

For discussion on
9 December 2013

LC Paper No. CB(2)417/13-14(07)

Legislative Council Panel on Welfare Services

Amendments to the Medical Assessment Form for the Disability Allowance under the Social Security Allowance Scheme

Purpose

This paper briefs Members on the revisions to the Medical Assessment Form (MAF) for the Disability Allowance (DA) proposed by the Inter-departmental Working Group on Review of the Disability Allowance.

The Ombudsman's Direct Investigation Report

2. In October 2009, the Ombudsman published his Direct Investigation Report "Granting of Disability Allowance and Processing of Appeals by Social Welfare Department" (the Report). In the Report, one of the major recommendations made to the Social Welfare Department (SWD) is to revise the details and layout of the MAF for the DA to enable clear documentation of the justifications for the assessment and facilitate doctors' assessment. An extract of the relevant sections of the Report is at **Annex I**.

3. In November 2009, the SWD convened an Inter-departmental Working Group on Review of the Mechanism for Implementing the DA Scheme (SWD's working group)¹ to thoroughly study the Ombudsman's recommendations, with a view to improving the operation of the Scheme. In particular, SWD's working group proposed to revise the MAF and Checklist used in medical assessments (the current version is at **Annex II**) and the work flow and guidelines of relevant departments/organisations for processing applications, so as to achieve consistency and objectiveness in conducting medical assessments. In the process, the progress of work of SWD's working group was affected by a judicial

¹ SWD's working group comprised representatives from the Labour and Welfare Bureau (LWB), the Hospital Authority (HA), the Department of Health (DH) and the Efficiency Unit.

review lodged by an ex-DA applicant. With the conclusion of the judicial review in July 2011, SWD's working group resumed its remaining work.

4. The main recommendations by SWD's working group are to revise the layout and content of the existing MAF/Checklist and they include –

- (i) taking into account the Ombudsman's observations, the applicant's ability to "work in the original occupation and performing any other kind of work" has been removed from the list of daily activities to assess whether he/she is in need of substantial help from others to cope with daily life. This is mainly owing to Ombudsman's observation that the condition involves social and environmental consideration as well as medical factor. Doctors have expressed difficulty in assessing this condition. This raises the question whether this condition has actually been taken into account in assessments. Further, a person eligible for the existing DA must be severely disabled and as a result needs substantial help from others to cope with daily life regardless of whether he/she has a paid job;
- (ii) the Checklist will be incorporated into the MAF, thereby obviating the need for using two sets of documents and facilitating doctors' assessments;
- (iii) staff of the Social Security Field Unit (SSFU) of the SWD will continue to provide applicants' previous medical assessment records in the MAF for doctor's attention/reference;
- (iv) staff of the SSFU will cross out from the MAF those parts not requiring input by doctors; and
- (v) 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".

Removing the Reference to "100% loss of earning capacity"

5. At the meeting of the Legislative Council Panel on Welfare Services (the Panel) held on 10 December 2012, SWD's working group

briefed Members on the summary of its recommendations and the revised MAF taking into account such recommendations (at **Annexes III and IV** respectively). However, some Members were concerned about retaining the reference to “100% loss of earning capacity” in the revised MAF, bearing in mind that the original design of the DA was not intended to take into account applicants’ employability, and the Ombudsman had pointed out that the reference was misleading and quite irrelevant. Moreover, the Ombudsman had also pointed out that the concept of “earning capacity” did not apply to some people, e.g. children, which made it difficult for doctors to assess such people in a consistent and objective way. Members in general called on the Administration to further review the MAF to remove the reference to “100% loss of earning capacity”.

6. At the meeting of the Panel held on 8 July 2013, Members discussed the progress of the Inter-departmental Working Group on Review of the Disability Allowance set up by LWB (LWB’s working group) to follow up the issue of “allowing people with loss of one limb to apply for the DA”. At the meeting, LWB’s working group was requested to review the MAF for the DA and report the progress to the Panel.

