

Funding and Service Agreement¹

Home Care Services for Frail Elderly Persons²

I Service Definition

Introduction

The Home Care Services for Frail Elderly Persons (HCS for Frail Elderly Persons) aims to provide a comprehensive range of care and support services to frail elderly persons who are assessed and recommended for Community Care Services or Residential Care Services under the Standardised Care Need Assessment Mechanism for Elderly Services, so as to facilitate their continuous living at home for as long as possible and achieve or maintain their optimal level of functioning. This service also provides support services to their carers to alleviate their care stress. Tailoring the services in accordance with individual service users' needs, the HCS for Frail Elderly Persons actualises the concepts of "ageing in place" and "continuum of care".

Purpose and Objectives

2. The objectives of HCS for Frail Elderly Persons are to enable service users to:
 - (a) stay in safe and familiar living environment of their choice in the community;
 - (b) achieve and maintain an optimal level of functioning and independence;
 - (c) acquire the necessary the skills to adapt to their changing health status;
 - (d) prevent premature long-term admission to hospital and residential care; and
 - (e) relieve the care stress of their carers.

Target Group and Eligibility Criteria

3. The target service users of HCS for Frail Elderly Persons are:
 - (a) aged 60 or above;
 - (b) living in the community and not receiving institutional care;

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

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

- (c) medically stable;
- (d) in need of a comprehensive care plan involving provision of well-coordinated home and community care services; and
- (e) carers of the elderly persons using HCS for Frail Elderly Persons.

4. Elderly persons applying for the service are required to establish their eligibility for admission through the Standardised Care Need Assessment Mechanism for Elderly Services. Service Operator will admit service users on referrals by Standardised Care Need Assessment Management Offices (Elderly Services) [SCNAMO(ES)s] according to the preference of the service users, if any, and the vacancies of the service teams concerned.

Nature and Contents of Service

5. The Service Operator should address the holistic and specific needs of individual service users by applying a multi-disciplinary approach including medical care, nursing care, nutritional care, personal care, rehabilitative services and social work service, etc. Services provided to service users should be planned, well-coordinated and tailored according to the needs of the service users. The management of clinical issues should include, but not limited to, the following:

- (a) prevention and management of falls;
- (b) prevention and management of accidents;
- (c) maintenance of skin integrity;
- (d) management of wounds;
- (e) prevention and management of pressure sores;
- (f) prevention and management of urinary and faecal incontinence;
- (g) prevention and management of constipation;
- (h) supervision of medication including use of psychotropic medication, administration of injectable medication and intravenous therapy;
- (i) nutritional and dietary management including special diet and tube feeding;
- (j) infection control;
- (k) management of chronic pain;
- (l) management of special nursing procedure³, e.g. stoma care⁴, tracheotomy care, oxygen therapy;
- (m) management of depression;

³ Include the assessment procedure for service users, implementation procedure, support services to carers for handling stoma care and case review mechanism.

⁴ “stoma care” means the Special Nursing Care dealing with the stoma bag, problems with the stoma and skin care as well as handling of the diet and fluid.

- (n) prevention and management of dementia or cognitive impairment;
- (o) prevention and management of agitated and aggressive behaviour; and
- (p) maintenance and restorative rehabilitation.

6. To address the above clinical issues and to meet the needs of individual service users, the Service Operator is required to provide, arrange, or purchase, but not limited to, the following services according to individual service user's health condition and assessed needs:

(a) Direct Care Services

- (i) Care management and assessment⁵;
- (ii) Personal care: e.g. transfer, food-feeding, bathing, peri-care, hair washing, hair cutting, shaving, nail cutting, changing of clothes, toileting, disposal of urine and bowel waste, etc.;
- (iii) Basic Nursing Care: e.g. clinical observation and monitor of vital signs testing including blood pressure, pulse, temperature and body weight; urine testing, supervision on medications, gastric tube feedings, simple dressing, application of medical ointment dressing, prevention and management of clinical issues through individual coaching, etc;
- (iv) Special Nursing Care: e.g. stoma care, incontinence care, respiratory care, diabetic care, peritoneal dialysis, infection control, Foley's catheter care, etc.;
- (v) Restorative and maintenance rehabilitation exercises, any other therapeutic exercises or activities, environmental risk assessment and home modification suggestions, speech therapy⁶ etc.; and
- (vi) Home Respite Service⁷
- (vii) Dementia care⁸ e.g. reality orientation, sensory training, reminiscence programme and memory or cognitive training, etc.

⁵ Care management and assessment conducted by all professionals, including social worker, physiotherapist, occupational therapist, speech therapist, etc.

⁶ Scope of services of speech therapy includes: (i) on-site visits by speech therapist; (ii) clinical assessments on the services users' speech-related functioning and swallowing problems; (iii) implementation of speech therapy and treatment programmes; (iv) periodical reviews of progress of speech therapy treatment; and (v) consultations and training programmes to the allied health professionals in the HCS for Frail Elderly Persons team. The speech therapist(s) shall work closely with carers and allied health professionals in the provision of services.

⁷ Home respite service is a form of temporary or short-term home-based care service for elderly persons to provide relief for carers.

