



National Guidelines & Procedures for the Standardised Implementation of the Home Support Service (HSS Guidelines)

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INTRODUCTION

Government policy in relation to older people is to support them to live in dignity & independence, in their own homes & communities, for as long as possible, & where this is not possible, to support access to quality long-term residential care. The overall emphasis is on promoting a high quality service, delivered to those who require it, in the most appropriate setting. High quality health & social services for older people provide continuity of care, integrated between care settings. The ultimate goal is to facilitate the older person to lead an independent life, with dignity, at home in the community.

The term **HSE Home Support Service for Older People**¹ (referred to throughout this document as **Home Support Service**) encompasses

- personal care and
- essential domestic care

as well as a developing focus on the specific assessed needs of people with dementia.

The Home Support Service is highly valued, supporting large numbers of predominantly older people to remain at home. The service aims to support older people (with assessed care needs) and where relevant, their informal carers (family, friends who provide care) so as to enable the older person to be as independent as possible in their own homes, for as long as possible. It does not intend to, nor would it be possible within the limit of the funding available, to replace informal care arrangements but rather the intent is to support valuable informal care arrangements.

Census 2016 data indicates that the over 65 age group saw the largest increase in population since 2011 rising by 102,174 to 637,567, an increase of 19.1%. As the numbers in the over 65 age group are increasing, the demand for new home care supports increases and as those already in receipt of services become more dependent, demand for additional supports for existing clients also increases.

The Home Support Service is funded by Government to deliver a volume of service each year as approved in the HSE National Service Plan. It is a discretionary service and therefore there is no automatic entitlement to a service. The Department of Health has concluded (October 2017) a public consultation on home support. The consultation was carried out in order to help inform the development of a new statutory scheme and system of regulation for home support services. The outcome of that consultation process 'Improving Home Care Services in Ireland: an Overview of the Findings of the Department of Health's Public Consultation' has been published.

Access to the current service is based on assessment of the person's needs by the HSE and having regard to the available resources and the competing demands for the services from those people with assessed needs. No means test is applied and clients are currently not required to pay any charge or contribution towards the HSE funded Home Support Service.

While the Home Support Service is highly regarded and there is much to be proud of, there is room for improvement. The objective of this document is to set out how the Home Support Service will operate as a single funded service, which will help to streamline delivery and make the services easier to move through as assessed needs change. The Intensive Home Care Package element of the Home Support Service will remain separate for the time being as it is currently centrally operated/funded.

It is expected that these changes will present challenges but that they will make the services easier to understand and easier to access.

Work is on-going to develop & enhance the Home Support Service. Consumer Directed Home Support programmes give clients, or consumers, more control over who provides the services and how and when these services are delivered. The evaluation of the Consumer Directed Home Support pilot project undertaken by UCD in CHO 3 recommends that while CDHS could not be implemented as the universal method of home support service delivery, it is a viable model of care as part of a larger infrastructure of home support. It is recommended that the positive elements of CDHS including choice and flexibility, where feasible, should be incorporated into existing home support services. CDHS has been included in Tender 2018 as an option for service delivery once it commences in 2018.

In addition to the expansion of CDHS, work with key stakeholders in 8 pilot sites nationally to develop a process for the design and delivery of personalised Intensive Home Care Packages to people with dementia is on-going in 2018. Genio is due to submit an Evaluation of the IHCP scheme in Q4 2018 and one of the main emerging recommendations is:

- integration of the personalised care approach central to Dementia IHCPs to the delivery of all home-based care

A Working Group with membership from each CHO, the Department of Health, Corporate Finance and the National Office Services for Older People, developed these Guidelines. Their work in completing this document is appreciated and acknowledged. Full membership is included in Appendix 7.

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¹ Home Support Service refers to the combined Home Help Service and the HCP Scheme

Section 1: General

1.1 Purpose

The purpose of this document is to provide management and staff engaged in the Home Support Service for Older People with guidance and procedures in operating the service, funded through the Services for Older People budget allocation, as a single funded service. The Intensive Home Care Package is not included in single funding, as funding will continue to be managed centrally. Services funded by other Care Groups are not encompassed in this guideline at present.

Adherence to the Guidelines will ensure that each application for the Home Support Service will be processed, and assessed, in a consistent way across the HSE taking account of resource limitations in each of the Community Healthcare Organisations (CHOs).

1.2 “Home Support Service”

When the Home Care Packages (HCP) Scheme was introduced in 2006, it was a requirement that the Scheme would be established, operated and accounted for separate from the Home Help Service as the HCP Scheme was providing enhanced levels of care above the levels available in mainstream community services including, in particular, the Home Help Service. More recently, it has been agreed that, as the vast majority of the service delivered through the HCP Scheme is personal care services and essential household/domestic duties, and as the Home Help Service has become more focussed on delivering the same service, there is little (if any) benefit in operating the services separately.

In fact, over time, the distinction between home help services and the HCP scheme has increasingly become a source of confusion for clients and staff across hospital and community as well as for service providers. The ongoing separation is increasingly an administrative and management challenge and is no longer fit for purpose, efficient or user friendly for clients to navigate through.

Single funding of the Home Support Service means

- The separate budget allocations for home help services and the HCP scheme, within the Services for Older People care group, have been combined as one “**Home Support Service**” budget for 2018
- Separate activity targets for home help services and HCPs have been amalgamated and a set of targets for the **Home Support Service** agreed with the Department of Health for 2018
- Our older people will apply for the Home Support Service – there will be one application and a streamlined assessment and approvals process for the Home Support Service
- Access to the Home Support Service will continue, unless otherwise provided for in Government policy/legislation, to be based on assessed needs and there will continue to be no means test, no requirement to have a medical card and no contributions will be sought from the client **unless this approach is superceded by legislation**
- Reviews of the older person’s care needs will be undertaken at regular intervals to be decided by clinical staff on behalf of the HSE and subject to minimum national norms², which will continue to apply pending the outcome of separate work being undertaken in relation to clinical governance of home support services
- If an older person is in receipt of home support and their needs increase, they will not need to apply for a different scheme; their needs can be reviewed and an additional service provided, if approved, and within the limit of the available resources
- Where resources are not available immediately in an area to support an assessed need, where new (or additional) home support services have been approved, the applicant’s name will be placed on the Home Support Service waiting list in the Local Health Office (LHO) – refer to Glossary

² The national norms are that persons of moderate or mild dependency would have their care needs reviewed at a minimum once every 6 months. Clients with higher levels of dependency are to be reviewed at least once every 3 months. The intervals for review may be shorter as decided by the relevant clinician.

- HSE directly employed staff working on home help services and the HCP scheme will work together in the single funded arrangement to deliver the best possible service for older people. Staff will work in a professional, supportive way - each having regard to their assigned roles and responsibilities and to appropriate governance arrangements. In some areas, this is already the established way of working.
- Home support services will be delivered by HSE employed staff where available and with the required skill set, as well as by external providers who have signed Service Arrangements with the HSE. The HSE has established with Unions and the Labour Court an on-going commitment to "*the direct employment of home helps to maximum effect for those with the appropriate skill set*". The HSE also confirmed to the Labour Court that private providers are part of the landscape of home help provision and will continue to be used.
- Where external providers (for-profit and not-for-profit) are required to deliver home support services, they will deliver these services to the standard and requirements of the HSE (pending any legislation or regulation of home support services that may supersede HSE led arrangements) through agreed procurement processes and as set out in Service Arrangements.

1.3 Scope

These Guidelines & Procedures relate to the Home Support Service for Older People only. They are for use by all staff dealing with the Home Support Service for Older People.

1.4 Glossary

Activities of Daily Living - ADL	Refers to basic tasks of daily living, including dressing, grooming, personal hygiene, walking, transferring, toileting, changing position in bed, and eating.
Caregiver/Carer/Family Carer/Informal Carer	Person who provides care to the older person usually on an unpaid basis and is not funded by the HSE to provide the care.
Care Needs Assessment	<p>A Care Needs Assessment identifies a client's dependencies and care needs in order to ensure that appropriate care is provided in an appropriate setting. Appropriate health care professionals, as determined by the HSE, complete the assessment. The assessment will include consideration of the following (not in order of priority):</p> <ul style="list-style-type: none"> • Ability to carry out the activities of daily living e.g. personal hygiene, mobility, continence management, meal preparation and essential environmental care • the medical, health and personal social services being provided to or available both at the time of the carrying out of the assessment and generally • the family and community support available and • client wishes and preferences <p>The assessment may include an assessment of physical ability to attend to activities of daily living and/or cognitive assessment by a healthcare professional.</p>
Care Plan	The Care Plan will set out the agreed care outcomes and actions to be undertaken by all services, supports and staff, taking account of the assessed care needs of the person. The Care Plan will set out both formal and informal care arrangements. It takes account of the older person's opinions. The views of the carer are critical in developing the plan. The Care Plan will incorporate the Home Support Service.
Clinical Governance	Clinical governance is a framework through which healthcare teams are accountable for the quality, safety and satisfaction of clients in the care they deliver.
Common Summary Assessment Report (CSAR)	A CSAR combines assessment information from various sources, creating a single, permanent and transferable report of the information relevant to a decision on an individual's care needs at a given point in time. This report is being replaced by the Single Assessment Tool (SAT).
Community Healthcare Organisation (CHO)	9 Community Healthcare Organisations established for the delivery of community healthcare services outside of acute hospitals, such as primary care, social care, mental health, and other health and well-being services. Social care services encompass those for older people and people with disabilities.
Complex Care Needs	A person with complex care needs who requires a coordinated response from a number of different healthcare professionals or external agencies and a range of additional support services beyond the type and amount required by other members of a population. The client presents with multiple & complex needs that span both health & social care. Clients may include individuals with behavioural difficulties, emotional problems, mental illnesses or medical needs that may put an applicant at risk or may present a risk to others, including healthcare workers.
Consumer Directed Home Care/ Consumer Directed Home Support - CDHC/CDHS	Consumer Directed Home Care (CDHC) or Consumer Directed Home Support (CDHS) is an approach to service delivery, which empowers the client by giving him/her choices to have more control over who provides the services and how and when these services are delivered.
Home Support/Home Support Service	Home support services include the provision of support with personal care and essential domestic care funded by the HSE and delivered by home support staff to older people who are

	assessed by HSE nominated assessors as requiring the care. This term encompasses the traditional Home Help Service and the Home Care Package Scheme.
Informal Care (Informal Carer)	Assistance given on an unpaid basis by one or more family members, relatives, friends or neighbours, to a person who has difficulties looking after themselves or in undertaking daily activities because of disability, age or illness. Informal Carer is the person providing this informal care.
Instrumental activities of daily living (IADL)	Instrumental activities of daily living (IADL) include preparing meals, doing ordinary housework (washing dishes, making beds, laundry, dusting, tidying up, and so on), shopping, using the telephone, handling finances, managing medications and using public transportation or driving oneself.
Intensive Home Care Packages	Intensive HCPs provide community services and supports to assist an older person, based on assessed care needs, to return home from hospital or residential care, or to remain at home, where HCP or normal levels of services are insufficient. This scheme is not demand led and approvals of new IHCPs are within the available resource.
Interim Home Support Service	A home support service put in place for a short period (normally up to maximum of 10 days) where standard procedures cannot be completed immediately and the HSS is required to facilitate <ul style="list-style-type: none"> • discharge from hospital or • maintenance of a person at home who because of an urgent change of circumstances (e.g. carer suddenly unavailable) would otherwise have to attend A&E or be admitted to hospital
Local Health Office (LHO)	Currently, the administrative areas for home support are organised into geographical areas aligned to the LHOs. These areas in time will be organised into Primary Care Networks serving an average population of 50,000 each.
Long-Term Care	Long-term care refers to on-going care whether provided in a residential setting (long-stay or long-term residential care) or in the community (long-term home support). Home support services, and residential care services, might be provided for short durations depending on the client's assessed need.
Multi-disciplinary Team (MDT)	An MDT is a group of health care workers who are members of different disciplines, each providing specific services to clients.
National Financial Regulations (NFR)	The Financial Regulations outline the framework within which the internal financial control system of the Health Service Executive (HSE) operates. The regulations have been developed to ensure that the financial controls in operation within the HSE are consistent with Irish and EU statutory requirements, achievement of Best Value for Money, Department of Health and Government policies and guidelines and best practice within the Irish Public Health Service context.
Schedule of Services	The Schedule of Services sets out, in writing, all services and supports to be provided over 24 hours/7 days, to support the assessed needs of the individual older person in order for him/her to return to, or remain at home. Each Schedule is to include details of both formal and informal care and must take account of the older person's opinions. Where appropriate, the views of the carer will be taken into account.
Single Assessment Tool (SAT)	The Single Assessment Tool is a standardised, IT-enabled, health and social care needs assessment (the interRAI system and its applications) for older people. This approach to care needs assessment will facilitate a reduction of fragmentation so that assessment, care planning, and policy decision-making are effective, coordinated, and provide maximum value for money.

1.5 Management of Home Support Services – Roles & Responsibilities

Health and social care services are delivered through 9 Community Healthcare Organisations each one led by a Chief Officer.

Each **Chief Officer**, working in line with nationally agreed frameworks and reporting arrangements, has full responsibility and accountability for the delivery of all community healthcare services in the area, ensuring appropriate integration with acute hospital services and other public bodies.

The **Head of Social Care**, reporting to the Chief Officer, has responsibility and accountability for service provision for older people and people with a disability, implementing standardised models and pathways of care to support integration.

Critical to the successful implementation, monitoring and evaluation of the single funded Home Support Service will be the assignment of overall responsibility for the service and the implementation of the Guidelines, to a named **Senior Manager** e.g. General Manager or other similar senior post holder, within the CHO, who reports directly to the Head of Social Care. The particular structures within CHOs are subject to review but may include:

Home Support Service Manager(s), accountable to the senior manager in the CHO, are responsible for the day to day management of the Home Support Service resources to support older people to live in their own community by providing services in appropriate cases within the available resource.

Home Support Service Manager(s) are already working in the service but may have different titles/grades across the CHOs.

Home Help Coordinators, already employed in the Home Support Service, have a clear role as set out in their job descriptions.

All HSE staff and staff employed by Providers receiving HSE funding must operate in accordance with the Guidelines. All HSE managers are responsible for ensuring the operation of and compliance with, the Guidelines in their respective areas.

The National Office will take a lead role in reviewing and updating the HSS Guidelines at appropriate intervals to ensure a consistent approach to the operation of the Home Support Service is documented. The Office will also have a role in monitoring the operation of the Guidelines in terms of consistent application, effectiveness and economical use of resources allocated for the Service.

Roles and functions may be subject to change with the development of a new statutory scheme and system of regulation for home support services.

1.6 Data Protection/General Data Protection Regulation (GDPR)

It is the policy of the HSE that all data is processed and controlled in line with the principles of the GDPR and relevant Irish legislation – Ref: HSE Data Protection Policy. www.hse.ie/eng/gdpr

1.7 Governance

Existing arrangements in relation to the clinical governance of the Home Support Service will remain in place pending the outcome of work in progress in relation to clinical governance of home support services. Any alterations to clinical governance arrangements, when they arise, will be communicated to each CHO.

1.8 Procurement

A national procurement process for supply by non-HSE providers of home support services for older people will be undertaken at intervals as required, unless superseded by other arrangements or other requirements of legislation.

Section 2: Guidelines & Procedures

A critical requirement in the development and implementation of “National Guidelines & Procedures for the Standardised Implementation of the Home Support Service” is that a standard approach is implemented incrementally, within a defined timeline of 12 months, across the CHOs. To achieve this, a suite of standard documentation has been developed to support the Guidelines i.e. standard procedures and documentation (including Application Form, Common Summary Assessment Report (CSAR) pending implementation of the Single Assessment Tool (SAT), Schedule of Services, Care/Home Support Plan, Standard Letters etc.). These documents reflect what was already in place for the HCP Scheme and have been updated to reflect the Home Support Service.

The Guidelines will be reviewed, and the operation of the service in line with the Guidelines will be audited, at appropriate intervals. This will ensure that the operational approach continues to support the objectives of the service and that implementation is consistent.

2.1 Access to the Home Support Service

2.1.1 Information and Application

Application may be made on the appropriate form (Appendix 1) for the Home Support Service. In the small number of cases where an applicant is unable to make the application him/herself, an application/referral may be made on the person’s behalf setting out the reasons why the person is unable to make the application on his/her own behalf. (See also 2.2 Consent and Decision Making)

The Information Booklet and Application Form will be widely available to applicants and to the general public. In addition, information on the Home Support Service will be made available on the HSE website www.hse.ie.

2.1.2 Access

In relation to home support for older people, Department of Health policy states that, in the context of current legislation, access to home support is based on assessed need and is not means tested. Accordingly,

- Applicants’ care needs will be assessed by the HSE (or by arrangement with clinical staff operating on behalf of the HSE) to determine their requirement for the Home Support Service
- The level of home support allocated, if any, will have regard to, and support, the assessed care need of the individual, within the limit of the resources available for the service
- There is no requirement that an applicant should have a medical card to apply to be considered for the Home Support Service
- There is no financial means test applicable to the service at the time of writing
- The financial means of carers or family cannot be assessed in determining the need of the applicant, or the level of home support service to be approved (if any) or the priority of the need
- No charges will be levied on applicants in respect of home support services which are funded by the HSE
- Contributions shall not be requested or accepted from recipients with respect to home support services funded by the HSE
- The Home Support Service does not intend to, nor would it be possible within the limit of the funding available, to replace informal care. The intent is rather to support those valuable informal care arrangements
- When resources are fully allocated at local level and a waiting list exists, a prioritisation mechanism for allocating resources (services and supports) to approved applicants will apply (see Section 4)

Access for persons aged less than 65 years

To comply with the policy objectives of the service, the vast majority of clients will be older people i.e. aged 65 or over. However, there will be flexibility in relation to applications from persons approaching 65 years. In addition, some people aged less than 65 years, for example a person who has

- early onset dementia
- disabilities or
- palliative care needs
- and
- where their assessed needs can be best met by Services for Older People, may also be considered as exceptional cases for the Home Support Service.

Applications from persons aged less than 65 years will need to be approved by the local senior manager with responsibility for the Home Support Service resource usually a General Manager.

2.2 Consent and Decision Making

It must be acknowledged that older people have the right to make decisions about receiving home support; it is not easy for a person to acknowledge that he/she now cannot manage without such support. It is critical that people are fully engaged in decisions about allowing people into their home to assist them with personal care.

Therefore, in order for home support services to be put in place, a person must consent to an assessment of care needs. Consent and agreement will also be required in order for the service to commence.

HSE guidance in relation to consent is available on the following link:

<http://www.hse.ie/eng/about/Who/QID/Other-Quality-Improvement-Programmes/Consent/>

In the near future, new legislation will come into force which should be taken into consideration when implemented. HSE updates on the Assisted Decision Making (Capacity) Act 2015 are available on the following link:

<http://www.hse.ie/eng/about/Who/QID/Other-Quality-Improvement-Programmes/assisteddecisionmaking/>

While people must make informed decisions to receive home support services, they also have the right to refuse health and social care services, for example:

A person who has capacity is in a position to refuse:

- Any form of medical treatment
- Any form of invasion of his/her body (chemical restraint)
- Any form of environmental restraint (right to decide where to reside)

Therefore, clients have the right to refuse home support or to remain living at home without sufficient supports to keep them safe. For example, someone may decide to return home from hospital or residential care even though his or her care needs may be in excess of what can be supported through the Home Support Service.

When an application for the Home Support Service is received, the needs and risks must be assessed and documented in the client's care/home support plan. The risks must be discussed with the client (and relevant family representatives if appropriate) in order to ensure that appropriate consideration has been given by the client (and his/her family) to other care options, in so far as this is reasonable. The client (and family) will need to be advised that while a level of support may be provided, the on-going care in the home in the individual case carries risks that cannot be eliminated by the provision of the available level of community supports (Standard Letter Appendix 2.5).

Once the risks to the client are explained and the explanation recorded, available levels of HSE funded supports may be approved within the limits of the Home Support Service to assist the client.

In circumstances where there is a concern that a client lacks capacity to make the decision to accept the level of risk involved in remaining at home, consideration should be given to holding an MDT meeting to consider how best to manage the situation. This may include considering the need for legal intervention, e.g. Ward of Court or Mental Health Act or referral, if appropriate,

to the Safeguarding Team. The HSE Safeguarding Vulnerable Persons at Risk of Abuse – National Policy & Procedures is available at the following link:

<https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf>

In the near future, the Assisted Decision Making Act, when fully implemented, will provide another legal framework that may be of assistance in these situations.

