

**For information
on 6 October 2010**

**LEGISLATIVE COUNCIL
PANEL ON WELFARE SERVICES**

**Subcommittee on Residential and Community Care Services
for Persons with Disabilities and the Elderly**

Standardised Care Need Assessment Mechanism for Elderly Services

Purpose

This paper sets out for Members' information details of the Standardised Care Need Assessment Mechanism for Elderly Services (SCNAM(ES)).

Background and objectives

2. In view of the rapidly ageing population, we have to ensure that limited public resources are used to serve elderly people who have genuine care needs. With the support of the Elderly Commission (EC), the Government pledged in the 1999 Policy Address to put in place a gate-keeping mechanism so that elders' care needs could be objectively assessed by a consistent tool, and services could be provided to applicants according to their needs.
3. For this purpose, the Social Welfare Department (SWD) commissioned a consultancy study in 1999, and together with concerned government bureaux and departments, EC, the Hong Kong Council of Social Services and some non-governmental organisations (NGOs), developed SCNAM(ES) which made use of the internationally recognised "Minimum Data Set – Home Care (MDS-HC)" as the assessment tool.
4. In 2003, SWD further introduced a Central Waiting List for Subsidised Long Term Care Services (CWL) to facilitate service allocation. Since then, the Standardised Care Need Assessment Mechanism Offices (SCNAMOs) of

SWD have been providing one-stop services for elders who apply for subsidised long-term care services, assessing their care needs with MDS-HC, matching them with appropriate services and placing them on the CWL accordingly.

Details of the assessment

Assessment procedures

5. Elders or their family members may apply for subsidised long-term care services through various designated social service units under SWD, NGOs or the Hospital Authority (HA). Frontline staff there will conduct initial screening and refer eligible elders to SCNAMOs for arrangement of detailed assessment by accredited assessors¹. The assessor will pay home visit(s) and interview the applicant. Information provided by other concerned parties, such as the elder's doctors or other health care professionals, social workers and carers, may also be taken into account.

6. The assessment is comprehensive, covering the elder's abilities in carrying out daily activities, his physical functioning, memory, communication skills, behaviour and emotion, health conditions, living environment and how he copes with his daily living, etc.

7. Some MDS-HC items will also trigger a series of problem-oriented Client Assessment Protocols (CAPs). These CAPs can help identify elderly applicants who may need other specialist assessments or intervention such as psychiatric assessment, assistance in medication management, etc. In due course, if the elders are recommended for services, CAPs can also help the service providers design individual care plans for them and/or make appropriate referrals for other services or follow-up.

8. It takes eight to ten days on average for SCNAMO to complete an assessment from the date of receiving a referral. For urgent cases, an assessment can be arranged within one day. When the assessment result is available, the concerned staff will explain to the elder and/or his carer the results as well as the service(s) matched.

¹ Accredited assessors are professionals including social workers, nurses, occupational therapists and physiotherapists. They are required to go through training and accreditation on the use of MDS-HC. As of mid-September 2010, there were a total of 2 020 serving accredited assessors.

9. Those assessed to have long-term care needs and are eligible for SWD's subsidised services will either be recommended for residential care services (i.e. places in nursing homes or care-and-attention homes) or community care services (i.e. day care or home care services) only, or will be given a "dual option" (i.e. a choice of residential care service or community care service). They will be registered in the CWL in accordance with the assessment results.

10. Applicants assessed to have no long-term care needs may be referred to other service units (e.g. Integrated Home Care Services Teams, District Elderly Community Centres, Neighbourhood Elderly Centres, Elderly Health Centres, etc.) as appropriate.

11. The applicant will also be informed of other areas of concern identified in the assessment, for example, health problems, environmental risks, social functioning problems, etc.

12. An overview of the assessment procedure is at **Annex**.

Validity period of the assessment

13. The MDS-HC assessment result is valid for 12 months. Under normal circumstances, reassessment will not be conducted within this period. Nevertheless, if there is a significant change in the applicant's condition (e.g. health, coping ability, living environment, etc.), a reassessment may be arranged and the service recommendation will also be revised accordingly. A pre-admission assessment will also be conducted prior to the applicant's admission to service if the last assessment was conducted over 12 months ago.

Appeal mechanism

14. There is an appeal mechanism under SCNAM(ES) for applicants or service providers who disagree with the assessment results or service recommendations. The staff handling the application, with the assistance of the assessor, will first discuss with the elder, their carers and/or other relevant parties and try to resolve the disagreement and see if a reassessment is needed. Such pre-appeal mediation is important to help the elders obtain suitable services as soon as possible.

15. If the applicant is not satisfied with the mediation, he may lodge an appeal. The appeal will be considered by the Regional Appeal Committee which is composed of representatives from the welfare sector, health sector and/or independent bodies, and its decision will be final.

Assessment statistics

16. Since the implementation of SCNAM(ES) in 2000 and up to mid-2010, a total of 165 034 assessments had been completed. The assessment results are summarised as follows:

Assessment result/Service recommendation	Number of assessments	Percentage
1. Residential Care Services only	49 866	30.2%
<i>a. Nursing home</i>	11 823	7.2%
<i>b. Care-and-attention home</i>	38 043	23%
2. Community Care Services only	5 149	3.1%
3. Dual option	80 470	48.8%
4. Not eligible for long-term care services	23 151	14%
5. Beyond Nursing Home ²	6 398	3.9%
Total	165 034	100%

Advice Sought

17. Members are invited to note this paper.

Labour and Welfare Bureau
Social Welfare Department
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² These elders will be referred to HA for applications for infirmary care services.

Assessment Procedures

