

**For discussion on  
13 March 2017**

## **Legislative Council Panel on Welfare Services**

### **Implementation of the Recommendations of the Inter-departmental Working Group on Review of the Disability Allowance**

#### **Purpose**

This paper briefs Members on the progress of implementation of the recommendations of the Inter-departmental Working Group on Review of the Disability Allowance (the Working Group) under the Labour and Welfare Bureau (LWB), in particular that of the recommendation relating to the amendments to the Medical Assessment Form (MAF).

#### **Progress of implementation of the recommendations of the Working Group**

2. The Chief Executive announced in his 2016 Policy Address that the Working Group had completed the review. The Working Group put forward nine recommendations to provide further support for persons with disabilities. The Government briefed Members of this Panel on the outcome of the review<sup>1</sup> at its meetings on 15 February and 3 May 2016, and listened to views of the Panel Members, concern groups and individuals. The progress of implementation of the nine recommendations is set out at **Annex 1**. As to the recommendation concerning amending the MAF for Disability Allowance (DA), the Government, as indicated by LWB representative attending the meeting on 3 May 2016, would temporarily defer incorporating the proposed amendments to the MAF, having regard to the views expressed by some organisations and individuals attending that meeting. The Government would focus on the implementation of the remaining eight recommendations of the Working Group (i.e. items 2 to 9 of Annex 1).

#### **Amendments to the MAF**

3. After the above-mentioned meeting, the Government has met

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<sup>1</sup> Details are set out in LC Paper No. CB(2)826/15-16(05).

with stakeholders on the proposed amendments to the MAF (the existing MAF is at Annex 2), and further explained Government's recommendation (the revised MAF recommended by the Working Group in 2016 is at Annex 3). Specifically, stakeholders expressed views mainly on three of the proposed amendments: they agreed to the removal of the reference to "100% loss of earning capacity" in the existing form; but raised concerns over the removal of reference to 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) and that of the types of disabilities mentioned in Part (I)B from the existing MAF. Details of these three proposed amendments are set out in paragraphs 4 to 15 below.

#### Reference to "100% loss of earning capacity"

4. The DA, which was introduced in 1973, is a non-contributory and non-means-tested cash allowance. Its objective is to assist **severely disabled** Hong Kong residents in meeting special needs arising from their disabling conditions. An applicant for the DA has to be assessed as **severely disabled** and as a result needs substantial help from others to cope with daily life and that his/her **severely disabling** condition will persist for at least six months.

5. As regards what is meant by **severely disabled** and as a result needs substantial help from others to cope with daily life, reference has been made to the Employees' Compensation Ordinance (Cap 282). For physical disabilities, any DA applicant who is in a position broadly equivalent to a person with 100% loss of earning capacity under the injuries as listed in the First Schedule to Cap 282<sup>2</sup> will be deemed to be **severely disabled** and as a result needs substantial help from others to cope with daily life.

6. Medical assessment of the DA is conducted by a doctor of the Department of Health (DH) or the Hospital Authority (HA) (or, under very exceptional circumstances, a registered doctor of a private hospital) using the MAF. A Checklist for Medical Assessment (Checklist) is attached to the existing MAF to assist doctors in conducting medical

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<sup>2</sup> The following injuries have been specified as "100% loss of earning capacity" under the First Schedule to the Employees' Compensation Ordinance : (a) loss of two limbs; (b) loss of both hands or of all fingers and both thumbs; (c) loss of both feet; (d) total loss of sight; (e) total paralysis; (f) injuries resulting in being permanently bedridden; (g) paraplegia; (h) any other injury causing permanent total disablement; and (i) total loss of hearing, both ears.

assessment. In accordance with the existing MAF and Checklist, if an applicant's physical condition is assessed by a doctor to be broadly equivalent to "100% loss of earning capacity" owing to the following injuries<sup>3</sup> (as separately set out in Part (I) of the form and the Checklist), he/she should be considered eligible for the DA on medical grounds even though he/she has taken up employment –

- (a) loss of functions of two limbs;
- (b) loss of functions of both hands or all fingers and both thumbs;
- (c) loss of functions of both feet;
- (d) total loss of sight;
- (e) total paralysis (quadriplegia);
- (f) paraplegia; and
- (g) illness, injury or deformity resulting in being bedridden.

