

Legislative Council Panel on Welfare Services

Review of the Implementation Mechanism for the Disability Allowance

Purpose

This paper briefs Members on the results of the review of the implementation mechanism for the Disability Allowance (DA).

Approval mechanism for DA

2. The DA is a monthly cash allowance provided under the Social Security Allowance (SSA) Scheme to help Hong Kong residents with severe disability meet their special needs arising from that disabling condition. The relevant approval mechanism was set up in accordance with this policy objective, and implemented as follows.

3. Under the DA scheme, the Social Welfare Department (SWD) co-operated with the doctors of public hospitals/clinics to process applications pursuant to the established policy and having regard to the conditions of the applicants, with each party playing their respective roles. SWD is the department responsible for administering and approving DA applications. Upon receipt of an application, the staff of SWD would arrange an interview with the applicant, and issue a Medical Assessment Form (MAF) for a doctor to conduct professional medical assessment on the disabling condition of the applicant. To be eligible for DA, apart from satisfying other eligibility criteria¹, the disabling condition of an applicant has to be assessed by a doctor of the Department of Health (DH) or the Hospital Authority (HA) (or, under very exceptional circumstances, a registered doctor of a private hospital) to be severely disabled as defined under the DA scheme (i.e. in a condition broadly equivalent to 100% loss of earning capacity according to the criteria in Schedule 1 of the Employees' Compensation Ordinance (Cap.282)), and that such condition will persist for at least six months. To ensure consistency and objectivity in medical assessments, doctors

¹ For example, the pre-application residence requirements, and whether he is in receipt of other allowance under the SSA Scheme or the Comprehensive Social Security Assistance.

will use the standardised MAF and Checklist (**Annex I**) to make recommendations to SWD on the disability condition of the applicants.

4. The DA is classified into Normal DA (currently the monthly rate is \$1,395) and Higher DA (currently the monthly rate is \$2,790). In addition to meeting the aforesaid eligibility criteria, applicants of Higher DA must be assessed by doctors of DH or HA to be in need of constant attendance from others in their daily life; and they are not receiving care in residential institutions subsidized by the government (including subsidized places in subvented/contract homes and residential care homes under various bought place schemes) or public hospitals and institutions under the HA, or boarding in special schools under the Education Bureau.

5. As DA does not aim at addressing all the various needs of persons with disabilities (such as financial support, rehabilitation services, job-seeking and transport, etc.), SWD would not consider the social background, family, employment and financial status of the applicant in determining his eligibility for DA. Persons with disability facing financial hardship may apply for the Comprehensive Social Security Assistance.

Review of the implementation mechanism for DA

6. In its Direct Investigation Report on “Granting of Disability Allowance and Processing of Appeals by Social Welfare Department” released in October 2009, the Ombudsman mainly recommended that SWD should fine-tune the details for DA eligibility criteria and revise MAF and the internal guidelines to clearly reflect the original policy intent and facilitate assessment work; improve the assessment mechanism and procedures, increase its transparency, enhance the objectiveness and consistencies of the assessments; and clarify the roles of relevant departments and authorities (i.e. SWD, HA and DH) and strengthen their co-ordination.

7. In November 2009, SWD set up a Working Group (WG) on Review of the Mechanism for Implementing the DA Scheme comprising representatives from the Labour and Welfare Bureau (LWB), HA, DH and Efficiency Unit to follow up on the Ombudsman’s recommendations. The WG has refined and updated the guidelines, MAF and Checklist used in medical assessments, and also the work flow of relevant departments/organisations, so as to achieve consistencies and objectiveness in conducting medical assessments, and meet the policy intent of DA.

8. In the process, the progress of the WG was affected by a judicial review lodged by an ex-DA applicant. With the conclusion of the judicial review in July 2011, the WG immediately resumed its remaining work, which mainly concerned collection of views from frontline staff.

9. The WG has also further refined the work flow and forms, and has basically concluded its review. The Summary of Recommendations of the WG and the refined MAF are at **Annexes II and III** respectively.

