



Home Support Service for Older People
Standard Operating Procedure (SOP)
Tender 2018

It should be noted that work is on-going within the HSE to streamline processes relating to home support services to ensure a greater standardisation where this is appropriate. Accordingly, procedures relating to home support may be amended, or added to, over time.

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Introduction

This **Standard Operating Procedure (SOP)** is for use in relation to the operation of contracts awarded following the Home Support Tender 2018. The SOP is to be followed in the implementation of Service Arrangements, and has regard to the Tender 2018 Service Specification, the Invitation to Tender documentation as well as the clarifications issued to all interested providers during the Tender process. These related Tender 2018 documents (with the exception of the clarifications document which relates significantly to the Tender process itself) are being circulated with the first issuing of this SOP. Relevant clarifications have been included in this SOP.

The contracts arising from this Tender, and encompassed in the Service Arrangements, will support the implementation of single funding of home support for older people. From 1st January 2018, the resources allocated for the Home Help Service and the Home Care Package Scheme were amalgamated and National Guidelines & Procedures for the Standardised Implementation of the Home Support Service have been developed and are available separately. The amalgamation of the resources will help to streamline the service and make access easier for clients.

The HSE has appointed home support service providers as 'Approved Providers' on two levels referred to as Tier 1 and Tier 2 in each CHO. The Approved Providers 2018 are to be used as set out in the SOP for all **new Home Support** clients approved from date of commencement of these arrangements where the service cannot be provided by HSE directly employed staff. The list of Approved Providers will be issued as separate document and includes the names of individual members of consortia. The list will be circulated to each CHO and will also be available on the HSE website.

Home Support for existing clients approved prior to commencement of the operation of the Tender 2018 Service Arrangements is not affected except in the circumstances outlined at Section 1.

The SOP is set out in three sections. All staff responsible for home support services must read and understand their responsibilities relating to all three sections.

Section One: Operational Procedures for the service with reference to the Tender Service Arrangements and National Guidelines & Procedures for the Standardised Implementation of the Home Support Service.

Section Two: Management and Monitoring of Service Arrangements (SAs). This is particularly relevant to managers and senior staff.

Section Three sets out the administration and data collection required in order to have oversight of the implementation of the SAs with Approved Providers and provide data for analysis in the context of the overall arrangements.

Reference to "Home Support Manager" in this document is to encompass all staff responsible for the Home Support Service regardless of their actual title or grade. Where Home Support Manager is referred to, this will also include his/her nominated staff.

August 2018

Section One

Operational Procedures

Section One should be used in conjunction with the National Guidelines & Procedures for the Standardised Implementation of the Home Support Service (HSS Guidelines)

- 1.1 Client Application and Determination
- 1.2 Procedures for Allocation of all New Home Support Service (HSS) to 'Approved Providers'
- 1.3 Operation of Arrangements
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1.1 Client Application and Determination

The procedures for application, assessment, determination and review of Home Support Services (HSS) are set out in the National Guidelines & Procedures for the Standardised Implementation of the Home Support Service (HSS Guidelines).

Home Support Tender 2018

The HSE invited tender submissions from interested parties for the provision of high quality, Home Support Services (or “HSS”) for older people, where HSE directly employed staff are not available to deliver such services.

The Home Support Services procured in this Tender incorporates

- (1) services previously tendered as Enhanced Homecare Services, and
- (2) traditional Home Help Services which have been part of the single funded Home Support Services (HSS) since 1st January 2018, and
- (3) home support services provided through Intensive HCP funded arrangements when HSE directly employed staff are not available to deliver the services, and
- (4) HSE is introducing Consumer Directed Home Support Services, as an additional approach to service delivery.

All of the above requirements relate to when HSE directly employed staff are not available to deliver the services.

The outcome of this Tender process will apply to any new clients receiving a Home Support Service allocated from the commencement of the new Agreement where HSE directly employed staff are not available to deliver the Service.

In the case where a client is in receipt of home support and is admitted to hospital, this client is considered an existing client when home support resumes on the client's discharge. Continuity of service is paramount so home support staff known to clients should be re-assigned when clients are discharged. Home support staff may be assigned to alternative work on an interim basis, e.g. covering leave etc. Local arrangements will be required between the HSE and the provider with regard to the re-assignment of home support staff when the client's discharge date is being planned. The provider should remain in contact with the HSE to keep up to date on the client's status. If it is unlikely that the client will be discharged home, local arrangements may be made with the HSE with regard to the re-assignment of home support staff to another client.

In the case where a client is admitted to long-term residential care, this client is considered a new client if subsequently discharged and home support is resumed.

1.2 Procedures for Allocation of all New Home Support Service (HSS) to ‘Approved Providers’

In the first instance, when putting a new HSS in place, the capacity of the HSE within its own directly employed staff should be used where available. Only in situations where there is not sufficient capacity within the HSE service to meet the needs of clients, should external providers be used and in that case only Approved Providers on the 2018 list are to be used from date of commencement 2018.

1.2.1 Client in receipt of Grant Funded HSS from External Provider and is approved for additional HSS

Each new HSS allocated to an Approved Provider (list supplied separately) will incorporate any home support hours delivered by grant funded providers. The HSE will

advise the client that his/her existing grant funded service will become part of the new HSS and the entire service will be delivered by the Approved Provider of the client's choice. (Ref: Standard Letter in the HSS Guidelines)

A notification will issue from the CHO to existing grant funded providers (non-HSE direct) advising that from date of commencement all new HSS clients will receive their HSS through the Tender 2018 arrangements.

In relation to each individual new client, a notification will issue to the grant funded provider setting out

- the date the existing grant funded service delivery arrangement will cease
- that funding for these hours will cease from that date and therefore cannot be re-allocated to a new client
- that the SA with the grant funded provider will be adjusted accordingly

(Standard Letters Appendix 2 (a) & (b))

See Section 1.2.2 regarding the calculation of adjustments to grant funding.

1.2.2 Adjustment of Grant Funding – extracted from Tender Document

No service provider shall use grant funding to discharge the cost of services performed under the Service Arrangements. In respect of any provider providing services under the Tender 2018 Service Arrangements, which is currently in receipt of grant funding for providing those services, it is intended that the grant funding for that service provider shall be reduced by the amounts invoiced by them to the HSE for the provision of services under the Service Arrangements.

Where an existing HSS client receiving services funded through grant funded arrangements is approved for additional HSS, both the existing service and the additional HSS must be provided by an Approved Provider.

- (a) If the existing provider is a grant funded provider and is an Approved Provider in this Tender and is chosen** by the client/allocated the service, the grant funding for that provider will be reduced having regard to the existing hours (pre-Tender 2018) and the Tender 2018 approved rates per hour.
- (b) If the existing provider is a grant funded provider & is not allocated the service** (not chosen/not allocated the Service/not an Approved Provider) then the grant funding is reduced having regard to the existing hours & the grant funding rate per hour that applies to that grant aided provider.
- (c) If the client insists**, they can stay with an existing grant funded provider but can do so only for existing hours (i.e. hours in place on commencement date of these arrangements) in which case the grant funding will not be impacted until client ceases or alternative arrangements are made. When grant funded clients cease, the grant funding will be reduced having regard to the existing hours & the grant funding rate per hour that applies to that grant aided provider.

For example, a service provider is delivering five (5) HSS hours from grant funding, and from a given date will also deliver ten (10) additional home support hours by virtue of being an Approved Provider, then all fifteen (15) hours performed by that service provider for that individual client (in respect of both grant funded traditional Home Help Services and additional HSS hours) will be paid for on an invoiced basis at the rates tendered by that organisation under this tender process. Grant funding for the relevant Services will, in this case, be reduced based on the five (5) HSS hours from grant funding and the tendered rates submitted as part of this Tender for part year in the year

that the arrangement is being adjusted and full year cost in the following year. Appendix 3 sets out other examples.

Copies of correspondence and related documentation will be retained by the HSS Manager to confirm that the process was followed.

Each CHO will record all of the relevant data in the required format to ensure existing arrangements are ceased and the associated funding becomes available to support the HSS (Data Collection Section 3)

1.2.3 Approved Provider to deliver entire HSS

An Approved Provider cannot choose to deliver a portion of a HSS (e.g a HSS consisting of a 7 day service – the Provider cannot accept the weekdays and refuse to deliver the weekend service).

If the provider cannot deliver the full home support requirement offered by the HSE (excluding HSE direct), the HSS will be offered to an alternative Approved Provider.

