

Funding and Service Agreement¹

Agency-based Occupational Therapy Service

I Service Definition

Introduction

Agency-based Occupational Therapy Service (the Service) provides occupational therapy to persons with disabilities. It also offers consultation and demonstration to rehabilitation centre staff and family members/care-givers on training programme and treatment of individual service user.

Purpose and objectives

The Service provides therapy, advice and assistance to help people with disabilities to overcome problems in their daily life and develop their work potential/abilities to the fullest extent as their disabilities permitted. The ultimate goal is to help persons with disabilities to achieve a maximum level of functioning in their daily life at home and in the community.

Nature of service

The Service is delivered by various means of clinical activities with the primary components of daily living skills, communication skills, pre-vocational/vocational skills, perceptual motor and sensory integrative functioning, leisure pursuits, aids and environmental adaptations, and community living skills. It covers a range of programmes as follows:

- (a) clinical assessments on service users' functioning in target training areas
- (b) clinical consultations and treatments
- (c) fabrication, prescription and training on use of rehabilitation equipment/devices
- (d) recommendations on environmental design and alteration
- (e) education and training for parents / care-givers / staff

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

Target group

Persons with disabilities including those with autistic features, who are service users of rehabilitation units as stipulated in the Rehabilitation Programme Plan (RPP) including sheltered workshops, day activity centres, hostels for moderately mentally handicapped persons, hostels for severely mentally and/or physically handicapped persons, and supported hostels for mentally/physically handicapped persons. Service units which are provided with centre-based occupational therapists (OTs) or supported by the Central Para-medical Service Unit (CPMS) under the Social Welfare Department are not included.

II Performance Standards

The service operators should meet the following performance standards :

Outputs

<u>Output Standard</u>	<u>Output Indicator</u>	<u>Agreed Level</u>
1	No. of clinical visits in a year	228 x establishment of OT of the service of the agency as at 1.4.2000
2	No. of cases receiving clinical intervention per month in a year	35 x establishment of OT of the service of the agency as at 1.4.2000
3	No. of clinical assessments/ consultations/ individual/ group treatment sessions in a year	760 x establishment of OT of the service of the agency as at 1.4.2000

(Notes and Definitions attached at Annex of this Agreement)

Essential statistics

- Total number of new cases per OT in a year

Essential service requirements

- (a) Registered OT is the essential staff of the service
- (b) Service should be given to autistic cases

Quality

The service operators will meet the requirements of the Service Quality Standards (SQSs) which will be introduced by phases as follows :

1999/2000	SQS 1, 4, 10, 11 & 18
2000/2001	SQS 3, 12, 16, 17 & 19
2001/2002	SQS 2, 5, 6, 7, 8, 9, 13, 14 & 15

III Obligations of SWD to Service Operators

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

IV Basis of Subvention

For existing service units covered by this Funding and Service Agreement, the basis of subvention is set out in the latest notification letter issued by the SWD to each agency in respect of each service unit on an annual basis. For new service units, the basis of subvention is set out in the offer letter to the agency before these service units start receiving subventions.

Service units are required to comply with the rules on the use of the social welfare subventions in accordance with the latest edition of Lump Sum Grant Manual and circular letters issued by the SWD on new/revised policies and procedures.

Notes and Definitions

Clinical visits refer to hostel/centre visits conducted purely for clinical services. One clinical visit is equivalent to 1/2 day of service where “half day” refers to a continuous duration of at least 3 hours. For clinical visit lasts for less than 3 hours but at least more than 1.5 hours may be regarded as 0.5 visit but it should not be cumulative.

Cases receiving clinical intervention include only referred cases receiving individual clinical interventions such as assessment, consultation and treatment.

Clinical assessments aim at obtaining profiles of service users’ baseline functioning in specific area and then monitoring subsequent changes over time whereas **clinical consultations** refer to the offer of advice and demonstration regarding planning and implementation of individual or group treatment programmes. For both types of clinical activities, each session should last not less than 30 minutes excluding preparation time and follow-up work.

Individual treatment sessions refer to the application of specific and purposeful activities or methods on one-to-one basis to develop, improve and/or restore the performance of necessary functions; compensate for dysfunctions; and/or minimize debilitation with eventual goal of achieving service users’ maximum possible independence in daily life. Each treatment session should last not less than 30 minutes excluding preparation time and follow-up work. **Group treatment sessions** refer to the same definition as individual treatment sessions except that they are conducted on group basis with usual group size of 2 to 10 service users.