It is separately stated in the Checklist that an eligible profoundly deaf person may also be eligible for the DA. There is a different set of MAF for cases of profound deafness under the DA.

7. If the physical condition of a DA applicant does not belong to one (or more) of the injuries in paragraph 6(a) to (g) above and if the applicant is not profoundly deaf, the doctor will have to make reference to Part (II) of the Checklist to consider whether the applicant is **severely disabled**. In this connection, Part (II) sets out that if an applicant's physical or mental impairments or other medical conditions (including visceral diseases) have resulted in a significant restriction of lack of ability of volition to perform any one of the following activities in daily living to the extent that substantial help from others is required, he/she should also be considered in a position broadly equivalent to "100% loss of earning capacity" and thus may be eligible for the DA –

- (a) working in the original occupation and performing any other kind of work for which he/she is suited; or
- (b) coping with self-care and personal hygiene including feeding,

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<sup>3</sup> The wordings of the relevant injuries are slightly different from those in the First Schedule to the Employees' Compensation Ordinance. For example, the Employees' Compensation Ordinance adopts "loss of two limbs" whereas the MAF and the Checklist adopt "loss of functions of two limbs". The Working Group noted that the purpose of the Employees' Compensation Ordinance was to provide a no-fault, non-contributory compensation system for work injuries, whereas the medical assessment of the DA should apply to all persons with disabilities, including congenital disabilities and disabilities acquired later in life.

- dressings, grooming, toileting and bathing; or
- (c) maintaining one's posture and dynamic balance while standing or sitting for daily activities, managing indoor transfer (bed/chair, floor/chair, toilet transfer), and travelling to clinic, school and workplace; or
  - (d) expressing oneself, communicating and interacting with others, including speaking, writing, utilising social (community) resources, seeking help from others and participating in recreational and social activities.

8. The Ombudsman published the "Direct Investigation Report on Granting of Disability Allowance and Processing of Appeals by Social Welfare Department" (DIR) in October 2009. One of its recommendations was to review and revise the layout, format and contents of the MAF to enable clear documentation and to facilitate doctors' systematic assessment. Regarding the reference to "100% loss of earning capacity" in the existing MAF, the Ombudsman considered that this reference in the eligibility criteria for the DA misleading and quite irrelevant, and pointed out that the original design of the DA scheme was intended not to take into account applicants' employability. Moreover, the concept of "earning capacity" could not apply to some applicants (e.g. children and persons beyond retirement age). This should make it all the more difficult for doctors to make consistent and objective assessment on such applicants. This reference should, therefore, be removed. The Ombudsman also opined that the design of the MAF did not facilitate consistency and verification. A doctor was not required to state whether he/she had taken into account the four areas in the Checklist (i.e. the criteria set out in paragraph 7(a) to (d) above) nor whether they applied to the applicant or not and why. As a result, there was no record of the basis for recommending the DA to applicants under "other conditions". For clarity of record and consistency in assessment, the Ombudsman was of the view that the Social Welfare Department (SWD) should revise the MAF, in consultation with HA and DH, 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.

9. In November 2009, SWD, together with LWB, HA, DH and the Efficiency Unit under the Chief Secretary for Administration's Office, set up an SWD Working Group, to follow up on the Ombudsman's recommendations in the DIR. Having regard to the Ombudsman's views, the SWD Working Group recommended amending the design and contents of the MAF to improve the record and classification of

information to facilitate doctors' reference. Among others, the SWD Working Group recommended that, rather than using two separate documents, the Checklist should be incorporated into the MAF. A doctor would be required to tick one or more of the qualifying criteria against which the patient is considered suffering from **severe disability**; or confirm that none of the qualifying criteria was met if the patient was considered not suffering from **severe disability**. As for the reference to "100% loss of earning capacity", SWD Working Group suggested retaining it as a footnote in the MAF. This Panel was consulted on the MAF proposed by the SWD Working Group at the meeting on 10 December 2012. At that meeting, some Members expressed concern over the retention of the reference to "100% loss of earning capacity" in the revised MAF and considered that whether an applicant was employed or not was irrelevant to his/her eligibility for the DA. It would therefore be difficult for doctors to conduct a consistent and objective assessment of these applicants. Members generally requested the Government to further review the MAF so as to remove the reference to "100% loss of earning capacity" therefrom.