Implementation arrangements

10. To implement the recommendations of the WG, SWD will need to adjust its computer system and the concerned departments/organisations will also need to refine and produce the new forms and publicity materials. All the relevant Departments (including SWD) and organisations will conduct briefing and training to their frontline staff as appropriate. SWD expects the recommendations of the WG can be implemented by the end of 2013 the earliest.

**Social Welfare Department
December 2012**

SOCIAL SECURITY ALLOWANCE (SSA) SCHEME

M E M O

From: Supervisor, _____
Social Welfare Department

To: *Medical Social Worker /
Medical Officer-in-charge
_____ *Hospital/Clinic

Ref.: _____
Tel.: _____
Date: _____

Your Ref.: _____
dated: _____

Re: *Mr/Ms _____ (_____)
*HKIC/BC No.: _____ Age: _____ (*M/S/W/D)
Address: _____ Tel. No.: _____
Hospital/Clinic: _____ Ref. No.: _____
Next follow-up date: _____ Specialty/Ward: _____

The above-named, who claims suffering from _____ (type of disability), has applied for Disability Allowance under the SSA Scheme. *He/She has given us permission to make the medical enquiry. Available information on *his/her disability *and/or medication is as follows: _____

- 2 A copy of the *previous medical assessment report/follow-up slip/card/X-ray card* is/are* attached/not available.
- 3 The above-named *is/is not a sheltered workshop worker** (specify only for cases applying for Higher Disability Allowance).
- 4 I should be grateful if you would fill in the relevant sections in the form overleaf and return the original copy of the completed form to the undersigned **on or before** _____. If telephone discussion is desirable, please contact the undersigned or _____ on Tel. No.: _____

Signature: _____
Name in block letters: _____
Supervisor, _____

(For new applications only)
From: Medical Social Worker
_____ *Hospital/Clinic
Ref.: _____
Tel.: _____
Date: _____

To: Supervisor,
Social Welfare Department
Your Ref.: _____
dated: _____

Re: *Mr/Ms _____ (_____)
*HKIC/BC No.: _____ Age: _____ (*M/S/W/D)
Address: _____ Tel. No.: _____
Hospital/Clinic: _____ Ref. No.: _____

The above-named has applied for Disability Allowance under the SSA Scheme.

- 2 I forward overleaf a medical report on the above-named. Additional remarks are as follows:

(Space for official chop)

Signature of Medical Social Worker:.....
Name in block letters:.....
.....*Hospital/Clinic

MEMO

From : Medical Officer,
_____ *Hospital/Clinic
Ref. : _____
Tel. : _____
Date : _____

To : Supervisor, _____
Social Welfare Department
Your Ref. : _____
dated : _____

**MEDICAL ASSESSMENT FORM
Social Security Allowance (SSA) Scheme**

Re: *Mr/Ms _____ **HKIC/BC No.** _____ **SSFU Ref.** _____ *(information to be filled by SSFU)*

In making the medical assessment, please refer to the checklist on P. 3 for reference.

Please tick the appropriate box below:

(I) Nature/Degree of disability

(A) The patient is in a position broadly equivalent to a person with a 100% loss of earning capacity *** due to :

- | | |
|--|--|
| <input type="checkbox"/> (i) loss of functions of two limbs | <input type="checkbox"/> (v) total paralysis (quadriplegia) |
| <input type="checkbox"/> (ii) loss of functions of both hands or all fingers and both thumbs | <input type="checkbox"/> (vi) paraplegia |
| <input type="checkbox"/> (iii) loss of functions of both feet | <input type="checkbox"/> (vii) illness, injury or deformity resulting in being bedridden |
| <input type="checkbox"/> (iv) total loss of sight | <input type="checkbox"/> (viii) any other conditions including visceral diseases resulting in total disablement (reference should be made to part (II) of the Checklist) |
- _____ (specify)

(B) The patient is suffering from a condition which produces a degree of disablement broadly equivalent to a person with a 100% loss of earning capacity due to :

- | | |
|---|--|
| <input type="checkbox"/> (i) organic brain syndrome | <input type="checkbox"/> (iv) neurosis |
| <input type="checkbox"/> (ii) mental retardation | <input type="checkbox"/> (v) personality disorder |
| <input type="checkbox"/> (iii) psychosis | <input type="checkbox"/> (vi) any other conditions resulting in total mental disablement |
- _____ (specify)

(For (A) and (B) above, please also complete (IV) to assess the patient's mental fitness for making a statement.)

