

## **Funding and Service Agreement<sup>1</sup>**

### **Home Support Services**

#### **I Service Definition**

##### **Introduction**

Home Support Services (HSS) aims to provide holistic services to the elderly persons who are assessed to be at the state of mild impairment or requiring higher level of care, people with disabilities, individuals and families with social need living in the community 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 elderly user's need, the service teams should actualise the concepts of "ageing in place" and "continuum of care".

##### **Purpose and Objectives**

2. The purpose of the HSS is to provide a range of home-based support services to the target service users, with the objectives 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 Service Users and Eligibility Criteria**

3. Service users of HSS should be living in the community and are not receiving institutional care. The target service users of HSS include:

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<sup>1</sup> This Funding and Service Agreement is a sample document for reference only.

- (a) Elderly Persons<sup>2</sup>: refer to people aged 60 or above who are assessed to be at the state of mild impairment or requiring higher level of care under interRAI™ Check-up (CU) assessment tool<sup>3</sup> or the Standardised Care Need Assessment Mechanism for Elderly Services<sup>4</sup>;
- (b) People with Disabilities<sup>5</sup>: refer to people with disabilities including those with intellectual disabilities, physical disabilities or mental illness. For people with mental illness, they have to be mentally stable and free from aggressive / violent acts; and
- (c) Individuals and Families with Social Need<sup>5</sup>: refer to individuals<sup>6</sup> and families which encounter difficulties arising from desertion, sudden illness, chronic illness, hospitalisation, imprisonment and death, etc. but with no or poor support in the community and/or are financially disadvantaged.

## Service Nature and Contents

4. The Service Operator is required to provide or arrange, but not limited to, **meal service**<sup>7</sup> and the following **home care services** to eligible service users according to their service needs:

- (a) Direct Care Services
  - (i) Care management and assessment<sup>8</sup>;
  - (ii) Personal care;

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<sup>2</sup> Urgent elderly cases when the completion of interRAI™ CU before admission to service is not possible or elderly cases who cannot pass the interRAI™ CU but with strong social needs can also be admitted to service with justifications.

<sup>3</sup> interRAI™ CU is the Simplified and Standardised Assessment Tool, with a view to identifying elderly persons with mild impairment and their service needs.

<sup>4</sup> Elderly persons who are assessed and recommended for service option of “Home Support Services” under the Standardised Care Need Assessment Mechanism for Elderly Services or with service recommendation of “Community Care Services” or “Residential Care Services” are also eligible for HSS.

<sup>5</sup> Application for HSS under these categories have to be referred by registered social workers from social welfare service units. People with disabilities or individuals and families with social needs or their carers may approach rehabilitation service units (e.g. District Support Centre for Persons with Disabilities, Integrated Community Centre for Mental Wellness) or casework service units (e.g. Integrated Family Service Centres / Integrated Services Centres, Medical Social Services Units) who will assess the applicants’ needs and make referrals for HSS if considered suitable.

<sup>6</sup> Elderly persons with strong social needs should be counted under category (a) instead of category (c).

<sup>7</sup> 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. The menu of the meals delivered are preferably commented by a registered dietician at regular intervals.

<sup>8</sup> Care management and assessment should be conducted by social worker or other professionals (if any).

- (iii) Basic health care<sup>9</sup>;
- (iv) General physical exercises;
- (v) Home respite service<sup>10</sup>; and
- (vi) Environment risk assessment and home modification suggestions.

(b) Support Services

- (i) Home-making services e.g. household cleaning, changing of bed sheets and pillowcases, purchase of necessities and laundry, etc.;
- (ii) Transportation and escort services;
- (iii) Arrangement or referral for centre-based / residential respite services<sup>11</sup>;
- (iv) Arrangement or referral for other appropriate services pertaining to health and care plan, e.g. dental / optical / hearing / medical check-up; medical / Chinese medicine / pharmacy consultation; psychogeriatric / clinical psychological service; vaccination; podiatry service; bereavement service; end-of-life care and education; legal consultation service; volunteer visit / service; minor repair and maintenance for rehabilitative equipment and stair-climbing service, etc.;
- (v) Counselling;
- (vi) Child-minding;
- (vii) Carer support services and carer training; and
- (viii) Miscellaneous, e.g. social and recreational activities for individual etc..

5. The Service Operator may also provide or arrange training sessions / activities / programmes<sup>12</sup> to meet the needs of the service users and their carers.

6. The Service Operator shall exercise its flexibility to provide or arrange other

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<sup>9</sup> Basic health care includes but not limited to clinical observation and monitoring of vital signs including blood pressure, pulse, body temperature and body weight; urine testing, reminding to take medicine, prevention and management of health issues through individual coaching and cognitive training etc..

<sup>10</sup> Home respite service is a form of temporary or short-term home-based care service for elderly persons to provide relief for carers.

<sup>11</sup> Centre-based / residential respite services include day respite service, residential respite service and centre-based respite programmes / activities for the elderly and people with disabilities.

