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**Panel on Welfare Services**

**Updated background brief prepared by the Legislative Council Secretariat  
for the meeting on 25 July 2014**

**Standardised Care Need Assessment Mechanism for Elderly Services**

**Purpose**

This paper gives a brief account of past discussions at the meetings of the relevant committees of the Council on issues relating to the Standardised Care Need Assessment Mechanism for Elderly Services ("SCNAMES").

**Background**

2. The Elderly Commission ("EC") recommended in its Report published in 2000 that the Government should consider setting up SCNAMES to standardize the assessment of elderly persons' care needs and ensure better use of resources. The Social Welfare Department ("SWD") had, since 2000, implemented SCNAMES to assess the care need of applicants for subsidized long-term care services and to ascertain their eligibility. Since its introduction, SCNAMES has been adopting an internationally recognized assessment tool, i.e. the Minimum Data Set-Home Care.

3. Under SCNAMES, elderly service units of SWD, non-governmental organizations and the Hospital Authority will refer elderly persons to undergo care need assessments at the time of their application for subsidized long-term care services. Accredited assessors<sup>1</sup> will apply the standardized assessment tool to confirm the elderly persons' eligibility for the types of services that they have applied. Based on the assessment results on their care needs, elderly persons may be matched with appropriate long-term care

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<sup>1</sup> Assessors under SCNAMES are professionals from various disciplines such as social workers, nurses, occupational therapists and physiotherapists. As at April 2013, there were a total of 2 612 trained and accredited assessors.

services which include day care centre or unit for the elderly, enhanced home and community care services, integrated home care services (frail cases), care-and-attention home and nursing home. As there is no means test for subsidized long-term care services, eligible elderly persons are put on the Central Waiting List for the services according to the options recommended by the assessors.

### **Members' deliberations**

4. Issues relating to SCNAMES were discussed at a number of meetings held by the Panel on Welfare Services ("the WS Panel"), the Panel on Health Services, the Joint Subcommittee on Long-term Care Policy and the Subcommittee on Residential and Community Care Services for Persons with Disabilities and the Elderly formed under the WS Panel of the Fourth Legislative Council ("LegCo"). The major deliberations of Members are summarized below.

#### Service matching

5. Members were concerned about whether an elderly person, who was considered suitable for a particular type of service after undergoing SCNAMES, would be denied of the service because of the tight provision of such service and how the service needs of an applicant who was assessed to be suitable for two types of services would be met. They were also concerned whether SCNAMES was used as an assessment tool to suppress the demand for elderly services.

6. The Administration explained that service matching and provision of services for the elderly were two separate issues. SCNAMES was not used to suppress the demand for elderly services but to provide an objective and scientific framework to ascertain the elderly persons' eligibility for elderly services. Members were assured that service matching aimed to provide elderly persons with the most suitable type of services according to the assessment results, and that elderly persons would not be denied of the service on account of a tight provision of such service. According to the Administration, it had been closely monitoring the adequacy of the provision of elderly services and had put in significant resources over the past years to improve the waitlisting situation. The Administration further advised that if two options were found to be suitable for an elderly person, say, home care service and residential care service, the elderly person concerned would most likely be encouraged to use the former. Nevertheless, the wish of the elderly person would always be respected.

7. Some Members held the view that it was meaningless to carry out an assessment to ascertain the elderly persons' eligibility for elderly services if the provision of such services lagged far behind the demand. They considered that the Administration should make a pledge for providing eligible elderly persons with the required services within a specific timeframe.

#### Reassessment mechanism

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

#### Service monitoring

9. Members were advised that SWD set up five multi-disciplinary Elderly Services Standardized Care Need Assessment Management Offices ("SCNAMOs") in March 2000 to monitor the operation of SCNAMES, maintain the quality of assessment of accredited assessors, train accredited assessor, oversee the service demand and utilisation, etc. Assessors were required to go through structured training programmes and pass the examination before they were accredited to take up the assessment responsibility. SCNAMOs would provide training for accredited assessors and organize briefing sessions for service providers in order to provide them with the necessary knowledge on the standardized assessment tool. According to the Administration, it took eight to 10 days on average for a SCNAMO to complete an assessment from the date of receiving a referral. For urgent cases, assessments could be arranged within one day.

10. The Administration advised that an appeal mechanism under SCNAMES was in place for applicants or service providers who disagreed with the assessment results or service recommendations. An pre-appeal

mediation would be arranged under which the staff handling the application, with the assistance of the assessor, would first discuss with the elderly person concerned, their carers and/or other relevant parties in an attempt to resolve the disagreement and see if a reassessment was needed. If the applicant was not satisfied with the mediation, he or she might lodge an appeal. The appeal would be considered by the Regional Appeal Committee ("RAC") which was composed of representatives from the welfare sector, health sector, and/or independent bodies. RAC's decision would be final. Some Members took the view that RAC should include representatives from a wide spectrum of the community.

#### Review of the assessment tool

11. Some Members and deputations had repeatedly urged the Administration to review SCNAMES expeditiously with a view to improving the assessment mechanism. Some Members were concerned about whether the use of the assessment tool of SCNAMES could accurately assess the level of impairment of demented elderly persons, having regard to the fact that SCNAMES would test the physical functioning of the elderly persons, but not their mental conditions. Some deputations considered that the assessment tool of SCNAMES should be reviewed to address the long-term care needs of elderly persons suffering from psychogeriatric illness or having symptoms of dementia.

12. The Administration advised that the applicants' impairment level was assessed according to their abilities in activities of daily living, physical functioning, communication, memory, behaviour and emotion, as well as their health conditions. It would consult the welfare sector on how to improve and better utilize the assessment tool under SCNAMES to provide appropriate elderly care services.

#### **Relevant papers**

13. A list of the relevant papers on the LegCo website is in the **Appendix**.

**Relevant papers on  
Standardised Care Need Assessment Mechanism for Elderly Services**

Committee	Date of meeting	Paper
Panel on Welfare Services	8 January 2001 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services	7 July 2003 (Item II)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services	20 October 2003 (Item III)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services	11 January 2010 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services	6 February 2010 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Subcommittee on Residential and Community Care Services for Persons with Disabilities and the Elderly	6 October 2010 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services and Panel on Health Services	5 December 2011 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Joint Subcommittee on Long-term Care Policy	26 March 2013 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Finance Committee	11 April 2013	<a href="#">Administration's reply to member's written question in examining the Estimates of Expenditure 2013-2014 Pages 1180 - 1181</a>