capture this information away from MDS collection and Regional HACC forums. Regional HACC forums identify needs however this is not always taken up by regions to be incorporated into the State Plan. It is often based on verbal evidence provided by Service Providers and not hard data collected regarding current waiting lists and funding shortfalls. Often the response to Regional Consultations is delayed and funding is allocated a year or so later therefore the identified gaps have increased during this time and the increases in funding does not therefore match the required funding to really meet the need. Hence a cycle of funding shortfalls and ongoing gaps in service provision continues. Whilst the NSW HMMS State Council acknowledges there is only a finite amount of funding available to administer the HACC program more extensive consultation for planning beyond the MDS data collection is required.

Additionally the information collected by the MDS is very limited and does not capture the true benefit of home modifications and maintenance in a consistent manner i.e. modifications is reported in a dollar value and maintenance is captured in hours. Due to the nature of reporting each Service Provider calculates these figures differently thus creating inconsistencies which in turn makes the data collected questionable for planning purposes. Currently there is no research carried out in relation to the impact home modifications have for a client over any period of time and the cost savings for other service types and residential aged care. To this end the MDS is limited in its capacity to provide adequate planning and cost savings to the HACC program.

Response by Shalla Thomas, Service Manager, Coffs Harbour HMMS

A more accurate collection record of data for home modification and maintenance service type would be:

- to exclude client contribution from the data
- use data provided by service providers on unmet need and current waiting lists
- plan for future funding allocations in consultation with service providers and taking in all costs involved in providing service
- including hidden costs not covered by standard CPI increases across service types, in particular the cost of providing building and maintenance services
- consider the rise of unrecoverable service costs such as rent, fuel, electricity etc
- consistent calculation of modification and maintenance nationally

Response by Ruth Ley, Builder Coordinator, Blue Mountains HMMS

The data collected via the Minimum Data Set reflects information around work carried out for clients who applied to the service. There is no formal means of counting how many eligible people have been unable to access the service for whatever reason.

The general community is mainly unaware of the HACC program. Any advertising/information usually results in a considerable rise of eligible inquiries for service, which the service cannot



deliver, as it does not have the capacity (ie financial resources) to pay for extra contractors or to subsidize even more clients who cannot make a contribution. The outcome is this need does not register via the MDS as the extra need is not met.

The rapid uptake of any non-recurrent funding to reducing waiting lists is also an indication of unmet need as the waiting list is reduced. In addition, providers do not increase advertising of their Service at these times as the funding is only a one-off and cannot support future need.

In some ADHC regions, Service Providers pass on indications around unmet need from waiting lists and general inquiries to ADHC staff at planning and community consultations. However, there does not appear to be a regular structured assessment of real unmet need.

The provision of lawn mowing is another excellent example of providing funding without measuring need. A research project funded by Metro North Region of ADHC into existing and recommended models of lawn mowing service provision in Cumberland/Prospect was contracted to BMHMMS. The research found that demand was extremely high; the type of service required was not being effectively assessed, with relatively few clients receiving the service. The full report is available on the ADHC website : HACC Research Project :Service Models for Lawn Mowing and Garden Maintenance Cumberland/Prospect and Nepean LPAs.

Response by Andrea Thomas – Executive Officer, Port Stephens HMMS

MDS reports on actual episodes of service delivery and client demographic data and as such does not capture unmet need.

For home modifications, unmet need is difficult to measure because most HMM services accept referrals and the client waits until resources (staff and subsidy dollars) are available to carry their work. This is because home modifications tend to be a one off service type rather than an ongoing service. The same is true for home maintenance except for lawn mowing where which is a regular service and a service will reject referrals if they are at capacity and their waiting list exceeds a specified period (e.g no real prospect of providing service inside 12 months). In the Hunter Region, because of the Community Care Access Point (ADHC funded and staffed) information should be available on the number of referrals for lawn mowing that are rejected because the waiting list is full. In the case of other referrals for home maintenance and home modifications, services will not reject them, even though the waiting period may be long.

Perhaps another way to get a more accurate picture of unmet need and waiting lists could include measuring the time delay for a client, from the referral date to the time when the client receives service. This would involve establishing service standards along the following lines:

- Urgent referrals (minor mods for palliative care) less than \$ 200 - 2 working days
- Priority referrals (clients coming home from hospital or other service providers need the work completed in order to provide service) less than \$ 300 – 7 working days
- Minor mods less than \$ 200 – 4 weeks
- Mods \$ 200 to \$ 1000 – 6 weeks
- Mods \$ 1000 - \$ 5000 – 12 weeks
- Major mods over \$ 5000 Level 2 and 3 jobs - 26 weeks

Services could monitor the percentage of times they meet the service standards. Services who fail to meet them regularly are clearly underfunded and have significant unmet need. For Occupational Therapy, Health OT s always information on waiting lists available.



