

Funding and Service Agreement¹

Combined Homes

I Service Definition

Introduction

Combined Homes offer a combination of both Care & Attention Unit (C&A Unit) and Home for the Aged.

The C&A Unit provides residential care, meals, personal care and limited nursing care for elderly people who suffer from poor health or physical/ mild mental disabilities with deficiency in activities of daily living but mentally suitable for communal living. C&A Units are established together with Homes for the Aged Units in order to facilitate the internal transfer of the frail elderly as their level of care increases.

The Home for the Aged Unit provides residential care, meals and a limited degree of assistance in activities of daily living for elderly persons who are unable to live independently in the community but who are not dependent on assistance with personal or nursing care.

Combined Homes refer to those residential care facilities for the elderly located in purpose-built premises.

Some Combined Homes have places reserved for 'Emergency Placement' (i.e. urgent temporary care and accommodation) and/or 'Respite Service' (i.e. relief care for carers).

Purpose and objectives

The objectives of residential care services for the elderly are:

- to provide residential care and facilities for those who, for health, social and other reasons, are unable to live at home;
- to maintain the health of the elderly person as far as possible and assist them with their varying personal care needs and daily living activities; and

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

- to meet the social and recreational needs of the residents and promote interpersonal relationship among residents in the homes.

Nature of service

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

The nature of the service provided varies between the C&A Unit and the Home for the Aged, given the different level of needs of residents. The specific services provided by each are as follows:

C&A Unit

The services provided to residents are :

- a) accommodation within shared rooms;
- b) provision of at least 3 meals a day plus snacks;
- c) provision of social work service such as assessment, counselling, referrals, organising activities etc.;
- d) nursing services, including administration and supervision of medication;
- e) staff on duty 24 hours per day;
- f) 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;
- g) personal care services, including assistance with activities of daily living;
- h) therapeutic exercise and treatment (including services provided by speech therapist), on either a group or individual basis, to maintain/ improve the physical functioning of residents; and
- i) activities organised on a regular basis to meet the social and recreational needs of residents, to encourage residents to pursue their own interests, and to maintain contact with the community and families.

Home for the Aged

The services provided to residents in the Home for the Aged Unit are:

- a) accommodation within shared rooms;

- b) provision of at least 3 meals a day;
- c) provision of social work service such as assessment, counselling, referrals, organising activities etc.;
- d) assistance in daily living activities such as cleaning and heavy laundry;
- e) assistance in activities of a personal nature (e.g. letter writing etc.) for those residents requiring such; and
- f) activities organised on a regular basis to meet the social and recreational needs of residents, to encourage residents to pursue their own interests, and to maintain contact with the community and families.

Target group

There are two target groups:

C&A Unit

The target group is elderly persons who require personal care and attention in the course of daily living activities and are unable to live at home, but who do not require intensive nursing care.

Home for the Aged

The target group is elderly persons who require assistance in performing daily living activities but are able to take care of their personal hygiene.

Eligibility criteria

C&A Unit

The eligibility criteria for the C&A Unit are:

- normally 65 years of age or over**;
- in poor health or suffering from functional disabilities to the extent that assistance in personal care and daily living activities is necessary;
- able to move around with a walking aid or in a wheelchair;

- without family members to provide the necessary assistance, or causing great stress to the family; and
- mentally suitable for communal living.

Priority is given to those with lower income.

Home for the Aged Unit

The eligibility criteria for the Home for the Aged Unit are:

- normally 65 years of age or over**;
- have a social or housing need and are unable to live independently;
- capable of personal hygiene and able to manage laundry of personal clothing;
- experiencing difficulties in performing/managing other activities of daily living such as cooking, cleaning, going to market and heavy laundry;
- physically and mentally suitable for communal living; and
- total household income not exceeding the financial criteria for normal application for public housing.

** Those aged 60 to 64 will continue to have access to the service subject to their meeting the admission criteria stated above.

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 organisation (agency) and SWD quotas but excluding respite and emergency places) within one year	95%

Output Standard	Output Indicator	Agreed Level
2.	Rate of formulation of individual care plan within one year	90% of the residents within one month and the rest within 3 months after admission
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 <i>(with effect from 1 October 2018)</i>	52 (preferably on a weekly basis)
5.	Number of sessions attended by speech therapist in a year (for the purpose of assessment/ treatment/ staff training) <i>(with effect from 1 October 2018)</i>	58 (preferably on a weekly basis)

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 ² <i>(with effect from 1 October 2018)</i>	80%
2	Rate of residents / carers* satisfied with speech therapy service provided by speech therapist in a year ³ <i>(with effect from 1 October 2018)</i>	75%

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

² 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).

³ 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 speech therapy service including assessment/treatment provided by speech therapist.

Essential service requirements

- All services to comply with administrative guidelines such as the Guide for Referrals for Admission to Residential Care Homes for the Elderly; and
- Staffing requirement includes registered social worker, qualified nurse, speech therapist and other professional therapist, e.g. occupational therapist/physiotherapist. 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 Service Operators as specified in the FSA Generic Sections.

In addition, SWD will meet the following service-specific standard of performance. The actual performance of the Department 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 the 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.