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LABOUR AND WELFARE BUREAU
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26 November 2010

Legislative Council Secretariat
Legislative Council Building
8 Jackson Road
Central
Hong Kong
(Attn: Miss Betty Ma)

Dear Miss Ma,

**Subcommittee on Residential and Community Care Services for Persons with
Disabilities and the Elderly**


Standardised Care Need Assessment Mechanism for Elderly Services

When discussing the Standardised Care Need Assessment Mechanism for Elderly Services (the Mechanism) at its meeting on 6 October 2010, the Subcommittee on Residential and Community Care Services for Persons with Disabilities and the Elderly (the Subcommittee) requested the Administration to provide the Funding and Service Agreements (FSAs) with the service providers of day care and home care services, and the detailed items of the Minimum Data Set-Home Care (MDS-HC) tool adopted under the Mechanism. The relevant FSAs are at **Annexes A and B**.

As for the details of the MDS-HC items, below are some practical examples of the assessment items covered under individual assessment areas:

| Assessment areas | Examples of the assessment items |
|----------------------|---|
| Self-care capability | Whether the elder can put on and take off clothes on his/her own. If assistance is needed, the level of assistance required. |

| | |
|---------------------------------|---|
| Physical functioning | Whether the elder is incontinent. If so, the frequency. |
| Memory and communication skills | Whether the elder's short-term memory is good, i.e. whether the elder can recall events happened five minutes ago. |
| Behaviour and emotion | Whether the elder has symptoms of inappropriate or disruptive social behaviours (e.g. scream unreasonably, cause disturbances to others, etc.). |
| Health | Whether the elder has hallucinations. |
| Living environment | Whether the entrance of or access to the elder's home has any problems which cannot be rectified and may pose danger to the home safety of the elder. |
| Carers' condition | Whether the carer of the elder can continue to take care of and to provide assistance to the elder. |


 (Ms Betty Ho)
 for Secretary for Labour and Welfare

c.c. Director of Social Welfare (Attn.: Mrs Kathy Ng)

Funding and Service Agreement
Day Care Centre/Unit for the Elderly
(After In-situ Expansion)
(w.e.f. 1 April 2009)

I Service Definition

Introduction

Day Care Centre/Unit for the Elderly (DE or DCU) is a type of community support services providing a range of centre-based care and support services during daytime to enable frail elders including the demented suffering from moderate or severe level of impairment to maintain their optimal level of functioning, develop their potential, improve their quality of life and to enable them to live in their own homes wherever feasible and possible. The target users of this service are those who are likely to require admission to a care-and-attention home or nursing home but whose needs can be suitably and better met through centre-based day care services and family support.

Purpose and objectives

2. The objectives of the services are as follows:

- Improve service users' quality of life and develop their potential to enhance their functioning and independence in their daily living activities;
- Offer social activities and opportunities of peer-group interaction;
- Provide supportive service, training and guidance to carers so that they can be better equipped with the knowledge and skills to look after the elders at home;
- Encourage users, carers and community participation in service operation.

3. The purpose of day respite service is to provide temporary day care service to disabled, frail or demented elders and enable carers to take a rest in times of need so that they can resume their caring duties.

Scope of Care and Services

4. Service Operator should provide dedicated training, nursing care, personal care and rehabilitative activities to address the individual health conditions and corresponding care needs of the frail and demented elders as well as support services to carers such as family activities, support groups, training to cares, etc. as stipulated in the Service Specification on “In-situ Expansion of Day Care Centres for the Elderly to meet the Special Needs of Demented Elders”.

5. In order to ensure full and effective utilization of the Day Care Centre/Unit to support as many elders living in the community as possible, Service Operator should promote the usage of part-time service by elders.¹

Target Service Users

6. The prospective service user must meet all of the following criteria:
- (a) aged 60 or above;
 - (b) medically stable;
 - (c) of moderate to severe level of impairment;
 - (d) living in the community and not receiving institutional care;
and
 - (e) elders whose carers are unable to provide full-time care.

¹ Users with attendance of less than 4 days in a week are classified as part-time users.

7. Service user has to be assessed to establish their eligibility for admission by the Standardized Care Need Assessment Mechanism for Elderly Services [SCNAM(ES)]. The procedures for assessment and admission of elders are detailed in the Manual of Procedures on Registration and Allocation of Long Term Care Services (November 2003) (and any other subsequent revised edition made thereof).

8. For day respite service, the prospective service users:

- (a) have to meet criteria as set out in paragraph 6 (a) to (d); and
- (b) are in demonstrated need of short-term day care services so as to enable their carers to have a break from long-term caring duties.

9. Upon request of the service user or his/her designate or referral from local organizations, Service Operator shall admit the case if there is casual vacancy at the DE or DCU. The attendance of the day respite users can be included in the daily attendance of the DE or DCU. Assessment by SCNAM(ES) is not required for admission to respite care.

