
Regional Briefing on Updating of Standardised Care Need Assessment Mechanism for Elderly Services (SCNAMES)

ELDERLY BRANCH

MAY 2021

Briefing on Updating of SCNAMES

1. Introduction
2. interRAI-HC 9.3 and Service Matching Mechanism
3. New Features of Updated SCNAMES
4. LDS Forms
5. LDS Computer System
6. Implementation Timeline
7. Changeover Arrangement

Background

- The existing SCNAMES and MDS-HC 2.0 implemented for 20 years.
- Need to review and update for better demarcation of the needs for LTC services.
- Project on Enhancement of the Infrastructure of LTC in Hong Kong - commissioned to CoA to implement in 2013.
- Project Steering Group was set up to oversee and steer the implementation in 2014.

Progress of Implementation

- Updating of assessment tool from MDS-HC 2.0 to interRAI-HC 9.3
- Consultation with stakeholders
- Refinement of service matching mechanism
- Updating of Manual of Procedures
- Updating of computer system of LDS
- Training of assessors
- Publicity

interRAI-HC 9.3 and Service Matching Mechanism

Updated SCNAMES



Long Term Care (LTC) Services

LTC Services cover the following subsidized services :

Community Care Services (CCS)

- ✓ Integrated Home Care Services (Frail Cases)
- ✓ Enhanced Home and Community Care Services (EHCCS)
- ✓ Day Care Centre/Unit for the Elderly (DE/DCU)

Residential Care Services (RCS)

- ✓ Care and Attention (C&A) Home
- ✓ Nursing Home (NH)

Service Matching of LTC Services

interRAI-HC 9.3 Assessment Results	Waitlisting Options	
	CCS	RCS
CCS	✓	x
RCS	✓	✓
Beyond NH*	✓	x

* Refer to HA for infirmary service direct with referring procedures unchanged

New Features

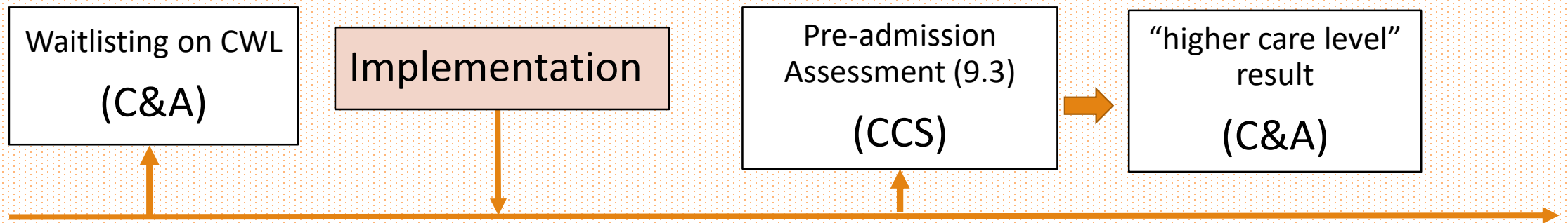


New Features

1. Grandfathering of Service Waitlisting in CWL
2. Inactive Status of RCS Application
3. Recognition of CCS LTC Date for RCS Application in Future

1. Grandfathering of Service Waitlisting in CWL

- Grandfathering of **Waitlisting Service** in CWL **before implementation**
- Pre-admission to small pool and Change of Condition will follow the "**higher care level**" result when compared between the Waitlisting Service and **interRAI-HC 9.3 Assessment Result**.



1. Grandfathering of Service Waitlisting in CWL

- Cease “Grandfathering” once applicants -
 - (a) reject offer of admission to small pool or
 - (b) admit into the service waitlisted
(including opt-in RCSV)
- Only applicable to admission to places allocated under CWL

2. Inactive Status of RCS Application

- Change RCS status to “Inactive” at any time before call for admission to RCS small pool
- Change RCS status to “Active” at any time when Applicants have such a need in the future.

No matter if Applicants have applied for CCS before or not, or if they are waitlisting, receiving or discharge from CCS.

* Applicable to RCS application before and after implementation.

Re-activation of “Inactive” RCS cases

Responsible Worker or Intake Worker (approach DECC/NEC if living in community; IFSC/MSSU if living in private RCHEs) in receipt of request for subsidised RCS shall check if the applicants is in inactive RCS status in LDS record -

- (a) If the RO of responsible worker / intake worker is **the Last RO** in LDS, the responsible office / intake office shall submit Form 7 for changing “inactive” RCS status to “active” and provide follow-up service; or refer to the appropriate units for follow-up service. *
- (b) If the RO of responsible worker / intake worker is **Not the Last RO** in LDS, the responsible office / intake office shall notify the Last RO to submit LDS Form 7 to update information of follow-up RO and passing the case to the RO for reactivation of RCS status and provide follow-up service.

* For IFSC/MSSU as intake RO, after screening the case living in private RCHEs to be in need of LTC services, either provide follow-up service or refer to PUs if there no family problems or other problems requiring social work intervention.

3. Recognition of CCS LTC Date for RCS Application

- **After implementation**, LTC Date of the **First CCS** Waitlisting in CWL by interRAI-HC 9.3 will be recognised as the LTC Date for their **RCS application in the** future if their need for RCS is confirmed by interRAI-HC 9.3.
- Such recognition will cease once applicants -
 - (a) reject offer of admission to small pool of RCS; or
 - (b) admit into RCS (including opt-in RCSV)

==> Subsequent waitlisting of RCS will have new LTC Date.

