

Guidance Notes for Community Care Fund Medical Assistance Programmes

Application for HA Drug Items

(Applicable to First Phase Programme and “Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)”)

ATTENTION

Acquiring subsidy under Community Care Fund Medical Assistance Programmes by deception is a Criminal Offence. In addition to the consequence of being ineligible for the subsidy under Community Care Fund Medical Assistance Programmes, the patient / the applicant / the patient's household member(s) shall be liable on conviction upon indictment to imprisonment of 10 years under the Theft Ordinance (Chapter 210 of the Laws of Hong Kong).

Background

The objective of the Community Care Fund (CCF) is to provide assistance to people facing economic difficulties, in particular those who fall outside the social safety net or those within the net but have special circumstances that are not covered. In addition, the CCF may consider implementing measures on a pilot basis to help the Government identify those that can be considered for incorporation into its regular assistance and service programmes. In 2011/12, two CCF medical assistance programmes (i.e. the First Phase Programme and the Second Phase Programme) were endorsed by the CCF for implementation in phases. The Hospital Authority (HA) is the implementing agency of the CCF Medical Assistance Programmes under the supervision of the Food and Health Bureau.

Contents of the Medical Assistance Programmes

The First Phase Programme and the Second Phase Programme¹ had been implemented with effect from 1 August 2011 and 16 January 2012 respectively.

The First Phase Programme

The First Phase Programme provides financial assistance to HA patients to purchase specified self-financed (SFI) cancer drugs which have not yet been brought into the Samaritan Fund (SF) safety net but have been rapidly accumulating medical scientific evidence and with relatively higher efficacy. The prevailing SF mechanism, including referral procedures, financial assessment criteria, and processing/approving of applications, has been adopted for the First Phase Programme.

Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)”

To allow the CCF to exercise its function to fill the gaps in the existing system and create a pioneering effect, a new CCF medical assistance programme is endorsed by the CCF in 2017/18 to provide subsidy for needy and eligible patients to purchase ultra-expensive drugs (including those for treating uncommon disorders). The new programme is named “Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)”.

This Information is applicable to the First Phase Programme and “Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)”.

Eligibility

To be eligible for financial assistance, the patient must be an HA patient and fulfil all of the following requirements.

1. Clinical requirement

The patient's treatment plan must be signed / issued by a designated doctor of HA as stipulated under the prevailing clinical guidelines.

¹ The Second Phase Programme, rolled out on 16 January 2012, aimed to provide subsidy to needy patients who marginally fall outside the SF safety net for the use of specified SFI drugs. It complemented the SF by providing additional subsidy to HA patients by reducing their maximum contribution ratio from 30% to 20% of their household annual disposable financial resources (ADFR) to use the specified SFI drugs supported by the SF. The Second Phase Programme had been approved by the Government for incorporation into the Government's regular assistance programme, i.e. the SF, with effect from 1 September 2012.

2. Identity requirement

(i) for First Phase Programme

The patient must be an “Eligible Person” within the meaning of the latest relevant government gazette published under the Hospital Authority Ordinance .

OR

(ii) for “Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)”

The patient must be a permanent resident of the Hong Kong Special Administrative Region according to the Immigration Ordinance.

3. Financial condition requirement²

The patient must pass a “household-based” financial assessment conducted by Medical Social Workers (MSWs).

Application

The patient can approach the Medical Social Services Units (MSSU) (Appendix 1) during office hours to enquire about the application details. To process the application, the patient must bring along the originals as well as a copy for each of the relevant supporting documents (Appendix 2). Patient under the Comprehensive Social Security Assistance Scheme (CSSA)³ is also required to put up application via the MSSU. Another person may put up the application on behalf of the patient. For instance, a parent may apply on behalf of his/her child under the age of 18. A person duly authorized by the patient (Appendix 3), or a guardian appointed under the Mental Health Ordinance (Cap.136), or any person (including relative or close friend) may apply as agent of an incapable/incompetent patient.

