

Funding and Service Agreement¹

Day Activity Centre and Hostel for Severely Mentally Handicapped Persons

I Service Definition

Day Activity Centre (DAC) provides day care and training in daily living skills and simple work skills to the mentally handicapped adults who are unable to benefit from vocational training or sheltered employment. Home for Severely Mentally Handicapped Persons (HSMH) provides home living for the persons with severely/moderately mentally handicapped who lack basic self-care skills and require assistance in personal and nursing care.

Purpose and objectives

The purpose of a DAC is to provide day activities to the service users, to train them to become more independent in their daily lives, and to prepare them for better integration into the community or for transition to other forms of service or care where appropriate.

The objectives of DAC are:

- to train the service users to acquire skills in basic self-care, social and simple work skills;
- to meet the physical, social and emotional needs of the service users through the provision of day care and meaningful activities;
- to enable the service users to become more independent in their daily living and social functioning so as to enable them to live as independently as possible; and
- to prepare the service users for transition to other forms of service or care, including progression to sheltered employment where feasible, or to alternative care when increased care is necessary.

The objectives of HSMH are:

- to provide residential care and facilities;
- to promote the quality of life of the service users and maximize their potentials through the provision of a caring and stimulating environment; and
- to maintain the health of the service users and assist them in their varying personal care needs and daily living activities.

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

Nature of the service

The service operator is required to meet the holistic and individual needs of service users by providing a well-planned and coordinated range of services facilitative to their social rehabilitation.

The services provided by the DAC include:

- (a) assessment, on an initial and regular basis, to identify the degree of disability and capability of individuals;
- (b) development of individual plans and training programmes to address the needs of individuals;
- (c) training programmes conducted on an individual or group basis in motor skills, self-help skills, communication skills, domestic skills, community living skills, simple work skills, social and interpersonal skills, leisure and recreation skills;
- (d) social and recreational activities, including participation in community events and activities;
- (e) caring activities, including;
 - nursing and personal care
 - arranging of mid-day meals
 - transporting or escorting of individuals to and from the centre, where a need exists and depending on the resources available;
- (f) supportive services, such as physiotherapy, occupational therapy and clinical psychology, through the service operator.

The services provided by an HSMH include:

- (a) accommodation and meals;
- (b) nursing services including administration and supervision of medication;
- (c) personal assistance in basic self-care activities;
- (d) provision of physiotherapy to maintain or improve the functioning of the residents
- (e) opportunities and activities to develop daily living, social and communication skills;

- (f) activities organized on a regular basis to meet the social and recreational needs of the service users and to maintain contact with the community and families.

The service operator may provide additional services to the core services listed above, where identified or assessed as appropriate by the service operator in meeting the needs of individual service users.

Target group

The target group for both DAC and HSMH are those severely/ moderately mentally handicapped persons aged 15 and above.

Eligibility criteria

To be eligible for a DAC place, an applicant should be:

- mentally handicapped;
- not bedridden or requiring infirmary care
- without severe aggressive behaviour endangering self and others; and
- without infectious disease

To be eligible for an HSMH place, an applicant should be:

- actively occupied in or being arranged for admission to a day placement;
- physically and mentally suitable for group living;
- without infectious disease

Referrals are via the Central Referral System for Rehabilitation Services (CRSRehab) operated by SWD.

II Performance Standards

The service operator will meet the following performance standards:

Outputs

| <u>Output standard</u> | <u>Output indicators</u> | <u>Agreed level</u> |
|-------------------------------|---|----------------------------|
| 1 | Average enrolment rate of DAC within one year | 95% |
| 2 | Average enrolment rate of HSMH within one year | 95% |
| 3 | Rate of achieving individual plans by DAC within one year | 95% |
| 4 | Rate of achieving individual plans by HSMH within one year | 95% |
| 5 | Average number of hours of training provided by DAC per service user per month in a year | 70 hours |
| 6 | Average number of hours of social/ recreational activities provided by DAC per service user per month in a year | 20 hours |

(Notes and Definitions attached at Annex of this Agreement.)

Essential Service Requirements

- (a) Core service hours of the DAC are Monday to Friday, from 9:00 a.m. to 3:30 p.m.
- (b) Staff of the HSMH to work on shift to provide 24-hour service.
- (c) Provision of regular meals each day with varied food by the Centre.
- (d) Registered social worker and qualified nurse are essential staff.
- (e) Provision of physiotherapy service. The service operator may hire services

from qualified professional organisations.

