

立法會福利事務委員會

公共福利金計劃下傷殘津貼申請的審批制度

目的

本文件就社會福利署(社署)在公共福利金計劃下傷殘津貼申請的審批制度提供補充資料。

背景

2. 在二零零七年三月十二日的福利事務委員會會議上，委員同意進一步討論傷殘津貼計劃。

具體事項

3. 我們已考慮上述會議上提出的要求及意見，下文載述我們對具體事項的回應。

(A) 上訴機制

4. 傷殘津貼申請人如不滿社署對其申請的決定，可向社會保障上訴委員會(上訴委員會)提出上訴。對於以殘疾為理由提出的上訴個案，上訴委員會會安排上訴人接受獨立的醫療評估委員會(評估委員會)的醫療評估。上訴委員會會根據評估委員會的醫療評估結果作出決定。有關上訴委員會過去處理傷殘津貼上訴的資料載列於附件甲。

5. 政府當局經常覆檢有關的上訴安排，以提高其運作效率。舉例來說，醫院管理局(醫管局)自二零零六年八月起邀請更多私家醫生加入評估委員會，以便更頻密地召開會議，加快上訴程序，為更快處理有關醫療的上訴個案，我們徵詢了醫管局並會增加評估委員會會議數目至每年十二次(即每月一次)和希望於2007至08年度額外安排四次會議以處理積壓的個案。

6. 在二零零六年十二月十一日及二零零七年三月十二日的委員會會議上，有關注團體和委員建議以書面方式向上訴人解釋評估委員會的決定。我們徵詢了醫管局並修改了醫療評估表格，讓評估委員會為上訴不成功的個案提供解釋及在有額外意見時亦可提供資料。修改後的表格請參閱附件乙。

(B) 為評估委員會的醫生加強專業培訓及支援

7. 議員建議為評估委員會的醫生加強專業培訓及支援。醫管局回應指評估委員會通常能按有關的醫療評估報告對殘疾個案作出所需的決定。委員會主席可在需要時要求更詳細的專科報告來幫助委員會作出決定。

8. 請委員備悉本文件的內容。

衛生福利及食物局
社會福利署
二零零七年五月

上訴委員會過去處理傷殘津貼上訴的資料

財政年度	上訴委員會 處理傷殘津貼 上訴個案宗數	上訴成功 個案宗數	上訴委員會要 求評估委員會 重新進行 評估的個案宗 數	上訴委員會的決 定與評估委員會 進行醫療評估所 得的結果相反的 個案宗數	評估委員會尚 未處理的上訴 個案宗數 (截至 2007 年 3 月 31 日)
2005/06	115	23	-	-	-
2006/07	205	56	-	-	130

附註：上訴委員會會根據評估委員會的醫療評估結果作出決定。



醫院管理局
HOSPITAL
AUTHORITY

Medical Assessment Board

Normal Disability Allowance (NDA) / Higher Disability Allowance (HDA)
under the Social Security Allowance (SSA) Scheme
(other than profoundly deaf cases)

Proceedings of a Medical Assessment Board held at _____ on _____ (date) to examine and report on the state of health of *Mr/Mdm _____, *M/F, _____ (age), HKIC No. _____.

The Board assembled and proceeded to examine the case of * Mr/Mdm _____.
The Board noted that *Mr/Mdm _____ had been suffering from _____.

