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Principles and conditions of granting social welfare and health care services

Services for the elderly

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1 General principles guiding the granting of services for the elderly

This document describes the principles of granting services for the elderly within the Western Uusimaa Wellbeing Services County.

1.1 Essential legislation guiding the granting of services for the elderly

The legislation regarding the organisation of social welfare and health care services is observed in the granting of the services in question. The acts that are essential in the granting of the services are as follows:

- Social Welfare Act (1301/2014)
- Health Care Act (1326/2010)
- Act on the Status and Rights of Social Welfare Clients (812/2000)
- Act on the Status and Rights of Social Welfare Clients (785/1992)
- Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons (980/2012)
- Act on Client Charges in Healthcare and Social Welfare (734/1992)
- Act on Wellbeing Services County (611/2021)
- Act on Support for Informal Care (937/2005)
- Family carer act (623/2005)
- The Act on Organising Healthcare and Social Welfare Services (612/2021)
- Municipality of Residence Act (201/1994)

1.2 Municipality of residence

The granting of services requires the client to actually live in a municipality within the Western Uusimaa Wellbeing Services County, as specified in the Municipality of Residence Act (201/1994). In urgent situations, necessary care will be secured for persons residing in the wellbeing services county pursuant to the Social Welfare Act (Section 12).

1.3 Applying for, granting and deciding on the services

The granting of services is based on a service needs assessment and client plan. Services are granted on the basis of a service needs assessment for reasons such as illness, disability, impaired functional capacity and a particular family or life situation to persons who need assistance with housing, treatment and care, promoting and maintaining functional capacity, accessing services and handling other tasks and functions that are part of day-to-day life.

Each client's need for services is assessed comprehensively. The service needs assessment must be initiated without delay and completed without undue delay. For persons over 75 years of age, the assessment must be initiated no later than on the seventh working day from the client, their loved or another person contacting the social welfare services in order to obtain social welfare services. The service needs assessment is free of charge to the client. The overall assessments considers the person's ability to handle day-to-day life, physical functional capacity, psychosocial well-being, the obstacles that the living environment places on the functional capacity, financial opportunities, and the opportunities of loved ones and volunteers to support the persons day-to-day life.

The service needs assessment utilises the RAI assessment tools as well as other reliable indicators that measure functional capacity and care needs. A single functional ability scale result is not a criterion for receiving assistance, support or service. The decision on granting the services is made based on assessing the client's overall situation.

Support services for living at home, remote services and rehabilitative services are primarily services to support the client with handling day-to-day life and maintaining personal functional capacity. In the context of home care services, the lowest priority option is regular home care.

The services granted to a client can be increased or reduced, or the services can be discontinued entirely if the client's functional capacity and/or service

needs change. Services can be granted for a fixed term or continuously. The harmonisation of the services within the wellbeing services county is partially under way, which means that there is still variation in the availability of the services.

2 Support services for living at home

2.1 Meal service

MEAL SERVICE	GRANTING CONDITIONS AND CRITERIA
A meal service can comprise opportunities to have meals at service centres or meals that are delivered to the home. The meals offered adhere to the nutritional recommendations for seniors. Home delivery meals are frozen. If necessary, the service covers special diets. The service includes monitoring the client's well-being.	The meal service can be granted as the only service or alongside other services based on an assessment of the service needs and, if necessary, nutritional condition. Home delivery meals are intended for clients whose functional capacity has deteriorated enough for one or more of the following conditions to be met: • The client is unable to take care of meals either independently or with the help loved ones (purchasing and preparing food, related travel). • The client is unable to take meals at service centres. • The client is in the recovery phase of an illness and therefore requires good nutrition to support rehabilitation. • The client has been found to be in a poor nutritional state, which needs to be rectified. The meal service can also be granted to ensure age-appropriate intensified nutrition, with due consideration to special diets. The nutritional state is assessed with a suitable indicator (RAI, MNA).

2.2 Cleaning service

CLEANING SERVICE	GRANTING CONDITIONS AND CRITERIA
As maintenance cleaning, the cleaning service can include vacuum cleaning, dusting, and floor and toilet washing. The cleaning service does not cover thorough cleaning, window washing and carpet beating.	The service is subject to discretion and is granted on the basis of a service needs assessment. The service is aimed at people who are in a disadvantaged financial situation, which means that the assessment considers the client’s financial situation. The service can be granted as the only service. Primarily, clients are directed to purchase the services themselves.

The service is primarily provided through service vouchers. The service is available on weekdays (Mon–Fri) between 7:00 and 18:00.	Cleaning services are available to persons whose functional capacity has been impaired in the long term and who are unable to purchase the service directly or arrange the service for their home. The service is primarily arranged through service vouchers. Service vouchers are normally granted for two (2) hours a month. The value of the cleaning voucher is determined based on the gross income of the household. If the client does not have the opportunity to use a service voucher, the service will be arranged as an outsourced service. As regards support services that are arranged as outsourced services (cleaning, clothes care and service access assistance), a total maximum of eight (8) hours per month can usually be granted. Discretionary income limit: The gross income limit for a one-person household is €1,470 per month and for a two-person household €2,168 per month. For the income assessment, the client must provide the latest tax decision. The decision is not taken solely on the basis of the client's income.

2.3 Clothes care

CLOTHES CARE	GRANTING CONDITIONS AND CRITERIA
Clothes care means laundry and further processing of clothes outside the home. Clothes care includes the washing of clothes and linen and hanging them up to dry in the client's home or the housing company's laundry room. Clothes care can also include folding clothes and putting them where they belong. Clothes care does not include washing hand-washable clothes or mangling linen. The service is organised as an outsourced service. The service is available on weekdays (Mon–Fri) between 7:00 and 18:00.	The service is subject to discretion and is granted on the basis of a service needs assessment. The service is aimed at people who are in a disadvantaged financial situation, which means that the assessment considers the client's financial situation. The service can be granted as the only service. Primarily, clients are directed to purchase clothes care themselves. The services is intended for washing clothes and linen when the client is unable to wash them independently or with help. In exceptional cases, clothes care can also be arranged outside the home when the housing unit cannot fit a washing machine, the housing company does not have a laundry room, and the client is unable to use laundry services with assistance. The service is organised as an outsourced service for the client. As regards support services that are arranged as outsourced services (cleaning, clothes care and service access assistance), a total maximum of eight (8) hours per month can usually be granted. Discretionary income limit: The gross income limit for a one-person household is €1,470 per month and for a two-person household €2,168 per month. For the income assessment, the client must provide the latest tax decision. The decision is not taken solely on the basis of the client's income.

