



**Home Support
Services**

**Services for Older People
Authorisation Scheme
Standard Operating Procedure**

Home Support Reform Programme

The Department of Health is currently progressing a regulatory framework and licencing system for Home Support Providers. All Providers of Home Support will be required to be compliant with this legal framework and have a licence to provide Home Support Services (HSS) from the date of enactment/commencement.

All Home Care/Home Support Service Providers will be subject to compliance with any relevant Legislation enacted and associated Regulations/Standards. Changes to the provision of HSS and associated funding provided may result from the implementation of any new policy and/or Legislation as may be decided by the Department of Health and Government generally. Consequently, the Services for Older People Home Support Authorisation Scheme (AS) Service Arrangements are subject to any superseding Legislation and/or Regulation that may impact on HSS in Ireland, (save where the Service Arrangements imposes a higher standard, obligation or minimum terms on the Provider, and in such case that higher standard obligation or minimum terms set out in the Arrangement will continue to apply), even where this arises in the course of the duration of the Service Arrangements.

A programme of work is underway for the design and development of a Statutory Home Support Scheme and Regulation, with the Department of Health leading out on the detailed process to determine the future model of service delivery in Ireland to reform how HSS are provided to adults aged over-18. HIQA are also developing for publication the National Standards for Home Support Services. In tandem, and as part of its 'Reform of Home Support Services and Establishment of Statutory Home Support Scheme Programme', the HSE is in the process of developing a future model of HSS delivery to adults aged over-18. This new operating model will see all HSE HSS amalgamate under a single, standardised national system. Accordingly, any procedures relating to HSS may be amended, or added to, over time.

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Introduction

This Standard Operating Procedure (SOP) is for use in relation to the operation of Contracts awarded to Providers successfully appointed to the Services for Older People Home Support Authorisation Scheme (AS). Any references made to tender documents and/or process (es) in this document may be interpreted as also referring to the AS documents and/or process (es).

The SOP is to be followed in the implementation of Service Arrangements (SAs), and has regard to the Services for Older People Home Support Authorisation Scheme Service Specifications, the Invitation(s) to Participate, AS documentation, as well as the clarifications issued to all interested Providers during AS 2023 and 2024 processes.

The HSE has implemented an AS for the supply of Home Support Service (HSS). Under the AS system the Rates for HSS are fixed for all Approved Providers. The choice of Approved Provider will be made by the Service User. Such a system will be more patient-centred and less onerous administratively. The AS also allows for the introduction of new Approved Providers who meet the minimum qualifications/service specifications during the lifetime of the AS.

Approved Providers appointed to the AS have indicated the geographic Lots (Integrated Healthcare Areas (IHAs)) within which they will deliver Services in. The list of Approved Providers will be issued as separate documents to each IHA and available on the HSE website. This list will include the names of individual members of Consortia, where applicable.

Approved Providers under these Arrangements are to be utilised for all Service Users approved under the Home Support AS from the date of commencement of the Service Arrangements where the Service cannot be provided by HSE directly employed staff.

The SOP is set out in three Sections. All staff responsible for HSS must read and understand their responsibilities relating to all three Sections.

- **Section One:** Operational Procedures for the service with reference to the Authorisation Scheme Service Arrangements and National Guidelines & Procedures for the Standardised Implementation of the Home Support Service.
- **Section Two:** Management and Monitoring of Service Arrangements (SAs). This is particularly relevant to managers and senior staff.
- **Section Three:** Sets out the administration and data collection required in order to have oversight of the implementation of the SAs with Approved Providers and to provide data for analysis in the context of the overall Arrangements.

Reference to “Home Support Manager” in this document is to encompass all staff responsible for the HSS, regardless of their actual title or grade. Where Home Support Manager is referred to, this will also include their nominated staff.

Section One

Operational Procedures

Section One should be used in conjunction with the National Guidelines & Procedures for the Standardised Implementation of the Home Support Service (HSS Guidelines 2018)

Topics Covered

- 1.1 Service User Application and Determination
- 1.2 Procedures for Allocation of all New Home Support Service (HSS) to Approved Providers
- 1.3 Operation of Arrangements
- 1.4 Thirty Minute Calls
- 1.5 Getting the HSS Started
- 1.6 Payments to Approved Providers
- 1.7 Withdrawal of Service
- 1.8 Change of Carer
- 1.9 Confirmation Service has been delivered to Service User
- 1.10 Service User Monitoring & Review and Complaints
- 1.11 Use of HSE Logo by Approved Providers

1.1 Service User Application and Determination

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

Home Support Authorisation Scheme (AS)

The HSE, on behalf of Services for Older People, established a Home Support AS on the 14th of August, 2023 with an initial term of 24 months. Under the terms of the AS there is an option to extend the AS for further periods and for the Scheme to remain open-ended on an ongoing basis. Providers successfully appointed to the AS are required to execute a Services for Older People Home Support AS Part 1 Service Arrangement and a Services for Older People Home Support AS Part 2 Healthcare Provider Specific Requirements (HPSR).

HSS Service under the AS incorporates;

1. Services previously tendered as Enhanced Homecare Services.
2. Traditional Home Help Services which have been part of the single funded HSS since 1st January 2018.
3. HSS provided through Complex Home Support (formerly known as Intensive Home Care Package (IHCP)) funded arrangements.
4. Consumer Directed HSS.

This SOP will apply to any new Service Users receiving a HSS allocated from the commencement of the new Service Arrangement where HSE directly employed staff are not available to deliver the Service. The SOP also applies to existing services delivered under the Home Support AS

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

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

1.2 Procedures for Allocation of all New HSS to Approved Providers

In the first instance, when putting a new HSS in place, the capacity of the HSE within its own directly employed staff should be used where available. Only in situations where there is insufficient capacity within the HSE service to meet the needs of Service Users, should external

Providers be used. In this scenario, only Providers on the Services for Older People Home Support AS Approved Provider list relative to the Service Arrangements duration are to be utilised

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

Each new HSS allocated to an Approved Provider will incorporate any home support hours delivered by grant funded Providers. The HSE will advise the Service User that their existing grant funded service will become part of the new HSS and the entire service will be delivered by the Approved Provider of the Service User's choice. (Ref: Standard Letter in the HSS Guidelines)

In relation to each individual new Service User, a notification will issue to the grant funded Provider setting out;

- The date the existing grant funded service delivery arrangement will cease.
- That funding for these hours will cease from that date and therefore cannot be re-allocated to a new Service User.
- That the SA with the grant funded Provider will be adjusted accordingly (See 1.2.2 below and Standard Letter Appendix 2).

1.2.2 Adjustment of Grant Funding

No Approved Provider shall use grant funding to discharge the cost of services performed under the SAs applicable to the AS. In the case of a Provider currently in receipt of Grant Funding, it is intended that the Grant funding shall be reduced by the amounts invoiced by the Provider for any service delivered under the AS Service Arrangements.

Example:

An Approved Provider is delivering five (5) HSS hours from grant funding, and from a given date will also deliver ten (10) additional home support hours by virtue of being an Approved Provider, then all fifteen (15) hours performed by that Approved Provider for that individual Service User (in respect of both grant funded Home Support and additional Home Support hours) will be paid for on an invoiced basis at the Authorisation Rate. Grant funding for the relevant Services will, in this case, be reduced based on the five (5) HSS hours.

- Where an existing HSS Service User receiving services funded through grant funded arrangements is approved for additional HSS, both the existing service and the additional HSS must be provided by an Approved Provider.
- If the existing Provider is a grant funded Provider and is an AS Approved Provider and is chosen by the Service User/allocated the service, the grant funding for that Provider will be reduced.
- If the existing Provider is a grant funded Provider and is not allocated the service (not chosen/not allocated the Service/not an Approved Provider) then the grant funding is reduced having regard to the existing hours & the grant funding rate per hour that applies to that grant aided Provider.

- If the Service User insists, they can stay with an existing grant funded Provider but can do so only for existing hours (i.e. hours in place on commencement date of the SAs) in which case the grant funding will not be impacted until Service User ceases or alternative arrangements are made.
- When a grant funded Service Users' service ceases, the grant funding will be reduced having regard to the existing hours and the grant funding rate per hour that applies to that grant aided Provider.
- Grant funding for the relevant services, will be reduced in each case from grant funding pro-rata in the year the arrangement is being adjusted, and full year cost in subsequent years. Appendix 3(a) sets out a number of examples.
- Copies of correspondence and related documentation to be retained by the HSS Manager to confirm that the process was followed.
- Each IHA will record all of the relevant data in the required format to ensure existing arrangements are ceased and the associated funding becomes available to support the HSS (See Appendix 3(b)).