Pre-appeal Mediation and Appeal

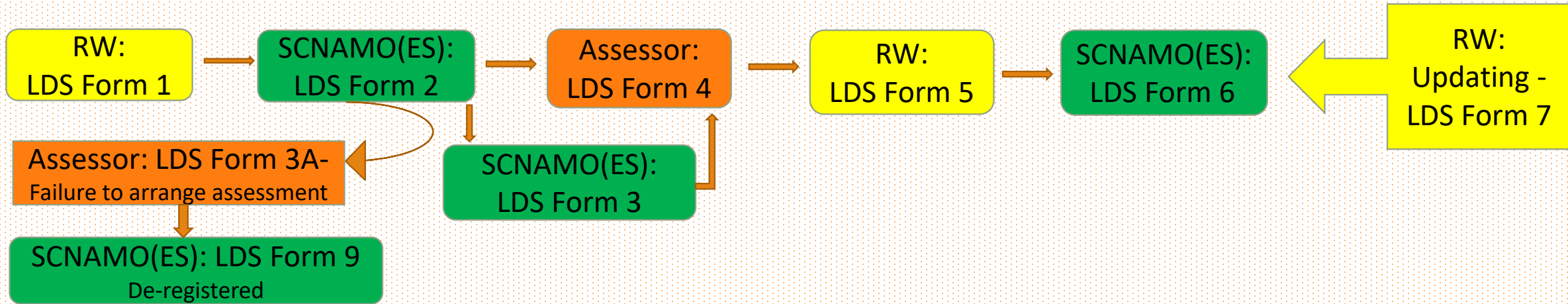
- Mandatory pre-appeal mediation
- Applicants raise **within 4 weeks** from date of **LDS Form 4** (Service providers (SPs) raise within one week for CCS, three weeks for RCS).
- If re-assessment is required, complete **in 15 working days** from date of **LDS Form 1** for re-assessment.
- Suspension of case when SCNAMO(ES) received **LDS Form 1** for re-assessment.
- If not satisfied with pre-appeal mediation, submit “Lodgement of Appeal to Regional Appeal Committee (RAC)” **within 2 weeks** from date of notification of result of pre-appeal mediation.
- RAC normally considers **within 4 weeks** from date of lodgement of appeal.

LDS Forms

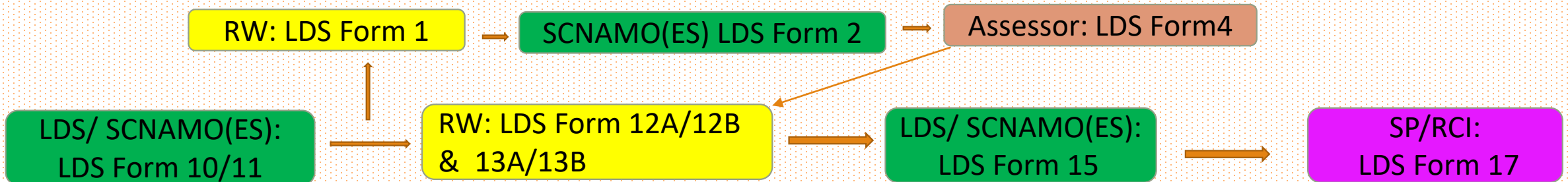


Work Flow: (no change)

Register & Waitlist:



Offer & Place:



Updating of LDS Forms

LDS Form 1

LDS Form 3A

LDS Form 4

LDS Form 5

LDS Form 7

LDS Form 11

LDS Form 12A

LDS Form 12B

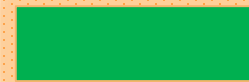
SP: LDS Form 17



For RW



For Assessor



For SCNAMO(ES)




For SP

RW: LDS Form 1

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▪ **Annex 3**
LDS Form 1
Ver. 8/2021


Long Term Care Services Delivery System

From: _____
(Name of Responsible Worker / Referring Worker)

To: SCNAMO(ES)(HK) 2546 7491 2543 7495
 SCNAMO(ES)(EK) 2350 4116 2320 2644
 SCNAMO(ES)(WK) 2399 2356 2390 2459
 SCNAMO(ES)(NTE) 2607 1215 2699 7846
 SCNAMO(ES)(NTW) 2439 4754 2439 0175

Office _____ Tel No. _____ Fax No. _____
(Name of Office/Organisation)

Our Ref. No.: _____
Tel./Fax No.: _____

Date: ____/____/____

LDS Serial No. (if available): _____

Arrangement of Standardised Care Need Assessment / Case Review

For assessment Reason for assessment:
 Eligibility screening Change of condition
 Pre-admission assessment Pre-appeal mediation

NGO:
Select Assessor from a pull-down manual in web-application

For Completion by Supervisor: (only applicable for arrangement of standardised care need assessment)

Accredited Assessor (if any) _____ (Assessor Code: _____) of this office is nominated to take up the assessment. His/Her contact telephone number is _____

* must be input
at least one of these fields must be specified

CIS/SWD:
Select Assessor from the Assessor List

List of Accredited Assessors* of the Referring Office for reference:
interRAI-HC 9.3 accredited assessor(s)

Name	Assessor Code	Tel. No.	Fax No.



Assessor: LDS Form 3A

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Annex 3

LDS Form 3A
Ver. 8/2021

Long Term Care Services Delivery System

From: _____
(Accredited Assessor)

To: SCNAMO(ES)(HK) 2546 7491 2543 7495
 SCNAMO(ES)(EK) 2350 4116 2320 2644
 SCNAMO(ES)(WK) 2399 2356 2390 2459
 SCNAMO(ES)(NTE) 2607 1215 2699 7846
 SCNAMO(ES)(NTW) 2439 4754 2439 0175

Office _____ Tel No. _____ Fax No. _____

Our Ref.: _____ LDS Serial No.: _____

Tel./Fax No.: _____

Date: _____

Notification of Failure to Arrange Appointment for Assessment

Name of Applicant: _____ (_____)

HKID/COE No:

(provide only first 4 alphabets or digits)

I refer to "Notification of Appointment for Standardised Care Need Assessment" (LDS Form 2) dated _____ regarding the assignment of assessment for the above applicant. I would like to inform you that the assessment cannot be conducted for the following reason (*select one item only*):



- Unable to contact the Applicant
- Self-withdrawal of the Applicant
- Decease of the Applicant
- Applicant has been hospitalized
- Applicant has been away from Hong Kong
- Others (please specify): _____

In this connection, the case is returned for your follow-up actions.