2.4 Service access assistance

SERVICE ACCESS ASSISTANCE	GRANTING CONDITIONS AND CRITERIA
Service access assistance means running errands and handling various affairs with the client at home and outside the home. This can include buying foodstuffs, daily consumer goods and medication as well as assisting service access at government agencies or service points. The tasks can include preparing an electronic shop order with the client, going shopping for groceries on behalf of the client, picking up medication from the pharmacy, placing purchased goods in the cupboards, assisting with contacting government agencies or escorting the client when accessing health care services. Service access assistance can include escorting the client to various events or hobbies, such as a service centre or indoor swimming pool. The service does not entail the assistant taking care of the client's finances, handling any cash or using the client's debit card. The handling of banking and financial affairs is arranged through family members and other persons close to the client. However, the service provider can escort the client when accessing banking services or going shopping. The service is organised as an outsourced service. The service is available on weekdays (Mon–Fri) between 7:00 and 18:00.	The service is subject to discretion and is granted on the basis of a service needs assessment. The service is aimed at people who are in a disadvantaged financial situation, which means that the assessment considers the client's financial situation. The service can be granted as the only service. The service is intended for clients with impaired functional capacity such that they need the assistance of another person to complete tasks. The client is unable to use self-financed services or volunteer operators. The client does not have family members/close people to provide assistance. Clients must arrange any transport at their own cost. The service is organised as an outsourced service for the client. As regards support services that are arranged as outsourced services (cleaning, clothes care and service access assistance), a total maximum of eight (8) hours per month can usually be granted. Discretionary income limit: The gross income limit for a one-person household is €1,470 per month and for a two-person household €2,168 per month. For the income assessment, the client must provide the latest tax decision. The decision is not taken solely on the basis of the client's income.

2.5 Safety aid service

SAFETY AID SERVICE	GRANTING CONDITIONS AND CRITERIA
The safety aid service provides assistance in acute situations. The service enables non-urgent assistance to the home around the clock. The purpose of the safety aid service is to improve safety and reduce concerns when the client suffers from deteriorated functional capacity or a memory disorder, or the client is at risk of falling or having a seizure. The safety aid service means a service that includes the suitable safety equipment, round-the-clock receipt of alerts through the equipment, assistance need assessments resulting from an alert and making sure that the client receives the necessary assistance regardless of the time of day.	The safety aid service can also be granted as an only service based on a service needs assessment. The service is arranged for clients who need it due illness, advanced age, disability or a similar reason that reduces functional capacity. The service is primarily intended for the following: • Persons who live alone and have a risk/tendency of falling and feel insecure due to reduced functional ability. • Persons who have a health condition that requires rapid assistance and are unable to call for help on quickly on their own with the telephone. • Persons who have a health condition that makes their daily life difficult and thus leads to dangerous situations. The RAI functional capacity indicator can be used to assess the risk of falling and getting lost. A locating bracelet can be issued to clients who are at risk of getting lost. A person with a locating bracelet must have two appointed loved ones who are notified of any alerts. A stove alarm device can be issued as part of the safety aid service on the following grounds, even if other reasons for granting one are not fulfilled: - a persons with a memory disorder actively uses the stove or another person in the household uses it and - there is a risk of the person with a memory disorder using the stove alone and the stove cannot be disabled by removing a fuse, for example. **Additional equipment:** Separate additional equipment can also be granted to a client based on a service needs assessment. The criterion for granting additional equipment is securing the client's life at home in situations where the client does not fulfil the criteria for round-the-clock service housing. ▪ Door alarm ▪ Stove alarm (installation costs and service visit fee at own cost) Clients must purchase any other additional equipment and services directly from the service providers at their own cost. For the installation of a stove guard, the client must separately book an electrician. The safety service requires the consent of the client. If the client breaks or misplaces a safety device or its additional parts, they must cover the costs. The service provider will invoice the client for any lost or broken products. The client must hand over 1–2 keys to the provider of the safety aid service for possible safety aid visits. Clients living in the Hanko-Raasepori area must provide two keys. The service can be granted if the client provides only one key, but this increases the risk of the service being delayed.

SAFETY AID SERVICE	GRANTING CONDITIONS AND CRITERIA
	Any assistance visits covered by the safety aid service are conducted with keyless door lock release (electrical lock), if the client has it installed.

3 Home care

Clients are referred to home care through a service needs assessment. Home care services can be granted to persons who cannot handle day-to-day activities at home independently or with the help of family members without treatment and care. The general rule is that the client's treatment and care requires the professional expertise of social welfare and health care personnel, and the client is unable to seek outpatient health care services independently or with an escort.

The functional capacity and service needs of home care clients are assessed on a regular basis. The assessment of the functional capacity is conducted with the RAI assessment tools when a client is found to be in need of regular home care or there are substantial changes in a home care client's functional capacity or conditions. Services granted to the client based on the assessment can be increased or reduced, or the services can be discontinued.

Home care services are implemented pursuant to the Act on Organising Healthcare and Social Welfare Services (612/2021) either as part of the wellbeing services county's own activities, as outsourced services or through service vouchers. Home care can be either temporary or regular. Home care is carried out with a rehabilitative approach, supporting the client's functional capacity.

The home care service is primarily provided by means of remote home care and an automatic medicine dispenser, if they have been assessed as being appropriate and suitable means for organising the services. The remote home care and medicine dispenser are used to support the

client's independence and ability to cope at home. For home care clients who require assistance with medication, the medicine is distributed through dispensers at pharmacies and the treatment itself is primarily carried out using an automatic medicine dispenser.

