

**FUNDING AND SERVICE AGREEMENT<sup>1</sup>**

**Care and Attention Home for the Aged Blind**

**(A) Service Definition**

**(1) Introduction**

Care and Attention Home for the Aged Blind (C&A/AB) (the Service) provides residential care service for elders with visual impairment who suffer from poor health and/or physical/mental disabilities. Along the principle of “continuum of care”, the Service caters for the changing care needs of elders with moderate level of impairment on admission who may deteriorate to severe impairment.

**(2) Purpose and Objectives**

The Service provides residential care service to elders with visual impairment for achieving the following objectives –

- (a) to provide care and assistance in activities of daily living;
- (b) to maintain their functioning and well-being; and
- (c) to meet their social and recreational needs and promote interpersonal relationship for a meaningful social life.

**(3) Service Nature and Contents**

The Service includes but not limited to –

- (a) accommodation and meals;
- (b) nursing support and personal care assistance in activities of daily living;
- (c) activities for meeting their social and recreational needs as well as maintaining their connection with family members and the community;
- (d) social work service such as conducting needs assessment and counselling, making referrals for welfare assistance and organising social activities;
- (e) physiotherapy, occupational therapy<sup>2</sup> (if applicable), speech therapy<sup>3</sup>

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<sup>1</sup> This Funding and Service Agreement is a sample document for reference only.

<sup>2</sup> Service Operators are allocated with additional subventions for strengthening their manpower (such as nurses, social workers and/or occupational therapists) to provide enhanced care for service users suffering from dementia.

<sup>3</sup> Service Operators are allocated with additional subvention for engaging speech therapists to conduct clinical assessment, treatment, consultation and training for staff in taking care of ageing service users with speech, feeding and swallowing difficulties.

(if applicable) and health promotion activities to maintain their functioning;

- (f) visiting medical practitioner service (**Annex I**); and
- (g) Infirmary Unit(s) (IU)<sup>4</sup> or Infirmary Care Supplement (ICS)<sup>5</sup> is provided for service users who are medically certified to be functioning at the level requiring medical infirmary placements with a view to supporting them to remain in the existing Service.

(4) **Target Service Users and Eligibility Criteria**

The target service users of the Service are elders who are aged 60 or above, who are –

- (a) certified blind by medical officer of eye clinic/eye hospital or registered ophthalmologist;
- (b) in need of personal care and attention / nursing care in daily living activities and are unable to live at home;
- (c) unable to live independently in the community;
- (d) free from infectious disease or illness; and
- (e) mentally suitable for group living, including those suffering from dementia.

(5) **Referrals**

Referrals are made through the Central Referral System for Rehabilitation Services (CRSRehab) administered by the Social Welfare Department (SWD).

**(B) Service Performance Standards**

(6) **Essential Service Requirements**

The Service Operator must comply with the following essential service requirements –

- (a) the Service is operated in compliance with the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613), its subsidiary legislation and the Code of Practice for Residential Care Homes (Persons with Disabilities);

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<sup>4</sup> IU(s) in the Service are not equivalent to medical infirmaries operated by the Hospital Authority.

<sup>5</sup> ICS is allocated to the Service without IU(s) to strengthen the manpower (such as nurses, physiotherapists and/or occupational therapists) for providing enhanced care to service users who are in need of infirmary care. ICS is a Central Item and any unspent balance is subject to claw back by the Social Welfare Department. The Service Operator concerned shall observe the “Infirmary Care Supplement - Guidance Notes on Managing Allocation for subvented Care and Attention Homes for the Aged Blind”.

- (b) staff of the Service are arranged to work on shifts to provide 24-hour service per day round the year;
  - (c) registered social worker<sup>6</sup>, qualified nurse (general)<sup>7</sup>, occupational therapist<sup>7</sup> (if applicable), physiotherapist<sup>8</sup> (if applicable) and speech therapist<sup>9</sup> (if applicable) are the essential staff of the Service;
  - (d) the visiting medical practitioner service must be provided by medical practitioners with qualifications recognised in Hong Kong under the Medical Registration Ordinance (Cap. 161); and
  - (e) referrals are handled in compliance with the CRSRehab Manual of Procedures.
- (7) The Service Operator is required to meet the service output and service outcome standards according to the Terms and Requirements of Specific Service Unit at **Annex II**.
- (8) **Service Quality Standards**

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

(C) **Subvention**

- (9) The Service is subvented by the SWD under the Lump Sum Grant (LSG) Subvention System and the basis of subvention is set out in the notification letter issued by the SWD. The Service Operator is required to observe the rules of subvention according to the prevailing LSG Subvention Manual, circulars, guidelines, management letters and relevant correspondence issued by the SWD. The Government will not accept any liabilities or financial implications arising from the Service other than the amount of subvention as approved by the SWD.

