

**SERVICE REQUIREMENTS  
FOR HOME CARE SERVICES**



**MINISTRY OF HEALTH**  
SINGAPORE

26 APRIL 2022

## **(1) OBJECTIVES**

1. This document states the requirements for the Approved Provider<sup>1</sup> receiving Government subsidies for the provision of home care services.
2. Home care is comprised of the following services:
  - (i) Home Health, comprising Home Medical (HM) and Home Nursing (HN);
  - (ii) Home Personal Care (HPC); and
  - (iii) Home Therapy (HT), comprising Home Rehabilitation, Home-based Exercise Training, and Home Environment Review.
3. The Approved Provider is to note that the Ministry of Health (“the Authority”) retains the right to review and update this document, by providing not less than fourteen (14) days’ written notice of the revision to the Approved Provider.
4. The Approved Provider should ensure that all relevant and applicable laws, legislations and regulations in relation to the provision of home care services are adhered to (e.g. Personal Data Protection Act (Cap. 26); Limitation Act (Cap. 163); Misuse of Drugs Act (Cap. 185), if provider carries emergency medicines/ or a medicine bag).
5. The Approved Provider shall be secular in its approach and be respectfully mindful of the religious background of each client in the provision of care. The Approved Provider shall not proselytise (in areas including religion, belief and opinion) and shall take all reasonable precautions, measures and means to prevent proselytising by its care staff and/ or volunteers.

## **(2) ACCESS TO CARE**

6. Referrals. The Agency for Integrated Care (AIC) is the central co-ordinating body for the placement of clients to Intermediate-Long Term Care (ILTC) services. All clients receiving Government subsidies for home care services must be referred through AIC’s Integrated Referral Management System (“IRMS”). The Approved Provider shall raise a self-referral through IRMS for walk-in Subsidised Clients (i.e. cases not referred through AIC).
7. Admission criteria: The Approved Provider shall define its admission criteria in accordance with the eligibility criteria and service scope for home care services as laid out by the Authority. However, the Approved Provider may limit its admission criteria based on their geographic coverage zone.
8. The criteria shall be applied uniformly across all Clients referred to the Approved Provider. If the Approved Provider wishes to have additional admission criteria in place, prior approval from the Authority is to be sought.

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<sup>1</sup> An entity or organisation approved by Ministry of Health to provide step-down care in the form of home care services pursuant to the Medical and Elderly Care Endowment Schemes Act (Cap. 173A).

9. Clients shall not be discriminated based on their race, religion, language or gender. Clients shall also not be denied admission to home care services based on the medical conditions listed in Table 1, unless deemed by a medical practitioner registered with Singapore Medical Council (“SMC”) (“registered medical practitioner”), nurse registered with the Singapore Nursing Board (“SNB”) (“registered nurse”) or therapist registered with the Allied Health Professions Council (“AHPC”) (“registered therapist”) to not be able to benefit from home care services.

**Table 1: Admissions for Clients with Medical Conditions**

<ul style="list-style-type: none"> <li>• Multi-drug Resistant Organisms (“MDRO”) (Colonised)</li> <li>• Psychiatric/ Dementia diagnosis</li> <li>• Parkinson’s Disease</li> <li>• Cancer (with a prognosis of more than one year)</li> <li>• Human immunodeficiency virus (“HIV”) positive</li> <li>• Hepatitis</li> <li>• Nasogastric/ Gastrostomy Feeding</li> <li>• Urinary catheter/ Supra-pubic catheter care</li> <li>• Colostomy care</li> </ul>	Accept Clients with these conditions
Cardiac/ Respiratory conditions	Accept Clients with stable cardiac/ respiratory conditions
Pulmonary Tuberculosis (“PTB”)	Accept treated and existing PTB Clients who are not infectious

10. Eligibility Criteria: The subvention eligibility criteria for the home care services is at Table 2 below:

**Table 2: Eligibility Criteria for Home Care Services**

<b>Service</b>	<b>Eligibility Criteria</b>
Home Health – Home Medical	Home-bound seniors with chronic conditions or disabilities who require continuing or long-term medical care.
Home Health – Home Nursing	Home-bound seniors with chronic conditions or disabilities who require specific nursing care/ procedure(s) that can only be provided for by a trained nurse (i.e. a registered nurse or enrolled nurse).
Home Personal Care	Frail and/ or home-bound seniors or Persons with Disabilities (PwDs) who are assessed to require assistance in their Activities of Daily Living (“ADLs”) and/ or Instrumental Activities of Daily Living (“IADL”), subject to the Approved Provider’s assessment of the Client using the Shah Modified Barthel Index (“MBI”) assessment tool (See <u>Annex A</u> ).