Remote home care refers to a service in which home visits are conducted remotely via a video link. Remote home care clients must meet the criteria for granting temporary or regular home care. Remote home care services are granted based on a service needs assessment, which involves a professional assessing the suitability of the service to the client in question.

A condition for the implementation of the remote home care is that the client is able to move to the terminal device and follow the instructions provided. The suitability of the remote home care service is also assessed during the client relationship.

The client is provided with the equipment required for remote home care free of charge. In connection with initiating the remote home care, a tablet is installed in the client's home and the client is instructed in the use of the device. The remote connection can be used to monitor the client and send reminders to the client in relation to taking medication and having meals.

To be granted an automatic medication dispenser, the client must meet the requirements for granting temporary or regular home care and be unable to handle medication independently. With a medication dispenser, the client can obtain the necessary medication independently without home care services having to conduct a home visit. Alternatively, the medication dispenser can help to shift the timing of a home care services visit or enable a remote visit.

A professional will assess the suitability of the medication dispenser for each client. For the service to be granted, the client must understand

the purpose of the device and be able to use it. A criterion for using the medication dispenser is that the client is able to grip a bag or cup of medication and place the medication in their mouth. In addition to this, the client's medication must be suitable for dispensing through the device.

The medication dispenser ensures that the drugs are dispensed to the client in a safe and timely manner. The home care services are responsible for filling the dispenser. The medication dispenser notifies the home care services of any discrepancies, such as missed doses or errors in the device.

A variety of medication dispensers are used. The client's functional capacity and the suitability of the medication for a dispenser are considered in the choice of the device. The dispenser is filled with dose dispensing bags, or the client's medication doses are placed in the device in cups.

3.1 Temporary home care

TEMPORARY HOME CARE	GRANTING CONDITIONS AND CRITERIA
The service is intended for clients with impaired functional capacity due to illness, injury or other similar reason. The client's functional capacity has been temporarily impaired following surgery, for example. Temporary home care is available according to service needs around the clock. Nighttime visits are planned home visits that are agreed upon in advance. Nighttime visits are carried out to support living at home as part of regular and temporary home care.	The treatment requires the expertise of health care and social welfare professionals, and the client is unable to seek outpatient health care services even with assistance. The client requires a limited amount of assistance from another person, and the need presents itself in the following day-to-day activities: eating, moving out of a bed and chair, mobility, going to the toilet, and personal hygiene. **and/or** The client's cognition, short-term memory or daily decision-making has been impaired in the areas of medication, nutrition or other day-to-day activities. **and/or** **The result of the MMSE memory test is ≤24/30** Mild cognitive impairment.

TEMPORARY HOME CARE	GRANTING CONDITIONS AND CRITERIA
The service need can also be due to an informal carer being temporarily prevented from caring for the customer. The service need must be temporary and last no more than two months. The home care services will assess the client's service need during the care period. A single indicator result cannot be regarded as a criterion for being granted or denied assistance, support or service.	In some cases, it has been estimated that 27 points indicate a deviation, while in other cases, 23 points may not indicate a memory disorder. **and/or** The client has a mental illness that requires continuous treatment and care, and the result of the geriatric depression screen GDS-15 is ≥ 5/15, despite optimal treatment (mild depression). **Temporary home care will not be granted in the following cases:** • The client needs help exclusively for medication dosing, cleaning or some other housekeeping task. • The client needs help with showering and the aforementioned criteria for granting the service and the individual assessment of the overall situation do not meet the conditions for home care. • The client is legally competent and understands the need for the treatment but does not want or repeatedly refuses to accept the services. • The safe working conditions and personal integrity of the home care workers cannot be ensured in the client's living environment (Occupational Safety and Health Act 738/2002).
TEMPORARY HOME NURSING Temporary home nursing is medical treatment provided at home. It covers stitch removal, wound care, treatment of stomas or drains at home, and the administration of injections. The treatment is provided until the client can access a treatment facility, such as a health centre, independently or with an escort.	• The treatment requires the expertise of health care and social welfare professionals, and the client is unable to seek outpatient health care services even with assistance. • The need for medical treatment involves a single visit, a few visits or visits that take place less frequently than once a week. • If the client's need for assistance only pertains to applying supporting bandages or support stockings, the service will be initiated as temporary home nursing. The home care workers actively practise the use of aids that help the client to put on and remove support stockings. The aim is that the client can use the stockings independently or at least remove them. The service need is assessed regularly
SAFE MEDICATION The service is intended for clients who need assistance with their medication. As a general rule, medication is conducted with an automatic medication dispenser and dose distribution, based on a service needs assessment, in a manner that suits the client's situation. The home care services are responsible for the safe medication, according to the medication plan. The	**GRANTING CONDITIONS AND CRITERIA** • The client needs help with the full or partial implementation of the medication. • A partial need can arise from the client dividing and taking the medication independently but needing help with injections, for example. • To be fully realised, medication requires control, monitoring and assessment. • When granting the medication service, the capabilities of the home care services to carry out the treatment safely are assessed. If the home care services are responsible for the client's medication and it is found that, for reasons related to the client's illness, it is not safe to