⁸ Dementia care services include: (i) direct care services/training programmes or activities provided to service users with dementia or cognitive impairment for maintaining their physical and social functioning; and (ii) training programmes/supportive services provided to carers.

(b) Support Services

- (i) provision of meals⁹;
- (ii) home-making services e.g. household cleaning, changing of bed sheets and pillowcases, purchase of necessities, laundry, and meal preparation, etc.;
- (iii) transportation and escort services;
- (iv) arrangement or referral for centre-based / residential respite services¹⁰;
- (v) arrangement or referral for other appropriate services pertaining to health and rehabilitation, e.g. dental/optical/hearing/medical check-up; medical/Chinese medicine/pharmacy consultation; psychogeriatric/clinical psychological service; influenza vaccination; prosthetic-orthotic/podiatry service; bereavement services; end-of-life care and education; legal consultation service; volunteer visit/service; minor repair and maintenance for rehabilitative equipment; and stair-climbing service, etc.;
- (vi) counselling;
- (vii) carer support services, including support for needy carers¹¹;
- (viii) on-site carer training¹²;
- (ix) carer support programmes¹³ which address the special needs of carers in taking care of elderly persons in varied levels and areas of impairment, e.g. carers of elderly persons with dementia, stroke, etc.;
- (x) 24-hour emergency support¹⁴; and
- (xi) miscellaneous, e.g. disposal of medical waste, handling of soiled linen, handling of medical equipment/supplies, record keeping, reporting, social and recreational activities, health talks, etc.

⁹ 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 according to their needs.

¹⁰ Centre-based / residential respite services include day respite service for the elderly, residential respite service for the elderly and centre-based respite programs / activities.

¹¹ Needy carers means those carers who need to take care of frail service users, including but not limited to those aged 60 or above, the carers themselves are stressed by the caring duty and in need of social and emotional support; as well as who have disability, ill health , etc.

¹² On-site Carer Training includes skill demonstration at the elderly persons' home on personal care skills, such as hygienic care, before and after care for Ryles' tube feeding, turning and transfer, skin care, rehabilitative care skills including maintenance or passive exercises, wound dressing and management of Foley etc. as well as training on Carers included health education, care for demented Service Users, stress management, diet control, fall prevention and drug management, etc.

¹³ Carer Support Programmes include any activity conducted outside the elderly person's home with no less than 3 participants conducted by at least one professional (such as nurse, social worker or PT/OT) with duration not less than one hour for the purpose of empowering the carer to maintain elderly persons' health condition so that they can continue living in the community.

¹⁴ 24-hour emergency support refers to assistance and advice to be provided to service users and/or their carers in case of emergency round the clock.

7. The Service Operator shall exercise its flexibility to provide, arrange or purchase other services (innovative and/or value-added services) required to enhance the quality of life of its service users in the home environment.

8. The Service Operator shall provide needed services to service users and/or their carers within seven working days upon the receipt of referrals from SCNAMO(ES)s. The Service Operator is required to conduct inter-disciplinary assessment which include professional input from nursing, para-medical staff and social worker. The assessed needs of service users, e.g. physical, mobility, dietary, emotional and social, etc. and how these needs are to be met should be clearly stated in the individual care plan (ICP). ICP including assessment on the needs of carers with risk arising from care stress should be formulated within one month after the service users' admission, and should be reviewed at least once every year according to the "Guidelines on the Formulation and Implementation of Care Plan for Individual Service Users", and service should be provided in accordance with the changing needs.

9. Service users should be immediately discharged (with their cases closed) if they are no longer in need of service upon periodic review and notify the SCNAMO(ES)s concerned. Where appropriate, the Service Operator should refer the service users to services they are in need of. Reasons for discharge include but not limited to:

- (i) self-withdrawal;
- (ii) away from HCS for Frail Elderly Persons for more than 30 days (e.g. long-term hospitalisation, away from Hong Kong, etc.);
- (iii) improvement of conditions of the service user such that he/she is no longer eligible or in need of HCS for Frail Elderly Persons;
- (iv) other formal or informal support available;
- (v) long-term admission to residential care homes; or
- (vi) deceased.

10. In the care of service users with dementia, the Service Operator 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

11. The Service Operator shall deliver HCS for Frail Elderly Persons on

Sundays, Public Holidays and outside the regular operating hours of the organisation, which are pre-arranged and agreed between the Service Operator and service users to ensure that service needs, in particular meals, should be well met.

12. The Service Operator is 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

13. To assist the Social Welfare Department (SWD) in evaluating the service, the Service Operator has to provide quarterly statistical returns, which may include the profiles of service users, the services rendered, service effectiveness, and other information as required in a prescribed format.

A. Essential Service Requirements

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

- (a) the HCS for Frail Elderly Persons should operate at least 6 days a week with a minimum of 48 hours per week; and
- (b) there should be registered social worker in the HCS for Frail Elderly Persons team.

15. For professional services provided by physiotherapist, occupational therapist and speech therapist, the Service Operator may hire services from qualified professional organisation.

