Funding and Service Agreement[1]

Home Care Services for Frail Elderly Persons[2]

I Service Definition

Introduction

The Home Care Services for Frail Elderly Persons (HCS) aims to provide a comprehensive range of care and support services to frail elderly persons who suffer from moderate to severe level of impairment, so as to facilitate their continuous living at home for as long as possible and achieve or maintain their optimal level of functioning. This service also provides support services to their carers to alleviate their care stress. Tailoring the services in accordance with individual service users' needs, the HCS actualises the concepts of "ageing in place" and "continuum of care".

Objectives

2. The objectives of HCS are to enable service users to:

(a) stay in safe and familiar living environment of their choice in the community;

(b) achieve and maintain an optimal level of functioning and independence;

(c) acquire the necessary skills to adapt to their changing health status;

(d) prevent premature long-term admission to hospital and residential care; and

(e) relieve the care stress of their carers.

Target Group and Eligibility Criteria

3. The target service users of HCS are:

(a) aged 65 or above (persons aged between 60 and 64 may receive HCS if there is proven need for care and support services);

(b) living in the community and not receiving institutional care;

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[1] This Funding and Service Agreement is a sample document for reference only.

[2] Home Care Services for Frail Elderly Persons refer to Enhanced Home and Community Care Services or Integrated Home Care Services (Frail Cases).

(c) medically stable;

(d) in need of a comprehensive care plan involving provision of well-coordinated home and community care services; and

(e) carers of the elderly persons using HCS.

4. Elderly persons applying for the service are required to establish their eligibility for admission through the Standardised Care Need Assessment Mechanism for Elderly Services. Service Operator will admit service users on referrals by Standardised Care Need Assessment Management Offices (Elderly Services) [SCNAMO(ES)s] according to the preference of the service users, if any, and the vacancies of the service teams concerned.

Scope of Service

5. The Service Operator should address the holistic and specific needs of individual service users by applying a multi-disciplinary approach including medical care, nursing care, nutritional care, personal care, rehabilitative services and social work service, etc. Services provided to service users should be planned, well-coordinated and tailored according to the needs of the service users. The management of clinical issues should include, but not limited to, the following:

(a) prevention and management of falls;

(b) prevention and management of accidents;

(c) maintenance of skin integrity;

(d) management of wounds;

(e) prevention and management of pressure sores;

(f) prevention and management of urinary and faecal incontinence;

(g) prevention and management of constipation;

(h) supervision of medication including use of psychotropic medication, administration of injectable medication and intravenous therapy;

(i) nutritional and dietary management including special diet and tube feeding;

(j) infection control;

(k) management of chronic pain;

(l) management of special nursing procedure[3], e.g. stoma care[4], tracheotomy care, oxygen therapy;

(m) management of depression;

[3] Include the assessment procedure for service users, implementation procedure, support services to carers for handling stoma care and case review mechanism.

[4] "stoma care" means the Special Nursing Care dealing with the stoma bag, problems with the stoma and skin care as well as handling of the diet and fluid.

(n) prevention and management of dementia or cognitive impairment;

(o) prevention and management of agitated and aggressive behaviour; and

(p) maintenance and restorative rehabilitation.

6. To address the above clinical issues and to meet the needs of individual service users, the Service Operator is required to provide, arrange, or purchase, but not limited to, the following services according to individual service user's health condition and assessed needs:

(a) Direct Care Services

(i) Care management and assessment[5];

(ii) Personal care: e.g. transfer, food-feeding, bathing, peri-care, hair washing, hair cutting, shaving, nail cutting, changing of clothes, toileting, disposal of urine and bowel waste, etc.;

(iii) Basic Nursing Care: e.g. clinical observation and monitor of vital signs testing including blood pressure, pulse, temperature and body weight urine testing, supervision on medications, gastric tube feedings, simple dressing, application of medical ointment dressing, prevention and management of clinical issues through individual coaching, etc;

(iv) Special Nursing Care: e.g. stoma care, incontinence care, respiratory care, diabetic care, peritoneal dialysis, infection control, Foley's catheter care, etc.;

(v) Restorative and maintenance rehabilitation exercises, any other therapeutic exercises or activities, environmental risk assessment and home modifications, speech therapy[6] etc.; and

(vi) Dementia care[7] e.g. reality orientation, sensory training, reminiscence programme and memory or cognitive training, etc.

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[5] Care management and assessment conducted by all professionals, including social worker, physiotherapist, occupational therapist, speech therapist, etc.