TEMPORARY HOME CARE	GRANTING CONDITIONS AND CRITERIA
responsibility entails cooperating with the pharmacy and doctor, maintaining the client's list of medication, reacting to any changes in medication, and monitoring and assessing the effectiveness of the medication. The implementation of safe medication means that the home care services deliver the client's medication to the dispenser or the medication in question are, as applicable, covered by the dose distribution.	store the medication at home without a lockable storage solution, the client's medication can be stored at home in a locked drug cabinet or box. If a lockable drug box is used, an entry is added in the client's treatment and service plan. **Medication is not granted in the following cases:** • If the pharmacy can arrange the dose distribution service, including transport, and the client does not require the medication to be monitored. • If a family member/client purchases the medication and doses it into a pill dispenser, the client must be able to take the medication from the dispenser independently or a family member must assume responsibility for administering the medication. The home care services cannot administer medication from an unchecked pill dispenser.
DRUG CABINET WITH AN ELECTRICAL LOCK Carrying out safe and controlled medication and storing medication in the client's home. The drug cabinet is opened and locked with a mobile phone, and every use of the cabinet is registered. The system saves the exact opening and closing time and the details of the person in question. If necessary, a family member can be provided with keys, in which cases this information is not recorded.	**GRANTING CONDITIONS AND CRITERIA** • Home care client relationship • The client requires supervision in taking medication. • The medication must be stored in a locked space. • The client's door can be opened without a key.
SUPPORT FOR WASHING ONESELF AND HANDLING HYGIENE The hygiene service refers to assisting clients with washing themselves at a designated location outside the home. If necessary, transport can be arranged for the client. The service is organised as an outsourced service.	**GRANTING CONDITIONS AND CRITERIA** The service is granted on the basis of a service needs assessment. The service can be granted as the only service. The service is intended for clients whose washing facilities at home are lacking and unsafe and who, due to their impaired functional capacity, need help with washing themselves. Furthermore, the client is unable to access the washing facilities even with assistance or aids due to their functional capacity, and the washing facilities cannot be made functional and safe by reasonable means.

3.2 Regular home care

REGULAR HOME CARE	GRANTING CONDITIONS AND CRITERIA
Regular home care is intended for clients with impaired functional capacity due to ageing, illness or injury who are unable to cope independently, with the help of relatives or other services in everyday life. The service is available around the clock according to service need. Nighttime visits are planned home visits that are agreed upon in advance. Nighttime visits are carried out to support living at home as part of regular or temporary home care. The need for regular home care is continuous (weekly or daily) and lasts for more than two months.	The granting of the services is based on a comprehensive assessment of service needs. The client's situation in life and functional capacity is examined as a whole. The planning of the service package considers the client's living environment, the network involved in the treatment and other services that have already been granted. The RAI functional capacity indicator is used in determining whether or not the service is to be granted. A single indicator result cannot be regarded as a criterion for being granted or denied assistance, support or service. **RAI assessment:** **ADL-H ≥2**. The client needs a limited amount of assistance from another person, and the need for assistance occurs in the context of the daily activities listed below. The ADL-H indicator measures the performance of daily activities. Daily performance includes the following: eating, moving from a bed and chair, mobility, going to the toilet and personal hygiene. **and/or** **CPS ≥2**. Slight deterioration of cognition The client's short-term memory has been impaired and daily decision-making has become more difficult in the areas of medication, nutrition or other daily activities. The CPS indicator measures the client's cognitive functional capacity. The indicator measures cognitive ability in relation to four variables; being understood, decision-making, ability to eat independently and short-term memory. **and/or** **The result of the MMSE memory test is ≤24/30**. Slight cognitive deterioration. In some cases, it has been estimated that 27 points indicate a deviation, while in other cases, 23 points may not indicate a memory disorder. **and/or** **MAPLe ≥3**. The client needs treatment and care on a daily basis. The MAPLe indicator measures service need. A score of MAPLe 3–5 indicates that the client's service need is moderate, high or very high. **and/or**

REGULAR HOME CARE	GRANTING CONDITIONS AND CRITERIA
	The client has a mental illness that requires continuous treatment and care, and the result of the geriatric depression screen GDS-15 is ≥ 5/15, despite optimal treatment (mild depression). In terms of nighttime visits, there is also a need for specialised treatment, medication, basic treatment and positioning treatment and/or the visits are covered by the assessment of the ability to cope at home. **Other criteria:** • The abilities of the client, relatives, volunteers and support services to ensure the ability to cope at home have been investigated, or the relevant means have already been deployed and found insufficient. • The client's livelihood is jeopardised, or the client needs to apply for social assistance in order to be able to procure the necessary services independently. Use of the service must not result in the need for social assistance. • The client's overall situation is such that the provision of the treatment is not compromised without the client being covered by the monitoring of the wellbeing services county's client guidance and the home care organised by the wellbeing services county. • An informal carer is responsible for the client's primary care, and home care is required to support the informal care. • The client service need is related to medical treatment, and the client cannot travel to a health centre, even with assistance. If the client's need for assistance only pertains to applying supporting bandages or support stockings, the service will be initiated as temporary home nursing. The home care workers actively practice the use of aids that help donning and removing support stocking with the client. The aim is that the client can use the stockings independently or at least remove them. The service need is assessed regularly **Regular home care will not be granted in the following cases:** • The client needs help exclusively with medication dosing, cleaning, accessing services or some other housekeeping task. • The client needs help exclusively with showering, or the client's service need is minor (0–4 h/month) and the aforementioned criteria for granting the service are not met. • The client is legally competent and understands the need for the treatment but does not want or repeatedly refuses to accept the services. • The safe working conditions and personal integrity of the home care workers cannot be ensured in the client's living environment (Occupational Safety and Health Act 738/2002).

