

FUNDING AND SERVICE AGREEMENT¹

Day Activity Centre cum Hostel for Severely Mentally Handicapped Persons

(A) Service Definition

(1) Introduction

The Day Activity Centre cum Hostel for Severely Mentally Handicapped Persons (DAC cum HSMH) (the Service) is a co-located welfare facility providing both residential care and day activities for people with severe intellectual disability who require assistance in daily living.

(2) Purpose and Objectives

The DAC provides day activities for people with severe intellectual disability with the following objectives –

- (a) to meet their physical, social and emotional needs through structured and meaningful activities;
- (b) to help them acquire basic self-care, social and simple work skills; and
- (c) to develop their strengths and abilities for integration into the community.

The HSMH provides residential care for people with severe intellectual disability with the following objectives –

- (a) to provide residential care and assistance in activities of daily living;
- (b) to enhance their quality of life and maintain their connection with family members and the community; and
- (c) to promote a healthy lifestyle and a positive use of leisure time.

(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

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

- and strengths, and to enhance their social and communication skills;
- (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 therapy² (if applicable), speech therapy³ (if applicable), and health promotion activities to maintain their functioning;
- (i) visiting medical practitioner service (**Annex I**); and
- (j) residential and day respite service (**Annex II**).

(4) **Target Service Users and Eligibility Criteria**

The target service users of the Service are people with severe/ moderate intellectual disability aged 15 or above, who are –

- (a) in need of residential care service;
- (b) unable to benefit from vocational training or supported employment;
- (c) not bed-ridden or requiring infirmary care;
- (d) physically and mentally suitable for group living; and
- (e) free from active infectious diseases.

(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–

² The Service Operator is allocated with additional subvention for engaging occupational therapists to conduct clinical assessment, consultation, individual and/ or group treatment by clinical visits.

³ The Service Operator is 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.

- (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 HSMH are arranged to work on shifts to provide 24-hour service per day round the year;
- (c) the core service hours of the DAC are 9:00 a.m. to 3:30 p.m. from Monday to Friday;
- (d) registered social worker⁴, qualified nurse (general)⁵, occupational therapist⁵ (if applicable), physiotherapist⁶ and speech therapist⁷ (if applicable) are the essential staff of the Service; and
- (e) 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 III**.

(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)

⁴ A registered social worker refers to a person who is registered under the Social Workers Registration Ordinance (Cap. 505).

⁵ 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.

⁶ 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.

⁷ 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.

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 set out at **Annex III**. 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.

- END -

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 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 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)⁸ 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.

Service Target

2. The target service users of respite service are PWDs aged 6 or above⁹, 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.

Applications

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.

⁸ PWDs include persons with intellectual and/or physical disability or persons in mental recovery.

⁹ 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.

Terms and Requirements of Specific Service Unit

Name of Service Operator: _____

Name of Service Unit: _____

(A) Validity Period

This agreement is valid from _____ to _____.

(B) Service Capacity

Service	Capacity
Day Activity Centre (DAC)	
Hostel for Severely Mentally Handicapped Persons (HSMH)	
Day Respite Service (DRS)	
Residential Respite Service (RRS) for Persons with Disabilities aged 6 or above	

(C) Service Performance StandardsService Outputs (for DAC cum HSMH)

Service Output Standard (OS)	Service Output Indicator	Agreed Level
1	Average enrolment rate of the DAC in a year ^(Note 1)	95%
2	Average enrolment rate of the HSMH in a year ^(Note 1)	95%
3	Rate of achieving individual plans by the DAC in a year ^(Note 2)	95%
4	Rate of achieving individual plans by the HSMH in a year ^(Note 2)	95%
5	Average number of training hours provided by the DAC to each service user per month in a year ^(Note 3)	70
6	Average number of social/ recreational activities hours provided by the DAC per service user per month in a year ^(Note 4)	20

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

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

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 service users receiving service in the DAC cum HSMH 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 DAC cum HSMH 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 DAC cum HSMH 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 =

$$\frac{\text{Number of individual plans completed during the period}^1}{\text{Total number of individual plans required during the period}^2} \times 100 \%$$

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)

¹ Total number of individual plans completed for all service users (excluding those service users who have stayed in the DAC cum HSMH for less than 9 months) in a financial year.
² 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) Average number of hours of training

Training hours refer to the period that the trainee(s) is/are undergoing sessional training both inside and outside the centre according to the time table. Hours on toileting, washing dishes, lunch, tea, row call, lining up and leisure hours should be excluded from the counting of training hours except for those who have a structured programme designed for them. The progress of the latter should be monitored and documented in the service user's record.

(Note 4) Average number of social/recreational activities hours

- (a) Social/recreational activities refer to those activities solely organised by DAC or jointly organised with other organisations as well as community events and activities organised by other parties.
- (b) Attendance refers to the attendance of service users only.
- (c) The rules of reporting statistics are –
 - the number of attendance at (ii) of the table refers to the total number of attendance of the trainees of the day activity centre for that particular type of social/recreational activities; and
 - if more than one session is organised for certain type of social/recreational activities, the number of sessions should be indicated in bracket beneath item (ii) Number of attendance.

(Note 5) Clinical visits refer to the visits conducted by visiting medical practitioners to provide the range of programmes covered by the VMPS, including medical treatment and management, health assessment, advice on maintenance of patient records, medication management and environmental hygiene, staff training, health talks and hygiene audits.

(Note 6) 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 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 =

$$\frac{\text{No. of service users indicating satisfaction}^3}{\text{Total number of service users having completed service evaluation questionnaires in the year}} \times 100 \%$$

(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 =

$$\frac{\text{Number of family members/guardians/carers indicating satisfaction}^3}{\text{Total number of family members/guardians/carers having completed service evaluation questionnaires in the year}} \times 100 \%$$

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.

³ 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.