As application processing takes time, the patient / applicant should approach MSWs of respective hospitals / clinics as soon as possible upon referral by attending doctor / healthcare professional. In general, the patient / applicant should submit a completed application form and provide all the required information two weeks prior to the treatment commencement date to allow sufficient time for processing and approval. If the patient / applicant fails to submit the completed application form and provide all the necessary information within 30 calendar days from the date of referral by attending doctor / healthcare professional, the application will be automatically cancelled.

When patient has an approved drug application (“first application”) with submission of document(s) for the financial assessment, by fulfilling the following conditions, patient could make the same approved Patient Contribution upon his/her subsequent drug application(s) without submission of financial document(s) for the financial assessment:

- (i) Regardless of the amount of Patient Contribution in the first application, patient is referred again within 2 months after approval of the first application; OR
- (ii) The annual Patient Contribution in the first application was \$2,000 or below, patient is referred again within 18 months after approval of the first application

If all related approved application(s) is/ are under financial re-assessment⁴ due to the changes in patient’s household financial / composition status, post-approval check or other reasons, the above streamline arrangement may be terminated immediately without prior notice.

Financial Assessment

Under the financial eligibility criteria which is based on targeted subsidy principle, patient’s household affordability will be determined on the basis of his/her household’s Annual Disposable Financial Resources (ADFR), and the level of patient contributions will be determined based on a sliding scale. All applications are to be assessed on a household basis, taking into account the household income, expenditures and capital assets of the patient and his / her family members living under the same roof who have been included in the financial assessment.

The definition of “household”, first is to determine whether the patient is a dependent member of the household or not. A dependent is defined as a person who is unmarried AND either (i) under 18 years old; or (ii) 18-25 years old receiving full-time education. A patient who does not fulfil the above requirements is classified as a non-dependent patient. The following table lists out the definitions of household and core family member:

² For the application of “Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)”, if patient / applicant has reviewed patient household’s disposable financial resources and understands the financial assessment criteria of the Programme, and he/she agrees to pay for the maximum contribution amount (i.e. HK\$1 million) for the concerned application, then he/she does not need to submit the documents required for financial assessment to the MSWs. Having said that, he/she is required to sign an agreement during the application, which states that he/she agrees to settle the maximum contribution amount. Approved subsidies would be provided for the drug treatment upon settlement of the maximum contribution amount. Such arrangement would be subjected to review by the HA if there is any change in the financial assessment criteria.

³ With effect from March 2017, the application procedures, eligibility and important points to note of CSSA recipients for the CCF Medical Assistance Programmes are also applicable for Level 0 Voucher Holders of the Pilot Scheme on Residential Care Service Voucher for the Elderly.

⁴ Please read the ‘Important Points to Note’ for the terms and condition of financial re-assessment during the subsidized treatment period.

Patient Type	Household and core family member definitions
Dependent patient	The patient, his/her parents ⁵ /legal guardians, and dependent ⁶ siblings living under the same roof
Non-dependent patient	If married ⁷ – the patient, his/her spouse, and dependent ⁶ children ⁵ (but not parents/legal guardians or siblings) living under the same roof If unmarried – the patient would be treated as a single person household (irrespective of whether parents/legal guardians or siblings are living under the same roof)

When there is other family members who are living with the patient's household and their basic necessity for living is maintained by patient's household (e.g. the family member is an elderly who is dependent on patient's household, or adult with no / low income and unable to sustain independent living; or individual unable to take care of oneself by reason of mental or physical condition, etc.), patient / applicant can include these dependent family members into the means test by providing their income, asset and expenditures information, and they will be taken into account in the calculation of allowable deductions and deductible allowance.

MSWs will have discretion to adjust the household size based on their professional judgment on a case-by-case basis in light of special familial factors or circumstances that warrant exceptional consideration⁸.

Annual disposable financial resources are taken as the annual household disposable income plus 50% of patients' household net assets (i.e. Disposable Capital – Deductible Allowance).

Annual household disposable income is the annual household gross income less allowable deductions during the period. If patient is a recurrent applicant (which means patient has approved drug application in previous 18 months), only 80% of his/ her annual household disposable income would be included in the calculation⁹.