In exceptional circumstances, if no individual Approved Provider can deliver the entire HSS, then consideration can be given to allocating the HSS to a number of Approved Providers having regard to the client's expressed preferences.

1.3 Operation of Arrangements

Important

HSE staff must only use HSE Direct provision and/or the Approved Providers for new HSS clients as per the new procedures from 2018

The process for the award of HSS under the Tender 2018 Framework will be as follows:

1. The HSE assesses and approves hours (or monetary value and indicative hours for Consumer Directed Home Support (CDHS)), service requirements, etc., having regard to client's assessed need and available resources in the area
2. The HSE will provide a list of Tier 1 Approved Providers to the client and the client selects their preferred provider(s) (**Appendix 4 – Information on Choosing a Home Support Approved Provider & Client Choice Form**). The list of Approved Providers is in random order as provided by Procurement
3. Where **CDHS approach is approved**, the client will contact his/her chosen provider from the Tier 1 list of Approved Providers to arrange services in line with CDHS approach determined by the HSE
4. Where **CDHS approach is not applicable**, the following approach will apply:
 - (a) if the **client has chosen a specific Tier 1 Approved Provider**, an email will issue to that Tier 1 Approved Provider and provided that Tier 1 Approved Provider responds within the timeframe contained in the email, with a named home support staff member, that Tier 1 Approved Provider shall be awarded the services required by the client
 - (b) If the **client chooses more than one Tier 1 Approved Provider**, then an email will issue to all of those Tier 1 Approved Providers identified by the client. The first Tier 1 Approved Provider to respond to the email within the HSE timeline, confirming it is in a position to provide the services, and identifying a named home support staff member, shall be awarded the contract for services to the client
 - (c) If the **client has not chosen a Tier 1 Approved Provider or the client's selected provider cannot deliver the service**, then the HSE will email all Tier 1 Approved Providers, and provided that a Tier 1 Approved Provider responds within the timeframe contained in the email, with a named home

support staff member, that Tier 1 Approved Provider shall be awarded the contract for service to the client. Such Tier 1 Approved Provider shall be paid based on the rates tendered by them in the 2018 Tender process

- (d) If **no Tier 1 Approved Provider responds within the HSE timeline**, having applied the above approach, then the HSE will email all Tier 2 Approved Providers. If a Tier 2 Approved Provider responds within the timeframe contained in the email, with a named home support staff member, that Tier 2 Approved Provider shall be awarded the contract for service to the client unless a Tier 1 provider has responded in the intervening period, with a named home support staff member, in which case the Tier 1 provider will be awarded the contract for service to the client. The HSE will email all Approved Providers (Tier 1 and Tier 2 Approved Providers who were notified of the service requirement) to advise that the service requirement has been filled
 - (e) If **no Tier 1 or Tier 2 Approved Provider responds within the HSE timeline**, the HSE may make contact with service providers who met standards, but who opted not to join Tier 2. The HSE will not pay any rate to such providers above the rate applicable to lowest prices for Tier 1 Approved Provider – i.e. no rate above the average of the top two (2) lowest prices. *(The rates agreed with each Tier 1 & Tier 2 Provider will be notified to each CHO)*. If any such provider accepts the work (i.e. by submitting an email with a named home support staff member), an email will issue to the Tier 1 & Tier 2 Approved Providers, informing them that the requirement is filled. The HSE will require any such providers to complete a Service Arrangement.
5. If the above process does not fulfil the requirement, the HSE will reserve the right to examine what alternative options are available to deliver the support required by the client including clustering of clients in geographical areas. An approach to clustering will be developed if and when required.

It is recommended that Each CHO would arrange a standard time (or times) each day (e.g. 11am and/or 2pm) when emails requesting HSS will issue to Approved Providers. This will help to ensure greater levels of responses from providers. In general, response times will be determined by HSE Service Managers on the basis of the individual case. Response times will not normally exceed and will generally be less than 24 hours. The email to the Approved Providers (Appendix 5) offering the HSE service requirement must supply adequate information on duties required in each case.

Copies of all emails and responses received should be retained as back up to decisions made regarding allocation of work to providers and as evidence that offers have been issued and refused, or in the case of non-response, that this is noted on the providers record. Each CHO will need to have in place a system for monitoring refusals and reasons for same so that appropriate monitoring of Service Arrangements and KPIs can be undertaken.

Acceptance of HSE offers of work must include a named home support staff member. If a change is required following finalisation of the care plan, this can be accommodated.

HSE staff will assume the client has capacity to choose. Only on very rare occasions where the client has significant cognitive impairment diagnosis and there is no next of kin to assist in choosing a provider, or where the client decides not to choose, then HSE staff shall use the approach set out above instead of the client's choice approach.

The CHO is to decide the most efficient point at which the client should be asked to express choice but it is recommended that this be at the time of application. The full list of Tier 1 Approved Providers is also published on the HSE website for the public to view. The client will be advised that where the HSS cannot be delivered by HSE employed staff, any hours that cannot be delivered by HSE staff will be offered to the client's choice of Approved Provider.

A request by an existing HSS client to change providers is to be dealt with in line with the 2018 Approved Provider list and client choice procedures.

1.4 Thirty Minute Calls

The HSE reserves its right to allocate 30 minute calls where, in its reasonable opinion, such represents an appropriate input to the client's needs.

The use of half hour calls for new clients will be managed as follows:

- Limit the extent of half hour calls to no more than 25% of new clients being approved for HSS under the Tender 2018 (and that were approved under Tender 2016 in any CHO – see calculation below) to any one Approved Provider
- If the 25% limit is reached, an Approved Provider may accept additional such calls at the approved rate for such calls or may refuse same without penalty for such refusals. The work can be offered to the next Approved Provider of client's choice
- Each CHO must have a system in place to monitor the allocation of 30 minute calls to enable HSS managers to have full information on uptake of 30 minute calls for that CHO to confirm compliance with 25% limit per provider per CHO
- Calculation of the 25% limit will be as follows:
Denominator-Number of new clients under Tender 2018 and/or Tender 2016 who are in receipt of Home Support at that time (i.e. on last day of reporting period)
Numerator-Number of new clients under Tender 2018 and/or Tender 2016 who are in receipt of Home Support who are receipt of 30 minute calls (i.e. on last day of reporting period)
Calculation-Numerator/Denominator x 100=Target of 25% or less.
- Clients must have met their home support staff member in advance of support commencing

1.5 Getting the HSS Started

Once the HSS is organised, the HSS manager will

- Confirm in writing, and if urgent by phone, to the client the name of the Approved Provider who has accepted the work, and the HSS that will be delivered by this provider
- Advise client that the provider will be in contact to arrange risk assessment of the home before HSS can commence and to provide name(s) of home support staff member(s) assigned
- Record the detail of the HSS arrangement in the client's file and in data collection templates
- Arrange for any existing grant funded service provision by non-HSE direct providers to cease and funding to be ceased for remainder of the current year and full year costs thereafter (See Section 1.2.2)

1.6 Payments to Approved Providers

HSS, provided by Approved Providers, will be paid for by the HSE on an invoiced basis having regard to the hourly rates/30 minute rate agreed in the Tender process and the following associated notes (*italics are additional information to what was provided in the*

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Tender documents). In relation to Consumer Directed Home Support clients, the HSE will be invoiced by the provider showing the number of hours delivered as certified by the client, the hourly rates applicable and the total amount being billed for the billing period. Providers may charge less than the tendered rates but may not charge more. The maximum payable in all cases will be the amount approved in each case by the HSE.

Tender 2018 prices apply only to new HSS clients approved and to additional hours approved for existing clients, and delivered by Approved Providers 2018, after commencement date. **Existing HSS pre-Tender 2018 continue at existing rates.**

Where existing home support service clients in receipt of a service from a provider who did not participate or was unsuccessful in Tender 2018 needs additional hours, the service may be provided by the existing provider but only at the Tier 2 rate applicable to the CHO.