Section 2 – Funding, Question 2

Response by Stacey Sheppard-Smith – Executive Officer, NSW HMMS State Council

Very simply, to measure funding shortfalls in the HMMS industry the NSW HMMS State Council measures funding shortfalls on the following:

- The allocation of previous installments of non-recurrent funding to Service Providers/Regions
- Surveying all HMMS, Levels 1, 2 and 3 as to their current waiting lists. i.e. clients which are on waiting lists as their funding cannot meet the demand.

Following is information provided to ADHC in March 2010 in the NSW HMMS State Council's Funding Proposal which addresses funding shortfalls in the HMMS industry in NSW. **Please note this only applies to major modifications not Level 1 HMMS who complete minor modifications.**

Excerpt from the NSW HMMS State Council Funding Proposal to ADHC 31/03/10

Background Information

Non-Recurrent Funds have been made available to the HMMS sector to reduce their waiting lists from ADHC via the NSW HMMS State Council since 2004. A centralized funding pool held by the NSW HMMS State Council has been extremely effective as it has allowed the funding to be funneled into areas of most need. Please refer to Table 1.2 and Figure 6 below for an overview of Non-Recurrent funding installments which have been received from ADHC 2004-2008.

Year	Non-Recurrent Funding Received from ADHC
2004	\$ 2,470,000
2006	\$ 5,000,000
2008	\$ 2,000,000
Total	\$ 9,470,000

Table 1.2 Non-Recurrent Funding Installments Received 2004-2008

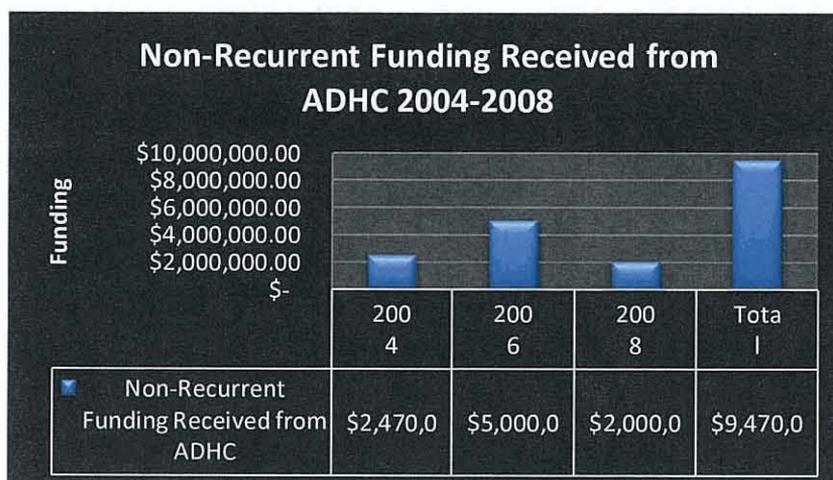


Figure 6 Non-Recurrent Funding Installments Received 2004-2008

Snapshot of the Allocation of Non Recurrent Funding for the 2008-2009 FYE

The¹ largest drawers of Non-Recurrent funding in the 2008–2009 FYE were Level 2 budget holders and the NSW Statewide Level 3 service. A staggering 70% of non-recurrent funding was allocated to Level 2 services followed by 21% to the Level 3 service. Whilst a higher quantity of Level 1 applications were funded, clients with more complex needs require more costly modifications, therefore a higher level of funding was allocated to Level 2 and 3 service providers. Please refer to Figure 7 & 8 below for a summary of Non-Recurrent funding allocated in the 2008-2009 FYE.

