

二零零六年四月十日
資料文件

立法會福利事務委員會 檢討公共福利金計劃下的傷殘津貼

目的

本文件旨在告知委員就公共福利金計劃下的傷殘津貼檢討的最新進度，並闡述短期的改善措施和長遠的考慮因素。

短期改善措施

器官殘障

2. 根據現行政策，器官殘障人士如符合規定，便可申領傷殘津貼。在本小組早前的會議上，關注團體和一些委員曾表示，醫療評估檢視清單(檢視清單)應明確列明器官殘障一項。

3. 我們已考慮有關提議，並認為建議與我們的政策相符。具體而言，我們建議：

(a) 檢視清單第(I)(viii)項修訂為：

“其他任何情況包括器官殘障以致身體全部殘疾”(請參閱檢視清單第(II)部分)。

(b) 檢視清單第(II)項第二段修改為：

“如申請人的肢體或智力殘障程度或其他健康狀況包括器官殘障導致其活動受到相當大的限制，或並無能力或不能自行進行以下日常活動，以致須由其他人不斷輔助才可進行以下任何一個範疇的活動，應被視為殘疾程度大致上相等於失去百分之一百謀生能力而符合資格領取普通傷殘津貼。”

經修訂的檢視清單載於附件 A¹。

¹ 只有英文版本

(c) 醫療評估表格第(I)(viii)項應作出相對修訂為：

“其他任何情況包括器官殘障以致身體全部殘疾”（請參閱檢視清單第(II)部分）。

經修訂的醫療評估表格載於附件 B¹。

處理上訴個案

4. 有議員關注，社會保障上訴委員會處理須經由醫療評估委員會作出評估的傷殘津貼上訴個案需時甚久。就此，我們已研究措施以加快處理上訴的步伐。初步而言，醫院管理局(醫管局)將會邀請更多私家醫生加入醫療評估委員會，以便在短期內可召開更多醫療評估委員會會議，評估這些上訴個案。當局亦會改善社會保障上訴委員會的行政程序，以縮減處理上訴個案的時間。

長遠考慮因素

5. 傷殘津貼是一項無須供款及無須接受經濟狀況審查的計劃。這項計劃於一九七三年推出，目的是在不論申請人的經濟狀況下為嚴重殘疾人士提供援助。如經證實殘疾情況大致相等於《僱員補償條例》(第 282 章)附表 1 界定為失去百分之一百謀生能力，便被視為“嚴重殘疾”。

6. 另一方面，綜合社會保障援助(綜援)計劃則為殘疾人士提供經濟援助，以照顧他們的基本和特別需要，惟申請人須通過經濟狀況調查。現時，綜援計劃向殘疾或健康欠佳人士提供較健全成人為高的標準金額，每名受助人每月可獲發 1,750 元至 3,530 元(即高出 600 元至 1,920 元)不等。他們亦可獲發其他特別津貼，以照顧其特別需要，例如支付眼鏡、假牙托、搬遷費用，往返醫院／診所的交通費，以及醫生建議的膳食和器材。此外，由 2005 年 11 月 1 日起，經醫生證明殘疾程度達 100%或需要經常護理而非居於院舍的嚴重殘疾綜援受助人，每月可獲發社區生活補助金 100 元。傷殘津貼及綜援計劃下的傷殘受助人數目表列如下：

受助人數目	2004/05 (截至 31.3.05)	2005/06 (截至 28.2.06)
普通傷殘津貼	95 686	98 070
高額傷殘津貼	14 273	14 408
綜援-殘疾程度達 100%	70 399	73 440
綜援- 需要經常護理	17 441	17 667

7. 此外，本港成立了多項資助計劃，為殘疾人士提供經濟援助，包括：

- 仁濟永強全癱病人基金；
- 余兆麒殘疾人士基金“嚴重殘疾肌肉萎縮症患者醫療儀器及消耗品援助計劃”；
- 何金容基金；以及
- 撒瑪利亞基金。

8. 傷殘津貼屬於無須接受經濟狀況調查的計劃，旨在照顧受助人的一般而非特定需要。在殘疾人士可獲得的援助和支援形式有限時，才需要設立這類一般性的傷殘津貼計劃。不過，鑑於綜援計劃的確立和復康服務的發展愈來愈配合個別殘疾類別的特定需要，令一般性傷殘津貼計劃的效用與理念成疑。

9. 在康復綱領下，我們提供一系列的服務以滿足殘疾人士的特定需要。除了住宿服務以外，我們的康復服務主要是以社區為本，照顧殘疾人士在就業、治療、交通、社交和康樂方面的活動，目的是協助他們融入社群並能繼續與家人一同於社區生活。有關服務載列於附件 C。

