



Attachment 5

FREQUENTLY ASKED QUESTIONS
(FAQs)
(Round 4 Opening – HSE 29617)

Authorisation Scheme

Home Support Services
Services for Older People- Access and Integration

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Introduction

This FAQ document has been prepared based on the most commonly asked questions arising from previous processes and from Round 1, 2 and 3 of the Services for Older People Home Support Authorisation Scheme (AS). Any references made in this FAQ document to documents may be interpreted as also referring to the AS documents. These questions/topics and related responses are grouped in the first instance in line with relevant Sections of the Authorisation Scheme Service Specifications and thereafter under themes. The Responses within this document have been updated to reflect the current AS process for 2026.

The HSE will make every effort to respond to further clarification/questions received arising out of the 2026 AS procurement process. All clarifications will be disseminated to all Applicants, unless the response is self-explanatory and/or contained in the AS documentation. All clarification/questions will be treated in a confidential manner. The HSE is committed to carrying out the procurement process in a manner that is fair, objective, transparent and non-discriminatory to all involved. Candidates who submit clarifications will not be disadvantaged at any of the stages of the process.

The information contained in this document relates to Services for Older People Home Support AS only. The information is provided by the HSE and while we endeavour to keep the information up to date and correct, we make no representations or warranties of any kind, express or implied, about the completeness, accuracy, reliability or suitability that the information in this document has for your organisation. Any reliance you place on such information in respect of your submission to the Home Support AS is, therefore, strictly at your own risk.

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Clarifications and Responses

Specification 4: Complaints	
No.	Provider Query
1	If an organisation has systems in place, but have not yet received a complaint, is it sufficient to provide the process and policy in the response without the example of the complaint?
	HSE Response Specification 4.6 and Specification 4.7 require a complaint to be provided and evidence of how it was dealt with. In circumstances where an Applicant does not yet have a real example of a complaint, for the reason described in the question, the Applicant should instead provide a scenario detailing a complaint. The Applicant should: • outline a relevant scenario, and • explain how they would apply their policies and procedures to address the scenario, step by step.
No.	Provider Query
2	Can you clarify if the example of complaint required at 4.6 is different from the Safeguarding Complaint required at 4.7?
	HSE Response Service Specification 4.6 relates to the general management of all complaints received by the Service Provider. It requires that every complaint, is appropriately managed, recorded, and retained in a Complaints Log that is available for inspection by the HSE. In addition, the Service Provider must have a system in place to analyse complaints collectively in order to identify trends or recurring issues. Service Specification 4.7 applies specifically to complaints that present an immediate or potential risk to the wellbeing of a Service User or to the HSE. Such complaints require urgent action and must be reported immediately to the HSE's nominated point of contact and these complaints are to be managed through close consultation between all the parties concerned. In summary, sub-Specification 4.6 establishes the standard process for recording, monitoring, and analysing all complaints, while sub-Specification 4.7 sets out additional, enhanced requirements for complaints that involve risk to the wellbeing of the service user or to the HSE, and therefore necessitate immediate notification to the HSE.

Specification 5: Consent	
No.	Provider Query
3	If in the event that a Service User does not have capacity, how is consent to be gained?
	HSE Response Service Specifications 5.1 to 5.5, and Service Specification 6.4 apply. Consent is addressed at the point of application and again prior to the Care Needs Assessment being undertaken.

Specification 7: Home Support Care Plan	
No.	Provider Query
4	Who is responsible for conducting the Care Needs Assessment and providing a detailed Home Support Care Plan (The HSE or the Provider)?
	HSE Response
	Specification 6.1 The Home Support Needs Assessment will be completed by the HSE in consultation with the Service User and, where appropriate, with their family/representative. Specification 6.5 states that a Home Support Needs Assessment will be undertaken by health and social care professionals as determined by the HSE. Specification 7 provides that the Home Support Care Plan will be developed by the Contracting Authority (i.e., the HSE), in consultation with “<i>the Service User and where appropriate their family/representative</i>”. The Service Provider will deliver the services as per the Home Support Care Plan.
No.	Provider Query
5	Who is responsible for the review of the Home Support Care Plan: the Contracting Authority or the Service Provider?
	HSE Response
	The Service Specifications stipulates that both the HSE and Service Provider will be responsible for the Home Support Care Plan. Specification 7 prescribes that the Home Support Care Plan will be developed by the Contracting Authority (i.e., the HSE), in consultation with “<i>the Service User and where appropriate their family/representative</i>”. The Service Provider will deliver the services as per the Home Support Care Plan. Additionally, this Specification stipulates that all Home Support Services will be subject to regular review by the relevant health and social care professionals; reviews may be undertaken by HSE nominated clinical staff.

