

**Funding and Service Agreement¹
Integrated Home Care Services (Ordinary Cases)
(Agency and District-based)**

I Service Definition

Introduction

The Integrated Home Care Services (Ordinary Cases) [IHCS(OC)] aims to provide holistic care and support to the elderly persons, people with disabilities and individuals and families with social need living in the community through a wide range of services under its management with a pool of experienced and professionally trained staff, and via a network of service units in the community with its collaboration and support. Tailoring the services in accordance with individual service user's need, the service teams should actualise the concepts of "ageing in place" and "continuum of care".

Purpose and Objective

2. The service teams provide a flexible range of services for elderly persons, people with disabilities and individuals and families with social need, to –
 - (a) stay in the community;
 - (b) achieve and maintain an optimal level of functioning and independence;
 - (c) acquire the necessary skills to adapt to changing health status; and
 - (d) prevent premature and inappropriate admission to hospital and residential care.

Target Groups

3. IHCS(OC) refers to cases who suffer from no to mild level of impairment or disability, or those cases that are assessed at moderate or severe level of impairment but require only personal care, general household and/ or domestic duties, etc.; and the service teams

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

should serve ordinary cases according to the specific geographic boundaries mutually agreed with SWD and permeability of boundary is encouraged.

4. The service teams should serve the following target groups:
 - (a) Elderly persons: refer to people aged 65 or above. Persons aged between 60 and 64 may receive the service if there is proven need;
 - (b) People with disabilities: refer to people with disabilities including those with mental handicap, physical handicap or mental illness. For people with mental illness, they have to be certified as mentally stable and free from aggressive/violent act; and
 - (c) Individuals and families with social need: refer to individuals who are suffering from chronic illness or ill health. Families which encounter difficulties arising from desertion, sudden illness, hospitalisation, imprisonment and death, etc. are also eligible.

5. Other than providing immediate services to those in need of urgent assistance, priority should be given to individuals who:
 - (a) have no or poor support from friends or the community and are financially disadvantaged, e.g. low-income working families [income level up to 1.5 Comprehensive Social Security Assistance (CSSA) level], recipients of CSSA, particularly those whose carers' role has to be relieved for them to return to work;
 - (b) are on the waiting list of IHCS(OC); and
 - (c) discharged cases from Home Care Services for Frail Elderly Persons².

6. In the case of service users in residential care home, the service can be provided but is mainly restricted to assisting them to make excursions for home leave. The primary responsibility for the care of the residents rests with the Operator of the home. Only irregularly and under exceptional circumstances should the service teams provide escort service for home leave and other practical assistance.

² Home Care Services for Frail Elderly Persons refer to Enhanced Home and Community Care Services or Integrated Home Care Services (Frail Cases).

Scope of Service

7. Service Operators are required to provide, perform or arrange, but not limited to, the following direct services to eligible service users –

- (a) personal care service
- (b) simple nursing care service
- (c) general physical exercise
- (d) general household or domestic duties
- (e) escort
- (f) child-minding
- (g) home respite service
- (h) environmental risk assessment and home modifications
- (i) purchase and delivery of daily necessities
- (j) laundry
- (k) provision of meals
- (l) other duties - to provide support to carers of the service users, etc.

8. One or more of these services (in any combination) together, if required, with information, guidance and emotional support can be provided to people depending on their needs.

9. Service should be provided on a need basis. Service users should be discharged if they no longer have service need upon periodic review.

10. Service Operators should also exercise their flexibility to provide, arrange or purchase other services (innovative and/ or value-added services) required enhancing the service users' quality of life in the home environment.

11. In the care of people with dementia, Service Operators should ensure that there should be 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

12. The Service Operators should be prepared to deliver service on Sundays, Public Holidays and outside the regular operating hours of the organisation, which are pre-arranged and agreed between the Service Operators and service users.

13. Service Operators are 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, maintaining records of service users, their service requirements and records of case review, etc. The menu of the meals delivered should be preferably commented by a registered dietitian at regular intervals.

II Performance Standards

14. Service Operators shall meet the following performance standards, on an **agency** and **district** basis:

Outputs

15. Ordinary cases refer to the existing ordinary cases of the service teams and new ordinary cases admitted to service after 1 October 2020.

Number of Weighted Units (WUs) of service to be delivered –

Service	Number of Units	Weighting	Minimum Weighted Units
Personal care service	PC	3	PC x 3
Simple nursing care service	NC	5	NC x 5
General physical exercise	PE	3	PE x 3
General household or domestic duties	GH	3	GH x 3
Escort	E	5	E x 5
Child-minding	C	3	C x 3
Home respite service	R	3	R x 3
Environmental risk assessment and home modifications	H	3	H x 3
Purchase and delivery of daily necessities	PD	3	PD x 3
Laundry	L	1	L x 1
Provision of meals	M	1	M x 1
Other duties	OD	1	OD x 1
Total number of WUs delivered by a service team in a year			TOTAL

16. The output indicators are as follows:

Output Standard	Output Indicator	Formulation of Agreed Level of Output
1	Total number of Weighted Units (WUs) delivered in a district in a year	24 000 WUs x existing number of ex-home help teams in a district + 200 WUs x number of ordinary cases allocated through the re-engineering exercise in 2003 + 2 000 WUs x number of blocks allocated through the in-situ expansion exercise
2	Out of OS1 above, percentage of total WUs in providing personal care, simple nursing care service and general physical exercise in a district in a year.	20% of the agreed level of OS1

Outcomes

17. The outcome indicator is as follows:

Outcome Standard	Outcome Indicator	Agreed Level
1	Percentage of service users ³ satisfied with IHCS(OC) service within one year	80%

Essential Service Requirements

18. The Service Operator is required to comply with the Essential Service Requirement (ESRs) as follows –

³ Service users who have received IHCS(OC) for 3 months or more.

- (a) 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.
- (b) the service needs of individuals should be reviewed at least half-yearly to ascertain their continuing need and eligibility to receive the service.
- (c) There should be registered social worker in the agency and district-based service team.

Quality

19. Service Operators shall meet the requirements of the 16 Service Quality Standards (SQSs).

III Managerial Information

20. Service Operators are required to submit to SWD the following monthly managerial information at quarterly intervals –

- (a) number of staff injuries reported; and
- (b) staff turnover rate.

IV Obligations of SWD to Service Operators

21. SWD will undertake the duties set out in the General Obligations of SWD to Service Operators as specified in this Funding and Service Agreement (FSA).

V Basis of Subvention

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

Funding

23. An annual subvention will be allocated on the Lump Sum Grant (LSG) mode to Service Operator. This lump sum has taken into account the personal emoluments, including provident fund for employing registered social workers, qualified professionals and supporting staff, and other charges (covering all other relevant operating expenses including employees’

compensation insurance and public liability insurance) applicable to the operation of the project 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.

24. In receiving the LSG, Service Operators are 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, whichever is applicable, 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 project beyond the approved funding.

Payment Arrangement, Internal Control and Financial Reporting Requirements

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

26. Service Operators are 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 project and make them available for inspection by the Government representatives.

27. Service Operators 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.

VI Other References

28. Apart from this FSA, Service Operators should also comply with the requirements/commitments set out in the Service Specifications on In-situ Expansion of Integrated Home Care Services (Ordinary Cases), the relevant sections on IHCS Teams of the

Specifications on Re-engineering Community Support Services for Elders as well as their respective applications submitted.