

政府總部  
勞工及福利局  
香港添馬添美道  
政府總部



LABOUR AND WELFARE BUREAU  
GOVERNMENT SECRETARIAT

Central Government Offices  
Tim Mei Avenue  
Tamar, Hong Kong

本函檔號 Our Ref.: LWB T4/18/29

來函檔號 Your Ref.:

28 July 2017

Clerk to Panel on Welfare Services  
Legislative Council Complex  
1 Legislative Council Road  
Central Hong Kong  
Mr Colin CHUI

Dear Mr CHUI,

**Legislative Council Panel on Welfare Services  
Follow-up to meeting on 4 May 2017**

At the meeting of the Legislative Council (LegCo) Panel on Welfare Services on 4 May 2017, Members requested the Government and the Hospital Authority (HA) to provide supplementary information related to the Disability Allowance (DA). Having consulted HA, the Social Welfare Department (SWD) and the Department of Health (DH), I am authorised to reply as follows.

**Responses to views of deputations / individuals on the review of the DA and the system for processing applications thereof**

The Panel Secretariat prepared a summary of the views of the deputations / individuals attended the meeting, and wrote to the Labour and Welfare Bureau on 5 June 2017 and requested a reply to the views. The responses of the Government and HA to the views of deputations / individuals as set out in the summary prepared by the Panel Secretariat are at Annex.

### **Appeal cases concerning the DA**

In 2015-16, the Social Security Appeal Board (SSAB) received a total of 374 appeal cases concerning the results of medical assessment for DA applications. In the same year, SSAB ruled on 309 appeal cases involving the results of medical assessment for DA applications, of which SWD's original decision was confirmed in 242 cases (78%) and overturned in 67 cases (22%).

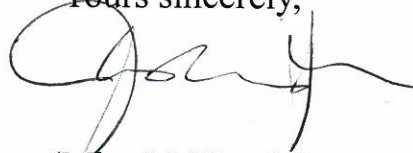
### **Medical assessment for DA**

Regarding medical assessment for the DA, it is conducted by a doctor of DH or HA using a Medical Assessment Form (MAF) issued by SWD. The doctor will, in accordance with the established criteria and guidelines under the DA, exercise professional judgement to assess whether the conditions of the applicant are severely disabled within the meaning of the DA.

The major responsibility of doctors is to make diagnosis and assess the physical or mental conditions and functions of patients, and thereby provide appropriate treatment and follow-up until the illness is recovered or stabilised. Under the existing arrangement, doctors will make assessment on the basis of the DA applicants' conditions at the time of medical consultation, and in accordance with the established criteria and guidelines set out in the MAF. The majority of the medical assessments are conducted by the attending doctors.

In order to strengthen doctors' understanding of the policy intent of the DA, eligibility criteria, and the relevant medical assessment criteria for the DA, HA has issued guidelines to doctors on the criteria for medical assessment for the DA, and provided briefings and guidance to doctors through various hospitals. SWD had prepared the "Guidelines for Handling DA Applications", which was promulgated by HA and DH for the reference of relevant doctors and medical staff.

Yours sincerely,



(Miss LI Wan-in)

for Secretary for Labour and Welfare

c.c.

Director of Social Welfare

Director of Health

Chief Executive of the Hospital Authority

(Attn: Miss Rita LAU)

(Attn: Dr LO Yim-chong)

(Attn: Dr Christina MAW)

**Summary of views of deputations/individuals on Disability Allowance (DA)  
and responses from the Government and the Hospital Authority (HA)**

