

**For information  
on 12 March 2012**

**Legislative Council Panel on Welfare Services**

**Provision of Subsidised Residential Care Services for the Elderly and  
the Mechanism for Allocation of Places**

**Purpose**

This paper briefs Members on the provision of subsidised residential care services (RCS) for the elderly with long-term care (LTC) needs, and the mechanism for allocation of service places, in particular for group applications which cover elderly couples.

**Provision of Subsidised Residential Care Services for the Elderly**

2. Residential care homes for the elderly (RCHEs) in Hong Kong are run by both the private sector and non-governmental organisations. Together they are providing about 77 000 service places, currently serving about 61 000 elders. Insofar as the 26 000 subsidised places are concerned, the current Government policy is to admit only elders with proven LTC needs. Two types of places are available for this purpose -

- (a) care-and-attention (C&A) places – for elders with moderate impairment; and
- (b) nursing home (NH) places – for elders with severe impairment.

C&A homes and NHs are subject to different licensing requirements. They are usually operated separately on different premises, except for contract homes which are built to cater for both uses.

3. To meet the challenge of an ageing population, the Government is committed to providing more subsidised RCS places. Indeed, over 2 600 additional places will commence service from 2011-12 to 2014-15, and

nine sites have been earmarked for the construction of new contract RCHEs. In planning for RCS provision, priority is given to NH places because of the huge demand for these places and the limited supply of non-subsidised places in the market. In comparison, private homes have considerable capacity to cope with the demand for C&A places. For this reason, the Government has decided to adjust the NH:C&A ratio of contract home places from 50:50 to 90:10. However, this also means that NH and C&A places are more likely to be provided on separate premises.

## **Allocation Mechanism for LTC Services**

4. Subsidised RCS places are allocated by the Social Welfare Department (SWD) based on the applicants' LTC needs as assessed under the department's Standardised Care Need Assessment Mechanism for Elderly Services. Elders who are assessed to have LTC needs will, depending on their particular circumstances, either be recommended for RCS (i.e. places in NHs for those severely impaired or C&A homes for those moderately impaired) or community care services (CCS), or be given a "dual option" (i.e. a choice of RCS or CCS). If no suitable service is readily available, the applicant will be put on the Central Waiting List for Subsidised LTC Services (CWL). A pre-admission assessment will be conducted prior to the applicant's admission to service if the last care need assessment was conducted over 12 months ago. This is to ensure that elders whose care needs may have changed over time will receive service at the appropriate care level.

### ***Application for RCS***

5. Applicants for RCS are allowed to indicate their preferences for the location, religion, and/or types of meal offered by the RCHE. Applicants may also choose to wait for a particular RCHE. They may also indicate whether they would accept places in private/self-financing homes under the bought place schemes for C&A and NH places.

6. Service is allocated on a first-come-first-served basis with reference to the LTC date of each applicant (i.e. the date on which he completed the care need assessment), taking into account his preferences (if any). If an elder on CWL has no specific preference, his or her waiting time could be substantially reduced.

## ***Group Applications***

7. We understand that some RCS applicants may wish to move into the same RCHE with their spouse, family members or friends. If they want to be admitted one by one at different times, they can indicate their preference for that same RCHE in their individual applications. If they wish to be admitted at the same time, they can opt for “group application” and wait for sufficient places to be available for the whole group.
8. As elders will only be allocated RCS places which offer service at the appropriate care levels, group applicants having impairment at different levels would need to choose an RCHE that provides both C&A and NH places. However, as explained above, C&A and NH places are usually provided on separate premises, and the 17 contract RCHEs which offer both are moving towards a higher NH ratio. As such, the waiting time for group applicants with different impairment levels would be longer.
9. Moreover, if the health condition and impairment level of one of the applicants in the group application have changed while waiting for RCS, the group applicants would need to review and update their RCHE preferences. For example, if group applicants have originally chosen a particular RCHE which offers only C&A places, they would need to choose another RCHE that provides both C&A and NH places. While this would make matching more difficult, the LTC date of the applicants will remain unchanged.
10. As of January 2012, about 27 800 elders were on CWL, with 520 of them (less than 2%) in 260 group applications. Of these 260 group applications, 249 are waiting for C&A places, three are waiting for NH places and the remaining eight involve a combination of C&A and NH places.
11. In administering its LTC service allocation mechanism, SWD seeks to ensure that the process is fair and efficient, and that users are offered places that suit their needs. SWD will regularly review the application procedures and consider making improvement where necessary.

12. Members are invited to note this paper.

**Labour and Welfare Bureau  
Social Welfare Department  
March 2012**