2.3 Care Needs Assessment

In order to determine if a person who has applied, or been referred, for the Home Support Service needs the service, a care needs assessment will be undertaken with the applicant's consent. The assessment, undertaken by health professionals as determined by the HSE, will recommend what level and type of services/supports, if any, are required.

In order to allocate resources, the care needs assessment must confirm that home support is recommended. If the care needs assessment indicates that home support is not appropriate, the application for the Home Support Service will be refused and the applicant will be notified of the reason for refusal.

The Single Assessment Tool (SAT) is the agreed approach to assessment of need for Services for Older People and is in the process of being implemented. Local arrangements for assessment of need will continue to be used until replaced by SAT. Guidelines for the use of SAT assessment outputs will be circulated when finalised. (See also Section 2.5)

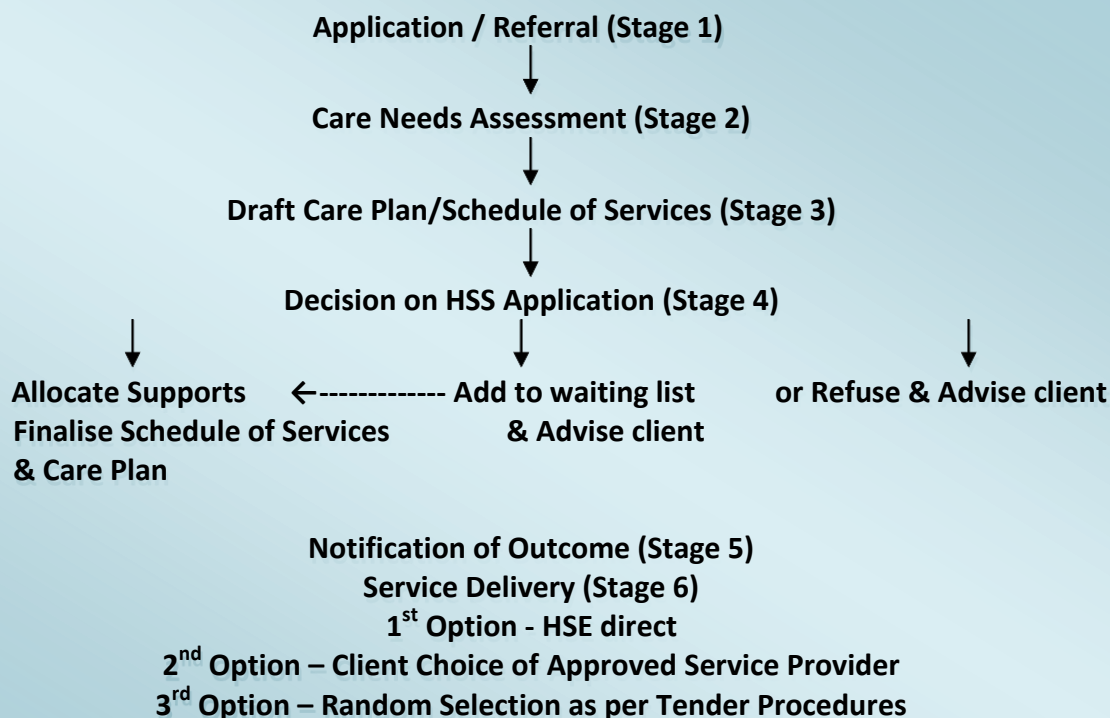
2.4 Resource Limit

The Home Support Service is not demand led and is therefore resource limited. It is operated in line with the limits and targets as set out in the HSE National Service Plan (NSP). The NSP sets out an agreed number of home support hours to be provided in any one year within a defined resource allocation. The CHO Operational Plans set out the annual funded level of service delivery/targets and expected activity levels for each CHO. Correspondence with each CHO sets out the detail of the allocation and associated targets (hours and client numbers).

2.5 Home Support Service Operational Processes & Procedures

The operation of the service is set out diagrammatically in Fig 1. This section of the Guidelines sets out processes and documentation supporting the operation of the HSS.

Fig 1.



The processes relating to managing applications and finalising a decision are set out in Stages 1 to 6 below.

Stage 1: Application/Referral

Application by, or referral of, clients for the Home Support Service must be made on the standard form (Appendix 1).

In the vast majority of cases, the older person will complete the application. The older person who is being assessed for home support (whether he/she is in their own home or in hospital awaiting discharge) should be central to the decision making process and every effort should be made to ensure that the older person's values and wishes are considered.

Where the older person is unable to make the application him/herself and/or consent to the application, the person applying, acting in the best interests of the older person, should set out on the application form why the person is unable to make the application on his/her own behalf. In such cases, applications are accepted from relevant sources (family or carer, general practitioner, PHN, hospital services staff or other health service personnel) and it is important that clear and regular communication with the family/next of kin is maintained.

On receipt of completed application/referral form, the administrative processes set out in Table 1 apply.

Table 1: Procedures for Applications/Referrals on receipt

- 1. Applications/referral forms received** - date stamp, record data on IT system or on interim local database/system, assign local Home Support Service reference number
- 2. Issue acknowledgement** to client and referrer if appropriate (Standard Letter Appendix 2.1) within 10 working days of receipt of application form and open individual Home Support Service client file. This may be on computer. If an application will be processed to conclusion within 10 working days, there will be no requirement to issue an acknowledgement, as notification of outcome of application will suffice.
- 3. Issue Request for care needs assessment** within 3 working days of date of receipt of application if assessment has not already been completed. (Standard Letter Appendix 2.6)

Stage 2: Care Needs Assessment

The primary focus of service provision for older people is to maintain them at home for as long as possible where this is their wish.

In order to ensure that living at home is fully explored as an option and that appropriate support is provided in an appropriate setting, an assessment of needs is required in respect of each application in order to develop an individualised, multi-disciplinary, person-centred care/home support plan.

Process

As part of the established care needs assessment processes in each area, HSE staff will need to ensure that consent has been obtained from the client to his/her care needs being assessed. Where consent cannot be given, the HSE Policy on Consent must be followed. In most cases the applicant's consent is recorded on the application form. The guidance provided in this document will be superseded by the implementation of policies and procedures relating to the Assisted Decision Making (Capacity) Act 2015.

As part of the process, a person's needs are assessed to determine the type of services that would be most appropriate to support those needs. In assessing a person as well as considering their opinions and preferences, the carer, family or other relevant representative should be involved, where they play an integral part in supporting the person to remain at home. However, the person being assessed has a right to privacy and confidentiality, and should be asked if they want someone else to be involved in their assessment and discussion of care options.

The HSE supports the concept of **multi-disciplinary (MDT) working**. It also recognises that there is considerable variation nationally regarding the availability of staff. Therefore, it is not possible to be prescriptive about who should complete a care needs assessment but best practice indicates input from a range of healthcare professionals.

The aim is to have a care needs assessment completed within 7 working days of receipt of the request from the Home Support Manager. Applications for the Home Support Service from hospital-based clients must be submitted and assessed promptly to help ensure that assessments are completed and arrangements are in place for service delivery, if approved, on the date of discharge.

Complex Care Needs

In situations where people have complex care needs, which require a coordinated response from a number of disciplines or agencies to support them, the assessment should include, or have input from, a range of disciplines, skills and expertise sufficient to make an accurate and complete assessment of the person's care needs. This may involve input from existing primary care teams or other multidisciplinary teams and, where necessary, it should involve a linkage between acute and community services.

A meeting of relevant professionals to discuss people with complex needs should be convened in accordance with current arrangements in the relevant CHO. This will assist in the completion of the assessment report and drafting of the care/home support plan and proposed schedule of services for the person requiring home support. Where a multi-disciplinary team exists, one person will act as a coordinator to assist in the completion of the assessment report. The completed assessment report and supporting documents should be submitted to the Home Support Manager for decision on the application.

Care Needs Assessment Documentation

The HSE is currently implementing a national standard assessment tool (SAT) for the purposes of assessment of care needs of older people. Guidance to support the standard usage of SAT outputs will issue when finalised.

Pending the roll-out of SAT in an area, existing assessment tools will continue to be used. All assessments for HSS should utilise the Common Summary Assessment Report (CSAR) to ensure a uniform approach to assessment of need and a single approach across the HSS.

Each local area will need to document the local interim processes for the completion of care needs assessment for the Home Support Service pending phased roll-out of SAT.

This includes the identification of a link person to liaise between community and acute services, where appropriate, to ensure a comprehensive and timely completion of the needs assessment process. This may be the Home Support Manager or other nominated staff member from community services/older person's services who can provide the link with the applicant's previous history/levels of service and future requirements for care. If an assessment is undertaken in a hospital setting to enable discharge home, the client should be clearly advised that a review of care needs will be undertaken within a short period of returning home. In addition, they should be advised that the level of service is temporary pending review in the person's home and the levels of support may be increased, reduced, stay the same or be withdrawn. (See Interim Home Support below)

Stage 3: Draft Care Plan/Schedule of Services

The person completing the care needs assessment should draft a care plan incorporating home support services. Where a number of professionals are involved, one member of the MDT should act as key worker. The key worker coordinates completion of the care needs assessment and drafts the plan.

A format for a care plan is attached at Appendix 5 and may be used for home support services in the absence of a comprehensive care plan locally. The key requirement is that there is a written care plan incorporating the home support service for the client or where care plans are not in use, a standalone home support plan should be prepared. Client should sign the home support plan.

The draft plan, completed and submitted with the care needs assessment as part of the Home Support application process, must **identify** the services being recommended and will be considered by the Home Support Manager in deciding the outcome of the application.

The **Schedule of Services** (sample Appendix 4) must take account of the older person's opinions. As the HSE rolls out Consumer Directed Home Support from commencement of Tender 2018, the guidance in Section 3 in relation to this particular approach will apply. At a minimum, each CHO should ensure that any home support services delivered are included in the documented schedule of services in place for the older person. Client should sign the agreed schedule of services.

The schedule is completed in relation to home support services, either by HSE staff or by service provider staff as appropriate. Where service provider staff are completing the schedule in conjunction with the client, due regard will be given to the number of hours of service/level of funding approved and to the HSE's identified essential care needs as per the care needs assessment, that must be addressed.

Service provider staff (whether HSE direct or external) must have access to the agreed Schedule of Services.

Recommendation for Home Support

A recommendation regarding the level of home support services (if any) is made by the person who completed the assessment of need (or by MDT key worker) prior to submission to the Home Support Manager for decision. The general procedures to be followed relating to acquiring a completed needs assessment, care/home support plan and the schedule of services are summarised in Table 2. Local detailed procedures should be set out within each CHO.

Guidelines for Assessment of Informal Support/Care supported by Department of Social Protection

The HSE recognises the very significant care being provided to older people by informal carers.

Family, friends, and/or neighbours may provide **informal support/care** with or without reward. Such informal care should be considered in the supports available to the applicant. The Department of Social Protection may support informal care through payment of benefits/allowances. In such cases, the intent of these benefits, as set out by that Department, should be considered in order that, as far as possible, the full range of public resources available to support older people living at home are acknowledged and the resources available are distributed to benefit the maximum number of people. Where staff are aware that these benefits

are not being availed of, they should advise the applicant and his/her representative to consider if such benefits/allowances would be an appropriate support in their circumstances.

Carer's Benefit is a payment for people who have made social insurance contributions and who have recently left the workforce and are looking after somebody in need of full-time care and attention. Carer's benefit can be paid for a total of 2 years for each person being cared for.

Carer's Allowance is a means-tested payment for carers who look after people in need of full-time care and attention on a **full-time** basis. Two carers who are providing care on a part-time basis in an established pattern can also avail of the carer's allowance scheme.

The **Respite Care Grant** is an annual payment for full-time carers who look after people in need of full-time care and attention. The payment is made regardless of the carer's means but is subject to certain conditions. The carer may use the grant in any way he/she wishes. Unlike Carer's Benefit and Carer's Allowance, it is not taken into account in the assessment of informal care as part of decision making in relation to a Home Support application. This approach is subject to review if the Department of Social Protection amends its requirements in relation to the Grant.

Table 2: Procedures for Care Needs Assessment, Care/Home Support Plan, Schedule of Services

1. Key person coordinating care needs assessment notes date request received.
2. Refer to appropriate professionals/MDT for assessments.
 - 2.1 Appropriate assessment undertaken
 - 2.2 SAT outputs/Interim Assessment report, including recommendation for home support (if any) completed
 - 2.3 Plan/Schedule of Services drafted identifying home support services recommended
3. SAT outputs/Interim Assessment report, draft Plan/Schedule of Services returned to Home Support Manager within 7 working days of receipt of request.

Stage 4: Decision on HSS Application

The following section provides guidance in relation to what factors should be considered in determining the outcome of an application for the Home Support Service.

Consideration of Application/Assessment of Care Needs/Recommendation:

Following identification of the care needs and completion of recommendations for a level of service (if any), the Home Support Manager must make a decision in relation to the application in the context of the assessed needs and the resources available.

The factors that will be considered in the decision on resources to be approved (if any) include (see also Table 3):

- Appropriate care in the appropriate setting
- Limit of resources available
- Estimated duration of Home Support Service
- Risks relating to the client situation including risk of admission to acute hospital or long-term care; risk of remaining in acute hospital longer than appropriate; risk of adverse incidents if home support not provided; this assessment may incorporate the level of family supports available. Risk to be assessed in line with guidance provided.
- Role of home support services in the individual client's overall care/home support plan and clinical presentation
- Estimated weekly cost of home support and any requirement for senior manager (e.g. General Manager or HOSC) approval
- Assessment of care needs and the recommendation made on completed assessment report
- Any report on the client and his/her needs provided by applicant's GP
- Applicant's expressed wishes as recorded on assessment report
- Appropriateness of any interim arrangement if home support service provider or resources are not immediately available
- Age of applicant – if under 65 years requires senior manager (e.g. General Manager or HOSC) approval

- Alternative appropriate responses or supports to maximise independence, and reduce or eliminate reliance on the Home Support Service e.g. rehabilitation, day care service, social activity groups, meals on wheels etc.
- The relative priority of each client having regard to risks involved and priority status as determined by use of prioritisation guidance below

As national guidance on the use of SAT outputs is finalised, it will replace the use of other assessment reports/outputs

Appropriate Care in Appropriate Settings

The most appropriate support for some clients is provided by admission to an acute hospital or to long-stay residential care or other service. In such cases, due regard will need to be given to Consent/Decision Making (Ref 2.2 above).

Limit of Resources

The extent of any home support available is subject to the limit of the resources allocated each year to the HSE for the Home Support Service. Therefore, at times, individual applicants may not receive all of the services recommended and may instead be allocated a portion of what is recommended or may not be allocated any services immediately. In such cases, the person's name will be placed on the waiting list for the Home Support Service held at Local Health Office level. Where a waiting list is in operation, the allocation of home support by the Home Support Manager must follow the guidelines set out in Section 4-Table 4- Procedures for Managing Waiting List for Home Support Service.

Interim Home Support

An older person's assessed needs while in a hospital environment may vary significantly from needs assessed in their own home environment. Interim arrangements may be made to allocate home support for a short duration to facilitate, in particular, discharge home of

- people not previously known to the service
- people known to community services whose care needs are known to have increased but whose actual needs cannot be fully assessed while in a hospital setting
- people who only need transitional support to facilitate re-orientation to the home environment or reablement support for a period of time
- emergency cases arising in the community e.g. sudden and unexpected carer unavailability or where care needs assessment process cannot be completed immediately

The initial levels of support approved for a short period, at the discretion of the Home Support Manager, may be increased, decreased, withdrawn or remain the same following full review of the care needs in the home setting. It is recommended that interim home support arrangements are reviewed, and the services levels revised if necessary, within 10 working days of the applicant returning home or the interim arrangement being commenced, and at regular intervals thereafter. Any extension of this timeline is a matter for the Home Support Manager but the reasons for extending should be documented.

The application form for the Home Support Service should be completed and submitted in accordance with the procedures set out in this document. Contact should be made by telephone with the Home Support Manager to indicate that interim home support may be required. The Home Support Manager will assess the need for an interim arrangement.

In individual cases, the interim (short duration) home support may be all that is required by the older person with no subsequent involvement of community-based services.

Approval by the Home Support Manager, who is responsible for the Home Support Service resources, is required prior to the allocation of any interim arrangement. Interim arrangements are subject to the limit of the resources available for the service and the procedures set out in these Guidelines apply.

Weekly value of a Home Support

The weekly value relates to services approved for funding from the Home Support Service allocation for older people.

In individual cases where, for exceptional reasons, consideration is being given to supplying a Home Support Service, which exceeds the value of €750 (NFR Limits) per week, approval of a Senior Manager (General Manager/HOSC etc.) will be required.

Home support valued at over €750pw (excluding aids/appliances) will only be approved in very exceptional cases where all other care options including residential care have been fully explored. Where such very high intensity care is required, decisions on the provision of the Home Support Service for an applicant should take account of the relative costs of community-based and residential care and the need to spread the available resources to the maximum benefit of the greatest number of applicants. Cognisance will also need to be taken of the appropriateness of community-based care, given that 24-hour services are provided for in residential care settings supported by the Nursing Home Support Scheme.

Stage 5: Notification of Outcome of Application/Referral

The outcome of the application for the Home Support Service will be **notified verbally if application is urgent**. The outcome of the application will issue **in writing** (Standard Letter Appendix 2.1 or if CDHS is approved see Standard Letter Appendix 2.2) to the applicant (or his representative) and to the referrer (if different) within 10 working days of the decision being made. A time limit of 15 working days to confirm acceptance of the offer of the service (from date of offer – whether verbal or written) will apply. Verbal confirmation of acceptance of the Home Support Service is sufficient – date of verbal notification and confirmation is recorded on client's file.

If an application is **approved and resources are available**

- the applicant and referrer are notified in writing (and if appropriate verbally)
- the care/home support plan and schedule of services are finalised (by the client and HSE staff or by the client and selected care provider) and
- the services are operationalised in accordance with current service delivery mechanisms (HSE direct and various arrangements with external providers) and associated standard operating procedures

If an application is **approved and resources are not available**, the applicant and referrer are notified in writing (and if appropriate verbally), and the applicant's details are added to the waiting list (see Standard Letter Appendix 2.1).

If an application is **refused**, the reasons are to be set out on file, and the applicant and referrer notified in writing (and if appropriate verbally) with the reasons for the refusal and setting out the right of the applicant to have the decision reviewed (see Standard Letter Appendix 2.1 (E) Application Not Approved At This Time).

Standard Individual Home Support File Content

Each client's Home Support file (soft or hard copy), held by the Home Support Manager/Home Help Coordinator/appropriate manager, must at a minimum contain the following

- Copy of completed application form, completed initial assessment of needs report, schedule of services and care/home support plan (including any informal care being provided, and by whom) and any re-assessments, dates for review, and updated schedules of services and plans
- Level of dependency on initial assessment and on review – as identified on assessment of need report
- Copy of any correspondence regarding the Home Support Service
- Completed decisions on application, including details of service approved and estimated costs
- Length of time person is in receipt of home support - start date, finish date when care has ceased and reason for ceasing
- Record possible alternative response(s) that were considered prior to home support approval – to assist with value for money reviews
- Questionnaires and interviews with clients and their carers in relation to satisfaction with the Home Support Service
- Priority Ranking Score where completed for waiting list management

Hospital admissions and other significant events are to be recorded on the client's care/home support plan held at client level and by health staff. Such events are to be notified by front line staff to the Home Support Manager for consideration in context of payments for, and continuation of, the service.

