

For discussion
on 25 February 2013

LC Paper No. CB(2)684/12-13(01)

Legislative Council Panel on Welfare Services

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

Purpose

This paper provides responses to the views expressed by deputations and individuals on the Disability Allowance (DA) at the meeting of the Legislative Council (LegCo) Panel on Welfare Services on 10 December 2012. Details are at **Annex I**.

2. Apart from the above, the Social Welfare Department (SWD) received views expressed by the Office of the Ombudsman regarding the DA on 15 January 2013. Having regard to the Ombudsman's views and the suggestions at the meeting of the LegCo Panel on Welfare Services on 10 December 2012, the SWD has also updated the Report of the Working Group on Review of the Mechanism for Implementing the Disability Allowance Scheme which SWD set up earlier; and submitted the recommendations to the Ombudsman on 4 February 2013, a summary of which is at **Annex II**.

Advice sought

3. Members are invited to note the content of this paper.

Social Welfare Department
Labour and Welfare Bureau
February 2013

Panel on Welfare Services

Meeting on Monday, 10 December 2012 at 9:30 am

Review of the system for processing applications for Disability Allowance under the Social Security Allowance Scheme

Summary of views and concerns expressed by deputations/individuals

No.	Name of deputation/individual	Major views and concerns	Administration's responses
1.	Alliance for Renal Patients Mutual Help Association [LC Paper No. CB(2)290/12-13(09)]	<ul style="list-style-type: none"> • Many renal patients, who were not able to work and needed the Disability Allowance ("DA") to maintain their health condition, were not being granted the allowance due to the subjectivity of the assessing medical officers. • The DA scheme should be reviewed, in particular the criterion of 100% loss of earning capacity which was misleading and would prompt doctors to reject the DA applications from many chronic disease patients, who had genuine needs for assistance. 	<ul style="list-style-type: none"> • To follow up on the recommendations in the "Direct Investigation Report on Granting of Disability Allowance and Processing of Appeals by Social Welfare Department" released by the Ombudsman in October 2009, the Social Welfare Department (SWD) has earlier on set up a Working Group on Review of the Mechanism for Implementing the Disability Allowance (DA) Scheme. This review group has refined and updated the guidelines, Medical Assessment Form (MAF) and Checklist used in medical assessments, and also the work flow of relevant departments/organisations, in order to achieve better consistency and enhance objectiveness in conducting medical assessments, while meeting the existing policy intent of DA. For details, please refer to the paper "Review of the Implementation Mechanism for the Disability Allowance" (LC Paper No. CB(2)290/12-13(07)) submitted by SWD for the Legislative Council Panel on Welfare Services meeting on 10 December 2012, and "Review of Disability Allowance under the Social Security Allowance Scheme" at Annex II of this paper.

No.	Name of deputation/individual	Major views and concerns	Administration's responses
			<ul style="list-style-type: none"> Regarding deputations having proposed a review of the eligibility criteria of DA, as announced by the Chief Executive in his 2013 Policy Address, the Labour and Welfare Bureau (LWB) will establish an Inter-departmental Working Group to study the issue of "allowing people with loss of one limb to apply for DA" and related matters concerning DA eligibility. For details of the review, please refer to the separate paper on "Review of Disability Allowance under the Social Security Allowance Scheme".
2.	Sustainability Research Centre	<ul style="list-style-type: none"> Support should be offered to carers of patients with disabilities, who had quitted full-time job to take care of the patients. The payment level of DA, which had not been reviewed since the launch of DA in 1973, was inadequate to support the needs of DA recipients. 	<ul style="list-style-type: none"> DA was introduced in 1973 as a non-means-tested cash allowance, which aims to provide assistance for the severely disabled to meet special needs arising from disability. In 1988, the Government introduced Higher DA, at a rate twice of that of Normal DA, to the severely disabled persons who are in need of constant attendance from others. The payment rates of DA will be adjusted on an annual basis, taking into account the movement of the Social Security Assistance Index of Prices (SSAIP). The DA rates were increased by 4.0% in accordance with SSAIP movement with effect from 1 February 2013. At present, the payment rate of Normal DA is \$1,450 per month, while that of Higher DA is \$2,900 per month. Under the existing social security system, apart from DA, persons with disabilities who cannot support themselves financially may apply for the means-tested Comprehensive Social Security Assistance (CSSA) to meet their basic needs. The CSSA Scheme takes into

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			<p>account the special needs of persons with disabilities, and sets higher payment rates for them. If a CSSA applicant is a person with disability, the severity of his/her disability will be assessed by a public medical officer, and based on that assessment he/she will be given a standard rate, plus applicable special grants and supplements, at the appropriate level.</p> <ul style="list-style-type: none"> Besides, the Administration has put in place a holistic system to provide a wide range of support measures for persons with disabilities / carers to help persons with disabilities develop their potential and facilitate their integration into society, which includes employment services, compassionate rehousing, medical services and suitable rehabilitation services (such as pre-school services, day care services, community support services, residential care services, vocational training, supported or sheltered employment, etc.).
3.	<p>Hong Kong Stoma Association [LC Paper No. CB(2)290/12-13(10)]</p>	<ul style="list-style-type: none"> A set of clear and objective criteria should be developed for doctors to assess the eligibility of DA applicants, and input from specialized doctors should be sought. People with stomas, many of whom being unemployed due to their poor health, needed the support of DA to lead a dignified life. 	<ul style="list-style-type: none"> Please refer to the response in item 1 above.
4.	<p>Labour Party [LC Paper No. CB(2)339/12-13(01)]</p>	<ul style="list-style-type: none"> The degree of disabilities of a DA applicant could not be determined by his/her capacity to earn a living. The Government should have the responsibility to support the needs of persons with disabilities ("PWDs") regardless 	<ul style="list-style-type: none"> Please refer to the responses in items 1 and 2 above.