Item	Concerns/Views	Responses
<b>Eligibility for the DA and related issues</b>		
1	Relax the eligibility criteria for the DA / Review and raise the level of the DA / Provide a low-rate DA for persons with mild disabilities / Provide extra subsidy for persons with disabilities	<ul style="list-style-type: none"> <li>• The DA is a non-contributory and non-means-tested cash allowance. Its objective is to assist severely disabled persons (who as a result need substantial help from others to cope with daily life) in meeting special needs arising from their disabling conditions. The Government considers that the existing eligibility criteria for the DA should be maintained, i.e. the recipients have to be severely disabled and as a result needs substantial help from others to cope with daily life.</li> <li>• There are Normal DA (currently \$1,695 per month) and Higher DA (currently \$3,390 per month). The Social Welfare Department (SWD) adjusts the amounts of the DA having regard to the movement of the Social Security Assistance Index of Prices on an annual basis. Moreover, all DA recipients may benefit from the Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities (commonly known as the “\$2 Scheme”); and recipients aged between 12 and 64 will also receive a monthly transport subsidy (currently at \$270).</li> <li>• Persons with disabilities in financial need may consider applying for Comprehensive Social Security Assistance (CSSA). Disabled CSSA recipients may, depending on their disabling conditions, receive higher CSSA standard payment rates as well as various supplements and special grants.</li> </ul>
2	Holders of the Registration Card for People with Disabilities (the Card) are not directly eligible for the DA	<ul style="list-style-type: none"> <li>• The Card is issued to persons suffering from permanent or temporary disabilities, the severity of which affects their daily life, participation in economic and social activities, and / or mobility. However, these persons may not necessarily be severely disabled. Cardholders may include persons suffering from mild disabilities such as those with mild hearing impairment, mild intellectual disability, mild visual impairment, special learning difficulties, etc.</li> <li>• The purpose of the Card is to enable a cardholder to produce, when necessary, the Card as a documentary proof of his/her disability status and type. The Card is not associated with the provision of any welfare benefits. Its objectives, target service users and eligibility criteria are different from those of the DA, and hence comparison between the two is not appropriate.</li> </ul>

Item	Concerns/Views	Responses
3	Payment for Higher DA recipient will be adjusted to Normal DA upon admission to a hospital for treatment of more than 29 days (“the 29-day rule”)	<ul style="list-style-type: none"> <li>Higher DA is intended to provide additional assistance to severely disabled persons who are in need of constant attendance but not receiving subsidised hospitalisation/residential care services. The “29-day rule” implemented by SWD is to avoid double benefit. Under the relevant rule, the recipient may still receive a full month of Higher DA upon admission to a subsidised hospital/residential care service unit for continuous care of not more than 29 days.</li> </ul>
4	Higher DA should be given to severely disabled students of boarding school when they return home during long holidays	<ul style="list-style-type: none"> <li>Under existing arrangement, DA recipients boarding in special schools under the Education Bureau will only be provided with Normal DA even though he/she is eligible for Higher DA. This arrangement is to avoid double benefit.</li> <li>If the parents or carers of severely disabled students boarding in special schools need to arrange short-term residential care for the students concerned during school holidays, they may apply for residential care homes for persons with disabilities which provide residential respite services or arrange referral through social workers of hospitals, SWD, special schools or rehabilitation service units. Besides, persons with disabilities in financial need may consider applying for CSSA. Disabled CSSA recipients may, depending on their disabling conditions, receive higher CSSA standard payment rates as well as various supplements and special grants.</li> </ul>
5	Allow DA recipients to receive other social security payments simultaneously	<ul style="list-style-type: none"> <li>The DA and other social security payments are non-contributory. The design of each scheme has taken into account the needs of the beneficiaries. The rule that one cannot benefit from more than one payment simultaneously is to avoid double benefit.</li> <li>Needy persons may consider applying for one of the payments depending on individual circumstances. For example, persons in financial need may consider applying for CSSA to help them meet their basic needs.</li> </ul>
<b>Proposed amendments to the Medical Assessment Form (MAF) for the DA <sup>1</sup></b>		
6	Support the removal of the reference to “loss of 100%	<ul style="list-style-type: none"> <li>After considering the views of stakeholders and the Direct Investigation Report (DIR) concerning the DA published by the Ombudsman in October 2009, the Inter-departmental Working Group on Review of the</li> </ul>

<sup>1</sup> As stated in Legislative Council (LegCo) paper CB(2)931/16-17(06), the Government temporarily deferred incorporating the proposed amendments to the MAF having regard to the views of stakeholders.