All relevant remuneration, PAYE and PRSI deductions, insurances and payment of all statutory contributions in respect of earnings are payable by the tenderer on behalf of their staff. The tenderer must honour their fixed tendered rates for the duration of the contract , with the exception of any legally binding adjustments in statutory payments <i>(Any such adjustments that may arise & be approved will be notified to the CHOs by the National Office Services for Older People)</i>
No additional charges for premia / overtime will be allowed.
For call outs, a 30 minute fixed rate is required as per item 5 <i>(of the Tender Pricing Schedule)</i> . Anything over 30 minutes will be rounded up to the nearest half hour or hour, in which case the hourly rate will apply. Any visits over an hour will be rounded up to the nearest half an hour, and charged on a pro rata basis to the hourly rate.
Rates are defined as support hours per patient e.g. if two carers* work 45 minutes each this will equate to a charge of 90 minutes - charged at the hourly rate & pro rata for the half hour.
No premium will be paid for “personal or perceived higher skilled tasks”. Carers* must be capable of providing generic type home support and personal support at the required standards.
The HSE will not pay any additional fees outside of the tendered hourly rates, with the exception of any travel payments that may be agreed on an individual basis. <i>(It should be noted that most providers include an element for travel in their tendered rates)</i>

*The word “carer” in this context refers to the “home support staff member”

Rates are defined as support hours per client e.g. if 2 home support staff members (double up) work 30 minutes each, the service is charged as 60 minutes at the hourly rate.

30 minute calls, which exist prior to Tender 2018, shall continue with that pre-Tender 2018 existing rate.

If a further 30 minute call is required, following Tender 2018, on a different day or requiring a separate visit to the client’s home on the same day, then the Tender 2018 rate for that 30 minute call will apply in respect to the additional 30 minute call.

If the client requires an hour of service which replaces the existing 30 minute call (for either pre-Tender 2018 or post Tender 2018) then this is no longer a 30 minute call and will be paid at the appropriate rate per hour of service under Tender 2018. The HSE will not pay two 30 minute rates for a single hour of service.

1.6.1 Cancellation of Calls

The HSE will not pay cancellation fees where any Home Support Service is cancelled with eight (8) hours prior notice. In the event that the HSE or the client does not provide eight (8) hours notice of cancellation to the provider and the provider is not then required, the HSE will pay the provider in respect of 50% of the charge applicable to the cancelled call only and no further charge shall be payable by or on behalf of the provider.

If a client refuses, cancels, suspends or cuts short the delivery of home support before the allocated time has elapsed, then the home support staff member must advise the provider, who will advise the HSE, in order that the HSE is aware of the situation and can consider appropriate action. It is important that providers have in place arrangements to receive such reports in order to consider reasons for same and what action is required on the part of the provider to protect the client's welfare and provide for their care needs. It is anticipated that in the vast majority of cases, a client will notify the provider through the contact details issued to the client by the provider.

1.6.2 Travel

In relation to Travel, the guidance issued in relation to Tender 2016 applies to Tender 2018 and is attached at Appendix 1. It should be noted that during the Tender 2018 process, providers had the opportunity to include an element of cost relating to travel.

1.7 Withdrawal of Service

Approved Providers shall not withdraw services from a client without prior consultation with the appropriate HSE staff.

1.8 Change of Carer

Approved Providers will give a commitment that, wherever possible, home support services will routinely be delivered by the same home support staff member; alternative staff members may provide services when the assigned staff member is sick or on leave. In such cases, the Approved Provider will notify the client with regards to the change of new staff member in an appropriate and timely manner.

1.9 Confirmation Service has been delivered to Client

The basic requirement is that the client or his/her representative should sign to confirm service delivery. If an alternative system is in use to the satisfaction of CHO management (and in compliance with HSE National Financial Regulations) then such arrangements may continue.

Important: One hour of home support procured from an Approved Provider relates to the time spent with the client.

1.10 Client Monitoring & Review and Complaints

In line with the HSS Guidelines, HSS will be subject to **regular clinical review** by the relevant HSE staff e.g. public health nurse and/or other relevant health care professional(s).

Each Provider is required also to have in place clinical oversight arrangements by 1st January 2019 to provide:

1. *Guidance and oversight on personal care to ensure optimum client safety, dignity and welfare*
2. *Review of Home Support on a regular basis to ensure optimum standard of care and client satisfaction*

Providers also have confirmed they have in place mechanisms to deal with complaints and a procedure for referring complaints as appropriate to the HSE for follow up. The HSE policy for dealing with complaints is also available to clients.

Further details regarding monitoring arrangements are set out in Section 2 of this document.

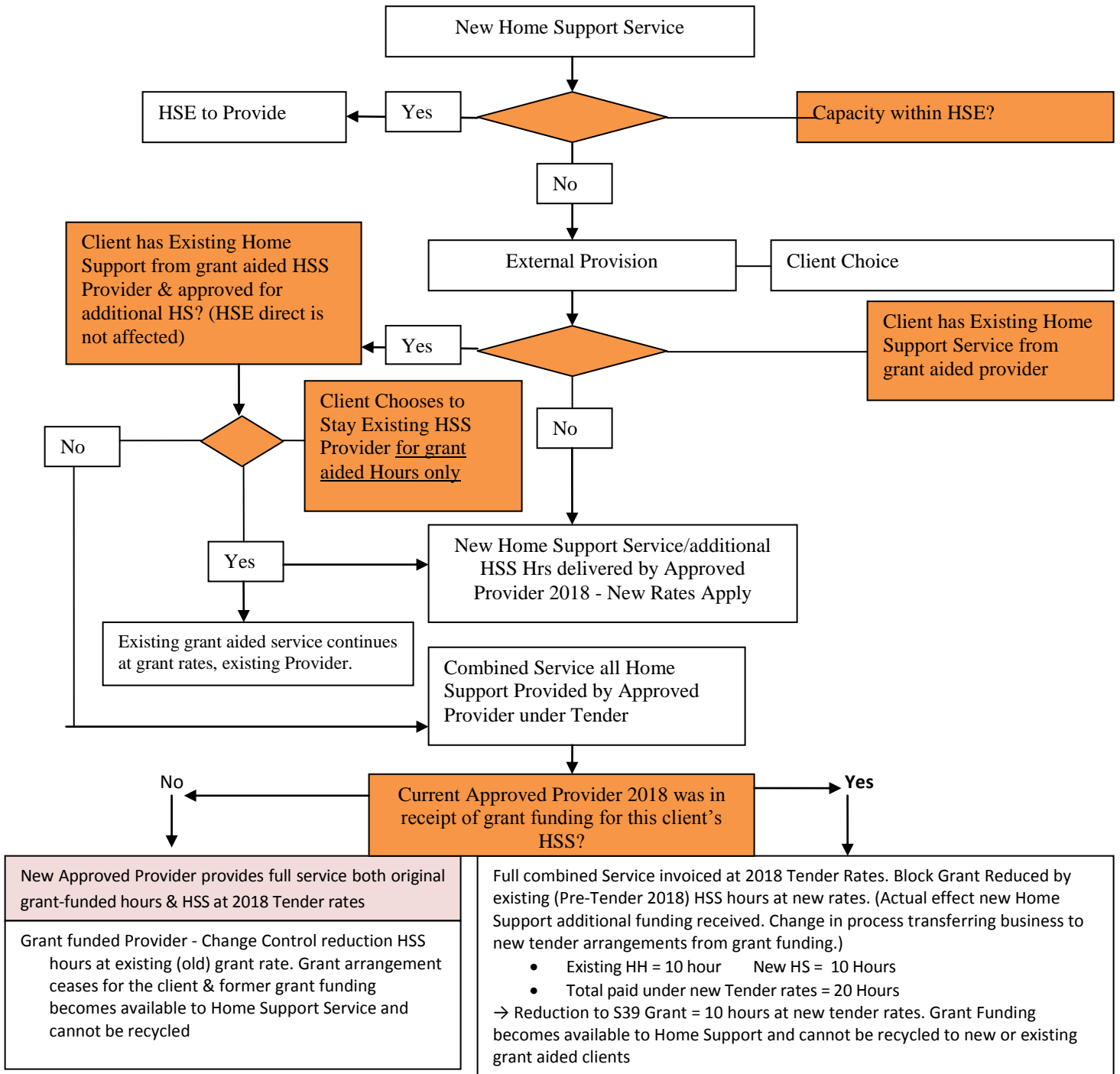
1.11 Use of HSE Logo by Approved Providers

Approved Providers will be permitted to use a small HSE logo accompanied by the words “**HSE Approved Home Support Provider 2018/2020**”. HSE guidance on use of the logo is available on www.hse.ie/branding

The following Flow Chart summarises key questions and processes relating to Tender 2018 arrangements:

Home Support Tender 2018 – Administration

Relates to all new HSS clients approved following commencement of Tender 2018
Existing Home Supports are not affected & continue at existing rates except where
service is transferring from grant aided providers to Approved Providers



Key: HSS – Home Support Service Orange Shading: Key Question/Decision

Section Two

Management and Monitoring of Service Arrangements

Section Two should be used in conjunction with the Service Arrangement signed by Provider and HSE

- 2.1 HSE National Governance Framework
- 2.2 Management & Monitoring of Approved HSS Providers
- 2.3 Key Performance Indicators – Home Support Tender
- 2.4 Audit

2.1 HSE National Governance Framework

The Home Support Tender will be managed by the application of the HSE Governance Framework which will include National Standard Service Arrangements. As these are tendered services, all providers will be managed by Service Arrangements (i.e. not Grant Aid Agreements).