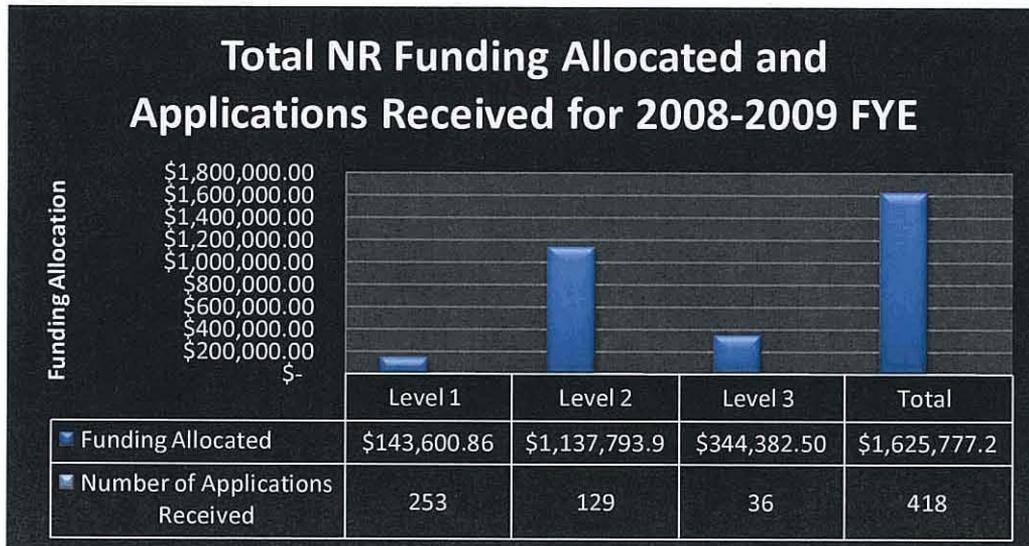


Figure 7 Overview of Allocation of NR Funding to the Levels in HMMS Industry 2008-2009

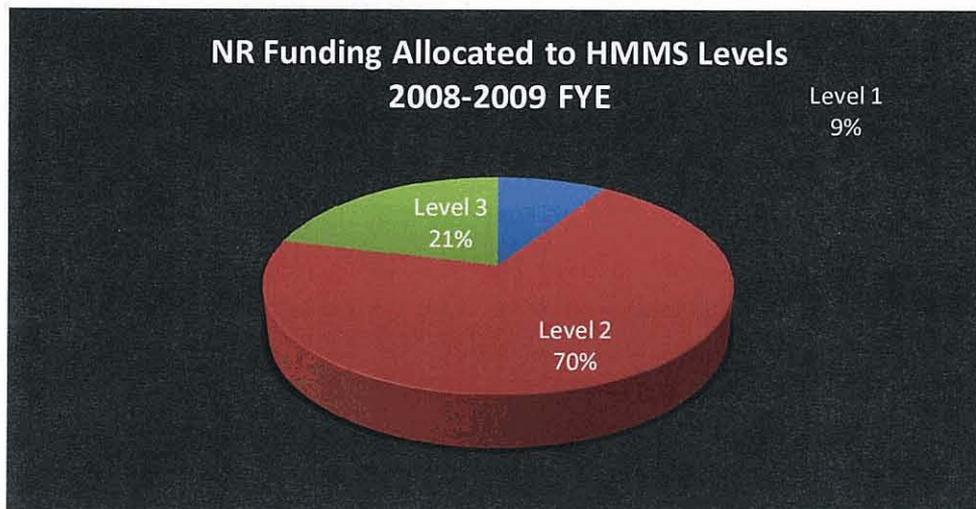


Figure 8 Percentage Overview of Funding Allocated to Each Level of Service 2008-2009 FYE

¹ Please refer to the Executive Officer's Annual Report 2008-2009 FYE , pages 27 to 34, for further information



Major Modifications

HMMS in NSW cater very specifically to clients with complex care needs since the inception of the Major Modification Program in 2000. Notably, the Major Modification Program has grown by 140% since 2000 with the total amount of Major Modification work of \$40,145,704.00 completed from 2000-2009. Please refer to Table 1.3 and Figure 9 for an overview of the total amount of major modification work completed.

The ageing population and number of people with disabilities is increasing exponentially with only a finite amount of government funding available for the implementation of the HACC Program. Due to the high demand for HMMS, coupled with the influence of commercial building contracting rates and increases in building materials, current funding levels do not meet the demand for HMMS and extensive client waiting lists exist. As Level 2 and Level 3 Budget Holders' recurrent budgets have not increased adequately to accommodate such rises and meet the demand, their dependence on non-recurrent funding is absolute.