7. Upon the Panel’s request, LWB’s working group has made revisions to the MAF, based on the MAF proposed by SWD’s working group at Annex IV. The latest draft is at **Annex V**. This latest draft has incorporated recommendations proposed by SWD’s working group (please refer to paragraph 4 above). Compared to the MAF proposed by SWD’s working group, LWB’s working group’s main proposal is to remove the reference to “100% loss of earning capacity”. This is purely to address Members’ concern about the reference to “100% loss of earning capacity”, and do not entail changes to the policy intent of and eligibility criteria for the DA.

8. The Government set up the DA in 1973, aiming to assist severely disabled Hong Kong residents in meeting special needs arising from severe disability. According to the eligibility criteria laid down in the relevant policy papers, DA recipients must be severely disabled and as a result need substantial help from others to cope with daily life.

9. As regards what is meant by “severely disabled and as a result need substantial help from others to cope with daily life”, the Government has made reference to the Employees’ Compensation Ordinance (Cap. 282) when devising the DA. Any applicant who is in a

position broadly equivalent to a person with 100% loss of earning capacity under the eight categories of injuries as listed in the First Schedule to the Ordinance will be deemed to be severely disabled and as a result needs substantial help from others to cope with daily life –

- (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) paraplegia²;
- (vii) illness, injury or deformity resulting in being bedridden; and
- (viii) any other conditions including visceral diseases resulting in total disablement³.

Nevertheless, this does not represent that the eligibility criteria for the DA has been linked to earning capacity. Whether an applicant is employed or not is not relevant to his/her eligibility. An applicant whose condition has been assessed by a doctor as being broadly equivalent to one of the eight aforementioned categories will be deemed to be in need of substantial help from others to cope with daily life, and thus eligible for the DA.

10. Having considered the policy paper relevant to the establishment of the DA in 1973 which stated that the assessment of severe disability should be conducted by the then Director of Medical and Health Services, the MAF are mainly completed by doctors of Department of Health or Hospital Authority. We consider the removal of the reference to “100% loss of earning capacity” from the MAF would not change the policy intent of and eligibility criteria for the DA.

11. The above revisions are not directly related to the review on “allowing people with loss of one limb to apply for the DA”. As we informed the Panel at its meeting on 8 July (vide Legislative Council Paper No CB(2)1483/12-13(04)), the review on “allowing people with loss of one limb to apply for the DA” is rather complex, which involves,

² This category was added to Schedule 1 in 1981.

³ For item (viii), SWD working group suggested listing three daily activities in the form to facilitate doctors’ assessments. An applicant requiring substantial help from others to perform one or more of the activities will be considered as severely disabled. Please refer to Part (II) of Annex V for the relevant daily activities.

among others, the criteria for assessing the disability levels as well as the projection of the number of beneficiaries and relevant financial implication. LWB's working group needs to carefully explore the issue and hopes to have the review completed by the end of 2014. In the process, the working group will take into account the experience of other places and the new round of survey being conducted by the Census and Statistics Department on persons with disabilities, etc. Following the meeting on 8 July, the LWB has formally appointed a consultant to conduct the study on the experience of other places. The consultant is expected to report to LWB by the first quarter of 2014. The working group will consult stakeholders and report to the Panel in due course.

Stakeholder Consultation

12. In November 2013, we consulted the Rehabilitation Advisory Committee on the above-mentioned proposed revisions to the MAF. Members unanimously supported the revisions, and accepted the draft at Annex V.

The Next Step

13. Members are invited to comment on the draft MAF at Annex V. Subject to Members' support for the draft, the SWD will make preparations for the introduction of the new MAF, including adjusting its computer systems and making suitable revisions to the pamphlet and application guidance notes, etc. The SWD expects to introduce the new MAF in mid-2014 at the earliest.