<p>Home Therapy – Home Rehabilitation and Home-based Exercise Training</p>	<p>The Client must not receive the Home Rehabilitation and Home-based Exercise Training services concurrently.</p> <p>The Client must be assessed by a relevant AHPC-registered therapist(s), SMC-registered medical practitioner, or SNB-registered APN:</p> <p>For Home Rehabilitation and Home-based Exercise Training:</p> <ul style="list-style-type: none"> <li>• to be unsuitable or unable to receive rehabilitation services at Community Hospitals (“CHs”) or other centre-based rehabilitation facilities.</li> </ul> <p>For Home Rehabilitation:</p> <ul style="list-style-type: none"> <li>• to be suitable for rehabilitation; and</li> <li>• to benefit from home-based rehabilitation service.</li> </ul> <p>This assessment will be valid for six (6) months from the date it is made. A reassessment must be made if the Client needs the service beyond six (6) months.</p> <p>For Home-based Exercise Training:</p> <ul style="list-style-type: none"> <li>• to benefit from a maintenance exercise regime to prevent further functional decline.</li> </ul>
<p>Home Therapy – Home Environment Review</p>	<p>The Client must not currently be receiving Home Rehabilitation services.</p> <p>The Client must be receiving Home Medical, Home Nursing, Home-based Exercise Training or Home Personal Care services.</p>

11. Extensions: The Authority’s approval must be sought for funding extension beyond the number of visits stipulated in the subvention contract (or applicable circular) between the Approved Provider and the Authority.

12. Exclusion Criteria: Individuals with any violent, disruptive or fluctuating behaviours that cannot be reasonably managed may not be suitable for admission into home care services.

13. Acceptance<sup>2</sup>/ Rejection by Approved Provider. Within ten (10) working days for Home Medical services (or three (3) working days for all other services) from the day the Client is referred to the Approved Provider, the Approved Provider shall inform AIC of the outcome and expected admission date.

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<sup>2</sup> Acceptance refers to preliminary acceptance by the Approved Provider upon receiving the referral prior to initiating an actual home visit. It corresponds to the option of ‘Accept without Admission’ in the IRMS form.

14. Withdrawals by Client/ Client's caregivers: If the Client/ Client's caregiver withdraws the referral for home care services before admission, the Approved Provider shall inform AIC of the withdrawal and reason (if known) within three (3) working days after receiving the withdrawal request from the client/ client's caregiver.

15. Delays: If the Approved Provider is unable to meet the stipulated timeframes for acceptance/ rejection due to ongoing clarifications with the referral source, AIC and/ or the Client/ Client's caregiver, the Approved Provider shall document the reason for such delay and shall provide this to AIC as soon as possible.

16. A written service contract shall be entered into between the Approved Provider and the client/ client's caregiver, before the client commences the home care services. The Approved Provider shall ensure that it has explained the terms and conditions of the service contract to the client/ client's caregiver before he/she signs the service contract accepting the said terms and conditions, which shall include (but shall not be limited to):

- (i) Service hours;
- (ii) Expected frequency of services;
- (iii) Discharge criteria (so that the client/ client's caregivers understand that home care services may not continue indefinitely);
- (iv) Indemnity clauses (e.g. medical, medication indemnity);
- (v) Fees/ Charges and payment scheme (including the amount of Government subsidy);
- (vi) Emergency contact number of client's caregiver/ next-of-kin;
- (vii) Consent for sharing of data provided to the Approved Provider (e.g. personal data and medical data) with MOH, AIC and other Approved Providers for services that may benefit the Client/ Client's caregiver, service improvement, and continuity of care; and
- (viii) Feedback and complaint procedures

The service contract shall be deemed to have come into effect on the date that the contract is signed. The Approved Provider shall add an addendum to the service contract for any changes to the client's service type to document any revised terms, e.g. fees.

### **(3) DISCHARGE**

17. The client shall be discharged from home care services under any one of the following conditions:

- (i) Client has achieved his/ her care goals;
- (ii) Client no longer meets the eligibility criteria for home care services;
- (iii) Provision of services would put staff safety at risk;
- (iv) Client moves out of the Approved Provider's geographical coverage zone;
- (v) Client cannot be contacted despite repeated attempts;
- (vi) Voluntary withdrawal by the Client/ Client's caregiver from the Approved Provider's home care service; or
- (vii) Death of Client.

18. For discharges due to reasons (i) to (v) above, the Approved Provider shall inform the Client/ Client's caregiver of the reason(s) for discharge at least two (2) weeks prior to discharge or at the earliest opportunity if it is not possible to give advance notice of discharge. As appropriate, the Approved Provider shall provide education and training to clients and/ or caregivers to manage clients' care after discharge and/ or refer the client to alternative programmes based on their presenting care needs.

19. The Approved Provider shall ensure proper handover of relevant information relating to the Client's health and social conditions as well as recommendations for continuing care when the Client is discharged to another provider.

20. The Approved Provider shall inform MOH of all discharges of clients from home care services within one (1) month of discharge through the Intermediate and Long-Term Care Portal (ILTC Portal)<sup>3</sup>, including any subsequent versions of the claims submission system. This includes any transfer of a client to the Approved Provider's other programmes or services.

#### **(4) CARE DOCUMENTATION**

21. To ensure continuity and coordination of care, the relevant care staff should document individual case notes in an accurate, timely, sufficiently detailed and clear manner that:

- (i) Records the date and time of the documentation
- (ii) Records date of visit
- (iii) Clearly identifies the author of the documents including any amendments/ additions
- (iv) Ensures all components are completed when filling up forms (e.g. components not applicable to particular clients shall be indicated as "Not Applicable/ NA" instead of being left blank)

#### **(5) SAFE CARE**

22. The Approved Provider shall provide safe care to Clients and to protect them against adverse outcomes.

The Approved Provider shall ensure that there are Standard Operating Procedures (SOPs) in place to ensure the safety of clients, caregivers, staff, and to protect the clients against adverse outcomes. The SOPs shall be communicated to staff for adherence, and the SOPs should take reference from prevailing guidelines and advisories. The SOPs shall also include processes to guide the Approved Provider to monitor occurrences/ lapses in safety and take appropriate remedial action, including communicating to the caregiver should any client be harmed or at risk of harm, or had any atypical behaviour (e.g. fall, fever, uncharacteristically unresponsive).