Year	Total cost of Major Mods Provided in NSW
2000-2001	\$ 2,985,189.15
2001-2002	\$ 3,461,770.12
2002-2003	\$ 3,713,470.18
2003-2004	\$ 4,161,290.57
2004-2005	\$ 4,580,931.80
2005-2006	\$ 4,111,573.85
2006-2007	\$ 4,656,899.49
2007-2008	\$ 5,318,882.17
2008-2009	\$ 7,155,700.58
Overall Increase 2000-2009	140%

Table 1.3 Overview of Total Amount of Major Modification Work Completed 2000-2009

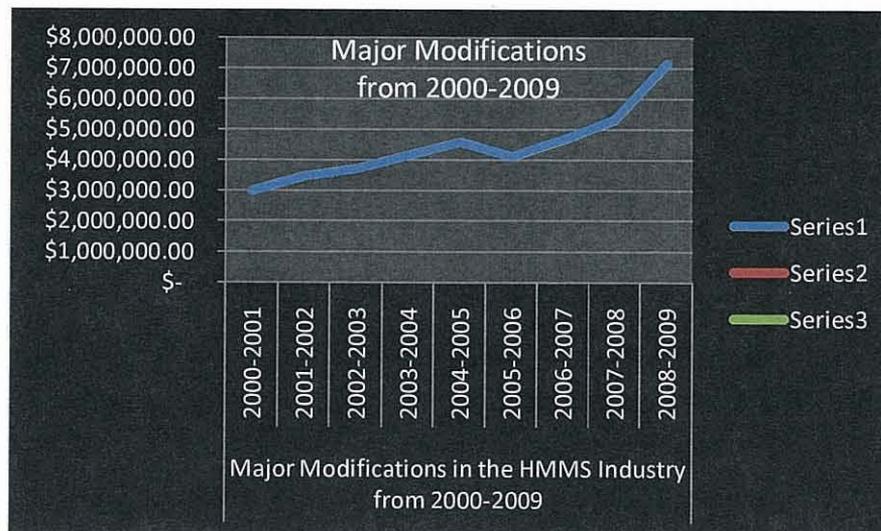


Figure 9 Upward Increase of Major Modification Work Completed 2000-2009



Current Climate in the HMMS Industry

As the 2008-2009 Non-Recurrent funding pool to reduce HMMS waiting lists has been completely allocated and no further Non-Recurrent funding has been received from ADHC in the 2009-2010 FYE, extensive client waiting lists have been created -particularly with regard to Level 2 and Level 3 service providers. The extensive client waiting lists have become increasingly problematic for Service Providers with many clients reaching crisis point and a high number of Ministerials now being received and managed.

To provide evidence of their current waiting lists, State Council surveyed all Level 2 and 3 Budget Holders on 1 March 2010 regarding the extent of these waiting lists. The results of the survey are summarised below in Table 1.4. In summary, it was found that there are 224 clients in New South Wales presently waiting for the availability of funding for Major Modifications. The total funding required to complete the current Major Modification waiting list is \$4,285,144.86.

Notably, an unexpected outcome of the survey revealed that Level 2 service providers have a total of 43 applications pending for Level 3. If the 2008-2009 FYE Level 3 average cost of \$31,478.11² is applied, then the total cost of pending Level 3 applications equates to \$1,353,558.70.

Thus combining the total amount of applications pending to go to Level 3 at \$1,353,558.70 plus the current Level 2 waiting list of \$4,285,144.86, the combined total waiting figure for major modifications is \$5,638,703.50. Please refer to Table 1.4 below for summary. Please refer to Level 2 & 3 Waiting Lists Survey after page 26 for results of the survey.

Current Level 2 and # Waiting List Region/Local Planning Areas	Service	Number of Clients	Total Cost of Waiting List
Metro North	Manly HMMS	19	\$ 449,000.00
Metro North West - Nepean and Cumberland Prospect	Fusion HMMS	45	\$ 932,000.00
Hunter and Central Coast	Kurri Homework	9	\$ 148,356.16
Metro Southwest	Macarthur HMMS	0	\$ -
Inner Sydney	Wesley Mission HMMS	13	\$ 200,800.00
Metro Southeast	St George HMMS	3	\$ 63,900.00
Far North Coast	Lismore HMMS	0	\$ -
Mid North Coast	Coffs Harbour HMMS	6	\$ 94,218.00
New England	New England HMMS	8	\$ 54,500.00
Illawarra and Southern Highlands	Scope Access	47	\$ 776,000.00
Central West and Orana Far West	Carewest	18	\$ 282,985.70
Riverina Murray	Albury HMMS	31	\$ 454,000.00
NSW Statewide, Level 3	Kurri Community Centre	25	\$ 829,385.00
	Total	224	\$ 4,285,144.86
Pending Level 3 Applications still at Level 2		43	\$ 1,353,558.70
	Grand Total	267	\$ 5,638,703.56