2.2 Management & Monitoring of Approved HSS Providers

Note: Tender 2018 Service Arrangements are in the process of being finalised. The final agreed documents and processes relating to the Service Arrangements for Home Support will be issued by separate correspondence.

2.3 Key Performance Indicators – Home Support Tender

The HSE will operate 4 key performance indicators (KPIs) in the management of the Service Arrangements. (Template - Appendix 6)

The KPIs have been developed with reference to the Quality Standards set out in the Tender 2018 Service Specification. Approved Providers will be required to complete a self-declaration on a quarterly basis and submit it to the HSS Manager/Head of Social Care. The HSE must consider the performance reported to ensure that it reflects the HSE experience (as determined from complaints received, GPS records if available from certain providers, client confirmation of service delivery, spot checks, client reviews etc.), sign the declaration and file as part of its quality assurance system for monitoring over time.

No financial penalties in terms of a deduction from invoices will apply to under performance in relation to these KPIs, however, if performance remains unsatisfactory, the penalties provided for in the SA may be applied.

The 4 KPIs are as follows:

2.3.1 Training /Qualifications

This KPI refers to the qualifications standard required by the HSE in relation to the home support staff providing home support services to HSE clients and has two parts.

New Entrants to Home Care Industry & Staff with < 1yr experience:

*All new entrants to the home care industry & those with less than one year of paid home care industry experience in the last 3 years must, **prior to working on this HSE Contract**, have as a minimum;*

- *Obtained at a minimum QQI Level 5 Modules- Care Skills and Care of the Older Person and*

Unqualified Existing Home Support Staff -:

*All staff with paid home care industry experience of more than 1 year in the last 3 years, who do not hold a recognised relevant qualification, must **prior to working on this HSE Contract**, have as a minimum;*

- *Committed to obtaining at a minimum QQI Level 5 Modules- Care Skills and Care of the Older Person within 11 months of first working on this HSE contract*

KPI Detail: Providers must self-declare the % of their staff working on HSE contracts that have successfully completed the 2 modules - Care Skills & Care of the Older Person modules in the required timescales.

(a) % of New Entrants to Home Care Industry & Staff with < 1yr experience this quarter who have completed the two modules prior to commencement on HSE contract

- Denominator – total number of new entrants employed for first time on HSE contract this quarter
- Numerator – total number of new entrants this quarter who had obtained the required modules prior to commencement on HSE contract
- Calculation - Numerator divided by Denominator multiplied by 100
- Target 100% at any time

(b) % of Unqualified Existing Home Care Staff who are compliant with commitment on commencement on HSE contract this quarter and have not exceeded time line of 11 months for obtaining the 2 required QQI modules

- Denominator – total number of unqualified staff employed this quarter on HSE contract who committed to qualification requirement
- Numerator – total number of unqualified staff employed on HSE contract remaining within the terms of their agreement i.e. have not exceeded time commitment (11 months) for qualification requirement
- Calculation - Numerator divided by Denominator multiplied by 100
- Target 100% at any time i.e. all unqualified staff members who committed to 2 modules within 11 months of commencement of employment remain compliant at the end of reporting quarter

Provider's records must be available for data validation for 12 months following conclusion of this contract.

2.3.2 Attendance

Attendance KPI is another quality assurance measure required to be measured as part of the Key Performance Indicator. The metric for the attendance KPI is 'NO SHOW' as follows:

(a) "No show" by provider support staff - as per the quality standards the provider must ensure that the home support hours accepted by the provider are delivered as agreed at the specified time.

KPI Detail: A "No Show" means that the home support staff member did not attend at the appointed time to deliver support or within a reasonable time (15 minutes of agreed start time) thereafter. Where service commences late, the client should still receive full approved duration of service.

- Denominator – total number of attendances required to be delivered to HSE funded clients (episodes of home support) this quarter – each attendance counted once
- Numerator – total number of attendances that were delivered (excludes attendances cancelled in advance) on time (Total episodes of home support less number of "No Shows")
- Calculation - Numerator divided by Denominator multiplied by 100
- Target 100% at any time i.e. all attendances to deliver client home support should be as specified

2.3.3 Delivery

This KPI refers to the provider's technical ability / capacity to deliver the required home support hours following agreement to do so. As per the invitation to tender successful providers will be appointed to 9 distinct regional CHO lots nationwide & providers are required to demonstrate a track record in delivering similar services in each distinct region lot or a realistic practical plan as to how they will be able to provide service. The KPI is as follows:

(a) Response Time to Offer of Hours The HSE will require the provider to self-declare its timely responses to HSE requests and is based on the number of offers responded to (whether accepting or refusing offer of work is not relevant) within the time scale determined by the HSE service manager.

KPI Detail: Time scale for response following request for Service is determined by the HSE HSS manager. **If request to providers is filled within the timeline and HSE notifies Providers of this, then non-responding providers should not include these particular cases in their KPI data.**

- Denominator – total number of offers of business this quarter – each client counted once (excluding offers of business that were notified as filled prior to deadline elapsing)
- Numerator – total number of offers (each client counted only once) that were responded to (accepted or rejected) within HSE determined timeline this quarter (excluding responses that were notified to HSE after HSE had confirmed the offer as filled prior to deadline elapsing – this is required to align with denominator data)
- Calculation - Numerator divided by Denominator multiplied by 100
- Target 100% at any time i.e. all offers of hours should be accepted or rejected within HSE requirements

(b) Response time to deliver services when hours have been accepted by provider: The HSE will require the provider to self-declare its ability to deliver service following acceptance of the work.

KPI Detail: The number of offers accepted by the Provider (*& approved by HSE*) that have been delivered within the time scale determined by the HSE service manager.

- Denominator – total number of offers of hours accepted this quarter – each client counted once
- Numerator – total number of offers (each client counted only once) where service was delivered within HSE timeline this quarter
- Calculation - Numerator divided by Denominator multiplied by 100
- Target 100% at any time i.e. all offers of hours accepted should be delivered within HSE timelines

2.3.4 Quantum of service delivered

This KPI refers to the provider's overall capacity to deliver HSE offers of work. The metric is an indicator of responsiveness and an important quality indicator of service provision and compliance with tendered requirement to deliver capacity across the CHO.

KPI Detail: The HSE will require the provider to self-declare its non-acceptance/non-response or refusals of services offered by the HSE, and is based on the **number of offers** not-accepted/not-responded to or refused by the Provider. The KPI only considers offers and refusals as outlined below.

Records of refusals and non-responses will be also be retained by HSE to validate self-declarations and to support any decision relating to KPIs.

- Number of offers of services refused include
 - refusals of offers based on client choice, and
 - offers not responded to (excludes cases where HSE has advised within timeline that service has been allocated to a Provider) and
 - where offer was accepted but not implemented by Provider (due to Provider issues i.e. excludes services not implemented for client or HSE reasons e.g client deceased or admitted to long stay care).

Each such refusal will count as 1 refusal.

- Denominator – total number of offers (new and/or additional) this quarter relating to above criteria
- Numerator – total number of offers (new and/or additional) this quarter as defined above that were refused
- Calculation - Numerator divided by Denominator multiplied by 100
- Target less than 30% of offers in the above categories were refused in the reporting quarter

2.3.5 Penalties

The above Key Performance Indicators include penalties for non-performance in relation to these quality standards and apply to each provider whether operating independently or as part of a consortium. These penalties also apply in relation to operation of the Service Arrangement and will escalate according to the severity of the non compliance, and include, but not be limited to

- Suspension from agreement for defined period of time (1 / 3 / 6 months) for new services
- Removal of existing services due to non-performance / duty of care concerns
- Termination of the agreement

Where a provider is part of a consortium, any penalties imposed by the HSE will apply to all members of that consortium.

Each CHO will have arrangements in place to

- receive KPI reports from providers
- consider same
- raise issues with Approved Provider regarding performance and
- determine appropriate actions if any
- Each CHO will submit KPI reports to the National Office Services for Older People (Operations) for collating overall national KPI data in relation to Tender 2018

2.4 Audit

In the absence of legislation and regulation of home support, the HSE must monitor Approved Providers and other external providers of HSE funded home support. By auditing once a year (or more often if required as a priority), undertaking regular client reviews and undertaking regular operational meetings with each individual provider as outlined above, the CHO can have oversight of the service delivered to clients.