Discharge Criteria

10. A service user will be discharged from the day care service in accordance with the criteria as set out in the Service Specification on “In-situ Expansion of Day Care Centres for the Elderly to meet the Special Needs of Demented Elders”.

II Performance Standards

11. Output indicators should include the following items:

| <u>Output Standard</u> | <u>Output Indicator</u> | <u>Minimum Attainment Level</u> |
|-------------------------------|--|--|
| 1 | Average enrolment rate within one year | 105% of capacity |
| 2 | Average daily attendance rate (Monday to Saturday) within one year | 90% of capacity |
| 3 | Rate of formulation of individual care plan within one year | 90% of the members within one month and the rest within 3 months after admission |
| 4 | Rate of individual care plans reviewed within one year | 90% |
| 5 | Percentage of part-time users in using the service within one year (i.e. total number of part-time user enrolled by head count / total number of user enrolled by head count x 100%) | 20% |

12. Outcome indicator should include the following item:

| <u>Outcome Standard</u> | <u>Outcome Indicator</u> | <u>Minimum Attainment Level</u> |
|--------------------------------|--|--|
| 1 | Percentage of users and carers satisfied with service provided | 70% |

Essential service requirements

13. DE or DCU should operate 12 sessions per week with 10 hours per day from Mondays to Saturdays excluding public holidays.

14. There should be enrolled/registered nurse in DE or DCU at all times

during the service hours.

Quality

15. Service Operator will meet the requirements of the Service Quality Standards (SQSs).

III Obligations of SWD to Service Operator

16. The SWD will undertake the duties set out in the General Obligations of SWD to Service Operator.

IV Basis of Subvention

17. The basis of subvention is set out in the notification letters issued by the SWD to the agency.

18. The service unit is required to comply with the rules on the use of the social welfare subventions in accordance with the latest Lump Sum Grant Manual and circular letters in force issued by the SWD on subvention policies and procedures.

VI Other Reference

19. Apart from this Funding and Service Agreement, Service Operator should also comply with the requirements/commitments set out in the Service Specifications, and Service Operator's proposal and supplementary information. Service Operator's compliance to all these documents will be closely monitored by the Social Welfare Department.

Funding and Service Agreement**Funding and Service Agreement
(Lump Sum Grant)
for Integrated Home Care Services (Agency and District-based)
After In-situ Expansion****I Service Definition****Introduction**

The mission of the Integrated Home Care Services Teams (IHCSTs) is to provide holistic care and support to the elders, people with disabilities and individuals and families with social need living in the community through a wide range of services under its management with a pool of experienced and professionally trained staff, and via a network of service units in the community with its collaboration and support. Tailoring the services in accordance with individual service user's need, IHCSTs should actualize the concepts of "ageing in place" and "continuum of care".

Purpose and objective

2. IHCSTs provide a flexible range of services for elders, people with disabilities and individuals and families with social need, to –
- (a) stay in the community
 - (b) achieve and maintain an optimal level of functioning and independence
 - (c) acquire the necessary skills to adapt to changing health status
 - (d) prevent premature and inappropriate admission to hospital and residential care

Target groups

3. The IHCSTs should serve the following target groups:
- (a) Elderly persons: refer to people aged 65 or above. Elders aged between 60 and 64 may receive the service if there is proven need.
 - (b) People with disabilities: refer to people with disabilities including those with mental handicap, physical handicap or mental illness. For people with mental illness, they have to be certified as mentally stable and free from aggressive/ violent act.
 - (c) Individuals and families with social need: refer to individuals who are suffering from chronic illness or ill health. Families which encounter difficulties arising from desertion, sudden illness, hospitalization, imprisonment and death, etc. are also eligible.

4. Other than providing immediate services to those in need of urgent assistance, priority should be given to individuals who:

- (a) have no or poor support from friends or the community **and** are financially disadvantaged, e.g. low-income working families [income level up to 1.5 Comprehensive Social Security Assistance (CSSA) level], recipients of CSSA, particularly those whose carers' role has to be relieved for them to return to work;
- (b) are on the waiting list of IHCS(OCs);
- (c) discharged cases from Enhanced Home and Community Care Services or IHCS (Frail Cases).

5. With the varied needs of the above target groups, they are classified under two categories:

(a) **Frail cases:**

- Refer to cases who suffer from moderate to severe level of impairment or disability, and require a comprehensive package of services;
- IHCSTs should serve frail cases in the whole District Council District as designated by the Social Welfare Department (SWD). The Service Operators will admit service users on referral by Standardized Care Need Assessment Management Offices (Elderly Services) [SCNAMO(ES)s] according to the preference of the service users, if any and the vacancies of respective service teams, i.e. Enhanced Home and Community Care Services Teams (EHCCSTs) and IHCSTs.