REGULAR HOME CARE	GRANTING CONDITIONS AND CRITERIA
SAFE MEDICATION The service is intended for clients who need assistance with their medication. As a general rule, the medication is conducted with an automatic medication dispenser and dose distribution in a manner that suits the client's situation. The home care services are responsible for the safe medication, according to the medication plan. The responsibility entails cooperating with the pharmacy and doctor, maintaining the client's list of medication, reacting to any changes in medication, and monitoring and assessing the effectiveness of the medication. The implementation of safe medication means that the home care services deliver the client's medication to the dispenser or the medication in question are, as applicable, covered by the dose distribution.	• The client needs help with the full or partial implementation of the medication. • A partial need can arise from the client dividing and taking the medication independently but needing help with injections, for example. • To be fully realised, drug treatment requires control, monitoring and assessment. • When granting the medication service, the capabilities of the home care services to carry out the treatment safely are assessed. If the home care services are responsible for the client's medication and it is found that, for reasons related to the client's illness, it is not safe to store the medication at home without a lockable storage solution, the client's medication can be stored at home in a locked drug cabinet or box. If a lockable drug box is used, an entry is added in the client's treatment and service plan. **Medication is not granted in the following cases:** • If the pharmacy can arrange the dose distribution service, including transport, and the client does not require the medication to be monitored. • If a family member/client purchases the medication and doses it into a pill dispenser, the client must be able to take the medication from the dispenser independently or a family member must assume responsibility for administering the medication. The home care services cannot administer medication from an unchecked pill dispenser.
DOSE DISTRIBUTION OF MEDICATION The dose distribution of medication is a service in which the pharmacy provides the client's regular drugs in dose-specific bags. Home care provides the medication to the client according to the plan.	**GRANTING CONDITIONS AND CRITERIA** • The client meets the criteria for granting regular home care. • Drugs that are taken as needed as well as liquid and injectable medications are not suitable for dose distribution. • The client's medication is relatively stable, and the client requires the assistance of home care services to ensure the safe implementation of the medication.
DRUG CABINET WITH AN ELECTRICAL LOCK Carrying out safe and controlled medication and storing medication in the client's home. The drug cabinet is opened and locked by mobile phone, and every use of the cabinet is registered.	• Home care client relationship • The client requires supervision in taking medication. • The medication must be stored in a locked space. • The client's door can be opened without a key.

REGULAR HOME CARE	GRANTING CONDITIONS AND CRITERIA
The system saves the exact opening and closing time and the details of the person in question. If necessary, a family member can be provided with keys, in which cases this information is not recorded.	
SUPPORT FOR WASHING ONESELF AND HANDLING HYGIENE The hygiene service refers to assisting clients with washing themselves at a designated location outside the home. If necessary, transport can be arranged for the client. The service is organised as an outsourced service.	**GRANTING CONDITIONS AND CRITERIA** The service is granted on the basis of a service needs assessment and can be granted as the only service. The service is intended for clients whose washing facilities at home are lacking and unsafe and who, due to their impaired functional capacity, need help with washing themselves. Furthermore, the client is unable to access the washing facilities even with assistance or aids due to their functional capacity, and the washing facilities cannot be made functional and safe by reasonable means.

3.3 Other preconditions for the service

Safe and high-quality home care requires commitment to a jointly prepared care and service plan as well as the following principles of implementing the service:

- The client undertakes to use the aids needed for the treatment, if their use is essential in terms of the client's care and a prerequisite for ensuring the safety of the client and worker in the treatment situations. This equipment includes an electrically adjustable treatment bed, a lifting and moving devices, keyless door opening, and various safety and remote connection devices.
- If the client is provided with technological equipment, such as an automatic medication dispenser or remote device, the client undertakes to ensure the appropriate use of this equipment.
- Workers are entitled to a smoke-free working environment. The client and their relatives undertake to not smoke in the presence of the worker.

- The substance abuse of the client or their relatives must not compromise the safety of the personnel. The general condition of a client who is under the influence of intoxicants is checked, and the planned treatment measures are only carried out once the client is no longer inebriated. If necessary, the treating doctor is consulted.
- Pets that that behave in a manner that is unpredictable or disruptive to the care work are to be kept on a leash or in another room during the visits. In some cases, even a familiar pet can react unpredictably to treatment measures. The tasks of the home care workers do not include pet care. The home care workers are obliged to file an animal welfare notification where necessary.
- In order to ensure the occupational safety of the workers, their integrity and non-discrimination must be ensured. The workers must be treated appropriately regardless of their gender, religion, ethnic background or similar characteristic.
- Clients cannot choose the care workers who treat them. The home care staff are qualified and professional, and the employer has ensured their suitability for the work.
- If there are guests in the client's home during a visit, the guests undertake to let the staff carry out their work in peace during the home visit. The presence of guests must not jeopardise the safety of the staff. The duties of the home care workers do not include taking care of the guests' dishes, rubbish or laundry, for example.
- The home visit will be stopped in the event of any threatening or dangerous behaviour. The client's care implementation plan will then be reassessed, and the visits will be conducted with other actors, such as security guards.
- Clients, relatives or carers may only video or otherwise record care situations with the valid consent of the client in question.
- It is prohibited to publish any video material or other recordings without the consent of all parties involved.
- It is the responsibility of the client and family members to ensure the accessibility of the housing unit and yard area (for example, clearing snow, gritting, access inside the home).

- The clients and their family members must ensure the fire safety of the home and the working order of the electrical equipment. Home care workers are obliged to report any situations in which safety risks are observed.
- The duties of home care workers do not include heating the home or sauna.
- Home care workers will not take care of the client's finances, handle any cash or use the client's debit card. The handling of banking and financial affairs is arranged through family members and other persons close to the client.
- The home care worker can switch on a washing machine or dishwasher if the client can then monitor the operation of the device. If the device cannot be left on after the home visit, the home care worker will not take care of the operation of the washing machine or dishwasher.

3.4 Discontinuing home care services

The need for home care services is assessed on a regular basis. If the home care services are to be discontinued, the client and, if necessary, their family member or legal representative will be heard. The client's service need and the method of arranging the services are assessed together. If necessary, clients will be referred to other services that meet their needs. Furthermore, the continuity of the care is ensured in situations where the responsibility for the care is transferred to another party.

Home care services can be discontinued for the following reasons:

- The client no longer has the need for home care (the grounds for granting it are not met) or the service can be arranged in some other way.
- The client is legally competent and understands the need for the treatment but does not want or repeatedly refuses to accept the services.

- The client is legally competent but will not commit to cooperation even though they understand its significance in terms of their care and well-being (the client is repeatedly unreachable, for example).
- The safe working conditions and personal integrity of the home care workers cannot be ensured in the client's living environment (Occupational Safety and Health Act 738/2002).
- In the event that a client's service need increases permanently by more than 55 hours a month and/or if the client's care can no longer be sufficiently or safely conducted in the home, the client's overall situation will be assessed in a multiprofessional manner. Based on the multiprofessional assessment, a decision is made on the services needed by the client, which will then be observed. Should the multiprofessional assessment indicate that home care is no longer a sufficient or safe option for the client but the client would like to continue living at home with the help of home care services despite the ample need for assistance (more than 55 hours), the client must purchase the additional services at their own cost.