[6] Scope of services of speech therapy includes: (i) on-site visits by speech therapist; (ii) clinical assessments on the services users' speech-related functioning and swallowing problems; (iii) implementation of speech therapy and treatment programmes; (iv) periodical reviews of progress of speech therapy treatment; and (v) consultations and training programmes to the allied health professionals in the HCS team. The speech therapist(s) shall work closely with carers and allied health professionals in the provision of services.

[7] Dementia care services include: (i) direct care services/training programmes or activities provided to service users with dementia or cognitive impairment for maintaining their physical and social functioning; and (ii) training programmes/supportive services provided to carers.

(b) Support Services

(i) elder sitting;

(ii) provision of meals[8];

(iii) home-making services e.g. household cleaning, changing of bed sheets and pillowcases, purchase of necessities, laundry, and meal preparation, etc.;

(iv) transportation and escort services;

(v) centre-based day care services;

(vi) respite services;

(vii) environment risk assessment and home modifications;

(viii) arrangement or referral for other appropriate services pertaining to health and rehabilitation, e.g. dental/optical/hearing/medical check-up; medical/Chinese medicine/pharmacy consultation; psychogeriatric/clinical psychological service; influenza vaccination; prosthetic-orthotic/podiatry service; bereavement services; end-of-life care and education; legal consultation service; volunteer visit/service; minor repair and maintenance for rehabilitative equipment; and stair-climbing service, etc.;

(ix) counselling;

(x) carer support services, including support for needy carers[9];

(xi) on-site carer training[10];

(xii) carer support programmes[11] which address the special needs of carers in taking care of elderly persons in varied levels and areas of impairment, e.g. carers of elderly persons with dementia, stroke, etc.;

(xiii) 24-hour emergency support[12]; and

(xiv) miscellaneous, e.g. disposal of medical waste, handling of soiled linen, handling of medical equipment/supplies, record

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8 All meals should be delivered to the service users from 11 a.m. to 1 p.m. for lunches and from 4:30 p.m. to 6:30 p.m. for dinners according to their needs.

9 Needy carers means those carers who need to take care of frail service users, including but not limited to those aged 60 or above with poor mobility, ill-health or dementia whereas the carers themselves are in need of social and emotional support and who may have disability, in advanced age, etc.

10 On-site Carer Training includes skill demonstration at the elderly persons' home on personal care skills, such as hygienic care, before and after care for Ryles' tube feeding, turning and transfer, skin care, rehabilitative care skills including maintenance or passive exercises, wound dressing and management of Foley etc. as well as training on Carers included health education, care for demented Service Users, stress management, diet control, fall prevention and drug management, etc.

11 Carer Support Programmes include any activity conducted outside the elderly person's home with no less than 3 participants conducted by at least one professional (such as nurse, social worker or PT/OT) with duration not less than one hour for the purpose of empowering the carer to maintain elderly persons' health condition so that they can continue living in the community.

12 24-hour emergency support refers to assistance and advice to be provided to service users and/or their carers in case of emergency round the clock.

keeping, reporting, social and recreational activities, health talks, etc.

7. The Service Operator shall exercise its flexibility to provide, arrange or purchase other services (innovative and/or value-added services) required to enhance the quality of life of its service users in the home environment.

8. The Service Operator shall provide needed services to service users and/or their carers within seven working days upon the receipt of referrals from SCNAMO(ES)s. The Service Operator is required to conduct inter-disciplinary assessment which include professional input from nursing, para-medical staff and social worker. The assessed needs of service users, e.g. physical, mobility, dietary, emotional and social, etc. and how these needs are to be met should be clearly stated in the individual care plan (ICP). ICP including assessment on the needs of carers with risk arising from care stress should be formulated within one month after the service users' admission, and should be reviewed at least once every year, and service should be provided in accordance with the changing needs.

9. Service users should be immediately discharged (with their cases closed) if they are no longer in need of service upon periodic review and notify the SCNAMO(ES) concerned. Where appropriate, the Service Operator should refer the service users to services they are in need of. Reasons for discharge include but not limited to:

(i) self-withdrawal;

(ii) away from HCS for more than 30 days (e.g. long-term hospitalisation, away from Hong Kong, etc.);

(iii) improvement of conditions of the service user such that he/she is no longer eligible or in need of HCS;

(iv) other formal or informal support available;

(v) long-term admission to residential care homes; or

(vi) deceased.

10. In the care of service users with dementia, the Service Operator should ensure that there should be staff with special training in communicating and dealing with service users with mood and behavioural symptoms associated with dementia such as poor temper, unrealistic fears, repetitive complaints, agitation, wandering and aggression, etc.