(b) **Ordinary cases:**

- Refer to cases who suffer from no to mild level of impairment or disability, or those cases that are assessed at moderate or severe level of impairment but require only personal care, general household and/ or domestic duties, etc;
- IHCSTs should serve ordinary cases according to the specific geographic boundaries mutually agreed with the SWD and permeability of boundary is encouraged.

6. In the case of service users in residential care home, the service can be provided but is mainly restricted to assisting them to make excursions for home leave. The primary responsibility for the care of the residents rests with the Operator of the home. Only irregularly and under exceptional circumstances should IHCSTs provide escort service for home leave and other practical assistance.

Nature of service

7. The primary function of IHCSTs is to serve the varied needs of individuals, including elders, people with disabilities and individuals and families with social need living at home.

8. For **frail cases**, Service Operators should address individual service users' health concerns and corresponding needs by applying a multi-disciplinary approach including medical care, nursing care, nutritional care, personal care, rehabilitative service and social work service, etc. A planned and well co-ordinated package of home-based and community-based services tailor-made for individual service user should be provided. In view of their frailty and disability, the management of clinical issues should include, but not limited to, the following –

- (a) management of falls
- (b) prevention and management of accidents
- (c) management of skin integrity
- (d) management of wounds and pressure sores
- (e) management of incontinence
- (f) management of constipation
- (g) supervision of medications including use of psychotropic medication; administration of injectable medication and selective intravenous therapy
- (h) nutritional and dietary management including special diet and tube feeding
- (i) infection control
- (j) management of chronic pain
- (k) management of special nursing procedure e.g. tracheotomy care
- (l) management of depression
- (m) management of cognitive impairment
- (n) management of agitated and aggressive behaviour
- (o) maintenance and restorative rehabilitation

9. To address the above clinical issues and to meet the needs of individual service users, Service Operator should provide, arrange or purchase the following services –

- (a) care management
- (b) basic nursing care
- (c) special nursing care
- (d) personal care
- (e) restorative and maintenance rehabilitation exercises
- (f) centre-based day care service
- (g) support service
- (h) carer support service
- (i) home respite, day respite and residential respite service
- (j) 24-hour emergency support
- (k) environmental risk assessment and home modifications
- (l) home-making service, e.g. household cleaning, changing of bed sheets and pillowcases, purchase of necessities, laundry and meal preparation, etc.

- (m) provision of meals
- (n) transportation and escort service

10. Besides, Service Operators have to formulate a care plan for individual service users who are assessed to be suffering from moderate to severe level of impairment/ disability, together with the service users' family members or representatives as appropriate. The assessed needs of service users, e.g. physical, mobility, dietary, emotional and social, etc. and how these needs are to be met should be clearly stated in the individual care plan (ICP). ICP should be formulated within one month after the service users' admission, and should be reviewed at least once every year.

11. For **ordinary cases**, the Service Operators are required to provide, perform or arrange, but not limited to, the following direct services to eligible service users –

- (a) personal care service
- (b) simple nursing care service
- (c) general physical exercise
- (d) general household or domestic duties
- (e) escort
- (f) child-minding
- (g) home respite service
- (h) health/ safety
- (i) purchase and delivery of daily necessities
- (j) laundry
- (k) provision of meals
- (l) other duties --- to provide support to carers of the service users, etc.

12. One or more of these services (in any combination) together, if required, with information, guidance and emotional support can be provided to people depending on their needs.

13. Service should be provided on a need basis. Service users should be discharged if they no longer have service need upon periodic review.

14. Service Operator should also exercise his/ her flexibility to provide, arrange or purchase other services (innovative and/ or value-added) required enhancing the service users' quality of life in the home environment.

15. In the care of people with dementia, Service Operator should ensure that there should be staff with special training in communicating and dealing with service users with mood and behavioural symptoms associated with dementia such as poor temper, unrealistic fears, repetitive complaints, agitation, wandering and aggression, etc.

Service delivery requirements

16. The Service Operators are required to perform administrative tasks including liaison with other service providers (e.g. other welfare service or medical and

health personnel), co-ordinating volunteers' visits and social activities for service users, maintaining records of service users, their service requirements and records of case review, etc. To meet service users' needs, Service Operator should be prepared to deliver service on Sundays, general holidays and outside the regular operating hours of the organizations, which are pre-arranged and agreed between Service Operator and service users. The menu of the meals delivered should be preferably commented by a registered dietitian at regular intervals.