Specification 9: Quality Control	
No.	Provider Query
6	The Specifications state that the Service Provider shall appoint a person to be the Manager of the contracted services. What level of qualification from the Providers' personnel is expected in this context?
	HSE Response
	The Manager of the Contract must be sufficiently experienced and qualified to manage the contracted services and the Contract effectively. The Provider will also need to ensure appropriate clinical governance and oversight of the contracted services which would require a registered clinically qualified professional.

No.	Provider Query
7	How frequently must a Supervisor or Manager visit with Service Users to review the Home Support Care Plan and monitor the performance of Home Support Worker?
	HSE Response
	Specification 9.4 states the requirement for a process and procedure for consulting with Service Users and/or their representatives about the Home Support Service on an annual basis; to include visits to Service Users undertaken by a Supervisor or Manager and combined, where appropriate with a review of the Home Support Care Plan or monitoring the performance of the Home Support Worker. Feedback should be actively sought from the Service User and/or their representatives on an on-going basis on the services provided. The Service Provider shall clearly demonstrate how the impact of the Service Users' and/or their representative feedback, informs reviews and future planning. The frequency that a Provider's Supervisor or Manager visits with Service Users for Care Plan review and monitoring depends on the nature of the service, the dependency of the Service User, the frequency of care, the competency of the staff, the member of staff involved, any particular risks relating to the Service User. It is based on the management and professional clinical judgement of the manager/clinical staff having oversight for the case on behalf of the Provider and taking account of any requirements identified by the HSE in the Service User's Care Plan. The nature of this visit should be such that assures the Provider that the quality of service is in line with HSE requirements on the safety, welfare and dignity of the Service User and assures the Provider that the staff member is competently delivering the supports required to the satisfaction of the Service User, Provider and HSE.

Specification 10: Safeguarding and Protection of Service User	
No.	Provider Query
8	Why are Providers required to have policies, procedures and practices in place which are consistent with the Children First Act 2015 when the process is for Services for Older people?
	HSE Response
	This is due to the possibility of Carers delivering services in a Service Users' home where children may be present. All staff should be aware of their responsibilities under Children First.

Specification 12: Medication Management	
No.	Provider Query
9	In relation to medication management what does prompting mean?
	HSE Response

	Specification 12.1 Home Support Workers may only provide assistance with prompting the Service User to take medicines and must record all prompts in Service User's file. The dictionary definition of 'prompting' is "the action of saying something to persuade, encourage or remind someone to do or say something". In medicines management, prompting is encouraging or reminding the individual to administer their medicines. These tasks include: • Bringing medicines to a person to allow that person to take the medication. • Ensuring the individual has a drink to take with their medication. Specification 12.1 states medication in dosette boxes, monitored dose systems (MDS) or blister packs are not a prerequisite for prompting of medication. As reflected in the Community Pharmacy Agreement - Medicine Optimisation Support Service - Addendum to CPA25, the use of medicine optimisation supports is a clinical decision to be made by the Pharmacist in consultation with the Service User. Further information available: https://www.gov.ie/en/department-of-health/publications/community-pharmacy-agreement-2025/
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Specification 14: Governance and Accountability	
No.	Provider Query
10	Can you please expand and explain what having " <i>Clinical Governance Oversight in place</i> " means?
	HSE Response
	The requirement to have clinical governance oversight in place is linked to Standard 2.4 of the HIQA National Standards for Safer Better Healthcare i.e., "an identified Healthcare Professional has overall responsibility and accountability for a Service User's care during an episode of care". The HSE requires Approved Providers to have in place appropriate clinical governance arrangements, provided by a fully qualified and registered health care professional in order to assure the Provider and the HSE, that the care and support being provided to the Service User, encompassing personal care and essential household duties, is appropriate and is delivered by competent staff to ensure optimum Service User safety, dignity and welfare. The term "healthcare professional" relates to a registered clinically qualified person such as a Doctor, Nurse, Occupational Therapist and Physiotherapist. See Service Specification 14.1 for further details. See also additional notes on Service Specification ITP Response Document, 14.1 and Appendix 1. The response will need to reflect the span of control of the Clinical Governance assigned to the HSE funded service by the Provider.
No.	Provider Query
	Can a clinically qualified person hold their professional registration in the United Kingdom?
	HSE Response

