

**Funding and Service Agreement<sup>1</sup>****Community Rehabilitation Day Centre**

[Day Care Service for Persons with Severe Disabilities attached]

**I Service definition**

The Community Rehabilitation Day Centre (CRDC) aims at providing a short-term, transitional and time-defined rehabilitation service for discharged patients who had already received medical / allied health treatment and rehabilitation therapy in public hospitals / clinics and are assessed to be in need of continuous rehabilitation service with a view to enhancing their independent living in the community and social integration. Day Care Service for Persons with Severe Disabilities (DC/SD) is also attached to enrich the function of CRDC so as to strengthen the support for people with disabilities and their families.

**Purpose and objectives**

2. The specific objectives of CRDC are :
  - to maintain the discharged patients' physical functioning and enhance their self-maintenance by providing professional rehabilitation training service;
  - to strengthen the discharged patients' application of learnt self-care abilities, domestic living and community living skills in their daily living so as to facilitate their integration into the community and to prevent premature institutionalization;
  - to provide psychosocial rehabilitation services for discharged patients so as to restructure a healthy lifestyle and productive life roles at home, work or leisure activities; and
  - to provide training programmes and educational courses to the caregivers / family members of the discharged patients so as to enhance their caring capacities and self-efficiency.
  
3. DC/SD aims at strengthening the caring capability of the family through the provision of regular day care such as personal and nursing care, social and rehabilitation services so as to enhance the opportunity of the severely disabled persons to continue living in the community.

**Nature of the service**

4. The CRDC is required to meet the holistic and individual needs of service users by providing a well-planned and co-ordinated range of services facilitative to their

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

community rehabilitation. It should work in close collaboration and coordination with the referrers from Hospital Authority and other helping agents in the community with the following range of services provided :

- time-defined centre-based training in the form of individual or group rehabilitation training programmes for service users;
  - outreaching services to discharged patients who are homebound to provide home-based individual therapy, and professional support on home modification and purchase of rehabilitative equipment;
  - training programmes / educational courses / workshops for the caregivers / family members of the discharged patients to enhance their caring capacities;
  - supportive services including the organization of mutual support groups for the discharged patients and public education programmes; and
  - day respite care service.
5. The services provided by DC/SD include :
- day care including meal;
  - nursing care and intensive personal care including assistance with activities of daily living;
  - maintenance programmes on basic living skills; and
  - regular activities to meet their social and recreational needs, and to enable them to maintain contact with the community.

### **Target group and eligibility criteria**

6. The target group for Rehabilitation Training Service includes :
- (a) Discharged patients who are -
    - aged 15 and above;
    - suffering from stroke, neurological, physical impairments or other physical illnesses affecting their functional performance and who are in need of continuous rehabilitation training; and
    - being referred by medical / allied health professionals of the hospitals of HA through standardized referral system that has been endorsed by the Department.
  - (b) Caregivers / family members of the discharged patients as stipulated above. Regarding the referral channel, both referral from social workers or medical staff and self-application are acceptable.
7. The target group for DC/SD should be :
- severely mentally handicapped/ severely physically handicapped persons;
  - aged between 15 to 59;

- disability level should be equivalent to those eligible for Care and Attention Home for Severely Disabled Persons or Hostel for Severely Physically Handicapped Persons;
- not bed-ridden or requiring infirmary care;
- without severe aggressive behaviour endangering self and others;
- without infectious disease;
- in need of day care service;
- referred by social workers direct to CRDC; and
- priority to be given to those without waitlisting for residential care services.

**Capacity**

8. The average daily attendance for rehabilitation training service is 60 and the capacity of DC/SD is 5 places per day.

**II Performance standards**

**Outputs/Outcomes**

9. The service operator will meet the following performance standards:
- (a) Rehabilitation training service for discharged patients

<u>Output Standard</u>	<u>Output Indicator</u>	<u>Agreed Level</u>
1	Average daily attendance of discharged patients for rehabilitation training programme	60
2	Rate of achieving individual training and support plans <sup>(Note 1)</sup> in a period of 6 months	95%

- (b) Occupational Therapy/Physiotherapy Services

**Service-specific Sections****Funding and Service Agreement**

<b><u>Output Standard</u></b>	<b><u>Output Indicator</u></b>	<b><u>Agreed Level</u></b>
3	Total number of assessment, individual / group treatment sessions <sup>(Note 2)</sup> delivered by therapists in a year	1,650

## (c) Supportive Services

<b><u>Output Standard</u></b>	<b><u>Output Indicator</u></b>	<b><u>Agreed Level</u></b>
4	Number of sessions providing training programmes / educational courses / workshops for caregivers <sup>(Note 3)</sup> in a year	45
5	Number of sessions providing staff training programmes / workshops / seminars <sup>(Note 4)</sup> in a year	3
6	Number of sessions providing public education programmes on community rehabilitation <sup>(Note 5)</sup> in a year	5
7	Number of sessions providing consultation services to support groups and rehabilitation units in the community <sup>(Note 6)</sup> in a year	45

## (d) Day Care Service for Persons with Severe Disabilities (DC/SD)

<b><u>Output Standard</u></b>	<b><u>Output Indicator</u></b>	<b><u>Agreed Level</u></b>
8	Average monthly occupancy rate <sup>(Note 7)</sup> within a year	95%
9	Rate of reviewing care plan <sup>(Note 8)</sup> in a period of 6 months	100%

(e) Users satisfaction

<b><u>Outcome Standard</u></b>	<b><u>Outcome Indicator</u></b>	<b><u>Agreed Level</u></b>
1	Rate of service users being satisfied with the overall services / programmes delivered to them in a year <sup>(Note 9)</sup>	80%
2	Rate of carers being satisfied with the overall services / programmes delivered to them in a year <sup>(Note 10)</sup>	80%

(f) Service effectiveness

<b><u>Outcome Standard</u></b>	<b><u>Outcome Indicator</u></b>	<b><u>Agreed Level</u></b>
3	Rate of service users having objective improvement as reflected from measurable outcome indicators <sup>(Note 11)</sup>	70%

(Notes and Definition attached at Annex of this Agreement)

**Essential service requirements**

10. The CRDC should operate 55 hours a week with the core service hours from 8:00am to 6:00pm from Mondays to Fridays, and 8:00a.m. to 1:00pm on Saturdays.