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		<p>of their employment status.</p> <ul style="list-style-type: none"> • The definition of "severely disabled" under DA should be broadened to cover patients with chronic illness such as renal diseases. • The Labour Party was of the view that the criterion for DA, i.e. 100% loss of earning capacity should be removed from the definition of "severely disabled" under DA. Reference should be drawn from international standards for developing a set of objective criteria for disability under DA. The Social Welfare Department ("SWD") should provide a detailed review report in response to The Ombudsman's Direct Investigation Report on DA published in 2009. 	<ul style="list-style-type: none"> • SWD's "Report of the Working Group on Review of the Mechanism for Implementing the Disability Allowance Scheme" has been further updated in February 2013 after the Panel on Welfare Services meeting on 10 December 2012 and provided to the Ombudsman for reference. For details, please refer to <u>Annex II</u>.
5.	1st Step Association	<ul style="list-style-type: none"> • The Administration should conduct a comprehensive review on DA which was introduced 40 years ago. • In view of the all-round care and constant attendance needed by recipients of the Higher Disability Allowance ("Higher DA"), the eligibility criteria for DA should not be judged merely by medical officers. Other professionals such as medical social workers and occupational therapists should be invited to comment on factors such as the level of support from carers/families and the physical environment of applicants' homes. 	<ul style="list-style-type: none"> • Please refer to the response in item 1 above. • The proposal of introducing multi-disciplinary assessment for DA applications would have significant implications for the healthcare manpower requirement and the time needed for assessment given the significant number of applications of DA every year.

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		<ul style="list-style-type: none"> Given that eligible Comprehensive Social Security Assistance ("CSSA") recipients, including PWDs who were at non-severe levels and were not living in institutions, were entitled to receive the Community Living Supplement for the expenses they might incur while living in the community, DA recipients should be provided with the same level of subsidies. 	<ul style="list-style-type: none"> DA and CSSA are two different schemes, the former is non-means tested and the latter is mean-tested, and hence should not be directly compared. The Community Living Supplement ("CLS") is paid as a monthly supplement under the means-tested CSSA Scheme to better support recipients' stay in the community. Disabled persons, including those with disabilities below the "severe" level, may apply for CSSA and benefit from the CLS if they have financial need.
6.	<p>The Hong Kong Society for Rehabilitation [LC Paper No. CB(2)339/12-13(02)]</p>	<ul style="list-style-type: none"> The condition of disabilities listed in the Medical Assessment Form ("MAF") referred only to the body function and structure with no consideration to the abilities of DA applicants in participating in community activities. The Administration should follow the international standards from the International Classification of Functioning, Disability and Health ("ICF") of the World Health Organization ("WHO") to develop a set of objective criteria for disability under DA. 	<ul style="list-style-type: none"> To facilitate assessment on the patient's cognitive abilities, emotional control and social behavior, the review group convened by SWD has recommended the insertion of such wordings as "maintaining cognitive abilities (orientation, attention, concentration, memory, judgment, thinking, learning ability, etc.), maintaining emotional control and social behavior" into the MAF. The review group has also drawn up guidelines to enhance consistency in assessment. Please refer to the response in item 1 above.
7.	<p>People of Fortitude · International Mutual-Aid Association for the Disabled [LC Paper No.</p>	<ul style="list-style-type: none"> The Government should adopt a caring policy to support the needs of PWDs. Different levels of allowance should be provided to cater for the needs of DA recipients with different levels of disabilities. 	<ul style="list-style-type: none"> Please refer to the response in item 1 above.

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	CB(2)290/12-13(12)]	<ul style="list-style-type: none"> • In assessing the eligibility of DA applicants, a panel comprising doctors, specialists and social workers should be set up to provide a fair assessment. • As the eligibility criteria for DA also applied to the \$2-trip transport fare concession for the elderly and PWDs, the Administration should review the related definition of disability so that more PWDs would benefit from the \$2 concessionary fare for public transport. 	<ul style="list-style-type: none"> • Please refer to the response in item 5 above. • Review of the Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities in future will take into account the findings of the Inter-departmental Working Group led by LWB mentioned in item 1 above.
8.	Mr LEE Shing-leung	<ul style="list-style-type: none"> • As a victim of an industrial accident, he was greatly disappointed that though he was not able to work due to the loss of one limb in the accident, he was assessed not meeting the requirement of 100% loss of earning capacity for receiving DA. The Administration should review the vetting procedures and approval mechanism for DA. 	<ul style="list-style-type: none"> • Please refer to the response in item 1 above.
9.	The Hong Kong Society for Rehabilitation Community Rehabilitation Network Wang Tau Hom Centre	<ul style="list-style-type: none"> • The judgment of a doctor on the eligibility of DA applicants was subjective. Input from medical social workers should be sought for a more thorough understanding of the disabling condition of the applicants. 	<ul style="list-style-type: none"> • Please refer to the response in item 5 above.
10.	Eastern Renal Support Association	<ul style="list-style-type: none"> • Of the patients suffered from renal failure, many were unemployed and relied on the support from families. They were not eligible for DA since they did not meet the requirement of 100% loss of earning capacity. 	<ul style="list-style-type: none"> • Please refer to the response in item 1 above.

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		The existing definition of "disability" under DA should be reviewed.	
11.	Democratic Alliance for the Betterment and Progress of Hong Kong	<ul style="list-style-type: none"> • The eligibility criteria for DA should be reviewed to provide clear and objective yardsticks for the assessment of disability. Professionals such as social workers should be invited in vetting the eligibility of DA applicants. • The rule that a person might only receive either DA or the Old Age Allowance ("OAA"), but not both at the same time, to avoid the receipt of double benefit should be reviewed. 	<ul style="list-style-type: none"> • Please refer to the responses in items 1 and 5 above. • DA and OAA are both under the Social Security Allowance Scheme. Their designs have already taken into account the special needs of their respective target beneficiaries. A person may only receive either DA or OAA but not both at the same time. This is to avoid paying double benefits to any individual.
12.	Concord Mutual-Aid Club Alliance	<ul style="list-style-type: none"> • It would be very subjective to rely merely on the assessment from medical practitioners for the eligibility of DA applicants. • The payment of DA could hardly support the medical expenses of its recipients, many of whom were jobless due to their disabling condition. • To enhance the effectiveness of DA, the Administration should remove the 	<ul style="list-style-type: none"> • Please refer to the response in item 5 above. • DA does not seek to meet in full the cost of living of the recipients. Persons with disabilities who cannot support themselves financially may apply for the means-tested CSSA, which is a monthly cash payment to help needy families meet their basic needs. The CSSA Scheme takes into account the special needs of persons with disabilities, and sets higher payment rates for them. Please also refer to the response in item 2 above. • Please refer to the responses in items 1 and 2 above.