11	Specification 14.1 states that the term “health and social care professional” relates to a registered clinically qualified person. All individuals identified as Clinically Qualified Persons must be registered and maintain active registration with the relevant professional regulatory or governing body in Ireland and must produce a certified copy of the individual’s professional registration.
No.	Provider Query
	What is the difference between a Job Description and a Job Specification?
	HSE Response
12	A Job description describes the job itself, outlines the tasks, duties, and responsibilities of a specific role. It states job title, location, working hours, daily duties and reporting structure. The job description’s purpose is to clarify the role and set out work expectation after hire. A Job specification outlines the skills, qualifications, and experience a candidate needs to do that role. It focuses on education, work experience, certifications and specific skills required for the role. A job specification acts as a checklist to screen and select qualified candidates.
No.	Provider Query
	Does the Medical Certificate of Fitness for Home Support Staff have to reference both physical and mental ability to work?
	HSE Response
13	Specification 14.1 and Specification 16.1 both state that “All staff must furnish a Medical Certificate of Fitness from a registered medical practitioner prior to appointment”. It is anticipated that in completing the medical certificate of fitness to work that all aspects of fitness to work are considered by the medical practitioner and that the certificate comprehends both physical and psychosocial factors

Specification 15: Financial Procedures	
No.	Provider Query
	How should Home Support Workers arrival and departure times be recorded for each Service User Calls?
	HSE Response
14	Specification 15.4. Service delivery must be supported by clear evidence that documents a record of arrival and departure times for each service user call. Where a Home Support Provider has an alternative mechanism in place that are accepted at Integrated Health Area / Health Region level they may continue to be utilised as appropriate and effective verification of service provision. Specification 15.2. Invoices submitted should verify actual service provision, missed calls and cancelled calls to include date of call, duration of call, applicable rates and list of cancelled calls. Specification 15.5 states that a record of service delivery must be held and made available for audit purposes.

Specification 16: Recruitment	
No.	Provider Query
15	Can the contracting authority clarify its position regarding verification of qualifications? Are they to be verified at source?
	HSE Response Specification 16. Each Provider must have in place a robust plan for recruitment and retention of staff. Providers, as employers, must verify qualifications of their employees. This may include certified copies of qualifications, sight of original certification, validation with source and/or any other relevant mechanisms to ensure all claims of relevant qualifications are certified.
No.	Provider Query
16	What organisations can undertake Garda Vetting on behalf of a Home Support Provider?
	HSE Response A Garda Vetting application must be processed by a “<i>relevant organisation</i>” as identified by the National Garda Vetting Bureau. Please see Garda Vetting FAQs: https://www.garda.ie/en/about-us/organised-serious-crime/garda-national-vetting-bureau-gnvb/garda-vetting-frequently-asked-questions-faq-s-/how-does-an-organisation-apply-to-be-registered-to-enable-them-to-conduct-garda-vetting-.html The HSE reserves the right to check the documentation with the source provider.

Specification 17: Training and Development	
No.	Provider Query
17	Is the 8 hour Shadowing requirement for all new staff or only for those working alone with Service Users for the first time?
	HSE Response The requirement relates to new staff as per Specification 17.1.1 below. Specification 17.1.1 <i>A new member of staff must be supervised and shadowed during the first 8 hours of direct Service User contact prior to working alone with Service Users for the first time; ideally this supervision will cover more than one Service User.</i>
No.	Provider Query
18	What is required in a training plan for a staff member?