Table 3: Consideration by Home Support Manager

<p>1. Home Support Manager</p> <ul style="list-style-type: none"> - liaises with professionals who undertook, or contributed to, assessments and who recommended a level of home support, as required to make the decision regarding the need for support and the level of service to be approved - considers applications/referrals in line with the Guidelines - finalises decision as to whether support is required or not and the level of service appropriate to the assessed need, within 10 working days of receipt of completed recommendation - sets out the service being approved (or interim level of service being approved), if any, and signs approval section of Common Summary Assessment Report (CSAR) (Section 15) or - sets out reasons for refusal and signs refusal or - sets out recommendations, signs and seeks Senior Manager (e.g. GM) approval if Home Support Service to be approved exceeds a value of €750 per week or applicant is aged <65 years. If value exceeds €750pw, the particular detailed case is to be set out for Senior Managers consideration and determination - sets out first review date and initial review intervals for approved clients subject to national parameters <p>2. If resources are not available to provide the recommended levels of service/support, add client's name to appropriate section of the waiting list noting Priority Ranking Score (See Section 4)</p> <p>3. Home Support Manager</p> <ul style="list-style-type: none"> - arranges letter of approval/refusal/placement on waiting list to issue to applicant within 10 working days of decision being made, and copy to relevant personnel (Standard Letter Appendix 2.1) - record information on database and update individual client file <p>4. In urgent cases, the Home Support Manager may make a verbal offer of home support, which can be confirmed thereafter in writing (by standard letter)</p> <p>5. Offer of support is to indicate the actions required by the applicant, if any, within 15 working days. Home Support Manager may extend an offer but must document reasons for extension.</p> <p>6. Refusal by a client of an offer of support will be noted on the applicant's file, confirmed in writing to applicant/referrer and no further offers will be made unless a new application is received and care needs assessment completed, unless in exceptional circumstances.</p>

Stage 6 - Service Delivery

The Health Service Executive administers the Home Support Service. However, services approved may be delivered in a number of ways as follows:

- directly by the HSE ("**Direct Home Support**") or
- by not-for-profit and for-profit providers where service arrangements are in place following Tender arrangements ("**Indirect Home Support**") (existing clients may also be in receipt of services through arrangements in place prior to Tenders which, subject to the Tender specific arrangements being adhered to, continue) or
- through a combination of the above

Separate standard operating procedures are in place relating to home support services provided through tendered arrangements and in relation to changing arrangements with Not-for-Profit Grant Aided Providers.

Consumer Directed Home Support (CDHS)

If a client is approved for a home support service and HSE staff are not available to deliver the service, then an external provider, who has been approved by the HSE, will deliver the home support. The HSE can arrange this service with an Approved Provider on the client's behalf. Alternatively, the client can apply to be considered for Consumer Directed Home Support.

Consumer Directed Home Support (CDHS) programmes give clients, or consumers, more control over who provides the services and how and when these services are delivered. CDHS empowers the consumer to make informed choices about the types of services they access and

the delivery of such services. The approval of CDHS is dependent on the capability of the client to have control of their own service delivery, or their wish to do so, and is relative to their assessed level of need.

Features of Consumer Directed Home Support Models:

- Active involvement of the client or client representative with strong focus on person-centeredness
- Clients may have access to/control over a funding allocation
- Individualised service planning approach
- Clients have choice over the services they receive and the mechanism for delivery subject to key supports as identified through the needs assessment, being provided for

National Guidance on the initial operation of the consumer directed approach from commencement of Tender 2018 is outlined in Section 3. The guidance may alter as the experience of the CDHS approach evolves.

Home Support Cash Grant

Cash Grants involving direct payments to clients are being phased out since 2010. A small number of existing clients continue to receive these grants. No new approvals are being issued for cash grants.

Section 3: Consumer Directed Home Support

3.1 Background & Context

A consumer directed approach to home support service delivery is based on empowering people by giving them greater choice and control over their personal care.

CHO 3 undertook a pilot project on **Consumer Directed Home Care (CDHC)** in the Irish context. Following external evaluation by UCD, the HSE has developed these Guidelines to support the roll-out of the consumer directed approach to home support services for older people across the nine Community Healthcare Organisations from commencement of Tender 2018. As the Home Care Package Scheme and the Home Help Service for Older People are now referred to as Home Support Service for Older People, the consumer direct approach will be referred to as Consumer Directed Home Support (CDHS). Adherence to these Guidelines will ensure that each applicant for the consumer directed approach to home support service delivery will be dealt with in a consistent way across the CHOs.

The guidelines & processes have been developed having regard to (a) the Recommendations made in the UCD Evaluation Report & (b) the emerging recommendations for the work undertaken by Genio in relation to Personalised Packages of Support.

(a) UCD Evaluation Report recommendations were that:

- The traditional model of home support service delivery is maintained, with the inclusion of choice of care provider, where that choice is available
- CDHC could not be implemented as the universal method of home support service delivery. However, the CDHC model of home care is a viable model of care, provided that it is part of a larger infrastructure of home care support, that includes care provided directly by the HSE and not-for-profit providers
- CDHC model of care should meet criteria of fidelity and acceptability from the perspective of care recipients and their family carers, and this should be monitored on an ongoing basis through formative evaluations, including user satisfaction
- those positive elements of CDHC, including choice and flexibility, where feasible, should be incorporated into existing home support services
- Consideration should be given to the complementarity of CDHC with existing home support service provision arrangements in Ireland
- The design and implementation of any future model of CDHC give due regard to pragmatism and capacity in the context of constrained home support service resources
- The definition, nature and purpose of any future model of CDHC must be made clear and transparent for all stakeholders involved in its implementation. This should include promotion of public awareness

- The operational processes implemented in the CDHC pilot project are re-examined to maximise efficient use of time, material and human resources. Such operational processes should be underpinned by appropriate governance frameworks
- Clearly defined guidelines are further considered and developed to determine client suitability for CDHC. An independent advocate may be considered as a resource for care recipients who may not have the support of a family member or significant other person to engage with home support services, including any future model of CDHC
- It is recommended that due regard and support should be given to the vital role of the Public Health Nurse in the operationalisation and monitoring of home support services particularly in light of their role in overall case management
- HSE Audit Teams are a critical mechanism for managing accountability, clinical governance, quality assurance, patient safety and data protection across the CHO area; accordingly, such teams should have oversight of key performance indicators and their national alignment. This should apply equally to all means of home support services provision, including any future model of CDHC
- Independent regulation of the home care sector should be instituted, as advocated by the Law Reform Commission (2011) and the Citizens' Assembly (2017). This would provide an objective and standardised framework with which to assure quality and care standards

(b) Genio - Personalised Packages of Support

Genio's report, due to be published in Q4 2018, 'Supporting Older People with Complex Needs at Home: An Evaluation of the HSE Intensive Home Care package Initiative' indicates that it is possible to support older people with complex needs at home in Ireland given sufficient provision of home support and other services. Over the three years (2015-2017) of the IHCP initiative, 505 people, 83% of whom had maximum dependency (Barthel Index) were supported to remain at home, often for significant periods.

Some of the emerging recommendations include the following:

- A continued expansion of the IHCP scheme to support more clients with complex needs to remain at home
- Continued gathering of evidence and monitoring of home care use by people with dementia; evidence on type of services received and outcomes for individuals
- Increased investment into assessment and coordination of care for people with dementia to ensure the successful delivery of personalised care
- Integration of the personalised care approach central to the Dementia-Intensive Home Care Package scheme to the delivery of all home-based care as people with dementia are high users of generic home care services
- Early intervention to become a central component of the delivery of home-care
- Supported roll-out of dementia training to all home care workers
- Education and training on the personalised care approach to all Health and Social Care Professionals, in particular PHN's who often take the lead regarding care needs assessment
- Families are considered as key care partners and included and involved in the assessment and compiling of care plans (roll-out of carers needs assessment as part of the SAT)

These recommendations relating to IHCPs are applicable to the Home Support Service generally and work will continue to implement same. CDHS is a step towards personalised care and will develop as further experiences evolve.

3.2 Process

The process in relation to the consumer directed approach is as per the "National Guidelines & Procedures for the Standardised Implementation of the Home Support Service" Stages 1-5 but with alternative processes as set out in Fig. 2, which begin at stage 6 of the Guidelines. The information booklet and application form include details of this approach as an option for clients.

- (a) **Criteria:** Having regard to the **evaluation of the pilot project**, the HSE is applying the following criteria to the initial roll-out of the consumer directed approach to home support service delivery. This criteria may be revised as the HSE experience of the consumer directed approach evolves:

- Client must have confirmed they **wish to be considered** for the consumer directed approach to home support (Complete section on application form)
- Client must have confirmed they are satisfied to **manage the process themselves** or that they have a **person to support them** with managing the consumer directed approach (Detail to be included on application form)
- **HSE assessment of need does not indicate any concern** regarding client's ability to deal with the choices and responsibilities associated with consumer directed care. Where a concern is identified e.g. a diagnosis of advanced dementia, active dying or end of life, perceived lack of wherewithal, etc., this does not automatically preclude a client from the consumer directed approach. However, in such cases, there must be confirmation that the client has a person to support them in their choices and responsibilities. (Detail on application form & assessment of need report)

(b) Value of Home Support Approval

HSE manager responsible for resource management and home support approvals determines, based on consideration of recommendation of the clinical assessor, the appropriate level of service that is being approved. Based on a single pre-determined average cost per hour of care across the CHO, having regard to the current Tender rates, the manager will determine the **monetary value** of the home support service approved. The approval (see Standard Letter Appendix 2.2) will be issued to the client confirming

- **weekly monetary value** of home support that the client has been approved for and
- an **indicative number of weekday hours** that the client will be able to obtain from their chosen service provider, indicating that if hours are availed of on Sundays and Bank Holidays the number of weekday hours will be reduced, and indicating the types of services that can be provided from the HSE funding
- the hours service (i.e. days and times) are to be agreed with the service provider
- any **specific clinical requirements, as indicated by the HSE assessment of need**, that the provider must address

Providers may seek support with travel costs in recognition of **rural area** travel costs. In such cases, the national guidance on travel costs - issued on foot of Tender 2016 - may be applied.

Example:

HSE has assessed "Client A" and he requires home support. He applied for and meets the criteria for consumer directed delivery of home support and wishes to avail of this option for his home support service. HSE assesses that the appropriate level of service is approx. 10 hours per week having regard to client need and the availability of home support funding in the area. As the exact times and days of service delivery are a matter for the client and his chosen provider, the HSE will allocate a level of funding to enable the client to proceed to arrange his home support service directly with his chosen approved provider. The CHO has determined that the appropriate cost per hour for consumer directed cases is €20.00. The value of this arrangement is therefore 10 hours x €20 per hour so the client will receive an approval for home support to the monetary value of €200pw. The actual hours delivered by the client's chosen approved provider will depend on the agreement between the client and provider but provider cannot charge in excess of agreed tender rates.

(c) Schedule of Services & Home Support Care Plan

The client will contact their preferred provider(s) from the approved provider listing and will arrange to complete the schedule of home support services & home support **care plan** with the provider. The client may contact as many approved providers as he/she wishes in order to consider what the approved provider is offering and to obtain the service that best suits his/her needs. When the client has chosen the approved provider, the schedule of services and care plan must be completed reflecting any specific clinical requirements identified by the HSE assessment of need that the provider must address. The days and times when service is delivered is a matter to be agreed between the client and the provider subject to any specific clinical requirements

identified by the HSE, as well as **subject to the rates, service specifications (standards), and all other requirements agreed in the tendering process and as set out in Service Arrangements**. If the entire value of the approved home support service is required to deliver time specific requirements, then the benefits, if any, to the client of using the consumer directed approach should be considered.

(d) Copy Schedule of Services & Home Support Care Plan to HSE

A copy of the schedule of home support services and home support care plan are to be submitted to the HSE for input and recommendations (if any) to ensure essential clinical needs are addressed. Provider will be notified by the HSE of any recommendations and will address in the plan and schedule with the client directly. Home supports may be commenced and continue while adjustments are being made to the home support plan and schedule of care. Final versions of both documents to be submitted by the approved provider to the HSE for the client's HSE file to confirm service delivery has been agreed with the client.

(e) Payment to Provider

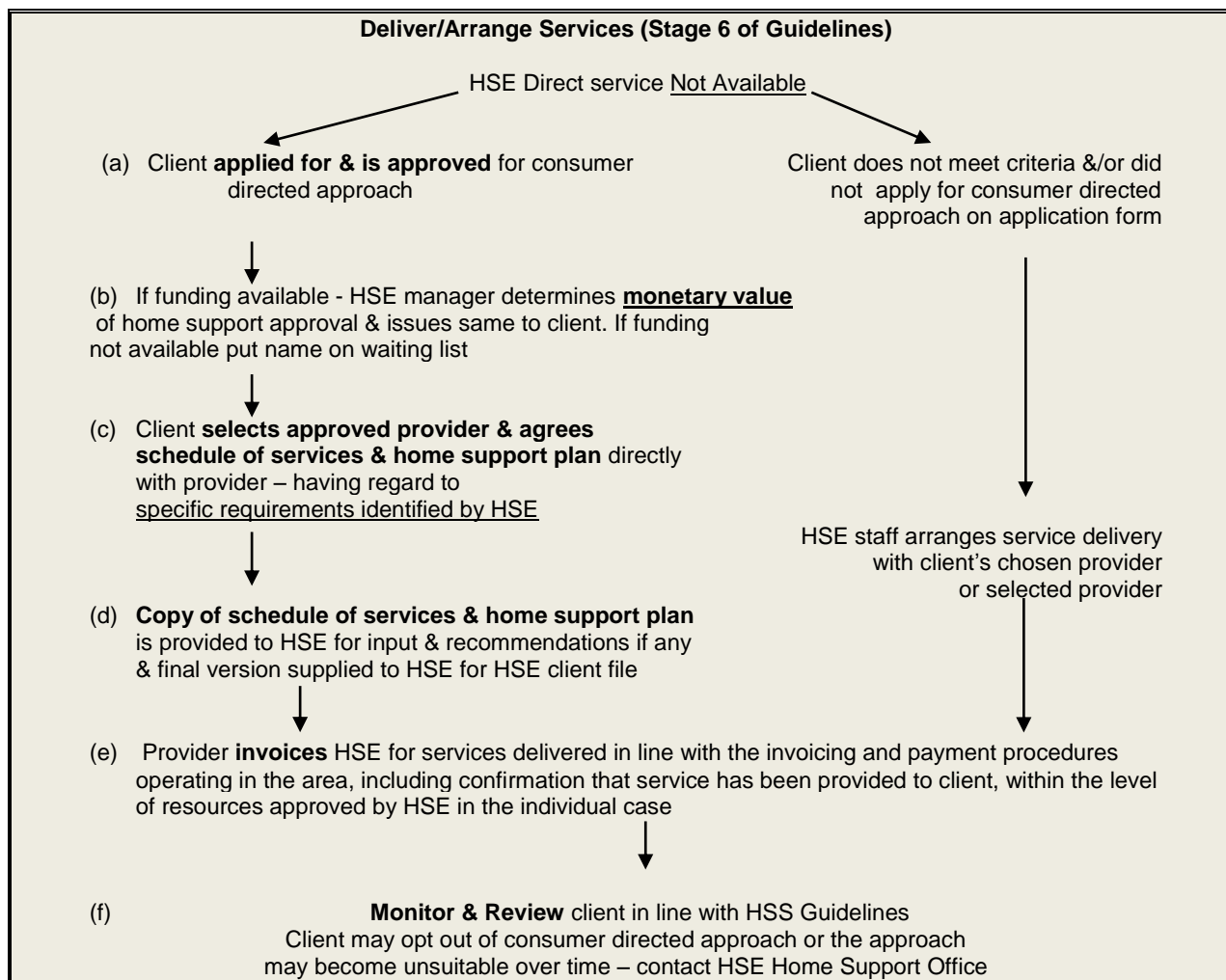
Provider invoices the HSE for services delivered in line with the normal procedures operating in the area, including confirmation that the service has been provided to the client, within the level of resources approved by the HSE in the individual case. The HSE will not pay any hourly rates in excess of agreed Tender rates.

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.

(f) Monitor & Review

Client care needs are to be monitored and reviewed in line with "National Guidelines & Procedures for the Standardised Implementation of the Home Support Service". In the event that the client wishes to opt out of consumer directed approach or the approach becomes unsuitable for the client, the client, the carer or the provider (where the provider becomes concerned re the client's suitability) must contact the local HSE Home Support Office to make alternative arrangements.

Fig. 2



3.3 Tender Arrangements

A national Tender for supply by non-HSE providers of home support services for older people, where HSE direct services are not available, is in place, and will be updated as required unless superseded by other arrangements or other requirements of legislation. The Tender arrangements 2018 will take account of the introduction of the consumer directed approach across the nine CHOs. **All arrangements approved as part of Tender 2018 - including approved provider listing, monitoring and oversight of providers, service specifications (standards), client choice of provider and rates (unless hourly rates are agreed with the client) applicable to procured home support services etc. - apply also in relation to consumer directed services delivered by external providers.**

Therefore, in the interests of ensuring **value for money**, any provider delivering home support through the consumer directed approach must determine the number of hours of service to be delivered to the client from the approved level of funding indicated by the HSE, having regard to rates **no greater than the rates agreed through the Tender process**. This does not prevent any provider from agreeing a number of hours of service, to be delivered to the client, which uses rates that are lower than the tendered rates.

3.4 Responsibilities of HSE/Client/Provider

What are the **responsibilities of the HSE** if a client wishes to avail of/is approved for Consumer Directed Home Support?

The HSE has the following responsibilities in arranging Consumer Directed Home Support:

- To consider the consumer directed approach to home support service delivery as part of the client's overall assessment where HSE direct services are not available and where the client indicates a wish to avail of this option
- To provide information on the consumer directed approach to the client and/or family carer
- To make contact promptly with the client in any of the following circumstances:
 - If there appears to be a lack of full understanding of the choices the client makes and responsibilities being assumed
 - If home support is not arranged by the client with their chosen provider within a reasonable time following HSE approval (the client is to advise the HSE of any delays). The HSE will contact the client if they have not received the home support documentation showing the schedule of services agreed between the client and their chosen provider. This documentation is to be submitted by the provider within 2 weeks of HSE approval
 - If the client refuses care or regularly curtails episodes of care, the HSE will need to understand why and to consider if other arrangements are more suitable for delivering the client's home support or if alternative care arrangements need to be considered
- To implement HSE complaints procedures if a serious complaint is made regarding consumer directed approach and it cannot be resolved between the client and provider
- To pay the provider for the services delivered as invoiced by the provider and certified by the client, and within the terms of the HSE's arrangements with the provider
- To implement the processes set out in relation to the consumer directed approach to home support delivery

What are the **responsibilities of the Client and Family Carer** if approved for Consumer Directed Home Support?

The responsibilities of the client and family carer if approved for Consumer Directed Home Support are:

- To utilise the funding approved by the HSE for home support for personal care and essential household duties, respite care, companionship or other specific services which are essential to the client remaining at home and maximising their ability to live as independently as possible
- To prioritise specific requirements, identified by the HSE care needs assessment, in the arrangements with their chosen service provider so that the HSE and client are satisfied they are receiving these important personal or time specific requirements
- To use only home support providers approved by the HSE - payment will not be made to providers who are not HSE approved (the HSE will provide the client with a list of Approved Providers)
- To make arrangements directly with their chosen provider to agree a schedule of services, care plan and days and times of service delivery. Before the client decides which provider to use, the client may wish to discuss their requirements (days and times of service delivery) with a number of providers so that the client can compare the services that they are able to provide
- To agree with their provider how any changes to the agreed arrangements are to be managed e.g. how much notice does the provider need if the client wants to rearrange days and times of service delivery
- To be assured, prior to signing any schedule of services, that they are satisfied with the service being offered by their chosen provider. If the client subsequently becomes dissatisfied with the service being delivered, they should discuss their concerns with their provider. In the event that the client is not satisfied with their response, the client can submit a complaint to the HSE
- To sign the schedule of services/home support care plan to confirm agreement with provider

- To certify that the home support service has been provided as agreed or to identify any gaps in service delivery to enable the HSE to pay the provider's invoice correctly. The HSE will check that the invoiced rates are not in excess of the rates agreed with the individual provider
- To advise the HSE of any delays in the commencement of their home support once approved
- To advise the HSE local Home Support Office if any concerns arise in relation to delivery or quality of home support
- To advise the HSE immediately if the full value of services approved are not being utilised/not needed/not provided each week. Any hours unused by the client cannot be banked or held over for use at another time. The HSE does not pay the provider for hours that are not delivered to the client
- To advise the HSE if they stop the service for any reason so the HSE can assist in re-arranging services if the client needs such assistance
- To advise the HSE local Home Support Office immediately if their circumstances change such as admission to residential or acute care or where the home support service is ceased/suspended
- To notify the HSE immediately if their home support service is no longer required

What are the **responsibilities of the Home Support Provider** if a client is approved for Consumer Directed Home Support?

