

Funding and Service Agreement¹

Home Care Service for Persons with Severe Disabilities

I Service definition

Introduction

The Home Care Service for Persons with Severe Disabilities (Home Care Service) aims at strengthening support for persons with severe disabilities² and relieving the stress of family members / carers through the provision of a package of home-based support services meeting the personal care, training and nursing care needs of persons with severe disabilities to facilitate their integration into the community.

Purpose and objectives

2. The specific objectives of Home Care Service are:
 - (a) to provide a package of home-based support services for persons with severe disabilities to enable their continuous stay in the community;
 - (b) to provide training and support for family members / carers of service users with a view to enhancing their caring capability and relieving their stress; and
 - (c) to promote the quality of life of service users.

Nature of the service

3. The Service Operator is required to meet the holistic and specific needs of individual service users with multi-disciplinary involvement by providing a well-planned and coordinated range of services facilitative to their continuous living in the community. They should work in close collaboration and coordination with other social welfare units and helping agents, in particular the caseworkers of service users or any other operators of welfare service units offering services to the service users. Services should be arranged to commensurate with the need and as agreed with the service users and their family members / carers. The following core services will be provided:

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

² With effect from March 2020, eligible service users for the service has included those assessed through the Assessment Tool for Home Care Service for Persons with Severe Disabilities as having moderate to high level of nursing care need or/and lower moderate to moderate level of functional impairment.

- (a) **Case Management Service** including but not limited to drawing up individual service package for each service user, providing counselling for service users in handling their emotional / behavioural problems, providing end-of-life education, case review / conference / meeting, making referrals for other welfare services / medical and health services, coordinating and integrating different types of services to meet the holistic rehabilitation needs of service users;
- (b) **Personal Care** including but not limited to providing transfer, personal hygiene, feeding or assistance with eating, meals/goods delivery, dressed-up and changing of clothes, showering or bathing, grooming including hair washing, hair cutting, shaving, nail cutting and toileting, disposal of urine and bowel waste of incontinence care and simple maintenance exercise;
- (c) **Nursing Care** including but not limited to making clinical observation and monitor of vital signs such as taking blood pressure, pulse, temperature and body weight, supervision on medications, gastric tube feeding, Foley's catheter care, wound care, urine testing, stoma care, incontinence care, respiratory care, diabetic care, infection control and peritoneal dialysis;
- (d) **Rehabilitation Training** including but not limited to providing maintenance rehabilitation exercises, general physical exercise, and any other therapeutic exercises or activities as advised by medical and para-medical professional, environmental risk assessment and home modifications assessment;
- (e) **Escort and/or Transportation Service** including but not limited to attending medical follow up appointment at hospitals / clinics, attending schools and services / activities at rehabilitation welfare units conducive to social integration;
- (f) **Carer Support Service**³ including but not limited to providing training and support services to family members/carers, like stress management, counselling, skills training, psycho-social education, physical exercise and primary health advice (e.g. health risk assessment / health monitoring / health education), and making referrals for other appropriate services, thus to enhance their caring capability;
- (g) **Home Respite Service** including but not limited to providing short-term home relief to family members / carers who need a short break in their care duties; and
- (h) **Others**⁴ including but not limited to face-to-face professional services such as discharge assessment in hospitals, formulation of discharge arrangement, home-

³ To strengthen support for carers, the service of HCS is extended to carers by PT/OT/Nursing staff free of charge.

⁴ Case activities performed by PT / OT / ST / therapist assistants / nursing staff / personal care workers such as case review, quality assurance, attending case conference / meeting, coaching for carers and staff coaching / case handover / induction for new PT / OT / ST / nursing staff, liaison work with equipment suppliers, arrangement of referrals and follow up work by PT / OT / ST / nursing staff including preparation of specifications for home modification, arrangement of quotation for equipment, etc. which involves professional assessment / inputs can also be counted in the Supplementary Information.

based assessment / consultation, etc. during intake and after case entry, introduction of community services, programmes / activities and concern visit for service users / their family members and/or carers. Normally, services provided by PT / OT / ST / nursing staff / personal care workers are provided on a one-on-one basis.