	HSE Response
	The training plan should encompass the elements of Service Specification 17.5 as well as any training needs identified in the annual National Carer Competency Assessment process. In addition, the training plan should incorporate the requirements as set out in Service Specification 17.8; that Home Support Workers providing care to Service Users with dementia, have successfully completed a recognised education programme specific to dementia care.
No.	Provider Query
	How often does a staff member have to complete a National Carer Competency Assessment?
19	HSE Response
	Specification 17 Training and Development addresses the need for staff members to satisfactorily complete the National Carer Competency Assessment prior to working on this HSE contract and annually thereafter. It is envisaged that the NCCA is completed and a training plan (if required) is put in place as expediently as possible to ensure the competency of care staff and the safety of the service user.
No.	Provider Query
	What are Appropriate Qualifications for Assessors who conduct National Carer Competency Assessments?
20	HSE Response
	Specification 17.4.3 sets out the requirement for a National Carers Competency Assessment (Appendix 6 in the Home Support AS Service Specifications) to be completed annually. The Assessor must have a qualification higher than QQI Level 5 Major Award and suitable experience appropriate for the assessment.

Specification 22: Records	
No.	Provider Query
	Should a copy of Service Users records be accessible to Health Care Professionals in the Service Users home?
21	HSE Response
	Specification 22.6 states a copy of the Home Support Care Plan must be maintained at the Service Users home, updated as required, and must be made available, subject to the informed consent of the Service User and/or representative, to all health care professionals involved in the Service Users' care and to the HSE.

Non-Specification Queries, Clarifications and Responses

Consumer Direct Home Support (CDHS)	
No.	Provider Query
22	What will be the exact criteria applied by the HSE for approving a Service User for CDHS?
	HSE Response Please refer to Appendix 1 of V2.5 Service Specifications Document and to the 2018 National Guidelines and Procedures for the Standardised Implementation of the Home Support Service (HSS Guidelines) The V2.5 Service Specification document is Attachment 3 and the National Guidelines and Procedures for the standardised implementation of the Home Support Service (HSS Guidelines) is Attachment 1 in the suite of documents relating to the Home Support Authorisation Scheme which are published on e-Tenders: www.etenders.gov.ie

Payments	
No.	Provider Query
23	Will double up half hour calls continue to be treated as 2 x 30 min rates?
	HSE Response 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 relevant 30-minute Rate, in respect of the number of care staff present for that call.

Lots/Regions	
No.	Provider Query
24	What is the application process and procedure for moving into a new IHA?
	HSE Response

	As outlined in the Invitation to Participate (ITP) Document – <i>“Providers are requested to identify the areas they wish to be considered for in the Geographic Service Provision Intent Section. Providers must ensure that they can immediately provide the relevant services in the areas that they identify (i.e., the Lots)”</i>. Providers appointed to the AS at Round 4 who fail to commence service delivery within three months of their appointment to an IHA Lot may be removed from the IHA Approved Provider List. Existing Providers expanding into additional IHA Lots as part of Round 4 must begin service delivery in the IHA within three months of the Round 4 commencement date. Failure to do so may result in removal from the Approved Provider List for those additional Lots. If Providers are not in a position to immediately deliver services in an IHA in the current opening it is open to them to make an application at a future Re-Opening of the Authorisation Scheme.
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Service Arrangements	
No.	Provider Query
25	Could you please explain the difference between the duration of the Authorisation Scheme and the duration of the Service Arrangements?
	HSE Response It is intended that the overarching Authorisation Scheme shall be of indefinite duration and will continue until such time as terminated by the HSE. The associated Service Arrangements to be entered into pursuant to Round 4 Re-Opening of the Scheme will have a commencement date of 1st January 2027 for an initial 12 month period. The Service Arrangements (as distinct from the Scheme) may be extended for a further period of 12 months thereafter as outlined in the ITPD.