10. 此外，普通傷殘津貼的受助人現時每月可領取 1,125 元的津貼。經證實需要他人不斷照顧，以及沒有在政府或受資助院舍接受住院照顧又符合領取普通傷殘津貼資格的人士，可領取每月 2,250 元的高額傷殘津貼。

11. 我們曾接獲要求，認為在受資助特殊學校寄宿的受助人於學校放假期間亦應獲發放高額傷殘津貼。此外，亦有意見表示，鑑於受資助院舍(特別是公立醫院)的照顧全面，向獲院舍照顧的受助人發放普通傷殘津貼是雙重福利或援助過高。

12. 傷殘津貼涵蓋的殘障／疾病性質範圍日益擴大，令計劃的執行更形複雜。各項納入計劃的殘障／疾病類別，現載列於附件 D。

13. 上述問題錯綜複雜，我們須仔細衡量各項有關因素及影響，才考慮對現行制度作出重大改變。

14. 請委員備悉本文件的內容。

衛生福利及食物局
社會福利署
二零零六年四月

**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.

SOCIAL SECURITY ALLOWANCE (SSA) SCHEME

M E M O

From: Supervisor, Social Welfare Department	To: *Medical Social Worker / Medical Officer-in-charge
Ref.: *Hospital/Clinic
Tel.:	Your Ref.:
Date:	dated:

Re: *Mr/Ms ()

*HKIC/BC No.: Age: ()

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	To: Supervisor, Social Welfare Department
Ref.:	Your Ref.:
Tel.:	dated:
Date:	

Re: *Mr/Ms ()

*HKIC/BC No.: Age: ()

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 (v) total paralysis (quadriplegia)
- (ii) loss of functions of both hands or all fingers and both thumbs (vi) paraplegia
- (iii) loss of functions of both feet (vii) illness, injury or deformity resulting in being bedridden
- (iv) total loss of sight (viii) any other conditions **including visceral diseases** resulting in total disablement (reference should be made to part II of 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 (iv) neurosis
- (ii) mental retardation (v) personality disorder
- (iii) psychosis (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)) 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
- 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)

為殘疾人士提供的康復服務

社區支援服務

日間照顧	<ul style="list-style-type: none"> • 訓練及活動中心 • 展能中心 • 展能中心/庇護工場/綜合職業康復服務中心 延展照顧計劃
職業康復	<ul style="list-style-type: none"> • 庇護工場 • 輔助就業 • 技能訓練中心 • 綜合職業康復服務中心 • 綜合職業訓練中心 • 在職培訓計劃 • 創業展才能計劃
社區為本計劃	<ul style="list-style-type: none"> • 家居訓練及支援服務（包括治療服務） • 家長/親屬資源中心 • 社區精神健康連網 • 暫託服務 • 假期照顧服務 • 中途宿舍續顧服務
康樂和社交	<ul style="list-style-type: none"> • 社交及康樂中心 • 健樂會
交通	<ul style="list-style-type: none"> • 康復巴士
資訊科技	<ul style="list-style-type: none"> • 殘疾人士資訊科技支援計劃

2006/07 年度的新措施

- 為嚴重殘疾人士包括四肢癱瘓病人提供新的過渡性的住宿、日間訓練、護理及支援服務，以協助他們重返社區生

活。

- 為精神病、神經系統受損及肢體殘障病者，在離院後提供療養和日間持續康復服務，協助他們早日重新融入社群。
- 為居住於康復院舍的殘疾人士推行到診醫生計劃。
- 加強為殘疾人士的家人和照顧者提供訓練和支援服務。

領取普通傷殘津貼的人數及按其殘障類別所佔百分比(截至2006年2月)

殘障類別	普通傷殘津貼	
	領取津貼人數	佔總數的百分比
肢體殘障		
失去四肢其中之二的功能	3 841	3.9%
失去雙手或全部十隻手指的功能	235	0.2%
失去雙足的功能	440	0.4%
雙目完全失明	4 934	5.0%
全身癱瘓	227	0.2%
下身癱瘓	465	0.5%
因疾病、殘疾以致長期臥牀	797	0.8%
其他任何情況以致身體全部殘疾	50 587	51.6%
<i>小計</i>	<i>61 526</i>	<i>62.7%</i>
心智機能上嚴重缺陷		
腦器官病癥狀	1 758	1.8%
弱智	9 409	9.6%
精神病	11 639	11.9%
神經官能病	5 822	5.9%
性格失常	255	0.3%
其他任何情況而導致失去全面心智機能	3 358	3.4%
<i>小計</i>	<i>32 241</i>	<i>32.9%</i>
聽覺極度受損	4 303	4.4%
總計	98 070	100.0%