1.2.3 Approved Provider to deliver entire HSS

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

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

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

1.3 Operation of Arrangements

The process for the award of HSS under the AS will be as follows:

- 1.3.1** The HSE assesses and approves hours (or monetary value and indicative hours for Consumer Directed Home Support (CDHS)), service requirements, etc., having regard to Service User's assessed need and available resources in the area.
- 1.3.2.** The HSE will provide a list of Approved Providers to the Service User and the Service User selects their preferred Provider(s) (Appendix 4(a) – Information on Choosing a Home Support Approved Provider and Service User Choice Form). The list of Approved Providers is presented in random order.

- 1.3.3** Where CDHS approach is approved, the Service User will contact their chosen Provider from the list of Approved Providers to arrange services in line with CDHS approach determined by the HSE.
- 1.3.4** Where CDHS approach is not applicable, the following approach will apply:
- a) If the Service User has chosen a specific Approved Provider, an email will issue to that Approved Provider and provided that Approved Provider responds within the timeframe contained in the email, with a named home support staff member that Approved Provider shall be awarded the services required by the Service User.
 - b) If the Service User chooses more than one Approved Provider, then an email will issue to all of those Approved Providers identified by the Service User. The first Approved Provider to respond to the email within the HSE timeline, confirming it is in a position to provide the services, and identifying a named home support staff member, shall be awarded the contract for services to the Service User.
 - c) If the Service User has not chosen an Approved Provider or the Service User's selected Provider cannot deliver the service, then the HSE will email all Approved Providers, and provided that an Approved Provider responds within the timeframe contained in the email, with a named home support staff member, that Approved Provider shall be awarded the contract for service to the Service User. Such Approved Provider shall be paid based on the AS Rate applicable to the SA.
- 1.3.5** If the above process does not fulfil the requirement, the HSE will reserve the right to examine what alternative options are available to deliver the support required by the Service User including clustering of Service Users in geographical areas. An approach to clustering will be developed if and when required.

Important

The 2025 Authorisation Scheme Rates should not be exceeded in any circumstances.

Important

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

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

1.3.7 Acceptance of HSE offers of work must include a named home support staff member. If a change is required following finalisation of the Home Support Care Plan, this can be accommodated.

1.3.8 HSE Staff must always presume the relevant person has decision making capacity. Where a person's decision-making capacity is in question, all HSE staff must act in accordance with the Guiding Principles of the Assisted Decision-Making (Capacity) Act 2015. Any action taken must be taken in a manner that:

- Minimises the restriction of the person's rights and freedom of action.
- Has regard to the need to respect the rights of the person to their dignity, bodily integrity, privacy, autonomy, and control over their financial affairs and property.
- Be proportionate to the significance and urgency of the situation.
- Be as limited in duration as is possible in the circumstances.
- Permit, encourage and facilitate the person to participate in the decision.
- Give effect, in so far as practicable, to the past and present will and preferences of the person, if these are reasonably ascertainable.
- Take into account the beliefs and values of the person.
- Take into account any other factors which the person likely wants considered, unless not appropriate or practicable consider the views of those named by the person to be consulted and any decision supporters.
- Act always in good faith and for the benefit of the person.

1.3.9 The IHA is to decide the most efficient point at which the Service User should be asked to express choice but it is recommended that this should be at the time of application. The full list of Approved Providers is published on the HSE website for the public to view.

1.3.10 The Service User will be advised that where the total allocation of the HSS cannot be delivered by HSE employed staff, those hours that cannot be delivered by HSE staff will be offered to the Service User's choice of Approved Provider.

1.3.11 A request by an existing HSS Service User to change Providers is to be dealt with in line with the Service User choice procedures and utilising the AS Approved Provider list.

1.4 Thirty Minute Calls

The use of 30 minute calls for Service Users will be managed as follows:

- 30 minute calls may only be allocated where it represents an appropriate input to meet the Service User's assessed needs.
- The IHA may limit, as appropriate, the extent of 30 minute calls being approved for HSS.
- Each IHA must have a system in place to monitor the allocation of 30 minute calls to enable HSS managers to have full information on uptake of 30 minute calls. IHA's

to monitor this activity and record the % allocation per individual Provider in the IHA. Calculation is as follows:-

- **Denominator:** Number of Service Users who are in receipt of Home Support on last day of reporting period
- **Numerator:** Number of Home Support Service Users who are in receipt of 30 minute calls on last day of reporting period
- **Calculation:** Numerator/Denominator x 100

(See Appendix 9)

1.5 Getting the HSS Started

Once the HSS is organised, the HSS manager will;

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

1.6 Payments to Approved Providers

HSS, provided by Approved Providers, will be paid for by the HSE on an invoiced basis having regard to the hourly/30 minute Services for Older People Home Support AS Rates i.e. the Rates as set out in Section 2 – Funding Particulars of the HPSR

From the commencement of the AS SA the Rates apply to:-

- New HSS for approved Service Users
- Existing Service Users in receipt of HSS delivered by Approved Providers under the AS
- Additional hours approved for existing Service Users delivered by Approved Providers

Existing Home Support Service Users in receipt of a service from a Provider who is not authorised to deliver services under the AS may continue to receive the service from the existing Provider at the rates agreed for this particular service. Note the aforesaid Rates are not to exceed the Authorisation Scheme Rates.

RED level Severe Weather Warning (Red Weather Event)

In the event of a Red Level Severe Weather Warning being issued by the National Emergency Co-ordination Centre/National Office of Emergency Planning and, in accordance with the activation of the HSE's Adverse Weather Policy at the following <https://www2.healthservice.hse.ie/organisation/national-pppgs/red-weather-event-policy>, due consideration will be given to the payment of calls arising from a Red Weather Warning and communicated accordingly to the Approved Providers appointed to the Home Support AS.

Consumer Directed Home Support

The hourly Rate for allocation of weekly monetary value to CDHS approved hours is the Monday to Saturday AS core hourly Rate relative to the SAs as and from the commencement date of the SAs. In relation to new CDHS Service Users, the HSE will be invoiced by the Provider showing the number of hours delivered as certified by the Service User, the AS Rate and the total amount being billed for the billing period. Providers may charge less than the AS Rate but may not charge more. The maximum payable in all cases will be the amount approved in each case by the HSE.

In respect of existing CDHS Service Users, the AS core hourly Rate will apply from the commencement date of the SA where services are being delivered by an Approved Provider. If an existing Service User is approved for additional hours, which are delivered by an Approved Provider, the additional hours will be paid at the core hourly Monday to Saturday Rate.

Existing CDHS Service Users in receipt of a service from a Provider who is not authorised to deliver services under the AS, may continue to receive the service from the existing Provider at the Rates set out in those previous Arrangements. Note the Rates should not exceed the Authorisation Scheme Rates.

Payment Terms

All relevant remuneration, PAYE and PRSI deductions, insurances and payment of all statutory contributions in respect of earnings are payable by the Approved Provider on behalf of their staff. The Provider must honour the Authorisation Rates for the duration of the SA, with the exception of any legally binding adjustments in statutory payments.

(Any such adjustments that may arise & be approved will be notified to the IHAs by the Services for Older People National Office, Access & Integration)

No additional charges for premia / overtime will be allowed.

No premium will be paid for “personal or perceived higher skilled tasks”. Carers* must be capable of providing generic type home support and personal support at the required standards.

The HSE will not pay any additional fees outside of the Rates, with the exception of any travel payments that may be agreed (in advance of service delivery) on an individual basis.

*The word *Carer* in this context refers to the home support staff member

30 Minute Calls

For call outs, the 30 minute fixed rate will apply. Anything over 30 minutes will be rounded up to the nearest half hour or hour, in which case the hourly rate will apply. Any visits over an hour will be rounded up to the nearest half an hour, and charged on a pro rata basis to the hourly rate.

In the event that a Service User requires the assistance of two or more home support staff members for a 30 minute call (Double-Up Call), those calls will be paid at the 30 minute Rate, in respect of the number of care staff present for that call.

If a further 30 minute call is required after the commencement date of the new SA's, on a different day or requiring a separate visit to the Service User's home on the same day, then the Rate applicable to the SA for that 30 minute call will apply.

If the Service User requires an hour of service which replaces the existing 30 minute call after the commencement date of the new SA then this is no longer a 30 minute call and will be paid at the SA appropriate Rate per hour of service The HSE will not pay two 30 minute rates for a single hour of service.

Management of Payments to Providers not authorised to deliver Services under the Authorisation Scheme

Providers who are not authorised to deliver Services under the AS will continue with the relevant existing rate(s) in respect of existing Service Users, noting that the Rates should not exceed the AS Rates.