4 Home rehabilitation and rehabilitative daytime activities for the elderly

Clients are referred to home rehabilitation and rehabilitative daytime activities through professional assessment. The client is assessed as having the potential for rehabilitation. The service aims for restoring or promoting functional capacity or slowing down its deterioration. The service need can be indicated by a variety of parties, such as a hospital, discharge team, home care, Senior Info or joint social welfare and health care services.

Services can be granted to clients who cannot handle daily activities at home independently or with the support of family members/loved ones. Home rehabilitation is primarily periodic in nature, but it can also consist of individual assessment and guidance visits. Rehabilitative daytime activities are always periodic. The rehabilitation period involves

personal goals, the achievement of which is assessed at the start and end of the period. At the end of the period, the need for further rehabilitation is assessed and the client is referred to a service as needed.

The services of home rehabilitation and, generally speaking, rehabilitative daytime activities are produced by the wellbeing services county itself. Remote services are primarily used in the production of home rehabilitation services and rehabilitative daytime activities services. The suitability of remote services is assessed on a client-specific basis.

4.1 Home rehabilitation

HOME REHABILITATION	GRANTING CONDITIONS AND CRITERIA
DISCHARGE SUPPORT The purpose of the service is to ensure the client's safe discharge and the ability to cope at home.	The service is intended for clients of regular home care and clients who are not yet covered by the services. The purpose of the service is to meet the client's support needs in the context of planned and sudden discharges on the day of the discharge and for 1–5 days thereafter. There can be a need for home visits by a nurse and/or therapist.
REHABILITATIVE ASSESSMENT PERIOD The service includes an active multiprofessional rehabilitation period, which enables the client to live at home independently or with support from services. The service seeks to fulfil both treatment-related and rehabilitative needs. The service can be produced remotely either in part or in full.	The service is intended for clients who do not have regular home care services but who meet the criteria. The client is unable to access outpatient health care services either independently or with an escort. The client's functional capacity has deteriorated enough for it to jeopardise safe living at home. The client requires multiprofessional rehabilitation and an assessment regarding services that support living. The length of the rehabilitation period is 1–6 weeks. If necessary, the rehabilitation can take longer if the client has progressed in reaching the goals but still requires support. At the end of the period, the need for further treatment and rehabilitation is assessed, and the client is referred to services.
THERAPIST'S VISIT The aim of the service is to ensure the client's ability to cope independently or with as few services as possible.	The service is intended for clients who do not have regular home care services and who do not meet the criteria for regular home care. The client is unable to access the rehabilitation services of outpatient health care either independently or with an escort.

HOME REHABILITATION	GRANTING CONDITIONS AND CRITERIA
The service includes personal rehabilitation for the client in the home environment to bolster functional capacity and, if necessary, instructing a family member/loved one on supporting the client's functional capacity. The service responds to the client's needs for physiotherapy and/or occupational therapy. The service can be produced remotely, either in part or in full.	The therapist's visits can take the form of individual guidance visits or a rehabilitation period. The duration of a rehabilitation period can be no longer than six weeks. If necessary, the rehabilitation can take longer if the client has progressed in reaching the goals and there is still estimated to be rehabilitation potential. At the end of the period, the need for further rehabilitation is assessed and the client is referred to a service.

4.2 Rehabilitative daytime activities for the elderly

REHABILITATIVE DAYTIME ACTIVITIES FOR THE ELDERLY	GRANTING CONDITIONS AND CRITERIA
REMOTE REHABILITATIVE DAYTIME ACTIVITIES Remote day time activities is the primary way to produce rehabilitative daytime activities. This particularly applies to clients whose psychosocial functional capacity has deteriorated or they need support with maintaining their functional capacity. The services involves wide-ranging group-based activities/rehabilitation services that promote functional capacity and are arranged remotely. A period of remote and in-person rehabilitative daytime activities can also be arranged as a combination of the two.	The service can primarily be granted to elderly clients whose social, psychological or physical functional capacity has deteriorated or there is a threat of that happening. At any one time, remote daytime activities are granted for no more than three months once or twice a week. Granting the service requires that • the client can function in a remote group • the client has the sufficient capabilities to use remote services (remote home care clients, for example). The service cannot be used as a statutory day off in informal care.
IN-PERSON REHABILITATIVE DAYTIME ACTIVITIES This involves providing the client with wide-ranging group activities that promote functional capacity.	The service can be granted to clients whose functional capacity has deteriorated or there is a risk of this happening. In-person daytime activities are generally granted for three months.

REHABILITATIVE DAYTIME ACTIVITIES FOR THE ELDERLY	GRANTING CONDITIONS AND CRITERIA
This particularly applies to clients whose functional capacity has changed or who need support with maintaining their functional capacity. A period of in-person and remote rehabilitative daytime activities can also be arranged as a combination of the two. The length of the period and the weekly visits are assessed on a case-by-case basis.	Granting the service requires that: • the client can function in a group • the client may need occasional assistance with transitions. A mobility aid is no obstacle for participating in a group. The service can be granted for informal care support clients with an informal care agreement from the wellbeing services county for at least six months. The service can be used to organise care for a statutory day off in informal care. If the client cannot access the activities with assistance from a family member/loved one, the daytime activities can also be granted with a transport service on a discretionary basis.

5 Support for informal care

BRIEF DESCRIPTION OF THE SERVICE

Support for informal care consists of the informal carer's care fee and services aimed at supporting the care and treatment provided by a relative or loved one at home.

The care category and care fee paid to the informal carer are graded based on how binding and demanding the care provided by the informal carer is considered to be. As a rule, all items in the care category description must be met.

