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Subcommittee on Residential and Community Care Services for Persons with Disabilities and the Elderly under the Panel on Welfare Services

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 6 October 2010**

Standardised Care Need Assessment Mechanism for the Elderly Services

Purpose

This paper gives a brief account of past discussions of the Panel on Welfare Services ("the Panel") on the implementation of the Standardised Care Need Assessment Mechanism for the Elderly Services ("SCNAMES").

Background

2. The Elderly Commission ("EC") recommended in its Report published in 2000 that the Government should consider setting up SCNAMES to standardise the assessment of elders' care needs and ensure better use of resources. The mechanism was put in place by the Social Welfare Department ("SWD") in 2000. Since its introduction, SCNAMES has been adopting the Minimum Data Set-Home Care, which is a service-matching algorithm providing information on the aspects of functioning, health, and social support. The service matching decision making tree is in **Appendix**.

3. Under SCNAMES, elderly service units of SWD, non-governmental organisations and the Hospital Authority will refer elders to undergo care need assessments at the time of their application for subsidised long term care services. Accredited assessors will apply the standardised assessment tool to confirm the elders' eligibility for the types of services that they have applied and to recommend the most appropriate option. As at 30 June 2010, there are a total of 2 293 trained and accredited assessors.

4. As there is no means test for subsidised long term care services, eligible elders are put on the Central Waiting List ("CWL") for the services according to the recommended options by the assessors. With the implementation of CWL for subsidised long term care services since November 2003, SCNAMES has become

the assessment mechanism for eligibility screening for applications for the full range of government subsidised long term care services, covering admission to homes for the aged, care-and-attention homes, nursing homes, day care centres for the elderly, enhanced home and community care services, and integrated home care services (for disabled and frail cases).

Deliberations by members

5. The Panel discussed the implementation of SCNAMES at its meeting held on 8 January 2001. Since then the Panel discussed the subject from time to time in relation to the waitlisting situation of subsidised residential care services for the elderly.

Service matching and prioritisation

6. Members were concerned whether an elder, who was considered suitable for a particular type of service after undergoing SCNAMES, would be denied of the service because of the tight provision of such service. Concern was also raised as to whether the assessment tool was used to suppress the demand on the provision of elderly services. Members also expressed concern about the provision of services if the assessment results showed that two types of services were suitable for the applicant.

7. The Administration explained that the service matching and the provision of services for the elderly were two separate issues. SCNAMES was not used to suppress demand for elderly services but to provide an objective and scientific framework to ascertain the elders' eligibility for elderly services. Members were assured that the service matching aimed to provide the elders with the most suitable type of services according to the assessment results, and that elders would not be denied of the service on account of a tight provision of such service was tight. Members were also advised that the Administration was fully aware of the increasing demand for elderly services, particularly residential care services for the elderly. To this end, the Administration had been closely monitoring the adequacy of the provision of elderly services and had put in significant resources over the past years to improve the waitlisting situation.

8. The Administration advised that elders who were on CWL would be encouraged to try the enhanced home and community care services. Should they agree to try the new services, their applications for subsidised residential care homes would be suspended for the time being. They would however have the flexibility to re-activate their applications for subsidised residential care homes if they so wished and their original dates of application would be recognised. The Administration further advised that if two options were found to be suitable for the elderly, say, home care service and residential care service, the elderly would most likely be encouraged to use the former. Nevertheless, the wish of the elderly would always be respected.

9. Some members held the view that it was meaningless to carry out an assessment to ascertain the elders' eligibility for elderly services if the provision of such services lagged far behind the demand. These members considered that the Administration should give a pledge for eligible elders to be provided with the needed services within a specified period of time.

Mechanism of reassessment

10. Members also questioned the arrangement for reassessment of care needs if the elder's health condition had changed. The Administration advised that the objective of SCNAMES did not stop at finding a service which could match the need of the elderly. After an elder had been assessed for admission to a particular type of service, the service provider would draw up an individual care plan for the elder concerned according to the assessment results and related information. Under SCNAMES, a service provider had the responsibility to monitor the health condition of the elderly persons under its care. If the health condition of an elder was found to have changed, another assessment on the elder's health condition would be conducted, which would focus on ascertaining whether the existing care service was still appropriate or whether other types of service should be provided.