Assessor: LDS Form 4

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LDS Form 4
Ver. 6/2018



Long Term Care Services Delivery System

評估結果通知書

Notification of Assessment Result

To: 負責職員姓名
Responsible Worker / Referring Worker: CHONG
機構或辦事處
Name of Office / Organisation: MSS(HA) / ALICE HO MIU LING
NETHERSOLE HOSPITAL
機構或辦事處電話/傳真
Tel. No. / Fax No. of Organisation: 2689 2020 / 2662 3152

申請人姓名
Name of Applicant: QUBEC ALPHA ()
身份証/ 豁免登記證明書號碼
HKID/COE No.: QA-001001(9)
評估原因
Reason for assessment: 合適評審 **Eligibility screening**

長期護理服務需要的確認日期(如適用)
LTC Date (if available): (dd/mm/yyyy)
完成評估日期
Assessment Completion Date: 30/03/2021 (dd/mm/yyyy)

備註1: 請參閱LDS表格十或表格十一註明之服務
Note 1: Please refer to LDS Form 10 or Form 11 for the service called for admission.

A 部份 (Part A)

甲) 個案分類分數:
a) Casemix Score:

乙) 建議服務選擇
b) Recommended Long Term Care Service Option(s):
護理安老院
Care & Attention Home

丙) 其他建議服務選擇
c) Other Recommended Service Option(s):
不適用 N/A

Casemix Score

a. Community Care Services
b. Care & Attention Home
c. Nursing Home

a. Community Support Services
b. Home Support Services
c. Beyond Nursing Home

RW: LDS Form 4 (Part A for Applicant)

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Annex 3
LDS Form 4
Ver. 8/2021

認可評估員姓名及編號：
Name and Code of
Accredited Assessor : ()

服務單位：
Service Unit :

電話：
Telephone No :

日期：
Date :

Computer printed
assessor information

申請人如對本評估通知書的內容有任何查詢，可聯絡有關認可評估員。如不同意有關評估結果，可於此通知書發出日期的四星期內向負責工作人員提出上訴前調解的要求。(只適用於資助長期護理服務的評估)

The Applicant may contact the Accredited Assessor concerned for any enquiry on the contents of this Notification. Should the Applicant disagree with the assessment results, he/she may raise and request for pre-appeal mediation to responsible workers within four weeks from the date of this Notification.(Only applicable to assessment for subsidised long term care services)

副本送呈: 申請人 c.c. The Applicant

RW: LDS Form 4 (Part B & Part C for RW & SP)

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Annex 3
LDS Form 4
Ver. 8/2021

B 部份: Part B:

跟進 Follow-up Action

根據服務配對結果：

According to the outcome of service matching:

申請人獲配對長期護理服務。

the Applicant is matched to long term care service(s) under Central Waiting List.

* 如申請人尚未在中央輪候冊上，請於一個月內向有關的安老服務統一評估管理辦事處遞交 LDS 表格 5，以便把申請人納入中央輪候冊的輪候名單上。

If the Applicant is not on the waiting list, please submit LDS Form 5 to SCNAMO(ES)s concerned within one month for service wait-listing in CWL.

* 如申請人已在中央輪候冊上，請就評估結果作出適當的跟進。

If the Applicant is on the waiting list, please take appropriate follow-up action according to the assessment results.

申請人不獲配對長期護理服務。請按申請人需要跟進下列事項：

the Applicant is not matched to any long term care services under Central Waiting List. Please take follow up actions according to Applicant's need as follows:

請直接向醫院管理局申請療養院服務。若申請人需要社區照顧服務作為臨時協助，請跟進申請。

Please apply for infirmary service to the Hospital Authority direct. If the Applicant needs CCS as temporary aid, please follow up.

請跟進家居支援服務，例如綜合家居照顧服務(普通個案)。

Please follow up with Home Support Services, e.g. Integrated Home Care Services (Ordinary Cases), etc.

請跟進社區支援服務，例如長者地區中心、長者鄰舍中心、長者活動中心、輔導服務或長者外展服務等。

Please follow up with Community Support Services, e.g. DECC, NEC, S/E, counseling or out-reaching service for the elderly, etc.

RW: LDS Form 4 (Part B & Part C for RW & SP)

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LDS Form 4
Ver. 6/2018

C 部份 (Part C) 臨床評估紀錄及跟進建議 - interRAI臨床評估方案 (合用)
(Part C : Clinical Assessment Protocols (for interRAI-HC 9.3) and Tigger

臨床評估紀錄 Clinical Assessment Protocols (CAPs)	跟進建議 (備註2) Clinical Assessment Protocols (CAPs)	臨床評估紀錄 Clinical Assessment Protocols (CAPs)	跟進建議 (備註2) Clinical Assessment Protocols (CAPs)
1. 促進體能活動 Physical Activities Promotion	0-Not triggered	15. 社交關係 Social Relationship	0-Not triggered
2. 日常獨立活動 IADL	0-Not triggered	16. 跌倒 Falls	1-Triggered
3. 日常生活活動 ADL	1-Triggered	17. 疼痛 Pain	0-Not triggered
4. 優化家居環境 Home Environment Optimisat	1-Triggered	18. 壓瘡 Pressure Ulcer	1-Triggered
5. 入住院舍風險 Institutional Risk	1-Triggered	19. 心肺情形 Cardiorespiratory Conditions	1-Triggered
6. 身體約束 Physical Restraints		20. 營養不良 Undernutrition	1-Triggered
7. 認知缺損 Cognitive Loss	0-Not triggered	21. 脫水 Dehydration	2-Triggered
8. 譫妄 Delirium	1-Triggered	22. 導管餵食 Feeding Tube	0-Not triggered
9. 溝通 Communication	0-Not triggered	23. 預防保健 Prevention	1-Triggered
10. 情緒 Mood	2-Triggered	24. 適當藥物治療 Appropriate Medications	0-Not triggered
11. 行為 Behavior	1-Triggered	25. 吸煙及飲酒 Tobacco and Alcohol Use	1-Triggered
12. 虐待關係 Abusive Relationship	0-Not triggered	26. 小便失禁 Urinary Incontinence	1-Not triggered
13. 活動 Activities		27. 排便狀況 Bowel Conditions	1-Triggered
14. 非正規支援 Informal Support			



Long Term Care Services Delivery System

RW: LDS Form 5

From: _____
(Name of Responsible Worker / Referring Worker)

To: Office Tel No. Fax No.

