Funding and Service Agreement[1]

Care and Attention Homes Providing Continuum of Care and Conversion Homes Providing Continuum of Care

I Service Definition

Introduction

Care and Attention Homes Providing Continuum of Care (the Homes) refer to the provision of continuum of care for elders of moderate level of impairment on admission who may deteriorate to severe level of impairment save for a level pointing to infirmary care.

The Homes provide residential care, meals, personal care and nursing care for elders who suffer from physical and/or cognitive impairment requiring assistance in activities of daily living.

Based on the principle of "Continuum of Care", the Homes aim at providing care services for elders to meet their changing needs. This helps minimise the need for elders to move from one service or location to another as they age and become more frail, unless infirmary care is required.

All Homes may provide residential respite service when there are vacant residential care places.

Some Homes provide designated places reserved for –

(a) Infirmary Unit;
(b) Emergency Placement; and/or
(c) Respite Service.

Some Homes may also receive Infirmary Care Supplement and/or Dementia Supplement as additional resources to take care of frail elders. These Homes are required to observe the relevant terms and specifications in this Funding and Service Agreement (FSA) where applicable. Reference should be made to the Summary of Subsidiary Services attached to Residential Care Homes for the Elderly (RCHEs) of this FSA for the service description and eligibility criteria for different types of subsidiary services.

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

Purpose and objectives

The Homes aim at providing a supportive, home-like, comfortable and safe environment to elders of moderate level of impairment on admission who may deteriorate to severe level of impairment, save for a level pointing to infirmary care, so that they can achieve the optimal level of independence and social participation in the Homes that cater for their changing needs.

Services provided by the Homes shall enable residents to –

(a) receive comfort and support in a safe and home-like environment;

(b) meet their physical and psychosocial needs;

(c) maintain privacy, autonomy, dignity, independence or optimal level of functioning, and self-respect; and

(d) develop their potential and improve their quality of life.

Nature of service

The following services are provided to residents in the Homes –

(a) accommodation within shared rooms;

(b) at least three meals a day, plus snacks;

(c) social work service such as assessment, counselling, referrals and organising activities, etc.;

(d) nursing services, including administration and supervision of medication;

(e) on-site medical consultation service by registered medical practitioner (i.e. visiting medical officer (VMO)), other than community geriatric assessment teams or clinics provided by the Government or the Hospital Authority;

(f) personal care services, including assistance with activities of daily living;

(g) therapeutic exercise and treatment (including services provided by speech therapist), on either a group or individual basis, to maintain or improve the physical and cognitive functioning of residents;

(h) activities organised on a regular basis to meet the social and recreational needs of residents, to encourage residents to pursue their own interest and to maintain contact with the community and families;

(i) laundry service; and

(j) staff on duty 24 hours per day.

Target group

The target users of the Homes are elders assessed to be of moderate level of impairment on admission using the Minimum Data Set – Home Care (MDS-HC) Version 2.0[2] (Chinese edition) of the interRAI Corporation of the U.S.A. under the Standardised Care Need Assessment Mechanism for Elderly Services (SCNAMES) of the Social Welfare Department (SWD) who may deteriorate to severe level of impairment, save for a level pointing to infirmary care. These elders require personal care and attention in the course of daily living activities, nursing, rehabilitative and medical care and are unable to live at home.

Continuum of care

Based on the principle of "Continuum of Care", the Homes will continue to provide safe and adequate care to elders of moderate level of impairment on admission who may deteriorate to severe level of impairment save for a level pointing to infirmary care.

For the Homes converted from Self-care Hostels or Homes for the Aged, they are required to continue their services for residents with no or mild level of impairment as per MDS-HC assessment, who were admitted before the conversion takes place. Except for the eligibility criteria for admission and the nature of service, all the terms and conditions set out in this FSA are applicable to this group of service target. For residents with no or mild impairment as per MDS-HC assessment, the nature of service as set out in the FSA for Hostels for the Elderly or Homes for the Aged applies.

Eligibility criteria

To be eligible for admission to the Homes, an applicant must undergo MDS-HC assessment to establish the eligibility for admission. The applicant should be –

- aged 65 or above (persons aged between 60 and 64 may receive the service if there is a proven need); and
- assessed to be of moderate level of impairment as per MDS-HC assessment, and matched to Care & Attention Home as the recommended service option according to the SCNAMES.