Household gross income includes the income of at least past 6 months¹⁰ but not limited to salary, pension, financial contributions from children, relatives and friends not living together, income generated from the assets and properties of the patient and his/her core family members living together, compensation received and the payout provided under the annuity scheme¹¹. Financial assistance provided by the HKSAR Government (e.g. Work Incentive Transport Subsidy Scheme, Working Family Allowance Scheme, Allowances under the Social Security Assistance (SSA) scheme such as Normal Disability Allowance, Higher Disability Allowance, Old Age Living Allowance, Old Age Allowance) and subsidy from the assistance programmes of the CCF are excluded from the calculation.

Allowable deductions include expenditures from property occupied by the patient's household (i.e. rental or mortgage payment, rates, Government rents, property management fee, the total deduction of these items are capped at one-half of the household gross income), child care expenses, provident fund contribution, school fee of dependent children (up to age of 25) who are receiving full-time tertiary education programmes (in Hong Kong)¹² or below (other expenses, such as school activity fees, board & lodging fees, will not be counted as the allowable deductible item), maintenance paid¹³ for the past 6 months and personal allowances (Table 1) for the patient and his/her core family members living together. The salary taxes and medical expenses at public hospitals/clinics (other than the self-paid drug payment under this application, except for recurrent applicant with approved drug application in previous 18 months) of the last 12 months are also included.

⁵ Legally recognised adoptive parents/children or illegitimate children with proof of parentage are also included.

⁶ A dependent is defined as a person who is unmarried AND either (i) under 18 years old; or (ii) 18-25 years old receiving full-time education.

⁷ Including patient who is separated, divorced, undergoing legal proceedings to divorce or widowed.

⁸ For example, MSWs may exclude a core household member from the financial assessment if he/ she leaves the home temporarily and stays overseas for study/ working holiday etc.

⁹ Not applicable to applications with negative annual household disposable income (i.e. allowable deductions during the period is larger than the annual household gross income). Please refer to Example 3 in Appendix 4 for the illustration for recurrent application.

¹⁰ If the patient and his/her core family members remains unemployed for 3 or more consecutive months before application / within validity period with documentary proof, annual income will be considered as nil.

¹¹ Including The Hong Kong Mortgage Corporation Limited Annuity Plan and the other annuity products operated by private sectors. The one-off lump-sum or instalment premium payment placed under annuity scheme would not be counted as asset.

¹² For the school fees in tertiary education programmes (in Hong Kong), the net amount would be counted after deducted the Tuition fee grant amount under Tertiary Student Finance Scheme - Publicly-funded Programmes (TSFS) or Financial Assistance Scheme for Post-secondary Students (FASP) (if applicable) from the course fees.

¹³ Payment has been ordered by Court and actually made for the maintenance of a spouse living separate and apart or a former spouse or a child, whichever is lower.

Table 1: Personal Allowances (as at 5 March 2022)

Number of Household Member(s) (including the Patient)	Total Personal Allowances [^] (HK\$)
1 Person	7,100
2 Persons	11,630
3 Persons	17,080
4 Persons	21,880
5 Persons	29,970
6 Persons	32,990
7 or more Persons	36,080

[^] The figures are adjusted every year in line with the Consumer Price Index A, and every five years in line with the latest Household Expenditure Survey conducted by the Census and Statistics Department.

Disposable capital includes cash owned by the patient and his / her core family members living together (including those previously held or present owns assets) at the time of the application and in the past 6 months (at least) and such which have been accrued through past savings from any sources or which have just been acquired, investments in stocks and shares, insurance / annuity scheme (e.g. policy value and other disposable value¹⁴ provided by investment-linked insurance policies; dividend and other disposable value¹⁴ provided by life insurance policies / annuity scheme), valuable possessions, property (for example, land, car park and flat owned in Hong Kong and outside Hong Kong), lump-sum compensation and other realizable assets. The first flat (self-owned or rented) resided in together by the patient's household and the tools of trade owned by the patient's household at the time of application are excluded from the calculation.

