

FUNDING AND SERVICE AGREEMENT¹**Integrated Community Rehabilitation Centre****A. Service Definition****(1) Introduction**

Integrated Community Rehabilitation Centre (ICRC) (the Service) provides a continuum of community support services for persons with disabilities (PWDs) living at home and having intensive care needs, and provides support to their carers as well. The Service also provides integrated day care and home-based support services flexibly according to impairment level and needs of the PWDs.

(2) Purpose and Objectives

The main purpose of the Service is to provide integrated community support services for the target service users with the following objectives –

- (a) to adopt a case management approach in individual care planning through the application of “International Classification of Functioning, Disability and Health” (ICF) framework;
- (b) to provide a continuum of day care/ training at the centre and home care/ support services for persons with severe or moderate disabilities;
- (c) to enhance community support for carers of PWDs; and
- (d) to promote the application of assistive technology in the community.

(3) Service Nature and Contents²

The Service Operator shall meet the needs of service users by providing services including but not limited to -

- (a) **Case management service**, including formulating individual care plans with tailored service/ training packages for service users; adjusting the service package and intensity through ongoing assessment and regular case review; making referrals for social welfare, medical and health services; and rendering counselling and psycho-education, e.g. health care education and end-of-life education as appropriate, etc.;

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

² There will be about 50 service places (including centre-based, home-based and respite services) daily provided by a ICRC which has to arrange package of services in a flexible manner to meet the needs of the service users.

- (b) **Rehabilitation training**, including physiotherapy (PT), occupational therapy (OT) and speech therapy (ST) as advised by medical and/ or para-medical professional; sensory intergration training; multi-sensory therapy; reminiscence therapy; and tele-rehabilitation training, etc.;
- (c) **Nursing care**, including clinical observation; monitoring of vital signs such as blood pressure, pulse, temperature and body weight; supervision on medications; gastric tube feeding; Foley's catheter care; wound care; urine testing; stoma care; incontinence care; diabetic care; infection control and peritoneal dialysis, etc.;
- (d) **Personal care and assistance**, including transfer assistance; personal hygiene; feeding or assistance with eating; dressing and changing clothes; showering or bathing; grooming; toileting and disposal of urine and bowel waste of incontinence care; simple maintenance exercises; and delivery of goods, etc.;
- (e) **Escort and transportation service**, including escort and/ or transportation service for attending medical follow-up appointment at hospitals/ clinics; attending schools; and attending services/ activities at rehabilitation welfare units, etc.;
- (f) **Environmental risk assessment and follow up service**, including risk assessment on home environment and home modifications;
- (g) **Day care service**, including day care with meals; nursing care; intensive personal care; maintenance programmes on basic living skills and regular activities to meet service users' social and recreational needs;
- (h) **Respite service**, including centre-based and home-based day respite services³ for PWDs and *covering seven days a week including Sundays and public holidays*, to provide temporary relief to carers;
- (i) **Meal delivery service**⁴, covering *seven days a week including Sundays and public holidays* for meeting service needs;
- (j) **Groups and Programmes**, including therapeutic/ educational/ supportive groups and programmes for PWDs/ carers/ public;
- (k) **Other Carer Support Services**, including need assessment; supportive counselling; care skills training; psycho-education, e.g. education on

³ For service users requiring residential respite services, the ICRC has to make referrals to residential care home for PWDs or liaise with Designated Hotline for Carer Support 182183 as appropriate.

⁴ **Meals delivery service** refers to the meals prepared/ ordered/ purchased and delivered to service users for lunch and/ or dinner on need basis.

end-of-life care and primary health care; and referrals for other social welfare services, etc.;

- (l) **Application of ICF**, including application of ICF framework in devising a structure comprising rehabilitation objectives, intervention, assessment and evaluation; formulating individual care plans for service users after consulting multi-disciplinary professionals using ICF framework; and facilitating data and experience sharing among rehabilitation organisations; and
- (m) **Application and Promotion of Assistive Technology**, including the use of technology products and applications⁵ in the centre; promotion of assistive technology in the community through renting assistive technology items suitable to be used at home; and collaboration with the business sector, medical sector, special schools, academic institutions and other NGOs equipped with the knowledge of application of innovative technology products to promote the application of assistive technology in the community.