14. Other recommendations of SWD's working group, as set out at Annex III, will be implemented together with the above-mentioned revisions to the MAF. These recommendations include arranging annual meetings to strengthen the co-ordination and communication among the SWD, HA and DH to review operational and other logistical issues.

Advice Sought

15. Members are invited to note the content of this paper and offer comments.

Labour and Welfare Bureau
December 2013

An Extract of Sections Related to the Medical Assessment Form in the Ombudsman’s Direct Investigation Report on “Granting of Disability Allowance and Processing of Appeals by Social Welfare Department”

Daily activity to assess whether an applicant is in need of substantial help from others to cope with daily life – “Work in the original occupation and performing any other kind of work”

- The Ombudsman considered the above item *“is a social and environmental consideration as well as medical factor.”*
- The Ombudsman also opined that *“Despite doctors’ expressed difficulty in assessing this, the Social Welfare Department (SWD) maintains that doctors are fully competent to make all necessary assessments prescribed in the Medical Assessment Form (MAF) and that SWD staff are not in a position to challenge a medical assessment. This has left a void in the assessment of this eligibility criterion. This raises the question whether this criterion has actually been taken into account in assessments.”*

The reference to “loss of 100% earning capacity”

- The Ombudsman considered that *“This reference in the eligibility criteria for the Disability Allowance (DA) is misleading and quite irrelevant.”*
- The Ombudsman also opined that *“The original design of the scheme was intended not to take into account applicants’ employability. Moreover, the concept of ‘earning capacity’ cannot apply to some people, e.g. children and people well past normal retirement age. This makes it all the more difficult for doctors to make consistent and objective assessment on such people. This reference should, therefore, be removed from the eligibility criteria.”*

Other observations and views

- The Ombudsman opined that *“the design of the MAF does not facilitate consistency and verification. The doctor is not required to state whether he has taken into account the four areas in the Checklist, whether they apply to the applicant or not and why. As a*

result, there is no record of the basis for recommending DA to people under ‘other conditions’.”

- *The Ombudsman considered that “For clarity of record and consistency in assessment, SWD should revise the MAF, in consultation with the Hospital Authority and Department of Health, so that doctors must indicate on the MAF the specific qualifying condition for making a recommendation to facilitate clear, precise and specific indication of the basis of the recommendation.”*

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 :

- (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 bedridden
- (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 :

- (i) organic brain syndrome
- (ii) mental retardation
- (iii) psychosis
- (iv) neurosis
- (v) personality disorder
- (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).

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

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

I. Review the eligibility criteria for fine-tuning

- (a) Disability Allowance (DA) is meant to offer some financial assistance for the severely disabled, 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 Allowance 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)

- (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 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

- (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 / organisations / professionals will be stepped up.

IV. Refine guidelines for staff

- (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 is not necessary.

V. Revise the notification letter to applicants, giving specific reason(s) for refusal of DA

(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

(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

- (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 / organisations as appropriate in accordance with the policy intent of the DA, with a view to enhancing objectivity, consistency and transparency of medical assessments for applicants and strengthening coordination among relevant departments / organisations 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 has established 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.

SOCIAL SECURITY ALLOWANCE (SSA) SCHEME

M E M O

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.

MEMO

From : Doctor-in-charge
_____ *Hospital/Clinic
Ref : _____
Tel : _____
Date : _____

To : Supervisor, _____
Social Welfare Department
via *MSSU/MRO/Designated person
Your Ref : _____
dated : _____

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

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

In making the medical assessment, please refer to the patient’s information as provided in Paragraph 1 to 3 of the covering memo

Please tick the box(es) and fill in the blank(s) as appropriate :

(I) Nature/Degree of disability

Please fill in either Part (A) or Part (B) as appropriate

(A) For a patient **with severe disability****

The patient has the following condition(s) :

- (i) loss of functions of two limbs
- (ii) loss of functions of both hands or of 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 bedridden
- (viii) any other physical or mental conditions including visceral diseases resulting in total disablement as specified below:

The patient is suffering from _____ (*illness, injury or deformity*) with severe disability resulting in significant restriction or lack of ability or volition comparing to other persons of the same age to perform **at least one or more** of the following activities in daily living to the extent that substantial help from others is required :

- (1) coping with self-care and personal hygiene such as feeding, dressing, grooming, toileting and/or bathing (please elaborate, if appropriate)

- (2) 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 of work (please elaborate, if appropriate)

- (3) expressing oneself, communicating and interacting with others, maintaining cognitive abilities (orientation, attention, concentration, memory, judgment, thinking, learning ability etc), maintaining emotional control and social behavior[@] (please elaborate, if appropriate)

Assessment on need for constant attendance

- Not in need of constant attendance
- In need of constant attendance

For a patient with severe disability as assessed in Part (A) above and in need of constant attendance, please also complete the Supplementary Medical Assessment Form on Need for Constant Attendance (SSA Scheme) for assessment of eligibility for Higher Disability Allowance (HDA).

If the patient is assessed to be “not in need of constant attendance” but *he/she was assessed to be “in need of constant attendance” in the last medical assessment, e.g. existing HDA recipients, please provide reason(s) (see para. 2 of the covering memo). Reason(s): _____

SSFU : Please cross out if the patient is not assessed to be “in need of constant attendance” in the last assessment.

@ “maintaining emotional control and social behavior” as defined under the context of a medical diagnostic system, such as the WHO “International Statistical Classification of Diseases and Related Health Problems, 10th revision” (ICD-10).

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

(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).

SOCIAL SECURITY ALLOWANCE (SSA) SCHEME

MEMO

From: Supervisor, Social Welfare Department
Ref.:
Tel.:
Date:

To: Doctor-in-charge
*Hospital/Clinic via *MSSU/MRO/Designated person
Your Ref.:
dated:

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 to be suffering from (a disabling physical or mental condition), 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 taking into account the information in paragraphs 1 to 3 above 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
Ref.:
Tel.:
Date:
To: Supervisor, Social Welfare Department
Your Ref.:
dated:

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.

Whether the patient requires constant attendance:

The patient is:

- Not in need of constant attendance
- In need of constant attendance

[Note:

For a patient with severe disability as assessed in (a) (i) to (viii) above and in need of constant attendance, please also complete the Supplementary Medical Assessment Form on Need for Constant Attendance (SSA Scheme) for assessment of eligibility for Higher Disability Allowance (HDA).

If the patient is assessed to be “not in need of constant attendance” but *he/she was assessed to be “in need of constant attendance” in the last medical assessment, e.g. existing HDA recipients, please provide reason(s) (see paragraph 2 of the covering memo).

Reason(s): _____

SSFU : Please cross out if the patient is not assessed to be “in need of constant attendance” in the last medical assessment.]

- (b) The patient is suffering from _____ (a disabling physical or mental condition) but does not fall within (a) above.

(Remarks, if any) : _____

[Note: Please skip Part (III) if the patient falls within (b)]

(III) Duration of disabling condition [Note: For cases falling within Part (II) (a) above]

The condition specified in Part (II) (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)
- 6 months from 3 years to _____ years (specify)
- over 6 - 12 months up to and including _____ years old (specify for child assessment service)
- over 1 year - up to 2 years permanently

If duration of patient’s disabling condition is assessed to be non-permanent in this assessment, but was assessed to be of permanent in the last medical assessment, please provide reason(s):

- Change from lower care level (NDA) to constant attendance level (HDA), but condition is assessed to be non-permanent and hence is subject to review.
- Other reason(s), please specify _____

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

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

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

(IV) 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).

(V) Any other comments [Note: To help other doctors 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.

DRAFT

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 DA 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 as assessed in Part (II)(a) of the Medical Assessment Form, **ALSO REQUIRES** from another person:

For patient aged 15 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 15 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.