10. The progress of work of the Working Group was discussed at the meeting of this Panel on 8 July 2013. Some Members asked the Working Group to review the MAF. Accordingly, the Working Group reviewed the MAF and made revisions thereto, riding on the MAF proposed by SWD Working Group. It recommended, at the meeting of this Panel held on 9 December 2013, that the draft MAF at Annex 3 should be adopted. Compared to the MAF proposed by SWD Working Group, the main proposal of the Working Group was to remove the reference to "100% loss of earning capacity". The relevant amendments addressed the concern expressed by the Ombudsman and Members of this Panel over the reference to "100% loss of earning capacity". Furthermore, the Working Group also recommended stating in the proposed MAF that a person would be eligible for the DA if he/she was **severely disabled** and as a result would need substantial help from others to cope with daily life, even if the person concerned was able to do a paid job.

11. At the above meeting, we note that Members of this Panel generally agreed with the removal of the reference to "100% loss of earning capacity" as recommended by the Working Group.

#### The work-related criterion

12. 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 had expressed difficulty in making such an assessment<sup>4</sup>. To this end, the SWD Working Group recommended removing this criterion to avoid misunderstanding or inconsistent assessment. The Working Group noted that, as mentioned above, the eligibility for the DA was based on whether the applicant, as a result of his/her **severe disability**, would need substantial help from others to cope with daily life, regardless whether the person was engaged in a paid job. Having regard to the policy intent of the DA and the views of the Ombudsman, the Working Group agreed to adopt the recommendation put forward by SWD Working Group that the work-related criterion should be removed from the MAF. The Working Group noted that the criteria in paragraph 7(b) to (d) above, which included activities relating to coping with self-care and personal hygiene, etc., would be able to reflect the situation of persons with **severe disabilities** (excluding those who are otherwise covered by one or more items under paragraph 6(a) to (g) above, and/or have been assessed to be profoundly deaf). Indeed, the Working Group's recommendation to remove the reference to "100% loss of earning capacity" from the MAF was based on the fact that the eligibility for the DA was not related to whether the applicant was engaged in a paid job. This principle should justify also the proposed removal of the work-related criterion.

13. Upon the suggestion of the former Chairman of this Panel, the Working Group further explained the recommendation of the Working Group to different political parties and independent Members of this Panel in the second quarter of 2015<sup>5</sup>. While a few Members maintained their views that the work-related criterion should be retained, most Members did not object to the Working Group's proposal to remove it from the MAF.

14. At the meetings of this Panel on 15 February 2016 and 3 May 2016, some Members, concern groups and individuals attending the meetings requested the Government to retain the work-related criterion in

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<sup>4</sup> In a judicial review case concerning the DA, the Court of Appeal also quoted in its judgement in 2011 that doctors had expressed difficulty in assessing DA applicants' work-related capacity.

<sup>5</sup> At the meeting of this Panel on 9 March 2015, the former Panel Chairman suggested that the Government should further explain its proposed removal of the work-related criterion to different political parties and individual Members of the Panel before finalising the changes to the MAF.

the MAF<sup>6</sup>. They were concerned that the removal of the criterion would render some persons of disabilities ineligible for the DA. After the above meeting, the Government has continued its discussions with stakeholders and explained Government's position. In this context, the Government makes clear 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 whether the applicant is engaged in a paid job. The Working Group has recommended the removal of the reference to "100% loss of earning capacity" and the work-related criterion 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. It would not be logically nor operationally desirable if the reference to "100% loss of earning capacity" were to be removed while the work-related criterion of "working in the original occupation and performing any other kind of work for which he/she is suited" were to be retained. Indeed, as pointed out in paragraph 12 above, doctors have expressed difficulty in making such an assessment as it involves a social and environmental consideration as well as a medical factor. However, some stakeholders, both during and after the meetings, have continued requesting the Government to retain in the MAF the work-related criterion.