GRANTING CONDITIONS AND CRITERIA

General conditions
According to the Act on Support for Informal Care (937/2005, §3), a Wellbeing Services County can grant support for informal care in the following cases:

- a person needs treatment or care at home due to reduced functional ability, illness, disability or other similar reason;
- the relative of the person being cared for or other person close to them is prepared to take responsibility for the person's treatment and care by means of the necessary services;
- the carer's health and functional ability meet the requirements of informal care;
- informal care, along with other necessary health care and social welfare services, is adequate in terms of the well-being, health and safety of the person being cared for;
- the home of the person being cared for is suitable for the treatment provided there in terms of health and other conditions; and
- granting the support is deemed to be in the best interests of the person being cared for.

Support for informal care is a discretionary benefit that is granted within the limits of the appropriation reserved for the purpose in the wellbeing services county's budget. The applicant's need for

assistance and care is assessed and compared as a whole to those of other applicants. In the Western Uusimaa Wellbeing Services County, support for informal care is targeted at demanding care and treatment in accordance with the criteria and conditions listed below:

Informal care is demanding and constantly binding every day.

- Support for informal care can only be granted for situations that require care and treatment related guidance, support and/or assistance (e.g. help with transitions, getting around, going to the toilet, washing, getting dressed, eating, taking medication, treatment measures, communication) beyond that included in normal close relationships. Informal care can be even more demanding if it involves difficult mental symptoms that do not respond to treatment, challenging behavioural traits, social or safety-related symptoms, or severe sensorial disabilities.
- Managing the care recipient's affairs and taking care of their household are not considered sufficient grounds for granting support for informal care. Normal family responsibilities, such as spouses helping each other in a customary manner and normal parenting (age-appropriate care and upbringing of a child), are also not considered informal care.
- The extent to which informal care is considered binding is affected by the care recipient's independence and functional ability as well as their need for assistance and supervision.
- When assessing how binding and demanding the informal care is, the other social and health care services received by the care recipient are considered and the informal carer's share in the care entity is examined. If the care responsibility mainly rests elsewhere, the care category may be lowered or the support denied entirely.
- If there are any changes as to how binding or demanding the care is, the need for support and care category will be reassessed as necessary.

Requirements for informal carers

- The informal carer's health and functional ability meet the requirements of informal care and the carer is suitable for the task in terms of their age, resources and life situation. A person under the age of 18 or a hired employee cannot act as an informal carer. All guardians must give their consent for the care and treatment of a minor child to be organised as informal care.
- By signing a care contract, the informal carer commits to the care responsibility.
- The carer acts in accordance with the best interests of the care recipient, taking into account their views and requests.
- The informal carer must be able to cooperate with the wellbeing services county employee responsible for informal care as well as with other parties involved in the care recipient's treatment.
- Informal care does not jeopardise the carer's health or safety.
- The informal carer is obliged to notify the wellbeing services county if there are any changes in the care or other circumstances.

Care categories (adults > 18 years)

1. Daily need for care and treatment

The extent of how binding and demanding the care is:

- The informal care is binding and demanding in terms of its content.
- The care recipient needs care, treatment, guidance, supervision, support or assistance in their daily personal activities several times a day.
- The care recipient does not have a regular need for night-time assistance, or the need for night-time assistance is minor.
- The care recipient is able to cope alone for some periods of time, but other care and service arrangements are required during any longer absences of the carer.

- Technical aids (e.g. remote monitoring or alarm devices, image and audio connection) can be partly utilised in supervision and guidance.
- The care recipient may regularly spend a part of their day or week outside the home (e.g. in daytime activities) without it affecting the care fee.
- Without the informal care, the care recipient would regularly require daily visits from home care or a lot of personal assistance services.

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2. Round-the-clock need for care

The extent of how binding and demanding the care is:

- The informal care is more binding and demanding in terms of its content than in care category 1.
- The care recipient needs a lot of care and treatment as well as constant guidance, supervision, support or assistance in their daily personal activities.
- The care recipient also needs care and treatment at night. The care and treatment required at night is recurring and regular. If the need for care at night is minor, the need for daytime care and supervision must be extensive.
- The care work mostly requires a round-the-clock contribution from the informal carer.
- The care recipient is occasionally able to cope alone for only short periods of time (e.g. while the carer is running errands) but other care and service arrangements are required during any longer absences of the carer.
- The care recipient may regularly spend a part of their day or week outside the home (e.g. in daytime activities) without it affecting the care fee.

Without the informal care, the care recipient would require round-the-clock service housing outside the home and would not be able to cope solely with the assistance of home care.

3. Highly demanding phases

This care category includes clients who are in a difficult transition phase in terms of their care or in need of highly demanding round-the-clock care, mostly in the short term.

The extent of how binding and demanding the care is:

- The informal care is highly binding and requires special skills or learning demanding treatment measures, or is in other respects particularly demanding.
- The care recipient's functional capacity or state of health requires from the carer extensive physical assistance, supervision and care in almost all daily activities around the clock, including several times a night.
- The care work mostly requires round-the-clock attendance from the informal carer.
- The care recipient cannot be safely left home alone at all, and the carer's presence cannot be replaced by technical aids.
- The care recipient does not regularly spend a part of their day or week outside the home.

Without the informal care, the care recipient would require extensive round-the-clock care outside the home, such as service housing or care at a ward.

In accordance with current legislation, the category 3 care fee will not be paid if the carer has considerable work income from the same period of time or if the carer would be entitled to receive special care allowance in accordance with chapter 10 of the Health Insurance Act (for a child under the age of 16) or job alternation compensation in accordance with section 13 of the Act on Job Alternation Leave for the same period of time (Section 5. Act on Support for Informal Care).

6 Family care for the elderly

BRIEF DESCRIPTION OF THE SERVICE

Family care refers to organising treatment or care in the private home of a family carer (family home) or in the customer's home with the help of a family carer. Family carers are not employees of the wellbeing services county. Instead, the cooperation is based on a commission agreement.

GRANTING CONDITIONS AND CRITERIA

Family care can be granted to support a client under the Social Welfare Act (1301/2014) if, for example,

- the client needs the guidance, support or company of someone else to cope in everyday life,
- the client feels insecure, anxious, depressed or lonely, or
- the RAI functional capacity indicator shows that the client's functional capacity has decreased in one or more areas.

