

Saint John of God Kerry Services

Hospitality - Compassion - Respect

60

Residential Support Service Maintenance and Accommodation Contributions (RSSMAC)

Title: RSSMAC

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Approved by: PPPG Group

Saint John of God Kerry Services

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Policy and Procedure

It is the policy of Saint John of God Kerry Services to uphold the tradition of hospitality while also ensuring the safety and well-being of each individual attending its day service, or availing of its residential service.

This Policy and Procedure applies to all staff responsible for calculating Residential Support Service Maintenance and Accommodation Contributions for Residents within Saint John of God Kerry Services.

- A financial assessment will be carried out to establish the service-user's ability to pay charges.
- 2. Assessment forms are completed by the Service's Social Worker and submitted to the authorised person (as designated by the Management Team), for the determination of the relevant charges.
- 3. The completed Assessment forms will be filed on the service user's file by the Finance Dept.
- 4. The service user and with their consent their contact person will be informed of any revision to the charge, where appropriate.
- 5. Charges may be reduced or waived in order to avoid undue financial hardship having regard to the service user's circumstances, as agreed by the Regional Director. This is looked at on a case by case basis.
- 6. Each service-user in receipt of a pension or a social welfare payment availing of the service contributes to their accommodation as follows:
 - Where a nurse is rostered for duty RSSMAC charges apply to service-users with an intellectual disability who are residing in community type residence where nursing or medical care is provided.
 - Category A. Accommodation where 24 hour medical or nursing care, or both, is generally provided on site
 - Category B Accommodation where medical or nursing care, or both, is generally provided on site at least once per week on a less than 24 hour basis
 - Category C Accommodation in all other relevant settings (including where there is generally no on-site medical or nursing care provision).

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SIGNATURE PAGE

I have read, understand, and agree to adhere to the attached Procedure:

Print Name	Signature	Area of Work	Date

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