23. The Approved Provider shall also have and adhere to Standard Operating Procedures (SOPs) or policies on the following:

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<sup>3</sup> The current website address is <https://iltcportal.aic.sg/UI/Login.aspx>

- (i) Prevention of Abuse and Neglect. The Approved Provider shall ensure that Clients are not subject to physical, emotional, psychological or sexual abuse, or neglect by staff, by establishing policies or procedures for the care and management teams to identify and investigate the signs and symptoms of abuse and neglect, and the follow up actions to be taken when they suspect a client is being abused or neglected.
- (ii) Infection Prevention and Control. The Approved Provider shall have policies to prevent cross-contamination of medical and surgical supplies, and to maintain the required standards of cleanliness and disinfection during service delivery.
- (iii) Falls and Injury Prevention. The Approved Provider shall identify and manage potential safety risks to prevent falls and injuries at the Client's home.
- (iv) Equipment Maintenance. All equipment used by the Approved Provider shall be regularly maintained as required to ensure that they are in a good state of repair at all times. The Approved Provider must ensure that the licensing requirements are fulfilled for therapeutic equipment/ appliances that require licensing.
- (v) Escalation Protocols to manage any unexpected circumstances during the course of administering care.
- (vi) Incident Management. The Approved Provider shall have an SOP to detect, review adverse events and address the root cause to prevent further occurrences, and promptly inform the client's caregiver/ next-of-kin.

24. The Approved Provider shall inform relevant authorities immediately of any significant incidents where clients or staff may be at harm or at risk of harm. The Approved Provider shall also inform AIC so that AIC may render the Approved Provider assistance as necessary. Examples of these incidents include (but are not limited to):

- Abuse/ alleged abuse (including sexual abuse)
- Unnatural deaths
- Mass resignations in the organisation
- Mishandling/ misappropriation of client funds
- Data breaches or malicious data-related activities

To ensure appropriate medication management and to prevent medication errors, the Approved Provider's SOP for medication management shall minimally include the following domains covered in clauses 25 to 31.

25. Medication Management. The Approved Provider shall only assist with, or administer a client's medication if:

- (i) The client is not self-directing;
- (ii) The client's caregiver is unavailable/ cannot be present to administer or assist with the medication;
- (iii) The medication is prescribed by an SMC-registered medical practitioner or is available off the counter;
- (iv) The medication is provided by the client and/ or caregiver, accompanied by clear written instructions from the client/ caregiver/ healthcare provider or institution;
- (v) It is carried out by care staff who are appropriately trained in the assistance/ administration of medication and in recognising and

- responding to medication-related incidents; and
- (vi) The client and/ or caregiver has completed and signed the medication indemnity form (refer to clause 16 on the service contract).

26. Administration of medication.

- (i) The designated staff shall check the medication record and apply the 5 “Rights” when administering medication, i.e. right person, right medication, right dose, right time, and right route to prevent medication errors.
- (ii) A written medication record shall also be maintained for the administration of medication in relation to each client who requires help with medications. The medication record shall be signed off by the designated staff as soon as the medication is administered to the client. The record shall include:
  - a) The name of the client;
  - b) The name(s) of the medication prescribed;
  - c) The dosage of medication prescribed;
  - d) The name of the person who administered the medication;
  - e) The time and date of administration of medication;
  - f) The route of medication; and
  - g) Drug allergies and/or adverse drug reactions, if any.

27. Assistance<sup>4</sup> with medication.

- (i) The care staff shall only assist with medications that have been pre-packed<sup>5</sup> by the client and/ or caregiver and/ or appropriate healthcare professional;
- (ii) The care staff shall refer to the accompanying written instructions from the client/ caregiver<sup>6</sup>/ healthcare provider or institution.
- (iii) The care staff shall ensure that the right medication pack is served to the client at the indicated time; and
- (iv) The date and time of assistance shall be documented in the client’s file as soon as the client is assisted.

28. If for any reason the client fails/ refuses to consume the medication, the Approved Provider shall document this in the client’s file, escalate where necessary, and notify the client/ caregiver.

29. Medication Reconciliation. Only a registered medical practitioner, a registered nurse, or a pharmacist may perform medication reconciliation.

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<sup>4</sup> Assistance with medication includes reminding and/ or prompting clients to take the medication and if necessary, helping to open medication containers and passing medication to clients, and observing clients while they administer their own medications.

<sup>5</sup> The care staff can also assist with medication that cannot be pre-packed, e.g. eye-drops, cough mixtures.

<sup>6</sup> If the instructions from the client/ caregiver deviate from the medical practitioner’s prescription or the Approved Provider’s SOPs on medication management, the Approved Provider should refer to their escalation protocols on managing deviations in SOPs.



