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**LEGISLATIVE COUNCIL
PANEL ON WELFARE SERVICES**

**Review of Standardised Care Needs Assessment
Mechanism for Elderly Services**

Purpose

This paper briefs Members on the implementation of the Standardised Care Needs Assessment Mechanism for Elderly Services (SCNAMES) and the review of the assessment tool under SCNAMES.

Background

2. Before the implementation of SCNAMES in November 2000, elderly persons had to go through various assessments conducted by caseworkers, medical professionals, service providers, etc. to confirm their eligibility for application for subsidised residential or community care and support services. There was no common or standardised assessment tool to ascertain the eligibility for services and there was no formal mechanism to handle appeals.

3. In 1999, the Government announced its plan to put in place a mechanism to standardise the assessment of elderly persons' care needs, so that services could be provided to applicants according to their needs. For this purpose, the Social Welfare Department (SWD) commissioned a consultancy study in that year to develop a standardised assessment tool, propose a service-matching algorithm and design a training programme for accredited assessors. With reference to the internationally recognised

“Minimum Data Set – Home Care (MDS-HC)” version 2.0 of the interRAI¹”, a standardised assessment mechanism, i.e. SCNAMES, was put in place in 2000. In the same year, five regional Standardised Care Needs Assessment Management Offices (Elderly Services) (SCNAMOs)(ES) were set up in SWD to implement and monitor the operations of SCNAMES. A formal appeal mechanism was also put in place to handle appeals against the assessment results.

4. Under SCNAMES, the assessment is conducted by accredited assessors which include social workers, nurses, occupational therapists and physiotherapists. These assessors are required to go through structured training programmes and pass the examination before they are accredited to take up the assessment responsibility. SCNAMOs(ES) are responsible for the training and accreditation of assessors, and ensuring the accuracy of the assessments by performing quality check.

5. Elderly persons who are assessed under SCNAMES to be of moderate or severe level of impairment will be matched with appropriate subsidised long-term care (LTC) services, including “residential care services (RCS) only”, “community care services (CCS) only” or a “dual option” (i.e. either RCS or CCS). In addition, the Clinical Assessment Protocols (CAPs), which form part of the SCNAMES, enable the responsible workers and service providers to design individual care plans for the applicants and make appropriate referrals for specialists’ intervention. The present assessment tool (i.e. MDS-HC version 2.0) has been effective in classifying the elderly persons into broad groupings of subsidised LTC services.

¹ The interRAI was formed in 1994 and is an international non-profit organisation of collaborative network of researchers over 30 countries/regions in developing various assessment and problem identification tools. The interRAI HC is an assessment system developed by an international group of clinicians and researchers as an assessment instrument for frail elderly persons in community. The interRAI assessment tools and care management systems are the only instruments set of this kind available in the market and are extensively used in North America, Europe and Asia as an assessment instrument for community long-term care services and adopted by developed countries including Singapore, Canada, Japan, the United States, etc.

Review of the Assessment Tool

6. After the existing service matching mechanism of SCNAMES has been employed for about 13 years, SWD obtained a Lotteries Fund grant to commission the Sau Po Centre on Ageing of The University of Hong Kong (Sau Po Centre) in November 2013 to implement a three-year Project on Enhancement of the Infrastructure of Long Term Care in Hong Kong. The objectives of this Project were, among others, to review and update the assessment tool under SCNAMES from MDS-HC version 2.0 (including its manuals, assessment questionnaires and CAPs) to interRAI HC version 9.1 and promote a more effective assessment system for better LTC service matching.

7. The Sau Po Centre has formed a research team to update the assessment tool of SCNAMES into interRAI HC version 9.1. In the process, the research team will review, translate and validate the manuals, assessment questionnaires and CAPs of the assessment tool. The updated process is expected to be completed in 2016 and will facilitate us to better decide how LTC services could be matched according to need and urgency of elderly applicants.

8. It is envisaged that the updated assessment tool will provide a more detailed assessment on the health status of the elderly persons, based on, for example, their levels of functional impairment, cognition (e.g. consistency in thoughts), communication, pain and mood as well as social support and environmental risk. The assessment result will allow elderly care service providers to have a more precise understanding of the services required for taking care of elderly persons with different levels of frailty. This updated assessment tool will bring about an enhanced service matching mechanism and enable us to identify the elderly persons most in need to timely obtain relevant LTC services of an appropriate nature and intensity.

Advice Sought

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

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