<sup>12</sup> Including psycho-social or health-related training / activities / programmes provided by (i) social worker; (ii) allied health professionals (if any); and (iii) other helping staff (e.g. personal care worker) under the guidance of (i) or (ii) above. Each session should have 3 or more participants (i.e. service users or carers) and with duration of at least 1 hour.

services (innovative and / or value-added services) required to enhance the quality of life of its service users in the home environment.

7. The Service Operator is required to conduct care management and assessment by social worker or other professionals (if any). The Service Operator is required to complete assessment for the new elderly cases by using the interRAI™ CU Assessment Tool in the SWD's System for Home Support Services (SHSS) within one month upon ready for admission. The Service Operator is required to conduct assessment review for the elderly service users by using the interRAI™ CU Assessment Tool on need basis. Furthermore, the assessed needs of service users, and how these needs are to be met should be clearly stated in the individual care plan (ICP). ICP should be formulated within one month after the service users' admission and should be reviewed at least once every year according to the "Guidelines on the Formulation and Implementation of Care Plan for Individual Service Users", and service should be provided in accordance with the changing needs.

8. Service users should be immediately discharged (with their cases closed) if they are no longer eligible for or in need of service upon periodic review and the Service Operator should update the record in the SHSS accordingly. 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:

- (a) self-withdrawal;
- (b) improvement of conditions of the service user such that he/she is no longer eligible or in need of HSS;
- (c) other formal or informal support available;
- (d) long-term admission to other community care services / residential care services / hospitalisation / absence from Hong Kong; or
- (e) deceased.

9. The Service Operator shall provide relevant training to ensure staff acquired essential skills in providing varied kind of services of HSS. In the care of service users with dementia, the Service Operator should ensure that there are 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**

10. The Service Operator shall deliver HSS 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, are well met.

11. 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 under the guidance of social worker, maintaining records of service users, their service requirements and records of case review, etc.

## **II Service Performance Standards**

12. The Service Operator is required to comply with the Essential Service Requirements, meet the Service Output and Outcome Standards, and 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**

13. There should be registered social worker in the HSS team.

14. For services provided by other professionals, the Service Operator may hire services from qualified professional organisations.

### **Service Outputs**

<b>Service Output Standard (OS)</b>	<b>Service Output Indicator</b>	<b>Agreed Level</b>
1	Number of meals provided per service place <sup>13</sup> in a month	Average of 28 meals <sup>14</sup>

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<sup>13</sup> The Service Operator can admit more service users than the total number of service places allocated to the service team.

<sup>14</sup> For OS1 and OS2, if the agreed level either for provision of meals or home care services cannot be achieved, the two-way conversion mechanism by providing every 1 additional home care service hour to offset 3 meals is allowed (i.e. the agreed level of OS2 is adjusted upward by 1 hour while the agreed level of OS1 is adjusted downward by 3 meals at the same time, and so on), or vice versa (i.e. the agreed level of OS1 is adjusted upward by 3 meals while the agreed level of OS2 is adjusted downward by 1 hour, and so on). For example, OS2 has to be adjusted upward to 6.5 hours if the actual OS1 can only reach 25 meals per place per month and so on. Similarly, OS1 has to be adjusted upward to 31 meals if the actual OS2 can only reach 4.5 hours per place per month and so on.

2	Number of hours <sup>15</sup> of home care services per service place <sup>13</sup> in a month	Average of 5.5 hours <sup>14</sup>		
3	Percentage of direct care service hours out of the actual home care service hours in a year	20%		
4	Number of training sessions / activities / programmes in a year <sup>16</sup>			
		Service Places	(a) Number of training sessions / activities / programmes <sup>17</sup>	(b) Additional number of training sessions / activities / programmes [i.e. in addition to OS4(a)] <sup>17</sup>
		25 or below	2	1
		26 – 50	4	2
		51 – 75	6	3
		76 – 100	8	4
		101 – 125	10	5
		126 – 150	12	6
		151 – 175	14	7
		176 – 200	16	8
over 200	18 or above <sup>18</sup>	9 or above <sup>19</sup>		

<sup>15</sup> Considering the applicants of HSS may not have any referring worker, the service hours of professional inputs provided to the waiting cases, such as intensive counselling, handling of crisis, will also be counted.

<sup>16</sup> OS4 (i.e. OS4(a) and OS4(b)) is an **optional requirement**. If the service team has reached the agreed level of OS1 and OS2 (with or without conversion mechanism for OS1 and OS2), the service team will be exempted from the output requirement of OS4.

<sup>17</sup> To allow flexibility for the Service Operator to meet the changing needs of target service users, the following conversion mechanism for OS4 is in place -

- (i) If the service team has reached the agreed level of OS4(a), the agreed levels for both of OS1 and OS2 are adjusted downward to average of **22 meals and 4.5 hours** per service place per month respectively.
- (ii) If the service team has further reached the agreed level for both OS4(a) and OS4(b), the agreed level for OS1 and OS2 are adjusted downward to average of **22 meals and 3.5 hours** per service place per month respectively.

