

## **Funding and Service Agreement<sup>1</sup>**

### **Transitional Care and Support Centre for Tetraplegic Patients**

#### **I Service Definition**

1. Transitional Care and Support Centre for Tetraplegic Patients (TCSC) provides time-defined and goal-oriented community-based rehabilitation programme to persons suffering from tetraplegia in a non-medical setting so that they may achieve optimal functioning in community living. It also serves to strengthen the training and support for the family members/caregivers of service users to enhance their caring capacities.

#### **Purpose and objectives**

2. The objectives of TCSC are:
- to provide continual rehabilitation services to service users so as to help them achieve optimum level of recovery and functioning after their discharge from formal medical rehabilitation settings;
  - to assist service users to obtain or ‘polish up’ the physical and social skills needed to lead a less dependent or independent living at home and to resume their social roles as far as possible;
  - to smoothen the adjustment process of service users during the transitional period so as to assist them to overcome adjustment problems, including psychosocial and emotional issues, relationship, sexuality, parenting and stress management, etc.;
  - to promote community care and enhance the quality of life of service users; and
  - to empower the families in providing long-term care to the service users through providing skills training and tangible support.

#### **Nature of service**

3. The service operator is required to provide comprehensive psychosocial, health care and support services to service users to meet their holistic and individual needs. It develops their skills and competence which will eventually facilitate them to live more independently in the community with the support and care of their families. The TCSC should work in close collaboration and coordination with the referrers from

---

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

the Hospital Authority. The following core programmes will be provided:

#### Transitional Residential Service

Residential care service for tetraplegic patients is provided to facilitate his/her social rehabilitation and social re-adjustment. Training conducted includes consolidation of physical skills, training on activities of daily living, familiarization of community access, enhancing personal care, caregivers' training etc.

#### Day Training Programme

Day rehabilitation training is provided to facilitate the re-integration process with continual training. Training programmes are similar to those in transitional residential service.

#### Residential Respite Care Service

Residential respite service is provided for tetraplegic patients living in the community so that their family members or caregivers have a short break to attend their personal matters. The residential respite care service provided includes meals and accommodation, personal assistance in daily activities, nursing care and group activities as appropriate.

#### Other Supportive Services

Supportive services are provided to service users and their family members/caregivers which include but not limited to counselling service, social programmes, peer support groups, professional advices on selection and purchasing of aids and rehabilitation equipment, home assessment and modifications, leisure and recreational activities, etc.

4. In addition to its core programmes, TCSC also provides 2 residential care places for persons with severe physical disabilities and who are medically stable but relying on ventilator for respiratory support.

### **Target group**

5. The target group is persons with severe physical disabilities aged 15 and above, who are discharged patients suffering from spinal cord injury, neuro-muscular disease or severe spastic resulting in tetraplegia. Severe paraplegic patients and severely physically disabled persons relying on ventilator for respiratory support may also be target service users.

### **Eligibility criteria**

6. To be eligible for a place in TCSC, an applicant should be:
- suitable for the training programme as assessed by the medical professionals;

- motivated to lead an independent living in the community after the training; and
- medically and psychologically stable.

7. Referrals of target users for transitional residential service and day training programme are accepted only from the medical/allied health professional of the Spinal Cord Injury Rehabilitation Teams, public hospitals and specialist clinics of the Hospital Authority. Applications for residential respite care or other supportive services can be made directly by the service users or their family members/caregivers. SWD reserves the right to determine the placement of special or marginal cases on individual consideration.

### **Capacity**

8. TCSC has a capacity of 18 places for transitional residential service and 20 places for day training service. The service operator is also required to provide 4 places of residential respite care service on top of its requisite capacity.