Miscellaneous Queries and Clarifications

No.	Provider Query
26	Please can you confirm that the services covered by this Authorisation Scheme are for Older Adults only and therefore not young people or young adults with Intellectual Disabilities or other complex needs?
	HSE Response
	This Authorisation Scheme (AS) relates to Home Support Services for Older People and predominantly include adults aged over 65 years and over, who are approved for services funded from the Services for Older People funding allocation, and who have a range of dependencies up to and including complex care needs. From time to time a person who is less than 65 years may be approved for the Home Support Service (e.g., a person with early onset dementia) as this is the service appropriate to their care needs and the range of duties to be performed is within the scope of duties specified in AS. The Services for Older People Home Support AS is not applicable to Home Support Services for young people under 18 years, nor does it relate to Home Support Services delivered to people aged under 65 years with disabilities (managed through Disability Services within the HSE).
No.	Provider Query
27	Please confirm that data collected for this AS is for the sole purpose of the procurement process and evaluation and will not be used for any other purpose?
	HSE Response
	All information and personal data obtained by the HSE under AS 2026 will be used solely for the purpose of this procurement process, evaluation and in connection with the provision of services thereunder.
No.	Provider Query
28	For the AS 2026, in the event that a Service User's Home Support Service is suspended (e.g., hospitalisation), at what time period does it become a new Home Support Service?
	HSE Response
	Please refer to Standard Operating Procedures (SOP) V4 (Attachment 19) in the suite of documents on e-Tenders in relation to this reopening of the 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 from Hospital. 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.

No.	Provider Query
29	If a Service User is hospitalised for a number of days, or moves to a nursing home for convalescence, can the Provider discharge this Service User from their service and will the HSE then commence a new process if/when the Service User is moving out of hospital/nursing home?
	HSE Response
	Please refer to Standard Operating Procedure (SOP) V4 (Attachment 19) in the suite of documents on e-Tenders in relation to this reopening of the AS. 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.
No.	Provider Query
30	When is the Service Provider Data Processing Agreement to be signed?
	HSE Response
	The Data Processing Agreement is to be signed once a provider has been appointed to the Authorisation Scheme.
No.	Provider Query
31	Is the Communication Protocol which is contained within Attachment 2A to be uploaded ahead of the Authorisation Scheme submission, or is it sufficient to be included within the response at final submission?
	HSE Response
	The Communication Protocol contained in Attachment 2a is not required in advance, it can be submitted as part of the final submission.
No.	Provider Query
32	Is the minimum turnover thresholds and experience examples to be provided in the Selection criteria of the ESPD?
	HSE Response

	The minimum turnover thresholds and experience samples are not required to be submitted within the ESPD. There aren't any minimum turnover thresholds to be met – rather applicants are required to furnish the HSE with the documentation specified in section 4 – Overview of the Process in the Invitation to Participate document.
No.	Provider Query
33	What is the requirement in respect of VAT for these services where a company is not registered for VAT/ the Applicant is a company providing services below the VAT registration threshold? HSE Response Please note that where the successful applicants are Irish based providers, they are responsible for VAT as the Accountable Person. This means that they are responsible for knowing / understanding exactly what service they are providing and charging the appropriate rate of VAT accordingly. It is the responsibility of each applicant to ensure full compliance with their obligations in accordance with Irish Revenue requirements. Further information available: https://www.revenue.ie/en/vat/vat-on-services/professional-services/home-care-services.aspx
No.	Provider Query
34	Is the HSE allowing each local area to determine a timeframe for Providers to respond to referrals? HSE Response In general, response times will be determined by HSE Service Managers on the basis of the individual case. Response times will normally not exceed 24 hours but will generally be less than 24 hours.
No.	Provider Query
35	Can you please outline what appropriate documentary evidence will be required to support claims made in relation to any or all Service Specifications (minimum requirements), as part of evaluation. HSE Response Appropriate documentary evidence is any document(s) or records that the Provider is relying upon to demonstrate/prove current and on-going compliance with the Service Specifications. This would include a range of policy documents, procedure/practice documents, staff training records, copy of qualification certificates, competency assessments, complaints policy and related complaints logs, attendance and service delivery records etc. This is not a comprehensive listing but gives a sense of the range of documents that a Provider may rely on as evidence of adhering to the Service Specifications and which may be required by HSE.