Where existing HSS Service Users in receipt of a service from a Provider who is not authorised to delivery services under the AS is allocated additional hours after the

commencement date of the Arrangements (and the Service User wishes to remain with this Provider), the additional service may be provided by the existing Provider at a rate that does not exceed the AS applicable Rate.

1.6.1 Cancellation of Calls

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

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

1.6.2 Travel

Guidance In relation to Travel (Mileage) is attached at Appendix 1.

1.7 Withdrawal of Service

Approved Providers shall not withdraw services from a Service User without prior consultation with the appropriate HSE staff. If HSS are being withdrawn, the Approved Provider shall provide at least three (3) months' written notice to the HSE in advance of such service withdrawal. This written notice must include the Approved Provider's proposals as to how it will manage the hand back of the Home Support package to ensure continuity of services and the least disruption to the Service User.

In the event of exceptional circumstances, such as incidences of criminal activity, anti-social behaviour, bullying and harassment of staff (including sexual harassment), decisions in relation to the withdrawal of service will be dealt with on a case by case basis in conjunction with the local HSE Home Support Manager. All such incidents should, in the first instance, be reported to the relevant Home Support Manager.

1.8 Change of Carer

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

1.9 Confirmation Service has been delivered to Service User

The basic requirement is that Service delivery must be supported by clear evidence that documents a record of arrival and departure times for each service user call. If an alternative system is in use to the satisfaction of IHA management (and in compliance with HSE National Financial Regulations) then such arrangements may continue to be utilised as appropriate and effective verification of service provision.

If confirmation of service delivery presents as an issue then appropriate engagement should take place with the relevant IHA Home Support Manager.

Important

One hour of home support procured from an Approved Provider relates to the time spent with the Service User.

1.10 Service User Monitoring, Review and Complaints

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

Each Provider is required to have clinical governance oversight arrangements in place to ensure;

- a) Guidance and oversight on personal care to ensure optimum Service User safety, dignity and welfare.
- b) Review of Home Support on a regular basis to ensure optimum standard of care and Service User satisfaction.

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

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

1.11 Use of HSE Logo by Approved Providers

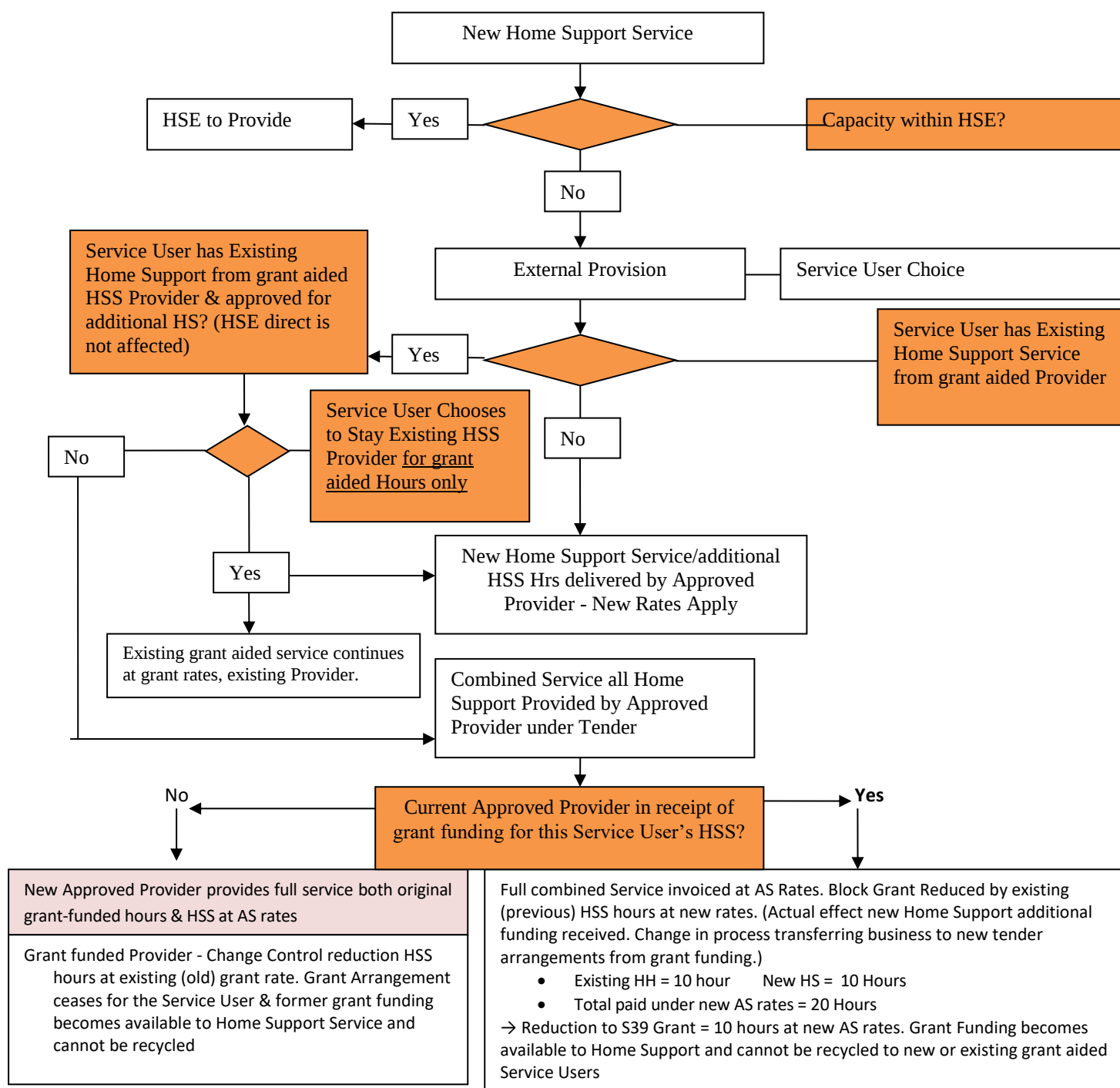
Only Approved Providers authorised to deliver HSS under the prevailing SA's will be permitted to use a small HSE logo. The Logo should be accompanied by the words "HSE Approved Home Support Provider" (insert relevant year) HSE guidance on use of the logo is available at; <https://www.hse.ie/eng/about/who/communications/branding/qa.html>

The following Flow Chart summarises key questions and processes relating to the Services for Older People Home Support Authorisation Scheme SA's:

Home Support Authorisation Scheme

Relates to all new HSS Service Users approved following commencement of the prevailing SA's

Existing Home Supports are not affected except where service is transferring from grant aided Providers to Approved Providers



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

Section Two:

Management & Monitoring of Service Arrangements

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

Topics Covered

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

2.1 HSE National Governance Framework

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

2.2 Management & Monitoring of Approved HSS Providers

HSS delivered under the Services for Older People Home Support AS will be managed and monitored by the IHA's in line with the Service Arrangements. The Service Arrangements are available to view on HSE.ie at the following link (link to be inserted post 1st of September, 2025).

2.3 Key Performance Indicators – Home Support Authorisation Scheme

The HSE will monitor a number of **Key Performance Indicators (KPIs)** in the management of the Service Arrangements. (Template - Appendix 6)

The KPIs have been developed with reference to the Quality Standards set out in the Services for Older People Home Support AS Service Specifications. Approved Providers will be required to complete a self-declaration on a quarterly basis and submit it to the HSS Manager/Head of Older Persons' Services/Designated Officer. The HSE must consider the performance reported to ensure that it reflects the HSE experience (as determined from complaints received, GPS records if available from Providers, evidence of service delivery, spot checks, Audits, Service User reviews etc.). The declaration must be counter signed by the relevant HSS Manager/Head of Older Persons' Services/Designated Officer and retained for monitoring purposes as part of their quality assurance system.

Financial penalties in terms of a deduction from invoices will not apply to under performance in relation to these KPIs. However, if performance remains unsatisfactory, the measures to address non-compliance provided for in the SA may be applied.

The KPIs are as follows:

2.3.1 Training /Qualifications

This KPI refers to the qualifications standard required by the HSE in relation to the Home Support Worker providing HSS to HSE Service Users and has two parts.

- a) The HSE recommended level of qualification for Home Support Workers assigned to work on contracts associated with the HS AS is:-

A relevant health skills QQI Level 5 Major Award Qualification (formerly FETAC) on the National Framework of Qualifications (NFQ) OR an equivalent relevant healthcare Qualification or a comparable healthcare Qualification not less than QQI Level 5 Major Award on the National Framework of Qualifications (NFQ). Formal Qualifications

must include the following core Modules as relevant to the role of Home Support Worker:

- Care Skills (mandatory)
- Care of the Older Person (mandatory)

KPI Detail: Providers must self-declare the % of their staff working on contracts associated with the HS AS that have a QQI Level 5 Major Award Qualification (or comparable healthcare Qualification)

Denominator - Total number of Home Support Workers employed on the last day of the quarter

Numerator – Total number of Home Support Workers with a QQI Level 5 Major Award Qualification (or comparable healthcare qualification) on the last day of the quarter

Calculation – Numerator divided by Denominator multiplied by 100

- b) Mandatory Modules comprehended in the QQI Level 5 Major Award Qualification as relevant to the role of Home Support Worker include Care Skills and Care of the Older Person.

