

**FUNDING AND SERVICE AGREEMENT<sup>1</sup>****Long Stay Care Home****(A) Service Definition****(1) Introduction**

The Long Stay Care Home (LSCH) (the Service) provides long-term residential care service for people in mental recovery who are in need of active maintenance services from chronic mental illness to develop their strengths and abilities that enable them to lead a more integrated living in the community.

**(2) Purpose and Objectives**

The Service provides residential care and support services to discharged chronic mental patients/ persons in mental recovery from chronic mental illness to rebuild their ability to progress and achieve the following objectives –

- (a) to enhance the quality of life of people in recovery of mental illness;
- (b) to support them to maintain their well-being and mental stability;
- (c) to develop their strengths and abilities;
- (d) to enhance their personal independence and responsibility for themselves;
- (e) to develop their social and communication skills; and
- (f) to promote a healthy lifestyle and a positive use of leisure time.

**(3) Service Nature and Contents**

The Service includes but not limited to –

- (a) accommodation and meals;
- (b) nursing support and personal care assistance in activities of daily living;
- (c) maintenance programmes on basic living skills;
- (d) structured and meaningful programmes to develop their personal interests and strengths, and to enhance their social and communication skills;
- (e) social activities to maintain their connection with family members and the community;
- (f) social work service such as conducting needs assessment and counselling, making referrals for welfare assistance and organising social activities;
- (g) physiotherapy, occupational therapy, speech therapy (if applicable) and health promotion activities to maintain their functioning; and
- (h) visiting medical practitioner service (**Annex I**).

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

**(4) Target Service Users and Eligibility Criteria**

The target service users of LSCH are discharged chronic mental patients/ people in mental recovery from chronic mental illness aged 15 or above, who are –

- (a) in controlled medical and mental conditions that may require maintenance medications but not intensive psychiatric treatment;
- (b) unlikely to be able to lead an independent living in the community due to high dependence on residential care, withdrawn personality resulting from mental illness, dementia, impairment with poor psychomotor, social and communication skills, and/or other comorbid disabilities;
- (c) destitute or living under unfavourable home environment;
- (d) free from significant violent behaviour in the past five years and unlikely to manifest dangerous behaviour;
- (e) free from infectious disease, persistent alcohol or drug abuse; and
- (f) assessed by a pre-discharged case conference of the referring hospital under the Hospital Authority, if applicable.

**(5) Referrals**

Referrals are made through the Central Referral System for Rehabilitation Services (CRSRehab) administered by the Social Welfare Department (SWD). The Service Operator shall handle referrals according to the CRSRehab Manual of Procedures and the Standardised Assessment Mechanism for Residential Services for People with Disabilities.

**(B) Service Performance Standards****(6) Essential Service Requirements**

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

- (a) the Service is operated in compliance with the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613), its subsidiary legislation and the Code of Practice for Residential Care Homes (Persons with Disabilities);
- (b) staff are arranged to work on shifts to provide 24-hour service per day round the year;

- (c) registered social worker<sup>2</sup>, qualified nurse (psychiatric)<sup>3</sup>, qualified nurse (general)<sup>4</sup> and occupational therapist/ physiotherapist<sup>5</sup> are the essential staff of the Service;
- (d) the visiting medical practitioner service must be provided by medical practitioners with qualifications recognised in Hong Kong under the Medical Registration Ordinance (Cap. 161); and
- (e) speech therapy must be provided by speech therapists with qualifications recognised in Hong Kong.

(7) Service Output and Outcome Standards

The Service Operator is required to meet the service output and service outcome standards according to the Terms and Requirements of Specific Service Unit at Annex II.

(8) Service Quality Standards

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

(C) Subvention

- (9) The Service is subvented by SWD under the Lump Sum Grant 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 latest Lump Sum Grant Subvention Manual, circulars, guidelines, management letters and relevant correspondence 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

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<sup>2</sup> A registered social worker refers to a person who is registered under the Social Workers Registration Ordinance (Cap. 505).

<sup>3</sup> A qualified nurse (psychiatric) refers to any person whose name appears either on the register of nurses (psychiatric) maintained under section 5 of the Nurses Registration Ordinance (Cap. 164), or the roll of enrolled nurses (psychiatric) maintained under section 11 of that Ordinance. Hire of service provided by qualified nurses is acceptable.

<sup>4</sup> A qualified nurse (general) refers to any person whose name appears either on the register of nurses (general) maintained under section 5 of the Nurses Registration Ordinance (Cap. 164), or the roll of enrolled nurses maintained under section 11 of that Ordinance. Hire of service provided by qualified nurses is acceptable.

<sup>5</sup> An occupational therapist/physiotherapist refers to a person registered under the Supplementary Medical Professions Ordinance (Cap. 359). Hire of service provided by qualified occupational therapists/physiotherapists is acceptable.

approved by the SWD.

- (10) 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 including programmes, air-conditioning, travelling and vehicles-related expenses, central administration, 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.
- (11) Upon the Service Operator's acceptance of the Funding and Service Agreement (FSA), payment of subventions will be made on a monthly basis.

**(D) Validity Period**

- (12) This FSA is valid for a time-defined period as set out at **Annex II**. 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.
- (13) 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.
- (14) 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 reallocate the Service.
- (15) 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**

- (16) In addition to this FSA, the Service Operator shall also comply with the requirements according to the relevant Service Specifications, the Service Operator's proposals and supplementary information, if any. Where these documents are in conflict, this FSA shall prevail.

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**Visiting Medical Practitioner Service**

The Visiting Medical Practitioner Service (VMPS) provides primary medical care and support to service users of Residential Care Homes for Persons with Disabilities (RCHDs) under the subvention of the Social Welfare Department (SWD). It also offers consultation and training to the staff and family members/care-givers of RCHDs on health care management.