Family care is not an adequate solution if the client's need for help

- primarily relates to medical treatment or
- other demanding professional treatment (challenging mental or behavioural symptoms, instances of running away) or
- assistance from two persons or aid equipment that cannot be used or
- regular nighttime assistance or
- the client or relevant family member refuses to commit to cooperation.

Requirements for granting family care

- Family care is suitable and appropriate for the client's situation.
- Family care, along with other health care and social welfare services, is adequate in terms of the well-being, health and safety of the client.

The assessment considers the client's need for assistance, functional capacity and wishes, as well as the capacity of the family carer to respond to them.

7 Housing for the elderly

7.1 Short-term assessment and rehabilitation period for the elderly

BRIEF DESCRIPTION OF THE SERVICE

The aim of a short-term assessment and rehabilitation period is to support the return home and living at home. The service is primarily intended for seniors.

GRANTING CONDITIONS AND CRITERIA

The aim of the short-term assessment and rehabilitation period is to support the client's living at home. The service can be granted on the basis of a person's reduced functional ability, illness, injury or other similar reason, or in acute crisis situations.

The decision will be made on the basis of a service needs assessment. Granting the short-term assessment and rehabilitation period is always based the client's need.

The service can also be granted to a person with an informal carer to enable statutory days off for the informal carer and also to support the resources of persons caring for their relatives without support for informal care.

7.2 Communal housing for the elderly

BRIEF DESCRIPTION OF THE SERVICE

Communal housing is rental housing that includes the housing unit, common areas and activities for the residents, and care according to needs. The service is primarily intended for seniors.

GRANTING CONDITIONS AND CRITERIA

Functional capacity:
The client can manage daily activities with an aid or assistance from a single person and can call for help if necessary. The client does not need continuous monitoring or care at night. The client is able to move about safely without getting lost repeatedly, even if their memory is somewhat impaired. The client does not exhibit disruptive behaviour related to their own safety or living or the safety of other clients.

Need for assistance

- The client exhibits deterioration of physical, psychological, cognitive or social functional capacity, and safe housing cannot be organised through conventional housing arrangements by means of outpatient care. However, the client does not have a need for long-term round-the-clock service housing.
- In home care, the client has repeated needs for assistance that take the form of on-call visits or security phone alerts.
- The poor condition or unsuitability of the home cannot be considered as sole grounds for granting the opportunity for communal housing.

Service needs are always assessed on a case-by-case basis. The prerequisite for the service is that home care services or other services that support living at home have already been tried in the client's daily life, but they have been deemed insufficient.

Indicators
The indicators are used to assess the client's need for assistance, and they are part of assessing the client's overall situation. Indicators and their indicative values in relation to the service:

Results of the RAI assessment:

- Daily activities: ADL-H≥2 and
- Cognitive functional capacity: CPS≤3 or MMSE≥18/30.
- Home care client MAPLe5: 3–4

Depression symptoms: GDS>15/30 and/or the client is considered to benefit from communal housing due to issues related to social and psychological well-being or safety.

7.3 Short-term round-the-clock service housing for the elderly

BRIEF DESCRIPTION OF THE SERVICE

Short-term round-the-clock service housing is a planned care period at a care home with the aim of supporting living at home. The service is primarily intended for seniors.

GRANTING CONDITIONS AND CRITERIA

The aim of the round-the-clock service housing is to support the client's living at home.

The service is primarily granted to persons in informal care to enable statutory days off for informal carers based on informal care agreements. In addition to covering the statutory days off for informal carers, the service can also be granted to a care recipient based on a service needs assessment. The assessment is conducted by a service instructor in cooperation with the client and their family members.

The service can also be granted to clients whom the family member is caring for at home without an informal care agreement. The service can also be granted based on an acute crisis situation.

The granting of short-term intensive service housing is always based on the client's need for service instead of external circumstances, such as plumbing renovation.

In the assessment of service needs, the client's overall situation is the deciding factor in the decision-making process. The indicators are used to assess the client's need for assistance, and they are part of assessing the client's overall situation.

Indicators that are primarily used in the assessment:
Results of the RAI assessment:

- Level of cognitive functional capacity: CPS≥3
- MAPLe 4 great need for services or MAPLe 5 very great need for services
- Daily activities: ADL-H≥3 and IADLCH ≥4 or difficult psychological, social or safety-related issues that do not respond to treatment

Memory indicator: MMSE 17 or less

7.4 Long-term round-the-clock service housing for the elderly

BRIEF DESCRIPTION OF THE SERVICE

Round-the-clock service housing means long-term living in a care home in which the client is provided with the treatment and care necessitated by the service needs. The service is primarily intended for seniors.

GRANTING CONDITIONS AND CRITERIA

The service can be granted to clients whose physical, psychological or social functional capacity has deteriorated enough for them to require round-the-clock treatment and care. The service is granted

based on a wide-ranging and multiprofessional assessment of functional capacity, assistance and service needs.

The client's view is determined and considered as part of the service needs assessment. If the client cannot be heard, the service need is determined with the client's loved ones.

Preconditions for granting the service
The precondition for granting the service is that the client cannot manage living at home with home care, other services supporting living at home or informal care and the possibility for a discharge trial or trial period have been assessed or they have been found insufficient.

In the assessment of service needs, the client's overall situation is the deciding factor in the decision-making process. The indicators are used to assess the client's need for assistance, and they are part of assessing the client's overall situation.

Indicators that are primarily used in the assessment:
Results of the RAI assessment:

- Level of cognitive functional capacity: CPS≥3
- Service need: MAPLe 4 high need for services or MAPLe 5 very high need for services
- Day-to-day performance: ADL-H≥3 ja IADLCH ≥5 or difficult psychological, social or safety-related issues that do not respond to treatment

Memory indicator: MMSE 17 or less

If round-the-clock service housing cannot be immediately offered to the client, the decision will state that the client meets the service needs criteria and can move once a suitable place becomes available.