KPI Detail: Providers must self-declare the % of their unqualified staff working on contracts associated with the HS AS that have successfully completed the 2 mandatory core Modules – Care Skills & Care of the Older Person. Unqualified staff are those staff who have not obtained a full QQI Level 5 Major Award.

Denominator -Total number of unqualified Home Support Workers employed on the last day of the quarter

Numerator -Total number of unqualified Home Support Workers who have obtained the required Modules on the last day of the quarter

Calculation – Numerator divided by Denominator multiplied by 100

Target – 100%

2.3.2 Carer Competency Assessment

This KPI refers to the requirement that all Home Support Staff providing HSS to HSE Service Users must have a fully completed National Carer Competency Assessment.

The Approved Provider will carry out the Carer Competency Assessment on all new employees at the time of appointment and annually for all Home Support staff to satisfy the Approved Provider and the HSE that each staff member has the required and necessary skills to deliver care.

KPI will be as follows:

(a) **New Staff** - The HSE will require the Approved Provider to self-declare the % of new staff who have completed the National Carer Competency Assessment. This helps the HSE to ensure that Approved Providers are recruiting appropriately skilled staff to deliver care as specified.

- **Denominator** – total number of staff newly recruited this quarter – each episode counted once.
- **Numerator** – total number of new staff with completed Carer Competency Assessment (each episode counted only once) this quarter.
- **Calculation** - Numerator divided by Denominator multiplied by 100. This will provide % of “new staff with completed Carer Competency Assessment”. Insert this % value on template to report % of all newly appointed staff with completed Carer Competency Assessment.
- **Target** 100% at any time i.e. all newly appointed staff with completed Carer Competency Assessment.

(b) **Existing Staff** - The HSE will require the Approved Provider to self-declare the % of existing staff who have completed an updated National Carer Competency Assessment following each year of complete service. This helps the HSE to ensure that Approved Providers have appropriately skilled staff to deliver care as specified.

- **Denominator** – total number of existing staff who require an annual Carer Competency Assessment review this quarter – each episode counted once.
- **Numerator** – total number of existing staff with completed annual Carer Competency Assessment review (each episode counted only once) this quarter.
- **Calculation** - Numerator divided by Denominator multiplied by 100. This will provide % of “existing staff with completed annual Carer Competency Assessment review”. Insert this % value on template to report % of existing staff with completed annual Carer Competency Assessment review.
- **Target** 100% at any time i.e. all existing staff with completed annual Carer Competency Assessment review.

2.3.3 Garda Vetting and/or Police Clearance

This KPI refers to the requirement that all new Home Support Staff providing HSS to HSE Service Users have completed an up to date Garda Vetting and/or Police Clearance at the time of appointment. The Approved Provider will carry out Garda Vetting and/or Police Clearance on all new employees to satisfy the Approved Provider and Contracting Authority that such an appointment does not pose a risk to Service Users and employees.

KPI will be as follows:

The HSE will require the Approved Provider to self-declare the % number of staff who are in possession of an up to date Garda Vetting and/or Police Clearance at the time of appointment. This helps the HSE to ensure that Approved Providers are recruiting appropriate staff to deliver care as specified.

- **Denominator** – total number of staff newly appointed this quarter – each episode counted once.
- **Numerator** – total number of staff with up to date Garda Vetting and/or Police Clearance (each episode counted only once) appointed this quarter.
- **Calculation** - Numerator divided by Denominator multiplied by 100. This will provide % of “Staff with Garda Vetting and/or Police Clearance”. Insert this % value on template to report % of staff who have Garda Vetting and/or Police Clearance at the time of appointment.
- **Target** 100% at any time i.e. all newly appointed staff in the quarter with up to date Garda Vetting and/or Police Clearance.

2.3.4 Home Support Care Plans – Service Delivery in accordance with Plan – “No Show”

This KPI is a quality assurance measure related to delivery of care in accordance with the Service Users Home Support Care Plan. The metric for the attendance KPI is ‘NO SHOW’ as follows and is an indicator of reliability and an important quality indicator of service provision:

No show by Provider home support care staff - as per the quality standards the Provider must ensure that the Home Support hours accepted by the Provider are delivered as agreed at the specified time.

KPI will be as follows:

The HSE will require the Provider to self-declare the number of episodes of staff not showing up for a scheduled Home Support attendance or showing up late. This helps the HSE to ensure that Providers are delivering care as specified.

- **Denominator** – total number of episodes of care this quarter – each episode counted once.
- **Numerator** – total number of occurrences of staff not showing up for an episode of Home Support or showing up late (each occurrence counted only once) this quarter.
- **Calculation** - Numerator divided by Denominator multiplied by 100. This will provide % of “No Shows” e.g. 2% so insert 98% on template to report % of Service Users whose services are delivered on time.

- **Target** 100% at any time i.e. all episodes of care should be delivered as specified.

Important:

This KPI must be **accompanied with a statement** detailing missed calls to include number of incidences, number of associated hours of service and reasons for same.

"In the event of the agreed Home Support Care Plan – Schedule of Service not being delivered (e.g. missed calls, unforeseen absences) the Approved Provider must provide a statement of all missed calls and related reasons when submitting monthly invoices for payment.

2.3.5 Home Support Care Plans – Service Delivery in accordance with Plan – Timely acceptance of work and delivery to Plan

This KPI refers to the Approved Provider's acceptance or rejection of offers of work promptly, and to the delivery of the required Home Support in line with the Service User's Home Support Care Plan following acceptance of the offer of work. The metric is an indicator of responsiveness and an important quality indicator of service provision:

KPI will be as follows:

- (a) **Response to Offer of Hours** – The HSE will require the Approved Provider to self-declare its timely responses to HSE requests and is based on the number of offers responded to (whether accepting or refusing the offer(s) of work is not relevant to this KPI) within the time scale determined by the HSE Service Manager. This helps the HSE to ensure that Approved Providers accept or reject offers of work in a timely manner so as to enable HSE to arrange care for its Service Users without undue delays. Time scale for response following request for Service is determined by the HSE Service Manager.

- **Denominator** – total number of offers of business this quarter – each Service User counted once.
- **Numerator** – total number of offers (each Service User counted only once), that were responded to (accepted or rejected) within HSE determined timeline this quarter.
- **Calculation** - Numerator divided by Denominator multiplied by 100.
- **Target** 100% at any time i.e. all offers of hours should be accepted or rejected within HSE requirements.

- (b) **Response Time to deliver services when work has been accepted by Provider:**
The HSE will require the Provider to self-declare its ability to deliver the service following acceptance of the work, and is based on the number of offers accepted by the Approved Provider that have been delivered within the time scale determined by the HSE Service Manager.

- **Denominator** – total number of offers of hours accepted this quarter – each Service User counted once.

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

2.3.6 Complaints Management

These KPIs refers to quality assurance measures related to Approved Provider's Complaints Management policies and procedures. The metrics are an indicator of responsiveness and an important quality indicator of service provision and compliance with AS requirements.

KPI will be as follows:

The HSE will require the Provider to self-declare the number of complaints received this quarter, and the number of complaints resolved within 30 days, as set out in the HSE Your Service Your Say - The Management of Service User Feedback for Comments, Compliments and Complaints (2017). This helps the HSE to ensure that Providers are delivering care as specified.

- **Denominator** – total number of complaints received this quarter – each complaint counted once.
- **Numerator** – total number of complaints resolved within 30 days – each complaint counted only once, this quarter.
- **Calculation** - Numerator divided by Denominator multiplied by 100. This will provide % of compliance, on template to report % of Service Users whose complaints were resolved on time.
- **Target** 75% in line with HSE target.

*See 6.2.4 of HSE Your Service Your Say Policy at the following link
<https://www.hse.ie/eng/about/who/complaints/>*

Important:

Your Service Your Say – The Target for “% of complaints where an Action Plan is identified as necessary, is in place and progressing” is set at 65%.

2.3.7 Quantum of Service Delivered

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

KPI will be as follows:

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

Important:

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

Number of offers of services refused include;

- 1) Refusals of offers based on Service User choice, and
- 2) Offers not responded to (where the HSE has not advised that service has been allocated to an approved Provider i.e. No Provider responded in timeline), and
- 3) Where offer was accepted but not implemented by Approved Provider (due to Approved Provider issues i.e. excludes services not implemented for Service User or HSE reasons i.e. Service User deceased or admitted to long stay care).

