

FUNDING AND SERVICE AGREEMENT

Care and Attention Home for Severely Disabled Persons

(A) Service Definition

(1) Introduction

The Care and Attention Home for Severely Disabled Persons (C&A/SD) (the Service) provides residential care service for persons with severe intellectual/physical disabilities who are in need of nursing and intensive personal care but not to the extent of requiring infirmary care.

(2) Purpose and Objectives

The Service provides residential care for severely disabled persons with the following objectives –

- (a) to provide residential care and assistance in their activities of daily living;
- (b) to maintain their functioning and well-being; and
- (c) to maintain their connection with family members and the community.

(3) Service Nature and Contents

The Service includes but not limited to –

- (a) accommodation and meals;
- (b) nursing support and personal care assistance in activities of daily living;
- (c) maintenance programmes on basic living skills;
- (d) structured and meaningful activities to develop their personal interests;
- (e) social activities to maintain their connection with family members and the community;
- (f) escort service and transport arrangement;
- (g) social work service such as conducting needs assessment and counselling, making referrals for welfare assistance and organising social activities;
- (h) Physiotherapy, occupational therapy, speech therapy¹ (if applicable), and health promotion activities to maintain their functioning;
- (i) visiting medical practitioner service (**Annex I**);
- (j) residential and day respite service (if applicable) (**Annex II**); and
- (k) Day care service for persons with severe disabilities (if applicable) (**Annex III**).

¹Service Operators are allocated with additional subvention for engaging speech therapists to conduct clinical assessment, treatment, consultation and training for staff in taking care of ageing service users with speech, feeding and swallowing difficulties.

(4) Target Service Users and Eligibility Criteria

The target service users of the Service are persons with severe intellectual/physical disabilities aged 15 or above, who are –

- (a) in need of constant personal care and assistance in activities of daily living;
- (b) not suitable for receiving day training; and
- (c) not requiring infirmary care.

(5) Referrals

Referrals are made through the Central Referral System for Rehabilitation Services (CRSRehab) administered by the Social Welfare Department (SWD). The Service Operator shall handle referrals according to the CRSRehab Manual of Procedures and the Standardised Assessment Mechanism for Residential Services for People with Disabilities.

(B) Service Performance Standards**(6) Essential Service Requirements**

The Service Operator must comply with the following essential service requirements –

- (a) the Service is operated in compliance with the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613), its subsidiary legislation and the Code of Practice for Residential Care Homes (Persons with Disabilities);
- (b) staff of the Service are arranged to work on shifts to provide 24-hour service per day round the year;
- (c) registered social worker², qualified nurse (general)³, occupational therapist⁴, physiotherapist⁴ and speech therapist⁵ (if applicable) are the

² A registered social worker refers to a person who is registered under the Social Workers Registration Ordinance (Cap. 505).

³ A qualified nurse (general) refers to a person whose name appears either on the register of nurses maintained under section 5 of the Nurses Registration Ordinance (Cap. 164), or the roll of enrolled nurses maintained under section 11 of that Ordinance. Hire of service provided by qualified nurses is acceptable.

⁴ An occupational therapist/physiotherapist refers to a person registered under the Supplementary Medical Professions Ordinance (Cap. 359). Hire of service provided by qualified occupational therapists/physiotherapists is acceptable.

⁵ A speech therapist refers to a degree holder in Speech and Hearing Science from a local university or equivalent. Hire of service provided by qualified speech therapists is acceptable.

essential staff of the Service; and

- (d) the visiting medical practitioner service must be provided by medical practitioners with qualifications recognised in Hong Kong under the Medical Registration Ordinance (Cap. 161).

(7) **Service Output and Outcome Standards**

The Service Operator is required to meet the service output and service outcome standards according to the Terms and Requirements of Specific Service Unit at **Annex IV**.

(8) **Service Quality Standards**

The Service Operator shall meet the requirements of the 16 Service Quality Standards.