#### Types of disabilities in Part I(B)

15. At the meeting of this Panel on 3 May 2016, some concern groups and individuals attended the meeting expressed concern over the removal of the reference to the types of disabilities (i.e. organic brain syndrome, mental retardation, psychosis, neurosis, personality disorder and any other conditions resulting in total mental disablement) from Part I(B) of the existing MAF. They were worried that the removal of the reference to these types of disabilities would render some persons with disabilities ineligible for the DA. The Working Group would clearly state in Part II(a)(viii) of its revised MAF that if an applicant was not in a position broadly equivalent to any of the conditions in (i) to (vii) of the same MAF, the doctor should assess whether the applicant would meet

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<sup>6</sup> The work-related criterion assesses whether an applicant needs substantial help from others in terms of "working in the original occupation and performing any other kind of work for which he/she is suited", i.e. the applicant must need substantial help in terms of both "working in the original occupation" and "performing any other kind of work for which he/she is suited" (instead of either one) in order to be eligible for the DA. The Working Group noted that the Clerk to this Panel sought legal advice regarding the above criterion after the meeting on 15 February 2016.

the condition of (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. The Working Group therefore considered that it was not necessary to specifically mention the types of disabilities in Part (I)B of the MAF and the removal of the reference to such disabilities would not restrict the eligibility of the DA. However, we understand that some persons with disabilities are still concerned about the proposed removal of the reference to these types of disabilities. In this connection, we may explore whether the reference to these types of disabilities may be retained in the revised MAF in the form of examples for doctors' reference under Part (II)(a)(viii) of the MAF proposed by the Working Group (please refer to Annex 3).

### **Next steps**

16. The Working Group has recommended adopting the revised MAF at Annex 3. If Members of this Panel would wish to pursue other suggestions, such as retaining the work-related criterion (paragraph 14 above) and/or retaining the reference to the types of disabilities in Part I(B) of the existing form (paragraph 15 above), we will have to discuss this subject further with HA.

### **Conclusion**

17. The Working Group has put forward nine recommendations which aim at providing further support for persons with disabilities. In this connection, eight of them have been progressively implemented. The remaining recommendation, concerning making amendments to the MAF, has been proposed with a view to better assisting doctors in conducting their medical assessment on persons with disabilities applying for the DA. We have absolutely no intention to change the policy intention of or to tighten the existing eligibility criteria for the DA.

Labour and Welfare Bureau  
March 2017



## Annex 1

### **Implementation of the Recommendations of the Inter-departmental Working Group on Review of the Disability Allowance**

<b>Recommendation</b>	<b>Progress of Implementation</b>
1. To adopt the revised Medical Assessment Form (MAF) for the Disability Allowance (DA) to better facilitate doctors' assessment. Specifically, the reference to "100% loss of earning capacity" and the work-related criterion will be removed	<ul style="list-style-type: none"><li>• In the light of the views on the proposed amendments to the MAF expressed by some organisations and individuals attended the meeting of the Panel of Welfare Services on 3 May 2016, the Government would temporarily defer incorporating the proposed amendments to the MAF. The Government would focus on the implementation of the other recommendations of the Working Group (i.e. items 2 to 9 below).</li></ul>
2. Noting that persons with disabilities may have different conditions with the use of external rehabilitation or mechanical devices (e.g. prosthesis and artificial cochlea), and considering that the purpose of the DA is to assist persons with severe disabilities in meeting special needs arising from such disabilities, doctors should assess the applicants on the basis of their condition without these devices. Since rehabilitation or mechanical devices which are totally implanted (e.g. cardiac pacemaker) are to a certain extent part and parcel of the applicants' bodily functions, doctors should practically assess the applicants on the basis that these devices are used	<ul style="list-style-type: none"><li>• The relevant arrangements have been put in place on 21 December 2016. Specifically, doctors will conduct medical assessment for applicants of the DA on the basis of their conditions without the use of external rehabilitation and mechanical devices (now covering prosthesis, hearing aids and artificial cochlea). Relevant bureaux and departments will keep in view the above arrangements and conduct review as appropriate.</li></ul>
3. To invite the Rehabilitation Advisory Committee (RAC) to continue monitoring the adoption of International Classification of Functioning, Disability and Health established by the World Health Organisation in neighbouring places (in particular Taiwan), with a view to	<ul style="list-style-type: none"><li>• The system in Taiwan has been implemented since 2012, and will be fully implemented in 2019. The effect of the system has yet to be evaluated.</li><li>• The Government will submit information to the RAC as appropriate to follow up with this</li></ul>