Each such refusal 1, 2 and 3, will count as 1 refusal.

- **Denominator** – total number of offers (new and/or additional) this quarter defined relating to (1) (2) and (3) above.
- **Numerator** – total number of offers (new and/or additional) this quarter as defined above that were refused.
- **Calculation** - Numerator divided by Denominator multiplied by 100.
- **Target** less than 30% of offers in the above categories were refused in the reporting quarter.

Measures to Address Non-Compliance

In the event of Providers failing to meet the required performance in relation to these quality standards and, in circumstances where the Provider has not addressed the performance issues/non-compliance to the satisfaction of the HSE, the HSE may:-

- (a) cease to provide instructions with regard to new Service Users to the Provider for a specified period or until the Executive is satisfied that the Services will in future be provided by the Provider in accordance with the terms of the Arrangements; and/or
- (b) remove existing Service Users from the Provider

Important:

Where an Approved Provider is part of a Consortium, then any action imposed by the HSE may apply to all members of that Consortium.

Each IHA will have arrangements in place to;

- Receive KPI reports from Providers.
- Review and consider same.
- Raise issues with Approved Providers regarding performance and determine appropriate actions if any.
- Each IHA will submit KPI reports to the National Office, Services for Older People, Access & Integration, as required.

2.4 Audit

In the absence of Legislation and Regulation of Home Support, the HSE must monitor Approved Providers and other external Providers of HSE funded Home Support. Through audit, Service User Reviews and regular operational performance meetings with each individual Provider, the IHA can have oversight of the service delivered to Service Users.

Home Support Providers are required to co-operate fully with HSE Audits. The HSE reserves the right to audit compliance with the Home Support Authorisation Scheme Service Specifications and with this SOP. When requested, Home Support Providers are required to provide evidence, in either hard or soft copy, of their compliance with the Home Support Authorisation Scheme Service Specifications and with this SOP. It is recommended that, in addition to Approved Providers under the AS, audits should also over time extend to all other Home Support Providers that operate under previous Tender frameworks and/or local Arrangements.

Section Three:

Data

Section Three: *Should be used in conjunction with the National Guidelines & Procedures for the Standardised Implementation of the Home Support Service, the data requirements in relation to the National Service Plan and National Divisional Operational Plan for Services for Older People, as well as the Service Arrangement*

Topics Covered:

3.1 HSS Data

3.2 Home Support Authorisation Scheme - Summary Monthly Return

3.1 HSS Data

Important:

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

This Section sets out the requirements for each IHA in relation to data collection, collation, monitoring and required actions specifically associated with:-

- Key Performance Indicators referred to in Section 2.
- Monthly Home Support Dataset routed to National Business Information Unit (NBIU).
- Monthly NSP Tracker Reporting to the National Home Support Office.
- AS Service Provision Template (See Appendix 9)

It is acknowledged that there is a variety of systems in operation for recording HSS activity. In the absence of a national IT system it is imperative that, at a minimum, the following fields are included within the IHA's core Home Support Data Recording System. This to ensure that the IHA can record and report on the Approved Provider's activity to ensure accurate payment of invoices at the appropriate Rates for the Authorisation Scheme and the management of payments to Providers not appointed to the Authorisation Scheme.

Each IHA's Head of Service for Older Persons Services/Designated Officer will need to ensure that systems are in place that will deliver the required data. The required information includes:

- 1) Service User Details** – Ensure that the following information is easily identifiable from your core HSS Data Recording System, as you will need it to complete the monthly reports:
 - a) Personal details of the HSS Service Users who were approved under the AS, including name, address, DOB, start date, finish date, day/night hours approved, Rates applicable for invoicing (This will need to encompass services delivered under pre-AS /local arrangements where relevant).
 - b) Provider(s) detail for each Service User.
 - c) Number of Service Users whose HSS service ceased in any given month and year to date.
 - d) Number of new Service Users that were approved in any given month and year to date.
 - e) Number of Service Users who have benefited from a HSS under AS year to date (the sum of active Service Users on the first day of January and number of new Service Users year to date).
 - f) Number of active Service Users on last day of month.
 - g) Number of Service Users approved for CDHS each month.

h) Number of Service Users availing of CDHS at month end (Active on last day of the month).

2) Home Support AS Rates – Ensure the system differentiates between Service Users in receipt of HSS under the AS and those in receipt of HSS under a Local Service Arrangement under which they have been approved so as to ensure that correct rates are paid in respect of each individual HSS.

3) Approved Provider Selection Mechanism

- a) Service User choice.
- b) Random selection as set out in section 1 of these procedures.

4) Service User Reviews – Date of most recent review and next scheduled review.

Important:

Additional specific reporting requirement associated with the Authorisation Scheme may be required and, if so, will be communicated to the IHA's in a timely manner course.

Records will also need to be maintained in a manner that will demonstrate the SA and AS arrangements generally, were fairly and consistently implemented. Records should therefore be maintained in a manner that the following can be obtained as required for SA monitoring:

- List of staff working on HSE contracts including, Garda Vetting, qualifications, confirmation of vulnerable adult training, Carer Competency Assessment and training plan, together with any validation of these lists undertaken by the IHA.
- Number & weekly value of HSS offered to and refused by each Provider and the reason for refusal.
- Number & weekly value of each HSS accepted and implemented.
- Number & weekly value of each HSS accepted and not subsequently implemented & reason for same.
- Numbers approved for CDHS approach and any issues arising, including with Providers, in relation to same.
- Data on use of thirty minute calls
- Data on volume and breakdown of core and non-core hours.
- Data on number of calls with related breakdown across the core and non-core categories.
- KPI data.
- Number of Service User Reviews completed within agreed timeframes.
- Number of Approved Provider Audits completed & outcomes.

- Communications record e.g. email offer of work form on file, response by Approved Provider, Service User request to remain with grant funded Provider for pre-AS home support hours, etc.
- Detailed data on each Service User in receipt of grant funded services as adjustments will be required on an on-going basis to grant funded Service Arrangements to take account of the AS (as set out in Section 1).

The information will need to be available to the REO/IHA Manager/Head of Older Persons' Services/Designated Officer and the National Office Services for Older People, Access & Integration on request.

3.2 Home Support Authorisation Scheme - Summary Monthly Return (Appendix 8)

The purpose of this template is to monitor;

- a) How the Provider was chosen e.g., Service User choice or using the random selection approach set out in Section 1.
- b) Number of Service Users in receipt of HSS under the AS Arrangements.
- c) New Service Users per month.
- d) Total number of hours provided per month under the AS
- e) Total approved costs per month under the AS

This report should be submitted to the Head of Older Persons' Services/Designated Officer by each HSS Manager within 5 working days of the end of each month. The IHA Manager/Head of Older Persons' Services/Designated Officer should submit same to the REO and National Office Services for Older People, Access and Integration as required.

Appendices

Appendix 1: Travel Costs (Mileage) Extract from 2016 Tender Documentation

Important:

- *New HCPs approved from 1st September 2016*
- *National Guidance effective from 30th November 2016*

1. Context:

The payment of travel costs (mileage) may be considered in relation to Home Support Package (HSP) approved after 1st September 2016 where;

- It is considered essential in order to provide critical services, particularly in rural areas where no other arrangement is possible, or
- Where services such as collection of medications or essential shopping for food is specifically itemised by HSE staff in the Service Users home care plan (home care/home support schedule of services).

2. Criteria

The following criteria for such cases will apply;

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

3. Rate Extract from 2016 Tender Documentation (Rates remain applicable in 2025)

The rates applicable to travel associated with carers providing services under the Home Support Tenders 2016 to Tender 2023 are set out in the following bands and HSE staff should satisfy themselves that the band is appropriate to the actual journey costs having regard to actual costs of such journeys.