(4) Target Service Users

The target service users are -

- (a) PWDs⁶ aged 15 or above living in the community AND suffering from severe or moderate intellectual and/ or physical disabilities, stroke, neurological or physical impairment, who are:
 - (i) certified by medical officer/ occupational therapist/ physiotherapist as suffering from the above disabilities and/ or impairment; or
 - (ii) assessed by ICRC with service needs in accordance with the assessment tool currently adopted by subvented “Home Care Service for Persons with Severe Disabilities” and “Integrated Support Service for Persons with Severe Physical Disabilities”⁷;
or

⁵ Service Operators may offer using technology products/ applications to improve the quality of life of service users and/ or reduce the burden and pressure of care staff. The products/ applications offered can be conventionally and unconventionally adopted in existing rehabilitation service units.

⁶ Priority will be given to those aged at or under 60. If capacity allows, those with aged 60 or above can be served.

⁷ The Assessment Tool for Home Care Service for Persons with Severe Disabilities is developed by a multi-disciplinary working group comprising social workers, paramedical staff and clinical psychologist formed under the Rehabilitation and Medical Social Services Branch of Social Welfare Department (SWD). The Assessment Tool, covering three major assessment domains, i.e. nurse care need, functional impairment and challenging behaviour, referenced from the Standardised Assessment Tool for Residential Service for People with Disabilities, is adopted. The assessment for Home Care Service shall be conducted by the social workers or para-medical staff who have completed training on the administering of the Assessment Tool recognised by the SWD.

- (iii) assessed to be eligible for Hostel for Severely Physically Handicapped Persons (HSPH), Hostel for Severely Mentally Handicapped Persons (HSMH) or Care and Attention Home for Severely Disabled Persons (C&A/SD) in accordance with the “Standardised Assessment Tool for Residential Services for People with Disabilities”, and still living in the community.

- (b) Carers of PWD service users mentioned in (a).

(5) **Referrals**

The target service users can directly approach ICRCs for service. Referral from medical and paramedical professionals from public hospitals, clinics and caseworkers of relevant welfare service units is also accepted.

(6) **Service Delivery Requirements**

The Service Operator shall conduct intake assessment upon receipt of cases from direct applications or referrals. The needs of a service user should be identified by a multi-disciplinary team through a case management approach with the ICP formulated incorporating views and agreement among the Service Operator, service user and/ or family member/ carer. Based on the agreed care plan, the Service Operator shall provide a package of integrated services to meet the care, support, training and/ or nursing care needs of the service users and their carers. The multi-disciplinary team shall review and revise the components of the ICP according to the latest conditions of service user as assessed on a six-month basis, or at a more frequent interval where case circumstances warrant.

The Service Operator should exercise flexibility to provide, arrange and/ or purchase other necessary services to enhance the service users’ rehabilitation progress and quality of life. To meet service users’ needs, the Service Operator should be prepared to deliver services on Sundays, public holidays and outside the regular operating hours of the organisations, which are pre-arranged and agreed among the Service Operator, service users and/ or their carers/ family members. As and when required, the Service Operator is required to arrange day, home, or residential respite service for service users so as to provide support and temporary relief for their carers.

B. Service Performance Standards

(7) **Essential Service Requirements**

The Service Operator must comply with the following essential service requirements –

- (a) The ICRC is operated at least 6 days a week with a minimum of 48 hours per week; and
- (b) Registered social worker⁸ (at least one degree holder in social work), qualified nurse⁹ and registered physiotherapist¹⁰/ registered occupational therapists¹¹ are the essential staff for the Service.

(8) Service Output and Outcome Standards

Service Output

Service Output Standard (OS)	Service Output Indicator	Agreed Level
1	Number of attendance ^(Note 1) in a year	11 840
2	Number of individual or group rehabilitation training/ therapeutic treatment/ nursing care sessions ^(Note 2) in a year	3 000
3	Number of service sessions ^(Note 3&4) of personal care and assistance ^(Note 5) in a year	8 000
4	Number of counselling/ psycho-education/ assessment/ engagement sessions ^(Note 6) for PWDs/ carers in a year	800
5	Number of therapeutic/ educational/ supportive groups and programmes ^(Note 7) for PWDs/ carers/ public in a year	12
6	Number of programmes on promoting the application of assistive/ innovative technology products in a year	6

⁸ Registered social worker refers to the definition governed by the Social Workers Registration Ordinance (Chapter 505).