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		<p>requirement of 100% loss of earning capacity from the definition of severely disabled; offer the allowance in accordance with a set of objective criteria for different levels of disabilities; and raise the amount of standard payment of DA.</p>	
13.	Hong Kong Down Syndrome Association	<ul style="list-style-type: none"> • The frequency of case review conducted by SWD to establish a recipient's continued eligibility for DA should be reviewed, to avoid unnecessary stress so caused to parents of severely disabled children suffered from Down Syndrome. • The Administration should conduct a comprehensive review on DA, with reference to the system in England and Australia. 	<ul style="list-style-type: none"> • Doctors will make appropriate assessment and exercise clinical judgment on a case-by-case basis. • For DA cases, review will be conducted by the SWD according to the validity period of the MAF. Under normal circumstances, for Normal DA cases where the validity period of the MAF is permanent, no regular review is required. • Please refer to the response in item 1 above.
14.	Hong Kong Neuro-Muscular Disease Association [LC Paper No. CB(2)290/12-13(11)]	<ul style="list-style-type: none"> • The Administration should take out the requirement of 100% loss of earning capacity from the definition of disability under DA. Instead, reference should be sought from ICF of WHO to take into consideration the following: the applicant's body functions and structure, constraints in participating in social activities, and external environmental factors. • An appeal mechanism should be established to allow unsuccessful DA applicants to seek re-assessment of their eligibility for the allowance. 	<ul style="list-style-type: none"> • Please refer to the response in item 1 above. • The unsuccessful DA applicants may lodge appeals with the Social Security Appeal Board (SSAB) against the decisions of their ineligibility of the allowance. The Board will arrange with the Hospital Authority

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			(HA) for the appellants to undergo medical re-assessments to be proceeded by the medical assessment board (MAB). The MAB is an independent board and its members are consisted of doctors from the public and private sectors. The appellants are required to attend in person for the medical re-assessments and can submit their representations or/and medical reports while attending the re-assessments.
15.	Alliance of Concessions Fare in Public Transport for People with Disabilities [LC Paper No. CB(2)339/12-13(03)]	<ul style="list-style-type: none"> • As the definition of "severely disability" under DA was the same as that for the \$2-trip transport fare concession for the elderly and PWDs, many PWDs in need of the fare concession were not eligible to enjoy the benefit. • Given that DA was an important financial support to PWDs, the Alliance urged the Administration to conduct a comprehensive review on DA to - <ul style="list-style-type: none"> (a) broaden the definition of "disability" to cover different levels of disabilities; (b) instead of relying merely on the judgment of doctors in assessing the eligibility of an applicant, invite inputs from other professionals who had expertise on the needs of PWDs; and (c) gauge the views from various stakeholders for the enhancement of the 	<ul style="list-style-type: none"> • Please refer to the responses in items 1 and 7 above.

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		scheme.	
16.	Hong Kong Blind Union [LC Paper No. CB(2)339/12-13(04)]	<ul style="list-style-type: none"> • Under the existing vetting mechanism for DA, "total loss of sight" was equivalent to "100% loss of earning capacity". Under such mechanism, a 100% blind person who could earn a living was provided with DA, whereas a person with severe eye disease but not 100% blind and not able to find a job received no support from DA. The related definition should be reviewed so as to help the PWDs in genuine need of support for their disabling condition. • Different levels of DA should be offered to recipients according to their level of disabilities; and an annual adjustment mechanism should be established to review the payment rate. 	<ul style="list-style-type: none"> • Please refer to the responses in items 1 and 2 above.
17.	Forthright Caucus	<ul style="list-style-type: none"> • The assessment of an applicant's eligibility for receiving DA was subjective. Patients of infantile paralysis having received DA for six to 10 years were assessed to be ineligible to receive DA due to the judgment by another doctor. • The rate (\$2,790) of the Higher DA was not adequate to support severely disabled recipients who were in need of constant care by others in their daily life. Another level of DA should be developed to provide assistance (such as renting medical equipment) to PWDs 	<ul style="list-style-type: none"> • Please refer to the response in item 1 above. • In September 2011, the Community Care Fund (CCF) launched an assistance programme to provide persons with severe disabilities from low-income families who are not receiving CSSA with a monthly special care subsidy of \$2,000 for a maximum of 12 months, so as to relieve their burden in meeting the cost of care. In

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		with financial difficulties but not supported by CSSA.	<p>November 2012, the Steering Committee on the CCF endorsed extending this assistance programme to provide eligible persons with severe disabilities under a new round of applications with subsidy for another 12 months at most.</p> <ul style="list-style-type: none"> • To further address the special needs of persons with severe physical disabilities who need to use respiratory support medical equipment, CCF launched on 31.1.2013 a new programme "Provision of Special Subsidy to Persons with Severe Physical Disabilities for Renting Respiratory Support Medical Equipment" to provide an extra subsidy of \$2,000 or \$2,500 for persons with severe physical disabilities to rent respiratory support medical equipment on a monthly basis to support their living within the community. • SWD and the HA have been devising a service plan taking a case management approach to support persons with severe physical disabilities requiring constant care but not living on CSSA. Under the proposed programme, financial subsidy will be provided to relieve the financial burden of target service users on medical consumables, rental of medical equipment and some other care aspects as recommended by medical practitioners. • There are different charitable funds available to provide assistance for persons with severe disabilities, such as the Samaritan Fund administered by HA, the Yan Chai Tetraplegic Fund and the Yan Chai Fund for the Severely Disabled administered by the Yan Chai Hospital Board.

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18.	<p>Hong Kong Chinese Civil Servants' Association, Social Work Officer Grade Branch [LC Paper No. CB(2)290/12-13(13)]</p>	<ul style="list-style-type: none"> ● Assessments of the eligibility for DA merely by HA doctors was rather subjective, especially for disabling mental conditions. A set of objective criteria on the eligibility for DA should be developed and applicants' medical records should be referred to for a fair assessment. ● If the intent of DA was to offer allowance for severely disabled persons to meet their special needs arising from disability, persons without one limb, one eye or one ear should be eligible for DA. If the Administration insisted on the existing requirement of 100% loss of earning capacity, the underlying rationale of DA should be made clear to the general public. 	<ul style="list-style-type: none"> ● Please refer to the responses in items 1 and 5 above. ● Please refer to the response in item 1 above. ● Publicity will be strengthened through explaining to the applicants and giving them leaflets so that they know DA is meant to provide some financial assistance to the severely disabled.
19.	<p>Hong Kong Association for Parents of Persons with Physical Disabilities [LC Paper No. CB(2)339/12-13(05)]</p>	<ul style="list-style-type: none"> ● The existing arrangement that the allowance for Higher DA recipients be lowered to Normal DA during their period of stay at boarding schools under the Education Bureau ("EDB") should be reviewed. A grading system for deducting the related amount of DA should be developed, with reference to the number of days the disabled children returning to their homes during long vacation. ● The arrangement that the allowance for Higher DA recipients who had been hospitalised for more than 29 days would be reduced to Normal DA should also be reviewed, as the recipients should pay for the 	<ul style="list-style-type: none"> ● The objective of DA is to provide financial assistance, on a non-means-tested and non-contributory basis, to meet the special needs of the severely disabled arising from their disability. ● Higher DA aims to provide financial assistance to those who are severely disabled and need frequent attention or constant supervision. As such, Higher DA is not payable and will be adjusted to Normal DA if Higher DA recipients have received care in residential institutions subsidized by the government / public hospitals and institutions under the Hospital Authority, or boarding in special schools under the Education Bureau so as to avoid double benefits.