(C) The patient is suffering from _____, but NOT TO THE EXTENT OF (A) OR (B) ABOVE. *(disability)*

(II) Recommendation (tick one item only)

- The patient does not qualify for a Disability Allowance because :
- (i) his/her degree of disablement is not broadly equivalent to a 100% loss of earning capacity (see (I)(C)), or
- (ii) his /her disablement specified in (I)(A) or (B) is expected to last for less than 6 months (applicable to new cases only).
- The patient qualifies for Normal Disability Allowance (see (I)(A) or (B) but not Higher Disability Allowance. (For conditions of eligibility for Higher Disability Allowance, please refer to Supplementary Medical Assessment Form attached)
- The patient qualifies for Higher Disability Allowance meeting the criteria for Normal Disability Allowance (see (I)(A) or (B)) and additional conditions for Higher Disability Allowance. (Supplementary Medical Assessment Form for Higher Disability Allowance must also be completed)

(III) Duration of disabling condition

The condition specified in (I)(A) or (B) is likely to last *from the date of application/from the date after the expiry date of last certification, which is _____ (date to be filled by SSFU or MSSU).

- | | |
|--|---|
| <input type="checkbox"/> less than 6 months _____ (see (II)(ii)) | <input type="checkbox"/> over 2 years-up to 3 years |
| <i>(specify number of months)</i> | <input type="checkbox"/> from 3 years to _____ years (specify) |
| <input type="checkbox"/> 6 months | <input type="checkbox"/> up to and including _____ years old (specify for child assessment service) |
| <input type="checkbox"/> over 6-12 months | <input type="checkbox"/> permanently |
| <input type="checkbox"/> over 1 year-up to 2 years | |

The patient has been informed that his/her disabling condition is subject to a medical review (for cases where the disabling condition is not permanent).

(IV) Fitness for making a statement at the time of current assessment/last clinical assessment

- The patient is mentally fit for making a statement. The patient is mentally unfit for making a statement.

(V) Any other comments by the Medical Officer (To help other doctors to assess the patient in future, please put down some physical findings and supportive evidence for assessment, where appropriate.)

(Space for official chop)

(Signature of Medical Officer)

(Name in block letters)

(Date)

* Delete whichever is inapplicable.

** A sheltered workshop worker is normally NOT eligible for Higher Disability Allowance.

*** According to the criteria in the First Schedule of the Employees' Compensation Ordinance (Cap. 282) but for the purpose of the Scheme, the element of 'permanency' which is in Cap. 282 has been excluded from (vii) and (viii) of (I)(A).

**Checklist for Medical Assessment of
Eligibility for Normal Disability Allowance
for Disabilities other than Profound Deafness**

Eligibility criteria

Subject to other eligibility criteria being met, an applicant certified by the Director of Health or the Chief Executive, Hospital Authority as being in a position broadly equivalent to 100% loss of earning capacity according to the criteria in the First Schedule of the Employees' Compensation Ordinance (Cap. 282) can be eligible for Normal Disability Allowance (NDA) under the Social Security Allowance Scheme.

A profoundly deaf person who is certified to be suffering from a perceptive or mixed deafness with a hearing loss of 85 decibels or more in the better ear for pure tone frequencies of 500, 1 000 and 2 000 cycles per second, or 75 to 85 decibels with other physical handicaps which include lack of speech and distortion of hearing can also be eligible for NDA. Applicants suffering from hearing impairment should be assessed by ENT doctors of the designated specialist clinics/hospitals under the Hospital Authority in order to determine their eligibility for NDA. There is a different set of medical assessment form for cases of profound deafness.