Each CHO should have at least one Home Support Audit Team to monitor the Approved Providers through an onsite audit at least once a year or more often if required. It is recommended that, as well as Approved Providers, the audit should also over time extend to all other home support service providers outside of the 2018 Tender.

The detailed approach to Audit as well as the composition of, and reporting relationships for, the audit teams are currently being developed. Further details of the approach will be issued in due course.

Section Three

DATA

Section Three should be used in conjunction with the National Guidelines & Procedures for the Standardised Implementation of the Home Support Service, the data requirements in relation to the National Service Plan and National Divisional Operational Plan for Social Care, as well as the Service Arrangement

3.1 Home Support Services Data

3.2 Home Support Tender 2018 Summary Monthly Return

3.1 Home Support Services Data

The HSE must ensure that data collected is relevant and provides accountability for resources and services delivered to the client.

This section provides a guide in relation to the responsibility that lies with each CHO in relation to data collection, collation, monitoring and actions arising as a result, relating specifically to the Tender arrangements in addition to the KPI data referred to in Section 2 and in addition to general monthly reporting of Home Support Dataset.

It is acknowledged that there is a variety of systems in operation for recording activity within home support services. In the absence of a national IT system, it is imperative that the following fields at a minimum are included within the CHO's core Home Support Data Recording System in order to be able to record and report on the Approved Provider's activity under the Home Support Tender and to ensure accurate payment of invoices at the appropriate rates (pre 2012, Tender 2012, Tender 2016, Tender 2018 etc.). Heads of Social Care will need to ensure that systems are in place that will deliver the required data. The required information includes:

1. **Client Details** – Ensure that the following information is easily identifiable from your core HSS Data Recording System, as you will need it to complete the monthly reports relating to the Tender 2018:
 - a. Personal details of the HSS Clients who were approved under the 2018 Tender process, including name, address, DOB, start date, finish date, day/night hours approved, rates applicable for invoicing (This will need to encompass services delivered under pre-Tender 2018 arrangements where relevant)
 - b. Approved Provider(s) for the client
 - c. Number of clients ceased availing of their HSS in any month and year to date
 - d. Number of new clients that were approved in any given month and year to date
 - e. Number of clients who have benefited from a HSS under the Tender 2018 year to date (Active Tender 2018 clients on last day of previous month, plus new Tender 2018 clients year to date)
 - f. Number of active clients on last day of month
 - g. Number of clients approved for CDHS each month
 - h. Number of clients availing of CDHS at month end (Active on last day of the month)
2. **Home Support Tender Rates** - Ensure system differentiates between clients in receipt of HSS relating to the different arrangements under which they have been approved so as to ensure that correct rates are paid in respect of each individual HSS
3. **Approved Provider Selection Mechanism**
 - a. client choice
 - b. random selection as set out in Section 1 of these procedures
4. **Client Reviews** – Date of most recent review and next scheduled review

Records will also need to be maintained in such a way as to be able to demonstrate that the SA and Tender arrangements generally were fairly and consistently implemented. Record should therefore be maintained such that the following can be obtained as required for SA monitoring:

Home Support Service for Older People Standard Operating Procedure Tender 2018

- List of staff working on HSE contracts including, garda vetting, qualifications, confirmation of vulnerable adult training, competency assessment and training plan, together with any validation of these lists undertaken by the CHO
- Number & weekly value of HSS **offered to & refused** by each provider and the reason for refusal
- Number & weekly value of each HSS **accepted and implemented**
- Number & weekly value of each HSS **accepted and not subsequently implemented & reason for same**
- Numbers approved for CDHS approach and any issues arising, including with providers, in relation to same
- Data on use of **thirty minute calls** to comply with agreed limits
- **KPI data**
- Number of **Client reviews completed** within agreed timeframes
- Number of **Approved Provider Audits** completed & outcomes
- Communications record e.g. email offer of work form on file, response by Approved Provider, client request to remain with grant funded provider for pre-Tender 2018 home support hours, etc
- Detailed data on each client in receipt of grant funded services as adjustments will be required on an on-going basis to grant funded service arrangements to take account of the Tender (As set out in Section 1)

The information will need to be available to the Chief Officer, Head of Social Care and the National Office Services for Older People (Operations) on request.

3.2 Home Support Tender 2018 Summary Monthly Return (Appendix 8)

The purpose of this template is to monitor number of clients in receipt of HSS under the Tender 2018 arrangements, new clients per month and how the provider was chosen e.g, client choice or using the random selection approach set out in Section 1.

This report should be submitted to the Head of Social Care by each HSS Manager within 5 working days of end of month. The Head of Social Care should submit same to the Chief Officer and National Office Services for Older People (Operations) as required.

APPENDICES

Appendix 1:

Travel Costs

New HCPs approved from 1st September 2016

National Guidance 30th November 2016

1. Context:

The payment of travel costs may be considered in relation to HCPs approved after 1st September 2016 where

- it is considered essential in order to provide critical services, particularly in rural areas where no other arrangement is possible **or**
- where services such as collection of medications or essential shopping for food is specifically itemised by HSE staff in the Clients Home Care Plan (Home Care/Home Support Schedule of Services)

2. Criteria

The following **criteria** for such cases will apply

- The home care service being provided is essential in the HSE view to maintaining the person in their own home
- Having explored the options available no suitable alternative arrangement can be made for delivery of medications or essential shopping (as determined by HSE)
- Where travel costs are sought by a provider in order for carers to deliver home care service (other than collection of medications/essential shopping) HSE staff will need to be satisfied that there is no alternative for care delivery e.g staff in the local area that could be redeployed, option to avail of day care service as alternative etc.
- Carers travel costs to deliver home care service will only be considered where the total travel to and from the clients home exceeds 20 km per care visit i.e. from base/or previous client (whichever is shorter) plus return to base or next client (whichever is shorter). (The travel claimed must be specific to care provision arising from a new HCP only, awarded under the 2016 Tender process and approved after 1st September 2016)
- If carers travel cost is being considered the Provider must clearly demonstrate that a specific journey in excess of 20km is necessarily undertaken to deliver care to an individual under the 2016 Tender process.
- Provider to certify to HSE that the individual Carer is receiving at least the benefit of the travel costs being paid by HSE. This can be included as a written statement from the provider during the consideration of each application for travel costs.
- Proposals for the HSE to contribute to travel costs in line with these criteria must be considered on a case by case basis and, if approved must be signed off by the appropriate Home Care Manager (budget holder) for Home Care. Any travel costs approved will have to be met within the funding allocation for home care packages.

3. Rate:

The rates applicable to travel associated with carers providing services under the Home Care Tender 2016 are set out in the following bands and HSE staff should satisfy themselves that the band is appropriate to the actual journey costs having regard to actual costs of such journeys.

- 20-30 km - €3 per journey
- 30-40km - €4 per journey
- 50-60km - €5 per journey

Parking fees, fines, etc are not refundable by HSE.

Tender 2016 Clarifications

Tender Clarification Set (Issued during Tender 2016 Process)

Question 40

In relation to pricing, HSE will in certain circumstances approve travel arrangements where it appears to be of benefit to maintain services in rural areas, will these travel arrangements be paid for outside the Provider's submitted Tender Hourly Rates? If so will the travel specific rates be stated by the HSE?

Response 40

Yes. Further clarification on this matter is pending.

Question 48

Point 8 on the Compulsory Pricing Document states "The HSE will not pay any additional fees outside of the tendered hourly rates, with the exception of any travel payments that may be agreed on an individual basis."

Can you advise what the criteria would be for agreed travel payments and also what rate would be applied? Can you confirm whether parking fees will be included as an additional premium on travel?

Response 48

Please refer to Response 40. Further clarification on this matter is pending.

Parking fees will not be permitted as an additional premium.

Question 52

What Travel arrangements and payments will the HSE support when travel is approved?

Response 52

The HSE will consider contributions towards travel where it is considered essential in order to maintain critical services, particularly in rural areas.

Question 67

Not every HCP will involve collection of medication from a Pharmacy. Therefore how can the hourly rate price in something that might only happen on a case by case basis? How will the HSE pay the travel expenses involved in providing a medication collection service?

Response 67

This is included because it is a type of work that might be required. The hourly rate should not be affected by the travel cost as, where they are significant, they may be addressed by separate arrangement on a case by case basis.

Question 74

Often HSE staff and agency staff work side by side delivering home care support to a client. Does the terms of this tender envisage that the terms & conditions of HSE staff will be different to agency staff when it comes to paying travel to home care workers?

