

LEGCO PANEL ON WELFARE SERVICES

System for Processing Applications for Disability Allowance under the Social Security Allowance Scheme

Purpose

This paper provides supplementary information on the Social Welfare Department (SWD)'s system for processing applications for Disability Allowance (DA) under the Social Security Allowance (SSA) Scheme.

Background

2. At the meeting of the Welfare Panel on 11 December 2006, Members agreed to further discuss the DA Scheme.

Specific Issues

3. We have considered the views raised at the aforementioned meeting. Our responses to the specific points are set out below.

(A) Eligibility of DA and medical Assessment

4. All DA applicants have to undergo a medical assessment. Upon receipt of the application, the SWD will arrange a medical assessment for the applicant. In some cases, DA applications are referred by medical social workers in hospitals. To ensure consistency and objectivity in the medical assessment, a standardized "Medical Assessment Form" (MAF) and a professional checklist (checklist) have been put in place to facilitate the medical officer to make his/her recommendations to the SWD. The MAF sets out the eligibility criteria for DA, and the checklist is formulated by Hospital Authority (HA) and Department of Health for assessing disability. Medical officers will

assess the degree of disability of DA applicants in accordance with the established criteria and guidelines as well as their professional knowledge and judgment.

5. “Visceral diseases” has all along been treated as a disabling condition resulting in total disablement but not so set out in the MAF. To improve the guidelines, we have revised the MAF and the checklist to spell out explicitly that ‘visceral diseases’ is also included in the category of “any other disabling conditions resulting in total disablement”. The revised MAF and checklist have already been put into use since September 2006. We have to emphasize that any other group of patients can also be eligible for DA if they are medically certified to be ‘severely disabled’ within the meaning of the DA Scheme.

(B) Appeal mechanism

6. DA applicants may appeal to the Social Security Appeal Board (SSAB) if they are not satisfied with SWD’s decision on their application. The Chairman and members of the Board are non-officials appointed by the Chief Executive. In respect of appeal cases on the ground of disabilities, SSAB would arrange for the appellants to undergo medical assessment by an independent Medical Assessment Board (MAB).

7. The Administration has constantly reviewed the appeal arrangement to enhance the efficiency of the operation. For instance, since August 2006, the HA has invited more private medical doctors to sit on the MAB so that meetings can be held more frequently to expedite the appeal process. As a result, the processing time for appeal cases has been shortened by around three months. The latest processing time for an average appeal case is 5.6 month.

8. At the Panel meeting on 11 December 2006, some Members and concern groups suggested involving appellants in the hearing so that they could present their case to SSAB. We would like to point out that the appellant, in attending the medical assessment, would have the opportunity to put forward his/her case personally to the MAB. For the sake of consistency, medical doctors assess the applicants’ degree of disability with reference to the guidelines in the Checklist for Medical Assessment and the SWD staff have been provided with guidelines for processing DA applications. As SSAB reaches a decision on the basis of the medical assessment result of the MAB, there is no need for the appellant to appear when SSAB deals with the appeal.

9. Concerned groups and some Members suggested the provision of written explanation of the MAB's conclusion to the appellants at the Panel meeting on 11 December 2006. We are consulting HA regarding the suggestion.

(C) Boarding at subvented special schools or public hospitals

10. We have received requests that recipients who were boarding at subvented special schools or being hospitalized at public hospitals should also be granted HDA. The policy of providing NDA only to recipients receiving care in government or subvented residential institutions is meant to prevent double benefit. DA is non-means-tested, and financial assistance provided through HDA is not related to the actual amount of expenditure incurred by recipients whilst staying at home.

11. If the persons with disability face financial hardship, they can apply for assistance under the Comprehensive Social Security Assistance (CSSA) Scheme, which provides a safety net of last resort. As at January 2007, there are 93 576 CSSA recipients who are 100% disabled/requiring constant attendance. The number of CSSA recipients who are 50% disabled (aged below 60) or in ill health are 9 122 and 5 815 respectively.

12. As to non-CSSA disabled persons with financial difficulties, they can apply to HA for medical fee waiver. Furthermore, a number of funding schemes have been set up to provide financial support to people with disability such as the Yan Chai Tetraplegic Fund and the Ho Kam Yung Fund. In addition, a wide range of community support and rehabilitation services are provided to meet the special needs of the disabled persons and to facilitate them to integrate into the community.

(D) Overpayment Cases

13. DA payments, funded entirely by general revenue, are non-means-tested and non-contributory. It is the Government's long established practice to recover any overpayment of allowances in order to safeguard public funds. Failure to adhere to this principle and established practice will have significant read-across implications to Government's other efforts to recover overpayments. As indicated in her recent report, the Ombudsman endorsed in principle the Administration's position to recover overpayment to properly account for and to preserve public funds.

14. In working out the repayment arrangements, we will take into account the circumstances of individual cases to ensure that the repayment would not cause any undue hardship to the recipient concerned. We have to reiterate that DA applicants/recipients have the responsibility to provide SWD with correct information and to make timely report on changes to information provided as all applications and reports are duly signed by the applicants/recipients. It is encouraging that most of the 71 Higher Disability Allowance (HDA) cases have agreed with SWD on repayment arrangements. We will continue to work with the remaining few cases to agree on the repayment arrangements.

15. Members are invited to note the contents of this paper.

Health, Welfare and Food Bureau
Social Welfare Department
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