30. Medication Packing. The Approved Provider shall have policies to assist the client in packing medication. Medication packing shall be done by a registered medical practitioner, a registered nurse/ enrolled nurse, a pharmacist, or a trained and competent care staff under the supervision of the above, in a manner that facilitates appropriate administration. This may be achieved by means of the following:

- (i) Referring to the client's most recent prescriptions or medication record when packing medication;
- (ii) Appropriately labelling the client's medication (e.g. name of medication being packed, day of week, time of day, time and frequency of dosage, etc.); and
- (iii) Instructing the client and/ or caregiver of the correct time, frequency and dosage of medications for medication compliance where applicable.

31. Adverse Drug Reactions (Applicable to Home Health services). The Approved Provider shall initiate appropriate client and caregiver education to manage any adverse reactions.

32. Nasogastric Tube Care and Feeding (Applicable to Home Health and Home Personal Care services). The Approved Provider shall:

- (i) Ensure that the NGT is appropriate for Client's needs, is properly inserted and monitored;
- (ii) Ensure that appropriate infection prevention and control measures are taken;
- (iii) Monitor the Client's feeding regimen and ensure that it is well tolerated by the Client;
- (iv) (Where the Client is suspected to be at risk of malnutrition) Initiate a referral to an appropriate professional for a comprehensive nutritional assessment; and
- (v) (In case of intolerance to NGT feeds or in any pharmaceutical incompatibilities) Consult a medical practitioner and/ or pharmacist, as appropriate.

## **(6) STAFFING AND QUALIFICATIONS**

33. The Approved Provider shall ensure that all staff providing care to the clients are trained in the skills necessary for performance of their respective role and duties. The necessary qualifications and recommended job credentials for various type of home care staff are at Annex B-1 and Annex B-2 for reference. All staff shall be familiar with the SOPs, where applicable to their job duties.

34. The Approved Provider shall ensure that:

- (i) Registered medical practitioners, registered nurses, enrolled nurses, and registered therapists shall have valid practising certificates and maintain their professional registration at all times;
- (ii) Support clinical and allied health care staff delivering direct care (i.e. senior care associates, nursing aides and equivalent), therapy aides etc. shall have valid Basic Cardiac Life Support ("BCLS") or cardiopulmonary resuscitation and automated external defibrillator ("CPR+AED") certification.

**(7) SERVICE SCOPE**

35. The scope of each of the home care services shall include, but is not limited to, the components listed in Table 3 below.

**Table 3: Components of Service Types**

<b>Service</b>	<b>Scope of Services</b>
Home Health – Home Medical	<ul style="list-style-type: none"> <li>• Conducting comprehensive care assessments;</li> <li>• Management of chronic medical conditions;</li> <li>• Management of uncomplicated acute or sub-acute medical conditions;</li> <li>• Referrals to specialists or healthcare providers in other disciplines, where appropriate;</li> <li>• Arranging for safe transfer for hospitalisation;</li> <li>• Prescription of appropriate acute and chronic medicines;</li> <li>• Educating the Client/ Client’s caregiver on the Client’s medical conditions and the management plan;</li> <li>• Performing minor medical procedures, e.g. simple wound debridement, intra-articular injections; and</li> <li>• Ordering and interpreting appropriate investigations.</li> </ul>
Home Health – Home Nursing	<ul style="list-style-type: none"> <li>• Post-surgical management, e.g. administration of injections, care of central venous line, tracheostomy or drainage tubes;</li> <li>• Wound management;</li> <li>• Maintenance/ changing of female urinary catheters and drainage tubes, as applicable;</li> <li>• Stoma care, e.g. colostomy and ileostomy care;</li> <li>• Monitoring of pain control;</li> <li>• Insertion of nasogastric tube (“NGT”) and tube feeding;</li> <li>• Assistance with bowel elimination, e.g. enema or manual evacuation;</li> <li>• Monitoring of the Client’s medical condition, e.g. blood pressure and blood sugar checks;</li> <li>• Providing caregiver education and training with regard to various aspects of care, e.g. prevention of falls, pressure sores, proper feeding techniques;</li> <li>• Advice on activities of daily living, e.g. nutrition counselling and education;</li> <li>• Monitoring of medication compliance; and</li> <li>• Administering, supervision and packing of medication.</li> </ul>