<input type="checkbox"/> SCNAMO(ES)(HK)	2546 7491	2543 7495
<input type="checkbox"/> SCNAMO(ES)(EK)	2350 4116	2320 2644
<input type="checkbox"/> SCNAMO(ES)(WK)	2399 2356	2390 2459
<input type="checkbox"/> SCNAMO(ES)(NTE)	2607 1215	2699 7846
<input type="checkbox"/> SCNAMO(ES)(NTW)	2439 4754	2439 0175

Our Ref.: _____

Application for Long Term Care Services

Name of Applicant: (English) _____
(Surname first)

HKID/COE No.: _____ LDS Serial No.: _____

Part I. Service Waitlisting

Completion date of latest valid assessment: ____/____/____

Recommended Service Option(s): _____

Service(s) waitlisted:

<u>Residential Care Services</u>	<u>Community Care Services</u>
(Please tick one of the 3 boxes)	(Please tick one of the 4 boxes)
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Day Care Centre / Unit for the Elderly
<input type="checkbox"/> Care and Attention Home	<input type="checkbox"/> Integrated Home Care Services (Frail Cases) /
<input type="checkbox"/>	<input type="checkbox"/> Enhanced Home and Community Care Services
<input type="checkbox"/> Do not waitlist any Residential Services	<input type="checkbox"/> Do not waitlist any Community Care Services
<input type="checkbox"/>	<input type="checkbox"/> Do not waitlist any Community Care Services (for private RCHEs)

For private RCHEs: Check this box for recognition of CCS LTC Date for RCS application in future

RW: LDS Form 7

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Annex 3
LDS Form 7
Ver. 8/2021

Street: # _____
Lot: _____ Street No.: _____
Block: _____ Floor: _____ Room / Flat: _____

Non-Structural Address: (fill in this blank only if structural address cannot be provided)

Name of the Home if applicant is living in a residential care home:

Type of Housing: _____ (Please refer to the table on the last page & enter the code)

Change of telephone number to: _____

Others (please specify): _____

Change of Application Status

Change RCS application as "inactive"

Reactivate the "inactive" RCS application AND CCS application (if any)

Reactivate the "inactive" CCS application

Change to "Suspended" (for applicants already admitted into small pool ONLY) (Please provide reason(s) below)

Further extension of suspension is required (Please provide reason(s) below)

Reasons for suspension / further extension of suspension: _____

Cease suspension

Change to Active List (for REDS applicants before CWL whose cases are "Non-active")

Change RCS Status to inactive, or back to active status

- Suspend & Further Suspend application
- Memo / letter is not required

Justification

RW: LDS Form 7

Change of Service Waitlisted (changes must be supported by latest assessment results, except for REDS applicants before implementation of CWL):

Residential Care Services (Please tick one of the 3 boxes)

Community Care Services (Please tick one of the 4 boxes)

Nursing Home

Day Care Centre / Unit for the Elderly

Care and Attention Home

Integrated Home Care Services (Frail Cases) / Enhanced Home and Community Care Services

Do not waitlist any Residential Care Services

Do not waitlist any Community Care Services

Do not waitlist any Community Care Services (for private RCHEs)

For Applicants living in private RCHEs

For grouped application, change RCS applications as “inactive” will disband the application from the group.

RW: LDS Form 7

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Annex 3
LDS Form 7
Ver. 8/2021

Change of RCS Preferences (for RCS applicants *NOT* yet admitted into small pool *ONLY*)

- Change of RCS Location Preference
 - Change to no preference (*Applicants indicating no location preference will NOT be allocated RCS places in Mainland*)
 - Change of location preference to the following parallel choice(s): (*For RCS applicants NOT yet entered into small pool, there is no restriction on change of location preference. For RCS applicants in small pool for 3 months but NOT yet placed in service, it allows to widen location preference only*)

Location Preference 1

Region:

District:

Home:

LORCHE No.:

Location Preference 2

Region:

District:


Home:

LORCHE No.:

- Widen location preference for applicants in small pool for over 3 months.
- No Memo/letter is required.

SCNAMO(ES): LDS Form 11

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Long Term Care Services Delivery System

▪ **Annex 3**
LDS Form 11
Ver. 8/2021

To: Responsible Worker / Referring Worker
<-- Name of RO ----->

Address: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Tel. No. of Responsible Worker / Referring Worker: 9999 9999
Fax No. of Responsible Worker / Referring Worker: 9999 9999

▪ **Call for Admission to CCS Small Pool**

Name of Applicant: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx(Chinese Name)

Change of Heading



RW:LDS Form 12A

Long Term Care Services Delivery System

From: _____
(Name of Responsible Worker / Referring Worker)

To: Office LDS Office Tel No. 2838 6040 Fax No. 2891 6922
2573 3687 2838 9444

Our Ref.: _____
(Name of Office/Organisation)

LDS Serial No.: _____

Tel. No.: _____

Fax No.: _____

Date: _____

Reply to Call for Admission to RCS Small Pool

Name of Applicant: (English) _____
(Surname first)

HKID/COE No.: _____ (provide only first 4 alphabets or digits)

Service Call for Admission to Small Pool¹: _____

Call for Admission Date: _____

Latest valid interRAI-HC / MDS-HC Assessment Completion Date: _____

Recommended Option (s): _____

The Applicant was contacted on _____ and confirmed *one* of the following:

(1) Accept admission to the RCS small pool
[Please attach a scanned copy of "Consent for Admission to Residential Care Services" (LDS Form 13A) and make sure the applicant possesses a valid interRAI-HC / MDS-HC Assessment.]
If vacancy is not available at the RCI as stated in "Call for Admission to RCS Small Pool" (LDS Form 12A) _____