Service monitoring

11. Members were advised that SWD had set up five multi-disciplinary Elderly Services Standardized Care Need Assessment Management Offices (SCNAMOs) in March 2000 to monitor the operation of SCNAMES, maintain the quality of assessment of accredited assessors, train accredited assessor, oversee the service demand and utilisation, etc. Members were further advised that social workers including those serving in family service centres, medical social service units and multi-service centres for the elderly, nurses, occupational therapists and physiotherapists working in clinics and hospitals were recognised as potential accredited assessors. They were required to go through structured training programmes and pass the examination before they were accredited to take up the assessment responsibility. SCNAMOs would provide training for accredited assessors and organise briefing sessions for service providers in order to provide them with the necessary knowledge on the standardised assessment tool. Each assessment under SCNAMES could on average be completed in eight days from the date of referral.

12. This apart, a formal appeal mechanism including Regional Appeal Committees and Central Appeal Board had been set up to handle appeals. Some members considered that Regional Appeal Committees and Central Appeal Board should include representatives from a wide spectrum of the community.

Review of the assessment tool

13. At the Panel meetings on 7 July and 20 October 2003, members were

advised that the Administration had conducted surveys on users' feedback on SCNAMES. According to feedbacks collected from assessors, caseworkers, service providers and service users, the stakeholders were satisfied with the clarity and comprehensiveness of the operational procedures. Elders who went through the assessments also responded positively to the mechanism. The community showed increasing acceptance of the mechanism as a tool to help ascertain the impairment levels and service needs of the service users.

14. Some members and deputations had repeatedly urged the Administration to review SCNAMES expeditiously with a view to improving the assessment mechanism when the subject of provision of subsidised residential care services for elders who had long term care needs was discussed. Members were advised that the applicants' impairment level was assessed according to their abilities in activities of daily living, physical functioning, communication, memory, behaviour and emotion, as well as their health conditions. A review of the assessment criteria would be conducted if such a need arose. Moreover, the need for a review of SCNAMES would be covered in the consultancy study being led by EC in the context of possible service enhancement on community care services with a view to further encouraging elders to age in place and thus avoid premature and unnecessary institutionalisation.

Relevant papers

15. Members are invited to access the Legislative Council website at <http://www.legco.gov.hk/> to view the Administration's papers for, and the relevant minutes of the meetings of the Panel on 8 January 2001, 7 July and 20 October 2003, and 11 January and 6 February 2010.

Council Business Division 2
Legislative Council Secretariat
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Extract from the Final Report (p. 38)**Table 5: Service Matching Decision Making Tree**

Impairment	Health Problems	Environmental Risk	Coping Problem	Service Matching*	
				Recommended Option A	Recommended Option B
Severe	Y	Y	Y	Beyond Nursing Home ¹	
	Y	Y	N	Beyond Nursing Home ¹	Beyond Day Care ² / Home Help ³
	Y	N	Y	Beyond Nursing Home ¹	Beyond Day Care ² / Home Help ³
	Y	N	N	Beyond Day Care ² / Home Help ³	
	N	Y	Y	Nursing Home	
	N	Y	N	Nursing Home	Day Care/ Home Help ³
	N	N	Y	Nursing Home	Day Care/ Home Help ³
Moderate	Y	Y	Y	Care & Attention Home	
	Y	Y	N	Care & Attention Home	Day Care/ Home Help ³
	Y	N	Y	Care & Attention Home	Day Care/ Home Help ³
	Y	N	N	Day Care/ Home Help ³	
	N	Y	Y	Care & Attention Home	
	N	Y	N	Care & Attention Home	Day Care/ Home Help
	N	N	Y	Care & Attention Home	Day Care/ Home Help
Mild	Y	Y	Y	Home for the Aged	
	Y	Y	N	Home for the Aged	Home Help
	Y	N	Y	Home for the Aged	Home Help
	Y	N	N	Home Help	
	N	Y	Y	Home for the Aged	
	N	Y	N	Home for the Aged	Home Help
	N	N	Y	Home Help	
No	Y	Y	Y	Home for the Aged ⁴	
	Y	Y	N	No service	
	Y	N	Y	Other services ⁵	
	Y	N	N	No Service	
	N	Y	Y	Home for the Aged ⁴	
	N	Y	N	No Service	
	N	N	Y	Other services ⁵	
N	N	N	No Service		
¹	If Infirmary is part of the service option, this will be an appropriate candidate. CGAT specialty service may also be required				
²	If Day Hospital and Home Care are parts of the service option, this will be an appropriate candidate for Day Hospital and Home Care. CGAT specialty service may also be required.				
³	If Home Care is part of the service option, this will be an appropriate candidate.				
⁴	If Elderly hostel or other elderly housing program: home modification and rehab-aids, is an available service option, it should also be considered as an appropriate candidate.				
⁵	Counseling service, social centre for the elderly, elderly health centre, out-reaching service for elderly, etc.				
*	The Recommended Option A will only be triggered after the Recommended Option B has been tried. For those applicants who wish to choose to stay at own homes with community support, Option B will apply.				