Service Delivery Requirements

11. The Service Operator shall deliver HCS on Sundays, Public Holidays and outside the regular operating hours of the organisation, which are pre-arranged and agreed between the Service Operator and service users to ensure that service needs, in particular meals, should be well met.

12. The Service Operator is required to perform administrative tasks including liaison with other service providers (e.g. other welfare service or medical and health personnel), co-ordinating volunteers' visits and social activities for service users, maintaining records of service users, their service requirements and records of case review, etc. The menu of the meals delivered should be preferably commented by a registered dietitian at regular intervals.

II Performance Standards

A. Outputs

13. The Service Operator shall meet the following performance standards:

<table>
<tr><th>Output Standard</th><th>Output Indicator</th><th>Agreed Level</th></tr>
<tr><td>1</td><td>Number of hours of direct care services per service user in each quarter</td><td>Average of 18.5 hours</td></tr>
<tr><td>2</td><td>Number of hours of on-site carer training[10] per service user within one year</td><td>Average of 2 hours[13]</td></tr>
<tr><td>3</td><td>Number of Carer Support Programmes[11] within one year</td><td><table><tr><th>Capacity</th><th>Number of carer support programme[14]</th></tr><tr><td>50 or below</td><td>2</td></tr><tr><td>51 - 100</td><td>3</td></tr><tr><td>101 – 150</td><td>4</td></tr><tr><td>151 - 200</td><td>5</td></tr><tr><td>over 200</td><td>6 or more[15]</td></tr></table></td></tr>
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[13] At least one out of the two required hours of on-site carer training per service user in each financial year should be designated for the carers of service users suffering from dementia.

[14] At least one Carer Support Programmes is required to be conducted for the carers of service users suffering from dementia.

[15] For service team with capacity over 200, the number of carer support programme is set as: 6 + additional 1 for every 50 more places over 200, e.g. 6 carer support programmes for service team with capacity between 201 and 250, 7 carer support programmes for service team with capacity between 251 and 300, and so on.

<table>
<tr><td>4</td><td>Number of training/activities/programmes[16and 17] conducted for needy carers[9] within one year</td><td><table><tr><td>Capacity</td><td>Number of training/activities/ programmes</td></tr><tr><td>10 or below</td><td>1</td></tr><tr><td>11 – 20</td><td>2</td></tr><tr><td>21 – 30</td><td>3</td></tr><tr><td>31 - 40</td><td>4</td></tr><tr><td>over 40</td><td>5 or more[18]</td></tr></table></td></tr>
<tr><td>5</td><td>Percentage of risk assessment[19] conducted on the carers in taking care of the service users for all cases[20] within one year</td><td>95%</td></tr>
<tr><td>6</td><td>Percentage of service users with the formulation of individual care plan (ICP) completed within one month after admission in each year</td><td>90%</td></tr>
<tr><td>7</td><td>Percentage of ICPs reviewed within one year</td><td>90 %</td></tr>
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B. Outcomes

Outcome Standard	Outcome Indicator	Agreed Level
1	Percentage of service users and their carers[21] satisfied with HCS service within one year	80%
2	Percentage of needy carers satisfied[22] with the services for needy carers received within one year	75%

[16] The training/activities/programmes can be provided by any of the following staff members in the team: (i) social worker; (ii) allied health professionals; and (iii) personal care worker (PCW) under the guidance of (i) or (ii) above.

[17] Training sessions, counselling, referral services etc. for needy carers will be counted as "activities"; but the on-site carer training and Carer Support Programmes conducted for carers per year are excluded to avoid duplication in reporting for OS2 and OS3.

[18] For every 10 places, one training/activities/programmes has to be conducted. For places less than ten would be rounded up to ten. For service team with capacity over 40, the number of training/activities/programmes is set as: 5 + additional 1 for every 10 more places over 40, e.g. 5 training/activities/programmes for service team with capacity between 41 and 50, 6 carer support programmes for service team with capacity between 51 and 60, and so on.

[19] Risk assessment shall include examination of internal and external risk factors faced by carers, including level of family/social support, living condition, emotional condition, etc., in taking care of the service users. The assessment result shall be reflected in the ICP.

[20] Cases without carers and cases with strong justifications will be excluded.

[21] Service users who have received HCS for 3 months or above and their carers.

[22] The percentage of this outcome should be calculated according to the result of the questionnaire designed for measuring the satisfaction level on services received by needy carers.

3	Percentage of service users and their carers satisfied[23] with the dementia care services[7] received within one year	75%
4	Percentage of service users/carers satisfied[24] with the speech therapy services received within one year	75%

C. Performance Monitoring

14. To assist the Social Welfare Department (SWD) in evaluating the service, the Service Operator has to provide quarterly statistical returns, which may include the profiles of service users, the services rendered, service effectiveness, and other information as required in a prescribed format.