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<sup>6</sup> A registered social worker refers to a person who is registered under the Social Workers Registration Ordinance (Cap. 505).

<sup>7</sup> A qualified nurse (general) refers to a person whose name appears either 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. Hire of service provided by qualified nurses is acceptable.

<sup>8</sup> An occupational therapist/ physiotherapist refers to a person registered under the Supplementary Medical Professions Ordinance (Cap. 359). Hire of service provided by qualified occupational therapists/physiotherapists is acceptable.

<sup>9</sup> A speech therapist refers to a degree holder in Speech and Hearing Science from a local university or equivalent. Hire of service provided by qualified speech therapists is acceptable.

- (10) The amount of subvention has taken into account the personal emoluments of staff, including provident fund for employing qualified staff, and other charges (covering all other relevant operating expenses such as utilities, programme and administrative expenses, minor repairs and maintenance, employees' compensation insurance and public liability insurance, etc.) applicable to the operation of the Service and recognised fee income, if any. Rent and rates in respect of the premises recognised by the SWD for delivery of the Service will be reimbursed separately on an actual cost basis.
- (11) Upon the Service Operator's acceptance of the Funding and Service Agreement (FSA), payment of subventions will be made on a monthly basis.

**(D) Validity Period**

- (12) This FSA is valid for a time-defined period as set out at **Annex II**. Should the Service Operator breach any terms or 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, the SWD may, after expiry of such notice, terminate this FSA by giving 30 days' notice in writing to the Service Operator.
- (13) Where there is any change to the service 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.
- (14) Renewal of the FSA 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 Service.
- (15) 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.

**(E) Others**

- (16) In addition to this FSA, the Service Operator shall also comply with the requirements according to the relevant Service Specifications, the Service Operator's proposals and supplementary information, if any. Where these documents are in conflict, this FSA shall prevail.

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**Visiting Medical Practitioner Service**

The Visiting Medical Practitioner Scheme (VMPS) provides primary medical care and support to service users of Residential Care Homes for Persons with Disabilities (RCHDs) under the subvention of the Social Welfare Department (SWD). It also offers consultation and training to the staff and family members/care-givers of RCHDs on health care management.

**Purpose and Objectives**

2. Through the VMPS, the Service Operators of RCHDs will be able to establish a service network with general medical practitioners for providing regular on-site medical consultation service for improvement of general health and preventive care.

**Service Nature and Contents**

3. Services under the VMPS are delivered through regular visits to RCHDs by medical practitioners, which cover a range of programmes as follows –

- i. on-site medical treatment and management of episodic illnesses and sub-acute problems of service users, including service users discharged from hospitals or under specialist care, and liaise with hospital-based services as necessary;
- ii. regular health assessment and physical check-ups of service users;
- iii. advice/assistance in maintenance of proper patient records and medical history for service users and medication storage and management;
- iv. advice on measures regarding prevention and control of infectious disease as well as environmental hygiene of RCHDs;
- v. telephone consultation on the management of emergency situations concerning the health of service users;
- vi. training on health care, infection control, etc., to the staff of the RCHDs;
- vii. talks on health promotion, management of chronic illness, etc., for service users and their family members; and
- viii. any other services as deemed appropriate and agreed between the RCHDs and the medical practitioners concerned.

**Fees and Charges**

4. The VMPS, including medications for minor ailments such as common cold, influenza, etc., should be provided free of charge to all service users. The Service Operator is recommended to explore a subsidy scheme for those service users who could not afford the medications not covered by the VMPS.

Annex IITerms and Requirements of Specific Service Unit**(A) Validity Period**

This agreement is valid from (dd/mm/yyyy) to (dd/mm/yyyy).