Item	Concerns/Views	Responses
	<p>earning capacity” in the MAF for the DA / The DA should not be linked to employment capability</p>	<p>DA (the Working Group) recommended the amendments to the MAF for the DA, including removing the reference to “loss of 100% earning capacity” and the assessment criterion of “working in the original occupation and performing any other kind of work for which he/she is suited” (work-related criterion) so as to clarify that the eligibility for the DA is based on whether the applicant is severely disabled and as a result needs substantial help from others to cope with daily life, regardless of the applicant’s employment capability and whether he/she is engaged in a paid job.</p> <ul style="list-style-type: none"> <li>• We note that Members of the LegCo Panel on Welfare Services generally agree to the Working Group’s recommendation to remove the reference to “loss of 100% earning capacity”.</li> </ul>
7	<p>The work-related criterion should be retained in the MAF</p>	<ul style="list-style-type: none"> <li>• The eligibility for the DA is based on whether the applicant is severely disabled and as a result needs substantial help from others to cope with daily life, regardless of whether the applicant is engaged in a paid job. The Working Group was of the view that the reference to “100% loss of earning capacity” and the work-related criterion should both be removed from the MAF so as to clarify that the eligibility for the DA is not related to whether the person is engaged in a paid job.</li> <li>• The Ombudsman also pointed out in the DIR that the work-related criterion was a social and environmental consideration as well as a medical factor. Doctors expressed difficulty in making such an assessment.</li> <li>• The remaining three function-based assessment criteria in the MAF, which include activities relating to coping with self-care and personal hygiene, are basically applicable to all persons with severe disabilities and can better reflect their situation. In principle, removing the work-related criterion will not reduce the chance of persons with disabilities successfully applying for the DA.</li> </ul>
8	<p>Retain the reference to mental disabilities in Part (I)(B) of the MAF</p>	<ul style="list-style-type: none"> <li>• At present, even a DA applicant’s condition fall under one of the mental disabilities set out in Part (I)(B) of the MAF as assessed by doctor, he/she would not immediately become eligible for the DA. The doctor has to make reference to the function-based assessment criteria set out in Part (II) of the checklist attached to the MAF to assess whether the applicant is severely disabled.</li> <li>• It is clearly stated in Part (II)(a)(viii) of the MAF proposed by the Working Group (Annex 3 of LegCo paper CB(2)931/16-17(06)) that if an applicant is not in a position broadly equivalent to any of the conditions in (i) to (vii), the doctor should assess whether the applicant would meet the condition of</li> </ul>

Item	Concerns/Views	Responses
		<p>(viii), i.e. whether the patient was suffering from a disabling physical or mental condition (the doctor should set out the relevant physical or mental condition); and if so, whether the extent of the disabling physical or mental condition is broadly equivalent to conditions of (i) to (vii) and whether that the patient as a result would be in need of substantial help from others to cope with daily life.</p> <ul style="list-style-type: none"> <li>In the light of the above reasons, the Working Group was of the view that the removal of the reference concerned would not tighten the eligibility for the DA.</li> </ul>
<b>Assessment mechanism for the DA</b>		
9	Multi-disciplinary assessment of DA applications	<ul style="list-style-type: none"> <li>The objective of the DA is to assist severely disabled persons in meeting special needs arising from their disabling conditions. It is not meant to take care of the needs of persons with disabilities in various aspects (e.g. general financial support, rehabilitation services, job-seeking, transport, etc.).</li> <li>In assessing whether an applicant is severely disabled, doctor will use the MAF issued by SWD and, in accordance with the established criteria and guidelines under the DA, exercise professional judgement to assess whether the applicant is severely disabled and as a result needs substantial help from others to cope with daily life, and be eligible for the DA. The assessment concerned is not relevant to the applicant's socio-economic status or his/her employment capability. Assessment of applications by a panel will prolong the processing of applications. The current monthly payments of Normal DA and Higher DA are \$1,695 and \$3,390 respectively. In considering the assessment mechanism of the DA, we have to take into account issues such as resources and proportionality.</li> </ul>
10	Extend the coverage of the standardised arrangements for the use of rehabilitative or mechanical devices during medical assessment for the DA	<ul style="list-style-type: none"> <li>A number of factors have to be considered in implementing the standardised arrangements for the use of rehabilitative or mechanical devices during medical assessment for the DA (including the coverage of the devices concerned), e.g. the actual implementation, technical feasibility, other detailed issues, etc. For the sake of prudence, the Government made reference to the recommendation of the HA and applied the arrangements to prosthesis, hearing aids and artificial cochlea. The relevant arrangements have been in place only for more than half a year since its implementation on 21 December 2016. We will keep in view the actual implementation of the arrangements.</li> </ul>
11	Introduce the International Classification of Functioning, Disability and	<ul style="list-style-type: none"> <li>The ICF published by the World Health Organization is a classification system for physical functioning and health, rather than an assessment or measurement tool.</li> </ul>