Response 74

The terms and conditions of HSE staff and those of third party staff will not be affected by this tender process in relation to paying travel to home care providers or otherwise.

The HSE has identified that it will be willing to consider travel payments in certain circumstances under this tender process.

However these are contract for services arrangements; the HSE is not the employer, and is assuming no employer responsibilities. Such travel arrangements if agreed in individual cases would have to be invoiced by the Service provider as part of normal invoicing for the service.

It should be noted that such staff are employed directly by the service provider, and as such are not "Agency" staff under the terms of the European Agency Workers Directive.

Question 84

In relation to the pricing schedule, "breakdown":

- a) Should the figures to be included for labour and other costs be on the basis of providing 1 hour of care?
- b) Not all carers would have travel costs. Should we include an average rate (based on a typical month) for the travel costs?
- c) Overtime rates would apply when required. Should we include an average rate?
- d) For training costs, should this figure be calculated using total training costs for the year per man hour?
- e) Should all business overheads be included in the Non-labour element section?

Response 84

- a) Yes, as stated: "Tendered hourly day rate 08.00 to 22.00 Monday to Saturday".
- b) Yes. In this context "travel" relates to any travel costs incurred by the organisation that are charged and included in the hourly rate. If such costs are not charged in the hourly rate, then they should not be included.
The HSE has already identified that it would pay separate travel costs on a case by case basis if considered required for the delivery of the service.
- c) No, these should not be included for 08.00 to 22.00 Monday to Saturday rates, for the purposes of this worksheet.
- d) Yes.
- e) Yes, provided they are funded from the tendered rate. If they are funded from, or relate to, other customers, then they should not be included.

It should be noted that, while this breakdown worksheet is required to be completed, it does not form part of the cost scoring evaluation process. The purpose of completing this section is to provide ongoing data relating to the breakdown of costs.

Question 97

In response to Question 50, you have stated that existing HSE Packages will not be paid for at any new rates applicable to new packages under Tender 2016. Surely, this will bring about the ridiculous situation, whereby a member of staff attending a new client, under tender 2016, could be paid more than a member of staff attending the next door neighbour at exactly the same time under an old contract. This will definitely have an effect on staff morale and could lead to industrial unrest. Furthermore, there is the likelihood that some agencies, who were successful in Tender 2014, but who, 2 years later, still do not have any physical presence or staff in the area, will be able

to poach staff because they will be able to offer much higher salaries as a result of including premia payments and travelling costs which are allowed for under Tender 2016.

Response 97

A blended rate was sought in 2011/2012, whereby premia (for Sundays, bank holidays) were to be included in the flat rate tendered.

Question 113

Responses 40 and 48 state that further clarification on travel payments is 'pending'. Will this address travel time as well as travel expenses and, if not, have you consulted with NERA on the legal position in regard to such costs? How can tenders complete the Compulsory Pricing Schedule in the absence of the 'pending' clarification?

Response 113

All pending clarifications have now been addressed.

To the extent to which working time is deemed by a competent Court to include travel time in the context of delivering the services then the HSE will reimburse the service provider in respect of such costs.

NERA no longer exist as an agency and such the HSE has not consulted with NERA.

Question 126

In section 7.3 notes on pricing in the ITT document it states;

"The HSE will in certain circumstances approve travel arrangements particularly where it appears to the HSE to be of benefit for maintaining services in rural areas"

Can we assume that would be at the Home help/ civil service rate? If not either can you provide details per Lot of the suggested rate?

Response 126

Actual cost or as close to it as possible. The HSE will develop a framework for this at CHO level.

Question 132

In the ITT to tender document in anticipated duties it refers to shopping for food and does not refer to mileage/travel. Is the assumption that cost associated here applies too as it does for collecting prescriptions from the pharmacy?

Response 132

The time & mileage required to undertake such tasks will be paid at the appropriate rate if the task is required as part of the Care Plan set out by the HSE. Please also refer to Response 126.

Staff Clarifications (Issued post Tender 2016 to support implementation)

Q32. Will there be a national agreed rate for travel costs incurred in delivering services (Collections of medications from pharmacy and shopping for food where no other support exists)?

These services will only be provided if specifically itemised on the HSE approved Care Plan for the individual. The HSE will apply a rate per kilometre travelled which will represent a reasonable cost having regard to the price of fuel and average fuel economy for a standard vehicle. The HSE will issue a standard rate per kilometre and criteria for use in each CHO

Appendix 2 (a) General Letter to All Grant Funded Home Support Providers

The following letter is to issue from the CHO to every provider of grant funded home support services (excluding HSE direct service provision)

Re: Changes to grant funding of home support for new/current HSS clients 2018

Dear (Provider),

In line with the HSE's service improvement plans for the Home Support Service for Older People, it is intended that as far as possible, the number of providers involved with any one client will be minimised. This is in line with older people's expressed views.

Following on from the arrangements that have been implemented as part of Tender 2016 for home support services, arrangements are now being put in place to implement Tender 2018. From x/x/2018, home support services approved for new clients and for existing clients who are in receipt of grant funded home support services provided by non-HSE staff, will have their entire home support service delivered either by the HSE directly where services are available or where this is not the case, by an approved provider.

Accordingly, I wish to inform you that the arrangements regarding grant funded clients, that were introduced in Tender 2016, will continue where any **current client**, in receipt of grant funded home support funded by the HSE, is approved for a home support service after the above date, his or her entire service will transfer to the selected approved provider and the current grant funded service arrangement for that client will cease unless the client advises us otherwise. The funding allocation for each such revised arrangement will also cease as it will be funding part of the overall home support service for the client, and will therefore not be available for re-allocation to any other client.

Furthermore, as all **new clients** will be provided with services through the Approved Provider list established following Tender 2018, no new clients can be allocated grant funded home supports. Therefore, as existing clients (pre-Tender 2018) in receipt of grant funded home support services cease to need same, the funding will be returned to the HSE. Part year funding will be retracted for any clients ceasing at any time during the application of the Tender 2018 arrangements. Grant funding will be adjusted each following year to take account of the full year impact of each adjustment.

Your current Service Arrangement with the HSE will be amended accordingly.
The HSE will advise you of funding adjustments affecting your service as they arise.

Yours,

Head of Social Care

Appendix 2 (b) Letter to Grant Funded Home Support Service Providers re Individual Cases Ceasing

Re: Changes to grant funded home support

Dear (Provider),

I refer to my letter of (date) regarding the above.

I wish to advise you that (client name and address), who is currently in receipt of a grant funded home support service from you, will on (date) no longer be availing of the grant funded home support service.

Accordingly, the current arrangements with you for grant funded home support services for this client will cease with effect from close of business on (date). The client has been advised of this adjustment. Final payments, if any, will be arranged for services provided and the funding will no longer be available for allocation to home support clients. An adjustment will be made to your grant allocation this year – for part year impact – and in subsequent years to reflect the full year impact of this adjustment.

And if applicable –

I note that the client has selected your company (as a HSE Home Support Service Approved Provider 2018) to provide the home support service. Accordingly, the entire home support service will be delivered from the commencement date above under the home support service arrangements and all of the hours being delivered will be funded in line with the agreed prices for home support services as per the Tender 2018. The adjustment to your grant funded home support funding will therefore be at the Tender 2018 rates.

And all letters

The adjustment relating to this client will result in a reduction in your grant in the amount of €..... in 2018 and €.....in a full year.

Yours,

Head of Social Care

Appendix 3: Existing Grant Funded HSS adjustments - Examples

1: Client AB approved for a HSS (25 hrs pw), chooses an Approved Provider under 2018 Tender. He has been in receipt of grant funded home support (5 hrs pw) from an external provider who will not be delivering the revised HSS.