Grandfathering arrangement has been considered when the "Recommended Option" is lower in care level than the "Service Call for Admission to Small Pool"



RW:LDS Form 12B

Long Term Care Services Delivery System

From: _____
(Name of Responsible Worker / Referring Worker)

To: SCNAMO(ES)(HK) 2546 7491 2543 7495
 SCNAMO(ES)(EK) 2350 4116 2320 2644
 SCNAMO(ES)(WK) 2399 2356 2390 2459
 SCNAMO(ES)(NTE) 2607 1215 2699 7846
 SCNAMO(ES)(NTW) 2439 4754 2439 0175

Office _____ Tel No. _____ Fax No. _____
(Name of Office/Organisation)

Our Ref.: _____ LDS Serial No.: _____
 Tel. No.: _____
 Fax No.: _____
 Date: _____

Reply to Call for Admission to CCS Small Pool

Name of Applicant: (English) _____
(Surname first)

HKID/COE No.: _____ (provide only first 4 alphabets or digits)

Service due for Admission to Small Pool: _____

Date of Offer: _____

Latest valid interRAI-HC / MDS-HC Assessment Completion Date: _____

Recommended Option(s): _____

The Applicant was contacted on _____ and confirmed *one* of the following:

Grandfathering arrangement has been considered when the "Recommended Option" is lower in care level than the "Service Call for Admission to Small Pool"

(1) **Accept offer**
 [Please attach a scanned copy of "Information for Admission to Community Care Services" (LDS Form 13B) and make sure the applicant possesses a valid interRAI-HC / MDS-HC Assessment.]
 If vacancy is not available at the CCS unit as stated in "Offer of CCS Placement" (LDS Form 11),

SP: LDS Form 17

Date: _____

Result of Long Term Care Services Admission

Name of Applicant: (English) _____ (Chinese) _____
(Surname first)

HKID/COE No.: _____ Sex: M F

Service being referred for admission: _____ on _____

Upon confirmation with the Responsible Worker / Referring Worker, referral is returned to your office for the following reason:

- deceased
- withdrawal

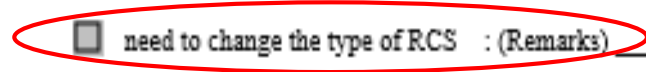
(Please note that the case will be **suspended** if any of the following 4 choices is checked, RW concerned has to follow up the applicant's care need and to update position of the application within 3 months from the date of suspension.)

- hospitalisation
- away from Hong Kong
- cannot be traced
- others (please specify): _____

need to change the type of RCS : (Remarks) _____

Applicant was admitted to service on _____ (dd/mm/yyyy)

Need to change type of RCS



LDS Computer System



MDS-HC 2.0

CIS - LDSS0100 - View LDS Case and Assessment Result - Internet Explorer

Build 5654.1 Workpass SW051AIFSC@AIFSC New Window Print Help Logout

社會福利署 RESTRICTED Client Information System General Enquiry Intake Case G&P Volunteer Registry System Reports Admin

Home View Person - Summary Search LDS Case and Assessment Result Results View LDS Case and Assessment Result

View LDS Case and Assessment Result

Information in LDS System

Record Date: 17/05/2018
LDS Serial No.: 502762 HKID / COE: Y4502076
English Name: CHAN PIE PIE Chinese Name: -
Responsible Office: SWD / ABERDEEN INTEGRATED FAMILY SERVICE CENTRE

Service Waitlisted 1:
Service: Care and Attention (C&A) status: Waitlisted
LTC Date: 17/05/2018
Reason for Closing: -

Service Waitlisted 2:
Service: Day Care Centres status: Waitlisted
LTC Date: 17/05/2018
Reason for Closing: -

Service Waitlisted 3:
Service: - status: -
LTC Date: -
Reason for Closing: -

RCS Placement:
Location Preference: -
Religion Not Considered: -
Diet: No Preference Accept EBPS Place: -

RCS Group Member 1:
English Name: - LDS Serial No.: -
LTC Date: -

RCS Group Member 2:
English Name: - LDS Serial No.: -
LTC Date: -

CCS Placement:
Service Unit Preferred: -

MDS-HC Assessment Results

Latest MDS-HC Assessment Completion Date: 17/05/2018 Impairment Level: Moderate
Health Problem: Yes Environment Risk: No
Coping Problem: Yes
Recommended Option A: Care & Attention Home
Recommended Option B: CCS

Go Back to Person Search

interRAI-HC 9.3

The screenshot displays the 'View LDS Case and Assessment Result' page in a web browser. The browser address bar shows the URL: http://10.54.114.42/cis/virtual/CIS_1620006813524/jsp_mnl/lids/lids0100.jsp?LDS_SER_NO=308421. The page header includes the Social Welfare Department logo and the text 'RESTRICTED Client Information System'. The main content area is titled 'View LDS Case and Assessment Result' and contains the following information:

- Service:** Nursing Home
- Status:** Waitlisted
- LTC Date:** 01/09/2009
- Reason for Closing:** -
- Service Waitlisted 2:**
 - Service:** -
 - Status:** -
 - LTC Date:** -
 - Reason for Closing:** -
- Service Waitlisted 3:**
 - Service:** -
 - Status:** -
 - LTC Date:** -
 - Reason for Closing:** Applicant has been Rejected
- RCS Placement:**
 - Location Preference:** Dalian
 - Religion Not Considered:** Religion
 - Diet:** Diet
 - Accept EBPS Place:** No
- RCS Group Member 1:**
 - English Name:** McMahon, Vince
 - LDS Serial No.:** 90000002
 - LTC Date:** 30/09/2009
- RCS Group Member 2:**
 - English Name:** Teddy Long
 - LDS Serial No.:** 90000002
 - LTC Date:** 30/09/2009
- CCS Placement:**
 - Service Unit Preferred:** CFGH Riviera

The 'Assessment Results' section is highlighted with a red box and contains the following information:


- Assessment Tool:** interRAI-HC 9.3
- Latest Assessment Completion Date:** 01/10/2021
- Case Mix Score:** 8
- Recommended Service Option A:** Nursing Homes
- Recommended Service Option B:**





At the bottom right of the page, there is a button labeled 'Go Back to Person Search'.

interRAI-HC 9.3

 Refresh

 Menu

 MSS(HA) / ALICE HO MIU LING NETHERSOLE HOSPITAL (RO-3)

 CHONG (rw02)  Accredited Assessor  Assessor Code: 1450  LDS-CAS-S02  14/4/2021 4:48:58 pm (TT1-9uLL)

Service(s) Waitlisted/Status:

Referring Office:

MSS(HA) / ALICE HO MIU LING NETHERSOLE HOSPITAL
醫務社會工作部雅麗氏何妙齡那打素醫院

Referring Office Contact:

Tel: 2689 2020 **Fax:** 2662 3152
Email:

[Back](#)

 Please select an operation:

LDS Form 3A

Notification of Failure to Arrange Appointment for Assessment

[Create](#)

**家居照顧評估表格
(interRAI HC 9.3)**

interRAI™ 家居照顧評估表格 (interRAI HC 9.3)

[Create](#)

 In-box:

Date

Content

From

interRAI-HC 9.3

interRAI™ 家居照顧評估表格 (interRAI HC 9.3)

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家居照顧評估表格 (interRAI HC 9.3) Ver 9.1.2

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不得複製或翻印。interRAI™表格可於catalog.interRAI.org購買。

ISBN: 978-1-936065-01-1

[除非個別項目另有指明時限，否則應根據過去3天作評估]

評估類型 資助長期護理服務中央輪候冊

第A-E項 ▾

第F-J項 ▾

第K-O項 ▾

第P-T項 ▾

第A項：身份資料

第B項：初次評估紀錄

第C項：認知

第D項：溝通與視力

第E項：情緒與行為

2. 性別

EEN

測試十三

interRAI-HC 9.3

	a. 藥物名稱	b. 劑量	c. 單位 ⓘ	d. 給藥途徑 ⓘ	e. 用藥次數 ⓘ	f. 需要時使用
1.	acarbose tab		--請選擇--	--請選擇--	--請選擇--	--請選擇--
2.	Acarbose tab Acetylcysteine Sugar Free Granules		--請選擇--	--請選擇--	--請選擇--	--請選擇--
3.	Actonel Actrapid HM insulin Adalat Retard Nifedipine		--請選擇--	--請選擇--	--請選擇--	--請選擇--
4.			--請選擇--	--請選擇--	--請選擇--	--請選擇--
5.			--請選擇--	--請選擇--	--請選擇--	--請選擇--
6.			--請選擇--	--請選擇--	--請選擇--	--請選擇--
7.			--請選擇--	--請選擇--	--請選擇--	--請選擇--
8.			--請選擇--	--請選擇--	--請選擇--	--請選擇--
9.			--請選擇--	--請選擇--	--請選擇--	--請選擇--
10.			--請選擇--	--請選擇--	--請選擇--	--請選擇--
11.			--請選擇--	--請選擇--	--請選擇--	--請選擇--
12.			--請選擇--	--請選擇--	--請選擇--	--請選擇--

interRAI-HC 9.3

評估結果通知書 Notification of Assessment Result

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LDS Form 4 Ver 6/2018

✔ Please review and click [Save & Submit to LDS] to submit this form and the assessment data.

From: CHONG
(Name of Accredited Assessor)

To: Office
SCNAMO(ES)(NTE)

Tel No.: 2607 1215

Fax No.: 2699 7846

MSS(HA) / CHAN TAI MAN PETER HOSPITAL
(Service Unit)

Our Ref.:

LDS Serial No.: 000567113

Tel. No.: 2689 2020

Fax No.: 2662 3152

Date: 15/04/2021

申請人姓名 Name of Applicant: CHAN TAI MAN 測試十三

身份証/ 豁免登記證明書號碼 QA-001013(2)

HKID/COE No.:

評估原因 合適評審
Reason for assessment: Eligibility screening

長期護理服務需要的確認日期(如適用)
LTC Date (if available):

完成評估日期 15/04/2021
Assessment Completion Date:

備註1：請參考LDS表格十或表格十一註明之服務

Note 1: Please refer to LDS Form 10 or Form 11 for the service called for admission.

A部份 (Part A)

個案分類分數： 6
Casemix Score:

建議服務選擇： 護理安老院
Recommended Service Option(s): Care and Attention Home

interRAI-HC 9.3

臨床評估紀錄 Clinical Assessment Protocols (CAPs)	跟進建議 (備註2) Follow up (Note 2)	臨床評估紀錄 Clinical Assessment Protocols (CAPs)	跟進建議 (備註2) Follow up (Note 2)
1. 促進體能活動 Physical Activities Promotion	Not triggered	15. 社交關係 Social Relationship	Not triggered
2. 日常獨立活動 IADL	Not triggered	16. 跌倒 Falls	Triggered
3. 日常生活活動 ADL	Triggered	17. 疼痛 Pain	Not triggered
4. 優化家居環境 Home Environment Optimization	Triggered	18. 壓瘡 Pressure Ulcer	Triggered
5. 入住院舍風險 Institutional Risk	Triggered	19. 心肺情形 Cardiorespiratory Conditions	Triggered
6. 身體約束 Physical Restraints	n/a	20. 營養不良 Undernutrition	Triggered
7. 認知缺損 Cognitive Loss	Not triggered	21. 脫水 Dehydration	Triggered
8. 譫妄 Delirium	Triggered	22. 導管餵食 Feeding Tube	Not triggered
9. 溝通 Communication	Not triggered	23. 預防保健 Prevention	Triggered
10. 情緒 Mood	Triggered	24. 適當藥物治療 Appropriate Medications	Not triggered
11. 行為 Behavior	Triggered	25. 吸煙及喝酒 Tobacco and Alcohol Use	Triggered
12. 虐待關係 Abusive Relationship	Not triggered	26. 小便失禁 Urinary Incontinence	Not triggered
13. 活動 Activities	n/a	27. 排便狀況 Bowel Conditions	Triggered
14. 非正規支援 Informal Support	n/a		

備註2：請參閱附件七

Note 2: Please refer to Annex 7.