Target group and eligibility criteria

4. The “target service users” under the Home Care Service are: -

- (a) Persons with severe intellectual and / or physical disabilities who are on the waiting list for subvented residential care service of Hostel for Severely Physically Handicapped Persons (HSPH), Hostel for Severely Mentally Handicapped Persons (HSMH) or Care and Attention Home for Severely Disabled Persons (C&A/SD);
- (b) Persons with intellectual and / or physical disabilities who are assessed to be eligible for the service in accordance with the Assessment Tool for Home Care Service for Persons with Severe Disabilities⁵;
- (c) Students attending special schools for children with severe intellectual and / or physical disabilities; and
- (d) Carers of the above-mentioned service users.

For service users who are taking accommodation in the boarding section of the special school, services would only be provided during the period when they stay at home during home leave. For eligible service users living in self-financing homes for persons with disabilities, personal care, escort, transportation and home respite services would not be arranged as these services would have been provided or arranged by the home operator as a regular service to the service users.

Service delivery requirements

5. The Service Operator is required to conduct intake assessment upon receipt of cases from direct applications or referrals. The needs of a service user should be identified by a multi-disciplinary team through a case management approach with the Individual Care Plan

⁵ The Assessment Tool for Home Care Service for Persons with Severe Disabilities is developed by a multi-disciplinary working group comprising social workers, paramedical staff and clinical psychologist formed under the Rehabilitation and Medical Social Services Branch of Social Welfare Department (SWD). The Assessment Tool, covering three major assessment domains, i.e. nurse care need, functional impairment and challenging behaviour, referenced from the Standardised Assessment Tool for Residential Service for People with Disabilities, is adopted. The assessment for Home Care Service shall be conducted by the social workers or para-medical staff who have completed training on the administering of the Assessment Tool recognised by the SWD.

(ICP) formulated incorporating views and agreement among the Service Operator, service user and / or family member / carer. Based on the agreed care plan, the Service Operator could provide a package of home-based support services to meet the care, support, training and nursing care needs of service user. The multi-disciplinary team needs to review and revise the components of the ICP according to the conditions of a service user updated and assessed on a half-yearly basis, or at a more frequent interval where case circumstances warrant.

6. The Service Operator should exercise their flexibility to provide, arrange or purchase other services required to enhance the service users’ quality of life in the home environment. To meet service users’ needs, the Service Operator should be prepared to deliver services on Sundays, general holidays and outside the regular operating hours of the organisations, which are pre-arranged and agreed among the Service Operator, service users and / or their family members / carers. As and when required, the Service Operator is required to arrange residential respite service for service users so as to provide support and temporary relief for their carers.

II Performance Standards

7. The Service Operator is required to meet the following performance standards:

Output Standard (OS)	Output Indicator	Agreed Level
1	Total number of cases provided with social work intervention including counselling and support service to the service users and their family members / carers in a year (half-yearly review on 30 September and 31 March)	550 cases
2 ⁶	Total number of service times / hours provided to meet all the care, counselling, support, training, and nursing care needs of target service users in the year	/

⁶ All services to be counted under OS2 should be supported by clear documentation in form of case records, reports and minutes / notes of meeting, etc. Services to be recognised under the aforesaid OSs refer to face-to-face services delivered by all staff (excluding clerical assistant and motor driver) to target service users. Basically, HCS recognises the service times / hours a staff delivers instead of that being received by the target service users. When two staff are required in performing care duties which cannot be conducted by one only, the inputs for the two staff members can be simultaneously counted under OS2 subject to the agency’s assessment of users’ genuine needs with proper documentation.

To allow flexibility on Service Operator and to meet the changing needs of target service users, subject to the agency’s assessment of users’ genuine needs with proper documentation, a conversion mechanism is in place that 3 service times of OS2(I) may convert to 1 service hour of OS2(II)/OS2(III) or vice versa.