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[2] or the prevailing version of MDS-HC adopted by SWD

II Performance Standards

The Service Operator shall meet the following performance standards:

Outputs

Output Standard	Output Indicator	Agreed Level
1.	Enrolment rate (i.e. all subvented places, including the organisation (agency) and SWD quotas but excluding respite and emergency places) within one year	95%
2.	Rate of formulation of individual care plans within one year - (a) within one month after admission; and (b) within three months after admission	 90% 100%
3.	Rate of individual care plans reviewed within one year	90%
4.	Number of medical consultation visits by registered medical practitioner (i.e. VMO) in a year *(with effect from **1 October 2018**)*	X [3 &4] (preferably on a weekly basis)
5.	Number of sessions attended by speech therapist in a year for the purpose of assessment/ treatment/ staff training *(with effect from **1 October 2018**)*	Y[5] (preferably on a weekly basis)

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[3] Number of medical consultation visits by VMO required –
(i) Home capacity below 85 places: 66 visits in a year; (ii) Home capacity of 85 to 125 places: 76 visits in a year; and (iii) Home capacity above 125 places: 86 visits in a year.

[4] Transitional arrangement of medical consultation visits by VMO for the period preceding the Homes reaching full conversion –
(i) Home capacity below 85 places: 54 visits in a year; (ii) Home capacity of 85 to 125 places: 64 visits in a year; and (iii) Home capacity above 125 places: 74 visits in a year.

[5] Number of sessions attended by speech therapist required –
(i) Home capacity below 85 places: 26 sessions in a year; (ii) Home capacity of 85 to 125 places: 58 sessions in a year; and (iii) Home capacity above 125 places: 88 sessions in a year.

Outcomes

Outcome Standard	Outcome indicator	Agreed Level
1.	Rate of residents / carers* satisfied with the medical consultation service provided by registered medical practitioner (i.e. VMO) in a year [6] *(with effect from **1 October 2018**)*	80%
2.	Rate of residents / carers* satisfied with speech therapy service provided by speech therapist in a year[7] *(with effect from **1 October 2018**)*	75%

* For those residents with difficulty in communication, carers' views should be sought.

Essential service requirements

- The service is to be operated in compliance with the Residential Care Homes (Elderly Persons) Ordinance (Cap.459) and its subsidiary regulations and Code of Practice for Residential Care Homes (Elderly Persons), and any other subsequent revised edition made thereof.

- All services are to comply with the following administrative guidelines where applicable –

  (a) Manual of Procedures on Registration and Allocation of Long Term Care Services (July 2006);

  (b) Operational Guidelines on Residential Respite Service for Elders;

  (c) Operational Guidelines on Infirmary Units in Subvented Residential Care Homes for the Elderly;

  (d) Operational Guidelines on Emergency Placement in Residential Care Services for Elders;

  (e) Infirmary Care Supplement - Guidance Notes on Managing Allocations for Subvented Residential Care Homes for the Elderly; and
  (f) Dementia Supplement – Guidance Notes on Managing Allocations for Subvented Residential Care Homes for the Elderly.

[6] It refers to the outcome of questionnaire conducted by the Service Operator to collect views from residents/ carers (for those residents with difficulty in communication) on medical consultation service provided by registered medical practitioner (i.e. VMO).

- Staffing requirement includes registered social worker, qualified nurse, care worker, speech therapist and other professional therapist including physiotherapist or occupational therapist. For professional services provided by VMO and therapist (including speech therapist, physiotherapist and occupational therapist), the Service Operator may hire services from qualified professionals or concerned organisations.

Quality

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

III Obligations of SWD to Service Operator

SWD will undertake the duties set out in the General Obligations of SWD to the Service Operators as specified in the FSA Generic Sections.

In addition, SWD will meet the following service-specific standard of performance. SWD's actual performance in relation to these obligations is expected to affect the ability of the Service Operator to meet its own required standards of performance.

- To provide an appropriate referral from the Long Term Care Services Delivery System (LDS) Office within 5 working days of written notification of a vacancy, provided that a referral ready for admission is in hand. Should such a referral not be in hand, SWD will negotiate with Service Operator as per Manual of Procedures on Registration and Allocation of Long Term Care Services and Guide for Referrals for Admission to Residential Care Homes for the Elderly.

IV Basis of Subvention

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

Funding

An annual subvention will be allocated on the Lump Sum Grant (LSG) mode to the Service Operator. This lump sum has taken into account the personal emoluments, including provident fund for employing registered social worker, qualified nurse, care worker, speech therapist and other professional therapist including physiotherapist and/or occupational therapist, and other charges (covering all other relevant operating

expenses including employees' compensation insurance and public liability insurance) applicable to the operation of services 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.