The responsibilities of the provider when home support is approved under a consumer directed approach are:

- To advise the HSE immediately of the following:
 - If there appears to be a lack of full understanding on the part of the client of the choices they make with regard to services to be provided and/or days and times of service delivery
 - If care is refused or episodes of care are regularly curtailed
 - If there is a change in the client's circumstances such as admission to residential or acute care or where the home support service is ceased/suspended or care is stopped unexpectedly
 - If a serious complaint is made regarding the consumer directed approach and it cannot be resolved between the client and provider
 - If there is an unreasonable delay to the commencement of the home support service once the service has been approved
 - If the full value of services approved are not being utilised or not needed each week or if the service is no longer required
- To provide the client and family carer with documentation explaining how the monetary value of the HSE's approval for a service is converted to hours of service. This is having regard to the rates agreed with the HSE or such lower rates as the provider may determine with the individual client. The provider is responsible for ensuring that the rates charged do not exceed HSE agreed rates, and the provider must not charge fees or other charges for HSE funded services
- To invoice the HSE only for the actual service delivered to, and certified by the client, and within the monetary value approved by the HSE
- To provide the client with services that fall within the scope of the tendered services i.e. personal care and essential household duties relating to the client, respite care, companionship or other specific services that are essential to maintaining the client at home and maximising their ability to live as independently as possible. The delivery of the service should support the client to undertake tasks where possible rather than to do the tasks on their behalf
- To prioritise specific requirements, identified by the HSE assessment, in the arrangements with the client and family carer
- To agree days and times of service delivery with the client and family carer
- To agree with the client and family carer how changes to the agreed arrangements are to be managed (any such changes must comply with HSE Service Arrangements)
- To sign a schedule of services/home support care plan to confirm agreement and provide a copy to the HSE clearly showing the client's name, address and date of birth,

- date agreement was made with the client, hours of service the client will receive and cost of the service within HSE approved monetary value per week
- To certify that the home support service has been provided as agreed and/or to identify any gaps in service delivery in order to enable the HSE to pay the provider invoice correctly
 - To be aware that the client may opt out of the consumer directed approach or may become unsuitable for consumer directed approach over time as their circumstances change
 - To not engage in direct marketing of their services (including soliciting, junk mail, cold calling or door stepping) to those in receipt of a home support service. This is to ensure the protection of vulnerable adults
 - To ensure that the implementation of the consumer directed approach does not lead to adverse medical, physical or social risks for the client
 - To identify to the HSE if any concerns arise in relation to the delivery of HSE funded home support

Section 4: Management of Resources & Waiting List for Home Support Service

The applicant's details will be placed on the **waiting list for resources** when an application has been approved and the available resources (*including funding, home support staff or other resources*) are fully committed, and no supports or no additional supports can be allocated. The applicant will be placed on the waiting list **by reference to the date the application was received by the HSE**. One waiting list per LHO will exist for the Home Support Service. The applicant will be removed from the waiting list based on the HSE assessed prioritisation as set out below.

Applicants are added to the waiting list when the following conditions apply:

- Care needs have been determined
- Application for Home Support Service has been approved *and the Home Support Service or additional services/supports cannot be provided post approval when required*
- Risk Assessment has been undertaken leading to **Priority Ranking Score** (See "Priority & Offers of Home Support Service to applicants on waiting lists" below)

Each applicant placed on the Waiting List will therefore have received consideration for Prioritisation. Even if it appears that resources (*including funding, home support staff or other resources*) are not immediately available, applications/referrals must be processed.

Applicants will remain on the waiting list:

- Until the support approved by the Home Support Manager has been supplied or
- It is confirmed in writing by the applicant, their representative or the referrer, that they no longer require the Home Support Service or
- An offer of support is refused by the applicant or
- Review of priority ranking is undertaken (which may confirm or amend score) *but confirms support continues to be a requirement*
- Other relevant event occurs e.g. applicant deceased or admitted to *long-term* residential care etc.

Regular reviews of prioritisation by relevant HSE staff will be conducted at intervals, which are determined by the health professional conducting the assessment and/or by the Home Support Manager.

Priority & Offers of Home Support Service to applicants on waiting lists

As the service aims to be as flexible as possible to support older people to remain at, or return to, their home, it is acknowledged that from time to time particular individual cases of exceptional or urgent needs will arise. In order to deal with the most urgent cases in the first instance, all applications will need to be prioritised within the context of available resources. *Particular focus must be given to continuing to support Acute Hospitals especially those experiencing service pressures.*

Priority Ranking System

The single assessment tool (SAT), which the HSE is in the process of implementing, will provide a standard approach to assessment of care needs of older people and a standard approach to assessment of prioritisation. In the meantime, the following guidance is provided as the national agreed approach. In order to assess the degree of priority involved, a risk assessment against 5 identified factors will be undertaken. Risk is to be measured in terms of likelihood and impact i.e. the likelihood of an event occurring combined with its impact (consequence). This approach is adopted from the HSE Risk Assessment Tool³

The methodology for measuring risk in this way plots a single ascribed value of likelihood against a single ascribed value of impact and therefore reduces risk to a single, easily comparable value. This process uses informed but subjective judgement in assigning the values for likelihood and impact.

Likelihood scoring is based on the expertise, knowledge and actual experience of the health professional scoring the likelihood. In assessing likelihood, it is important to consider the nature of the risk. The assessment of likelihood of a risk occurring is assigned a number from 1-5, with 1 indicating that there is a remote possibility of it occurring and 5 indicating that it is almost certain to occur.

1. LIKELIHOOD SCORING

Rare/Remote (1)		Unlikely (2)		Possible (3)		Likely (4)		Almost Certain (5)	
Actual Frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability
Not currently a factor and not likely to occur in next 7 days	1%	Not currently a factor but may occur within next 7 days	10%	Currently a factor but not likely to require increased intervention in next 3-4 days	50%	Currently a factor and will require increased intervention in next 3-4 days	75%	Currently a factor and requires immediate increased intervention or intervention within 24/48 hours	99%

To determine the impact of any harm should it occur, each risk factor has been assigned descriptors over 5 levels ranging from negligible to extreme harm. In scoring impact, the anticipated outcome of the risk is graded from 1-5, with 1 indicating a negligible impact and 5 indicating the most extreme/serious impact.

The ranking system of prioritisation factors is therefore developed, with each factor having a 0-25 risk rating, thereby producing an overall priority ranking to a score of between 0-100 (Risk Rating score for 4 factors combined – Factors 3 and 4 are mutually exclusive). Therefore, all applicants on the Waiting list will be prioritised with an individual score ranging from those with least priority (0) to maximum Priority (100).

Risk Assessment leading to Priority Ranking Score

5 factors have been identified in terms of identifying the degree of priority an individual applicant may have on a waiting list. The degree of risk should be assessed for each client across the factors and scored taking both the “Likelihood” and “Potential Harm” into account, producing an individual factor score and then leading to an overall Priority Ranking Score.

The Priority Ranking Score Sheet is displayed as follows. It will need to be completed as part of the assessment of need and is included with the supplementary pages attached to CSAR. *As the Single Assessment Tool is rolled out, the need for this priority ranking system will diminish.*

³ Developing and Populating a Risk Register Best Practice Guidance, HSE 2009

PRIORITY RANKING SCORE SHEET – To be reviewed in context of SAT implementation
Circle the relevant score in each table

1. Assessment of Risks within the home environment and carer support. This includes risks relating to the home environment such as the quality of housing, accessibility, heating, housing adaptations or capacity to adapt, availability of carer supports, capacity of individual to support themselves through formal or informal care arrangements etc.

Risk Matrix Score =

RISK MATRIX	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

Score Zero if factor is not applicable	0
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2. Assessment of Risks to the Client. This includes risks relating to the personal care of the client - medical and nursing care needs, mobility, hygiene, toileting, feeding, etc.

Risk Matrix Score =

RISK MATRIX	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

Score Zero if factor is not applicable	0
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3. (or Factor 4 below) Assessment of Risk to client of entering A&E/hospital admission

Risk Matrix Score =

RISK MATRIX	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

Score Zero if factor is not applicable	0
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4. (or Factor 3 above) Assessment of Risk remaining in hospital without additional support to return home

Risk Matrix Score =

RISK MATRIX	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

Score Zero if factor is not applicable

0

5. Assessment of Palliative Care Needs

Risk Matrix Score =

RISK MATRIX	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

Score Zero if factor is not applicable

0

TOTAL PRIORITY RANKING SCORE = _____ (0-100)**Total Priority Ranking Score is obtained by addition of 5 separate risk factor scores as recorded above**

The particular risks taken into account in scoring the priority ranking should be recorded in the appropriate section of the care needs assessment report.

When resources (*including funding, home support staff or other resources*) are fully committed, one Home Support Service waiting list per LHO will be established. In order to be placed on the waiting list, an assessment of prioritisation must be completed so that each person on the waiting list should have a priority ranking score (0-100).

Applicants on the Waiting List will generally be offered support by reference to their chronological date on the waiting list. However, where applicants who are at risk are on the waiting list and in order that those applicants at greatest risk receive supports, Home Support will be offered on the basis of Priority Ranking Score – those who score highest will be taken from the waiting list ahead of persons who have scored lower.

Where two or more people are marked as equal priority i.e. with same ranking score, the next available support will be allocated to the person with the longest waiting time, and chronological order will apply i.e. chronological order will apply to the group of equal priority applicants.

Table 4: Procedures for Managing Waiting List for Home Support Service

1. The Home Support Manager will manage the waiting list for the Home Support Service - there will be a single Home Support Waiting List per LHO area. This list will
 - record applicants in order of the date the completed application was received by the HSE (as per date stamp) and
 - identify most urgent cases as per their priority ranking score
2. If no priority applicants are waiting for support, the applicant next on the waiting list chronologically will be offered the next available support/resource
3. If priority applicants are on the waiting list, the applicant with the highest priority score will be offered the next available support/resource
4. Where a number of applicants have equal priority status, chronological order will apply to determine which of that group of applicants is to be offered the next available support/resource
5. The Home Support Manager will
 - make a verbal offer of home support - confirmed afterwards in writing. Offer will be time limited to 15 working days
 - indicate the actions required by the applicant
6. If the applicant is deemed unsuitable for home support, the reasons must be considered and future status on the waiting list must be reviewed
7. Home Support Manager to ensure that ceased services are notified in a timely manner so as to enable reallocation of appropriate resources to another client. Service providers must notify Home Support Manager no later than one working day after the support is no longer required/ceased
8. Where an applicant is deemed unsuitable for a temporary reason e.g. acute illness, the Home Support Manager may extend the offer or may, if the offer of support cannot be taken up in a reasonable timeframe, allocate the resource to the next person. The original applicant will then remain on the waiting list and may be offered support on another occasion. If the offer is refused on 3 occasions, where temporary circumstances are not a factor, the applicant's name is removed from the waiting list and the applicant must re-apply. This does not interfere with action provided for at 6 above
9. If the applicant refuses an offer of support in line with above, the refusal will be noted on the applicant's file, confirmed in writing to applicant/referrer, details removed from waiting list, and no further offers will be made unless a new application is received and a care needs assessment completed
10. A full validation of the waiting list is to be undertaken at regular intervals (recommended a minimum of twice per annum)

Cessation of Home Support

Home support provided to a client will **cease or be suspended** if

- the client is undergoing treatment in an acute hospital or
- the client is receiving residential respite care or
- the required monitoring arrangements are not being adhered to or
- the supports are no longer required by the client (as determined by HSE staff)
- the client is deceased
- there is a serious concern that the safety of staff may be compromised – where the concerns have been advised to the client in order to give reasonable opportunities to address the identified concerns

The client or his/her representative or the home support staff member should advise the Home Support Manager or their key contact within the HSE e.g. PHN, promptly of any such circumstances arising.

If home support is temporarily suspended, (limited to a period of 6-months), it should be re-commenced, with Home Support Manager approval, without the necessity to re-apply. The actual re-commencement date will need to be approved by the Home Support Manager. If care needs have altered, a review may be scheduled to enable consideration of any changed requirements within the context of the available resources and other priority clients. Other than where the applicant is deceased, a letter will issue to the applicant/referrer to confirm cessation of the Home Support Service and the reasons for ceasing. The cessation date and reason for cessation should be recorded on the IT/local system and on the client's file.

Section 5: Monitoring & Review

Monitoring of Home Support is required at a number of different levels.

5.1 Client level

Home Support clients will be subject to **regular review** by the relevant HSE staff e.g. public health nurse and/or other relevant health care professional(s). The appropriate interval for reviews will be documented by the Home Support Manager on approval of the service with reference to decisions made by health professional(s) involved in the case, having regard to the level of dependency of the client and the risks involved, following each completed review. In any case, each Home Support Service client will be reviewed at a minimum once every 6 months and clients at higher levels of dependency will be reviewed at a minimum once every 3 months.

In addition to scheduled reviews, any health professional or any care provider or the client or his representative can request a review if the client's needs change in a significant way that affects his/her needs. A review request can be made by the client/representative by contacting the local PHN, other health professional involved in the care of the older person or by contacting the Home Support Manager.

The purpose of the review is to **reassess the older person's care needs** and to ensure that the Home Support Service continues to support those needs. The review may lead to an increase, decrease, continuation or discontinuation of the level of support or referral to another service. The outcome of the review will be advised to the client and his/her representative in writing within 10 working days of determination (Standard Letter Appendix 2.4). Where a long-term home support is to be reduced or discontinued (other than in the case of admission to residential/acute care setting or the client is deceased), the client and his/her representative should be

- given adequate notice of the withdrawal or reduction (15 working days),
- the reasons for same and
- the opportunity to seek a review of the decision

Reviews are to be documented into the relevant sections of care needs assessment reports (pending roll-out of SAT) and signed off by the person(s) undertaking the review and copied to the Home Support Manager. Any recommendation for an alteration to the level of support must be clearly set out in Section 13 of the CSAR supplement page by the professional(s) undertaking the review or in local assessment of need reports and considered by the Home Support Manager. No changes in the level of support can be implemented unless approved by the Home Support Manager.

The schedule of services and care/home support plan must be updated to reflect the altered needs and any approved changes to services/supports.

5.2 LHO, CHO and National Level

The HSE must be in a position to provide comprehensive data/information on the range, distribution and cost of caring for older people in the community. In addition, qualitative measures will need to be in place to ensure the best outcomes for the older people availing of the Home Support Service.

An IT-based solution to managing the Home Support Service, capturing and reporting management and performance information, is required. Work on this requirement is being progressed in the context of proposals by Government to introduce a National Home Support Scheme and in the context of 2017 review of HSE direct home help contracts of employment.

When such a system is implemented, it is intended that data collection and reporting will have the capacity to incorporate a comprehensive list of data by local area, by CHO and nationally. Details of the exact structure and layout of reports will be agreed at a later stage. In the interim, a limited range of information will be available relating to the number of home support hours provided and the number of clients in receipt of home support services.

5.3 Complaints and Decision Reviews

It is the right of clients to make a complaint where standards of care, treatment and practice are perceived to fall short of what is acceptable. In these circumstances, the complainant should have ease of access to an effective and fair system to deal with their complaint. The HSE, in

accordance with Part 9 of the Health Act 2004, is committed to providing a system for the management of complaints that facilitates effective feedback from and communication to all service users.

Management of Complaints in the HSE

Part 9 of the Health Act 2004 outlines legislative requirements to be met by the HSE and relevant service providers in the management of complaints. The provisions of the Act were implemented with effect from 1st January 2007. The policy and procedures for the management of complaints in the HSE were finalised in line with the regulations. Complaints Officers have been nominated throughout the HSE to handle complaints.

The approach to complaints management is set out in the process entitled “Your Service Your Say”. Public information leaflets on “Your Service Your Say” are widely available from HSE facilities. Each staff member involved with home support services should ensure the availability of these leaflets to individual clients and their carers.

<http://www.hse.ie/eng/services/yourhealthservice/feedback/complaint>

Persons in receipt of home support services from external providers funded by the HSE - “approved providers” - will have access to the complaints procedure established by the individual provider. If this process does not yield a satisfactory conclusion, an applicant may refer their complaint to the HSE to be dealt with under the HSE processes outlined above.

Decision Reviews

Each CHO should have in place mechanisms to facilitate review of decisions when requested. In the event of an unfavourable decision in relation to a home support service application or review, notification should be issued advising the applicant of his/her right to a decision review and indicating where he/she should send the request for same. The notification is incorporated into the relevant Standard Letters in Appendix 2.

A decision review request should set out the reasons why the applicant is not satisfied with the decision made in relation to the application for/review of the Home Support Service. A decision review request must be submitted to the Home Support Office within 20 days of receipt of the decision letter.

The decision review process should provide for review of the case by an appropriate person (E.g. Older Persons Manager or other nominated person) who was not involved in the original decision or the author of the decision letter.

The client’s request for a decision review will be acknowledged in writing by the Home Support Office and the client advised that an impartial review of the decision will be undertaken and that the client will be informed of the outcome in due course. (Standard Letter Appendix 2.8)

Where the outcome of the decision review is that the original decision is upheld, the client will be notified in writing. Where the review determines that the original decision is not upheld, a new assessment will be undertaken by staff not involved in the original assessment.

Section 6: Implementation Plan

These Guidelines will be disseminated and implemented across the 9 CHOs following approval by Senior Management, Services for Older People. The implementation of the approved Guidelines will be the responsibility of the Chief Officers and Heads of Social Care in each CHO.

General Staff Training/Briefing

Briefing/training sessions will be conducted by the CHOs (and hospitals as required) incorporating all appropriate staff.

Resource Requirements

Implementation of these Guidelines will be undertaken within the available resources.

Section 7: Revision & Audit

Recommendations for amendments will be accepted for consideration from all stakeholders. Procedural amendments, clarifications and updates that do not require senior management approval will be undertaken routinely and an updated version circulated as required.

Section 8: References

HSE National Guidelines & Procedures for Standardised Implementation of the Home Care Packages Scheme - 2010

HSE National Consent Policy - 2016

Section 9: Appendices

Appendix 1:
Home Support Service
Information Booklet and Application Form

Please note this is not a working document and serves as a sample for your information.

Please use official Information Booklet and Application Form



HSE
Home Support Service
for Older People

Information
Booklet
&
Application
Form

2018

HSE Home Support

Home Support Service Information Booklet and Application Form

1. What is the Home Support Service?

The Home Support Service (previously known as Home Help Service or Home Care Package Scheme) provides help and support with every day tasks to older people living at home. These tasks may include help with:

- getting in and out of bed
- dressing and undressing
- personal care such as showering and shaving

The HSE wishes to support you to remain in your own home for as long as possible. As part of the Home Support Service, HSE staff will consider what kind of support you might need. These supports will then be provided by HSE staff or by external service providers who have agreements with the HSE to provide this type of service on its behalf. If your home support is being delivered by an external provider, you will be asked to choose from a list of Approved Providers, which will be given to you by the HSE.

The HSE and its Approved Providers aim to minimise the number of home support staff involved in providing your home support. However, there may be times when a number of home support staff are involved particularly due to leave arrangements and other service demands. All providers, including the HSE, also endeavour to deliver the Home Support Service at times preferred by you. It may not always be possible to facilitate all clients' preferred times when developing the agreed Schedule of Services due to the number of staff available at any one time and the care needs of their clients.

Consumer Directed Home Support (CDHS) is an approach to delivering home support in your home. It offers you more choice in how the service is delivered. Please indicate on the application form if you wish to avail of this approach to the delivery of your home support. (Information on CDHS can be found from Question 15 of this booklet)

2. Who can apply for the Home Support Service?

The service is for people aged over 65 who need help to continue living at home. Sometimes exceptions are made for those younger than 65 who may need support.

3. Where do I apply for the Home Support Service?

The HSE has 32 local Home Support Offices nationwide where you can send your completed application form. The address for your local office is on the last page of the application form.

4. How do I apply for the Home Support Service?

You must fill in an application form and send it to your local HSE Home Support Office. Staff in your local office will be glad to assist you with filling in the form or answering any further questions you may have.

5. Who should fill in the application form?

You can complete the form yourself or you can ask someone to complete it for you. It is important however, that you, as ***the person who needs the service, signs the Declaration and Consent section on Part 1 of the application form.*** This is because we need to confirm that you want the support, that you have decided this for yourself and that your wishes are being respected in this regard. The only other person who can sign Part 1 is a person who has legal authority in relation to the applicant (e.g. Enduring Power of Attorney or Committee if the applicant is a Ward of Court). A healthcare professional or relative cannot sign this section unless they have one of these legal powers.

If you are unable to apply yourself, someone can apply on your behalf. This could be your relative, family carer, GP or public health nurse. There is a part on the application form (Part 2) where this person explains why they are making the application on your behalf.

6. What do I need to include with my application form?

No documents are required with your application form.