(C) **Subvention**

- (9) The Service is subvented by the SWD under the Lump Sum Grant (LSG) Subvention System and the basis of subvention is set out in the notification letter issued by the SWD. The Service Operator is required to observe the rules of subvention according to the prevailing LSG Subvention Manual, circulars, guidelines, management letters and relevant correspondence issued by the SWD. The Government will not accept any liabilities or financial implications arising from the Service other than the amount of subvention as approved by the SWD.

- (10) The amount of subvention has taken into account the personal emoluments of staff, including provident fund for employing qualified staff, and other charges (covering all other relevant operating expenses such as utilities, programme and administrative expenses, minor repairs and maintenance, employees' compensation insurance and public liability insurance, etc.) applicable to the operation of the Service and recognised fee income, if any. Rent and rates in respect of the premises recognised by the SWD for delivery of the Service will be reimbursed separately on an actual cost basis

- (11) Upon the Service Operator's acceptance of the Funding and Service Agreement (FSA), payment of subventions will be made on a monthly basis.

(D) **Validity Period**

- (12) This FSA is valid for a time-defined period as specified at **Annex IV**. Should the Service Operator breach any terms or condition of this FSA and fail to

remedy the same in such manner and within such time as shall be specified in a written notice from the SWD, the SWD may, after expiry of such notice, terminate this FSA by giving 30 days' notice in writing to the Service Operator.

- (13) Where there is any change to the service performance standards within the agreement period, the 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.
- (14) Renewal of the FSA 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. The SWD reserves the right to reallocate the Service.
- (15) 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.

(E) Others

- (16) In addition to this FSA, the Service Operator shall also comply with the requirements according to the relevant Service Specifications, and the Service Operator's proposals and supplementary information, if any. Where these documents are in conflict, this FSA shall prevail.

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Visiting Medical Practitioner Service

The Visiting Medical Practitioner Service (VMPS) provides primary medical care and support to service users of Residential Care Homes for Persons with Disabilities (RCHDs) under the subvention of the Social Welfare Department (SWD). It also offers consultation and training to the staff and family members/care-givers of RCHDs on health care management.

Purpose and Objectives

2. Through the VMPS, the Service Operators of RCHDs will be able to establish a service network with general medical practitioners for providing regular on-site medical consultation service for improvement of general health and preventive care.

Service Nature and Contents

3. Services under the VMPS are delivered through regular visits to RCHDs by medical practitioners, which cover a range of programmes as follows –

- (a) on-site medical treatment and management of episodic illnesses and sub-acute problems of service users, including service users discharged from hospitals or under specialist care, and liaise with hospital-based services as necessary;
- (b) regular health assessment and physical check-ups of service users;
- (c) advice/assistance in maintenance of proper patient records and medical history for service users and medication storage and management;
- (d) advice on measures regarding prevention and control of infectious disease as well as environmental hygiene of RCHDs;
- (e) telephone consultation on the management of emergency situations concerning the health of service users;
- (f) training on health care, infection control, etc., to the staff of the RCHDs;
- (g) talks on health promotion, management of chronic illness, etc., for service users and their family members; and
- (h) any other services as deemed appropriate and agreed between the RCHDs and the medical practitioners concerned.

Fees and Charges

4. The VMPS, including medications for minor ailments such as common cold, influenza, etc., should be provided free of charge to all service users. The Service Operator is recommended to explore a subsidy scheme for those service users who could not afford the medications not covered by the VMPS.

Respite Service for Persons with Disabilities

Respite service, including residential (RRS) and day respite service (DRS), is a form of temporary support service provided by rehabilitation service units for persons with disabilities (PWDs)⁶ to enable their family members or carers to take a break for attending to their personal affairs such as taking a vacation or attending medical appointment, so as to relieve the stress of carers.

Target Service Users

2. The target service users of respite service are PWDs aged 6 or above⁷, who are –
- (a) in need of personal care assistance and nursing support (if applicable) within the scope of service provided by the respective type of rehabilitation services;
 - (b) physically and mentally suitable for communal living without challenging behaviours; and
 - (c) free from active infectious diseases.

Service Period

3. The service period of respite service should be no more than 14 days under normal circumstances, or any duration as advised by the Social Welfare Department (SWD), so as to allow more PWDs to use the service. The Service Operator may extend the service period up to 42 days subject to the availability of vacancies. Consultation with SWD is required for special cases in need of respite service for more than 42 days.