Cancel


Save Draft


Save & Submit to LDS

Inactivate RCS

 Refresh

 Menu

 MSS(HA) / ALICE HO MIU LING NETHERSOLE HOSPITAL (RO-3)

 CHONG (rw02)  Responsible Worker  LDS-CAS-S02  15/4/2021 10:57:45 am (TT1-3gEq)

CaseMix Score: 6
Recommended Option: Care & Attention Home
Assessment Completion Date: 2021-04-15
Download: [↓ PDF](#)

Referring Office: MSS(HA) / ALICE HO MIU LING NETHERSOLE HOSPITAL
醫務社會工作部雅麗氏何妙齡那打素醫院

Referring Office Contact: **Tel:** 2689 2020 **Fax:** 2662 3152
Email:

[Back](#)

 Please select an operation:

LDS Form 1 Arrangement of Standardised Care Need Assessment

[Create](#)

LDS Form 7 Up-dating Data on Applicant for Long Term Care Services

[Create](#)

LDS Form 8 Notification of De-registration / Closing of Application

[Create](#)


LDS Form 19 Application for Priority Placement

[Create](#)

Inactivate RCS

 Refresh

 Menu

 MSS(HA) / ALICE HO MIU LING NETHERSOLE HOSPITAL (RO-3)

 CHONG (rw02)  Responsible Worker  LDS-F07-S01  15/4/2021 10:59:27 am (TT1-3gEq)

LDS Serial No.: 000567114 HKID No.: QA-00****(*) Name: QUBEC ALPHA FOURTEEN (Care and Attention (C&A): Waitlisted LTC Date: 2021-04-15)

Change or telephone number to:

Others (please specify):

Change of Application Status

Change RCS application as "Inactive"¹

Reactivate the "inactive" RCS application **and** CCS application (if any)

Reactivate the "inactive" CCS application

Change to "Suspended" (for applicants already admitted into small pool **ONLY**) (Please provide reason(s) below)

Further extension of suspension is required (Please provide reason(s) below)

Reason(s) for suspension / further extension of suspension

Cease suspension

Change to Active List (for REDS applicants before CWL whose cases are "Non-active")

¹. For grouped application, change RCS applications as "inactive" will disband the application from the group.

Grandfathering of Service Waitlisted

Please select an operation:

LDS Form 1	Arrangement of Standardised Care Need Assessment	Create
LDS Form 7	Up-dating Data on Applicant for Long Term Care Services	Create
LDS Form 8	Notification of De-registration / Closing of Application	Create
LDS Form 12A	Reply to Call for Admission to RCS Small Pool	Create
LDS Form 19	Application for Priority Placement	Create

In-box:

Grandfathering of Service Waitlisted

The Applicant was contacted on and confirmed one of the following:

(1) Accept admission to the RCS small pool

Attachment:

F2-0000390134.pdf

a new file F2-0000390134.pdf is being selected

[Please attach a scanned copy of "Consent for Admission to Residential Care Services" ([LDS Form 13A](#)) and make sure the applicant possesses a valid interRAI-HC / MDS-HC Assessment.] If vacancy is not available at the RCI as stated in "Call for Admission to RCS Small Pool" (LDS Form 10) within **3 months** after the Call for Admission Date, please choose one of the following ^{Note 1}

- The Applicant will not consider placement in other RCIs and prefer to wait until vacancy is available; or
- The Applicant will also consider placement in other RCIs according to the preferences.

Note 1:

NOT applicable to priority placement approved case as location preference will be disregarded.

(2) Suspend the application for the following reason:

Hospitalisation

Grandfathering of Service Waitlisted

LDS-F12A-S01 - Long Term Care Services Delivery System

localhost:8080/lds/eapp/case/forms/form

Long Term Care Services Delivery System

Refresh Menu

MSS(HA) / ALICE HO MIU LING NETHERSOLE HOSPITAL
CHONG (rw02) Responsible Worker

RESTRICTED Logout

Either latest assessment is expired/invalid or in progress, thus you are not allowed to click 'accept offer' at the time being. Please note.

OK

Reply to Call for Admission

RESTRICTED LDS Form 12A Ver 6/2018

From:	<u>CHONG</u> (Name of Responsible Worker / Referring Worker)	To:	<u>Office</u> <input checked="" type="radio"/> LDS Office	Tel No.	2838 6040	Fax No.	2891 6922
	<u>MSS(HA) / ALICE HO MIU LING NETHERSOLE HOSPITAL</u> (Name of Office/Organisation)						
Our Ref.:	<input type="text"/>	LDS Serial No.:	000567051				
Tel./Fax No.:	2689 2020 / 2662 3152						
Date:	15/04/2021						
Name of Applicant:	CHAN FIVE FIVE						

Recognition of CCS LTC Date for RCS Application in Future

RESTRICTED

LDS Form 6
Ver. 6/2018



Long Term Care Services Delivery System.

To: Responsible Worker / Referring Worker

MSS(HA) / ALICE HO MIU LING NETHERSOLE HOSPITAL
11 CHUEN ON ROAD,
TAI PO, N.T.

Tel. No. of Responsible Worker / Referring Worker : 2689 2020

Fax No. of Responsible Worker / Referring Worker : 2662 3152

Confirmation of Information in LDS Computer System

Name of Applicant: QUBEC ALPHA TWO (測試易)

HKID / COE No.: QA-002002(2)

LDS Serial No.: 000567117

Service(s) Waitlisted: Day Care Centres / Closed

LTC Date: 04-FEB-22

Your Reference No.:

The application has been registered/updated in LDS. Attached please find the Application Information - Current Position of the application. Please double-check the information therein and submit "Updating Data on Applicant for Long Term Care Services" (LDS Form 7) for amendment

Recognition of CCS LTC Date for RCS Application in Future

RESTRICTED

LDS Form 6
Ver. 6/2018



Long Term Care Services Delivery System.