領取高額傷殘津貼的人數及按其殘障類別所佔百分比(截至2006年2月)

殘障類別	高額傷殘津貼	
	領取津貼人數	佔總數的百分比
肢體殘障		
失去四肢其中之二的功能	1 373	9.5%
失去雙手或全部十隻手指的功能	39	0.3%
失去雙足的功能	166	1.2%
雙目完全失明	99	0.7%
全身癱瘓	207	1.4%
下身癱瘓	361	2.5%
因疾病、殘疾以致長期臥牀	418	2.9%
其他任何情況以致身體全部殘疾	9 260	64.3%
<i>小計</i>	<i>11 923</i>	82.8%
心智機能上嚴重缺陷		
腦器官病癥狀	896	6.2%
弱智	738	5.1%
精神病	133	0.9%
神經官能病	79	0.5%
性格失常	27	0.2%
其他任何情況而導致失去全面心智機能	611	4.2%
<i>小計</i>	<i>2 484</i>	17.2%
聽覺極度受損	1	*
總計	14 408	100.0%

註釋： * 少於 0.05%.

隨機抽樣調查的 500 個“其他任何情況以致身體全部殘疾”類別
傷殘津貼受助人的疾病／殘障*

疾病／殘障	個案數目
中風	121
慢性阻塞性呼吸道疾病	24
缺血性心臟病	21
糖尿病	19
半身不遂	18
髖部骨折	16
帕金森症	15
乳癌	12
癲癇症	12
膝關節骨關節炎	12
直腸癌	11
高血壓	11
大腸癌	10
慢性阻塞性肺部疾病	10
鼻咽癌	10
肺癌	8
類風濕性關節炎	8
腦性麻痺	6
小兒麻痺症	6
背痛	5
全面性發展遲緩	5
心臟病	5
下背痛	5
胃癌	4
慢性心衰竭	4
慢性腎功能衰竭	4
先天性心臟病	4
末期腎衰竭	4
全身性紅斑性狼瘡	4
先天性心臟衰竭	3
淋巴瘤	3
多發性骨髓瘤	3
脊椎管狹窄	3
急性淋巴性白血病	2
膝下截肢	2
腦瘤	2

膀胱癌	2
卵巢癌	2
舌頭癌	2
發展遲緩	2
擴張型心肌症	2
股骨骨折	2
頭部傷害	2
膝蓋痛	2
下肢無力	2
髖部關節炎	2
嚴重燒傷	2
血管性失智症	2
急性骨髓性白血病	1
酒癮徵候群	1
多處手指腳趾截斷	1
類風濕性脊椎炎	1
哮喘	1
良性前列腺增生症	1
雙側膝蓋痛	1
雙側下肢骨折	1
不穩定型氣喘	1
支氣管擴張症	1
腎癌	1
喉癌	1
直腸乙狀結腸癌	1
下頷下腺癌	1
中樞性睡眠窒息症	1
腦部動脈瘤	1
頸椎關節黏連	1
慢性痛風性關節炎	1
慢性背痛	1
慢性小便困難	1
慢性精神分裂症	1
冠心病	1
左跛足	1
深部靜脈栓塞症	1
皮炎	1
糖尿病視網膜病變	1
先天性純紅血球再生不良症候群	1
裘馨氏肌肉萎縮症	1

足部畸形	1
髕骨骨折	1
痛風	1
心臟衰竭	1
肝硬化	1
肛門閉鎖症	1
肝轉移	1
下肢癱瘓	1
下肢淋巴水腫	1
腦膜瘤	1
多發性硬化症	1
重症肌無力症	1
心肌梗塞	1
肥胖換氣不足症候群	1
阻塞型睡眠呼吸中止症候群	1
脊柱骨質疏鬆	1
陣發性心房撲動	1
肺塵埃沉着病	1
多囊腎及肝	1
原發性夜遺尿	1
前列腺肥大徵候群	1
乾癬性紅皮症	1
肺結核	1
腎功能衰竭	1
呼吸衰竭	1
腳部燙傷	1
嚴重濕疹	1
腦性麻痺	1
語言發展遲緩	1
脊椎腫瘤	1
鱗狀細胞瘤	1
原發性蛛網膜下腔出血	1
末期心衰竭	1
甲狀腺毒症	1
先天性上肢畸形	1
威廉氏症	1
總計	500

*註：部分受助人可能因多項疾病／殘障而獲發傷殘津貼