Application Procedures

4. Applicants may approach rehabilitation service units directly or through referrals by social workers of welfare service units (e.g. Medical Social Services Units, Integrated Family Services Centres, etc.), special schools or other rehabilitation service units. The vacancy position of RCHDs is available on the Vacancy Enquiry System for Respite Services / Emergency Placement (VES) at www.ves.swd.gov.hk.

⁶ PWDs include persons with intellectual and/or physical disability or persons in mental recovery.

⁷ Some RCHDs only serve PWDs aged 15 or above.

5. Service users of RRS are required to observe the rules of admission to RCHDs, including medical examination by a registered medical practitioner prior to admission to an RCHD, by using the “Medical Examination Form for Residents in Residential Care Homes for Persons with Disabilities”. For urgent cases that medical examinations cannot be conducted prior to admission, medical examination should be arranged within 3 calendar days after admission to the RCHD.

Fees and Charges

6. The service fees for respite service are specified by the SWD at a daily or hourly rate which is subject to review periodically. The Service Operator shall follow the fee-charging principles in accordance with the Lump Sum Grant Subvention Manual or service agreement, where applicable.

Day Care Service for Persons with Severe Disabilities

Day Care Service for Persons with Severe Disabilities (DC/SD) are attached to Care and Attention Home for Severely Disabled Persons (C&A/SD) for providing support for persons with disabilities (PWDs) living in the community, through the provision of regular day care service, including personal care assistance and nursing support, as well as social and rehabilitation programmes.

Service Nature and Contents

2. The services provided by DC/SD include -
 - (a) day care including provision of meals;
 - (b) nursing support and intensive personal care including assistance and activities of daily living;
 - (c) maintenance programmes on basic living skills; and
 - (d) regular activities to meet the service users' social and recreational needs, and to enable them to maintain contact with the community.

Target Service Users

3. The target service users of DC/SD are persons with severe intellectual/physical disabilities who are aged between 15 and 59 and in need of day care service. Their disability level should be equivalent to those eligible for admission to C&A/SD or Hostel for Severely Physically Handicapped Persons.

Operating Hours

4. The operating hours of DC/SD are Monday to Friday from 9:00 a.m. to 5:00 p.m.

Application Procedure

5. Applicants may approach rehabilitation service units directly or through referrals by social workers of welfare service units (e.g. Medical Social Services Units, Integrated Family Services Centres, etc.), special schools or other rehabilitation service units.

Fees and Charges

6. The service fees for DC/SD are specified by the SWD at a daily or hourly rate which is subject to review periodically. The Service Operator shall follow the fee-charging principles in accordance with the Lump Sum Grant Subvention Manual or

service agreement, where applicable.

Terms and Requirements of Specific Service Unit

Name of Service Operator: xxx

Name of Service Unit: xxx

(A) Validity Period

This agreement is valid from (dd/mm/yyyy) to (dd/mm/yyyy).

(B) Service Capacity

Service	Capacity
Care and Attention Home for Severely Disabled Persons (C&A/SD)	xx places
Residential Respite Service (RRS) for Persons with Disabilities aged 6 or above	xx places
Day Respite Service	xx places
Day Care Services for Persons with Severe Disabilities (DC/SD)	xx places

(C) Service Performance Standards

Service Output (for C&A/SD)

Service Output Standard (OS)	Service Output Indicator	Agreed Level
1	Average enrolment rate in a year ^(Note 1)	95%
2	Rate of achieving individual plans in a year ^(Note 2)	95%

Service Output (for Visiting Medical Practitioner Service (VMPS))

Service Output Standard (OS)	Service Output Indicator	Agreed Level
3	Number of clinical visits conducted in a year ^(Note 3)	80 (preferably on a weekly basis)
4	Percentage of service users having received at least one health assessment in a year ^(Note 4)	95%
5	Number of staff training on health care/ infection control organised in a year	1
6	Number of health care talks delivered to service users and/or their families in a year	1
7	Number of hygiene audits conducted for infection prevention and control in a year	2

Service Output (for DC/SD)