- (f) All services to comply with the latest Guidelines and Procedures of the CRSRehab.

Quality

The service operator will meet the requirements of the 16 Service Quality Standards (SQSs).

III Obligations of SWD to Service Operators

SWD will undertake the duties set out in the General Obligations of SWD to service operators.

In addition, SWD will meet the following service-specific standard of performance. The actual performance of SWD in relation to this obligation is expected to affect the ability of the service operator to meet its required standard of performance.

- To provide a referral from the CRSRehab within 28 days of written notification of a vacancy, provided that there is a referral with updated and complete information in hand. Should a referral not be in hand, SWD will negotiate with the service operator as appropriate.

IV Basis of Subvention

The basis of subvention is set out in the notification letter issued by SWD to the agency.

V Funding

An annual subvention will be allocated on a Lump Sum Grant (LSG) mode to the service operator. This lump sum has taken into account 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 recognized fee income, if any. Rent and rates in respect of premises recognized 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 and the LSG Circulars in force on the use of subventions. The LSG will be subject to adjustments including salary adjustments in line with civil service pay adjustment and other charges in line with government-wide price adjustment factor. The Government will not accept any liabilities or financial implication arising from the project beyond the approved funding.

VI Payment Arrangement, Internal Control and Financial Reporting Requirements

Upon your acceptance of the Funding and Service Agreement (FSA), payment of the LSG subventions will be made on monthly basis.

The service operator is responsible for maintaining an effective and sound financial management system, including budget planning, projection, accounting, internal control system 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 has to submit annual financial report (AFR) and statements reviewed by a certified public accountant registered under the Professional Accountants Ordinance (Cap 50) in accordance with the requirements as stipulated in the latest LSG Manual and LSG Circulars in force. The AFR should be prepared on cash basis and non-cash items like depreciation, staff leave accrual etc. should not be included in the AFR. Special or major capital expenditure items should only be included in the AFR if they had been thoroughly discussed in management board, well justified and documented.

VII Other References

Apart from this FSA, the service operator should also comply with the requirements / commitments set out in the respective Service Specification, 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 to all these documents will be closely monitored by SWD.

Notes and Definitions

1. **Enrolment** refers to the total number of enrolled persons as at the end of each month.
2. **Average enrolment rate** = $\frac{\text{Sum of month end enrolment of the 12 months} \div 12}{\text{Capacity}} \times 100\%$
3. **Individual plan** refers to the plan conducted by the DAC/ HSMH to meet individual service user’s needs. It should include objectives, specific goals, process for service delivery, programme content and time frames for achieving or reviewing goals. For DAC, it would be realistic and manageable to conduct **two** training programmes for each service user at any one time. For the HSMH, the number of individual plans is set at **two** for each individual service user for each year. These individual plans should form the basis of regular case reviews which should be conducted at least annually for each service user. **Achieving individual plans** refers to the completion of individual plans by the DAC/ HSMH.
4. **Rate of achieving individual plans**

For DAC, it equates to $\frac{\text{No. of plans completed during the period}}{\text{Total no. of plans required during the period}} \times 100\%$

For HSMH, it equates to $\frac{\text{No. of plans completed during the period}^1}{\text{Total no. of plans required during the period}^2} \times 100\%$

Formula for calculating the total no. of plans required for HSMH to achieve during the period

| Length of stay of the service user at the time of calculation | 0 to 3 months | > 3 to 6 months | > 6 to 9 months | > 9 months |
|---|--------------------|---------------------------|---------------------------|---------------|
| No. of service users (a) | a1 | a2 | a3 | a4 |
| Proportion of plans to be counted (b) | 0 (Not counted) | $a2 \times \frac{1}{3} P$ | $a3 \times \frac{2}{3} P$ | $a4 \times P$ |

¹ = Total no. of plans completed for all service users in a year.

² = Summation of all service users’ plans that will be counted in a year, i.e. : summation of (b)

P = 2 (minimum number of plans required for each individual service user in a year)

5. **Training hours** refer to the period that the trainee(s) is/ are undergoing sessional training both inside and outside the centre according to the time table. Hours on toileting, washing dishes, lunch, tea, row call, lining up and leisure hours should be excluded from the counting of training hours except for those who have a programme designed for them. The progress of the latter should be monitored and recorded in the client's record.

6. **Social/ recreational activities** refer to those activities solely organized by the DAC or jointly organized with other organizations as well as community events and activities organized by other parties.

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