Essential Service Requirements

15. The Service Operator is required to comply with the Essential Service Requirement (ESRs) as follows –

(a) the HCS should operate at least 6 days a week with a minimum of 48 hours per week; and

(b) there should be registered social worker in the HCS team.

16. For professional services provided by physiotherapist, occupational therapist and speech therapist, the Service Operator may hire services from qualified professional organisation.

Quality

17. The Service Operator shall meet the requirements of the 16 Service Quality Standards (SQSs).

III Managerial Information

18. The Service Operator is required to submit to SWD the following monthly managerial information at quarterly intervals –

(a) number of staff injuries reported; and

(b) staff turnover rate.

[23] The percentage of this outcome should be calculated according to the result of the questionnaire designed for measuring the satisfaction level on dementia care services received by service users and their carers.

[24] The percentage of this outcome should be calculated according to the result of the questionnaire designed for measuring the satisfaction level on speech therapy services received by service users.

IV Obligations of SWD to the Service Operator

19. SWD will undertake the duties set out in the General Obligations of SWD to the Service Operator.

V Basis of Subvention

20. The basis of subvention is set out in the offer and notification letters issued by SWD to the Service Operator.

Funding

21. An annual subvention will be allocated on the Lump Sum Grant (LSG) mode to the Service Operator for a **time-defined period**. This lump sum has taken into account the personal emoluments, including provident fund for employing qualified professionals such as Registered Social Worker(s), Nurse, Physiotherapist, Occupational Therapist, Speech Therapist; supporting staff, and other charges (covering all other relevant operating expenses including employees' compensation insurance and public liability insurance) applicable to the operation of the project, and recognised fee income, if any. Rent and Rates in respect of premises recognised by SWD for delivery of the subvented activities will be reimbursed separately on an actual cost basis.

22. In receiving the LSG, the Service Operator is accorded flexibility in the use of the grant but required to observe the guidelines set out in the latest LSG Manual, LSG Circulars, management letters and correspondence in force as issued by SWD on subvention policies and procedures, whichever is applicable, as well as the relevant Guidance Notes for specific services. The LSG will be subject to adjustments including salary adjustments in line with civil service pay adjustments and other charges in line with the price adjustment factor (currently the Composite Consumer Price Index). The Government will not accept any liabilities or financial implication arising from the project beyond the approved funding.

Payment Arrangement, Internal Control and Financial Reporting Requirements

23. Upon the Service Operator's acceptance of the FSA and confirmation of commencement of service, payment of the LSG subventions will be made on a monthly basis.

24. The Service Operator is responsible for maintaining an effective and sound financial management system, including budget planning, projection, accounting, internal control and auditing. They should maintain proper books and records and supporting documents on income and expenditure relating to the project and make them available for inspection by the Government representative.

25. The Service Operator shall submit the Annual Financial Report (AFR) as reviewed and the annual financial statements of the NGO as a whole as audited by a certified public accountant holding a practising certificate as defined in the Professional Accountants Ordinance (Chapter 50) and signed by two authorised representatives of the NGO, i.e. Chairperson/NGO Head/Head of Social Welfare Services in accordance with the requirements as stipulated in the latest LSG Manual. The AFR should be prepared on a cash basis and non-cash items such as depreciation, staff leave accrual etc. should not be included in the AFR.

VI Validity Period

26. This FSA is valid for a **time-defined period**. Should the Service Operator be in breach of any terms of condition of this FSA and fail to remedy the same in such manner and within such time as shall be specified in a written notice from SWD that the same be remedied, SWD may after expiry of such notice, terminate this FSA by giving 30 days' notice in writing to the Service Operator.

27. Where there is any change to the performance standards within the agreement period, SWD will seek mutual agreement with the Service Operator and the Service Operator will be required to achieve new requirements in accordance with the specified implementation schedule.

28. Continuation of service for the next term will be subject to the relevant considerations such as the prevailing policy directive, service needs and the performance of the Service Operator. SWD reserves the right to reallocate the project.

VII Other References

29. Apart from this FSA, the Service Operator should also comply with the requirements/commitments set out in the Service Specifications of EHCCS, the relevant sections on Integrated Home Care Services Teams of the Specifications on Re-engineering Community Support Services for Elders, as well as the respective applications, proposals and supplementary information submitted, as appropriate. Where these documents are in conflict, this FSA shall prevail. The Service Operator's compliance with all these documents will be closely monitored by SWD.