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

Important:

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

4. Tender 2016 Clarifications

PROVIDER CLARIFICATIONS

Question No:	Question and Response
Q.40	In relation to pricing, HSE will in certain circumstances approve travel arrangements where it appears to be of benefit to maintain services in rural areas, will these travel arrangements be paid for outside the Provider's submitted Tender Hourly Rates? If so will the travel specific rates be stated by the HSE?
HSE Response	Yes. Further clarification on this matter is pending.
Q.48	Point 8 on the Compulsory Pricing Document states; <i>"The HSE will not pay any additional fees outside of the tendered hourly rates, with the exception of any travel payments that may be agreed on an individual basis."</i> Can you advise what the criteria would be for agreed travel payments and also what rate would be applied? Can you confirm whether parking fees will be included as an additional premium on travel?
HSE Response	Please refer to Response 40. Further clarification on this matter is pending. Parking fees will not be permitted as an additional premium.
Q.52	What Travel arrangements and payments will the HSE support when travel is approved?
HSE Response	The HSE will consider contributions towards travel where it is considered essential in order to maintain critical services, particularly in rural areas.
Q.67	Not every HCP will involve collection of medication from a Pharmacy. Therefore how can the hourly rate price in something that might only happen on a case by case basis? How will the HSE pay the travel expenses involved in providing a medication collection service?
HSE Response	This is included because it is a type of work that might be required. The hourly rate should not be affected by the travel cost. Where they are

	significant, they may be addressed by separate arrangement on a case by case basis.
Q.74	Often HSE staff and agency staff work side by side delivering home care support to a Service User. Does the terms of this tender envisage that the terms & conditions of HSE staff will be different to agency staff when it comes to paying travel to home care workers?
HSE Response	The terms and conditions of HSE staff and those of third party staff will not be affected by this tender process in relation to paying travel to home care Providers or otherwise. The HSE has identified that it will be willing to consider travel payments in certain circumstances under this tender process. However, these are contract for services arrangements; the HSE is not the employer, and is assuming no employer responsibilities. Such travel arrangements if agreed in individual cases would have to be invoiced by the Approved Provider as part of normal invoicing for the service. It should be noted that such staff are employed directly by the Approved Provider, and as such are not “Agency” staff under the terms of the European Agency Workers Directive.
Q.84	In relation to the pricing schedule, “breakdown”: a) Should the figures be included for labour and other costs be on the basis of providing 1 hour of care? b) Not all carers would have travel costs. Should we include an average rate (based on a typical month) for the travel costs? c) Overtime rates would apply when required. Should we include an average rate? d) For training costs, should this figure be calculated using total training costs for the year per man hour? e) Should all business overheads be included in the Non-labour element section?
HSE Response	a) Yes, as stated: “Tendered hourly day rate 08.00 to 22.00 Monday to Saturday”. b) Yes. In this context “travel” relates to any travel costs incurred by the organisation that are charged and included in the hourly rate. If such costs are not charged in the hourly rate, then they should not be included. The HSE has already identified that it would pay separate travel costs on a case by case basis, if it is considered a requirement for the delivery of the service. c) No, these should not be included for 08.00 to 22.00 Monday to Saturday rates, for the purposes of this worksheet. d) Yes. e) Yes, provided they are funded from the tendered rate. If they are funded from, or relate to, other customers, then they should not be included.

	It should be noted that, while this breakdown worksheet is required to be completed, it does not form part of the cost scoring evaluation process. The purpose of completing this section is to provide ongoing data relating to the breakdown of costs.
Q.97	In response to Question 50, you have stated that existing HSE Packages will not be paid for at any new rates applicable to new packages under Tender 2016. Surely, this will bring about the ridiculous situation, whereby a member of staff attending a new Service User, under tender 2016, could be paid more than a member of staff attending the next door neighbour at exactly the same time under an old contract. This will definitely have an effect on staff morale and could lead to industrial unrest. Furthermore, there is the likelihood that some agencies, who were successful in Tender 2014, but who, 2 years later, still do not have any physical presence or staff in the area, will be able to poach staff because they will be able to offer much higher salaries as a result of including premia payments and travelling costs which are allowed for under Tender 2016.
HSE Response	A blended rate was sought in 2011/2012, whereby premia (for Sundays, bank holidays) were to be included in the flat rate tendered.
Q.113	Responses 40 and 48 state that further clarification on travel payments is 'pending'. Will this address travel time as well as travel expenses and, if not, have you consulted with NERA on the legal position in regard to such costs? How can tenders complete the Compulsory Pricing Schedule in the absence of the 'pending' clarification?
HSE Response	All pending clarifications have now been addressed. To the extent to which working time is deemed by a competent Court to include travel time in the context of delivering the services then the HSE will reimburse the Approved Provider in respect of such costs. NERA no longer exist as an agency and such the HSE has not consulted with NERA.
Q.126	In section 7.3 notes on pricing in the ITT document it states; <i>"The HSE will in certain circumstances approve travel arrangements particularly where it appears to the HSE to be of benefit for maintaining services in rural areas"</i> Can we assume that would be at the home help / civil service rate? If not, either can you provide details per Lot of the suggested rate?
HSE Response	Actual cost or as close to it as possible. The HSE will develop a framework for this at CHO level.
Q.132	In the ITT to tender document in anticipated duties it refers to shopping for food and does not refer to mileage/travel. Is the assumption that costs associated here apply too, as it does for collecting prescriptions from the pharmacy?
HSE Response	The time & mileage required to undertake such tasks will be paid at the appropriate rate if the task is required as part of the Care Plan set out by the HSE. Please also refer to Response 126.

Appendix 2: Letter to Grant Funded Home Support Approved Providers re Individual Cases Ceasing

Re: Changes to Grant Funded Home Support

Dear (Provider),

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

I wish to advise you that (Service User name and address), who is currently in receipt of a grant funded Home Support Service (HSS) from you, will on (date) no longer be availing of the grant funded HSS.

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

And if applicable –

I note that the Service User has selected your company (as a *HSE Home Support Service Approved Provider* 2025 to provide the HSS. Accordingly, the entire HSS will be delivered from the commencement date above under the HSS Arrangements and all of the hours being delivered will be funded in line with the agreed prices for HSS as per the Services for Older People Home Support Authorisation Scheme (AS) 2025. The adjustment to your grant funded home support funding will therefore be at the AS 2025 Rates.

And all letters

The adjustment relating to this Service User will result in a reduction in your grant in the amount of €.....in 2025, and €.....in a full year.

Yours,

Title IHA XX

Appendix 3(a): Existing Grant Funded HSS Adjustments - Examples

Example 1:

Service User Mr. AB is approved for a HSS (25 hrs p/w), and chooses an Approved Provider under Tender 2023 (Authorisation Scheme). He has been in receipt of **grant funded** home support (5 hrs p/w) from an external Provider who will not be delivering the revised HSS.

- 1) Advise Service User that HSS has been approved which includes existing grant funded hours and will be delivered by the Approved Provider – total 25 hours p/w.
- 2) Calculate the value of the home support service being delivered by the grant funded home support Provider;
 - **Number of grant funded hours** per week (5 hours) multiplied by cost per hour of the grant funded service (e.g. €20.00 per hour) having regard to the grant funding SA.
 - **Calculate the value of this service** to year-end by multiplying by the number of weeks remaining in the current year (2025) and reduce grant payments in the current year (2025) by this amount e.g. a HSS commencing 1st October 2025 – 5 hours x €20per hour x 13 weeks to year end = €1,300.
 - **Calculate the full year value** of this service in the next calendar year (2026) as the grant aid arrangement will be reduced in 2025 by this amount - 5 hours x €20per hour x 52 weeks full year cost = €5,200 less the amount adjusted in 2025 = €5,200-€1,300 = €3,900 to be adjusted in 2026. This reduction will continue to apply in subsequent years.
- 3) Advise grant funded Provider that the Service User's grant funded services will cease from the date the new HSS is to commence.
- 4) Advise Provider of the amount by which the current year (2025) grant payment is being reduced (€1,300 in this example) & the full year value of this adjustment for the next calendar year (2026) and following years (€3,900 in this example).
- 5) Advise Provider that the funding is no longer available in the current year (2025) and these hours cannot be recycled to a new Service User.
- 6) Advise Provider that as each grant funded Service User ceases (e.g. admission to long stay care, deceased) the grant funding relating to such Service Users is no longer available in the current year (2025) and these hours cannot be recycled by the Provider to a new Service User. Advise Provider of the amount by which the current year (2025) grant payment is being reduced relating to the ceased Service User & the full year value of this adjustment for the next calendar year (2026) and subsequent years. Adjustments for Service Users ceasing to avail of HSS will be calculated at the grant funding rate per hour.

If Service User asks to remain with current grant funded Provider for the pre-Authorisation Scheme (AS) 2025 home support hours, this should be facilitated for the pre-AS 2025 home support hours only and hours approved under AS 2025 Arrangements will be delivered by

the Approved Provider. In this case there is no adjustment to the arrangement with the grant funded home support Provider until the Service User ceases or other alternative arrangements are made.

Example 2:

Service User Ms. CD is approved for a HSS (25 hrs p/w), and chooses an Approved Provider under the AS 2025. This Approved Provider is currently delivering her existing HSS of 5 hrs p/w under a **grant funded** arrangement.