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, 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 services beyond the approved funding.

Payment arrangement, internal control and financial reporting requirements

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

The Service Operator is responsible for maintaining an effective and sound financial management system, including budget planning, projection, accounting, internal control and auditing. It 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.

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.

V. Other References

Apart from this FSA, the Service Operator should also comply with the requirements/ commitments set out in the Service Specification concerned (where applicable), and the Service Operator's proposals and supplementary information, if any. 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.

Summary of Subsidiary Services attached to Residential Care Homes for the Elderly (RCHEs)

Type of Subsidiary Services	Service Description	Eligibility Criteria
Infirmary Unit (IU)	IUs are an integral part of RCHEs and are structures physically set up in RCHEs with an additional provision of nursing staff. They are measures to maintain and support elders who are assessed to be chronically ill or disabled requiring infirmary service. IUs are meant to enable and support these elders to remain in the RCHEs and, if they wish, to tide them over for admission to medical infirmary placements.	(a) The users must be existing residents of subvented RCHE or subsidised places in private homes participating in the Enhanced Bought Place Scheme; (b) the users have been certified by Community Geriatric Assessment Teams (CGATs) of the Hospital Authority (HA) to be in conditions requiring infirmary placements. Cases assessed by CGATs to be not in need of infirmary service will also be considered for admission to IUs if MDS-HC assessment results indicate service option as 'beyond nursing home'; and (c) the users are not currently registered for ICS.
Emergency Placement	Emergency placement is provided in RCHEs to offer temporary or short-term residential care service for elders. It serves the objective of preventing the elders from risks until their next-of-kin are located for the elders' restoration to families, or other alternatives are arranged.	Elders aged 65 years or above[7] who meet the admission criteria of RCHE, the conditions (f) and (g) below, and one or more of the conditions (a) to (e) below may be accepted for emergency placement – (a) homeless without the prospect of immediate restoration to family; or (b) evicted (or facing imminent eviction) from the accommodation for various reasons; or (c) fit for discharge from hospital upon completion of medical treatment yet having difficulty in taking care of oneself or having no suitable care-givers to attend to; or

[7] Persons aged between 60 and 64 may apply if there is a proven need.

Type of Subsidiary Services	Service Description	Eligibility Criteria
		(d) in acute immediate need of alternative placement due to relationship problem at existing residence and in weak health to the extent that immediate removal/transfer is necessary to avoid risks to lives, such as elder abuse cases; or
		(e) unable to be taken care of by care-givers owing to acute unforeseen crisis situation such as hospitalisation or imprisonment of care-givers or sudden deterioration of the elderly person's health conditions which cannot be coped with by the care-givers and community support services with the result that the elderly person's continuous stay in his/her home will pose dangers to his/her health; and (f) certified free from contagious diseases; and (g) mentally fit for communal living and having no persistent tendency to violence, self-destruction/ self-injury or disruptive behaviour.
Respite Service	Respite placement is a form of temporary or short-term residential care service for elderly persons. It serves the objective of providing temporary relief to family members or relatives who are the main care-givers of elderly persons requiring a certain degree of personal care whilst ageing in the community.	Elderly persons who are – (a) aged 60 or over; (b) in demonstrated need of short-term residential care, to enable family members who care for them to have a break from caring on a long-term basis; (c) certified physically and mentally fit for communal living; (d) free from contagious diseases; (e) requiring a level of personal and nursing care corresponding to the admission criteria of the RCHE; and (f) certain to be taken back into care by the family upon expiry of the respite period.

Type of Subsidiary Services	Service Description	Eligibility Criteria
Infirmary Care Supplement (ICS)	ICS is additional resource provided for RCHEs to strengthen their manpower to provide better care to elderly residents who have been medically assessed to be chronically ill or disabled requiring medical infirmary placements. It is a measure to enable and support these elderly residents to remain in the existing RCHE and, if they wish, to tide them over for admission to medical infirmary placements.	(a) The users must be existing residents of subvented RCHEs without IUs, or of subsidised places in private homes participating in the Enhanced Bought Place Scheme; and (b) who have been certified by CGATs of HA to be requiring medical infirmary placements.
Dementia Supplement (DS)	DS is additional resource provided for subvented RCHEs to strengthen their manpower to provide better care and training to elders who have been medically assessed to be suffering from dementia.	(a) Existing residents of subvented RCHEs who are – (i) not receiving ICS; and (ii) not residing in IUs; and (b) who have been assessed/ verified by Community Psychogeriatric Teams of HA to be suffering from dementia and qualified for Dementia Supplement.