Table 1.4 Provides a Summary of the Total Level 2 and 3 Waiting List as at 1.3.10

² Please refer to the Executive Officer's 2008-2009 Annual Report, page 30



Funding Proposal for Access to Non-Recurrent Funding to Reduce HMMS Waiting Lists

In support of the information contained within this report regarding the current HMMS waiting lists for Major Modifications, the NSW HMMS State Council asks ADHC to consider providing a pool of Non-Recurrent Funds to the HMMS industry in NSW to a total value of \$6 million. Whilst the NSW HMMS State Council acknowledges the HMMS model will be reviewed in the upcoming year, the current model is still in place with many clients awaiting the availability of funding. An injection of Non-Recurrent Funding at this point in time will clear backlogs prior to the introduction of a new model.

Purpose of Funding

The availability of Non-Recurrent Funding will assist HMMS to reduce their current waiting lists as they currently have a shortfall in funding to meet demand. Non-Recurrent Funding to reduce HMMS waiting lists will be allocated to the following levels of service provision:

- | | |
|---------|--|
| Level 1 | for all work valued between \$3,000 and \$5,000 |
| Level 2 | for all work valued between \$5,000 and \$20,000 |
| Level 3 | for all work valued at \$20,000 and above |

A pool of non-recurrent funding held at a central source, i.e. the NSW HMMS State Council, is a very effective way of funneling funding to those regions/HMMS most in need.

Accountable and Transparent Review Panel Processes

Since the inception of the Non-Recurrent Fund to Reduce HMMS Waiting Lists, the NSW HMMS State Council has established clear policy and application processes for HMMS to apply for funding. All applications received are reviewed on a monthly basis by a Review Panel convened by the NSW HMMS State Council. This Review Panel consists of the Executive Officer, the Specialist Technical Officer, the Specialist Occupational Therapist, a Service Manager and a Service Builder. All applications are reviewed to ensure the following:

- ✓ The client is HACC eligible
- ✓ All technical aspects of the work have been considered and quotes are reasonably priced
- ✓ All OT specifications and plans are in order
- ✓ Work is in accordance with AS1428 and, if there is significant variation from AS1428, then clearly documented clinical justification is required from the referring OT
- ✓ If applications received outweigh the funding available, prioritisation of the applications is undertaken.

The NSW HMMS State Council reviewed 418 Non-Recurrent funding applications in the 2008-2009 FYE allocation. The Review Panel and subsequent processes have ensured that the NSW HMMS State Council is a specialist in the management and review of centralised allocations of funding. Additionally, the review process ensures all clients are HACC eligible and all work is within HMMS Guidelines.

Effective Financial Management

The NSW HMMS State Council has a proven track record in managing large sums of Non-Recurrent funding for the HMMS industry in NSW. All funds are allocated and processed in a



transparent and accountable manner with yearly audits demonstrating the funds-efficient management from a centralised location.

Electronic Application Processes

All applications made to the NSW HMMS State Council are done so utilising an electronic application process via State Council's website. The electronic application process was implemented to increase efficiencies and reduce the amount of time involved in reviewing applications and the allocation of funding. It also is in line with *The Way Forward* which aims to increase efficiencies for the HACC program.

Item	Funding Breakdown
Non-Recurrent Funding to Reduce HMMS Waiting Lists across NSW	\$ 6 000 000.00
Total	\$ 6 000 000.00

Table 1.5 Proposed Funding to reduce HMMS Waiting Lists



Section 2 – Funding, Question 2 continued

Response by Andrea Thomas – Executive Officer, Port Stephens HMMS

How much funding needed is difficult to measure as it depends on the needs of the client referred to the service and the client's ability to contribute to the cost of the job. This need for funding also changes over a period of time. However if the additional funding is held in a central pool, services can apply on a client by client basis to access this funding when it is needed and that need can be justified. This additional funding however would need to be given to the central budget holder on a recurrent basis rather than ad hoc basis as happens now with non-recurrent funding.