7. Do I need to consent to the sharing of my information?

To comply with Data Protection legislation, the HSE wishes to advise that information supplied in the application form will be recorded on a computer system. The HSE Privacy Notice 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

Signing the Declaration and Consent section on Part 1 of the application form confirms your consent to a Care Needs Assessment and to the provision and sharing of your Care Needs Assessment and other relevant Home Support documentation with relevant health professionals which may include external providers.

8. Can I apply for the Home Support Service while I am in a hospital or a nursing home?

Yes. If you are in hospital, you (or your family) should ask the person dealing with your Discharge Plan for a Home Support Application Form. This person might be a nurse, a discharge coordinator or a social worker. They will assist you in completing the application form and send it to your local HSE Home Support Office. Submitting the application form as soon as possible during your hospital stay may help avoid delays in your discharge home from hospital.

9. What happens after I submit the application form?

After the HSE receives your completed application form, the HSE will arrange to assess what kind of support you might need. This is called a Care Needs Assessment (see Question 10).

10. What is a Care Needs Assessment?

During the Care Needs Assessment, a staff member such as a public health nurse or physiotherapist will find out what support you need. This assessment is undertaken to make sure that you get the right support in the right place - this might be in your home, in a hospital or in some cases, in a nursing home. During the assessment, we will look at your care needs including:

- Your ability to carry out the activities of daily living i.e. bathing, dressing, shopping and moving around
- any medical, health and other support services being provided to you
- your family, social and community supports
- your wishes and preferences
- the areas of your life where you need support

Following your assessment, the HSE will then consider your application for a Home Support Service. You will be informed in writing of the decision on what supports you need at that time and if you are approved for the consumer directed approach (if you have chosen that option). The HSE Home Support Service aims to assist and support people to remain at home and support informal carers. The service does not replace informal care. It is not possible to deliver 24 hour care to individual clients in their own homes, as funding available for the Home Support Service is limited.

If you are approved for a Home Support Service based on an assessment of your needs undertaken while you are in hospital, the support provided will be on an interim basis to enable you to return home. Your needs will be re-assessed within a short period of you returning home and the level of Home Support may be adjusted to support your re-assessed needs.

11. What can I do if I am not satisfied with the decision about my Home Support Service application?

If you are not satisfied with the HSE's decision on your home support following your Care Needs Assessment, you can write to the Home Support Office in your area within 20 days of receiving the decision. Please include the reasons why you are not satisfied with the decision. An impartial review of the decision will be undertaken and you will be informed of the outcome of this review.

12. Will my income be assessed?

No. Your application for the Home Support Service is assessed on your care needs as identified by health professionals.

13. Do I have to pay for the Home Support Service?

No. HSE funded home support is free under existing government policy. However, if you arrange other home supports, above the levels funded by the HSE, you will have to pay for these extra supports.

14. What happens if my circumstances change while I am receiving the Home Support Service?

If your circumstances change in any way that affects your need for home support, you must notify the local HSE Home Support Office by phone, email or letter. Examples of changed circumstances include:

- improved independence as you recuperate after a time of being unwell
- admission to hospital
- availing of respite care in a hospital or nursing home
- temporary stay with your family or relatives in their home

From time to time, the HSE will review the Home Support Service you are receiving and, depending on your care needs, may increase or decrease the supports you are receiving or the supports may remain the same.

15. What is Consumer Directed Home Support (CDHS)?

If you are approved for a Home Support Service and HSE staff are not available to deliver the service, then an external provider, who has been approved by the HSE, will deliver the home support to you. The HSE can arrange this service with an Approved Provider on your behalf. Alternatively, you can apply to be considered for CDHS. The CDHS approach will facilitate you to deal directly with the HSE Approved Provider(s) of your choice and to arrange days and times of service delivery. If you apply for, and are approved for this approach, the HSE will give you a letter approving a weekly amount of funding which you can use to arrange home support from your choice of provider(s) approved by the HSE.

The number of hours of home support delivered by your chosen provider depends on the rates charged by the provider and the days and times you choose to have your care delivered. Your provider will advise you of their rates when you are agreeing your care plan with them. Providers are not permitted to charge rates for services, or any other fees or charges, that are higher than (or in addition to) what they have agreed with the HSE.

16. How do I apply for Consumer Directed Home Support?

See Question 2 to Question 9 as this information applies to all applications for home support. The standard application form must be completed and returned to the local HSE Home Support Office. If you would like to be considered for CDHS, you need to indicate your wish on the application form. A Care Needs Assessment will be completed (see Question 10).

You will be informed in writing of any supports being approved based on your care needs assessment and if you are approved for the consumer directed approach.

17. What are my (and my family carer) responsibilities if I am approved for Consumer Directed Home Support?

Your responsibilities, if you are approved for Consumer Directed Home Support, are:

- To utilise the funding approved by the HSE for home support for personal care and essential household duties, respite care, companionship or other specific services which are essential to you remaining at home and maximising your ability to live as independently as possible
- To prioritise specific requirements, identified by the HSE care needs assessment, in the arrangements with your chosen service provider so that the HSE and you are satisfied you are receiving these important personal or time specific requirements
- To use only home support providers approved by the HSE - payment will not be made to providers who are not HSE approved (the HSE will provide you with a list of Approved Providers)
- To make arrangements directly with your chosen provider to agree a schedule of services, care plan and days and times of service delivery. Before you decide which provider to use, you may wish to discuss your requirements (days and times of service delivery) with a number of providers so that you can compare the services that they are able to provide
- To agree with your provider how any changes to the agreed arrangements are to be managed e.g. how much notice does the provider need if you want to rearrange days and times of service delivery
- To assure yourself, prior to signing any schedule of services, that you are satisfied with the service being offered by your chosen provider. If you subsequently become dissatisfied with the service being delivered, you should

discuss your concerns with your provider. In the event that you are not satisfied with their response, you can submit a complaint to the HSE (see Question 21)

- To sign the schedule of services/home support care plan to confirm agreement with provider
- To certify that the home support service has been provided as agreed or to identify any gaps in service delivery to enable the HSE to pay the provider's invoice correctly. The HSE will check that the invoiced rates are not in excess of the rates agreed with the individual provider
- To advise the HSE of any delays in the commencement of your home support once approved
- To advise the HSE local Home Support Office if any concerns arise in relation to delivery or quality of home support
- To advise the HSE immediately if the full value of services approved are not being utilised/not needed/not provided each week. Any hours unused by you cannot be banked or held over for use at another time. The HSE does not pay the provider for hours that are not delivered to you
- If you stop the service for any reason, you must advise the HSE so the HSE can assist you in re-arranging services if you need such assistance
- To advise the HSE local Home Support Office immediately if your circumstances change such as admission to residential or acute care or where the home support service is ceased/suspended
- To notify the HSE immediately if your home support service is no longer required

18. What are my Home Support Provider's responsibilities if I am approved for Consumer Directed Home Support?

Your Provider has the following responsibilities when home support is approved under a consumer directed approach:

- To advise the HSE immediately of the following:
 - If there appears to be a lack of full understanding of the choices you make with regard to services to be provided and/or days and times of service delivery
 - If care is refused or episodes of care are regularly curtailed
 - If there is a change in your circumstances such as admission to residential or acute care or where the home support service is ceased/suspended or care is stopped unexpectedly

- If a serious complaint is made regarding the consumer directed approach and it cannot be resolved between you and your provider
- If there is an unreasonable delay to the commencement of the home support service once the service has been approved
- If the full value of services approved are not being utilised or not needed each week or if the service is no longer required
- To provide you and your family carer with documentation explaining how the monetary value of the HSE's approval for a service is converted to hours of service. This is having regard to the rates agreed with the HSE or such lower rates as the provider may determine with you. The provider is responsible for ensuring that the rates charged do not exceed HSE agreed rates, and the provider must not charge fees or other charges for HSE funded services
- To invoice the HSE only for the actual service delivered to, and certified by you, and within the monetary value approved by the HSE
- To provide you with services that fall within the scope of the tendered services i.e. personal care and essential household duties relating to you, respite care, companionship or other specific services that are essential to maintaining you at home and maximising your ability to live as independently as possible. The delivery of the service should support you to undertake tasks where possible rather than to do the tasks on your behalf
- To prioritise specific requirements, identified by the HSE assessment, in the arrangements with you and your family carer
- To agree days and times of service delivery with you and your family carer
- To agree with you and your family carer how changes to the agreed arrangements are to be managed (any such changes must comply with HSE Service Arrangements)
- To sign a schedule of services/home support care plan to confirm agreement and provide a copy to the HSE clearly showing your name, address and date of birth, date agreement was made with you, hours of service you will receive and cost of the service within HSE approved monetary value per week
- To certify that the home support service has been provided as agreed and/or to identify any gaps in service delivery in order to enable the HSE to pay the provider invoice correctly
- To be aware that you may opt out of the consumer directed approach or may become unsuitable for consumer directed approach over time as your circumstances change

- To not engage in direct marketing of their services (including soliciting, junk mail, cold calling or door stepping) to those in receipt of a home support service. This is to ensure the protection of vulnerable adults
- To ensure that the implementation of the consumer directed approach does not lead to adverse medical, physical or social risks for you
- To identify to the HSE if any concerns arise in relation to the delivery of HSE funded home support

19. What are the responsibilities of the HSE if I wish to avail of/am approved for Consumer Directed Home Support?

The HSE has the following responsibilities in arranging Consumer Directed Home Support:

- To consider the consumer directed approach to home support service delivery as part of your overall assessment where HSE direct services are not available and where you indicate a wish to avail of this option
- To provide information on the consumer directed approach to you and/or your family carer
- To make contact promptly with you in any of the following circumstances:
 - If there appears to be a lack of full understanding of the choices you make and responsibilities being assumed
 - If home support is not arranged by you with your chosen provider within a reasonable time following HSE approval (you are to advise the HSE of any delays). The HSE will contact you if they have not received the home support documentation showing the schedule of services agreed between you and your chosen provider. This documentation is to be submitted by your provider within 2 weeks of HSE approval
 - If you refuse care or regularly curtail episodes of care, the HSE will need to understand why and to consider if other arrangements are more suitable for delivering your home support or if alternative care arrangements need to be considered
- To implement HSE complaints procedures if a serious complaint is made regarding consumer directed approach and it cannot be resolved between you and your provider
- To pay the provider for the services delivered as invoiced by the provider and certified by you, and within the terms of the HSE's arrangements with the provider
- To implement the processes set out in relation to the consumer directed approach to home support delivery

20. Can I choose to move from CDHS and avail of the traditional model of Home Support if I wish or if my circumstances change?

Yes. You will be facilitated to move from CDHS and avail of the traditional model of home support if you wish or if your circumstances change. Please advise the HSE and your Home Support Provider of this. A period of notice will be required to ensure continuity of care.

If you decide not to apply for Consumer Directed Home Support in your application, you can ask the HSE at any time to consider you for this approach to the delivery of your service.

21. How can I make a comment or complaint about the Home Support Service?

You have the right to complain if you are not satisfied about something we have done. If you have a complaint, a comment or wish to compliment our work, you can use the following options:

- **In Person:** Talk to any member of HSE staff, service manager or complaints officer
- **Online Form:** Send your complaint securely through the online feedback form which is available on www.hse.ie/eng/services/yourhealthservice/feedback/complaint
- **By Email:** Email yoursay@hse.ie with your feedback
- **By Letter:** Send a letter or fax to your local Home Support Office. Staff can help you put your complaint in writing, if you require assistance
- **By Feedback form:** Complete a Feedback form, available at most HSE reception areas, and leave it in the identified areas provided by the local service you are using or visiting. You may also give it to a member of staff or ask a staff member for an address. The form is also available online in 9 languages on www.hse.ie/eng/services/yourhealthservice/feedback/complaint
- **Ring us:** LoCall 1890 424 555: Your call will be answered by a staff member from the National Complaints Governance and Learning Team

If some, or all, of your home support services are being provided by an external service provider and you are not satisfied with the service, please contact the service provider first. If you wish, you may then make your complaint to the HSE using any one of the options outlined above.

Home Support Service

Application Form

You can use this form to apply for the Home Support Service. Home Support provided by the HSE aims to help an older person to be cared for in their own home. Completed forms should be returned to your local HSE Home Support Office. Staff in that office can also help you to complete your application. Contact details for HSE Home Support Offices are provided on the last page of this form. Before completing this form, you can read more detailed information on the service in the Home Support Service Information Booklet.

Part 1-Your Details – Please use BLOCK capitals

NAME OF APPLICANT:															
Home Address:															
Eircode:															
Date of Birth:		D	D	M	M	Y	Y	Y	Y	Gender:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Daytime phone number										Mobile or alternative phone number					
GP NAME:							PUBLIC HEALTH NURSE NAME:								
Address:							Address:								
Telephone Number:							Telephone Number (If known):								
IF LIVING WITH RELATIVES/IN A HOSPITAL/NURSING HOME, STATE CURRENT ADDRESS:															
IF IN A HOSPITAL/NURSING HOME, PLEASE ALSO COMPLETE THE FOLLOWING:															
1. Name of Ward/Unit:															
2. Date of admission:															
3. Expected date of discharge:															
4. Medical Record Number:															
FAMILY/INFORMAL SUPPORT CONTACT DETAIL (someone you trust to assist you):															
FAMILY MEMBER CONTACT NAME:							Relationship to Applicant:								
Address:															
Eircode:															
Telephone Number:															
NAME AND TELEPHONE NUMBER OF THE PERSON WHO WILL HELP YOU MAKE ARRANGEMENTS FOR YOUR HOME SUPPORT:															
Relationship to Applicant:															

Department of Social Protection Supports

Is Carers Allowance/Carers Benefit/Respite Care grant currently being paid to someone to care for you?

Yes

No

If no allowance is being paid, it may be that your family carer should apply for one of these supports. More information is available from your local Department of Social Protection, Social Welfare Office. Contact details are available on www.welfare.ie

If allowance is being paid, please proceed to section below:

If Yes, please state what type of payment(s)?

Name of person receiving the payment:

Address of person receiving the payment:

Does the person live with you at your current address?

Yes

No

Contact telephone number of person receiving payment:

Declaration and Consent

1. I wish to apply for the Home Support Service. I understand that this application is for support in my home and if my assessed needs can be met from other community services e.g. Day Care, Meals on Wheels etc. then I may not receive home support at this time.

Signed _____ Date _____

2. As part of this application, I understand that I am also giving consent for the HSE to make arrangements for a Care Needs Assessment to be undertaken. Any organisation with information relevant to my care needs may provide the HSE with this information. The content of the Care Needs Assessment report and other relevant Home Support documentation may be provided to, or shared with, relevant health professionals and external Home Support Providers, if required.

The signature below indicates consent to a Care Needs Assessment and the provision and sharing of my Care Needs Assessment and other relevant Home Support documentation with relevant health professionals and external Home Support Providers.

To comply with Data Protection legislation, the HSE wishes to advise that information supplied in the application form will be recorded on a computer system. The HSE Privacy Notice 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

The HSE will treat all information and personal data provided to them as confidential. The HSE will only disclose information or personal data to other people or bodies according to the law.

3. I am aware that I must report to the HSE, immediately, any changes in my circumstances which may affect my Home Support Service, i.e. admission to hospital, availing of respite care, a period away from home to stay with family members or if I am able to manage at home without supports.

I have read and understand the information relating to Consumer Directed Home Support (CDHS). If HSE staff are not available to deliver my Home Support, and if I meet the criteria for CDHS, I wish to avail of this approach to the delivery of my Home Support.

Yes

No

I confirm that I have read and understand this application form. I have read the statement above and I confirm that the information given by me on this form is correct to the best of my knowledge and belief.

Signed: _____ Date: _____

Part 2 – To be completed only where the person who may need Home Support is unable to make this application him/herself

I, _____ hereby wish to apply for/refer _____ for home support as it appears he/she may need home support in order to remain at home; he/she wishes to remain at home and is unable to make the application on his/her own behalf due to _____.

I have discussed the application with him/her and I have informed them that this application is being made.

Signed: _____ Date: _____

Name of person applying on behalf of client (in BLOCK Capitals)																				
Address:																				
Eircode:																				
Date	D	D	M	M	Y	Y	Y	Y	Phone Number											
If this application is being made by anyone other than the client or his/her representative, please tick the appropriate box below:																				

A note for Healthcare Professionals: In circumstances where the healthcare professional has (a) established a lack of capacity (including a lack of capacity to consent to the sharing of information and/or to a care needs assessment) and has (b) established the application is the “will and preference” or in the “best interests” of the applicant, please keep a record in your clinical notes how you reached your conclusion.

SOURCE OF REFERRAL (PLEASE TICK – identifying where applicant is resident on date of application)

Community

Acute Hospital

Other (specify)

Name of Location												
Date	D	D	M	M	Y	Y	Y	Y				

Completed forms should be sent to your local HSE Home Support Office. Staff in that office can also help you to complete your application.

Local Health Office	Home Support Office Address
Cavan	Home Support Service, Services for Older People, HSE, Community Care, Lisdarn Community Services Building, Cavan Hospital Complex, Cavan Tel: 049-4373131/4373141/4373142/4373197
Carlow / Kilkenny	Home Support Service, Services for Older People, HSE, Community Services, James' Green, Kilkenny Telephone: 056-7784735
Clare	Home Support Service, Services for Older People, HSE, St. Joseph's Hospital, Lifford Road, Ennis, Co. Clare Telephone: 065-6863858/6863859/6863812
Cork – North Cork	Home Support Service, Services for Older People, HSE, Room 52, Floor 1, Block 8, St. Finbarr's Hospital, Douglas Road, Cork Telephone: 021-4923959
Cork – North Lee	Home Support Service, Services for Older People, HSE, Room 52, Floor 1, Block 8, St. Finbarr's Hospital, Douglas Road, Cork Telephone: 021-4923959
Cork – South Lee	Home Support Service, Services for Older People, HSE, Room 52, Floor 1, Block 8, St. Finbarr's Hospital, Douglas Road, Cork Telephone: 021-4923864
Cork – West Cork	Home Support Service, Services for Older People, HSE, Room 52, Floor 1, Block 8, St. Finbarr's Hospital, Douglas Road, Cork Telephone: 021-4923864
Donegal	Home Support Service, Services for Older People, HSE, Donegal PCCC, St. Joseph's Hospital, Stranorlar, Lifford P.O., Co. Donegal Telephone: 074-9191736/9191735/9191739
Dublin North	Home Support Service, Services for Older People, HSE, Fujitsu House, Unit 100, 1st Floor, Lakeshore Drive, Airside Business Park, Swords, Co. Dublin Telephone: 01-8953760
Dublin North Central	Home Support Service, Services for Older People, HSE, 1st Floor, Ballymun Health Care Facility, Ballymun Road, Dublin 9 Telephone: 01-8467126/8467132/8467336
Dublin North West	Home Support Service, Services for Older People, HSE, Ground Floor, Unit 4 & 5, Nexus Building, Block 6A, Blanchardstown Corporate Park, Dublin 15 Telephone: 01-8975170
Dublin South City	Home Support Service, Services for Older People, HSE, Junction House, Kilnamanagh-Tymon Primary Care Centre, Airton Road, Tallaght, Dublin 24 Tel: 01-9214719/9214720/9214721/9214722
Dublin South East	Home Support Service, Services for Older People, HSE, Vergemount Hall, Clonskeagh, Dublin 6 Telephone: 01-2680570
Dublin South West	Home Support Service, Services for Older People, HSE, Junction House, Kilnamanagh-Tymon Primary Care Centre, Airton Road, Tallaght, Dublin 24 Tel: 01-9214719/9214720/9214721/9214722
Dublin West	Home Support Service, Services for Older People, HSE, Junction House, Kilnamanagh-Tymon Primary Care Centre, Airton Road, Tallaght, Dublin 24 Tel: 01-9214719/9214720/9214721/9214722
Dun Laoghaire	Home Support Service, Services for Older People, HSE, Dun Laoghaire Local Health Office, Tivoli Road, Dun Laoghaire, Co. Dublin Telephone: 01-2365200

Local Health Office	Home Support Office Address
Galway	Home Support Service, Services for Older People, HSE, Lá Nua, Castlepark Road, Ballybane, Galway Telephone: 091-748474/546062/546353
Kerry	Home Support Service, Services for Older People, HSE, Rathass Health Centre, Rathass, Tralee, Co. Kerry Telephone: 066-7184555
Kildare/West Wicklow	Home Support Service, Services for Older People, HSE, Junction House, Kilnamanagh-Tymon Primary Care Centre, Airton Road, Tallaght, Dublin 24 Tel: 01-9214719/9214720/9214721/9214722
Laois / Offaly	Home Support Service, Services for Older People, HSE, Primary Care Centre, Connolly Street, Mountmellick, Co. Laois Telephone: 057-8697515
Limerick	Home Support Service, Services for Older People, HSE, Front Building, St. Camillus' Hospital, Shelbourne Road, Limerick Telephone: 061-483648/483657/483776
Longford / Westmeath	Home Support Service, Services for Older People, HSE, Primary Care Centre, Harbour Road, Mullingar, Co. Westmeath Telephone: 044-9353757
Louth	Home Support Service, Services for Older People, HSE, Market Street, Dundalk, Co. Louth Telephone: 042-9394011/9394012
Mayo	Home Support Service, Services for Older People, HSE, St. Mary's H.Q., Castlebar, Co. Mayo Telephone: 094-9049177
Meath	Home Support Service, Services for Older People, HSE, Floor 1, Beechmount Shopping Centre, Trim Road, Navan, Co. Meath Telephone: 046-9037778/9037781/9037782
Monaghan	Home Support Service, Services for Older People, HSE, Primary Care Services, Rooskey, Monaghan Telephone: 047-39045/39048/30437
Roscommon	Home Support Service, Services for Older People, HSE, Government Buildings, Convent Road, Roscommon Telephone: 090-6637520/6637522
Sligo / Leitrim	Home Support Service, Services for Older People, HSE, Markievicz House, Barrack Street, Sligo Telephone: 071-9155195
Tipperary - North / East Limerick	Home Support Service, Services for Older People, HSE, Health Centre, Tyone, Nenagh, Co. Tipperary Telephone: 067-46440/46452/46462
Tipperary – South	Home Support Service, Services for Older People, HSE, Clonmel Community Care Centre, Western Road, Clonmel, Co. Tipperary Telephone: 052-6187681
Waterford	Home Support Service, Services for Older People, HSE, Community Services, Cork Road, Waterford Telephone: 051-842986/842899
Wexford	Home Support Service, Services for Older People, HSE, Community Services, Upper George's Street, Wexford Telephone: 053-9185746
Wicklow	Home Support Service, Services for Older People, HSE, Block B, Civic Centre, Bray, Co. Wicklow Telephone: 01-2744164

Appendix 2: Standard Letters

Please note these letters are not working documents and serve as a sample for your information.