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		<p>hospital fees from their own pocket.</p> <ul style="list-style-type: none"> The eligibility criteria of DA should be reviewed to take into consideration the applicants' abilities in coping with self-care and participating in community activities. DA recipients assessed as severely disabled and permanent disabled should be exempted from case review. 	<ul style="list-style-type: none"> The purposes of case review are to establish a recipient's continued eligibility and identify changes in circumstances which might affect the payment of allowance. Under normal circumstances, for Normal DA cases where the validity period of the MAF is permanent, no regular review is required. Please also refer to the response in item 1.
20.	Neighbourhood and Workers' Service Centre	<ul style="list-style-type: none"> The Administration should conduct a review on DA in response to The Ombudsman Direct Investigation Report published in 2009. The scope of the review should include, among others, removing the criterion of 100% loss of earning capacity, developing a set of objective criteria for disability with reference to ICF of WHO, and inviting social workers and psychologists be assessing officers for the applicants' eligibility for DA. 	<ul style="list-style-type: none"> Please refer to the responses in items 1 and 5 above.
21.	Hong Kong Rehabilitation Power	<ul style="list-style-type: none"> Different levels of DA payments should be developed for recipients with different levels of disabilities. Considering that persons with severe disabilities had the right to receive DA, CSSA recipients suffering from severe disabilities should be entitled to receiving DA at the same time. 	<ul style="list-style-type: none"> Please refer to the response to item 1 above. DA does not seek to meet in full the cost of living of the recipients. Persons with disabilities who cannot support themselves financially may apply for the means-tested CSSA, which is a monthly cash payment to help needy families meet their basic needs. The CSSA Scheme has taken into account the special needs of persons with disabilities, and set higher payment

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			rates for them.
22.	器官殘障傷津關注小組	<ul style="list-style-type: none"> According to the requirement of 100% loss of earning capacity under DA, disabled persons with partial impairment of body function and patients of Thalassemia and Haemophilia, despite their special needs arising from the diseases, were not eligible for DA. Doctors specialized in different streams should be invited to provide a more objective assessment on the eligibility of DA applicants. 	<ul style="list-style-type: none"> Please refer to the response in item 1 above.
23.	Community Rehabilitation Network Patient Mutual Support Centre	<ul style="list-style-type: none"> As DA was a non-means-tested scheme providing assistance to recipients for their needs arising from disabling condition, it was contradictory and confusing to use "100% loss of earning capacity" as the overriding eligibility criterion for DA. Such a criterion was misleading. Medical officers would tend to adopt a very stringent yardstick in assessing the applicants' eligibility for the allowance. 	<ul style="list-style-type: none"> Please refer to the response in item 1 above.
24.	關注傷殘津貼聯席 [LC Paper No. CB(2)339/12-13(06)]	<ul style="list-style-type: none"> The Administration should review the arrangement that those Higher DA recipients having received care in a residential institution or boarded in a special school under EDB for more than 29 days at a time, their allowance would be adjusted to the rate of Normal DA (i.e. from \$2,790 to \$1,395). The deduction of DA payment was not justified as the recipients had to pay the fees 	<ul style="list-style-type: none"> Please refer to the response in item 19 above.

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		<p>for staying at hospitals or residential institutions.</p> <ul style="list-style-type: none"> • DA recipients were not eligible for the waiving of medical charges at public hospitals and clinics enjoyed by CSSA recipients (regardless of their level of disabilities) and civil servants' families. The Administration should review the coverage of the related free medical treatment for the benefit of the needy DA recipients. 	<ul style="list-style-type: none"> • Please refer to the response in item 2 above. DA and CSSA are two different schemes, the former is non-means tested and the latter is mean-tested, and hence should not be directly compared. • Recipients of CSSA will be waived from payment of their public health care expenses. Non-CSSA recipients who cannot afford medical expense at the public sector can apply for a medical fee waiver at the Medical Social Services Units of public hospitals and clinics or the Integrated Family Service Centres (IFSCs) and the Family and Child Protective Services Units (FCPSUs) of SWD. The Medical Social Workers or Social Workers of IFSCs / FCPSUs of SWD will assess the applications with due consideration given to the financial, social and medical conditions of the applicants on a household basis.
25.	<p>The Association of Parents of The Severely Mentally Handicapped [LC Paper No. CB(2)313/12-13(01)]</p>	<ul style="list-style-type: none"> • Given that the Higher DA could not support persons with severe disabilities (such as people with stoma) for the purchase of medical equipment and other services, a special DA for long-term care patients should be developed. • The existing arrangement that the Higher DA for severely disabled persons would be adjusted to Normal DA during the period they stayed at homes during holidays should be reviewed. The one-month grace period for 	<ul style="list-style-type: none"> • Please refer to the responses in items 2 and 17 above. • Please refer to the response in item 19 above.

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		the deduction of allowance should be extended to three months.	
26.	The Hong Kong Joint Council of Parents of the Mentally Handicapped	<ul style="list-style-type: none"> ● It was ridiculous that the requirement of 100% loss of earning capacity also applied to child applicants of DA who had no capacity to work at all. The requirement should be reviewed. ● The case review on the applicants' level of disabilities was too frequent causing unnecessary stress to parents and carers of the severely disabled children concerned. DA should be offered permanently in the case of permanent disablement. If not, the case review should be conducted in a longer time interval. 	<ul style="list-style-type: none"> ● The review group convened by SWD has amended the wordings of the MAF to facilitate use of the MAF for making medical assessment with children. (Please refer to response in item 1 above.) ● Please refer to the response in item 13 above.
27.	Mr MAK Ka-yue	<ul style="list-style-type: none"> ● Persons with hearing impairment needed the support of DA for the purchase of hearing aids which cost around \$25,000. It was unfair that the better ear was chosen for the assessment of deafness for the granting of DA. 	<ul style="list-style-type: none"> ● It is an internationally adopted standard practice in using the better ear for assessment relating to hearing impairment.
28.	Mr TANG Siu-chung	<ul style="list-style-type: none"> ● A hearing aid device was crucial for his learning as a student of a registered nursing programme, but he could not afford the cost of \$10,000 to \$20,000. As many people with moderate to high level of hearing impairment were not eligible for receiving DA, he hoped the Administration would review the related eligibility criteria. 	<ul style="list-style-type: none"> ● Please refer to the responses in items 1 and 2 above.