- 1) Advise the Service User that HSS has been approved and will include existing home support hours and service will be delivered by the Approved Provider – total 25 hours p/w;
 - **Calculate the value** of the grant funded HSS being delivered under grant funded arrangements with the Approved Provider.
 - **Number of home support hours per week** (5 hours p/w) multiplied by cost per hour of the service having regard to the rates agreed for the AS 2025 e.g. €22.00 per hour.
 - **Calculate the value of this service to year-end** by multiplying by the number of weeks remaining in the current year (2025), and reduce the grant arrangement to the Provider in the current year (2025) by this amount.
 - 5 hours x €22per hour x 13 weeks to year-end = €1,430.
 - **Calculate the full year value of this service** in the following year (2026), as the grant aid will be reduced in 2026 by this amount - 5 hours x €22 per hour x 52 weeks full year cost = €5,720 less the amount adjusted in the current year (2025) = €5,720 - €1,430 = €4,290 to be adjusted for in the following year (2026). This reduction will continue to apply in subsequent years.
- 2) Advise the grant funded Provider that Service Users grant funded services will cease from the date HSS is to commence.
- 3) Advise the Provider of the amount by which the current year (2025) grant payment is being reduced, (€1,430 in this example) & the full year value of this adjustment for the following year (2026), and following years (€4,290 in this example).
- 4) Advise the Provider that the funding is no longer available in the current year (2025) and these hours cannot be recycled to a new Service User.
- 5) Advise the Provider that as each grant funded Service User ceases (e.g. admission to long stay care, deceased), the grant funding relating to such Service Users is no longer available in 2025 and these hours cannot be recycled by the Provider to a new Service User. Advise Provider of the amount by which the 2025 grant payment is being reduced relating to ceased Service User & the full year value of this adjustment for 2026 and following years. Adjustments for Service Users ceasing to avail of HSS will be calculated at the grant funding rate per hour.

Example 3:

Service User Ms. EF is approved for HSS and chooses an Approved Provider under the AS 2025. She has been in receipt of **grant funded** HS (5 hrs) from an external Provider and chooses to stay with the HS Provider for these grant funded home support hours.

- 1) Advise Service User that additional HSS hours have been approved and will be delivered by the Approved Provider & that as per Service Users expressed wish, the 5 hours of grant funded service will continue with existing grant funded Provider. Service User is to be made aware that there will be two Approved Providers involved.
- 2) No adjustments are required as grant funded HSS will continue to be delivered by existing grant funded Provider at existing rates.

Example 4:

Service User Mr. GH is in receipt of grant funded HSS from an external Provider prior to commencement of AS 2025. He has not been approved for any additional HSS.

- 1) No adjustments are required to grant funded Provider as HSS that preceded AS 2025 Arrangements, is continuing.
- 2) When Service User ceases to need the service (e.g. due to admission to long stay care, deceased or other change), the grant funding will be reduced and cannot be recycled to any other Service User.

Example 5:

Service User Mr. IJ is approved for a HSS and chooses an Approved Provider under the AS 2025. He has not been in receipt of **grant funded** home support.

- 1) No adjustments are required to grant funded home support Provider as the HSS will be delivered by Approved Provider under the AS 2025.

Appendix 3(b): Template for Recording Grant Funded Adjustments

The data recording template below sets out how the records for grant funded Home Support Providers might record the adjustment to grant funded home support arrangements which are required in relation to the above examples. This table can be transferred to a Microsoft Excel document and used as the relevant recording template.

Home Support Providers												
Region												
IHA												
Grant funded Home Support Provider:					AAA Home Help Services				AS Approved Provider:		Yes	
Hourly Rate P/H			€20.00	Grant SA	€22.00		AS SA applicable					
Service User Listing												
Name	Address	DOB	ID if any	HH Hrs p/w	Current Cost p/w	HH Start date	HH Finish Date	Date of Transfer of support to HSS if applicable	Name of HSS Approved Provider	Current Year impact on HH Grant	Full Year impact on HH Grant	Comment
AB	1, White Road, Cork	01/01/1932	CK1601	5	€100	01/02/2015	01/10/2023	01/10/2023	We Support Bandon	€1,300	€5,200	Service User moving to HSS with new Approved Provider under the AS Grant arrangement with Provider reduced @grant rates
CD	1, Black Road, Cork	01/01/1932	CK1602	5	€100	01/02/2015	01/10/2023	01/10/2023	No change in Provider	€1,430	€5,720	Service User to HSS with grant funded Provider who is an Approved Provider under the AS; Grant arrangement with Provider reduced @ AS 2025 rates
EF	2, Orange Road, Cork	01/02/1942	CK1604	5	€100	10/04/2023		HSS (20 hrs) commenced 01/11/2023 - Total 35 hrs	Home Now Cobh	€0	€0	Service User requested to stay with current grant funded Provider for existing pre-AS service; No adjustment to grant
GH	2, Blue Road, Cork	20/10/1945	CK1605	5	€100	01/02/2014		(N/A – no HSS approved)				HSS continues under existing grant arrangement @existing rates until Service User ceases

Appendix 4(a): Choosing a Home Support Approved Provider – A Guide for Home Support Service Users & Appendix 4(b): Service User Choice Form

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

Following a Services for Older People Home Support Authorisation Scheme (AS) process, the HSE has appointed a number of Home Support Providers who have been approved to deliver Home Support on behalf of the HSE.

The Approved 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 arrange for an Approved Provider to deliver the service. The HSE will contact all Approved Providers for your area and the Provider who confirms they are in a position to deliver your Home Support will be allocated to you.

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 Service Users 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 your Local Home Support Office.

The HSE will ask the Provider(s) you select to deliver your Home Support. If you have indicated a number of Providers, the Provider who confirms 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.



To select an Approved Provider appointed to the Services for Older People Home Support Authorisation Scheme

Service User Name:	_____	Home Support Ref:	_____
Service User Address:	_____ _____ _____		
Eircode:	_____	Phone No:	_____

This form should be completed after reading “*Information on Choosing a Home Support Approved Provider – A Guide for Service Users*”, which is appended to the end of this document.

Please indicate your choice of Provider by inserting a tick (v) opposite any Provider(s) that you would like to deliver your Home Support Service. You may tick all of them if you wish. All Providers listed are approved by the HSE and are compliant with the standards defined by the HSE.

In the event that Approved Providers listed for your area are not in a position to deliver your Home Support Service, the HSE will proceed, as the next step in line with its Authorisation Scheme Arrangements, to request service delivery from other Providers who meet the AS Service Specifications.

If you need assistance to complete this Form please contact your local Home Support Office. Once you have completed this form, please send it to your local Home Support Office. Local Office contact details are available at <https://www.hse.ie/eng/home-support-services/contact-your-local-home-support-office/>

IHA			
Approved Provider Name	Contact Telephone Number		Service User Provider Selection

Consortium Members

Sometimes a group of Providers work together across an area. This is referred to as a Consortium. The members of each Consortium (in the Approved Provider list above) are listed here for your information.

The following information is provided solely to inform Service Users of the names of the Providers who form the Consortium on the Approved Provider list.

Consortia - [insert name of IHA]	
Consortium Name	Consortium Members

Information Sharing & Data Protection

The HSE will need to share your relevant information with Approved Providers in order to put your Home Support Service in place. The HSE and its Approved Providers are required to comply with data protection law. By signing this form, you are confirming that you understand that the sharing of your information is necessary in order to deliver the appropriate service. The HSE Privacy Notice for Patients and Service Users is available from the local HSE Home Support Office, the HSE website or by clicking here → [HSE Privacy Notice - Patients and Service Users www.hse.ie](https://www.hse.ie/eng/privacy/privacy_notice_patients_and_service_users.asp)

Please use BLOCK CAPITALS below:

Service User Name: _____

Address: _____

Eircode: _____

Service User Signature: _____

Date Signed: _____

To be completed only where the person who may need Home Support is unable to choose their Approved Provider

I can confirm that I am a nominated decision supporter as outlined hereunder;

- Nominated Support Person (informal arrangement) ☐
- Decision Support Assistant ☐
- Co-Decision-Maker (form to be signed by both parties) ☐
- Decision-Making Representative* ☐
- Enduring Power of Attorney* ☐
- Advanced Healthcare Directive Representative* ☐

* These arrangements are formal arrangements, made via the courts and registered with the Decision Support Service.

I have discussed this Service User Choice Form with Service User and I have informed them that this selection is being made on their behalf.

Signature: _____

Date signed: _____

Appendix 5: Standard Referral Email

Important:

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

Dear (Insert Approved Provider Contact Name)

Home support is required for the Service User whose details are set out below.

This offer arises as a result of Service User Choice - Yes/No (HSE to circle appropriate option)

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

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

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

The HSE will email all Approved Providers to advise that the service requirement has been filled.