Home Personal Care	<p>The Approved Provider shall ensure that Home Personal Care services are minimally available from 8am to 8pm on weekdays (including eves of gazetted public holidays but excluding gazetted public holidays). However, where the eve of a gazetted public holiday falls on a weekday, the Approved Provider may provide half-day services for maximum of three out of five eves of the major public holidays (i.e. New Year, Chinese New Year, Hari Raya Puasa, Deepavali, Christmas). The <b><u>standard</u></b> scope of Home Personal Care services shall include:</p> <ul style="list-style-type: none"> <li>• Assistance with personal care tasks, and activities of daily living (“ADLs”) including: <ul style="list-style-type: none"> <li>○ Assisting with oral, nasogastric tube (“NGT”) or percutaneous endoscopic gastrostomy (“PEG”) tube feeding (i.e. tube feeding does <u>not</u> include NGT insertion);</li> <li>○ Bathing and/or assisted bathing for Clients who are too ill to bathe in the bathroom, or for bedridden/disabled Clients. This can include bed sponging for suitable client profiles;</li> <li>○ Brushing of teeth and cleaning of dentures;</li> <li>○ Changing of clothes, undergarments, continence aids and any soiled sheets;</li> <li>○ Cleaning of skin around the urinary catheter and draining bags;</li> <li>○ Lifting, transferring and positioning of Client;</li> <li>○ Simple hair trimming (i.e. to maintain hair length for tidiness, does <u>not</u> include changing hair style or shape) by staff who are trained in doing so; and</li> <li>○ Toileting and other elimination needs.</li> </ul> </li> <li>• Assistance with instrumental activities of daily living (“IADLs”), including: <ul style="list-style-type: none"> <li>○ Assisting in light housekeeping of client’s immediate space (e.g. sweeping floors of room that client resides in, and does <u>not</u> include family members’ rooms) and laundry (i.e. does not include hand washing and ironing, but may include use of laundromat within walking distance of client’s residence) if the Client/Client’s caregiver is unable to do so due to physical or cognitive disability;</li> <li>○ Assistance with medication<sup>1</sup>; and</li> <li>○ Simple errands (e.g. grocery shopping) that are limited to nearby areas (i.e. within walking distance of client’s residence)</li> </ul> </li> </ul> <p><sup>1</sup> Assistance with medication includes reminding and/ or prompting clients to take the medication and if necessary,</p>
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	<p>helping to open medication containers and passing medication to clients, and observing clients while they administer their own medications. It does not include medication packing or provision of advice on medication dosage.</p> <ul style="list-style-type: none"> <li>• Cognitive stimulation programmes. Activities shall as far as possible be meaningful and age appropriate. Choice of activities should also take into account the Client's interests.</li> <li>• Elder-sitting and respite, including companionship, and any other recreational and leisure activities within the home setting which are part of the Client's interests.</li> <li>• Performing simple maintenance exercises as prescribed by a registered physiotherapist, occupational therapist or speech therapist.</li> </ul> <p>Services beyond the standard scope shall be subject to mutual agreement between the provider and client/ client's caregiver.</p>
Home Therapy* – Home Rehabilitation	<p>A registered therapist and/ or a therapy aide shall visit the Client at home to provide rehabilitation services such as (but not limited to):</p> <ul style="list-style-type: none"> <li>• Community integration activities;</li> <li>• Functional mobility training and gait training;</li> <li>• Active and passive exercises to improve or restore range of motion, physical strength, flexibility, co-ordination, balance and endurance;</li> <li>• Advice on the use of assistive ambulatory devices, orthosis, prosthesis or assistive/ adaptive devices to maintain or improve ADL performances;</li> <li>• Co-ordination and dexterity activities;</li> <li>• Pre-vocational and vocational training;</li> <li>• Advice on occupational ergonomics;</li> <li>• Home assessment and recommendations on home modification</li> <li>• Intervention addressing cognition, perception and psychosocial status;</li> <li>• Caregiver training and client education; and</li> <li>• Wheelchair and seating assessment</li> </ul>

Home Therapy* - Home-based Exercise Training	A registered therapist shall visit the client at home to design and review maintenance exercises for the Client and train the Client's caregiver (or paid helper who regularly looks after the Client at home) to perform these exercises on the Client on a regular basis.
Home Therapy – Home Environment Review	A registered therapist shall conduct an assessment of the Client's home to identify preventable hazards that could cause falls or injuries and recommend modifications to maximise the Client's ability for independent living. The Approved Provider shall also assist the Client to apply for government assistance schemes, such as HDB's Enhancement for Active Seniors (EASE) funding for the home modifications.

*\*The Approved Provider must be able to provide physio- and occupational therapy services. Speech therapy is an optional service.*

## **(8) CARE ASSESSMENT, PLANNING AND REVIEW**

36. The Approved Provider shall complete a comprehensive initial care assessment of the Client and formulate an appropriate Individualised Care Plan (ICP) within one month (or two weeks for Home Therapy) of the admission date<sup>7</sup>. The Approved Provider shall also take into account additional information provided by AIC, or the referral source in formulating the care plan for the Client.

37. The initial care assessment shall minimally cover:

- (i) Primary medical diagnoses and other secondary medical conditions, previous surgical and hospitalisation history;
- (ii) Basic assessment of functional and cognitive impairments, mood and behaviour;
- (iii) Vital signs: temperature, blood pressure, pulse rate, respiratory rate (if necessary) and random blood glucose (if diagnosed or suspected to be diabetic);
- (iv) Nutritional status, dietary requirements and mode of feeding (where applicable);
- (v) Continence status – bladder and bowel;
- (vi) Areas where the Client is experiencing pain (where applicable); and
- (vii) The client's identified care needs.

38. The ICP shall minimally include:

- (i) Specific intervention plans with respect to the client's needs and goals, including the preferences and views of the client/ caregiver and existing care plans where possible;
- (ii) Referrals to other services/ healthcare providers where necessary; and
- (iii) (for Home Therapy – Home Rehabilitation) Discharge and transition plans.

<sup>7</sup> The admission date shall be taken as the date when the option of 'Admit by SP' is selected in the Integrated Referral Management System (IRMS) system. The Approved Provider shall document the reasons should there be any deviations from the stipulated timeline.