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29.	Silence [LC Paper No. CB(2)290/12-13(14)]	<ul style="list-style-type: none"> The criterion for DA, i.e. hearing loss of 85 decibels, was too stringent and should be lowered. The requirement of assessment in the better ear for defining a person being profoundly deaf under DA was unfair, and should be reviewed. 	<ul style="list-style-type: none"> Please refer to the response in items 1 and 27 above.
30.	Mr LAM Tak-yuen	<ul style="list-style-type: none"> He was in support of the views expressed by other deputations and individuals in respect of the inadequacies of the existing implementation mechanism for DA. 	<ul style="list-style-type: none"> Please refer to the responses in this table.
31.	Mr YAN Chun-kit	<ul style="list-style-type: none"> The subsidies from DA were not adequate to cover the medical expenses of persons with severe disabilities. The Administration should consider adopting a grading system to fix the DA payment in accordance with the recipients' level of disabilities. 	<ul style="list-style-type: none"> Please refer to the responses in items 1 and 17 above.
32.	The Parents' Association of Pre-School Handicapped Children [LC Paper No. CB(2)339/12-13(07)]	<ul style="list-style-type: none"> The Administration should review DA with a view to enhancing its consistency and transparency. An appeal mechanism should be established under which the appellants would be informed about the reasons why their applications were being turned down. 	<ul style="list-style-type: none"> Please refer to the responses in items 1 and 14 above. Regarding appeal, the SSAB will give its final decision on the result of the medical re-assessment and notified the appellant of the decision in writing. To improve transparency, the review group convened by SWD has proposed to (i) include a clause that the applicant does not meet the definition of "severe disability" within the meaning of DA including the three qualifying conditions in the notification letter if the applicant is assessed under "other physical, mental conditions including visceral diseases"; (ii) revise the assessment form of the MAB in line with the revisions

No.	Name of deputation/individual	Major views and concerns	Administration's responses
		<ul style="list-style-type: none"> ● The definition of disability under DA should be broadened to cover patients suffering from Asperger Syndrome and Hyperkinetic Disorder. 	<p>to the MAF, with space for the MAB to record its deliberations; (iii) revise the notification letter of the SSAB in line with revisions to the notification letter for DA applicants.</p> <ul style="list-style-type: none"> ● Please refer to the response in item 1 above.
33.	<p>Hong Kong Human Rights Monitor [LC Paper No. CB(2)339/12-13(08)]</p>	<ul style="list-style-type: none"> ● The existing eligibility criterion for DA, i.e. 100% loss of earning capacity, was unfair, and would create negative labeling effect on its recipients. The United Nations ("UN") Convention on the Rights of Persons with Disabilities had been applied to Hong Kong since 2008. The Administration should make reference to the definition of disability under the Convention, i.e. the function of body and its interaction with the community, for DA. ● The content and layout of MAF and the checklist should be revamped to facilitate assessing officers to make objective judgment on the eligibility of DA applicants. ● The Administration should review the eligibility criteria and the standard payment rate of DA on a regular basis. 	<ul style="list-style-type: none"> ● Please refer to the response in item 1 above. ● The review group convened by SWD has revised the layout and content of the existing MAF/checklist to improve the entry and presentation of information, and for easier reference by doctors. ● Please refer to the responses in items 1 and 2 above.
34.	<p>Hong Kong Society for the Deaf</p>	<ul style="list-style-type: none"> ● CSSA recipients having mild and intermediate level of hearing impairment were required to participate in the Self 	<ul style="list-style-type: none"> ● Under the CSSA Scheme, a special grant can be made to recipients who are old, disabled or medically certified to be in ill-health to cover the cost of

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		<p>Reliance Scheme under the CSSA Scheme. They had difficulties in performing their job duties without the support of hearing aids. The Administration in its review on DA should consider offering a special subsidy for these CSSA recipients with disabilities to purchase hearing aid devices.</p>	<p>purchasing or repairing rehabilitation equipment and non-recurrent medical and surgical appliances (e.g. wheelchairs, hearing aid etc) with appropriate medical recommendation.</p>
35.	<p>Mr YU Yun-sing [LC Paper No. CB(2)339/12-13(09)]</p>	<ul style="list-style-type: none"> The 100% loss of earning capacity had no direct relation with the degree of disabilities suffered by the applicants. Such a criterion should be reviewed to facilitate doctors to make a fair judgment on the eligibility of DA applicants. 	<ul style="list-style-type: none"> Please refer to the response in item 1 above.
36.	<p>Association for the Rights of Industrial Accident Victims</p>	<ul style="list-style-type: none"> Many industrial accident victims were not capable to work due to loss of one limb. However, they were not eligible for DA as they could not satisfy the requirement of 100% loss of earning capacity. Being victims of industrial accidents outside Hong Kong, some tour guides and drivers did not meet the one-year-continuous-residence requirement (absence from Hong Kong up to a maximum of 56 days during the year immediately before application) of DA. As such, they were not able to meet the eligibility criteria. The Administration should review the related residence requirement. 	<ul style="list-style-type: none"> Please refer to the response in item 1 above. Where an applicant has been absent from Hong Kong during the one-year period immediately before the date of application because of paid work outside Hong Kong or the need to receive medical treatment outside Hong Kong, SWD may consider exercising his discretion to disregard the absences exceeding the 56-day limit, subject to there being sufficient documentary proof.