**Purpose and Objectives**

2. Through the VMPS, the Service Operators of RCHDs will be able to establish a service network with general medical practitioners for providing regular on-site medical consultation service for improvement of general health and preventive care.

**Service Nature and Contents**

3. Services under the VMPS are delivered through regular visits to RCHDs by medical practitioners, which cover a range of programmes as follows –

- (a) on-site medical treatment and management of episodic illnesses and sub-acute problems of service users, including service users discharged from hospitals or under specialist care, and liaise with hospital-based services as necessary;
- (b) regular health assessment and physical check-ups of service users;
- (c) advice/assistance in maintenance of proper patient records and medical history for service users and medication storage and management;
- (d) advice on measures regarding prevention and control of infectious disease as well as environmental hygiene of RCHDs;
- (e) telephone consultation on the management of emergency situations concerning the health of service users;
- (f) training on health care, infection control, etc., to the staff of the RCHDs;
- (g) talks on health promotion, management of chronic illness, etc., for service users and their family members; and
- (h) any other services as deemed appropriate and agreed between the RCHDs and the medical practitioners concerned.

**Fees and Charges**

4. The VMPS, including medications for minor ailments such as common cold, influenza, etc., should be provided free of charge to all service users. The Service Operator is recommended to explore a subsidy scheme for those service users who could not afford the medications not covered by the VMPS.

**Terms and Requirements of Specific Service Unit****(A) Validity Period**

This agreement is valid from (dd/mm/yy) to (dd/mm/yy).

**(B) Service Capacity**

<b>Service</b>	<b>Capacity</b>
Long Stay Care Home (LSCH)	x places

**(C) Service Performance Standards**

Service Output (for LSCH)

<b>Service Output Standard (OS)</b>	<b>Service Output Indicator</b>	<b>Agreed Level</b>
1	Average enrolment rate in a year <sup>(Note 1)</sup>	98%
2	Rate of achieving individual plans in a year <sup>(Note 2)</sup>	95%

Service Output (for Visiting Medical Practitioner Service (VMPS))

<b>Service Output Standard (OS)</b>	<b>Service Output Indicator</b>	<b>Agreed Level</b>
3	Number of clinical visits conducted in a year <sup>(Note 3)</sup>	80 (preferably on a weekly basis)
4	Percentage of service users having received at least one health assessment in a year <sup>(Note 4)</sup>	95%
5	Number of staff training on health care / infection control organised in a year	1
6	Number of health care talks delivered to service users and/ or their families in a year	1
7	Number of hygiene audits conducted for infection prevention and control in a year	2

Service Outcome

<b>Service Outcome Standard (OC)</b>	<b>Service Outcome Indicator</b>	<b>Agreed Level</b>
1	Percentage of service users indicating satisfaction with the Service in a year <sup>(Note 5)</sup>	75%
2	Percentage of service users' family members/ guardians/ carers indicating satisfaction with the Service in a year <sup>(Note 6)</sup>	75%



**Notes and Definitions****(Note 1) Average enrolment rate in a year**

Enrolment refers to the total number of residents receiving service in the LSCH as at the end of each month.

Capacity refers to the total number of places, including value-added places (if any), as at the end of each month as approved by SWD.

$$\frac{\text{Sum of month-end enrolments of the 12 months}}{\text{Sum of approved capacity of the 12 months}} \times 100 \%$$

**(Note 2) Individual plan** refers to the plan conducted by the LSCH for meeting the needs of individual service users, which should include specific goals, action identified and timeframes for achieving or reviewing the goals. An **annual** individual plan should be formulated for each service user excluding those who have stayed in the LSCH for less than 9 months. These individual plans should form the basis of regular case reviews which should be conducted at least annually. Achieving individual plans refers to individual plans being completed.

**Rate of achieving individual plans =**

$$\frac{\text{Number of individual plans completed during the period}^1}{\text{Total number of individual plans required during the period}^2} \times 100 \%$$

**(Note 3) Clinical visits** refer to the visits conducted by visiting medical practitioners to provide the range of programmes covered by VMPS, including medical treatment and management, health assessment, advice on maintenance of patient records, medication management and environmental hygiene, staff training, health talks and hygiene audits.

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<sup>1</sup> Total number of individual plans completed for all service users (excluding those service users who have stayed in the LSCH for less than 9 months) in a financial year.

<sup>2</sup> Total number of individual plans of all service users (excluding those service users with less than 9 months' stay) completed in a financial year.

**(Note 4) Percentage of service users having received at least one health assessment in a year =**

$$\frac{\text{Number of service users having received one or more health assessment in the year}}{\text{Total number of service users having been served in the year}} \times 100 \%$$

**(Note 5) Service users' satisfaction** refers to the outcome of service evaluation questionnaires conducted by the Service Operator to collect views from service users on the services provided by the service unit.

**Service users' satisfaction rate =**

$$\frac{\text{No. of service users indicating satisfaction}^3}{\text{Total number of service users having completed service evaluation questionnaire in the year}} \times 100 \%$$

**(Note 6) Family members' / guardians' / carers' satisfaction** refers to the outcome of service evaluation questionnaires conducted by the Service Operator to collect views from family members / guardians / carers on the Service.

**Family members' / guardians' / carers' satisfaction rate =**

$$\frac{\text{Number of family members/guardians/carers indicating satisfaction}^3}{\text{Total number of family members/guardians/carers having completed service evaluation questionnaire in the year}} \times 100 \%$$

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<sup>3</sup> It refers to respondents indicating “同意” or “非常同意” as shown in the “住宿服務 – 服務使用者／家屬意見調查問卷” provided by the SWD.