

**Funding and Service Agreement¹
(Lump Sum Grant)**

Combined Homes

I. Service Definition

Introduction

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

2. The C&A Unit provides residential care, meals, personal care and limited nursing care for elderly persons 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 persons as their level of care increases.

3. 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.

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

5. 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).

6. The Home may receive Infirmity Care Supplement as additional resources to take care of frail elderly persons. The Home is 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 Combined Homes of this FSA for the service description and eligibility criteria for different types of subsidiary services.

Purpose and Objectives

7. 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 residents as far as possible and assist them with

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

their varying personal care needs and daily living activities; and

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

Service Nature and Content

8. 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.

9. 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

10. 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

11. 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.

Dementia Care

12. With effect from 1 April 2024, the Homes should also provide the following services:
- (a) direct care services/ training programmes or activities to residents with dementia or cognitive impairment for maintaining their physical and social functioning; and
 - (b) training sessions on dementia care for staff.

Target Service Users

13. There are two target service users:

C&A Unit

14. The target service users are 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

15. The target service users are 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***

16. The eligibility criteria for the C&A Unit are:
- normally 65 years of age or over**;

- assessed to be suitable for admission to Care and Attention Home as per interRAI-HC assessment, and matched to Care & Attention Home as the recommended service option according to the SCNAMES;
- 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.

Home for the Aged Unit

17. 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. Service Performance Standards

18. The Service Operator shall meet the following performance standards:

Essential Service Requirements

19. 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.

20. 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;
- (b) Operational Guidelines on Residential Respite Service for the Elderly;
- (c) Operational Guidelines on Emergency Placement in Residential Care Services for Elderly; and
- (d) Infirmity Care Supplement - Guidance Notes on Managing Allocations for Subvented Residential Care Homes for the Elderly.

21. Staffing requirement includes registered social worker, enrolled or registered nurse², occupational therapist, physiotherapist, speech therapist³, care worker and occupational therapist assistant / therapist assistant / rehabilitation assistant. 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.

Service Output Standard

Service Output Standard (OS)	Output Indicator	Agreed Level
1	Enrolment rate (i.e. all subvented places, including organisation (agency) and the SWD quotas but excluding respite and emergency places) in a year	95%
2	Number of medical consultation visits by registered medical practitioner (i.e. VMO) in a year	54 (preferably on a weekly basis)
3	Number of sessions attended by speech therapist in a year (for the purpose of assessment/ treatment/ staff training)	26 (preferably on a weekly basis)

² Nurse means any person whose name appears on the register of nurses maintained under section 5 of the Nurses Registration Ordinance (Cap. 164); or the roll of enrolled nurses maintained under section 11 of that Ordinance.

³ Speech Therapist should be i) the holder of a Hong Kong Bachelor's degree in Speech and Hearing Sciences, or equivalent; or ii) post-degree qualification in Speech and Language Science from a Hong Kong tertiary educational institution, or equivalent.

Service Output Standard (OS)	Output Indicator	Agreed Level
4	Number of training activities ⁴ to residents with dementia or cognitive impairment in a year <i>(with effect from 1 April 2024)</i>	23
5	Number of training hours ⁵ on dementia care arranged for staff in a year <i>(with effect from 1 April 2024)</i>	144

Service Outcome Standard

Service Outcome Standard (OC)	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 <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 ⁷ <i>(with effect from 1 October 2018)</i>	75%
3	Rate of residents / carers* satisfied with service on direct care services / training programmes or activities provided to demented elderly person in a year ⁸ <i>(with effect from 1 April 2024)</i>	75%

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

⁴ Training activities for maintaining physical and social functioning include reality orientation, sensory training reminiscence programme, memory/ cognitive training and et cetera.

⁵ Training conducted no less than half-an-hour is counted.

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).

⁷ 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.

⁸ It refers to the outcome of questionnaire conducted by the Service Operator to collect views from residents/ carers (for those residents with dementia) on services/ training programmes or activities provided to them.

Quality

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

III. Obligations of the SWD to Service Operator

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

24. In addition, the 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 2 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, the 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

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

Funding

26. An annual subvention will be allocated on the Lump Sum Grant (LSG) mode to the Service Operator for a time-defined period. This lump sum has taken into account the personal emoluments, including provident fund for employing registered social worker, enrolled or registered nurse, occupational therapist, physiotherapist, speech therapist, care worker and occupational therapist assistant/therapist assistant 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 the SWD for delivery of the subvented activities will be reimbursed separately on an actual cost basis.

27. 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 the 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

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

29. 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.

30. The Service Operator shall submit the Annual Financial Report (AFR) as reviewed and the annual financial statements of the non-governmental organisation (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.

Corruption Prevention and Probity Requirements

31. It is the responsibility of the Service Operator to ensure that its management, board members and staff comply with the Prevention of Bribery Ordinance (Cap. 201) and the relevant requirements. The Service Operator shall prohibit the members, staff, agents, and contractors from offering, soliciting or accepting advantages when discharging their duties under the FSA. With regard to the provision of the subvented services, the Service Operator shall avoid and declare any conflict of interest.

32. The Service Operator should also make reference to the relevant guidelines on corruption prevention and probity requirements to uphold integrity in every aspect, including but not limited to the governance structure, internal control, financial / fund management, procurement, staff administration, delivery of services / activities, management of maintenance works as set out in the "Corruption Prevention Guide on Governance and Internal Control for Non-Governmental Organisations" and the "Integrity and Corruption Prevention Guide on Managing Relationship with Public Servants" issued by the Independent Commission Against Corruption.

V. Validity Period

33. This FSA is valid for a time-defined period. Should the Service Operator be in breach of any terms of 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 that the same be remedied, the SWD may after expiry of such notice, terminate this FSA by giving 30 days' notice in

writing to the Service Operator.

34. Where there is any change to the 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.

35. Continuation of service 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 project.

36. 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.

VI. Other References

37. 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 the SWD.

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**Summary of Subsidiary Services attached to
Combined Homes**

Type of Subsidiary Services	Service Description	Eligibility Criteria
Emergency Placement	Emergency placement is provided in RCHEs to offer temporary or short-term residential care service for elderly persons. It serves the objective of preventing the elderly persons from risks until their next-of-kin are located for the elderly persons' restoration to families, or other alternatives are arranged.	<p>Elderly persons aged 65 years or above³ who meet the admission criteria of RCHE, the condition (f) below, and one or more of the conditions (a) to (e) below may be accepted for emergency placement –</p> <ul style="list-style-type: none"> (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 (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

³ Persons aged between 60 and 64 may apply if there is a proven need.

Type of Subsidiary Services	Service Description	Eligibility Criteria
		(f) 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 need of short-term residential care so that family members or relatives as their main caregivers may take a break from providing the care on a long-term basis; (c) certified physically and mentally fit for communal living; (d) requiring a level of personal and nursing care corresponding to the admission criteria of the RCHE; and (e) certain to be taken back into care by the family upon expiry of the respite period.
Infirmary Care Supplement (ICS)	ICS is additional resource provided for RCHEs to strengthen their manpower to provide better care to 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 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