## **II Performance Standards**

9. The service operator shall meet the following performance standards:

### **Output Standard**

(a) Transitional Residential Service

<u>Output Standard</u>	<u>Output Indicator</u>	<u>Agreed Level</u>
1	Average enrolment rate in a year <sup>(Note 1 and 2)</sup>	90%
2	Rate of progress review completed in a quarter	100%
3	Rate of achieving individual training and support plans in a year <sup>(Note 3 and 4)</sup>	95%

## (b) Day Training Programme

<u>Output Standard</u>	<u>Output Indicator</u>	<u>Agreed Level</u>
4	Total number of attendance in a year <sup>(Note 5)</sup>	4 600
5	Rate of progress review for day training service users completed in a quarter	100%
6	Rate of achieving individual training and support plans for day training service users in a year <sup>(Note 3 and 4)</sup>	95%

## (c) Occupational Therapy / Physiotherapy Services

<u>Output Standard</u>	<u>Output Indicator</u>	<u>Agreed Level</u>
7	Total number of assessment, individual/group treatment sessions delivered by therapists <sup>(Note 6)</sup> in a year	2 000

## (d) Social Work Services

<u>Output Standard</u>	<u>Output Indicator</u>	<u>Agreed Level</u>
8	Total number of counselling hours for service users and their families rendered by registered social workers in a year <sup>(Note 7)</sup>	1 800
9	Total number of support group sessions organised for service users and their families/caregivers rendered by registered social workers in a year	320

## (e) Other Supportive Services

<u>Output Standard</u>	<u>Output Indicator</u>	<u>Agreed Level</u>
10	Total number of sessions providing training programmes/educational courses/workshops for caregivers in a year	30
11	Total number of sessions providing staff training programmes/workshops/seminars in a year	3

## Outcome Standards

<u>Outcome Standard</u>	<u>Outcome Indicator</u>	<u>Agreed Level</u>
1	Rate of service users being satisfied with the overall services/programmes delivered to them in a year	80%
2	Rate of caregivers being satisfied with the overall services/programmes delivered to them in a year	80%

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

**Essential Service Requirements**

10. The service operator is required to comply with the essential service requirements as follows:

- (a) staff on shift duty to provide 24-hour service for residential services;
- (b) provide regular meals each day with varied food for residents;
- (c) operating hours for day training programme are from Monday to Friday, from 8:00a.m. to 6:00p.m. and 8:00a.m. to 1:00p.m. on Saturday;
- (d) registered social worker, qualified nurse<sup>(Note 8)</sup> and professional therapist, e.g. physiotherapist/occupational therapist are the essential staff for the service; and
- (e) complying with the Residential Care Homes (Persons with Disabilities) Ordinance, its subsidiary legislation and the Code of Practice for Residential Care Homes (Persons with Disabilities).

**Quality**

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

**III. Obligations of SWD to Service Operator**

12. SWD will undertake the duties set out in the General Obligations of SWD to the service operator as specified in the FSA Generic Sections.

**IV. Basis of Subvention**

13. The basis of subvention is set out in the offer and notification letters issued by SWD to the service operator.

**Funding**

14. An annual subvention (excluding rent and rates) will be allocated on a Lump Sum Grant (LSG) mode to the service operator for a time-defined period to deliver the service. This lump sum has taken into account the Personal Emoluments, including provident fund for employing registered social workers, qualified nurses, occupational therapists, physiotherapists and supporting staff, and other charges (covering all other relevant operating expenses including employee compensation insurance and public liability insurance) applicable to the operation of the project and the recognised fee income received from service users. Rent and rates in respect of premises recognized by the SWD for delivery of the subvented activities will be reimbursed separately on an actual cost basis.

15. 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 adjustment in line with civil service pay adjustments and other charges in line with the government-wide price adjustment factor. The actual subvention allocation will also be adjusted in accordance with date of commencement of service and proposals regarding phased admission schedule, if applicable. 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**

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

17. 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.

18. The service operator has to submit the Annual Financial Report (AFR) as reviewed and annual financial statements of the NGO as a whole as audited by a certified public accountant holding a practicing certificate as defined in the

Professional Accountants Ordinance (Chapter 50) and signed by two authorized 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.