Checklist for medical assessment of eligibility for NDA for disabilities other than profound deafness

- (I) Applicants whose physical/mental impairments or medical conditions have fallen into one of the following categories (which have been defined as 100% loss of earning capacity in the First Schedule of Employees' Compensation Ordinance (Cap. 282) are considered automatically eligible for NDA on medical grounds even though they have taken up employment :
- (i) loss of functions of two limbs
 - (ii) loss of functions of both hands or all fingers and both thumbs
 - (iii) loss of functions of both feet
 - (iv) total loss of sight
 - (v) total paralysis (quadriplegia)
 - (vi) paraplegia
 - (vii) illness, injury or deformity resulting in being bed-ridden
 - (viii) any other conditions including visceral diseases resulting in total disablement (reference should be made to part (II) of the Checklist)

If the applicant's disabling condition does not fall into any of the above categories, please proceed to (II) below.

- (II) Where an applicant's physical/mental impairments or other medical conditions have not fallen into any of the categories in (I) above, a medical assessment should be carried out to determine if the applicant is 'severely disabled' within the meaning of the scheme.

An applicant is considered in a position broadly equivalent to 100% loss of earning capacity and thus eligible for NDA if his/her physical or mental impairment or other medical conditions including visceral diseases have resulted in a significant restriction or lack of ability or volition to perform the following activities in daily living to the extent that substantial help from others is required in any one of the following areas :

- (1) working in the original occupation and performing any other kind of work for which he/she is suited;
- (2) coping with self-care and personal hygiene including feeding, dressing, grooming, toileting and bathing;
- (3) maintaining one's posture and dynamic balance while standing or sitting, for daily activities, managing indoor transfer (bed/chair, floor/chair, toilet transfer), travelling to clinic, school, place and work; and
- (4) expressing oneself, communicating and interacting with others including speaking, writing, utilizing social (community) resources, seeking help from others, and participating in recreational and social activities.

**SUPPLEMENTARY MEDICAL ASSESSMENT FORM
ON NEED FOR CONSTANT ATTENDANCE (SSA SCHEME)**

Please ignore this Form **UNLESS** the patient, **IN ADDITION TO** being totally disabled broadly equivalent to a person with a 100% loss of earning capacity, **ALSO REQUIRES** from another person:

- (i) **FREQUENT ATTENTION** throughout the **DAY AND PROLONGED** or **REPEATED ATTENTION** during the **NIGHT** in connection with his/her bodily functions, e.g. totally bedridden, quadriplegia;

OR

- (ii) **CONTINUAL SUPERVISION** in order to avoid endangering himself/herself or others, e.g. severely demented/mentally retarded.

AND

- (iii) For a patient aged under 15, he/she **MUST ALSO REQUIRE CONSTANT ATTENTION** and **SUPERVISION** substantially **IN EXCESS** 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.

To make a child eligible, please tick either (i) + (iii) **OR** (ii) + (iii)

Recommendation

#*Mr / Ms _____ qualifies for Higher Disability Allowance for the period specified in (III) of the Medical Assessment Form due to conditions as checked above.

N.B.: Patient certified to be in need of constant attendance will be eligible for a higher rate of Disability Allowance which is **twice** that of the normal rate under the SSA Scheme.

(Space for official chop)

Signature of Medical Officer: _____

Name in block letters: _____

_____ **Hospital/Clinic*

Date: _____

* Delete whichever is inapplicable.

To be completed by SSFU or MSSU.