39. ICPs shall be reviewed by relevant care staff at least once every six (6) months or whenever there is a change in a client’s condition, whichever is earlier, to address possible changes in care needs and realign goals and intervention plans accordingly.

40. The Approved Provider shall administer the Modified Barthel Index (“MBI”) form (Annex A) for all Home Therapy and Home Personal Care Clients at the initial assessment, at all episodes of reassessment and at the time of discharge from service. The Approved Provider shall enter this score to the ILTC portal at least six (6) monthly.

41. The Approved Provider shall ensure that the Client’s care assessment and planning of the Client is conducted by or supervised by the appropriate professional in the Client’s care team. See Table 4 for list of acceptable professionals for each of the services.

**Table 4**

	Registered medical practitioner	Registered nurse*	Registered therapist
Home Health – Home Medical and Home Nursing	√	√	
Home Personal Care	√	√	√
Home Therapy	√	√	√

\*Can be an enrolled nurse in line with the Institution’s protocols

**(9) REPORTING AND AUDITS**

42. Submission of Data on Performance and Service Indicators. The Approved Provider shall report indicators related to the availability of services for all subvented services, in a manner that is advised by AIC.

43. The Authority shall have the authority to conduct, or have an external organisation conduct, client and caregiver satisfaction surveys.

44. The Approved Provider shall submit any other information as and when required by the Authority in accordance with the stipulated format, manner of submission and timeline. The required information shall include both subsidised and non-subsidised clients referred via IRMS. The Authority shall provide not less than fourteen (14) days’ written notice of the information required to the Approved Provider.

45. Service Audits. The Authority will conduct service audits to evaluate the care and services provided by the Approved Provider. MOH reserves the right to conduct ad-hoc spot checks.

46. Where lapses are identified by MOH, Approved Providers shall rectify the lapses in an appropriate and satisfactory manner and within a stipulated time frame as

determined by MOH (which is usually not beyond two weeks). MOH reserves the right to impose penalties based on the severity of the lapses and timeliness of the rectifications and shall provide the Approved Provider with at least fourteen days (14) written notice.

**ANNEX A**

**MODIFIED BARTHEL INDEX**  
(SHAH, VANCLAY & COOPER, 1989)

Name of Client: \_\_\_\_\_

<b>FUNCTIONAL ITEM DESCRIPTION</b>	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>REMARKS</b>
<b>FEEDING</b>				
Dependent in all aspects and needs to be fed	0	0	0	
Can manipulate an eating device, usually a spoon, but someone must provide active assistance during the meal	2	2	2	
Able to feed self with supervision. Assistance is required with associated tasks such as putting milk/ sugar to drink, salt, pepper, spreading butter, turning a plate or other "set up" activities	5	5	5	

Independence in feeding with prepared tray except with cutting meat, opening drink carton, jar lid etc. Presence of another person is not required	8	8	8	
The person can feed self from a tray or table when food is within reach. The person must put on an assistance device if needed, cut the food, and use salt and pepper, spread butter etc. if desired	10	10	10	
<b>PERSONAL HYGIENE (GROOMING)</b>				
Unable to attend to personal hygiene and is dependent in all aspects	0	0	0	
Asst. is required in all aspects of personal hygiene, but able to make some contributions.	1	1	1	
Some assistance is required in one or more steps of personal hygiene	3	3	3	
The person is able to conduct personal hygiene but requires min. asst. before and/ or after the operation.	4	4	4	
The person can wash own hands and face, comb hair, clean teeth & shave. Males must be able to use any kind of razor but must insert the blade or plug in the razor without asst. as well as retrieve it from the drawer/ cabinet. Females must apply own makeup but need not braid or style her hair.	5	5	5	
<b>DRESSING</b>				
The person is dependent in all aspects if dressing and is unable to participate in the activity	0	0	0	
The person is able to participate to some degree, but is dependent in all aspects of dressing	2	2	2	
Assistance is needed in putting on, and/ or removing any clothing	5	5	5	
Min. asst. is required with fastening clothing e.g. buttons, zips, bra, shoes, etc	8	8	8	
The person is able to put on, remove and fasten clothing, tie shoelaces or put on, fasten, remove corset/ braces, as prescribed.	10	10	10	
<b>BATHING</b>				
Total dependence in bathing self	0	0	0	
Asst. is required on all aspects of bathing, but the person is able to make some contribution.	1	1	1	



Asst. is required with either transfer to shower/ bath or with washing or drying, including inability to complete a task because of condition or disease etc.	3	3	3	
Supervision is required for safety in adjusting water temperature, or in the transfer.	4	4	4	
The person may use a bathtub, a shower, or take a complete sponge bath as well as to do all steps of whichever method is employed without another person present	5	5	5	
<b>BOWEL CONTROL</b>				
The person is bowel incontinent.	0	0	0	
The person needs help to assume appropriate position and with bowel movement facilitatory techniques.	2	2	2	
The person can assume appropriate position but cannot use facilitatory techniques or clean self without asst. and has frequent accidents.	5	5	5	
The person may require supervision with the use of suppository or enema and has occasional accidents.	8	8	8	
The person can control bowels and has no problem. Can use suppository or take an enema when necessary.	10	10	10	
<b>BLADDER CONTROL</b>				
Dependent in bladder management, is incontinent, or has indwelling catheter.	0	0	0	
The person is incontinent but is able to assist with the application of an internal or external device.	2	2	2	
The person is generally dry by day, but not by night, and needs asst. with the devices.	5	5	5	
The person is generally dry by day and night but may have an occasional accident or needs minimal assistance with internal or external devices.	8	8	8	
The person is able to control bladder by day and night and or is independent with internal or external devices.	10	10	10	
<b>TOILET TRANSFER</b>				
Fully dependent in toileting	0	0	0	
Assistance is required in all aspects of toileting	2	2	2	
Asst. is required in management of clothing, transferring or washing hands.	5	5	5	

