

For information  
on 14 May 2007

## **LEGCO PANEL ON WELFARE SERVICES**

### **Review of the System for Processing Applications for Disability Allowance under the Social Security Allowance Scheme**

#### **Purpose**

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

#### **Background**

2. At the meeting of the Welfare Panel on 12 March 2007, Members agreed to further discuss the DA Scheme.

## **Specific Issues**

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

### **(A) Appeal arrangement**

4. DA applicants may appeal to the Social Security Appeal Board (SSAB) if they are not satisfied with SWD's decision on their application. In respect of appeal cases on the ground of disability, SSAB would arrange with the Hospital Authority (HA) for the appellant to undergo a medical assessment by an independent Medical Assessment Board (MAB). SSAB would reach a decision on the basis of the medical assessment results of the MAB. The information on DA appeals processed by SSAB in the past years is provided in Annex A.

5. The Administration constantly reviews the appeal arrangement to enhance the efficiency of the operation. For instance, since August 2006, 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. To further expedite the processing time for medical appeals, we have consulted HA and will increase the frequency of conducting MABs to 12 each year (i.e. to hold the MAB on a monthly basis) and aim at conducting four extra MABs in 2007-08 to facilitate the clearance of the backlog.

6. At the Panel meetings on 11 December 2006 and 12 March 2007, concerned groups and some Members suggested providing the written explanation of the MAB's conclusion to the appellants. We have consulted HA

and revised the medical assessment form for the MAB to provide explanation for unsuccessful appeals and additional comments, if available. Please refer to Annex B for the assessment form.

**(B) Professional training and support for medical doctors sitting on MAB**

7. Members suggested strengthening the professional training and support for medical doctors sitting on the MABs. HA has advised that doctors sitting on the MABs make decisions on DA appeal cases on the basis of the relevant medical assessment reports. When required, the chairmen of MAB can always ask for more detailed specialist reports to facilitate the MABs in making decisions on individual cases.

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

**Health, Welfare and Food Bureau**

**Social Welfare Department**

**May 2007**

**Information on Disability Allowance appeals processed by Social Security Appeal Board**

<b>Financial year</b>	<b>No. of appeal cases processed by SSAB</b>	<b>No. of successful appeals</b>	<b>No. of cases referred by SSAB to MAB for re-assessment</b>	<b>No. of cases on which the decision of SSAB was contrary to the medical assessment results of MAB (Note)</b>	<b>No. of appeals which had yet to be dealt with by MAB (position as at 31 March 2007)</b>
2005/06	115	23	-	-	-
2006/07	205	56	-	-	130

Note: SSAB will take a decision on the basis of the assessment of the MAB.



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><b>A. Not eligible for Disability Allowance (DA)</b></p> <p>1. *He/She is <b>NOT</b> in a position broadly equivalent to a person with a 100% loss of earning capacity and <b>NOT</b> falling into :</p> <p><input type="checkbox"/> conditions covered under Categories (I)(A) (i) to (viii) or (I)(B)(i) to (vi) listed in B below; and/or</p> <p><input type="checkbox"/> conditions resulting in significant restrictions in activities of daily living and requiring substantial help from others.</p> <p>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>_____</p> <p>_____</p> <p>3. Ineligible as from _____.</p>				
<input type="checkbox"/>	<p><b>B. Eligible for NDA but not HDA</b></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 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>_____</p> <p>_____</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	<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><b>C. Eligible for HDA</b></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; margin-right: 20px;">_____ (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; margin-right: 20px;">_____ (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) <b>FREQUENT ATTENTION</b> throughout the <b>DAY AND PROLONGED</b> or <b>REPEATED ATTENTION</b> during the <b>NIGHT</b> in connection with his/her bodily functions, e.g. totally bedridden, quadriplegia;</p> <p style="text-align: center;"><b>OR</b></p> <p><input type="checkbox"/> (ii) <b>CONTINUAL SUPERVISION</b> in order to avoid endangering himself/herself or others, e.g. severely demented/mentally retarded.</p> <p style="text-align: center;"><b>AND</b></p> <p><input type="checkbox"/> (iii) For a child aged under 15, he/she <b>MUST ALSO REQUIRE CONSTANT ATTENTION</b> and <b>SUPERVISION</b> substantially <b>IN EXCESS</b> 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><b>For a child aged under 15</b>, 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><b>D. For mentally impaired persons</b></p> <p>The Board is of the opinion that *Mr/Mdm _____ is mentally <b>*fit / unfit</b> for making a statement.</p>				
<input type="checkbox"/>	<p><b>E. Other comments :</b></p>				

\_\_\_\_\_  
Dr.  
Chairman

\_\_\_\_\_  
Dr.  
Member

\_\_\_\_\_  
Dr.  
Member

Tick as appropriate

\* Delete as appropriate