Official letters will issue separately.

Appendix 2.1: Application for / Decision on Home Support Service

HSS Office details

HSS Ref:

Date

Applicant Name

Address

(Note for Office Use - Please select relevant text and please attach any additional documentation relevant to the client when issuing this letter)

If the client indicates on the application form a wish to avail of and is approved for CDHS please use CDHS Approval letter Appendix 2.2.

If the client indicates on the application form a wish to avail of and is not approved for CDHS please use CDHS letter Appendix 2.3 Consumer Directed Home Support Not Approved At This Time

Dear **(Client/Applicant on behalf of Client)**,

Re: **Home Support Service**

(A) ACKNOWLEDGEMENT / ISSUE OF INFORMATION BOOKLET AND APPLICATION FORM

Thank you for your query in relation to home support. Please find enclosed an information booklet and application form for completion in relation to the Home Support Service. Please return the completed application form as soon as possible to enable your application to be processed.

(B) ACKNOWLEDGEMENT OF APPLICATION RECEIVED

I wish to inform you that I have received your application for the Home Support Service. Your application is being processed and further correspondence will issue to you in due course.

Should you have any queries, please contact this office.

(C) APPLICATION APPROVAL

I wish to inform you that your application for the Home Support Service is approved. Based on an assessment of your needs, you have been approved for **X hours** of home support per week. A copy of the Care Needs Assessment Report is available from this office on request.

(D) APPROVAL / WAITING LIST

Thank you for your recent application for the Home Support Service. Following assessment of your care needs, it has been determined that you meet the criteria and you have been approved for home support. A copy of the Care Needs Assessment Report is available from this office on request.

There is a set amount of funding available to provide home support services in this area. As that resource is fully allocated to other applicants, we are not in a position to provide supports at this time. We have placed your name on the waiting list and we will be in contact with you when funding becomes available.

(E) APPLICATION NOT APPROVED AT THIS TIME

I refer to your recent application for the Home Support Service. I regret to inform you that, based on the information available to the HSE, your application for the Home Support Service is not approved at this time.

Your application was not approved because.....

Your needs assessment indicated

A copy of the Care Needs Assessment Report is available from this office on request.

If you require a re-assessment of your care needs in the future, please contact this office.

You may request a review of this decision setting out the reasons why you are not satisfied with the decision made. If you wish to submit a request for a review of this decision, you should do so by writing to this office within 20 days of receipt of this letter. The contact details are at the top of this letter. An impartial review of the decision will be undertaken and you will be informed in writing of the outcome in due course.

(F) ACKNOWLEDGEMENT OF APPLICATION RECEIVED ON BEHALF OF CLIENT

I wish to inform you that I have received the application for the Home Support Service on behalf of (client name). The application is being processed and further correspondence will issue in due course.

Should you have any queries, please contact this office.

(G) APPROVAL OF APPLICATION ON BEHALF OF CLIENT

I wish to inform you that the application for the Home Support Service on behalf of (client name) is approved. Based on an assessment of his/her needs, (client name) is approved for **X hours** of home support per week. A copy of the Care Needs Assessment Report is available for the client's information from this office on request.

And if relevant:

If client already in receipt of Grant Funded HSS please add- This approval includes home support hours that are already being received from (insert name of grant funded home support provider). From the commencement of the altered home support service referred to in this letter, all of the service will be delivered by one provider of your/client's choice from the list approved and provided by the HSE. (Insert name of grant-funded provider) will be advised of this change by the HSE. You do not need to cancel the existing service yourself as the HSE will arrange this for you. Please contact this office if you have any concerns or questions in this regard.

If client choice of Provider is not already completed

The attached document "**Information on Choosing a Home Support Approved Provider - A GUIDE FOR CLIENTS**" includes the list of home support providers who are approved by the HSE for the provision of home support in this area. These providers will be used if HSE employed staff are not available to deliver the service. You will need to choose the provider that you wish to deliver your home support by inserting a tick (✓) opposite the preferred provider's name on the form provided. You can tick as many of the providers listed as you wish. Please return completed form to me as soon as possible.

Please also note the following: (Delete if not appropriate or add to the list)

- HSE funded home support which is not delivered by HSE employed staff, can only be sourced from the attached list of Home Support Service providers.
- Please note that payment to the provider for approved levels of home support service will be from the date support commences rather than from the date of HSE approval.
- Please contact XXXXX on Tel no. regarding the support service meeting with your selected service provider.
- Payment for HSE approved home support services will be set up on receipt of confirmation of the date support commenced.

- The home support provider will give you a form at the end of each month that sets out the actual times of services that they have delivered to you. If any of the details are incorrect on the form, please amend it and when signed by you, please give it to your home support provider to enable them to invoice the HSE.
- Your home support is subject to on-going review by the HSE – at a minimum once every 6 months or more regularly if required.
- Please contact your local Home Support Office if there is any change in your circumstances/circumstances of the client in receipt of the support e.g. admittance to hospital/long-term care etc.
- In the event that there are circumstances where you have a complaint and
 - (a) your service is delivered by the HSE, please contact your local Home Support Office.
 - (b) your service is delivered by a Home Support Provider, you should refer to the Home Support Provider in the first instance to give them the opportunity to deal with it. If the complaint is not addressed or if the nature of the complaint is such that it prevents you from contacting the Home Support Provider directly, please contact the undersigned or alternatively contact (insert details).

Attached to this letter you will find a document called “Home Support Plan”. The Home Support Plan sets out in detail the assistance which the HSE has assessed that you need and how this is expected to benefit you. A “Schedule of Services” and final version of the Home Support Plan will be worked out between you and your service provider (HSE or external provider). This will set out the days and times when home support staff will be in your home providing the support and the type of support to be provided. You will need to keep the Home Support Plan and the Schedule of Services in your own home so that you, and everyone involved in providing support to you, will know what is agreed and how they are to assist you.

Review

Your Home Support Service is subject to review by relevant professionals from time to time. This review will help to ensure that your needs continue to be supported and that support at home remains appropriate. The review will also take account of your views on how you think the Home Support Service is supporting you and how you think it could be improved. A review may result in an increase, decrease, no change or to a discontinuation of the Home Support Service. Your Home Support Service will be reviewed on or before _____ (Insert date)

If your needs change before this date, you may request a review by contacting your local Public Health Nurse or by contacting this office. **If your circumstances change and you no longer need the support, you must inform the HSE immediately by contacting the Home Support Office on the telephone number at the top of this letter.**

If you have any queries, comments or concerns in relation to your home support service, please do not hesitate to contact this office. The contact details are at the top of this letter.

Yours sincerely,

Name
HSS Manager

C.c. Referrer & PHN

Appendix 2.2 Approval of Consumer Directed Home Support

HSS Office details

HSS Ref:

Date

Applicant Name

Address

(Note for Office Use - Please select relevant text and please attach any additional documentation relevant to the client when issuing this letter)

Dear **(Client)**,

Re: Home Support Service & Consumer Directed Home Support

I refer to your recent application for the Home Support Service. Following assessment of your care needs, I wish to inform you that you have been approved for home support. A copy of the Care Needs Assessment Report is available from this office on request.

(Note for Office Use – if approved for Consumer Directed Home Support & funding is available use following text)

You indicated on your application form that you wish to avail of the consumer directed approach to the delivery of your home support service and this arrangement is approved.

Based on the HSE assessment of your needs and on the available resources, you are being approved for home support services to the value of **€xxx per week**. Given the level of your assessed need, we consider that this level of funding should deliver approximately **xx weekday hours** of home support each week depending on the actual days and times of service delivery agreed with the provider of your choice. If Sunday and/or Bank Holiday home support service is availed of, the number of hours of service will be less than the level indicated above. Your chosen provider will set out exactly what hours and days of service are agreed with you and will discuss with you how the funding is being spent. You may discuss your requirements with as many of the Approved Providers as you wish to ensure you get the service you require and the best value for the funding approved.

In relation to Consumer Directed Home Support, your responsibilities and the service provider's responsibilities are set out in the "Home Support Service – Information Booklet".

Attached to this letter, you will find a document called "Home Support Plan". The Home Support Plan sets out in detail the assistance which the HSE has assessed that you need and how this is expected to benefit you. A "Schedule of Services" and final version of the Home Support Plan is to be worked out between you and your service provider. This will set out the days and times when you want home support staff in your home providing the support, and the type of support to be provided. You will need to keep the Home Support Plan and the Schedule of Services in your own home so that you, and everyone involved in providing support to you, will know what is agreed and how they are to assist you. Your home support provider will send a copy of the final Home Support Plan and Schedule of Services to the HSE for our records.

You must now:

- Choose an approved provider from the HSE list attached to this letter. You may contact as many of the listed approved providers as you wish to discuss your requirements before you decide which provider to use. This will allow you to compare the services that they are able to provide within the approved HSE funding.
- Once you have selected a provider, make arrangements directly with this provider to visit you to agree days and times of service delivery. You can give the service provider a copy of this letter to confirm the level of HSE funding approved.
- Once you and your chosen Home Support Provider agree that you are receiving the important personal or time specific requirements identified by the HSE care needs assessment, you can

sign the Schedule of Services/Home Support Plan to confirm the agreement between you and your provider.

Review

Your home support service is subject to review by relevant professionals from time to time. This review will help to ensure that your needs continue to be supported and that support at home remains appropriate. The review will also take account of your views on how you think the home support service is helping you and how you think it may be improved. A review may result in an increase, decrease, no change or to a discontinuation of the home support service. Your home support service will be reviewed on or before _____(Insert date)

If your needs change before this date, you may request a review by contacting your local Public Health Nurse or by contacting this office. **If your circumstances change and you no longer need the support, you must inform the HSE immediately by contacting the Home Support Office on the telephone number at the top of this letter.**

(Note for Office Use – if approved for Consumer Directed Home Support and funding is not available, use following text)

While your home support is approved, there is a set amount of funding available to provide home support services in this area. As that resource is fully allocated to other applicants, we are not in a position to provide supports at this time. We have placed your name on the waiting list and we will be in contact with you when funding becomes available.

(Note for Office Use – if approved for home support but NOT approved for consumer directed approach use Standard Letter Appendix 2.3)

If you have any queries, comments or concerns in relation to your home support service or in relation to the operation of the consumer directed approach to service delivery, please do not hesitate to contact this office. The contact details are at the top of this letter.

Yours sincerely,

Name
HSS Manager

C.c. Referrer & PHN

Appendix 2.3 Consumer Directed Home Support Not Approved At This Time

HSS Office details

HSS Ref:

Date

Applicant Name

Address

(Note for Office Use - Please select relevant text and please attach any additional documentation relevant to the client when issuing this letter)

Dear **(Client)**,

Re: Home Support Service & Consumer Directed Home Support

I refer to your recent application for the Home Support Service. Following assessment of your care needs, I wish to inform you that based on the HSE assessment of your needs **you have been approved for home support.**

You indicated on your application form that you wished to avail of the consumer directed approach to the delivery of your home support service, however, this arrangement is not approved.

Your application for Consumer Directed Home Support was not approved because.....

Your needs assessment indicated

A copy of the Care Needs Assessment Report is available from this office on request.

If you wish to be considered for Consumer Directed Home Support in the future, please contact this office.

You may request a review of the decision not to approve your application for Consumer Directed Home Support setting out the reasons why you are not satisfied with the decision made. If you wish to submit a request for a review of this decision, you should do so by writing to this office within 20 days of receipt of this letter. The contact details are at the top of this letter. An impartial review of the decision will be undertaken and you will be informed in writing of the outcome in due course.

(Note for Office Use - Please refer to Standard Letter Appendix 2.1 and select relevant text concerning approval for home support)

If you have any queries, comments or concerns in relation to your home support service, please do not hesitate to contact this office. The contact details are at the top of this letter.

Yours sincerely,

Name
HSS Manager

C.c. Referrer & PHN

Appendix 2.4: Outcome of Review

HSS Office details

HSS Ref:

Date

Applicant Name

Address

(Note for Office Use - Please select relevant text and please attach any additional documentation relevant to the client when issuing this letter)

Dear **(Client)**,

Re: Review of Home Support Service

I refer to the recent review of your Home Support Service.

(A) No Change

Following a review of your care needs, I wish to inform you that you continue to be approved for home support. A copy of the Care Needs Assessment Report is available from this office on request.

There is no change to your current home support services as your current arrangements continue to support your assessed needs. **(proceed to F)**

(B) HSS Ceased

Following a review of your care needs, I wish to inform you that you are no longer approved for home support as the care needs assessment indicates that you no longer require the home supports provided. A copy of the Care Needs Assessment Report is available from this office on request.

It is proposed to withdraw the home support with effect from(insert date). The supports being withdrawn are as follows:

- 1.
- 2.

(Proceed to E)

(C) HSS Increased/Decreased

Following a review of your care needs, I wish to inform you that you continue to be approved for home support through the HSE. A copy of the Care Needs Assessment Report is available from this office on request.

As your needs have increased/**decreased**, the services that you receive have been increased/**decreased** to ensure that your assessed needs are appropriately supported. Arrangements are now being put in place to provide the following supports:

- 1.
2. **(Proceed to D,E (if relevant) & F)**

(D) Home Support Plan

Attached to this letter you will find a document called "Home Support Plan". The Home Support Plan sets out in detail the assistance which the HSE has assessed that you need and how this is expected to benefit you. A "Schedule of Services" and final version of the Home Support Plan will be worked out between you and your service provider (HSE or external provider). This will set out the days and times when home support staff will be in your home providing the support and the type of support to be provided. You will need to keep the Home Support Plan and the Schedule of Services in your own home so that you, and everyone involved in providing support to you, will know what is agreed and how they are to assist you.

(E) Where service levels are ceased or reduced post review

You may request a review of this decision setting out the reasons why you are not satisfied with the decision made. If you wish to submit a request for a review of this decision, you should do so by writing to this office within 20 days of receipt of this letter. The contact details are at the top of this letter. An impartial review of the decision will be undertaken and you will be informed in writing of the outcome in due course.

If you do not contact the Home Support Office, it will be assumed that you are satisfied with this decision and arrangements will be made to cease/reduce the support from the above date.

(F) Next Review

Your Home Support Service will be reviewed again on or before _____ (Insert date). If your needs change before this date, you may request a review by contacting your local Public Health Nurse or by contacting this office.

If your circumstances change and you no longer need the support, you must inform the HSE immediately by contacting the Home Support Office on the telephone number at the top of this letter.

If you have any queries, comments or concerns in relation to your home support service, please do not hesitate to contact this office. The contact details are at the top of this letter.

Yours sincerely,

Name
HSS Manager

C.c. Referrer & PHN

Appendix 2.5: Approval With Conditions (High Risk)

HSS Office details

HSS Ref:

Date

Applicant Name

Address

Re: Application for Home Support Service – High Risk

The letter may be amended if the application is being made by a family member/other (acting in the best interests of the client) - depending on individual circumstances

(Note for Office Use - Please attach any additional documentation relevant to the client when issuing this letter)

Dear **(Client)**,

I refer to your recent application for the Home Support Service. Following assessment of your care needs, I wish to inform you that you have been approved for home support. A copy of the Care Needs Assessment Report is available from this office on request. You will be aware, from your assessment, that there are a number of care needs in your case, which indicate that you are in a high-risk category for remaining in your home.

Options regarding possible alternative care arrangements have been fully discussed with you, but it is understood that you have decided to remain at home and to avail of the Home Support Service to support you to continue living at home. You must be aware however, that your needs cannot be fully met, and the risks associated with remaining living in your home, cannot be fully eliminated by the provision of this Home Support Service. **You will need to sign the form below and return to your local HSE office to indicate you understand and accept this.**

While the Home Support Service is being allocated to you, there is a limit to the resources available. You should note that the continuing provision of a home support service depends on you continuing to meet the criteria and it is also dependent on the resources available to the HSE for this service. The HSE may not be able to continue to provide the Home Support Service if there is a change in your condition, if the assessment criteria changes, or if the HSE does not have sufficient available funding in the future.

The Home Support Service cannot provide 24-hour support, and is not an appropriate alternative to residential care in all cases. The existing Home Support Service allocation may be unable to assist you living in the community and you may have to consider alternative care arrangements. We will be available to assist you as you consider these options in due course.

Attached to this letter you will find a document called “Home Support Plan”. The Home Support Plan sets out in detail the assistance which the HSE has assessed that you need and how the HSE can provide a level of supports to benefit you. A “Schedule of Services” and final version of the Home Support Plan will be worked out between you and your service provider (HSE or external provider). This will set out the days and times when home support staff will be in your home providing the support and the type of support to be provided. You will need to keep the Home Support Plan and the Schedule of Services in your own home so that you, and everyone involved in providing support to you, will know what is agreed and how they are to assist you.

Your home support is subject to review by relevant professionals from time to time. This review will help to ensure that your needs continue to be supported. The review will also take account of your views on how you think the home support service is supporting you. A review may result in an increase, decrease or no change in the level and range of services/supports provided or to a discontinuation of the entire Home Support Service. Your home support will be reviewed by _____(Insert date)

If your circumstances change and you no longer need the support, you must inform the HSE immediately by contacting the Home Support Office on the telephone number at the top of this letter.

If you have any queries, comments or concerns in relation to your home support service, please do not hesitate to contact this office. The contact details are at the top of this letter.

Yours sincerely,

Name
HSS Manager

C.c. Referrer & PHN

-----**Detach Here**-----

Application for Home Support Service – High Risk

Ref. Number
Name
Address

I confirm that I have read and accept the contents of the letter of (insert date) concerning the Home Support Service allocated to me.

Signed: _____

Date: _____

Appendix 2.6: Request for Care Needs Assessment (Initial/Review)

HSS Office details

HSS Ref:

Date

Contact for Needs Assessment

Address

(Note for Office Use - Please select relevant text)

Re: Name & Address

Application for Home Support Service or Review of a Home Support Service

Dear **(Name)**,

The above named has applied for a home support service. A copy of the completed application is attached herewith.

Or The above named has applied for a review of their home support service. A copy of the request is attached herewith.

Or A review of the Home Support Service allocated to the above named/clients named on the attached listing is due on (insert date(s)).

I should appreciate if you would arrange to have a care needs assessment undertaken/reviewed and the assessment form completed/updated, in respect of this/these applicant(s)/client(s). The completed form(s) should be returned no later than 7 days from the above date in order that the application(s)/review(s) may be processed speedily.