Output Standard (OS)	Output Indicator	Agreed Level
	(I) Service times ⁷ to meet the care needs ⁸ including Personal Care, Escort Service, Home Respite Service and Case Management Service defined in Nature of the service and discharge assessment in hospital at intake level, programmes / activities, introduction of community services and concern visit, etc.	89 351 times
	(II) Service hours of rehabilitation training service ⁹ to be provided by PT* / OT* / ST, including Rehabilitation Training, Carer Support Service* and Case Management Service defined in Nature of the service , discharge assessment in hospital at intake level and programmes / activities, etc.	10 518 hours
	(III) Service hours of nursing care service ¹⁰ to be provided by nurse / health care staff, including Nursing Care*, Carer Support Service* and Case Management Service defined in Nature of the service , discharge assessment in hospital at intake level and programmes / activities, etc.	5 108 hours
3	Rate of reviewing individual care plans ¹¹ half-yearly or at a more frequent interval	98%

⁷ For service times under OS2(I), please note the following calculation:

Every 45-minute service duration can be counted as one service time. For the “surplus minutes” (less than 45 minutes), SWD can recognise additional 0.5 service time from the 1st to 15th minute and another additional 0.5 service time from the 16th to 45th minute.

⁸ As for the delivery of meals / rehabilitation equipment by care workers, it is counted for the process when the care worker picks up the meals / rehabilitation equipment from a collection point to the abode of the service user and then delivers the meals / rehabilitation equipment back to the collection point.

⁹ If PT / OT / ST service is delivered in a group format, the principle of one-on-one basis should apply. For example, when one PT provides an hour of rehabilitation training for two service users in a group, one hour of service from the PT can be counted to reflect the professional input. When two PTs provide an hour of rehabilitation training to two service users in a group, a total of two hours of PT services will be counted. Calculation for the time spent on PT / OT / ST services can only be counted for any duration on a pro-rata basis, e.g. 80-minute service hour is equivalent to 1.33 hours of service.

¹⁰ Calculation for time spent on nursing care service can only be counted for any duration on a pro-rata basis, e.g. 80-minute service is equivalent to 1.33 hours of service.

¹¹ Individual care plan means an organised approach to identify the care, support, training and nursing care needs of a service user, to develop strategies to meet his/her needs, and to review the effectiveness of strategies used. Rate of reviewing individual care plans refer to the proportion of plans completed out of a total number of plans provided during the period.

Output Standard (OS)	Output Indicator	Agreed Level
4	Total number of carer support programmes organised in a year ¹²	12

* no recognised fee-charging for carers

Outcome Standard (OC)	Outcome Indicator	Agreed Level
1	Rate of service users being satisfied with the overall services delivered to them in a year ¹³	80%
2	Rate of family members / carers being satisfied with the overall services delivered to them in a year ¹⁴	80%

Essential Service Requirements

8. The Service Operator is required to comply with the Essential Service Requirements (ESRs) as follows -

- (a) the Home Care Service should operate at least 6 days a week with a minimum of 48 hours per week;
- (b) registered social workers¹⁵ (at least one as a degree holder in social work), qualified nurses¹⁶, registered physiotherapists¹⁷, registered occupational therapists¹⁸ and qualified speech therapists are the essential staff for the service;
- (c) for the flexibility of the service, the Service Operator may hire ST service from qualified professionals or organisations; and

¹² Counting in programmes / activities should not be duplicated with OS2.

¹³ Rate of service users being satisfied with the overall services 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.

¹⁴ Rate of family members / carers being satisfied with the overall services refers to the outcome of survey / questionnaire conducted by the Service Operator to collect views from family members / carers on the services / programmes provided by the Service Operator.

¹⁵ Registered social worker refers to the definition governed by the Social Workers Registration Ordinance (Chapter 505).

¹⁶ Nurse means any person whose name appears either on the register of nurses maintained under section 5 of the Nurses Registration Ordinance, Chapter 164, or the roll of the enrolled nurses maintained under section 11 of that Ordinance.