1. Advise client that HSS has been approved which includes existing grant funded hours and will be delivered by the Approved Provider – total 25 hours pw.
2. Calculate the value of the home support service being delivered by the grant funded home support provider
 - Number of grant funded hours per week (5 hours) multiplied by cost per hour of the grant funded service (e.g. €20.00 per hour) having regard to the **grant funding SA**
 - Calculate the value of this service to year end by multiplying by the number of weeks remaining in 2018 and reduce grant payments in 2018 by this amount e.g. a HSS commencing 1st October – 5 hours x €20per hour x 13 weeks to year end = €1,300.
 - Calculate the full year value of this service in 2019 as the grant aid arrangement will be reduced in 2019 by this amount - 5 hours x €20per hour x 52 weeks full year cost = €5,200 less the amount adjusted in 2018 =€5200-€1300 = €3,900 to be adjusted in 2019. This reduction will continue to apply in subsequent years.
3. Advise grant funded provider that client's grant funded services will cease from the date HSS is to commence
4. Advise provider of the amount by which the 2018 grant payment is being reduced (€1,300 in this example) & the full year value of this adjustment for 2019 and following years (€3,900 in this example)
5. Advise provider that the funding is no longer available in 2018 and these hours cannot be recycled to a new client.
6. Advise provider that as each grant funded client ceases (e.g. admission to long stay care, deceased) the grant funding relating to such clients is no longer available in 2018 and these hours cannot be recycled by the provider to a new client. Advise provider of the amount by which the 2018 grant payment is being reduced relating to ceased client & the full year value of this adjustment for 2019 and following years. Adjustments for clients ceasing to avail of HSS will be calculated at the grant funding rate per hour.

If client asks to remain with current grant funded provider for the pre-Tender 2018 home support hours, this should be facilitated for the pre-Tender 2018 home support hours only and hours approved under Tender 2018 arrangements will be delivered by the Approved Provider. In this case there is no adjustment to the arrangement with the grant funded home support provider until the client ceases or other alternative arrangements are made.

2: Client CD approved for a HSS (25 hrs pw) chooses an Approved Provider under the 2018 Tender who is currently delivering her existing home support service of 5 hrs pw under a grant funded arrangement.

1. Advise client that HSS has been approved and will include existing home support hours and service will be delivered by the Approved Provider – total 25 hours pw
 - Calculate the value of the grant funded home support service being delivered under grant funded arrangements with the Approved Provider
 - Number of home support hours per week (5 hours pw) multiplied by cost per hour of the service having regard to the rates agreed for **the Tender 2018** (e.g. €22.00 per hour)
 - Calculate the value of this service to year end by multiplying by the number of weeks remaining in 2018 and reduce grant arrangement to the provider in 2018 by this amount
5 hours x €22per hour x 13 weeks to year end = €1,430.
 - Calculate the full year value of this service in 2019 as the grant aid will be reduced in 2019 by this amount - 5 hours x €22 per hour x 52 weeks full year cost = €5,720 less the

amount adjusted in 2018 =€5,720-€1,430 = €4,290 to be adjusted in 2019. This reduction will continue to apply in subsequent years.

2. Advise grant funded provider that clients grant funded services will cease from the date HSS is to commence
3. Advise provider of the amount by which the 2018 grant payment is being reduced (€1,430 in this example) & the full year value of this adjustment for 2019 and following years (€4,290 in this example)
4. Advise provider that the funding is no longer available in 2018 and these hours cannot be recycled to a new client
5. Advise provider that as each grant funded client ceases (e.g. admission to long stay care, deceased), the grant funding relating to such clients is no longer available in 2018 and these hours cannot be recycled by the provider to a new client. Advise provider of the amount by which the 2018 grant payment is being reduced relating to ceased client & the full year value of this adjustment for 2019 and following years. Adjustments for clients ceasing to avail of HSS will be calculated at the grant funding rate per hour.

3: Client EF approved for HSS and chooses an Approved Provider under the 2018 Tender. She has been in receipt of grant funded HS (5 hrs) from an external provider and chooses to stay with the HH provider for these grant funded home support hrs.

1. Advise client that additional HSS hours have been approved and will be delivered by the Approved Provider & that as per clients expressed wish, the 5 hours of grant funded service will continue with existing grant funded provider. Client is to be made aware that there will be two service providers involved.
2. No adjustments are required as grant funded home support service will continue to be delivered by existing grant funded Provider at existing rates

4: Client GH is in receipt of grant funded HSS from an external provider prior to commencement of Tender 2018. He has not been approved for any additional HSS.

1. No adjustments are required to grant funded provider as home support service that preceded Tender 2018 arrangements, is continuing.
2. When client ceases to need the service (e.g. due to admission to long stay care, deceased or other change), the grant funding will be reduced and cannot be recycled to any other client

5: Client IJ is approved for a HSS and chooses an Approved Provider under the 2018 Tender. He has not been in receipt of grant funded home support.

1. No adjustments are required to grant funded home support provider as the HSS will be delivered by Approved Provider 2018

The excel document below sets out how the records for grant funded Home Support Providers might record the adjustment to grant funded home support arrangements which are required in relation to the above examples:

Home Support Providers

CHO: 4

LHO: South Lee

Grant funded Home Support Provider: AAA Home Help Services

Approved Provider Tender 2018

Yes/No

Hourly Rate Per	Grant SA	Tender 2018 SA if applicable
	20.00	22.00

Client Listing

Name	Address	DOB	ID if any	HH Hrs pw	Current Cost pw	HH Start date	HH Finish Date	Date of Transfer of support to HSS if applicable	Name of HSS Approved Provider	Current Year impact on HH Grant	Full Year impact on HH Grant	Comment
AB	1, White Road, Cork	01/01/1932	CK1601	5	100	01/02/2015	01/10/2018	01/10/2018	We Support Bandon	1300	5200	Client moving to HSS with new Approved Provider 2018; Grant arrangement with Provider reduced @grant rates
CD	1, Black Road, Cork	01/01/1932	CK1602	5	100	01/02/2015	01/10/2018	01/10/2018	No change in Provider	1430	5720	Client to HSS with grant funded provider who is an Approved Provider 2018 ; Grant arrangement with Provider reduced @ Tender 2018 rates
EF	2, Orange Road, Cork	01/02/1942	CK1604	5	100	10/04/2018		HSS (20 hrs) commenced 01/11/2018 - Total 35 hrs	Home Now Cobh	0	0	Client requested to stay with current grant funded provider for existing pre-Tender 2018 service; No adjustment to grant
GH	2, Blue Road, Cork	20/10/1945	CK1605	5	100	01/02/2014		(N/A – no HSS approved)				HSS continues under existing grant arrangement @existing rates until client ceases

Appendix 4:

Information on Choosing a Home Support Approved Provider A GUIDE FOR CLIENTS

If HSE staff cannot deliver your Home Support Service, the service will be offered to your choice of provider(s).

Following a tender process, the HSE has appointed home support providers to deliver home support approved as part of the Home Support Service.

The list of providers for your area is attached. The order of the names does not indicate any ranking of provider ability or standards of support as each Approved Provider had to confirm that they could deliver home support to the standards required by the HSE; that they had appropriate policies and procedures in place; that they had the required levels of insurances; and that staff recruitment, vetting, supervision and competencies were satisfactory.

As you have applied for, or have been approved for, a Home Support Service, the HSE would like you to choose which Approved Provider in your area will deliver the home support service if HSE staff are not available to do so.

For further information on any of these Approved Providers, you should contact them directly and contact details are supplied.

If you do not choose, then the HSE will choose a provider for you from the list on a random basis in order to be fair to all the providers.

You may like to talk to some of the providers listed for your area and the following list of questions might be of help.

- How will you and your staff respect my privacy and dignity?
- Do you visit the home prior to the support commencing?
- What training do you provide for your staff before they commence work and during their employment?
- How will you ensure that I have the same regular home support staff member?
- Will you provide me with a named home support staff member and a possible replacement?
- What happens if my regular home support staff member does not show up?
- Do you provide a contact number in case of emergencies 24/7?
- What happens if my regular home support staff member is off sick or on annual leave?
- Do your staff wear a uniform?
- May I have a copy of your complaints policy?
- How do you make sure that quality of support is maintained?
- Do you invite feedback from your clients and is that available for me to see?
- If I do not get along with my home support staff member what happens?

Once you have decided on your choice(s) of provider, please insert a tick (✓) opposite any providers that you would like to deliver your home support service. You may tick all of them if you wish.

Please return your completed form to the address on the form.

The HSE will ask the providers you select to deliver your home support. The provider who responds first to confirm they are in a position to deliver your home support will be allocated to you.

In order to ensure that the number of providers involved in your support are minimised, the provider must deliver the entire home support offered by the HSE and cannot select elements of the service only (e.g. if your HSE funded home support involves a seven day service, the provider cannot accept the weekdays and refuse to deliver the weekend service). Where this is not possible, the HSE may facilitate 2 or more providers to share the service delivery.

The support will then be organised with the provider and you will be advised of the details.

Client Choice of Approved Provider Selection Form Attached. Please select an Approved Provider from this list (if HSE staff cannot deliver your Home Support Service).