No.	Name of deputation/individual	Major views and concerns	Administration's responses
37.	Hong Kong Federation of Handicapped Youth [LC Paper No. CB(2)290/12-13(15)]	<ul style="list-style-type: none"> • The Administration should remove the requirement of 100% loss of earning capacity for receiving DA, which had no direct relation with the level of disabilities. • The design and layout of MAF should be revamped to list out clear criteria to facilitate assessing officers to check the eligibility of applicants; and to require the officers to state justifications for the assessment in the form. • Public views should be gauged in respect of the review of DA. 	<ul style="list-style-type: none"> • Please refer to the response in item 1 above. • Please refer to the response in item 1 above. • Please refer to the response in item 1 above.
38.	Hong Kong Chinese Civil Servants' Association, Social Security Assistants Branch [LC Paper No. CB(2)290/12-13(16)]	<ul style="list-style-type: none"> • MAF should be revised to require the assessing officers to clearly indicate the assessment results in the following categories "not eligible for DA"; "eligible for the Normal DA" and "eligible for the Higher DA". • Additional manpower should be provided at public hospitals to assist medical social workers to process applications for DA from patients stayed in the hospitals. • Noting that the Chief Executive had proposed, in his election manifesto, to allow people with loss of one limb to apply for DA, the deputation requested the Administration to increase the manpower of social security assistants for handling applications from these prospective applicants. 	<ul style="list-style-type: none"> • Please refer to the response in item 1 above. • At present, medical social workers stationed in hospitals are tasked and equipped to assist patients in their application for DA while SSFU staff are responsible for processing DA applications. • The Administration as a usual practice would see to the need for additional manpower of social security staff for new/revamped policy initiatives.

No.	Name of deputation/individual	Major views and concerns	Administration's responses
39.	Jelly Bean Society Limited	<ul style="list-style-type: none"> Renal patients who needed to undergo kidney dialysis were not able to work. Many of them however were assessed to be unable to meet the requirement of 100% loss of earning capacity for DA. Some of these patients, who were below the age of 65 and did not receive OAA, led a difficult life. 	<ul style="list-style-type: none"> The Administration has put in place a holistic system to provide a wide range of support measures for persons with disabilities / carers to help persons with disabilities develop their potential and facilitate their integration into society. Apart from financial assistance (such as CSSA, CCF and other charitable funds), there are employment services, compassionate rehousing, medical services and suitable rehabilitation services (such as pre-school services, day care services, community support services, residential care services, vocational training, supported or sheltered employment, etc.). Please also refer to the response in item 1 above.
40.	Hong Ling Renal Club	<ul style="list-style-type: none"> The eligibility criteria for DA should be relaxed to allow persons with visceral diseases, such as patients suffered from renal failure, to receive DA. 	<ul style="list-style-type: none"> Please refer to the response in item 1 above.
41.	Ms YIP Miu-ling	<ul style="list-style-type: none"> Some families having children with disabilities faced financial difficulties as the parents had quitted their full-time jobs to take care of their children. Given the expensive cost of medical equipment such as hearing aid devices, the amount of DA was not adequate to meet their needs. 	<ul style="list-style-type: none"> Please refer to the responses in items 2, 17 and 34 above.
42.	Association for the Rights of Students with Hearing Impairment	<ul style="list-style-type: none"> Under the existing vetting mechanism for DA, an applicant was assessed to be profoundly deaf if he had a hearing loss of 85 decibels or above in the better ear. Such a requirement was too stringent and unfair, and 	<ul style="list-style-type: none"> Please refer to the response in item 27 above.

No.	Name of deputation/individual	Major views and concerns	Administration's responses
		<p>should be reviewed.</p> <ul style="list-style-type: none"> • The Government should not take DA as a welfare measure which would create negative labeling effect on DA recipients. 	<ul style="list-style-type: none"> • The Social Security Allowance (SSA) Scheme was introduced in 1973 to support severely disabled in the form of DA and elderly persons in the form of OAA. Both DA and OAA are non-means-tested and non-contributory allowances.
43.	<p>The Hong Kong Council of Social Service [LC Paper No. CB(2)339/12-13(10)]</p>	<ul style="list-style-type: none"> • Currently the definition for "severely disabled" under DA was adopted as an overriding principle for the eligibility criteria of other welfare schemes such as the \$2-trip transport fare concession. In the light of the wide application of the definition, the Administration should review DA expeditiously with the following considerations - <ul style="list-style-type: none"> (a) to review the criterion of a 100% loss of earning capacity and to assess applicants' eligibility in terms of both the degree of functional disability and the applicants' abilities to participate in community activities; (b) to invite, apart from medical officers, other professionals such as social workers to provide input for a more fair assessment of the applicants' eligibility; (c) to allow DA recipients to receive OAA at the same time; 	<ul style="list-style-type: none"> • Please refer to the response in item 1 above. • Please refer to the response in item 5 above. • Please refer to the response in item 11 above.

No.	Name of deputation/individual	Major views and concerns	Administration's responses
		<p>(d) to raise the amount of DA payment to support the medical expenses of its recipients; and</p> <p>(e) to regularize the subsidies for PWDs offered by the Community Care Fund.</p>	<ul style="list-style-type: none"> ● Please refer to the responses in items 2 and 17 above. ● Please refer to the response in item 17 above.
44.	<p>Department of Social Work and Social Administration, The University of Hong Kong [LC Paper No. CB(2)339/12-13(11)]</p>	<ul style="list-style-type: none"> ● As stated in the concluding observations by the UN Committee on the Rights of Persons with Disabilities, the eligibility criteria for DA were regarded as out of date. The Administration should make reference to international standards, such as the framework of ICF, WHO, to review the related criteria to safeguard the interest of PWDs and improve their quality of life. ● All-round assessment should be invited, including the comments from applicants themselves, their doctors and other professionals, for determining the eligibility of DA applicants. ● When compared to CSSA recipients with the same level of disabilities, the subsidies for DA recipients were lower. In view of the expensive cost for purchasing and renting medical equipment, the Administration should conduct review on DA to introduce different levels of subsidies to recipients according to the expenses incurred by their levels of disabilities. 	<ul style="list-style-type: none"> ● Please refer to the response in item 1 above. ● Please refer to the response in item 5 above. ● Please refer to the responses in items 1 and 17 above.

