BOKSS Quotation Document of the Pilot Scheme on Multi-disciplinary Outreaching Support Teams for the Elderly (MOSTE) in the New Territories East Cluster

ITEM	SERVICE SPECIFICATION
1	Contract Period 1st April 2021 to 31st March 2022
2	Service Locations: Sha Tin Tai Po North District
3	The Service shall be provided by the Contractor have valid Business Registration Certificate. The Contractor shall at their own cost effect or procure a policy of medical malpractice liability and employees' compensation insurance policies in relation to the provision of the Service.
4	The occupational therapy and physiotherapy services shall be provided by registered occupational therapists or physiotherapists. They are required to possess a qualification recognized in Hong Kong under the Supplementary Medical Professions Ordinance (Cap. 359) and holding a valid practicing certificate issued under the Ordinance. The speech therapy service should be provided by speech therapists who are qualified language professionals providing evaluation and intervention for persons with swallowing and/or communication problems. The therapists should be i) the holders of a Hong Kong Bachelor's degree in Speech and Hearing Sciences, or equivalent; or ii) post-degree qualification in Speech and Language Science from a Hong Kong tertiary educational institution or equivalent.
5	The Contractor shall conduct assessment / training sessions to the service users of RCHEs/NH. Assessment / training sessions shall be rendered by qualified speech therapists, registered occupational therapists or physiotherapists. The training sessions shall be therapeutic or maintenance in nature.
6	The Contractor needs to bring their own equipment and assessment tools, and consumable materials required in the service provision to the RCHEs/NH for the delivery of trainings and assessments and any other service at their own cost.

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7	The duration of each assessment / training session shall last no less than 35 minutes for direct service excluding preparation time and follow-up work. The training sessions can be provided in the form of individual basis or group basis with group size of 2 to 8 Service Users/ Carers / Home staff. One group session of the training, regardless of the number of participants, shall be counted as one session.
8	No less than 5 minutes interval between each service session, and no less than 30 minutes lunch time for over 7 continuous working hours.
9	No more than 12 service sessions provided for whole day service.
10	Real working time of service session to each service users shall be reported on the service documents accurately.
11	The Contractor shall submit update, true, accurate and complete service records and related documents to BOKSS within the mentioned period.
12	The Contractor shall submit his therapists' Availability Schedule of next month to BOKSS.
13	The Contractor shall complete the number of service sessions for each month which shall be restricted by BOKSS.
14	The Contractor must provide professional service to service users by following "The Guidelines for Providing Therapy in RCHEs" of BOKSS.
15	BOKSS will pay to the contractor the service fee according to the actual number of Service Sessions delivered to the RCHEs/ NH by the contractor under the agreement. It will be calculated on monthly basis.
16	Any cost incurred for maintaining the equipment and assessment tools, any consumable materials used in the services, and any related depreciations expenses nor transportation costs will not be calculated by BOKSS.
17	The Contractor shall not charge Service Users/Carers/Home staff or RCHEs / NH any fees for providing the service under MOSTE.

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QUOTATION REPLY

(A). Prefer location	for service deliver	y (please tick as appro	opriate)			
☐ Sha Tin	☐ Tai l	□ Tai Po □ Nort				
	he professional ser		ce with the number of	minimum and		
Professional Service	Please ✓ the service, if you want	The number of Minimum Service Sessions to be complied in CONTRACT PERIOD	The number of Maximum Service Sessions to be complied in CONTRACT PERIOD	Price of Each Session (HK\$)		
(EXAMPLE)	✓	1,000	5,000	200		
Physiotherapy						
Occupational Therap	ру					
Physiotherapy						
Speech Therapy						
	ovider is finalized		rvice delivery to be off	ered by each		
Contractor Name:	(Eng)(Chi)					
Contact Person:						
Tel No.: Address:	Fax No.:Email:					
		Company (Chop & Signature of th	ne Contractor		
		 Date:				