B. Outputs

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

Output Standard	Output Indicator	Agreed Level
1	Number of hours of direct care services per service user in a year	Total: 74 hours in a year

Output Standard	Output Indicator	Agreed Level	
2	Number of hours of on-site carer training ¹² per service user in a year	Average of 2 hours ¹⁵	
3	Number of Carer Support Programmes ¹³ in a year	Capacity	Number of carer support programme ¹⁶
		50 or below	2
		51 - 100	3
		101 – 150	4
		151 - 200	5
		over 200	6 or more ¹⁷
4	Number of training/activities/programmes ^{18and} ¹⁹ conducted for needy carers ¹¹ in a year	Capacity	Number of training/activities/programmes
		10 or below	1
		11 – 20	2
		21 – 30	3
		31 - 40	4
		over 40	5 or more ²⁰
5	Percentage of risk assessment ²¹ conducted on the carers in taking care of the service users for all cases ²² in a year	95%	

¹⁵ At least one out of the two required hours of on-site carer training per service user in each financial year should be designated for the carers of service users suffering from dementia.

¹⁶ At least one Carer Support Programmes is required to be conducted for the carers of service users suffering from dementia.

¹⁷ For service team with capacity over 200, the number of carer support programme is set as: 6 + additional 1 for every 50 more places over 200, e.g. 6 carer support programmes for service team with capacity between 201 and 250, 7 carer support programmes for service team with capacity between 251 and 300, and so on.

¹⁸ The training/activities/programmes can be provided by any of the following staff members in the team: (i) social worker; (ii) allied health professionals; and (iii) personal care worker (PCW) under the guidance of (i) or (ii) above.

¹⁹ Training sessions, counselling, referral services etc. for needy carers will be counted as “activities”; but the on-site carer training and Carer Support Programmes conducted for carers per year are excluded to avoid duplication in reporting for OS2 and OS3.

²⁰ For every 10 places, one training/activities/programmes has to be conducted. For places less than ten would be rounded up to ten. For service team with capacity over 40, the number of training/activities/programmes is set as: 5 + additional 1 for every 10 more places over 40, e.g. 5 training/activities/programmes for service team with capacity between 41 and 50, 6 carer support programmes for service team with capacity between 51 and 60, and so on.

²¹ Risk assessment shall include examination of internal and external risk factors faced by carers, including level of family/social support, living condition, emotional condition, etc., in taking care of the service users. The assessment result shall be reflected in the ICP.

²² Cases without carers and cases with strong justifications will be excluded.

Output Standard	Output Indicator	Agreed Level
6	Percentage of service users with the formulation of individual care plan (ICP) completed within one month after admission in each year	90%
7	Percentage of ICPs reviewed in a year	90 %

C. Outcomes

Outcome Standard	Outcome Indicator	Agreed Level
1	Percentage of service users and their carers ²³ satisfied with HCS for Frail Elderly Persons service in a year	80%
2	Percentage of needy carers satisfied ²⁴ with the services for needy carers received in a year	75%
3	Percentage of service users and their carers satisfied ²⁵ with the dementia care services ⁸ received in a year	75%
4	Percentage of service users/carers satisfied ²⁶ with the speech therapy services received in a year	75%

Service Quality

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

III Managerial Information

18. The Service Operator is required to submit to SWD the following monthly managerial information at quarterly intervals –

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

²³ Service users who have received HCS for Frail Elderly Persons for 3 months or above and their carers.

²⁴ The percentage of this outcome should be calculated according to the result of the questionnaire designed for measuring the satisfaction level on services received by needy carers.

²⁵ The percentage of this outcome should be calculated according to the result of the questionnaire designed for measuring the satisfaction level on dementia care services received by service users and their carers.

²⁶ The percentage of this outcome should be calculated according to the result of the questionnaire designed for measuring the satisfaction level on speech therapy services received by service users.

IV Obligations of SWD to the Service Operator

19. SWD will undertake the duties set out in the General Obligations of SWD to the Service Operator as specified in the Funding and Service Agreement (FSA)_ Generic Sections.

V Basis of Subvention

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

Funding

21. 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 qualified professionals such as Registered Social Worker(s), Nurse, Physiotherapist, Occupational Therapist, Speech Therapist; 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.

22. 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, 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

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

24. 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.

25. 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.

Corruption Prevention and Probity Requirements

26. 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.

27. 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 “Best Practice Checklist on Governance and Internal Control in Non-Governmental Organisations” and the “Integrity and Corruption Prevention Guide on Managing Relationship with Public Servants” issued by the Independent Commission Against Corruption.

VI Validity Period

28. 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 SWD that the same be remedied, SWD may after expiry of such notice, terminate this FSA by giving 30 days’ notice in writing to the Service Operator.

29. Where there is any change to the performance standards within the agreement period, 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.

30. 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. SWD reserves the right to reallocate the

project.

31. 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.

VII Other References

32. Apart from this FSA, the Service Operator should also comply with the requirements/commitments set out in the Service Specifications of Enhanced Home and Community Care Services, the relevant sections on Integrated Home Care Services Teams of the Specifications on Re-engineering Community Support Services for Elders, as well as the respective applications, proposals and supplementary information submitted, as appropriate. 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.