Item	Concerns/Views	Responses
	Health (ICF)	<ul style="list-style-type: none"> <li>The Government has invited the Rehabilitation Advisory Committee to explore how to devise a set of comprehensive and widely accepted definitions for disability and level of disability applicable to Hong Kong.</li> </ul>
12	Evaluate the review cycle of the DA / Permanently disabled persons (e.g. persons suffering from mental retardation) should be assessed as permanently disabled	<ul style="list-style-type: none"> <li>Doctors uniformly use the MAF issued by SWD and, in accordance with the established criteria and guidelines under the DA, exercise professional knowledge and clinical judgement to assess whether the conditions of the applicant are severely disabled within the meaning of the DA as well as the duration of such disabling conditions, and thereby decide whether the severe disability concerned requires review assessment or is permanent.</li> <li>DH and HA do not have hard-and-fast guidelines as to under what circumstances should the applicant be assessed as permanently severely disabled. Doctors' assessment on the duration of the applicants' disabling conditions are based on their professional medical judgement as well as the applicants' clinical conditions, e.g. whether their conditions may improve under suitable treatment, and whether the applicants are suffering from multiple disabilities which may affect the duration of their severe disabling conditions.</li> <li>For DA recipients who are not assessed as severely disabled permanently, before the expiry of the last medical assessment, SWD will arrange for them to receive medical re-assessment (which will usually take place during their regular medical consultation) so as to ascertain their continued eligibility for the DA.</li> <li>Furthermore, during SWD's processing of DA applications or review of DA cases, if it is discovered that the applicants/recipients have other welfare needs (such as financial assistance and other welfare services), SWD will look into their needs to provide assistance and make referrals to suitable service units/departments for follow-up as appropriate.</li> </ul>
13	Expedite the handling of appeal cases concerning the DA by the Social Security Appeal Board (SSAB)	<ul style="list-style-type: none"> <li>Upon receipt of an appeal involving medical assessment, SSAB will arrange with the HA for the DA applicant to undergo a medical assessment to be processed by an independent Medical Assessment Board (MAB). An independent MAB comprises a chairman and two members, which include doctors from public and private sectors. SSAB will normally notify the appellant in writing of the decision within three weeks after the receipt of decision of the MAB. We will continue to monitor the situation.</li> </ul>