Response by Ruth Ley, Builder Coordinator, Blue Mountains HMMS

Non-recurrent funding provided by ADHC to reduce HMMS waiting lists when available increased the service provided by Blue Mountains HMMS by one third (to the existing waiting list only – no extra promotion of the service). When OT brokerage non-recurrent funding (ADHC) was available last financial year, an additional 48 clients, an increase of 20%, self-referred.

Response by Shalla Thomas, Service Manager, Coffs Harbour HMMS

The Coffs Harbour HMMS requires the following increases in recurrent funding:

- Level 1 modification requires an additional \$100,000
- Level 2 modification requires an additional \$200,000 to meet current and increasing demand on the complex modifications
- Level 1 maintenance requires an additional \$14,000
- Allied Health Project requires an additional \$150,000

Level 1 modification reasoning - to meet staffing costs to reduce waiting times for clients and to continue to meet subsidy requirements for clients as growing financial disadvantage impacts on ability to make client contribution increases.

Level 2 reasoning - to meet increased demand and the evidence of previous draw on non-recurrent funds from State Council non-recurrent funds provided to reduce waiting lists across New South Wales.

Level 1 maintenance reasoning - to meet current and future demand for service type and increased contractor costs.

Allied Health project reasoning - to move from a brokerage model (i.e. subcontracting private OTs) to an employment model with more than one Occupational Therapist required to meet current and future demand for complex modifications.

**Section 3 - ADHC Policies Question 3 – ADHC Tender Processes*****Response by Stacey Sheppard-Smith, Executive Officer, NSW HMMS State Council***

The NSW HMMS State Council acknowledges ADHC's has set procurement processes in place however in the case mentioned in the submission to the Legislative Council ADHC's methodology was flawed and directly contravened efficient and accountable allocations of public funding. There was no consideration or thought by ADHC Tender Panels regarding the existing HMMS's in the Cumberland Prospect area and their recurrent funding shortfalls/waiting lists. A direct allocation to the existing services for the tender amount would have improved their ability to provide service to clients on their waiting lists and expand service provision to new clients without bringing new players into the mix. Additionally no consideration was taken by ADHC or the Tender Review Panel to review existing service structures and their geographical proximity to each other in the tender process. At present there are 4 HMMS in this region which sit within a 10 km radius of each other. My recommendation would be for ADHC to review where services sit geographically to each other and determine whether all these services need to be combined to make one large service with combined funding and resources rather than multiple auspicing arrangements.

Response by Andrea Thomas – Executive Officer, Port Stephens HMMS

ADHC seems to ignore that HM&M services are substantially different to other service types and that their existing tender process does not take into account the nature of the work we carry out. A particular HM & M service with a long record of quality building work can be over looked in the current tender process for a large religious organization with the resources to employ an expert tender writer and that organization may have absolutely no history of managing building projects. The tender evaluation process should include a building expert on the panel and the evaluation of the tender should include license checks and actual inspection of building work or previous modifications. You would not hand over money to someone to build you a house if they said give me the money and I will go employ someone who claims they can build it for you. In reality, you would go to a builder and say show me your other work and I will decide if I will give you my money so you can build me a house. Makes sense to me. With other service types it can also work to have more than one provider in a local area but with home mods, because of the infrastructure, tools and equipment, and the lack of skilled tradesmen around, it does not sense to have more than one provider in an area. Competition does not save money because such duplication just wastes it.

Response by Ruth Ley, Builder Coordinator, Blue Mountains HMMS

Panels assessing tenders for HMMS must have a builder experienced in HMMS.

Response by Shalla Thomas, Service Manager, Coffs Harbour HMMS

To put forward an allocation to State Plan for service type seen to be a priority requires a discussion with the service provider to cost the service type so a realistic funding request is part of the submission to State Plan, otherwise a continued shortfall occurs. Splitting funds to meet priorities and yet not costing or making realistic allocations continues the shortfall. This places all services types in a continued competition for funds rather than an informed costed allocation for service types seen to be a priority.



ADHC continue to discuss the need to avoid duplication of services and the desire not to allow this to occur and yet have made an allocation of funds for modification to a new service provider when an existing service provider exists in an area, duplicating service type.

Some larger services are well placed and employ workers to write funding submissions and yet local services doing an excellent job, not with enough staff or time to spend writing submissions, in particular within sometimes very short timeframes given by ADHC to do same.