### **Fees and Charges**

19. If the service operator wishes to introduce new user fees and charges for (i) value-added services in respect of the services governed by FSA for which subvention is provided or (ii) miscellaneous services incidental to the operation of the subvented services, the service operator is required to observe the relevant guidelines as laid down in the latest LSG Manual (paragraphs 2.27, 2.28 and 2.41). In addition, the service operator should comply with the following fee charging principles –

- (a) the fee-charging items are to meet the individual/special needs of service users and are outside the scope of general services/basic facilities;
- (b) alternatives for the fee-charging items should be provided/explored for service users;
- (c) the affordability of service users in paying for the fee-charging items should be assessed;
- (d) the fees should be charged on a cost-recovery basis;
- (e) information containing all fees and the channels for making enquiries/complaints about the fees and charges should be clearly displayed in the service unit; and
- (f) consultation and regular review with service users and their family members on the arrangement of the fee-charging items should be conducted as appropriate.

### **V. Validity Period**

20. This FSA is valid for a time-defined period. Should the service operator be in breach of any terms of condition of the Agreement 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 Agreement by giving 30 days' notice in writing to the service operator.

21. 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.

22. 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. Subject to revision to achieve new requirements and new performance, if any, mutually agreed between SWD and the service operator, renewal for the next term will be for another time-defined period. The service operator will be notified 6 months before expiry of the Agreement if the project is not renewed. SWD reserves the right to reallocate the project.

**VI. Other References**

23. Apart from this FSA, the service operator shall also comply with the requirements/commitments set out in the respective Service Specification, and the service operator's proposals and supplementary information, if any. The service operator's compliance with all these documents will be closely monitored by SWD.



*Notes and Definitions*

1. **Enrolment** refers to the total number of person enrolled in transitional residential service as at the end of each month.

2. **Average enrolment rate** = 
$$\frac{\text{Sum of month-end enrolment of the 12 months}}{\text{Approved Capacity for the 12 months}} \times 100\%$$

3. **Individual training and support plan** refers to the plan with clear objectives and measurable outcomes conducive to helping service users to enhance their physical functioning, to strengthen their self-learnt skills and to become more independent in the self-care activities and the daily living, more capable of integrating themselves into the community, and support the families in caring the people with disabilities in the community. **Rate of achieving individual training and support plans** refer to the proportion of plans completed out of a total number of plans provided.

4. **Rate of achieving individual plans** =

$$\frac{\text{No. of plans completed during the period}^*}{\text{Total no. of plans required during the period}^{**}} \times 100\%$$

**Formula for calculating the total no. of plans required during the period**

Length of stay of the resident at the time of calculation	0 to 3 months	> 3 to 6 months	> 6 to 9 months	> 9 months
No. of residents (a)	a1	a2	a3	a4
Proportion of plans to be counted (b)	0 (Not counted)	a2 x 1/3 P	a3 x 2/3 P	a4 x P

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

\* = Total no. of plans completed for all residents in a year.

\*\* = Summation of all residents' plans that will be counted in a year  
i.e. summation of (b)

5. The calculation of the total number of attendance for day training programme in a year includes the attendance of day training service users and transitional residential service users, of which the attendance of day training service users should be **not less than 50%** of the agreed level.

6. **Registered physiotherapist/occupational therapist** refers to the definition governed by the Supplementary Medical Professions Ordinance, Cap. 359 of the Laws of Hong Kong.
7. **Registered social worker** refers to the definition governed by the Social Workers Registration Ordinance, Cap 505 of the Laws of Hong Kong.
8. **Qualified nurse** means any person whose name appears either on the register of nurses maintained under the Section 5 of the Nurse Registration Ordinance, Cap. 164 of the Laws of Hong Kong, or the roll of the enrolled nurses maintained under Section 11 of that Ordinance.