**Summary of Recommendations and the Review Results of
the Working Group on Review of the Mechanism for
Implementing the Disability Allowance Scheme**

- I. Refine the details of eligibility criteria, including the layout, format and contents of Medical Assessment Form, and clear discrepancy between departments/organisations.***
- (a) The policy intent of Disability Allowance (DA) is to offer some financial assistance for the severely disabled (i.e. in a position broadly equivalent to 100% loss of earning capacity) to meet their special needs arising from that disability, with no regard to their social and financial position or their employability.
 - (b) There is no plan to rename DA (such as from Normal DA to “Allowance for the Severely Disabled” and Higher DA to “Higher Allowance for the Severely Disabled”). However, publicity will be enhanced to explain the existing aim and meaning of DA and the approval criteria.
 - (c) Multi-disciplinary assessment as to whether a patient is suffering from “severe disability” is not necessary since eligibility for DA is based on the applicant’s functional assessment by doctors with no regard to the applicant’s social and financial position or employability.
 - (d) There are technical difficulties in adopting a grading system in medical assessment, as there is no uniform grading system in Hong Kong.
 - (e) On the use of rehabilitation devices or medication, 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.
 - (f) Doctors’ assessment on whether the applicant/recipient’s disability is within the meaning of the DA Scheme is based on the nature/degree rather than the type of illness/injury/deformity, therefore it is not necessary to compile a comprehensive list of diseases tantamount to severe disabilities.
 - (g) The layout and content of the existing Medical Assessment Form/checklist are revised to improve the entry and presentation of information and for easier reference by doctors:

- (1) The checklist is incorporated into the Medical Assessment Form (MAF), and there is now no need for two different sets of documents.
- (2) Severe disability is highlighted as the focus of the medical assessment rather than eligibility for Normal DA/Higher DA.
- (3) Wordings have been amended to facilitate use of the revised MAF for making medical assessment on children.
- (4) Previous medical assessment record is highlighted by Social Security Field Unit (SSFU) staff of Social Welfare Department (SWD) in the MAF for doctor's reference.
- (5) Those parts not requiring input by doctors will be crossed out by SSFU staff.
- (6) In assessing patients 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" is removed as a criterion for assessment to avoid confusion and misunderstanding. 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" are 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 "maintaining cognitive abilities (orientation, attention, concentration, memory, judgment, thinking, learning ability etc), maintaining emotional control and social behavior" are 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".

II. Arrange regular audit of cases

Different applicants may have different assessment result due to factors other than the type of disabling illness (e.g. different age, disabling condition and progress on rehabilitation). Arranging random checking and regular audit of cases is difficult to spot inconsistencies between assessments on different persons with similar type of disabling illness. Nevertheless, as stated in item (VI)(a) below, with a view to strengthening coordination and communication among different departments/organisations, it is recommended to arrange annual meetings to review the operational and other logistical problems.

III. Refine guidelines for staff, to clear the roles of departments/organisations

- (a) A set of internal guidelines and related forms are developed for SSFU staff, medical social workers and medical doctors to present clearly the work flow for processing applications and appeals, and delineate the respective roles of the different parties involved in the process :
 - (1) Doctors are responsible for conducting medical assessment on the applicant's disability according the DA eligibility criteria, while SSFU staff are responsible for determining the applicant's eligibility for DA based on the medical assessment and other eligibility criteria. Medical Social Workers will assist in coordination and liaison.
 - (2) In the initial stage of application, enhancement is made regarding dissemination of information and explanation by SWD staff to applicants about the policy intent and eligibility criteria of DA and other social security benefits (e.g. Comprehensive Social Security Assistance/rehabilitation services). Pamphlet and publicity materials will be updated/produced by SWD.
 - (3) A checklist and a standard referral memo with essential checking items are designed to facilitate SSFU staff to check irregularities and inconsistencies of the medical assessment and seek clarification with doctors. Clarifications by both parties (SSFUs and doctors) will be in writing, and the standard memo will be signed out by SSOII or above supervising the SSA.

- (b) The current hierarchy of processing application in SSFUs (i.e. investigation by Social Security Assistant rank and vetting and approval by Social Security Officer rank) is appropriate.
- (c) For clarification of item (III)(a)(3) above, doctors can contact SSFU direct. Specific hotlines for doctors are not necessary.