**(B) Service Capacity**

| Service   | Capacity  |
|---|-----------|
| Care and Attention Home for the Aged Blind (C&A/AB) | xx places |
| Infirmary Unit                                      | xx places |

**(C) Service Performance Standards**

Service Output (for C&A/AB)

| Service Output Standard (OS) | Service Output Indicator   | Agreed Level  |
|------------------------------|--|---|
| 1                            | Average enrolment rate in a year <sup>(Note 1)</sup>                 | 95%   |
| 2                            | Rate of formulation of individual care plans in a year               | 90% of service users within 1 month, the rest within 3 months after admission |
| 3                            | Rate of individual care plans reviewed in a year <sup>(Note 2)</sup> | 90%   |

Service Output [for Visiting Medical Practitioner Service (VMPS)]

| <b>Service Output Standard (OS)</b> | <b>Service Output Indicator</b>  | <b>Agreed Level</b>               |
|-------------------------------------|--|-----------------------------------|
| 4                                   | Number of clinical visits conducted in a year <sup>(Note 3)</sup>  | 80 (preferably on a weekly basis) |
| 5                                   | Percentage of service users having received at least one health assessment in a year <sup>(Note 4)</sup> | 95%                               |
| 6                                   | Number of staff training on health care / infection control organised in a year                          | 1                                 |
| 7                                   | Number of health care talk delivered to service users and/ or their families in a year                   | 1                                 |
| 8                                   | Number of hygiene audits conducted for infection prevention and control in a year                        | 2                                 |

Service Outcome

| <b>Service Outcome Standard (OC)</b> | <b>Service Outcome Indicator</b>  | <b>Agreed Level</b> |
|--------------------------------------|---|---------------------|
| 1                                    | Percentage of service users indicating satisfaction with the Service in a year <sup>(Note 5)</sup>                                    | 75%                 |
| 2                                    | Percentage of service users' family members/ guardians/ carers indicating satisfaction with the Service in a year <sup>(Note 6)</sup> | 75%                 |



**Notes and Definitions****(Note 1) Average enrolment rate in a year**

Enrolment refers to the total number of service users receiving service in the C&A/AB as at the end of each month.

Capacity refers to the total number of places, including value-added places (if any), as at the end of each month as approved by SWD.

$$= \frac{\text{Sum of month-end enrolment of the 12 months}}{\text{Sum of month-end capacity of the 12 months}} \times 100\%$$

**(Note 2) Rate of individual care plans reviewed in a year**

**Individual care plan** refers to the plan conducted by the C&A/AB for meeting the needs of individual service users, which should include the objectives, specific goals, process for service delivery, programme content and time frames for achieving or reviewing goals. These individual plans should form the basis of regular case reviews which should be conducted at least annually for each resident. Achieving individual plans refers to individual plans being completed.

**(Note 3) Clinical visits** refer to the visits conducted by visiting medical practitioners to provide the range of programmes covered by VMPS, including medical treatment and management, health assessment, advice on maintenance of patient records, drug management and environmental hygiene, staff training, health talks and hygiene audits.

**(Note 4) Percentage of service users having received at least one health assessment in a year =**

$$\frac{\text{Number of service users having received one or more health assessment in a year}}{\text{Total number of service users having been served in a year}} \times 100\%$$

(Note 5) **Service users’ satisfaction** refers to the outcome of service evaluation questionnaires conducted by the Service Operator to collect views from service users on the Service.

**Service users’ satisfaction rate =**

$$\frac{\text{Number of service users indicating satisfaction}^{10}}{\text{Total number of service users having completed service evaluation questionnaire in a year}} \times 100 \%$$

(Note 6) **Family members’ / guardians’ / carers’ satisfaction** refers to the outcome of service evaluation questionnaires conducted by the Service Operator to collect views from family members / guardians / carers on the Service.

**Family members’ / guardians’ / carers’ satisfaction rate =**

$$\frac{\text{Number of family members / guardians / carers indicating satisfaction}^1}{\text{Total number of family members / guardians / carers having completed service evaluation questionnaire in a year}} \times 100\%$$

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<sup>10</sup> It refers to respondents indicating “同意” or “非常同意” as shown in the “住宿服務 – 服務使用者 / 家屬意見調查問卷” provided by the SWD.