¹⁷ Registered physiotherapist refers to the definition governed by the Supplementary Medical Professions Ordinance (Chapter 359).

¹⁸ Registered occupational therapist refers to the definition governed by the Supplementary Medical Professions Ordinance (Chapter 359).

- (d) the operation of the Home Care Service should be under the supervision and guidance of a registered social worker.

Quality

9. The Service Operator shall meet the requirements of the 16 Service Quality Standards (SQSs).

III Obligations of SWD to the Service Operator

10. Social Welfare Department (SWD) will undertake the duties set out in the General Obligations of SWD to the Service Operator as specified in the Funding and Service Agreement (FSA) Generic Sections.

IV Basis of subvention

11. The basis of subvention is set out in the offer and notification letters issued by SWD to the Service Operator.

Funding

12. 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 and be governed by the principles set out in paragraph 13 below. This lump sum has taken into account the 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, public liability insurance, training and travelling expenses for staff, etc.) applicable to the operation of the project and the recognised fee income, if any. Rent and Rates in respect of premises recognised by SWD for delivery of the subvented activities will be reimbursed separately on an actual cost basis.

13. For prudent use of public money, it was agreed with the Service Operators that the subvention allocation for the service is adjusted according to the principles outlined below:

- (a) Only 50% of subvention will be allocated to the Service Operator when the caseload is below 50% of the agreed caseload level;
- (b) Only 75% of subvention will be allocated to the Service Operator when the caseload has reached 50% of the agreed caseload level;
- (c) 100% of subvention will be allocated to the Service Operator when the caseload has reached 75% of the agreed caseload level;

- (d) In response to the recommendation of the Director of Audit's Report No. 69, a half-yearly review on the number of cases served would be continued; and
- (e) Based on the above parameters, the subvention allocation to the Service Operator would be adjusted in accordance with the actual performance of the individual teams, which will be measured at an interval of 6 months. Except OS3, the agreed levels of other OSs will be proportionally adjusted when half or three-fourths of the total subvention is allocated to the Service Operator. In the event that the subvention adjustment has been activated, SWD will take into account the daily caseload of the team (snapshot) for subvention calculation on pro-rata basis.

14. 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, LSG Circulars, management letters and correspondence in force as issued by SWD on subvention policies and procedures. The LSG will be subject to adjustments including salary adjustments in line with the civil service pay adjustments and other charges in line with the price adjustment factor, currently the Composite Consumer Price Index. The actual subventions allocation will also be adjusted in accordance with the agreed case level. 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

15. Upon the Service Operator's acceptance of the FSA, payment of the LSG subventions will be made on a monthly basis.

16. 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.

17. The Service Operator shall submit the Annual Financial Report (AFR) as reviewed and the annual financial statements of the NGO as a whole as audited by a certified public accountant holding a practising certificate as defined in the Professional Accountants Ordinance (Chapter 50) and signed by two authorised 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.

Corruption Prevention and Probity Requirements

18. It is the responsibility of the Service Operator to ensure that its management, board members and staff comply with the Prevention of Bribery Ordinance (Cap. 201) and the relevant requirements. Service Operator shall prohibit the members, staff, agents, and contractors from offering, soliciting or accepting advantages when discharging their duties under the FSA. With regard to the provision of the subvented services, Service Operator shall avoid and declare any conflict of interest.

19. Service Operator should also make reference to the relevant guidelines on corruption prevention and probity requirements to uphold integrity in every aspect, including but not limited to the governance structure, internal control, financial/fund management, procurement, staff administration, delivery of services/activities, management of maintenance works as set out in the “Best Practice Checklist on Governance and Internal Control in Non-Governmental Organisations” and the “Integrity and Corruption Prevention Guide on Managing Relationship with Public Servants” issued by the Independent Commission Against Corruption.

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 FSA and fail to remedy the same in such manner and within such time as shall be specified in a written notice from SWD, SWD may after expiry of such notice, terminate this FSA 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. SWD reserves the right to reallocate the project.

23. 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.

VI Other References

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