Supervision may be required for safety with normal toilet. A commode may be used at night, but assistance is required for emptying and cleaning.	8	8	8	
Able to get on and off toilet independently.	10	10	10	
<b>CHAIR/ BED TRANSFER</b>				
Unable to participate in transfer, 2 attendants required to transfer the person with/ without a mechanical device	0	0	0	
Able to participate but max assistance of an attendant is required in all aspects of the transfer	3	3	3	
Requires another person. The assistance may be in any aspects of the transfer.	8	8	8	
An attendant is required, either as a confidence measure or to provide supervision of safety.	12	12	12	
Independent	15	15	15	
<b>AMBULATION</b>				
Dependent in ambulation	0	0	0	
Constant presence of one or more assist is required during ambulation.	3	3	3	
Assistance is required with reaching aids and/ or their manipulation. One person is required to offer assistance.	8	8	8	
Person is independent in ambulation but unable to walk 50m without help, or supervision is needed for confidence or safety in hazardous situations.	12	12	12	
The person must be able to wear braces/ prosthesis, lock and unlock it, assume standing, sit down, and place the necessary aids into position for use. The person must be able to use walking aids and walk 50m without asst.	15	15	15	
<b>AMBULATION – WHEELCHAIR</b> If unable to walk, use this item only if person is rated “0” for AMBULATION & then only if person has been trained in wheelchair management				
Dependent in wheelchair ambulation.	0	0	0	
Able to propel self over short distances on flat surface but asst. is required for all other areas of wheelchair manoeuvring.	1	1	1	
Presence of one person is necessary and constant asst. is required to position the wheelchair to table, bed, etc.	3	3	3	

The person can propel self for a reasonable duration over regularly encountered terrain, minimal asst. may still be required in "tight corners"	4	4	4	
The person is independent if able to propel self at least 50 m, go around corners, turn around and manoeuvre the wheelchair to a table, bed, toilet, etc.	5	5	5	
<b>STAIR CLIMBING</b>				
The person is unable to climb stairs	0	0	0	
Assistance is required in all aspects of stair climbing	2	2	2	
The person is unable to ascend/ descend but is unable to carry walking aids and needs supervision and assistance	5	5	5	
Generally, no assistance is required. At times supervision is required for safety due to morning stiffness, shortness of breath, etc.	8	8	8	
The person is able to use handrails, cane or crutches when needed and is able to carry these devices while ascending or descending.	10	10	10	
<b>Total SCORE</b>				
<b>Assessment Schedule:</b>				
1 <sup>st</sup> assessment: Within two (2) weeks of acceptance (Home Therapy)/ one (1) month of acceptance (Home Personal Care)				
Reassessment: Six (6) monthly and as and when required if the Client's condition deteriorates				
Total Dependency = 0-24    Severe Dependency = 25-49    Moderate Dependency = 50-74 Mild Dependency = 75-90    Minimal Dependency = 91-99    Independent = 100				

	1 <sup>st</sup> assessment	2 <sup>nd</sup> assessment	3 <sup>rd</sup> assessment
Name & Signature of Assessor			
Designation of Assessor			
Date of Review			
Name of the Approved Provider			

**ANNEX B-1**

**QUALIFICATIONS AND CREDENTIALS FOR HOME CARE STAFF**

*Mandatory Qualifications*

<b>Home Health (Home Medical &amp; Home Nursing)</b>	
Medical practitioners	Medical practitioners shall be registered with the SMC, in accordance with the Medical Registration Act (Cap. 174).
Nursing staff	Registered nurses shall be registered with SNB, in accordance to the Nurses and Midwives Act (Cap. 209)
	Enrolled nurses shall be enrolled with SNB, in accordance to the Nurses and Midwives Act (Cap. 209)
<b>Home Personal Care</b>	

Nurse manager/ supervisor	Nurses shall be registered with SNB, in accordance to the Nurses and Midwives Act (Cap. 209).
Enrolled nurses	Enrolled nurses shall be enrolled with SNB, in accordance to the Nurses and Midwives Act (Cap. 209)
Direct care staff	Depending on the care tasks assigned to, direct care staff shall minimally have the qualifications as stated in <u>Annex B-2</u> .  The registered nurse in charge will remain responsible for care services delivered by the care staff.
Therapists	Therapists shall be registered with the Singapore AHPC, in accordance with the Allied Health Professions Act (Cap. 6B).
<b>Home Therapy</b>	
Therapists	Therapists shall be registered with the Singapore AHPC, in accordance with the Allied Health Professions Act (Cap. 6B).