No.	Name of deputation/individual	Major views and concerns	Administration's responses
45.	Hong Kong Association of Squint and Double Vision Sufferers	<ul style="list-style-type: none"> • Many patients with severe eye diseases were not eligible to receive DA as they did not meet the requirement of total loss of sight. Such a stringent requirement had deterred many needy patients with eye diseases from applying for DA. The amount of DA should be increased. 	<ul style="list-style-type: none"> • Please refer to the responses in items 1 and 2 above.
46.	The University of Hong Kong Sau Po Centre on Aging [LC Paper No. CB(2)290/12-13(17)]	<ul style="list-style-type: none"> • The eligibility criteria for DA were out of date. The Administration should make reference to international standards in working out a set of objective criteria for DA. Reference could be drawn from the Equality Act of England and the framework set out by ICF of WHO. 	<ul style="list-style-type: none"> • Please refer to the response in item 1 above.
47.	Civic Party [LC Paper No. CB(2)339/12-13(12)]	<ul style="list-style-type: none"> • The eligibility criteria for DA should be relaxed. The conditions of visceral diseases resulting in total disablement should be explicitly listed out in MAF. • Special allowance should be provided under DA for purchasing and renting medical equipment. • If an applicant was assessed to be permanent disabled, there would be no need for frequent case review. • The granting of DA and OAA should be treated separately. • The assessment of the eligibility of DA 	<ul style="list-style-type: none"> • Please refer to the response in item 1 above. • Please refer to the responses in items 2 and 17 above. • Please refer to the response in item 13 above. • Please refer to the response in item 11 above. • Please refer to the response in item 5 above.

No.	Name of deputation/individual	Major views and concerns	Administration's responses
		<p>applicants should be made by a panel comprising doctors, social workers and other professionals.</p>	
48.	Hong Kong Occupational Therapy Association	<ul style="list-style-type: none"> • To address the genuine needs of PWDs, the definition of "severely disabled" under DA should not be restricted by the framework of "100% loss of earning capacity" set out in Schedule 1 of the Employees Compensation Ordinance (Cap. 282). Instead, it should be broadened to cover disabling body function and other kinds of invisible disabilities. • The support for DA recipients should not be restricted to therapy but extended to long-term rehabilitation needs of the recipients including their reintegration into the community, which would be a long process. Hence, the granting of DA should not be judged by the criterion of 100% loss of earning capacity. • The layout of MAF should be revamped, for example, to add fields for comments from other professionals. 	<ul style="list-style-type: none"> • Please refer to the response in item 1 above.
49.	Miss YU On-lam	<ul style="list-style-type: none"> • The amount of DA should be increased to support its recipients for the purchase of medical equipment such as hearing aid devices. 	<ul style="list-style-type: none"> • The Samaritan Fund and other charitable trust funds such as the Li Po Chun Charitable Trust Fund, Tang Shiu Kin and Ho Tim Charitable Fund, Brewin Trust Fund and Kwan Fong Trust Fund for the Needy may grant financial assistance to needy persons with disabilities to purchase necessary equipment or

No.	Name of deputation/individual	Major views and concerns	Administration's responses
		<ul style="list-style-type: none"> • Sign language interpretation services should be strengthened to support the needs of persons with hearing impairment. 	<p>appliances, including hearing aids.</p> <ul style="list-style-type: none"> • Please also refer to the responses in items 2 and 17 above. • Rehabilitation NGOs, in collaboration with government departments, local communities and groups of persons with hearing impairment, regularly conduct sign language training for persons with hearing impairment, sign language interpreters, staff of government departments and public organisations and members of the public. Interpretation services by sign language interpreters are provided for government departments, NGOs and persons with hearing impairment in relation to job interviews, court hearing, marriage registration, public examinations and medical consultations, etc. • Sign language training courses are organised by some Social and Recreational Centres for the Disabled and two Multi-service Centres for Hearing Impaired Persons subvented by SWD with a view to enhancing the communication of persons with hearing impairment with others. These centres also provide sign language interpretation services to assist persons with hearing impairment in communicating with the hearing community and reduce the communication barriers. The Administration would keep in view the need for sign language interpretation services by persons with hearing impairment.
50.	Hong Kong Society for the Special Need	<ul style="list-style-type: none"> • The definition of disability under DA should cover children with special needs such as 	<ul style="list-style-type: none"> • Please refer to the responses in items 1 and 5 above.

No.	Name of deputation/individual	Major views and concerns	Administration's responses
		<p>those suffered from Autism and Hyperkinetic Disorder. In assessing the eligibility of DA applicants, advice from educational psychologists and occupational therapists should be sought.</p> <ul style="list-style-type: none"> ● Holders of the Registration Card for People with Disabilities were not eligible for receiving DA. The Administration should review the eligibility criteria for different welfare measures for PWDs with a view to standardizing the related requirements. 	
51.	The Hong Kong Society for Rehabilitation - Centre on Research and Advocacy	<ul style="list-style-type: none"> ● A frontline doctor of the Hospital Authority had provided comments on the content and design of MAF as follows - <ul style="list-style-type: none"> (a) the conditions for assessing the eligibility of an applicant were not the common symptoms suffered from severely disabled patients; (b) the physical or mental conditions, e.g. visceral diseases resulting in total disablement, were too stringent and did not cover some chronic diseases such as renal failure, epilepsy and paralysis; (c) the criteria for disability were so vague and unclear that doctors tended to fill in "not applicable" especially when they worked under a tight schedule; and 	<ul style="list-style-type: none"> ● Please refer to the response in item 1 above.

No.	Name of deputation/individual	Major views and concerns	Administration's responses
		<p>(d) references should be drawn from the framework of ICF of WHO for developing a set of objective criteria for "disabilities"</p> <ul style="list-style-type: none"> • The Labour and Welfare Bureau, SWD and the Food and Health Bureau should jointly conduct a comprehensive review on DA. 	
52.	Hong Kong Parkinson's Disease Association	<ul style="list-style-type: none"> • Doctors during a few-minute medical appointment could not conduct a thorough and objective assessment of the disabling conditions of patients with "invisible disabilities" such as patients with Parkinson's disease. The Administration should take into account the support needed by persons with "invisible disabilities" in its review on DA. 	<ul style="list-style-type: none"> • Please refer to the response in item 1 above.

Summary of Recommendations of the Working Group (WG) on Review of the Mechanism for Implementing the Disability Allowance Scheme

I. Review the eligibility criteria for fine-tuning (para 6.2 (a) of the Ombudsman (OMB)'s report)

- (a) Disability Allowance (DA) is meant to offer some financial assistance for the severely disabled (i.e. in a position broadly equivalent to 100% loss of earning capacity), according to the policy objective of the allowance all along. Accordingly, no regard should be made to their social and financial position or their employability.
- (b) There is no imminent need to rename the scheme from Normal Disability Allowance (NDA) to “Allowance for Severe Disability” and Higher Disability Allowance (HDA) to “Higher Allowance for Severe Disability”. However, publicity will be enhanced to explain the existing aim and meaning of DA and the approval criteria.