Should you have any queries, please contact this office.

Yours sincerely,

Name
HSS Manager

Appendix 2.7: Acknowledgement of Request for Review of a Home Support Service

HSS Office details

HSS Ref:

Date

Applicant Name

Address

Dear (**Client**),

Re: Request for Review of a Home Support Service

I wish to acknowledge receipt of request for a review of your Home Support Service. Your request is being processed and further correspondence will issue to you in due course.

Should you have any queries, please contact this office.

Yours sincerely,

Name
HSS Manager

C.c. Referrer & PHN

Appendix 2.8: Acknowledgement of Client Request for a Decision Review

HSS Office details

HSS Ref:

Date

Applicant Name

Address

(Note for Office Use - Please select relevant text)

Dear **(Client)**,

Re: Request for Decision Review of Home Support Service

I wish to acknowledge receipt of your request for a review of the decision made regarding your

(A) Application for a home support service

OR

(B) Home support service review

An impartial review of the decision will be undertaken and you will be informed in writing of the outcome in due course.

Should you have any queries, please contact this office.

Yours sincerely,

Name
HSS Manager

C.c. Referrer & PHN


Appendix 3: Common Summary Assessment Report - SAMPLE

COMMON SUMMARY ASSESSMENT REPORT

Please complete all sections clearly in block capitals. Read guidance notes before completing

I confirm that the assessment process and purpose has been explained to me. I consent that information may be shared as appropriate by relevant health and social care professionals in the processing of this application.

Signature _____ Applicant/Specified Person Date _____
(Delete as appropriate)



1. SOURCE OF REFERRAL (PLEASE TICK):

Community Hospital Acute Hospital GP
Mental Health Community Nursing Home

Name of Referring Location: _____ Date of Referral: _____

2. PERSONAL DETAILS:

First Name: _____ Surname(s): _____ Preferred Name: _____

Current Address: _____ Home/Past Address (If relevant): _____ Tel No(s): _____

_____ Date of Birth (DD/MM/YYYY) _____

Medical Card No: _____ Hospital Number: _____

PPS No. : _____

3. PERSONAL CIRCUMSTANCES:

Marital Status: Single Married Widowed Separated Divorced Other

Living Circumstance: Alone With Spouse With partner With family With carer With Other

Describe Housing situation (See guidance document): _____

Who is the Principal Carer: _____

What level of support do they provide?
(Please include contact details): _____

Assessment of Carer's needs completed? Yes No (Please attach if available)

Identify any family members, neighbours, friends who provide support: _____

Contact Person/Specified Person/Care Rep: _____ Relationship to applicant? _____
(Contact details address/phone/mobile): _____

GP: _____ Contact Details: _____
PHN &/or CMHN: _____ Contact Details Health Centre: _____

4. ALL APPLICANTS have the right to self-determination and capacity to do so is assumed unless otherwise proven. His/her preference to stay at home or to be admitted to residential long-term care must be sought and recorded.

Has the person's above preference been discussed with him/her? Yes No

If YES - brief outline of outcome

If No - Provide a reason and identify with whom it has been discussed & outline outcome

Completed by: NAME: _____ Role: _____ Date: _____ Signature: _____
(PRINT)

CSAR Applicant's Name _____ DOB _____

5. RECORD OF CURRENT COMMUNITY/HOME SUPPORT SERVICES
(See Guidance Document before completing):

SERVICE (Tick)	Home Help/Support <input type="checkbox"/>	Day Care <input type="checkbox"/>	Respite <input type="checkbox"/>	Meals Supply <input type="checkbox"/>	Laundry <input type="checkbox"/>	Aids and Appliances <input type="checkbox"/>
Hours/Times p/w or relevant time or if refused services						
SERVICE (Tick)	PHN/CMHN <input type="checkbox"/>	Family support/ Private Carer <input type="checkbox"/>	Therapy or other discipline <input type="checkbox"/>	Day Hospital <input type="checkbox"/>	Services Refused <input type="checkbox"/>	
Hours/Times p/w or relevant time or if refused services						
Completed by: NAME: _____ Role: _____ Date: _____ Signature: _____ (PRINT)						

6(a). CURRENT DIAGNOSIS AND MEDICAL SUMMARY:
(Please include only relevant conditions)

Completed by: NAME: _____ Role: _____ Date: _____ Signature: _____
(PRINT)

6(b). DETAILS OF THE PERSON'S MENTAL HEALTH STATUS:
(Please attach any supporting documentation, if available)

Completed by: NAME: _____ Role: _____ Date: _____ Signature: _____
(PRINT)

7. CURRENT MEDICATIONS (See Guidance Notes - Not for Purpose of Dispensing)

Name of Drug	Dosage	Frequency	Name of Drug	Dosage	Frequency
Completed by: NAME: _____ Role: _____ Date: _____ Signature: _____ (PRINT)					

CSAR Applicant's Name _____ DOB _____

8: ASSESSMENTS					DATE	DATE
8 (A): BARTHEL INDEX					Please insert Date(s) Undertaken	
WEIGHTING SCORE	3	2	1	0	SCORE	SCORE
Bowel (Preceding week)		Continent	Occasional Accident	Incontinent (Or needs an enema)		
Bladder (Preceding 24-48 hours)		Continent	Occasional Accident	Incontinent (Or Catheterised & Unable to Manage)		
Grooming			Independent	Needs Help		
Toilet Use		Independent	Needs Some Help	Dependent		
Feeding		Independent	Needs Some Help	Unable		
Transfer (From bed to chair & back)	Independent	Minimal Help Needed	Major Help (1-2 persons) Needed	Unable (No sitting balance)		
Mobility	Independent	Walks with help of 1 person	Wheelchair Independent	Immobile		
Dressing		Independent (Buttons, zips and laces)	Needs Help (But can do half unaided)	Dependent		
Stairs		Independent (Up & down must carry walking aid)	Needs Help (Verbal or physical/carrying of aid)	Unable		
Bathing			Independent (Getting in & out unaided & wash self)	Dependent		
Findings	Independent (20) Low Dependency (16-19) Medium Dependency (11-15) High Dependency (6-10) Maximum Dependency (0-5)				TOTAL	

Completed by: NAME: _____ Role: _____ Date: _____ Signature: _____
(PRINT)

8 (B): COMMUNICATION			
	Tick	Date	Signature
No problems	<input type="checkbox"/>		
Retains most information and can indicate needs verbally	<input type="checkbox"/>		
Difficulty speaking but retains information and indicates needs non-verbally	<input type="checkbox"/>		
Can speak but cannot indicate needs or retain information	<input type="checkbox"/>		
No effective means of communication	<input type="checkbox"/>		

8 (C): COGNITIVE SCREENING REPORT - BY DATE ORDER IF MORE THEN ONE AVAILABLE						
Cognitive Assessment (Specify Screening Tool)	Date	Result	Signature	Date	Result	Signature

8 (D): OTHER ASSESSMENTS (Specify Tool Used)			
	Result	Date	Signature
Pressure Sore Risk			
Falls Risk			
Nutritional Risk			
Wandering Risk			
Other - Specify			

8 (E): OTHER SIGNIFICANT MEDICAL/SOCIAL/ RISK FACTORS THAT SHOULD BE CONSIDERED AS PART OF THE CARE NEEDS ASSESSMENT:

Completed by: NAME: _____ Role: _____ Date: _____ Signature: _____
(PRINT)

CSAR Applicant's Name _____ DOB _____

**9: ADDITIONAL COMMENTS e.g. Employment, Recreational or Social Needs
(Attach supporting documentation):**

Completed by: NAME: _____ Role: _____ Date: _____ Signature: _____
(PRINT)

**10(a). HEALTH PROFESSIONAL REPORTS.
(Please attach if relevant. Tick to indicate a report is appended)**

Nursing Dietician Occupational Therapy Speech and Language Other
 Physiotherapy Psychology Podiatry Social Work

**10(b). SPECIALIST ASSESSMENT
(Best practice recommends that all older people should have a Consultant Geriatrician/Old Age Psychiatry assessment prior to a decision being made about their future care needs.)**

Geriatric Medicine	Completed	Date: _____	Signature: _____
Old Age Psychiatry	Completed	Date: _____	Signature: _____
Rehabilitation Consultant	Completed	Date: _____	Signature: _____
Neurologist	Completed	Date: _____	Signature: _____
Other(Specify)	Completed	Date: _____	Signature: _____

Specialist Comment:
(Or append report)

Completed by: NAME: _____ Specialty: _____ Date: _____ Signature: _____
(PRINT)

11. RECOMMENDATION BY MDT. For Completion by MDT. See Guidance Notes

It is the recommendation of this MDT that this person's overall care needs are currently best met within a Long Term Residential Care Setting (Please Tick):
 Yes No

Confirmation of MDT's Recommendation Name: _____ Role: _____ Date: _____ Signature: _____	Confirmation of MDT's Recommendation Name: _____ Role: _____ Date: _____ Signature: _____
--	--

Name & Signature of Professional Co-ordinating completion of this CSAR Form
 NAME: _____ Role: _____ Date: _____ Signature: _____
(PRINT)

12. LPF DETERMINATION OF CARE NEEDS FOR COMPLETION BY LPF ONLY

It is the determination of this LPF that this person's overall care needs are currently best met by:
 (Please Tick) Additional Information

Long Term Residential Care Setting <input type="checkbox"/>	Additional Information _____ _____ _____
Sheltered Housing <input type="checkbox"/>	
Other (Specify) <input type="checkbox"/>	
At Home with Community Supports <input type="checkbox"/>	

Likelihood of change in personal circumstances Low Risk Medium Risk High Risk

Confirmation of LPF's Determination Name: _____ Role: _____ Date: _____ Signature: _____	Confirmation of LPF's Determination Name: _____ Role: _____ Date: _____ Signature: _____	Confirmation of LPF's Determination Name: _____ Role: _____ Date: _____ Signature: _____
---	---	---

IF LONG TERM CARE IS NOT DETERMINED TO BE APPROPRIATE-THE FOLLOWING SERVICE(S) ARE RECOMMENDED BY LPF

Service Recommended	Home Help/Support <input type="checkbox"/>	Day Care <input type="checkbox"/>	Respite <input type="checkbox"/>	Meals Supply <input type="checkbox"/>	Laundry <input type="checkbox"/>	Aids/ Appliances <input type="checkbox"/>
	PHN/CMHN <input type="checkbox"/>	Therapy or other discipline <input type="checkbox"/>	Day Hospital <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>	
Comment(s)						

Home Support Service – CSAR Supplementary Sections

The following Sections 13, 14 & 15 must be completed where the CSAR is being used as part of the determination of an application or referral for a Home Support Service/or where review is being undertaken.

Section 13. Recommended Home Support Service funded from Services for Older People Allocation

To be completed by the person(s) undertaking the care needs assessment/key worker.
(Days/times of service delivery – to be set out in Care/Home Support Plan & detailed in Schedule of Services in consultation with applicant)

Service/ Support	Recommended Service Levels per week	Current Services (Insert hrs per week)	Recommended from Home Support Service for Older People	Signature of person recommending Home Support subject to resource approval by Home Support Manager
Home Support Service (SOP)	<i>e.g. 20 hours pw to support needs</i>	<i>12 hours pw</i>	<i>8 hours pw</i>	

Section 14 - PRIORITY RANKING SCORE SHEET – Circle the relevant score in each table

1. Assessment of Risks within the home environment and carer support

- includes risks relating to the home environment such as the quality of housing, accessibility, heating, housing adaptations or capacity to adapt, availability of carer supports, capacity of individual to support themselves through formal or informal care arrangements etc.

Risk Matrix Score =

RISK MATRIX	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

Score Zero if factor is not applicable

0

2. Assessment of Risks to the Client

- includes risks relating to the personal care of the client, medical and nursing care needs, mobility, hygiene, toileting, feeding, etc.

Risk Matrix Score =

RISK MATRIX	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

Score Zero if factor is not applicable

0

3. (or Factor 4 below) Assessment of Risk to client of entering A&E/ hospital admission

Risk Matrix Score =

RISK MATRIX	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

Score Zero if factor is not applicable

0

4. (or Factor 3 above) Assessment of Risk remaining in hospital without additional support to return home

Risk Matrix Score =

RISK MATRIX	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

Score Zero if factor is not applicable

0

5. Assessment of Palliative Care Needs

Risk Matrix Score =

RISK MATRIX	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

Score Zero if factor is not applicable

0

TOTAL PRIORITY RANKING SCORE = _____ (0-100)

(Total Priority Ranking Score is obtained by addition of 5 separate risk factor scores as recorded above)

Actual Risks considered in the above prioritisation score are to be listed on Section 8 of CSAR.

Section 15: Decision in relation to above application for a Home Support Service - To be completed by the Home Support Manager

1. Checklist/Factors Considered: Factors taken into account in determining outcome of application – copies of relevant supporting documentation to be retained in individual applicant's Home Support file. Please tick all factors that have been considered

- Applicant/Referrer completed form
- Appropriate care in appropriate setting
- Limit of Resources available for service
- Estimated duration of proposed Home Support service
- Appropriateness of Interim Home Support Service
- Estimated weekly cost of Home Support Service & requirement for Senior Manager approval (If > €750 pw, Senior Manager approval required; If >€750 alternative care to be fully explored) – insert estimated cost of Home Support here - €_____ (Use cost calculator and print copy for file)
- Care Needs Assessment/Care-Home Support Plan/Recommendations of professionals/MDT/Priority Ranking Score
- GP Letter – Copy on file – Yes/No
- Applicant's expressed wishes as recorded on CSAR
- Age of applicant (If <65 years General Manager approval required)
- Alternative responses to application/referral – state most likely alternative response if Home Support Service not provided (required for VFM evaluation)

Comments:

Objective being met by Home Support – **Tick principal & secondary objective being met – insert 1 & 2 respectively**

-Facilitate discharge of applicant from _____ hospital (insert name of hospital)
-Reduce inappropriate admissions of older person to acute/delay long-stay residential care
-Reduce pressures on A&E departments
-Support older person to continue to live, or return to live, at home
-Support carers to continue to provide care for older person
-Other – Please specify _____

- 2. Decision** Home Support approved (see below) – allocate services & set review date
- Interim Home Support approved - allocate services & set review date
- Home Support approved but resources not available - add to waiting list (date application received)
- Home Support Service refused – reasons set out below

If approved, set out below the services approved and review date.

If not approved, set out below the reasons for refusal: (Use additional sheets if necessary) – attach copy of Home Support Service costing – use cost calculator.

Home Support Service: Hours approved _____ per pw - Service to be provided as follows (include any specific additional details relating to this approval e.g. if the hours must be provided at specific times for clinical reasons – please specify)

Classification of service approved – if known: Direct Indirect

Start Date:	Review Date:	Finish Date if known:
<p>The review date for an <u>interim Home Support Service</u> will be within 10 working days of commencement.</p>		
<p>Approved/Refused/Recommended by: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> HSS Manager Date </div> </p>		
<p>Where relevant - Approved/Refused by _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Senior Manager e.g. General Manager Date </div> </p>		
<p>Letter re outcome issued to applicant _____ Insert date</p>		
<p>Letter re outcome issued to referrer _____ Insert date</p>		

<p><u>If resources are not available immediately</u></p> <p>Identify priority category for waiting list - See Table 4 in the Guidelines Insert most up to date Priority Ranking Score _____</p> <p>Added to waiting list by date application received _____ (Insert date) and Priority Ranking Score attached.</p>
--

CSAR

**COMMON SUMMARY ASSESSMENT RECORD
(FORM: CSAR/PV3a)**

NHSS (2009)

GUIDANCE DOCUMENT

**To assist practitioners in the completion of the Common
Summary Assessment Report (CSAR).**

*This document was written specifically for the purpose of the
Nursing Home Support Scheme and therefore references long
stay residential care.*

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INTRODUCTION

This Guidance Document is to assist practitioners in the completion of the Common Summary Assessment Report (CSAR).

The Nursing Home Support Scheme was enacted in October 2009. This scheme is the only to access to state financial support towards the cost of long-term residential care.

All applicants are required to complete an application form. Step 1 is an application for a Care Needs Assessment (see part 2 of the application form). This assessment will be undertaken by the Multidisciplinary Team (MDT) and the report compiled in the Common Summary Assessment Report (CSAR). An assessment of the person's needs is a legislative requirement under the NHSS Act 2009. The aim being to develop a national common assessment approach, primarily, but not exclusively, for older persons seeking access to long-term residential care, in the public, voluntary or private sectors.

Admission into long-term residential care is a significant life decision. Best practice requires older people to be assessed, specifically to determine whether: a) there are remedial factors which might avert admission to long-term residential care; b) to provide recommendations to maximise health, by a Consultant Geriatrician or Consultant in Psychiatry of Old Age and c) to ascertain the applicant's wishes with regard to admission to residential care. Where available, this assessment has a key role as part of the multidisciplinary team process in reaching a decision on the individual's need for long-term residential care.

While predominantly for the needs of older persons, anyone over 18 years may also apply for this scheme when residential long-term care is being considered.

As Health and social care professionals, we have a duty of care to ensure that people are provided with sufficient and appropriate information to enable them make an informed decision in relation to entering residential long-term care; including discussing with the person the reasonably foreseeable pros and cons of long-term residential care. The rights and wishes of the person are paramount in the decision making process.

It is generally envisaged that the health professional(s) with the most comprehensive knowledge of the applicant will be central to the CSAR Completion process.

VALUES AND PRINCIPLES

- Admission to Long Term Residential Care is a significant life decision
- **ALL APPLICANTS** have the right to self-determination and capacity to so do is assumed unless otherwise proven. People should not be admitted to long term residential care against their wishes, irrespective of the views of carers and others or of their likely safety of remaining in the community
- The decision-making process should include the older person to the fullest extent possible
- The needs and preferences, if ascertainable, of the individual are the primary consideration when determining whether continuing care is appropriate
- The decision should only be taken when all other care options have been exhausted
- Placement must be appropriate
- A comprehensive person centred assessment is necessary to ensure the best outcome for the person and appropriate care environment.
- Arrangements for the provision of on-going care should be fair and equitable and be seen to be so.
- People have a right to be provided with sufficient and appropriate information on the range of services available to them, in order to make an informed choice on entering long term residential care.

GENERAL POINTS OF INFORMATION:

Why have a “Common Summary Assessment Report” (CSAR)?

- Legislation requires that
 - Individuals seeking state support and ancillary state support towards the cost of their residential continuing care must have a care needs assessment report
 - Individuals must be provided with a copy of their care needs report following completion of the process
- Expert opinion on Older Persons is that care needs are best determined by multi-disciplinary assessment, involving a Consultant Geriatrician or Psychiatrist of Later Life, where available.
- A CSAR will combine assessment information from various sources, thereby creating a single, permanent and transferable record of the information relevant to a decision on an individual’s care needs at a given point in time.
- An up-to-date CSAR will meet the requirements of the Integrated Discharge Planning code where a patient is being discharged to residential care.

Who should complete a CSAR?

- The HSE supports the concept of multi-disciplinary (MDT) working. It also recognises that there is considerable variation nationally regarding the availability of staff. Therefore it is not possible to be prescriptive about who should complete a CSAR.
- Each local area/ agency should devise and document their processes for the completion of the record. The goal is to capture the best information available as efficiently as possible. The CSAR has been designed so that any single professional who knows the patient well can complete it, but where an MDT is available they should be involved in the completion. Apart from reports from named professionals, the information sought on a CSAR form can be provided by a range of staff. For example, Barthel or cognitive assessments may be completed by a nurse, therapist or medical practitioner.
- Where a Multi-disciplinary team exists, it is required that one person will act as the coordinator for the completion of the form.

Who should be the ‘coordinator’ and what is their role?

This should be determined locally. It may vary from place to place, or even, where a ‘key worker’ system is in operation, from patient to patient. In general terms, it is envisaged that the coordinator will:

- Ensure that the relevant MDT members have contributed to the completion of the form, as required by local policy
- Sign the form to confirm
 - that the relevant MDT members have been involved
 - that any information on the form (other than contributions signed by other professionals) is accurate
 - that the CSAR, in so far as is possible, presents an accurate profile of the care needs of the patient, as of the date of signing.

Professional contributions to the CSAR

If a professional completes a particular sub-section of the form or appends a report, they should print their name, role and then sign and date that information in order to meet medico-legal requirements. The form has signature prompts for this purpose. Local policy can determine the requirement for signing when CSAR is completed by one person.

The coordinator is not responsible for information signed-off by another professional.