IV. Revise the notification letter to applicants, giving specific reason(s) for not approving DA

- (a) To improve transparency, where the applicant is assessed under “other physical, mental conditions including visceral diseases”, a clause will be added in the notification letter to state that the applicant does not meet the three relevant conditions under the definition of “severe disability” within the meaning of DA. However, it is difficult to provide systematic classification on the reasons of not approving DA.

V. Refine the assessment form of Medical Assessment Board and the Social Security Appeal Board to record the deliberations and considerations

- (a) As far as appeals are concerned, the assessment form of the Medical Assessment Board (MAB) is revised in line with the revisions to the MAF, with space for MAB to record its deliberations.
- (b) The notification letter of the Social Security Appeal Board is revised in line with the revisions to the notification letter to the applicants.

VI. Ongoing communication and staff training

- (a) Annual meetings will be arranged to strengthen future coordination and communication among the SWD, Hospital Authority and Department of Health, and to review the operational and other logistical problems.
- (b) Step up briefings/training for staff of relevant departments/professions.

SOCIAL SECURITY ALLOWANCE (SSA) SCHEME

MEMO

From: Supervisor, Social Welfare Department	To: Doctor-in-charge _____ *Hospital/Clinic via *MSSU/MRO/Designated person
Ref.: _____	Your Ref.: _____
Tel.: _____	dated: _____
Date: _____	

Re: *Mr/Ms _____ (Chinese _____)

*HKIC/BC No.: _____ Age: _____

Address: _____ Tel. No.: _____

*Hospital/Clinic: _____ Ref. No.: _____

Next follow-up date: _____ *Specialty/Ward: _____

The above-named, who claims suffering from _____ (illness, injury or deformity), has applied for Disability Allowance (DA) under the SSA Scheme. *He/She has given us permission to make the medical enquiry.

2. Available information on *his/her *DA and/or medical record is as follows:
- New application
 - Existing Normal DA (NDA) recipient
 - Existing Higher DA (HDA) recipient
3. A copy of the latest medical assessment form (MAF)^ is *attached/not available/not applicable.
4. I should be grateful if you would fill in the relevant sections in the form overleaf and return the original copy of the completed form to the undersigned **on or before** _____. If telephone discussion is desirable, please contact the undersigned or _____ on Tel. No.: _____.

Signature: _____
Name in block letters: _____
for Supervisor, _____

(For new applications only)	
From: Medical Social Worker _____ *Hospital/Clinic	To: Supervisor, Social Welfare Department
Ref.: _____	Your Ref.: _____
Tel.: _____	dated: _____
Date: _____	

Re: *Mr/Ms _____ (Chinese _____)

*HKIC/BC No.: _____ Age: _____

Address: _____ Tel. No.: _____

Hospital/Clinic: _____ Ref. No.: _____

The above-named has applied for DA under the SSA Scheme.

2. I forward overleaf a medical report on the above-named. Additional remarks are as follows: _____
- (Space for official chop)

Signature of Medical Social Worker:.....
Name in block letters:.....
.....*Hospital/Clinic

^ The latest MAF refers to (a) for an active DA case, the last MAF certifying the applicant's severe disability or (b) for a previously ineligible DA case re-applying for DA, the last MAF certifying that the applicant is not severely disabled, with date of assessment falling within one year counting back from the date of the current application.

* Delete whichever is inapplicable.

Re: *Mr/Ms _____ *HKIC/BC _____ SSFU _____ (information to be filled
No. Ref. by SSFU)

(B) For a patient **without severe disability****

- The patient is suffering from _____ (illness, injury or deformity) but without severe disability. *He/She does NOT fall into the conditions as listed in Part (I)(A)(i) to (vii) and *his/her condition does NOT result in total disablement as specified in Part (I) (A)(viii)(1)-(3) above.