The Board's Assessment

<input type="checkbox"/>	<p>A. Not eligible for Disability Allowance (DA)</p> <p>1. *He/She is NOT in a position broadly equivalent to a person with a 100% loss of earning capacity and NOT falling into : <input type="checkbox"/> conditions covered under Categories (I)(A) (i) to (viii) or (I)(B)(i) to (vi) listed in B below; and/or <input type="checkbox"/> conditions resulting in significant restrictions in activities of daily living and requiring substantial help from others. i.e. *His/Her nature/degree of disability falls into the condition listed in (I)(C) of SWD 395.</p> <p>2. Comments on the physical findings and supportive evidence for assessment, as appropriate: _____ _____</p> <p>3. Ineligible as from _____.</p>				
<input type="checkbox"/>	<p>B. Eligible for NDA but not HDA</p> <p>1. *He/She is in a position broadly equivalent to a person with a 100% loss of earning capacity. *His/Her nature/degree of disability falls into the following conditions listed in (I)(A)/(I)(B) of SWD 395:</p> <p>(I)(A)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> (i) loss of functions of two limbs <input type="checkbox"/> (ii) loss of functions of both hands or all fingers and both thumbs <input type="checkbox"/> (iii) loss of functions of both feet <input type="checkbox"/> (iv) total loss of sight <input type="checkbox"/> (v) total paralysis (quadriplegia) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> (vi) paraplegia <input type="checkbox"/> (vii) illness, injury or deformity resulting in being bedridden <input type="checkbox"/> (viii) any other conditions including visceral diseases resulting in total disablement _____ (specify) </td> </tr> </table> <p>(I)(B)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> (i) organic brain syndrome <input type="checkbox"/> (ii) mental retardation <input type="checkbox"/> (iii) psychosis </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> (iv) neurosis <input type="checkbox"/> (v) personality disorder <input type="checkbox"/> (vi) any other conditions resulting in total mental disablement _____ (specify) </td> </tr> </table> <p>2. *His/Her need for attention/supervision does not fall into any condition listed in SWD 395 (Supplementary).</p> <p>3. Comments on the physical findings and supportive evidence for assessment, as appropriate: _____ _____</p> <p>4. Eligibility Period : * _____ month(s) / _____ year(s) / permanently as from _____.</p>	<input type="checkbox"/> (i) loss of functions of two limbs <input type="checkbox"/> (ii) loss of functions of both hands or all fingers and both thumbs <input type="checkbox"/> (iii) loss of functions of both feet <input type="checkbox"/> (iv) total loss of sight <input type="checkbox"/> (v) total paralysis (quadriplegia)	<input type="checkbox"/> (vi) paraplegia <input type="checkbox"/> (vii) illness, injury or deformity resulting in being bedridden <input type="checkbox"/> (viii) any other conditions including visceral diseases resulting in total disablement _____ (specify)	<input type="checkbox"/> (i) organic brain syndrome <input type="checkbox"/> (ii) mental retardation <input type="checkbox"/> (iii) psychosis	<input type="checkbox"/> (iv) neurosis <input type="checkbox"/> (v) personality disorder <input type="checkbox"/> (vi) any other conditions resulting in total mental disablement _____ (specify)
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<input type="checkbox"/>	<p>C. Eligible for HDA</p> <p>1. *He/She is in a position broadly equivalent to a person with a 100% loss of earning capacity. *His/Her nature/degree of disability falls into the following conditions listed in (I)(A)/(I)(B) of SWD 395:</p> <p>(I)(A)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> (i) loss of functions of two limbs <input type="checkbox"/> (ii) loss of functions of both hands or all fingers and both thumbs <input type="checkbox"/> (iii) loss of functions of both feet <input type="checkbox"/> (iv) total loss of sight <input type="checkbox"/> (v) total paralysis (quadriplegia) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> (vi) paraplegia <input type="checkbox"/> (vii) illness, injury or deformity resulting in being bedridden <input type="checkbox"/> (viii) any other conditions including visceral diseases resulting in total disablement </td> </tr> </table> <p style="text-align: right;">_____ (specify)</p> <p>(I)(B)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> (i) organic brain syndrome <input type="checkbox"/> (ii) mental retardation <input type="checkbox"/> (iii) psychosis </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> (iv) neurosis <input type="checkbox"/> (v) personality disorder <input type="checkbox"/> (vi) any other conditions resulting in total mental disablement </td> </tr> </table> <p style="text-align: right;">_____ (specify)</p> <p>2. *His/Her need for attention/supervision falls into the following condition(s) listed in SWD 395 (Supplementary):</p> <p><input type="checkbox"/> (i) FREQUENT ATTENTION throughout the DAY AND PROLONGED or REPEATED ATTENTION during the NIGHT in connection with his/her bodily functions, e.g. totally bedridden, quadriplegia;</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> (ii) CONTINUAL SUPERVISION in order to avoid endangering himself/herself or others, e.g. severely demented/mentally retarded.</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> (iii) For a child aged under 15, he/she MUST ALSO REQUIRE CONSTANT ATTENTION and SUPERVISION substantially IN EXCESS of that normally required by a child of the same age and sex. Suggested aspects for consideration include life-threatening conditions, hyperactivity uncontrollable by medication and/or therapy, etc.</p> <p>For a child aged under 15, assessment is required on whether *he/she is in conditions (i) + (iii) or (ii) + (iii).</p> <p>3. Eligibility Period : * _____ month(s) / _____ year(s) / permanently as from _____.</p>	<input type="checkbox"/> (i) loss of functions of two limbs <input type="checkbox"/> (ii) loss of functions of both hands or all fingers and both thumbs <input type="checkbox"/> (iii) loss of functions of both feet <input type="checkbox"/> (iv) total loss of sight <input type="checkbox"/> (v) total paralysis (quadriplegia)	<input type="checkbox"/> (vi) paraplegia <input type="checkbox"/> (vii) illness, injury or deformity resulting in being bedridden <input type="checkbox"/> (viii) any other conditions including visceral diseases resulting in total disablement	<input type="checkbox"/> (i) organic brain syndrome <input type="checkbox"/> (ii) mental retardation <input type="checkbox"/> (iii) psychosis	<input type="checkbox"/> (iv) neurosis <input type="checkbox"/> (v) personality disorder <input type="checkbox"/> (vi) any other conditions resulting in total mental disablement
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<input type="checkbox"/>	<p>D. For mentally impaired persons</p> <p>The Board is of the opinion that *Mr/Mdm _____ is mentally *fit / unfit for making a statement.</p>				
<input type="checkbox"/>	<p>E. Other comments :</p>				

Dr.
Chairman

Dr.
Member

Dr.
Member

Tick as appropriate

* Delete as appropriate