Item	Concerns/Views	Responses
<b>Other issues</b>		
14	Extend the coverage of the \$2 Scheme to persons with disabilities who are not receiving DA	<ul style="list-style-type: none"> <li>• At present, DA recipients and CSSA recipients with 100% disabilities (regardless of their age), and elderly persons aged 65 or above (regardless of whether they are disabled and irrespective of their level of disability) may benefit from the \$2 Scheme. In the past six months, the average daily passenger trips under the \$2 Scheme was around 1 195 000, of which some 147 000 trips (around 12%) were made by eligible persons with disabilities. In 2017-18, the estimated Government expenditure for reimbursement of the revenue forgone to the participating public transport operators as a result of the implementation of the Scheme is around \$1.2 billion.</li> <li>• We understand that there are requests for extending the existing scope of the Scheme to cover, for example, some special needs groups (including persons with disabilities who are not eligible for the Scheme and persons with chronic diseases). However, having taken into account various factors, such as the implementation of the Scheme, the views of the general public on the Scheme, as well as the need to meet various demands of the community, the Government has no plan to change the existing arrangement.</li> <li>• The Government will conduct a comprehensive review of the Scheme in 2018-19 which will cover the effectiveness, the mode of operation, views of the general public on the Scheme, etc.</li> </ul>
15	Provide transport subsidy to DA recipients aged below 12 and above 65	<ul style="list-style-type: none"> <li>• At present, all DA recipients (regardless of age) may benefit from the \$2 Scheme. To ensure effective use of public resources, the Government has no plan to extend the coverage of the transport subsidy.</li> </ul>
16	Provide medical voucher for DA recipients	<ul style="list-style-type: none"> <li>• At present, the public healthcare services in Hong Kong are heavily subsidised by the Government and the fees are affordable by the general public.</li> <li>• On vaccination, the Government provides free seasonal influenza vaccination for residents of residential care homes for persons with disabilities under the Residential Care Home Vaccination Programme. Starting from 2016-17, all DA recipients are eligible for free or subsidised seasonal influenza vaccination. Under the Government Vaccination Programme, patients of public clinics and hospitals who are receiving DA (regardless of their disability) may receive free vaccination during follow-up consultation or hospitalisation. Besides, all DA recipients may receive subsidised vaccination from private doctors enrolled for the Vaccination Subsidy Scheme.</li> </ul>

Item	Concerns/Views	Responses
		<ul style="list-style-type: none"> <li>• Moreover, the HA has put in place a mechanism of medical fee waivers to provide assistance for needy patients. Patients receiving CSSA may be exempted from payment of fees for public healthcare services (including fees for standard drugs in the Drug Formulary) upon production of a valid medical fee waiver issued to CSSA recipients by SWD. With effect from 15 July 2017, the medical fee waiver mechanism has been extended to cover Old Age Living Allowance recipients aged 75 or above with assets not exceeding \$144,000 (elderly singletons) or \$218,000 (elderly couples). Other persons who cannot afford fees for public healthcare services may apply for a medical fee waiver depending on their needs.</li> <li>• Taking into account the need to ensure efficient use of resources, the Government has no plan to provide health care vouchers for DA recipients.</li> </ul>
17	Provide dental services or subsidy for DA recipients	<ul style="list-style-type: none"> <li>• The Department of Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. Besides, the DH also provides public dental services through its Oral Maxillofacial Surgery and Dental Units (OMS&amp;DUs) in seven public hospitals, which provide specialist dental treatment to hospital in-patients on referral, groups with special oral healthcare needs and dental emergency. The HA also provides dental services in four public hospitals, in which in-patients on referral, patients with special oral healthcare needs and patients with dental emergency needs can receive oral maxillofacial surgery and specialist dental treatments by the dentists employed by the HA.</li> <li>• At present, eligible CSSA recipients (including persons with disabilities) may apply for the grant to cover costs of dental treatment under the CSSA Scheme. The Government has also further stepped up support measures for students with intellectual disabilities and / or physical disabilities (such as cerebral palsy). Starting from the 2013-14 school year, students with intellectual disabilities and/or physical disabilities who are studying in special schools which participate in the Student Dental Care Service (SDCS) may, irrespective of their grades in which they are studying, enjoy the dental services under the SDCS until they reach the age of 18. If necessary, the SDCS would refer them to the OMS&amp;DU in the seven public hospitals for further dental treatment under sedation or general anesthesia.</li> <li>• Furthermore, the Food and Health Bureau has provided \$20 million to the Hong Kong Dental Association, the Hong Kong Special Care Dentistry Association and the Evangel Hospital for launching</li> </ul>