To: Responsible Worker / Referring Worker
MSS(HA) / ALICE HO MIU LING NETHERSOLE HOSPITAL
11 CHUEN ON ROAD,
TAI PO, N.T.

Tel. No. of Responsible Worker / Referring Worker : 2689 2020
Fax No. of Responsible Worker / Referring Worker : 2662 3152

Confirmation of Information in LDS Computer System

Name of Applicant: QUBEC ALPHA TWO (測試易)
HKID / COE No.: QA-002002(2)
LDS Serial No.: 000567118
Service(s) Waitlisted: Care and Attention (C&A) / Waitlisted LTC Date: 04-FEB-22
Day Care Centres / Waitlisted 15-APR-22

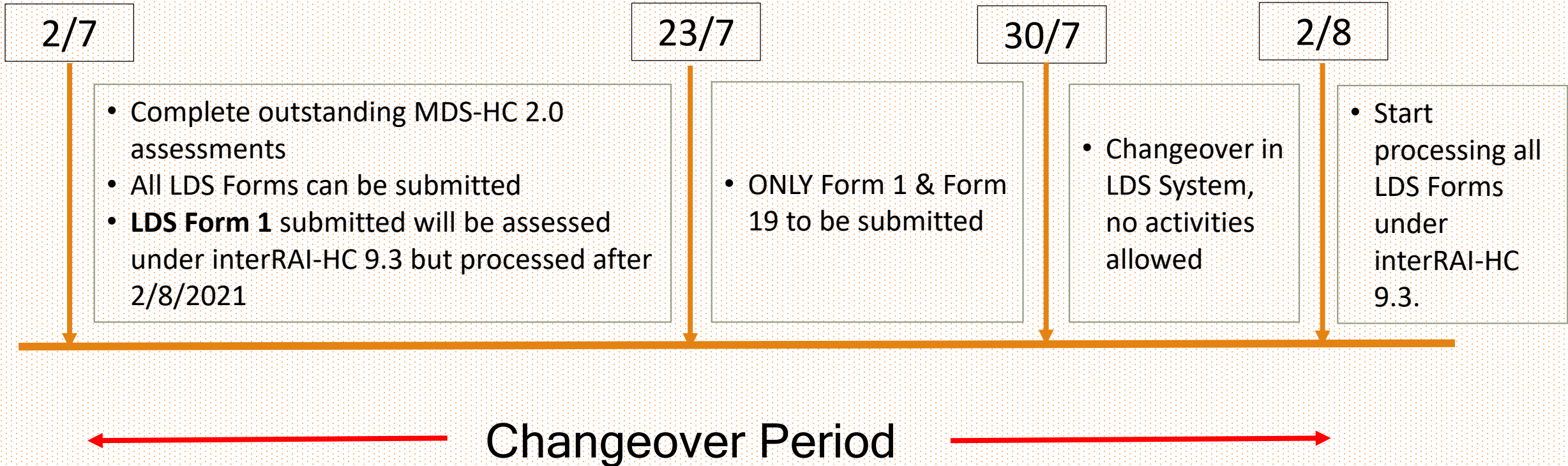
Your Reference No.:

The application has been registered/updated in LDS. Attached please find the Application Information - Current Position of the application. Please double-check the information therein and submit "Updating Data on Applicant for Long Term Care Services" (LDS Form 7) for amendment or updating, if necessary.

Implementation Timeline

- Effective Date of Updated SCNAMES - **2 July 2021**
- Changeover period - 2 July to 1 August 2021
- Full Implementation of Enhanced LDS System and Updated SCNAMES - **2 August 2021**

Implementation Timeline



2 July 2021

- 1 July 2021 (Cut-off day) for **LDS Form 1** using MDS-HC 2.0
- Exception - **LDS Form 1** using MDS-HC 2.0 for Pre-appeal
Mediation will be accepted

2 - 22 July 2021

RW

- Can submit all LDS Forms
- **LDS Form 1** (ES & Change of Condition) submitted will be handled on or after 2 August 2021 (by interRAI-HC 9.3)

Assessor

- Complete outstanding MDS-HC 2.0 assessments
- Submit **LDS Form 3A and Form 4** as usual

2 - 22 July 2021

SCNAMEO(ES)s / LDS Office

- Process and issue all LDS Forms (except **LDS Form 2, 10, 11**)

Service Provider (SPs)

- Use of LDS Forms as usual

23 July 2021

- 22 July 2021 (Cut-off day) for submission of all LDS Forms
- Except **LDS Form 1 and LDS Form 19**

23 - 29 July 2021

RW

- Can only submit **LDS Form 1** and **LDS Form 19**
- All other LDS Forms shall not be submitted

Assessor

- **LDS Form 3A** and **Form 4** (MDS-HC assessment) shall not be submitted

23 - 29 July 2021

SCNAMEO(ES)s / LDS Office

- Issue all LDS Forms, except **LDS Form 2, 3, 10 and 11**

Service Provider (SPs)

- Use of LDS Forms as usual

30 July - 1 August 2021

- Computer System changeover
- No activities in LDS system

Form submission during Changeover Period

	2 - 22 July	23 - 29 July	30 Jul - 1 Aug
RW	All Forms (*Form 1 Ax after 2/8)	Form 1 & 19 only (*Form 1 Ax after 2/8)	x
Assessor	All Forms (i.e. Form 3A, 4)	x	x
SCNAMO(ES) LDS Office	All Forms (except Form 2, 10, 11)	All Forms (except Form 2, 3, 10, 11)	x
Service Provider (SPs)	All Forms	All Forms	x

Implementation : 2 August 2021

- Start processing all LDS Forms under interRAI-HC 9.3 except Form 1 for pre-appeal mediation which may be processed under MDS-HC 2.0.

Q & A



Thank you