⁹ Nurse means any person whose name appears either on the register of nurses maintained under section 5 of the Nurses Registration Ordinance (Chapter 164) or the roll of the enrolled nurses maintained under section 11 of that Ordinance.

¹⁰ Registered physiotherapist refers to the definition governed by the Supplementary Medical Professions Ordinance (Chapter 359). Hire of service provided by qualified physiotherapist is acceptable.

¹¹ Registered occupational therapist refers to the definition governed by the Supplementary Medical Professions Ordinance (Chapter 359). Hire of service provided by qualified occupational therapist is acceptable.

Service Outcome

Service Outcome Standard (OC)	Service Outcome Indicator	Agreed Level
1	Percentage of service users (PWDs), carers and family members indicating satisfaction with the overall service in a year	80%
2	Percentage of cases with application of ICF framework having achieved positive changes when reviewing their individual care plans in a year	70%

(9) Service Quality Standards

The Service Operator shall meet the requirements of the 16 Service Quality Standards.

C. Subvention

- (10) The Service is subvented by the SWD under the Lump Sum Grant (LSG) Subvention System and the basis of subvention is set out in the notification letter issued by the SWD. The Service Operator is required to observe the rules of subvention according to the prevailing LSG Subvention Manual, circulars, guidelines, management letters and relevant correspondences issued by the SWD. The Government will not accept any liabilities or financial implications arising from the Service other than the amount of subvention as approved by the SWD.
- (11) The amount of subvention has taken into account the personal emoluments of staff, including provident fund for employing qualified staff, and other charges (covering all other relevant operating 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, if any. Rent and rates in respect of the premises recognised by the SWD for delivery of the Service will be reimbursed separately on an actual cost basis.
- (12) Upon the Service Operator's acceptance of the Funding and Service Agreement (FSA), payment of subvention will be made on a monthly basis.

D. Validity Period

- (13) This FSA is valid for a time-defined period. Should the Service Operator breach any terms or 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, the SWD may, after expiry of such notice, terminate this FSA by giving 30 days' notice in writing to the Service Operator.
- (14) Where there is any change to the service 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.
- (15) Renewal of the FSA 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 revise the validity period of the FSA and/ or reallocate the Service.
- (16) The SWD may immediately terminate the 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.

E. Others

- (17) In addition to this FSA, the Service Operator shall also comply with the requirements according to the Service Operator's service proposal/ service plan and supplementary information, if any. Where these documents are in conflict, this FSA shall prevail.
- (18) In the event of any dispute or difference arising out of or in connection with the FSA, the SWD and the Service Operator shall first refer to mediation in accordance with The Government of the Hong Kong Special Administrative Region Mediation Rules prevailing at the time. If the said dispute or difference is not settled by mediation, the SWD or the Service Operator may institute litigation/ arbitration in respect of the said dispute or difference. The SWD and

the Service Operator agree that the courts of Hong Kong shall have exclusive jurisdiction in respect of the said dispute or difference.

Notes and Definitions

- (Note 1) The number of attendance is to be calculated for each opening session.
- (Note 2) Individual or group rehabilitation training/ therapeutic treatment/ nursing care sessions refer to all direct and hands-on training/ treatment/ nursing care sessions of not less than 45 minutes conducted either by physiotherapist, occupational therapist, speech therapist or nurse to the service users.
- (Note 3) Service sessions refer to the number of sessions providing services by care staff to service users, excluding administrative work and travelling.
- (Note 4) Counting on number of service sessions of personal care and assistance can be referred to the following table –

Duration of Personal Care and Assistance Provided	Number of Service Session(s) to be Recognised
Consecutive of 45 minutes or below	1
Consecutive of 46 - 90 minutes	2
Consecutive of 91 - 135 minutes	3
Consecutive of 136 - 180 minutes	4

- (Note 5) Personal care and assistance include transfer assistance; personal hygiene; feeding or assistance with eating; dressing and changing clothes; showering or bathing; grooming; toileting and disposal of urine and bowel waste of incontinence care; simple maintenance exercises; and delivery of goods, etc.
- (Note 6) Counselling/ psycho-education/ assessment/ engagement sessions refer to the sessions which service is rendered to the service users and their family members/ carers through face-to-face interview or home visit.
- (Note 7) Therapeutic/ educational/ supportive groups and programmes should not be less than one hour excluding preparation time and follow-up work.

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