II. Review and revise the layout, format and contents of the Medical Assessment Form (MAF), and clear discrepancy in views and practices with the Hospital Authority (HA) and the Department of Health (DH) (para 6.2 (b) and (d) of OMB's report)

- (a) The eligibility for DA is purely based on the functional assessment by doctors with no regard to the patient's social and financial position or employability. The cost-effectiveness of multi-disciplinary assessment as to whether a patient is suffering from “severe disability” is doubtful and may hinder timely assistance for the patients.
- (b) Adoption of a grading system in medical assessment is technically difficult in implementation since there is no uniform grading system adopted in Hong Kong at present.
- (c) On the use of rehabilitation devices or medicine, doctors will assess

the patient's functional status as presented in the consultation, i.e. with or without the aid of rehabilitation or mechanical devices, or medication.

- (d) Doctors' assessment on whether the disability is within the meaning of the DA scheme is based on the nature/degree, rather than the type of illness/injury/deformity. The clinical conditions will vary between individuals and with time. As such, it is not practical to compile a comprehensive list of disease tantamount to severe disabilities.
- (e) The layout and content of the existing MAF/checklist have been revised to improve the entry and presentation of information, and for easier reference by doctors:
 - (1) the checklist has been incorporated into the MAF, thereby obviating the need for two different sets of documents;
 - (2) "severe disability" has been highlighted as the focus of the medical assessment rather than eligibility for NDA/HDA;
 - (3) wordings of the MAF have been amended to facilitate use of the MAF for making medical assessment with children;
 - (4) previous medical assessment record would continue be provided in the MAF by Social Security Field Unit (SSFU) staff for doctor's attention / reference;
 - (5) staff of the SSFUs of the Social Welfare Department (SWD) would cross out from the MAF parts not requiring input by doctors;
 - (6) assessing a patient with "other physical, mental conditions including visceral diseases", the patient's ability to "work in the original occupation and performing any other kind of work" has been removed as a criterion for assessment to avoid misunderstanding which might cause inconsistency in assessments. Besides, doctors are required to tick one or more of the three qualifying condition(s) against which the patient is considered suffering from severe disability; or confirm that all the three qualifying conditions are not met if the patient is

considered not suffering from severe disability;

- (7) the examples originally quoted in the assessment of patient's ability to "express oneself, communicate and interact with others" have been removed, as the quoted examples are not exhaustive and their inclusion may lead to difference in interpretation by doctors. On the other hand, to facilitate assessment on the patient's cognitive abilities, emotional control and social behavior, such wordings as "maintaining cognitive abilities (orientation, attention, concentration, memory, judgment, thinking, learning ability, etc.), maintaining emotional control and social behavior" have been inserted;
- (8) doctors are required to provide reasons if there is a change of assessment from "in need of constant attendance" to "not in need of constant attendance"; and from "permanent disability" to "non-permanent disability".

III. Arrange regular audit of cases by senior officers to spot irregularities and deficiencies (para 6.2(c) of OMB's report)

- (a) Arranging random checking and regular audit of cases does not help to spot inconsistencies between assessments on different persons with similar disabling conditions. It is because assessments on different persons may have different results owing to factors other than the type of disabling illness, e.g. different age, disabling condition and progress on rehabilitation.
- (b) To strengthen coordination and communication among SWD/HA/DH, a mechanism in the form of annual meetings will be established to review the operational and other logistical concerns.
- (c) Briefing / training for staff of relevant departments / organizations / professionals will be stepped up.

IV. Refine guidelines for staff (para 6.2(e) of OMB's report)

- (a) A set of internal guidelines has been developed for SSFU staff, Medical Social Workers (MSWs) and doctors to present clearly the work flow for processing applications and appeals, and delineate the respective roles of different parties involved in the process:
 - (1) doctors are responsible for conducting medical assessment on an applicant's disability while SSFU staff are responsible for determining an applicant's eligibility for DA basing on the medical assessment and other eligibility criteria. MSWs are to assist in the coordination and liaison work;
 - (2) especially in the initial stage of application, enhancement will be made regarding the dissemination of information and explanation by staff of SWD to applicants about the meaning and eligibility criteria of DA and other social security benefits (e.g. Comprehensive Social Security Assistance) / rehabilitation services. Pamphlets and publicity materials will be updated / produced;
 - (3) a checklist and a standard referral memo with essential checking items have been designed to facilitate SSFU staff to check irregularities and inconsistencies of the medical assessment and seek clarifications with doctors. Clarifications by both parties (SSFUs and doctors) will be in writing, and the standard memo will be signed out by Social Security Officer II (SSOII) or above supervising the Social Security Assistant (SSA).
- (b) The current hierarchy of processing applications in SSFUs (i.e. investigation by the SSA rank and vetting and approval by the SSO rank) is considered appropriate.
- (c) As doctors should contact with the SSFUs direct for clarifications [(IV)(a)(3) above], hotlines for doctors (Annex I of OMB's report) is not necessary.

V. Revise the notification letter to applicants, giving specific reason(s) for refusal of DA (para 6.2 (f) of OMB's report)

- (a) In the notification letter to applicants, it is difficult to provide codified reasons for ineligibility. Yet, to improve transparency, a clause that the applicant does not meet the definition of “severe disability” within the meaning of DA including the three qualifying conditions will be provided if the applicant is assessed under “other physical, mental conditions including visceral diseases”.

VI. Record in some detail the deliberations of Medical Assessment Board (MAB) and the SSAB for transparency of information to appellants and for doctors' reference in future assessments (para 6.2(g) of OMB's report)

- (a) As far as appeals are concerned, the assessment form of the MAB has been revised in line with the revisions to the MAF, with space for the MAB to record its deliberations.
- (b) The notification letter of the SSAB has been revised in line with revisions to the notification letter for applicants.

VII. Consider an overall review of the DA scheme (para 6.2(h) of OMB's report)

- (a) The WG has reviewed and fine-tuned the eligibility criteria, the medical assessment and appeal mechanism, as well as the roles of relevant departments / organizations as appropriate in accordance with the policy intent of the DA scheme, with a view to enhancing objectivity, consistency and transparency of medical assessments for applicants and strengthening coordination among relevant departments / organizations in the processing of DA applications.
- (b) The Chief Executive proposed in his manifesto that people with loss of one limb would be allowed to apply for DA. As announced by the Chief Executive in his 2013 Policy Address, the Labour and Welfare Bureau is undertaking the preparatory work for the establishment of an Inter-departmental Working Group to study this

issue. The Inter-departmental Working Group will report to and seek direction from the Social Security and Retirement Protection Task Force of the Commission on Poverty.