(Remarks) : _____

[Please skip Part (II)]

(II) Duration of disabling condition [For cases in Part (I)(A) above]

The condition specified in Part (I)(A) is likely to last from *the date of application/the date after the expiry date of last certification, which is _____ (date to be filled by SSFU or MSSU) for :

- less than 6 months _____ (see ***) over 2 years - up to 3 years
(specify number of months) from 3 years to _____ years (specify)
- 6 months up to and including _____ years old (specify for child assessment service)
- over 6 - 12 months permanently
- over 1 year - up to 2 years

If non-permanent duration is recommended for a patient who was certified to have permanent disability in the last medical assessment, please provide reason(s)

- Change from lower care level (NDA) to constant attendance level (HDA), subject to review
 Other reason(s), please specify _____

SSFU : Please cross out if the patient is not assessed to have permanent disability in the last assessment.

(III) Assessment for fitness for making a statement in relation to the application of SSA Scheme/Comprehensive Social Security Assistance (CSSA) Scheme

- The patient is mentally fit for making a statement. The patient is mentally unfit for making a statement.

SSFU : Please cross out if this is not applicable (e.g. No suspicion of the patient suffering from mental illness or dementia)

(IV) Any other comments by the Doctor (To help other doctors to assess the patient in future, please put down some physical findings and supportive evidence for assessment, where appropriate.)

(Space for official chop)

(Signature of Doctor)

(Name in block letters)

(Date)

* Delete whichever is inapplicable.

** A person will be considered as severely disabled within the meaning of this Scheme if he/she is in a position broadly equivalent to a person with a 100% loss of earning capacity according to the criteria in the First Schedule of the Employees' Compensation Ordinance (Cap. 282) but for the purpose of the Scheme, the element of 'permanency' which is in Cap. 282 has been excluded from (vii) and (viii) of Part (I)(A).

*** For a new application, the patient will not be qualified for DA if his/her disablement specified in Part (I)(A) is expected to last for less than 6 months.

Re: *Mr/Ms _____ *HKIC/BC No. _____ SSFU Ref. _____ (information to be filled by SSFU)

SUPPLEMENTARY MEDICAL ASSESSMENT FORM
ON NEED FOR CONSTANT ATTENDANCE (SSA SCHEME)

Patient certified to be in need of constant attendance will be eligible for a higher rate of Disability Allowance which is **twice** that of the normal rate under the SSA Scheme.

Please ignore this Form **UNLESS** the patient, **IN ADDITION TO** suffering from severe disability**, **ALSO REQUIRES** from another person:

For patient aged 18 years or above

- FREQUENT ATTENTION** throughout the **DAY AND PROLONGED** or **REPEATED ATTENTION** during the **NIGHT** in connection with his/her bodily functions, e.g. totally bedridden, quadriplegia, etc;

OR

- CONTINUAL SUPERVISION** in order to avoid endangering himself/herself or others, e.g. severely demented/intellectually disabled, etc.

For patient aged below 18 years

- SUBSTANTIALLY MORE FREQUENT ATTENTION** throughout the **DAY AND PROLONGED** or **REPEATED ATTENTION** during the **NIGHT** of that normally required by a person of the same age in connection with his/her bodily functions, e.g. totally bedridden, quadriplegia etc;

OR

- CONTINUAL ATTENTION AND SUPERVISION SUBSTANTIALLY IN EXCESS** of that normally required by a person of the same age in order to avoid endangering himself/herself or others, e.g. uncontrolled hyperactivity or intellectually disabled etc.

(Space for official chop)

Signature of Doctor: _____

Name in block letters: _____

_____ *Hospital/Clinic

Date: _____

* Delete whichever is inapplicable.

** A person will be considered as severely disabled within the meaning of this Scheme if he/she is in a position broadly equivalent to a person with a 100% loss of earning capacity according to the criteria in the First Schedule of the Employees' Compensation Ordinance (Cap. 282) but for the purpose of the Scheme, the element of 'permanency' which is in Cap. 282 has been excluded from (vii) and (viii) of Part (I)(A).