<sup>18</sup> For OS4(a), service teams with service places over 200, the required number of training sessions / activities / programmes within one year is 18 plus additional 2 for every additional 100 more places over 200, e.g. 18 training sessions / activities / programmes for service teams with places between 201 and 300, 20 training sessions / activities / programmes for service teams with places between 301 and 400, and so on.

<sup>19</sup> For OS4(b), service teams with service places over 200, the required number of additional training sessions / activities / programmes within one year is set as: 9 plus additional 1 for every additional 100 more places over 200, e.g. 9 training sessions / activities / programmes for service team with places between 201 and 300, 10 training sessions / activities / programmes for service team with places between 301 and 400, and so on.

5	Percentage of service users with the formulation of ICP completed within one month after admission in a year	90%
6	Percentage of ICPs reviewed in a year	90%
7	Percentage of interRAI™ CU assessment completed for elderly service users within one month upon ready for admission in a year	90%

**Service Outcomes**

<b>Service Outcome Standard (OC)</b>	<b>Service Outcome Indicator</b>	<b>Agreed Level</b>
1	Percentage of service users <sup>20</sup> and / or their carers satisfied with HSS in a year	80%

**Service Quality Standards**

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

**III Obligations of the SWD to the Service Operator**

16. The SWD will undertake the responsibilities set out in the General Obligations of the SWD to the Service Operator as specified in the Funding and Service Agreement (FSA) Generic Sections.

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<sup>20</sup> Service users who have received HSS for 3 months or above.

**IV Basis of Subvention**

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

**Funding**

18. 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 registered social worker(s), qualified professionals, supporting staff, and other charges (covering expenses such as utilities, programme and administrative expenses, minor repairs and maintenance, employees' compensation insurance and public liability insurance, etc.) applicable to the operation of the service, and recognised fee income<sup>21</sup>, if any. Rent, rates, Government rent and management fees (Rent and Rates) in respect of premises recognised by the SWD for delivery of the subvented activities will be reimbursed separately on an actual cost basis.

19. 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 Subvention Manual, LSG Circulars, management letters and correspondence issued by the SWD on subvention policies and procedures. The LSG allocation 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 actual subvention allocation will also be adjusted in accordance with the date of commencement of the service, if applicable. The Government will not accept any liabilities or financial implication arising from the service beyond the approved funding.

**Payment Arrangement, Internal Control and Financial Reporting Requirements**

20. 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.

21. 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 service and make them available for inspection by the Government representative.

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<sup>21</sup> The co-payment amount payable by the service users under the HSS will be set with reference to the 5 co-payment categories according to the income level and charges of each service item under the ex-Home Care and Support Services for Elderly Persons with Mild Impairment which has been integrated into HSS. Co-payment amount may be adjusted based on the change in price levels in the future.



22. The Service Operator shall submit the Annual Financial Report (AFR) as reviewed and the annual financial statement of the non-governmental organisation (NGO) as a whole as audited by a certified public accountant holding a practicing certificate as defined in the Professional Accountants Ordinance (Chapter 50) and signed by two authorised representatives of the NGO, i.e. Chairperson of the governing board and the NGO Head in accordance with the requirements as stipulated in the latest LSG Subvention Manual. The AFR should be prepared on a cash basis and non-cash items such as depreciation, provisions and accruals etc. should not be included in the AFR.

### **Corruption Prevention and Probity Requirements**

23. It is the responsibility of the Service Operator to ensure that its management, board members and staff comply with the Prevention of Bribery Ordinance (Cap. 201) and the relevant requirements. The Service Operator shall prohibit the members, staff, agents, and contractors from offering, soliciting or accepting advantages when discharging their duties under the FSA. With regard to the provision of the subvented services, the Service Operator shall avoid and declare any conflict of interest.

24. The Service Operator should also make reference to the relevant guidelines on corruption prevention and probity requirements to uphold integrity in every aspect, including but not limited to the governance structure, internal control, financial/fund management, procurement, staff administration, delivery of services/activities, management of maintenance works as set out in the “Corruption Prevention Guide on Governance and Internal Control for Non-Governmental Organisations” and the “Integrity and Corruption Prevention Guide on Managing Relationship with Public Servants” issued by the Independent Commission Against Corruption.

### **V Validity Period**

25. 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 the SWD that the same be remedied, the SWD may after expiry of such notice, terminate this FSA by giving 30 days’ notice in writing to the Service Operator.

26. Where there is any change to the performance standards within the agreement period, the 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.

27. Continuation of the 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. The SWD reserves the right to reallocate the service.

28. The SWD may immediately terminate this FSA upon the occurrence of any of the following events –

- (a) the Service Operator has engaged or is engaging in acts or activities that are likely to constitute or cause the occurrence of offences endangering national security or which would otherwise be contrary to the interest of national security;
- (b) the continued engagement of the Service Operator or the continued performance of the FSA is contrary to the interest of national security; or
- (c) the SWD reasonably believes that any of the events mentioned above is about to occur.

## **VI Other References**

29. Apart from this FSA, the Service Operator should also comply with Guidelines on the Formulation and Implementation of Care Plan for Individual Service User, the requirements/commitments set out in 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.