Can the CSAR be modified to meet local needs?

The CSAR is a national document. It cannot be modified or altered by an individual agency. The form will be evaluated and updated over time. The CSAR form was amended in October 2010 following a national audit.

SHARING INFORMATION IN COMPLETION OF CSAR

Informed consent to share information between professionals is presumed when one applies to have a Care Needs Assessment undertaken; to ensure the person is fully informed and aware of this, the CSAR includes for the provision of this consent to be restated and signed by the applicant. **The Specified Person may act on behalf of the applicant in relation to any matter under this Act where the applicant has reduced ability to make decisions (i.e. diminished mental capacity or unable physically) including but not limited to the giving of consent.**

Note Regarding Home Support: The Specified Person referenced in this document is in the context of applying for the Nursing Home Support Scheme as legislation is in place for it. It is not applicable to Home Support as there is no legislation in place yet for the Home Support Service. Only a family member with an EPA (Enduring Power of Attorney) or where a client is a Ward of Court and the family member is the committee can a family member provide consent. This is stated clearly in the HSE's National Consent Policy.

COMPLETION OF THE CSAR

Section 1: Source of referral

- Please include the name of the location from which the referral originates or the name of the person who has made the referral.
- For audit purposes please identify the location of the applicant e.g. name of acute hospital, name of community hospital, name of community area

Section 2: Personal Details

- The PPS number must be included.
- If available please use the addressograph (personal details) to complete this section.
- The Home/Past Address is required when differing from that of the addressograph/current address.
- The hospital number may be known as the medical records number or patient control numbers in some areas.
- Preferred Name: the applicant may have a nickname or a pet name to differentiate them from other common names used in a geographical area.

Section 3: Personal Circumstances

3.1 Marital status: Please indicate if the person has any other type of arrangement under OTHER

Living Circumstances: required as it is important to provide an "holistic" picture of the applicant.

3.2 Housing

The purpose of this section is to obtain details of the person's current housing details and to record any issues that may hinder the person from returning home:

- Does the person live in: town, village, or isolated rural area?
- What distance is the applicant from the nearest neighbour etc?
- House type e.g. bungalow, 2 storey etc, location of bedroom and bathroom
- Home Condition: good/fair/poor (poor windows etc)
- Sanitary facilities to include indoor/outdoor toilet, shower/bath
- Is there heating in the house? An electricity supply?
- Running water, hot or cold water available?
- Outline any access issues that will influence mobility, ability of transport to access location
- Please identify the presence of any environmental hazards e.g. steps

3.3 Principle Carer

- This is the person who provides a significant amount of direct care for the person e.g., calls daily, supplies meals etc which may be a paid carer where this is the actual situation
- Please state the relationship of this person to the applicant.
- Also include name and relationship of anyone who may stay overnight e.g. grandchild, son/daughter who stays the night or family rota in place to stay overnight.
- Please indicate if an assessment of the carer's needs have been completed. Please attach if available.

3.4 Contact Person

3.4.1 Nominated Contact Person; where the applicant is able to manage their own application, they may choose to nominate a contact person. The HSE will still send confidential information to the applicant, but will address queries to the contact person. The applicant must personally sign any agreements with the HSE.

3.4.2 Specified person; where the applicant is not able to manage their application, a 'Specified Person' may act on their behalf. The HSE must be clear as to the identity of the Specified Person and their relationship to the applicant. In certain circumstances, the HSE may decline to deal with a person seeking to act as a Specified Person. This person may act on behalf of the applicant in relation to any matter under this Act where the applicant has reduced ability to make decisions (i.e. diminished mental capacity or unable physically) including, but not limited to, any application, appeal, review or the giving of consent. The HSE must be satisfied that the specified person is acting in the best interests of the person.

Where the HSE is dealing with a Specified Person and an application is made for the nursing home loan then that specified person or another eligible person is required to be appointed as a Care Representative by the Circuit Court.

3.4.3 Care Representative: Where an applicant applies for Ancillary State Support but is not able to enter into a financial agreement, a Care Representative has to be appointed by the Circuit Court to deal with aspects related to the legal charge. In some cases, the Specified Person and the Care Rep. may be different individuals.

A Care Representative is only required where a person has reduced capacity (i.e. diminished mental capacity) and wishes to apply for the Nursing Home Loan (Ancillary State Support) The person must apply to become a Care Representative and be appointed by the Circuit Court. Their role is to act on behalf of the person in respect of the Nursing Home Loan application. They can also act on behalf of the person as a "Specified Person" in relation to all other aspects of the NHSS. An assessment of the

applicant's capacity is required from two independent medical practitioners to establish whether they have capacity or not.

Section 4: Options of Care Discussed with Person

The underpinning principle of **ALL APPLICANTS** having the right to self-determination and capacity to so do is assumed unless otherwise proven.

- The needs and preferences, if ascertainable, of the applicant are the primary consideration when determining whether continuing care is appropriate and **must be sought and recorded**. The needs and preferences of the carer should also be given consideration.
- People should not be admitted to long term residential care against their wishes, irrespective of the views of carers and others or of the likely safety of remaining in the community
- For the person with a cognitive impairment or communication difficulties, care options should be discussed and information should be provided at a level that is appropriate to that person or nominated/specified designated person..
- Where the person is unable to make an informed decision due to diminished mental capacity this should be recorded and the choice of the specified person sought and recorded.
- Examples of Care Options may include residential care in the public/ private sector, sheltered housing, returning home with a home care package and planned respite care and day care. It is also important to identify if the applicant has refused any or all alternative care options offered (Section 5)

Section 5 Current Community/Home Support Services

The purpose of this section is to record the type and level of community supports (either statutory or voluntary) that the person is currently receiving or has refused.

Please indicate the levels of support provided to the applicant by community services/supports as listed below (p/w = per week, 3/7 = 3 days each week. Detail relevant information e.g. which days and explain any other abbreviations used).

5. RECORD OF CURRENT COMMUNITY/HOME SUPPORT SERVICES (SEE GUIDANCE NOTE BEFORE COMPLETING)												
SERVICE (Tick)	Home Help/Support	√	Day Care	√	Respite	√	Meals Supply	√	Laundry	X	Day Hospital	X
Hours/Times p/w or relevant time or if refused services	15 hrs p.w.		3/7		Every 6 weeks for 2 weeks		5/7		N/A		N/A	
SERVICE (Tick)	PHN/CMHN	√	Family support/Private Carer		X	Therapy or other discipline	X	Other (Spec.)	X	Services Refused	√	
Hours/Times p/w or relevant time or if refused services	PHN visits 3/7		None			N/A				Boarding Out		

N/A: Not applicable

Section 6 Current Medical/Mental Health Diagnosis Summary

Section 6 (a); Current details of the person's diagnosis and medical history are required. This section may be completed by relevant medical personnel or by the person completing the CSAR in line with local policy.

- It should be noted that legislation indicates that a copy of the CSAR be made available to the applicant. In certain rare circumstances, a medical decision may have been made that information on diagnosis should be withheld from a patient. The person(s) completing the CSAR should be cognisant of this when completing the CSAR form.

Section 6(b); Current details of the person's mental health status and history are required. This section may be completed by the relevant medical staff or by the person completing the CSAR as per local policy.

Additional information where relevant can be provided in a separate attached report (Section 11)

Section 7 Current Medications

The information documented in this section is to inform the assessment process and not for medication administration purposes. For people in hospital, this section may be completed once key medication(s) have been prescribed as medication frequently changes with the patient's condition. Alternatively, a list of medications on discharge may be appended to the CSAR.

Please list the name of the drug, the dose and the frequency that the drug is administered, for example:

NAME OF DRUG	Dosage	Frequency
Drug W	500mgs	T.D.S
Drug M	375mgs	Q.I.D.

Use an additional blank A4 page to record additional information if required. Please use relevant headings clearly e.g. Section 7 current medications (continued)

Section 8 Assessments

The primary purpose of this section is to profile the person's individual characteristics in terms of their physical ability, cognitive status and other associated risk factors relevant to their individual health needs. Validated and reliable assessment tools appropriate to the applicant's age and medical status should be used.

It is important that the practitioner undertaking the Modified Barthel and the cognitive assessment have knowledge and experience on the use of the tools used.

It should also be noted that neither the Barthel or a cognitive assessment or any other assessment tools in isolation predict the need for long term residential care.

8(a) Guidelines for the use of the Modified Barthel Index

- To demonstrate the person's changing ability this may be completed and recorded on two separate occasions.
- The index should be used as a record of what the person can currently do.
- The main aim is to establish the person's degree of independence from any help, physical or verbal, however minor and for whatever reason.
- The need for supervision renders the patient 'not independent'.

- A patient's performance should be established using the best available evidence. Asking the patient, friends/relatives and nurses will be the usual source, but direct observation and common sense are also important. However, direct testing is not needed.
- Usually the performance over the preceding 24-48 hours is important, but occasionally longer periods will be relevant.
- Unconscious patients should score "0" throughout, even if not yet incontinent.
- Use of aids to be independent is allowed

Please summarise the physical dependency of the applicant by recording the total score.

8(b) Communication; the ability of the person to communicate effectively and retain and make sense of information is a necessary requirement of the assessment process. Please tick one box only.

8(c) Cognitive Function; this should be assessed using a validated and reliable assessment tool. The tool used and the outcome should be clearly identifiable. Results from such assessments may be transcribed to the CSAR, or the completed assessment tools may be appended to the document. Where applicable, practitioners should be compliant with copyright. The cognitive assessment should be appropriate to the patient's age and medical status.

8(d) The detection of risk through screening provides invaluable information in determining a person's care needs. Please record all risk/assessments completed NB: Pressure Ulcer Risk Assessment, Falls Risk Assessment, Nutritional Risk Assessment, Wandering Risk Assessment etc.

8(e) Medical/social/other risk factors; the purpose of this section is to capture any significant medical, nursing, allied health or social factors that indicate that this person's needs would be best met within a long term residential care setting. Examples:

- Care Needs are required to be met at greater intervals than can be met within existing community supports (see below re need intervals)
- Carer is no longer able to continue caring
- The non-availability of a main carer

Section 9. Additional Comments

If the individual has specific employment, recreational or social needs, please enter these here or provide a separate report. It is envisaged that these aspects may apply to adult applicants under 65 particularly.

Section 10 (a). Health Professional Reports

The purpose of this section is to include a summary of any nursing/therapy/social work reports. It may also indicate the need for ongoing support for the person.

Please include relevant reports in relation to nursing physiotherapy, occupational therapy, speech and language therapy, dietician, social work. Tick relevant boxes to indicate that the report has been appended.

Section 10(b) Specialist Assessment

The HSE strives towards best practice. All older people seeking HSE support for continuing care for should have a clinical assessment by either a Consultant Geriatrician or a Consultant in Psychiatry of Later Life and associated members of the MDT prior to a decision being made. The assessment should specifically address the appropriateness of the proposed admission into long-term residential care.

Adults under 65 years may seek additional assessments including neurology or rehabilitation.

Section 11 Recommendation of MDT

It is envisaged that where a MDT have assessed the person they shall complete this section recommending Residential Care or not and sign as per local policy.

All those undertaking an assessment may comment that residential care is not required or may append a report.

Section 12 – to be completed by Local Placement Forum (LPF)

The purpose of this section is to record the decision regarding the applicant's current care needs. Each new applicant should have all their physical, psychological, mental and social care needs assessed, including any significant risk factors, before a final determination is made. A need for care is not based on one single aspect such as physical dependency, but on the totality of an individual's circumstances.

Please note that it is the applicant's current care needs that are being considered. An applicant's care needs may best be met in a long term residential care setting now, but may not require care at some point in the future.

Material Alteration in Personal Circumstances

Legislation requires that HSE makes a judgement in relation to the likelihood of a material alteration in personal circumstances of the applicant. An MDT may decide that an applicants care needs are best met in a long term residential care setting or not.. In either case, it should evaluate the likelihood of a material change. For example, an individual may not currently require residential care because of the input of a very elderly carer. Therefore there would be a high risk of a change in their personal circumstances.

Section 12 sign-off

This should be signed by the chairperson and at least two other members of the LPF.

Signatories to this section are taking responsibility for verifying that, in their professional opinion based on the information provided to them that the Applicant's care needs are/are not best met in a Long Term Residential Care setting at the date of signing.

Services Recommended

This section may be useful for strategic planning purposes in identifying future service developments. It should be completed whether or not residential care is recommended i.e. to identify the type of services that could negate the need for long term residential care

Appendix 4: Schedule of Services - SAMPLE

Schedule of Home Support Services to be completed in consultation with client (Can be completed by HSE/Client or by Service Provider/Client – provided time specific assessed care needs are prioritised). Insert provider name in cells.							
Client Name		Date of Birth					
Address		Service Commencement Date:					
Home Support Ref Number							
Time of delivery service							
From - To	Mon	Tues	Weds	Thurs	Friday	Sat	Sunday
e.g							
8am – 9am	HSE (Home Help- MM)	Approved Provider 1			HSE (Home Help- MM)	Approved Provider 1	
6-7pm	HSE (Home Help- MM)	Approved Provider 2			HSE (Home Help- MM)	Approved Provider 2	
Other Services							
Aids & Appliances provided							
Home Support Service Provider Contact Details– List all providers involved							
Approved Provider Signature(s) agreeing Schedule							
Client Name & Signature							
Informal Carer Contact Details & Signature if Client unable to sign							
HSE Nurse Contact Details							
Schedule Prepared Date							
Prepared by							
To be Reviewed Date							

Insert appropriate code beside service as follows:

D = direct service provision by HSE.

I = Indirect service provision by voluntary or private approved provider.

Include names of service providers in space provided.

Appendix 5: Care/Home Support Plan - SAMPLE

Home Support Service		Sample Care/Home Support Plan		Form Ref HSS 02	
Name:		Preferred Name:		Date of Birth	
Address		Contact Number		Date Plan Completed:	
GP:		GP Contact Number:		Date Plan Reviewed & Replaced:	
Medical Card Number:		PPSN:			
Care Alerts: e.g. Allergies e.g. Gluten Drug reactions, Falls risk Please highlight in red					
Communication:					
Care Needs:				For action by:	
Goal: To maintain or enhance current levels of communication					
Vision			Hearing		
Aids	<ul style="list-style-type: none"> None Glasses Magnifying glass Clean & fit glasses daily Able to clean and fit own glasses 		Aids	<ul style="list-style-type: none"> None Hearing aids R L Adjust volume daily Check batteries and clean aids daily 	
Actions	<ul style="list-style-type: none"> Place objects in range of vision Read documents aloud Assist to write Assist to use telephone 		Actions	<ul style="list-style-type: none"> Gain attention before speaking Speak loudly, clearly and directly Minimise background noise Allow extra time for response Give step by step instructions 	
Other					
Eye Care Required			Ear Care Required		
Speech & Language					
Language/s spoken					
Speech Disorder/s					
Other			Personal Preferences:		
Mobility					
Care Needs:				For Action by:	
Goal: Client will maintain current level of mobility					
Walking					
Aids	Walking Stick	Zimmer frame	Status summary	<ul style="list-style-type: none"> 1 to assist 2 to assist Hip replacement Knee replacement Amputee 	
	Wheelchair	Wheeled walker		Bed rail	Slide sheet Hoist Standing hoist
Other			Other e.g. stairs:		
Provide direction			1. Unable 2. Needs Help 3. Independent up & down		
Supervise movement					
Encourage to maintain mobility					
Toileting & Continence					
Care Needs:				For action by:	
Goal: To promote continence or maintain at current level					
Continence					
Bladder Management	Toilet - Times		Bowel Management	High Fibre Diet	
	Other			Encourage fluid intake	
				Bowel Chart	
				Other	
Continence Aids: Day:			Night:		
Toileting					
Toileting Aids		Commode	urinal	bed pan	
Toileting regime:					
Personal Preferences:					
Showering, Dressing and Grooming					
Care Needs:				For action by:	
Goal: Adequate personal hygiene will be maintained					
Shower & Washing					
Preferred Day/Time	Shower	Bath	Bed Sponge	Other	
Frequency	Adjust water temperature		Encourage to optimise self care		
	Other				
Transfer	Walk to Shower	Wheelchair	Other -		
Showering Aids	Shower chair		Other		
Toiletries	Normal soap	Soap substitute - Specify	Deodorant	Aqueous Cream	Moisturiser (am pm)
	Other				
Hair Care	Wash in shower	Wash in Bath	Preferred Days	Other e.g. Day Care Centre, Hairdresser	
Grooming					
Hair Care	Facial hair -	Wet shave	Dry Shave	Frequency	Products
Nail/Foot Care					
Teeth	Some (upper lower)	All	None		
	Cleaning routine: Independent		Supervise	Some assistance/prompt	Fully assist
Dentures					
Cleaning routine:					
Dressing And Undressing					
Dressing assistance	Bra	Buttons	Belt	Zip	Stockings Socks Jewellery Make-up Shoes Laces Other
	Assist with selecting clothing				
	Other				
Personal Preferences					

Pressure Area and Skin Care					
Care Needs:					
Goal: To maintain skin integrity and prevent development of pressure areas					
Pressure Relief Aids					
Pressure Area Regime					
Skin Care					
Other	e.g refer to Specialised Wound Care Plan				
Eating & Drinking					
Care Needs:					
Goal: To ensure that clients receives adequate nutritional intake to meeting assessed need					
For action by:					
Eating					
Preferred place to eat	Dining Room	Kitchen Table	Bedroom	Other	
Type of diet					
Special Diet					
Special Instructions					
Aids	Modified crockery Other	Modified Cutlery	Bowl	Lipped Plate	Clothing Protector
Drinking					
Aids	Modified Cup Clothing Protector				
Thickened Fluids	Consistency – Type of Thickener to be used				
Sleeping And Rest Routine					
Care Needs:					
Goal: Client sleeping and rest requirements are met					
For action by:					
	Usual Rise time	Usual Time to Bed	Rest Time		
	Preferred Sleeping Position	Pillows Required	Bedding Preferences		
Sleep Aids	Massage Other	Music	Hot Drink		
Room	Light on	Door Open	Door Closed	Bed Rail/Protector	Other
Night-time patterns	Night Wear	Toilet	Other		
Other Preferences					
Night Checks	Hourly	Every Two Hours	Other		
Medications					
Current Medications	Eye Drops	Ear Drops	Other – See Itemised Listing and Administration Schedule		
	1. Independent Pre-packed	2. Needs some help: Supervise or Measure	Some assistance/prompt Self-Administer	3. Dependent: Fully assist	
Blood Sugar Level Testing					
Social Needs/Activities					
Care Needs:					
Goal: Clients social, emotional and psychological needs are met as required					
For action by:					
Frequency of visits/Contact by Family/Friends					
Religion	attends Place of Worship – Detail Time/Place				
Beliefs/Practices	Other Religious Practices to be observed/supported				
Cultural Needs					
Hobbies/Interests					
Social Group	Day	Time	Contact Name & Number	Transport	
Day Care Service	Day	Time	Contact Name & Number	Transport	
Preferred Activities/ Games Requirements					
Essential Environmental Needs: Please include details as appropriate:					
Requirements					Frequency
Essential Cleaning					
Essential Nutritional Needs					
Other					
Specialised Plans					
Refer to Specialised Plans for: Please tick as appropriate	<input type="checkbox"/> Medications <input type="checkbox"/> Pain Management <input type="checkbox"/> Wound Care <input type="checkbox"/> Behaviour that challenges <input type="checkbox"/> Other _____				

Date Plan Completed:	Signature:	Print Name & Title:
Review Date:	Signature:	Print Name & Title:
Date Plan Reviewed:	Signature:	Print Name & Title:

Client Name & address:	Client Signature:
Carer Name & Address:	
Carer Signature if Client cannot sign:	

Appendix 6:

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 7: Membership of the Single Funding Working Group

Chairperson Gabrielle O'Keeffe	Head of Social Care	CHO 4
Project Manager Kathleen Jordan	Project Manager	Services for Older People
Members		
Patricia Lee	Services for Older People	Department of Health
Frank Morrison	Head of Social Care	CHO 1
Elaine Prendergast	Head of Social Care	CHO 2
Paschal Moynihan	Head of Social Care	CHO 3
Kate Killeen White	Head of Social Care	CHO 5
John O'Donovan	Head of Social Care	CHO 6
Carol Cuffe	Head of Social Care	CHO 7
Jude O'Neill	Head of Social Care	CHO 8
Dr Austin Warters	Manager Services for Older People	CHO 9
John Kelly	Corporate Finance	Services for Older People