Question 4 – COAG Reforms, HACC Split

Response by Shalla Thomas, Service Manager, Coffs Harbour HMMS

The current HACC program provides service to frail aged and people with disabilities, it could mean services are receiving funding from two different streams or having to apply for funds to service ageing clients and apply for funds to service clients with disabilities, this could create a lot more work for service providers already meeting many demands. Monitoring from two different streams will also create more work for service providers interfering with day to day management of services for best outcomes for clients.

Response by Ruth Ley, Builder Coordinator, Blue Mountains HMMS

As neither Administration is reliably and effectively aware of either client need or the true nature of the services delivered it can be anticipated that the situation will have a negative outcome for the client if Administration and, consequently, service delivery, becomes even more remote. The effectiveness of the HACC program is largely attributable to local service delivery by local Service Providers who know their community, the other local services and the local area. This is further enhanced by a local ADHC office with a similar focus. A state-wide specialist HMMS service operating through local specialised providers would also function well for the client.

Response by Andrea Thomas – Executive Officer, Port Stephens HMMS

As per the HACC Guidelines, funding at present is to provide service to people who are frail, aged or younger people with a disability. The split between aged and younger disabled clients referred to any HM&M service will vary over time because this service type tends to be one off. We simply do not know whether the next referral will be an aged client or a younger disabled person. The only information available to help in this area is past data as recorded in our MDS but this relies on the assumption that the past is indicative of the future and we know that is not always the case. MDS data is available for a number of years but in the case of my Service, I could provide that data back more than 20 years. Before this information is used, we need to examine if there are significant variations between years. As a one off service type it is more difficult for HMM services to split their client group. If you service a small number of clients regularly it is easier to say x% is aged and y% is younger disabled.



Question 5 – Transition of People with Acquired Disability from Hospital to Home

Response by Shalla Thomas, Service Manager, Coffs Harbour HMMS

Better planning earlier could mean people who acquire a disability can transition more efficiently. As a major construction may be required, this type of work does not happen instantly and requires a lot of planning, from Occupational Therapist reports and prescriptions, to builders joint visits and plans to specialist contractors and panel for review and then fund if funding available, this can take some 2 – 6 months and needs to be commenced prior to client coming home not weeks before but months before and then ensuring client can be accommodated whilst work is being undertaken.

Response by Ruth Ley, Builder Coordinator, Blue Mountains HMMS

There are 2 main issues:

- a) There is a significant lead time for home modifications, from at least a month for small minor modifications (under \$1000) to 6 months or more for major modifications. In some cases the client's current home may not be appropriate for the modifications and another one has to be purchased. This time frame is also dependent on the availability of an appropriately qualified OT.
- b) Many clients are being discharged from a hospital remote from their home. Frequently modifications are designed by an OT who is not aware of local services /conditions etc and this can slow down the process while other assessments are done. This has been avoided when the OT contacts a local OT and the local HMMS builder for a joint assessment. This is not always possible as the OT often has time constraints.

Response by Andrea Thomas – Executive Officer, Port Stephens HMMS

The transition from hospital to home would be made easier if programs like Compacs included an amount for home modifications in situations where the client's functional ability was not going to improve drastically. This could be up to \$ 1000. Local services could work together to have a team of staff who just do this type of work across a number of LGAs.



Submission No.28

Questions 1 - Client Contribution to HMMS

A. How much are clients asked to contribute?

The client contribution is used to extend service provision to more clients.

In the Blue Mountains the clients are asked to make a contribution which covers the cost of the materials and a \$20 hour contribution to the labour. (The labour component is calculated on the time spent in the client's home not on travel, preparation work etc). It is calculated this way to ensure equity of cost.

A client who cannot make the contribution is offered interest free payments, further labour subsidy (if the job is being carried out by staff) and finally waiting for the service to accumulate enough money to fully subsidise the job. Contractor costs are also subsidised.

B. How can the system be better managed to ensure clients receive home modifications in a more suitable time frame?

In general, eligibility for service and client expectations of service delivery are areas that need attention. Clear Guidelines as to who is eligible for the service and what can actually be provided will result in funding being used more effectively and equitably. Some clients want a different quality modification to that which the service can provide (ie. safe, low maintenance and functional). Sorting out these issues consumes service time which could be better spent providing service to another client.

As the demand for all levels service can vary considerably from year to year a state- wide fund holder to whom the local service could go to both for larger modifications and for extra subsidy for minor modifications would be effective in several ways.

This fund holder would also have a permanent panel for consistently assessing jobs/clients on needs and effectiveness of modifications requested, as well as having a role in quality control. This would be more effective use of funding.