Service Output Standard (OS)	Service Output Indicator	Agreed Level
8	Average monthly occupancy rate in a year ^(Note 5)	90%
9	Rate of reviewing care plans in 6 months ^(Note 6)	100%

Service Outcome

Service Outcome Standard (OC)	Service Outcome Indicator	Agreed Level
1	Percentage of service users indicating satisfaction with the Service in a year ^(Note 7)	75%
2	Percentage of service users' family members/ guardians/ carers indicating satisfaction with the Service in a year ^(Note 8)	75%

Notes and Definitions

(Note 1) Average enrolment rate in a year

Enrolment refers to the total number of residents receiving service in the C&A/SD as at the end of each month.

Capacity refers to the total number of places, including value-added places (if any), as at the end of each month as approved by the SWD.

$$\frac{\text{Sum of month-end enrolments of the 12 months}}{\text{Sum of approved capacity of the 12 months}} \times 100 \%$$

(Note 2) Individual plan refers to the plan conducted by the C&A/SD for meeting the needs of individual service users, which should include specific goals, action identified and timeframes for achieving or reviewing the goals. An **annual** individual plan should be formulated for each service user excluding those who have stayed in the C&A/SD for less than 9 months. These individual plans should form the basis of regular case reviews which should be conducted at least annually. Achieving individual plans refers to individual plans being completed.

Rate of achieving individual plans =

$$\frac{\text{Number of individual plans completed during the period}^8}{\text{Total number of individual plans required during the period}^9} \times 100 \%$$

Formula for calculating the total number of plans during the reporting 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
Number of service users (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 service user in a year)

⁸ Total number of individual plans completed for all service users (excluding those service users who have stayed in the C&A/SD for less than 9 months) in a financial year.

⁹ Total number of individual plans of all service users (excluding those service users with less than 9 months' stay) completed in a financial year.

(Note 3) Clinical visits refer to the visits conducted by visiting medical practitioners to provide the range of programmes covered by VMPS, including medical treatment and management, health assessment, advice on maintenance of health records, medication management and environmental hygiene, staff training, health talks and hygiene audits.

(Note 4) Percentage of service users having received at least one health assessment in a year =

$$\frac{\text{Number of service users having received one or more health assessment in the year}}{\text{Total number of service users having been served in the year}} \times 100 \%$$

(Note 5) Occupancy refers to the number of persons attending DC/SD counted by head per day. One session (with a duration of at least 15 minutes) of counselling/ physiotherapy/ occupational therapy/ training or community education/ publicity activity may be counted towards the number of occupancy.

Average monthly occupancy rate =

$$\frac{\text{Total no. of service users counted by head per day for the 12-month period}}{\text{Total capacity in a month for the 12-month period}} \times 100\%$$

(Note 6) Rate of achieving case reviews in 6 months =

$$\frac{\text{Total number of case plans reviewed for the 6-month period}}{\text{Total number of case plans due for review for the 6-month period}} \times 100\%$$

(Note 7) Service users' satisfaction refers to the outcome of service evaluation questionnaires conducted by the Service Operator to collect views from service users on the Service.

Service users' satisfaction rate =

$$\frac{\text{No. of service users indicating satisfaction}^{10}}{\text{Total number of service users having completed service evaluation questionnaire in the year}} \times 100 \%$$

¹⁰ It refers to respondents indicating “同意” or “非常同意” as shown in the “住宿服務 – 服務使用者／家屬意見調查問卷” provided by the SWD..

(Note 8) Family members' / guardians' / carers' satisfaction refers to the outcome of service evaluation questionnaires conducted by the Service Operator to collect views from family members / guardians / carers on the Service.

Family members' / guardians' / carers' satisfaction rate =

$$\frac{\text{Number of family members/guardians/carers indicating satisfaction}^{10}}{\text{Total number of family members/guardians/carers having completed service evaluation questionnaire in the year}} \times 100 \%$$

For RRS

1. Number of admissions refers to the number of cases admitted to the residential respite service.
2. The Service Operator is required to keep records of referrals, including date of referrals, source of referrals and the result of referrals, etc. which should be available for checking upon request by the SWD.

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