<b>Recommendation</b>	<b>Progress of Implementation</b>
exploring how to devise a set of comprehensive and widely accepted definition of disability and the level of disability	recommendation which involves planning in the longer term.
4. To invite the Community Care Fund (CCF) to fund a pilot scheme to provide further disregarded earnings (DE) for recipients with disabilities under the Comprehensive Social Security Assistance (CSSA) Scheme	<ul style="list-style-type: none"> <li>• The three-year CCF pilot scheme has been implemented in October 2016.</li> <li>• Eligible CSSA recipients with disabilities are not required to submit applications. SWD will assess the amount of additional DE that the relevant CSSA recipients are entitled to based on the records on their employment income. SWD is reviewing the relevant information and will, on a quarterly basis, deposit the additional DE into the bank accounts which the relevant cases use for receiving CSSA payment.</li> </ul>
5. To invite the CCF to fund a pilot scheme to provide a subsidy for eligible persons with disabilities who are receiving the Higher DA and engaging in paid employment to hire carer	<ul style="list-style-type: none"> <li>• The three-year CCF pilot scheme has been implemented in October 2016.</li> <li>• SWD has already issued invitation letters to relevant Higher DA recipients. Eligible persons may submit applications within the 12-month period starting from the implementation of the pilot scheme. The subsidy will be disbursed on a quarterly basis.</li> </ul>
6. To implement a pilot scheme to procure counselling services from a non-governmental organisation (NGO) to provide counselling support for job seekers with disabilities who are in need of such services	<ul style="list-style-type: none"> <li>• The Selective Placement Division of the Labour Department (LD) has launched a two-year pilot scheme on 1 September 2016.</li> <li>• LD has arranged tens of persons with disabilities to receive the counselling service and some of the counselling cases have been completed. Apart from close monitoring of the implementation of the counselling service, LD also conducts questionnaire survey on all completed cases to gauge views from persons with disabilities on the new service.</li> </ul>
7. To prepare early for the regularisation of the pilot scheme on peer supporters for ex-mentally ill patients	<ul style="list-style-type: none"> <li>• SWD has commissioned 11 subvented NGOs operating Integrated Community Centres for Mental Wellness to implement the pilot scheme since March 2016. The Government</li> </ul>

<b>Recommendation</b>	<b>Progress of Implementation</b>
	has reserved resources for the regularization of the pilot scheme.
8. To invite the CCF to fund a pilot scheme to provide a living allowance for low-income carers of persons with disabilities	<ul style="list-style-type: none"> <li>• The two-year CCF pilot scheme has been implemented in October 2016.</li> <li>• SWD has issued letters to invite applications from carers of persons with disabilities who may be eligible for the subsidy, and is commissioning an academic institution to conduct evaluation on the pilot scheme with a view to mapping out the long-term development of the scheme.</li> </ul>
9. To establish a working group to examine the feasibility of setting up a public trust for children with special needs and their parents, and review the related guardianship system	<ul style="list-style-type: none"> <li>• The Working Group on Feasibility Study of Special Needs Trust (the Working Group) was established by the Labour and Welfare Bureau in June 2016. Members include representatives from relevant government bureaux and departments, legal and financial sectors, parent groups of the mentally handicapped persons and non-governmental organisations in the rehabilitation sector.</li> <li>• The Working Group has commenced its work since July 2016 and formed four sub-groups to study the legal, operational, financial and public education and publicity arrangements. The sub-groups have reported to the Working Group on their findings in November 2016 and January 2017. The Working Group will continue to examine the feasibility of setting up a special needs trust for persons with intellectual disability.</li> </ul>