II Performance Indicators

17. The Service Operator will meet the following performance indicators, on an **agency and district** basis:

(A) Frail cases

Performance Indicators

18. The following monthly data is to be submitted to the SWD at quarterly intervals, which will form the basis for performance monitoring as well as continuous improvement of service quality –

- (a) Number and % of fall-related injuries (bruises, bleeding and fracture, etc.)
- (b) Number and % of new skin breakdown after admission to the programme
- (c) Number and % of unplanned admission to hospitals
- (d) Number and % of unexpected death
- (e) Number and % of infections reported (eye, urinary and respiratory, etc.)
- (f) Number and % of service users with weight loss of more than 5% in a month
- (g) Number and % of service users changing from moderate to severe impairment level
- (h) Number and % of service users achieving previous level of impairment (e.g. from moderate to mild impairment level)
- (i) Number of calls for 24-hour emergency support
- (j) Average responding time required to render initial service

(B) Ordinary cases

Output

19. Ordinary cases refer to existing ordinary cases of Integrated Home Care Services Team and new ordinary cases admitted to service after 1.1.2007.

Number of WUs of service to be delivered:

| Service | Number of Units | Weighting | Minimum Weighted Units |
|--|-----------------|-----------|------------------------|
| Personal care service | PC | 3 | PC x 3 |
| Simple nursing care service | NC | 5 | NC x 5 |
| General physical exercise | PE | 3 | PE x 3 |
| General household or domestic duties | GH | 3 | GH x 3 |
| Escort | E | 5 | E x 5 |
| Child-minding | C | 3 | C x 3 |
| Home respite service | R | 3 | R x 3 |
| Health/ safety | H | 3 | H x 3 |
| Purchase and delivery of daily necessities | PD | 3 | PD x 3 |
| Laundry | L | 1 | L x 1 |
| Provision of meals | M | 1 | M x 1 |
| Other duties | OD | 1 | OD x 1 |
| Total number of WUs delivered by an IHCST in a year | | | TOTAL |

20. The output indicators are as follows:

| Output Standard | Output Indicator | Formulation of Agreed Level of Output | Agreed Level of Output and Reference Output Level in Full-year Term by Agency and by District |
|-----------------|--|---|---|
| 1 | Total number of Weighted Units (WUs) delivered in a district in a year | <p>24 000 WUs x existing number of ex-home help teams in a district + 200 WUs x number of ordinary cases allocated through the re-engineering exercise in 2003 + 2 000 WUs x number of blocks allocated through the in-situ expansion exercise</p> | Please refer to Note |

Funding and Service Agreement for Integrated Home Care Services after In-situ Expansion 2006

| Output Standard | Output Indicator | Formulation of Agreed Level of Output | Agreed Level of Output and Reference Output Level in Full-year Term by Agency and by District |
|-----------------|--|---------------------------------------|---|
| 2 | Out of OS1 above, percentage of total WUs in providing personal care, simple nursing care service and general physical exercise in a district in a year. | 20% of the agreed level of OS1 | 20% |

Note: The IHCST is expected to maintain the reference output level in full year term which is equivalent to the actual performance (WU output) achieved in 2005 plus 2 000 WUs x number of blocks allocated through this in-situ expansion exercise. The reference output level is rounded down to the nearest 1 000.

Essential service requirements

21. All meals should be delivered to the service users from 11 a.m. to 1 p.m. for lunches and from 4:30 p.m. to 6:30 p.m. for dinners.
22. For **frail cases**, the service needs and care plan of individual service users should be reviewed at least once every year according to the "Guidelines on Individual Care Plan for Service Users" (Please refer to Annex 3 of the Specifications on Re-engineering Community Support Services for Elders), and service should be provided in accordance with the changing needs.
23. For **ordinary cases**, the service needs of individuals should be reviewed at least half-yearly to ascertain their continuing need and eligibility to receive the service.

24. There should be registered social worker in the agency and district-based Integrated Home Care Services Team.

Quality

25. Service Operators will meet the requirements of the Service Quality Standards (SQSs).

III Managerial Information

26. The Service Operators are required to submit to the SWD the following monthly managerial information at quarterly intervals.

- (a) Number of staff injuries reported
- (b) Staff turnover rate

IV Obligations of SWD to Service Operators

27. The SWD will undertake the duties set out in the General Obligations of SWD to Service Operators.

V Basis of Subvention

28. The basis of subvention is set out in the offer and notification letters issued by the SWD to the agency.

29. The Service Operators are required to comply with the rules on the use of the social welfare subventions in accordance with the latest Lump Sum Grant Manual and circular letters in force issued by the SWD on subvention policies and procedures.

VI Other References

30. Apart from this Funding and Service Agreement, Service Operators should also comply with the requirements/ commitments set out in the Service Specifications on In-situ Expansion of Integrated Home Care Services (Ordinary Cases), the relevant sections on IHCSTs of the Specifications on Re-engineering Community Support Services for Elders as well as their respective applications submitted.

Funding and Service Agreement for Integrated Home Care Services after In-situ Expansion 2006