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

Yours

HSS MANAGER

Appendix 6: Quarterly Self-Declaration by Provider

Reporting Template – SELF-DECLARATION BY PROVIDER – QUARTERLY				
KEY PERFORMANCE INDICATORS - Home Support AS 2025				
Company:			Quarter Under Review	
Total Hours Delivered & Invoiced this quarter			No. of Service Users	
			No. of Service User Attendances	
Metric	Measure	Target %	Performance % Compliance	Commentary
1(a) Qualification (QQI Level 5 Major Award Qualification) HSE recommended level of qualification for Home Support Workers assigned to work on contracts associated with the HS AS is a relevant health skills QQI Level 5 Major Award Qualification (formerly FETAC) on the National Framework of Qualifications (NFQ) OR an equivalent relevant healthcare Qualification or a comparable healthcare Qualification not less than QQI Level 5 Major Award on the National Framework of Qualifications (NFQ) *Obtained QQI Level 5 Major Award Qualification – the award to include mandatory core Modules a) Care Skills and b) Care of the Older Person	Quality	N/A		<i>a) Providers must self-declare the % of their staff working on contracts associated with the HS AS that have a QQI Level 5 Major Award Qualification (or comparable healthcare Qualification)</i>
1(b) Qualification (QQI Level 5 Mandatory Modules) All Staff Mandatory Core Modules comprehended in the QQI Level 5 Major Award Qualification as relevant to the Role of Home Support Worker are:- - Care Skills (mandatory) - Care of the Older Person (mandatory) *Obtained QQI level 5 Mandatory Core Modules – Care Skills and Care of the Older Person	Quality	100%		<i>b) Providers must self-declare the % of their unqualified staff working on contracts associated with the HS AS that have successfully completed the 2 mandatory core Modules – Care Skills & Care of the Older Person (to include staff at 1(a) above).</i>
2(a) Carer Competency Assessment – <u>Newly recruited staff</u> with completed National Carer Competency Assessment 2(b) Carer Competency Assessment – <u>Existing staff with updated</u> National Carer Competency Assessment (annually)	Quality	100%		<i>Provider recorded 100% of newly recruited staff in the reporting period had completed the National Carer Competency Assessment</i> <i>Provider recorded 100% of existing staff in the reporting period had completed an annual review</i>

3. Garda Vetting and/or Police Clearance - Newly recruited staff with completed up to date Garda Vetting and/or Police Clearance at time of Appointment	Quality	100%		<i>Provider recorded 100% of newly recruited staff in the reporting period had completed Garda Vetting and/or Police Clearance.</i>
4. Care Plans – Service Delivery in accordance with Plan “ No Show ” - Care delivered on time	Quality	100%		<i>Provider recorded 2% of planned Service User Attendances that were “no show” so 98% were on time.</i>
5. Care Plans – Service Delivery in accordance with Plan – Timely acceptance of work and delivery to Care Plan (a) Response Time to Offer of Hours. Time scale for <u>response following request</u> for Service is determined by the HSE Service Manager.	Quality	100%		<i>Provider responded outside of the specified time from HSE Service Manager (turnaround to a request for service) 5% of the time.</i>
(b) Response time to deliver services when hours have been accepted by Approved Provider	Quality	100%		<i>Provider responded outside of the specified time from HSE Service Manager (turnaround to a request for service) 5% of the time.</i>
6. Complaints Management – Number of complaints received and resolved	Quality	75%		<i>Provider resolved complaints received within 30 days of receipt.</i>
7. Quantum of Services Delivered - Number of Offers of Home Support not accepted / refused or not responded to.	Service Capacity	<30% refusal rate		
Commentary				
Declaration				
Service Provider				
Signature				
HSE Home Support Service Manager Sign Off Date				

Appendix 7: Complaints Log Template

Services for Older People Home Support Authorisation Scheme Complaints Log for Submission by Approved Provider to the HSE as per Service Arrangement					
Date Received	Nature of Complaint	Summary of Action Undertaken	Outcome	Status Open / Closed / On-going	Reported to HSE: Yes / No & Date

Signed:

Date:



Appendix 8: Summary Monthly Return for/to Head of Older Persons' or Designated Officer

Monthly Return on HSS AS Approved Providers					Blue Cells: (automatically generate)													
IHA (pick from Drop Down List)					Yellow Cells - IHA Office to input in month figures													
TABLE 1 - New Service Users	Number of NEW SERVICE USERS per Category for each Approved Provider under the Authorisation Scheme																	
	2025					2026												
INPUT APPROVED PROVIDER NAME1	Sept	Oct	Nov	Dec	2025 YTD Position	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2026 YTD Position
Service User Choice																		
Random Selection																		
Total																		
INPUT APPROVED PROVIDER NAME2	Sept	Oct	Nov	Dec	2025 YTD Position	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2026 YTD Position
Service User Choice																		
Random Selection																		
Total																		
INPUT APPROVED PROVIDER NAME3	Sept	Oct	Nov	Dec	2025 YTD Position	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2026 YTD Position
Service User Choice																		
Random Selection																		
Total																		
INPUT APPROVED PROVIDER NAME4	Sept	Oct	Nov	Dec	2025 YTD Position	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2026 YTD Position
Service User Choice																		
Random Selection																		
Total																		
Total for each category for all Approved Providers	Sept	Oct	Nov	Dec	2025 YTD Position	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2026 YTD Position
Service User Choice																		
Random Selection																		
Total																		

TABLE 2- Active Service Users		Total No. of Active Service Users on the last day of the month under the Authorisation Scheme																	
Active Service Users : The number of Active Service Users on the last day of the reporting period must EQUAL the number of active Service Users at the end of the previous month PLUS new Service Users approved during the reporting month LESS Service Users ceased during the reporting month																			
	2025						2026												
APPROVED PROVIDERS	Sept	Oct	Nov	Dec	2025 YTD Position		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2026 YTD Position
INPUT PROVIDER NAME1																			
INPUT PROVIDER NAME2																			
INPUT PROVIDER NAME3																			
INPUT PROVIDER NAME4																			
Total																			
TABLE 3 - Hours		Total no. of Hours Provided per month under the Authorisation Scheme																	
	2025						2026												
APPROVED PROVIDERS	Sept	Oct	Nov	Dec	2025 YTD Total Hrs Provided		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2026 YTD Total Hrs Provided
INPUT PROVIDER NAME1																			
INPUT PROVIDER NAME2																			
INPUT PROVIDER NAME3																			
INPUT PROVIDER NAME4																			
Total																			
TABLE 4 Costs		Total Approved Costs per month under the Authorisation Scheme																	
	2025						2026												
APPROVED PROVIDERS	Sept	Oct	Nov	Dec	2025 YTD Total Approved Costs		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2026 YTD Total Approved Costs
INPUT PROVIDER NAME1																			
INPUT PROVIDER NAME2																			
INPUT PROVIDER NAME3																			
INPUT PROVIDER NAME4																			
Total																			

Appendix 9: AS Service Provision Template (Rate Analysis)

[illegible]

Appendix 10: Staff Listing (Monitoring) Template

Name of Approved Provider:										
Please complete Section A and Section B in full										
Section A - STAFF LISTING PER LOT										
Staff Member Details		Work Experience	Vetting	Qualifications			Training			
First Name	Surname	Home Support Industry Experience (please select from dropdowns)	Current Garda and/or Police Clearance in Place? (Yes / No)	Relevant QQI Level 5 Award Qualification completed? (Yes / No)	If no, mandatory core QQI Modules Completed (please select from dropdown)	Is all mandatory* training completed? (Yes/No)	Induction Training Completed (Yes/No)	In-Date National Carer Competency Completed (Yes / No)	In-Date Safeguarding Certification (Yes / No)	Ongoing Training Plan (Please specify details)

* Mandatory Training to include Manual Handling, People Handling, Children First, Infection Prevention and Control

Add more rows if necessary

Section B - COMPLETE IF YOU ARE AN APPROVED PROVIDER IN MORE THAN ONE LOT / IHA

SECTION B - AUTHORISATION SCHEME CRITERIA WITH REGARD TO STAFF WORKING ACROSS MULTIPLE LOTS / IHAs

"Providers who propose to use the same resources for multiple lots must clearly and objectively show that the use of the same resources across more than one lot will not adversely impact service delivery or response times."

In the space provided below, please complete your response to the above criteria as part of the Home Support Authorisation Scheme 2025.

Provider Name: <i>(BLOCK CAPITALS)</i>	
Certified Correct: <i>(Apply Signature)</i>	
Date:	

The HSE reserves the right to validate and update this data (all or in part) with the Provider as part of the monitoring and audit of Service Arrangements under Authorisation Scheme.

Providers found not to be in compliance will be performance managed in line with Service Level Agreements and relevant sanctions may be applied.