**Appendix 4: Client Choice of Approved Provider Selection Form
(SAMPLE - See separate email for each individual CHO)**

Client Name:

Client Address:

**HOME SUPPORT SERVICE –
CLIENT CHOICE OF APPROVED PROVIDER SELECTION FORM**

This form should be completed after reading “Information on Choosing a Home Support Approved Provider – A Guide for Clients”.

Please indicate your choice of provider by inserting a tick (√) opposite any provider(s) that you would like to deliver your Home Support Service. You may tick all of them if you wish. The list below is in random order. All Providers listed are compliant with the standards defined by the HSE.

CHO –			
APPROVED PROVIDER- RANDOM ORDER	ADDRESS	APPROVED PROVIDER TELEPHONE NUMBER	CLIENT CHOICE

The HSE will need to share your relevant information with Approved Providers in order to put your Home Support Service in place. The HSE and its Approved Providers are required to comply with data protection law. By signing this form you are confirming that you understand that the sharing of your information is necessary in order to deliver the appropriate service. The HSE Privacy Statement for Patients and Service Users is available from your local Home Support Office or on www.hse.ie/eng/gdpr/hse-data-protection-policy/hse-privacynotice-service-users.pdf

Client signature:

Please print client name and address:

Date signed:

Client’s nominated person signature (if client is unable to choose/sign):

Please print nominated person’s name and address:

Relationship to client:

Date signed:

Consortium Members

Sometimes a group of providers work together across an area. This is referred to as a consortium. The members of each consortium (in the Approved Provider list above) are listed here for your information. The following information is provided solely to inform clients of the names of the providers who form the consortium on the Approved Provider list. An individual member of a consortium cannot be selected to deliver the service.

CONSORTIUM	MEMBERS OF CONSORTIUM

If you need help to complete this form please contact
(CHO to insert contact name and number)

Please return completed form to: (CHO to insert details)

Appendix 5: Standard Referral Email

The following email is for use in contacting Approved Providers in line with the process set out in Section 1.3.
 Copies of all emails and responses received should be retained as back up to decisions made regarding allocation of work to providers and for monitoring purposes.

Dear *(Insert Approved Provider Contact Name)*

Home support is required for the client whose details are set out below.
 This offer arises as a result of Client Choice - Yes/No (HSE to circle appropriate option)

Name of Client or Initials	Address of Client	Summary of Assessed Needs to be supported	Detail of Service Required (Days, times, total hours, number of home support staff members, etc.)

If you are in a position to accept this work, please revert to me by **(insert time and day and date), by email, with the name of the home support staff member(s) that is available to deliver this service.** The provider who responds first within the timeline will be offered the work.

If you do not respond within the timeline, it will be assumed that you are not available to provide the service. Non-responses will be included in Key Performance Indicators except where the HSE has notified providers that a particular offer of work has been allocated before the timeline for responses has expired.

The HSE will email all Approved Providers (Tier 1 and Tier 2 Approved Providers who were notified of the service requirement) to advise that the service requirement has been filled

Your non-availability to deliver support in this case will not impact on future offers unless this becomes a consistent issue at which time we will discuss the position with you under the terms of our Service Arrangement with you.

Yours

HSS MANAGER

Appendix 6: KEY PERFORMANCE INDICATORS - Home Support Tender 2018 Reporting Template - SELF DECLARATION BY PROVIDER - QUARTERLY

Provider:		Quarter Under Review		
Total Hours Delivered & Invoiced this quarter	No of Clients		No of Client Attendances	
Metric	Measure	Target %	Performance % Compliance	Commentary
1 (a) Training (QQI Level 5 - 2 Modules) New Entrants to Home Care Industry & Staff with < 1yr experience: All new entrants to the home care industry & those with less than one year of paid home care industry experience in the last 3 years must, prior to working on this HSE Contract, have as a minimum; • Obtained a minimum QQI Level 5 Modules- Care Skills & Care of the Older Person	Quality	100%	100	<i>a) Providers must self-declare the % of their "new entrant" staff working on HSE contracts that have successfully completed the 2 modules - Care Skills & Care of the Older Person modules before taking up duty.</i>
1 (b) Training (QQI Level 5.0 - 2 Modules) Unqualified Existing Home Care Staff -: All staff with paid home care industry experience of more than 1 year in the last 3 years, who do not hold a recognised relevant qualification, must prior to working on this HSE Contract, have as a minimum; • Committed to obtaining at a minimum QQI Level 5 Modules- Care Skills and Care of the Older Person within 11 months of first working on this HSE contract	Quality	100%	99	<i>b) % of Unqualified Existing Home Care Staff who are compliant with commitment on commencement on HSE contract this quarter and have not exceeded time line of 11 months for obtaining the 2 required QQI modules</i>
2. Care Plans – Service Delivery in accordance with Plan: % of “ No Shows” extracted leading to service delivered on time	Quality	100%	98	<i>Provider recorded 2% of planned Client Attendances that were “no show” so 98% were on time</i>
3. Care Plans – Service Delivery in accordance with Plan – Timely acceptance of work and delivery to Care Plan 3a) Response Time to Offer of Hours. Time scale for response following request for Service is determined by the HSE service manager.	Quality	100%	95	<i>Responded outside of specified time from HSE manager (turnaround to a request for service) 5% of the time</i>
3 (b) Response time to deliver services when hours have been accepted by provider	Quality	100%	95	<i>Responded outside of the specified time from HSE manager (turnaround to a request for delivery) 5% of the time</i>
GRAND TOTAL		500%	487	
OVERALL SCORE				Overall Performance
4. Quantum of Services Delivered -Number of Offers of Home Support not accepted/ refused or not responded to.	Service Capacity	<30%	25	Target: <30% refusal rate of all Home Support services offered per reporting quarter per CHO
Commentary :				
Declaration:				
Provider Signature:		Date:	HSE Home Support Manager Sign Off:	

Appendix 7: Complaints Template

Approved Provider HSS Tender 2018 Complaints Log for Submission to the HSE as Per Service Arrangement

Date Received	Nature of Complaint	Summary of Action Undertaken	Outcome	Status Open/Closed/ On-going	Reported to HSE: Yes/No & Date

Signed:

Date:

APPENDIX 8

Home Support Tender 2018 - Summary Monthly Return for Head of Social Care

Monthly Return on HSS Tender Approved Providers
 CHO (pick from Drop Down List)

Blue Cells: automatically generate

CHO Office Generate

TABLE 1 - New Clients

Number of NEW CLIENTS per Category for each Approved Provider under the 2018 HSS Tender

APPROVED PROVIDERS	2018						2019											
INPUT PROVIDER NAME1	Sept	Oct	Nov	Dec	2018 YTD Position	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2019 YTD Position
Client Choice					0													0
Random Selection					0													0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
INPUT PROVIDER NAME2																		
Client Choice					0													0
Random Selection					0													0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
INPUT PROVIDER NAME3																		
Client Choice					0													0
Random Selection					0													0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
INPUT PROVIDER NAME4																		
Client Choice					0													0
Random Selection					0													0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total for each category for all Approved Providers																		
Client Choice	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Random Selection	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

TABLE 2- Active Clients		Total no. of Active Clients on the last day of the previous month under the 2018 HSS Tender																			
Active Clients : The number of Active Clients is EQUAL to the number of active clients at the end of the previous month PLUS new clients approved during the month LESS clients ceased during the month																					
		2018					2019														
APPROVED PROVIDERS		Sept	Oct	Nov	Dec	2018 YTD Position		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2019 YTD Position	
INPUT PROVIDER NAME1						0														0	
INPUT PROVIDER NAME2						0														0	
INPUT PROVIDER NAME3						0														0	
INPUT PROVIDER NAME4						0														0	
Total		0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	
TABLE 3 - Hours		Total no. of Hours Provided under the 2018 HSS Tender per month																			
		2018					2019														
APPROVED PROVIDERS		Sept	Oct	Nov	Dec	2018 YTD Total Hrs Provided		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2019 YTD Total Hrs Provided	
INPUT PROVIDER NAME1						0														0	
INPUT PROVIDER NAME2						0														0	
INPUT PROVIDER NAME3						0														0	
INPUT PROVIDER NAME4						0														0	
Total		0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	
TABLE 4 Costs		Total Approved Costs under the 2018 HSS Tender per month																			
		2018					2019														
APPROVED PROVIDERS		Sept	Oct	Nov	Dec	2018 YTD Total Approved Costs		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2019 YTD Total Approved Costs	
INPUT PROVIDER NAME1						0														0	
INPUT PROVIDER NAME2						0														0	
INPUT PROVIDER NAME3						0														0	
INPUT PROVIDER NAME4						0														0	
Total		0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	