**Medical Assessment Form for the Disability Allowance (Existing Version)**

**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 :

- |  |  |
|--|--|
| <input type="checkbox"/> (i) loss of functions of two limbs                                  | <input type="checkbox"/> (v) total paralysis (quadriplegia)  |
| <input type="checkbox"/> (ii) loss of functions of both hands or all fingers and both thumbs | <input type="checkbox"/> (vi) paraplegia   |
| <input type="checkbox"/> (iii) loss of functions of both feet                                | <input type="checkbox"/> (vii) illness, injury or deformity resulting in being bedridden   |
| <input type="checkbox"/> (iv) total loss of sight  | <input type="checkbox"/> (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 :

- |   |  |
|---|--|
| <input type="checkbox"/> (i) organic brain syndrome | <input type="checkbox"/> (iv) neurosis   |
| <input type="checkbox"/> (ii) mental retardation    | <input type="checkbox"/> (v) personality disorder  |
| <input type="checkbox"/> (iii) psychosis            | <input type="checkbox"/> (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).

- |  |   |
|--|---|
| <input type="checkbox"/> less than 6 months _____ (see (II)(ii))<br>(specify number of months) | <input type="checkbox"/> over 2 years-up to 3 years   |
| <input type="checkbox"/> 6 months  | <input type="checkbox"/> from 3 years to _____ years (specify)                                      |
| <input type="checkbox"/> over 6-12 months  | <input type="checkbox"/> up to and including _____ years old (specify for child assessment service) |
| <input type="checkbox"/> over 1 year-up to 2 years   | <input type="checkbox"/> 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.

**Medical Assessment Form for the Disability Allowance (Proposed Version)**

**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: _____
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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, \_\_\_\_\_

<b>(For new applications only)</b>	
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.



MEMO

From : Doctor-in-charge _____ Ref : _____ Tel : _____ Date : _____		To : Supervisor, _____ Social Welfare Department via *MSSU/MRO/Designated person Your Ref. : _____ dated : _____
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I refer to your memo under reference. Please find below the completed Medical Assessment Form on the following applicant of the Disability Allowance under the Social Security Allowance Scheme for your further action:

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

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

**(I) General**

To be regarded as severely disabled within the meaning of the DA scheme, a person must fall into one of the categories set out in Part (II)(a) below. The aim of the categories, as defined, is to cover all those who are severely disabled and as a result need substantial help from others to cope with daily life, even if they are able to do a paid job. (For this purpose, those who are in Part (II)(a) below are deemed to need this substantial help.)

**(II) Nature/Degree of disability**

[Note: Please fill in Part (a) or (b); and tick the box(es) and fill in the blank(s) as appropriate.]

(a) The patient is in a position broadly equivalent to one of (i) to (vii) below or meets (viii) below<sup>+</sup>:

- (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 conditions including visceral diseases as specified below:

The patient is suffering from \_\_\_\_\_ *(a disabling physical or mental condition)* which produces a degree of disablement broadly equivalent to that in (i) to (vii) above that it is to say, the patient needs substantial help from others to cope with daily life that is the severe disability produces 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<sup>@</sup> (please elaborate, if appropriate)  
 \_\_\_\_\_

+ Applicants suffering from hearing impairment should be assessed by ENT doctors of the designated specialist clinics/hospitals under the Hospital Authority using a different set of medical assessment form. A profoundly deaf person who is certified by the ENT doctors of the designated specialist clinics/hospitals is deemed to be qualified for DA.

@ "maintaining emotional control and social behavior" as defined under the context of a medical diagnostic system, such as the latest WHO "International Statistical Classification of Diseases and Related Health Problems.

**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**

- 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.

Re: \*Mr/Ms \_\_\_\_\_ \*HKIC/BC \_\_\_\_\_ SSFU \_\_\_\_\_ (information to be filled  
No. Ref. 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: \_\_\_\_\_

Date: \_\_\_\_\_ \*Hospital/Clinic

\* Delete whichever is inapplicable.