*Recommended training and competencies*

<b>General Staff</b>	
Care Coordinators	Care coordinators are recommended to be trained in community care management.
Social worker	Social workers should have training or experience in medical social work.
Dementia care staff	Care staff involved in the provision of care to Clients with dementia shall be adequately trained in dementia care according to organisation's scope
<b>Home Therapy</b>	
Home Therapy Care Staff/ Therapy aides	Therapy aides should be adequately trained to deliver care in accordance with professional care standards.  The registered therapist in charge will remain responsible for therapy services delivered by the therapy aide.

## JOB SCOPE OF DIFFERENT GRADES OF CARE STAFF

Duties and Responsibilities	Qualifications
<p><u>Senior Nursing Aide/ Nursing Aide</u></p> <ol style="list-style-type: none"> <li>a. Complies with approved standards of nursing practices;</li> <li>b. Participates in activities to improve quality of care</li> <li>c. Attends to needs of clients. Ensures safety, comfort and well-being of clients and reports client's needs to the nurse;</li> <li>d. Checks, monitors and records clients' vital signs such as temperature, pulse, respirations and blood pressure;</li> <li>e. Ensures the comfort and good personal hygiene of the client, e.g. bed bath/ shower bath, changing of clothes and bed sheets, keeping them clean and dry;</li> <li>f. Assists in the transfer and positioning of non-ambulant clients;</li> <li>g. Assists in conduct of exercise for clients;</li> <li>h. Assist in medication administration;</li> <li>i. Assist in feeding clients;</li> <li>j. Maintains documentation of care given;</li> <li>k. Assist in nursing care, e.g. caring for patients with urinary catheter;</li> <li>l. Accompanies clients to hospital/ polyclinic for follow-up appointments;</li> <li>m. Alerts nurses to emergency situations. Where necessary, take first responder actions to mitigate emergency;</li> <li>n. Maintains a safe and clean home environment for client if client and/ or client's caregiver is unable to do so.</li> </ol>	<p><u>Locals</u></p> <ul style="list-style-type: none"> <li>• GCE N Level</li> <li>• Attained training in either one of the following courses: <ul style="list-style-type: none"> <li>- WSQ Higher Certificate/ Advanced Certificate in Healthcare Support (Nursing Care)</li> <li>- ITE Approved Training Centre Healthcare (Home Care) programme</li> </ul> </li> </ul> <p><u>Foreign</u></p> <ul style="list-style-type: none"> <li>• Diploma in nursing</li> </ul>
<p><u>Senior Healthcare Assistant/ Healthcare Assistant (HCA)</u></p> <ol style="list-style-type: none"> <li>a. Complies with approved standards of nursing practices;</li> <li>b. Participates in activities to improve quality of care;</li> <li>c. Attends to needs of clients. Ensures safety, comfort and well-being of clients and reports client's needs to the nurse;</li> <li>d. Checks, monitors and records clients' vital signs such as temperature, pulse, respirations and blood pressure;</li> <li>e. Ensures the comfort and good personal hygiene of the client, e.g. bed bath/ shower bath, changing of</li> </ol>	<p><u>Locals</u></p> <ul style="list-style-type: none"> <li>• GCE N Level</li> <li>• Attained training in either one of the following courses: <ul style="list-style-type: none"> <li>- WSQ Higher Certificate/ Advanced Certificate in Healthcare Support (Nursing Care)</li> <li>- ITE Approved Training Centre</li> </ul> </li> </ul>

<p>clothes and bed sheets, keeping them clean and dry;</p> <p>f. Assists in the transfer and positioning of non-ambulant clients;</p> <p>g. Assists in conduct of exercise for clients;</p> <p>h. Assist in medication administration;</p> <p>i. Assist in feeding clients;</p> <p>j. Maintains documentation of care given;</p> <p>k. Assist in nursing care, e.g. caring for patients with urinary catheter;</p> <p>l. Accompanies clients to hospital/ polyclinic for follow-up appointments;</p> <p>m. Alerts nurses to emergency situations;</p> <p>n. Maintains a safe and clean home environment for client if client and/ or client's caregiver is unable to do so.</p>	<p>Healthcare (Home Care) programme</p> <p><u>Foreign</u></p> <ul style="list-style-type: none"> <li>• Basic Nursing Aide Certificate (3 – 6 months) from home country</li> </ul> <p>Service provider to provide additional training and orientation.</p>
<p><u>Senior Health Attendant/ Health Attendant (HA)</u></p> <p>a. Assist in oral feeding, e.g. full or soft diets, to clients with swallowing disorders;</p> <p>b. Assist in activities of daily living (ADL) of clients;</p> <p>c. Assist to keep clients clean and dry;</p> <p>d. Performs general housekeeping to maintain cleanliness of clients' homes if client and/ or client's caregiver is unable to do so;</p> <p>e. Maintains cleanliness and tidiness of client's environment if client and/ or client's caregiver is unable to do so.</p>	<p><u>Local</u></p> <ul style="list-style-type: none"> <li>• Primary/ secondary school education</li> </ul> <p><u>Foreign</u></p> <ul style="list-style-type: none"> <li>• Basic Nursing Aide Certificate (3 – 6 months) from home country</li> </ul> <p>Service provider to provide additional training and orientation.</p>