Item	Concerns/Views	Responses
		<p>a four-year “Pilot Project on Dental Service for Patients with Intellectual Disability” (the Pilot Project) (also known as “Loving Smiles Service”) starting from August 2013. Needy adult patients with intellectual disability have been provided with subsidised service including check-up, dental treatment and oral health education in the dental clinics participating in the Pilot Project. The Government is currently following up on the operation of the Pilot Project with the participating organisations, and will continue to provide subsidy to the participating organisations for provision of relevant dental service to patients with intellectual disability who are already on the waiting list in the coming year. The Government fully recognises that the dental service concerned should be continued, and is now actively working out the arrangements for expanding the service including introduction of relevant training programmes so as to continue the subsidised dental care service for adult patients with intellectual disability. Details of the arrangements will be announced later.</p>
18	<p>Special Care Subsidy for the Severely Disabled under the Community Care Fund (CCF)</p>	<ul style="list-style-type: none"> <li>• In designing assistance programmes targeting recipients from beneficiary groups of the Government’s current assistance/subsidised programmes, it is necessary for CCF to set a “Specified Date” earlier than the announcement of the implementation of the assistance programmes to determine the applicants’ eligibility so as to avoid a surge in service needs for current assistance/subsidised programmes arising from roll out of the programme (e.g. causing an increase in the number of applications for Higher DA). Setting an earlier “Specified Date” may clearly define the target beneficiaries, avoid confusion and disputes, as well as lessen administrative burden. This is in line with CCF’s principle of streamlining administrative procedures.</li> </ul>
19	<p>Social insurance system for persons with disabilities</p>	<ul style="list-style-type: none"> <li>• The DA is a non-contributory and non-means-tested cash allowance. Its objective is to assist severely disabled persons who need substantial help from others to cope with their daily life in meeting their special needs arising from their disabilities. Persons with disabilities in financial need may consider applying for CSSA. Disabled CSSA recipients may, depending on their disabling conditions, receive higher CSSA standard payment rates as well as various supplements and special grants.</li> <li>• In addition to social security, the Government has been providing necessary services and support for persons with disabilities according to their different needs through a multi-pronged approach, including providing subsidised residential places, day care services and rehabilitation training; encouraging persons with disabilities to engage in employment; and promoting an inclusive culture in a barrier-free society.</li> </ul>

Item	Concerns/Views	Responses
20	Establish a disabled employee quota system	<ul style="list-style-type: none"> <li>• The Government's policy objectives are to provide skill training and support services for persons with disabilities to enable them to take up productive and gainful employment in the open market on the basis of their abilities rather than disabilities; provide assistance for employers; and strive to promote an inclusive society.</li> <li>• Establishing a mandatory employment quota system for persons with disabilities to require enterprises to employ a certain number or percentage of persons with disabilities may create a negative labelling effect on them, which is not conducive to their integration into the community. At present, the Government has no plan to introduce a mandatory employment quota system for persons with disabilities.</li> </ul>
21	Strengthen support for persons with disabilities / Formulating measures to alleviate the poverty situation of persons with disabilities	<ul style="list-style-type: none"> <li>• The Government has been implementing a series of diversified rehabilitation services and related initiatives for persons with disabilities in a continuing process of promoting the policy objective of helping them develop their capabilities as well as building a barrier-free living environment, with a view to enabling them to fully participate in both social life and personal growth and enjoy equal opportunities.</li> <li>• In 2017-18, the Government provides an additional annual allocation of \$176 million to enhance various services for persons with disabilities, including providing additional places of various rehabilitation services; providing additional day care service places at the 16 District Support Centres (DSCs) for persons with disabilities and increasing social worker manpower at DSCs to enhance their outreaching services; strengthening the manpower of the 24 Integrated Community Centres for Mental Wellness; and regularising the Pilot Project on Peer Support Service in Community Psychiatric Service Units to step up support for ex-mentally ill persons. Moreover, it was announced in the 2017 Policy Address that the Government would inject additional funding of \$100 million for the Enhancing Employment of persons with disabilities through Small Enterprises Project and increase the maximum funding support per business from \$2 million to \$3 million, with a view to supporting non-governmental organisations in setting up more social enterprises to create more employment and on-the-job training opportunities for persons with disabilities.</li> </ul>