11. The core service hours of DC/SD are from 8:00am to 6:00pm from Mondays to Fridays.

12. Registered social worker, qualified nurse and qualified physiotherapist and occupational therapist are the essential staff for the service.

**Quality**

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

**III Obligations of SWD to the service operator**

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

**IV Basis of subvention**

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

**Funding**

16. An annual subvention will be allocated on a Lump Sum Grant (LSG) mode to the service operator for a time-defined period. This lump sum has taken into account personal emoluments, including provident fund for employing registered social workers, qualified professionals and supporting staff, and all other relevant costs (such as employees' compensation insurance and public liability insurance) in operating the CRDC and fees paid by service users. 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.

17. In receiving the LSG, the service operator is accorded flexibility in the use of the grant but will have 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 adjustment factor. The actual subventions allocation will also be adjusted in accordance with date of commencement of service and proposals regarding phased admission schedule, if any. SWD will not accept any liabilities or financial implication arising from the project beyond the approved funding.

**Payment Arrangement, Internal Control and Financing Reporting Requirements**

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

19. 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.

20. The service operator has to submit annual financial report and statements audited 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.

#### **V. Validity Period**

21. 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.

22. 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.

23. 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.

#### **VI. Other References**

24. 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. **Individual training and support plan (ITSP)** 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.

$$\frac{\text{No. of ITSPs completed in the past six months}}{\text{No. of ITSPs provided in the past six months}} \times 100\%$$

2. **Assessment** aims at obtaining profiles of service users' baseline functioning in specific area. Reassessment of service users' functioning level is also included in the counting for the total no. of assessment sessions. **Individual / group treatment sessions** refer to all direct and hand-on treatment sessions of not less than 45 minutes conducted either by physiotherapist or occupational therapist to the service users in the centre.
3. **Training programmes / educational courses / workshops** refer to the structured activities conducted for the caregivers with objectives of strengthening their caring capacities for the discharged patients. **Session** of these programmes should last not less than one hour excluding preparation time and follow-up work.
4. **Training programmes / educational courses / seminars** refer to the structured activities conducted for the staff of the centre or other social welfare agencies in the community with objectives of providing knowledge to the staff so as to enhance their abilities in taking care of the service users. **Session** of these programmes should last not less than one hour excluding preparation time and follow-up work.
5. **Public education programmes** refer to mass community public education programmes organised on one-off basis with objectives of promoting community rehabilitation and to enhance the public's acceptance towards the



service users. **Session** of these programmes should last not less than one hour excluding preparation time and follow-up work.

6. **Consultation service to the support groups** refers to the offer of professional advice to cater for the needs of the groups members as well as to enhance their substantial development. **Consultation service to the rehabilitation units in the community** refers to the offer of professional advice so as to facilitate the service improvement of the rehabilitation units. **Session** of these services should last not less than one hour excluding preparation time and follow-up work.

7. **Occupancy** is counted by head per day and the **rate** is calculated by the following formula :

$$\frac{\text{Total no. of occupancy in a month}}{\text{Total no. of opening day in a month} \times 5} \times 100\%$$

8. **Rate of reviewing care plan in period of 6 months** is calculated by the following formula :

$$\frac{\text{No. of care plans completed reviewing in six months}}{\text{No. of care plans deem for reviewing in six months}} \times 100\%$$

9. **Rate of service users being satisfied with the overall services / programmes** refers to the outcome of survey / questionnaire conducted by the service operator to collect views from service users on the services / programmes provided by the service operator. The **rate** is calculated by the following formula:

$$\frac{\text{No. of respondents indicating satisfaction with the overall services / programmes}}{\text{No. of respondents completing the survey / questionnaire in a year}} \times 100\%$$

10. **Rate of carers being satisfied with the overall services / programmes** refers to the outcome of survey / questionnaire conducted by the service operator to collect views from carers on the services / programmes provided by the service operator. The **rate** is calculated by the following formula:

$$\frac{\text{No. of respondents indicating satisfaction with the overall services / programmes}}{\text{No. of respondents completing the survey / questionnaire in a year}} \times 100\%$$

11. **Measurable outcome indicators** refer to the assessment tool(s) being used

by the referrers or optional assessment tool(s) as recommended by the case manager of CRDC. Optional Assessments include :

- (a) Fugel-Meyer Scale (FM Scale);
- (b) Stroke Impact Scale (SIS);
- (c) Chinese version of the Activities-Specific Balance Confidence Scale (ABC);
- (d) Chinese (Cantonese) version of the Personal Well-being Index (PWI);
- (e) Loewenstein Occupational Therapy Cognitive Assessment (LOTCA);
- (f) Cognistat;
- (g) Revermeal Behavioural Memory Test (RBMT);
- (h) Behavioural Inattention Test (BIT);
- (i) Zarit Burden Interview for caregivers; and
- (j) Others.