According to individual case merit, the MSWs may request for other documents listed (refer to Appendix 2) and other relevant documentary proof, and/or information on financial condition for more than past 6 months, and make enquiries on transactions shown in bank statements (such as purpose of individual withdrawal / deposit transaction) and the details of income / expenditure record etc., and/or contact the patient, his / her family member(s) or related parties for clarification, provision of additional documentary proof/ explanation and verification of information when necessary in order to assess and calculate the financial condition of patient's household.

Deductible Allowance (Table 2) is provided when calculating the total value of disposable capital of patient and his/her core family members living together. The amount of deductible allowance depends on the patient's household size. If the disposable capital of the patient's household is below the deductible allowance, the amount of deductible will be capped at the disposable capital of the patient's household. It is set with reference to the prevailing asset limit in assessing eligibilities for applications for the Waiting List of Public Rental Housing (PRH). The level of allowance will be regularly reviewed with reference to the PRH's asset limit which is subject to annual review under an established mechanism.

Table 2: Deductible Allowance (as at 1 April 2022)

Number of Household Member(s) (including the Patient)	Allowance to be deducted from Disposable Capital [^] (HK\$)
1 Person	273,000
2 Persons	369,000
3 Persons	481,000
4 Persons	562,000
5 Persons	624,000
6 Persons	675,000
7 Persons	721,000
8 Persons	755,000
9 Persons	835,000
10 or more Persons	900,000

[^] The figures are subject to annual review.

Full assistance will be granted to the patient if his / her CSSA³ status is valid all along during application submission and during the treatment period in which the self-financed drug is subsidized by the CCF. If patient's CSSA³ has been granted after the application has been approved, he / she should immediately approach the MSWs for financial re-assessment and the patient contribution would be calculated on pro-rata basis. Patient is still required to settle the outstanding patient contribution after re-assessment, while the over-paid amount would be refunded (if applicable).

¹⁴ The 'other disposable value' means the values could be mobilized by policy holder without leading to the cancellation of the policy.

Patient's Contribution to Drug Cost

Patient's contribution is determined by the disposable financial resources and the estimated drug cost that is required to pay, with the latter being determined by multiplying the unit drug cost by the total units of drug consumption. The maximum contribution is capped according to Table 3.

For First Phase Programme¹⁵, where the estimated cost of the applied drug is below the maximum contribution payable, patient is required to pay the drug cost and no assistance will be granted. Where the estimated drug cost is above the maximum contribution payable, the CCF will pay the outstanding balance. Case examples are listed at Appendix 4.

Under normal circumstances, the patient should settle the patient's contribution before the utilization of the approved subsidies as far as possible. However, if the patient has special difficulties, he / she could approach the MSWs to apply for payment by instalment. The CCF might consider the request on a case-by-case basis¹⁶.

Table 3: Sliding Scale

(A) Annual Disposable Financial Resources (ADFR) (\$)	(B) Contribution Ratio (%)	(C) Maximum Contribution from Patient (\$) (C) = (A) x (B)	(D) ADFR after deducting Annual Contribution (\$) (D) = (A) - (C)
0 - 20,000	-	0	0 - 20,000
20,001 - 40,000	-	1,000	19,001 - 39,000
40,001 - 60,000 [#]	-	2,000	38,001 - 58,000
60,001 - 100,000	5	3,000 - 5,000	57,001 - 95,000
100,001 - 140,000	10	10,000 - 14,000	90,001 - 126,000
140,001 - 180,000	15	21,000 - 27,000	119,001 - 153,000
180,001 - 280,000	20	36,000 - 56,000	144,001 - 224,000
280,001 - 380,000	20	56,000 - 76,000	224,001 - 304,000
380,001 - 480,000	20	76,000 - 96,000	304,001 - 384,000
480,001 - 580,000	20	96,000 - 116,000	384,001 - 464,000
580,001 - 680,000	20	116,000 - 136,000	464,001 - 544,000
680,001 - 780,000	20	136,000 - 156,000	544,001 - 624,000
780,001 - 880,000	20	156,000 - 176,000	624,001 - 704,000
880,001 - 980,000	20	176,000 - 196,000	704,001 - 784,000
980,001 - 1,080,000	20	196,000 - 216,000	784,001 - 864,000
≥ 1,080,001	20~	➤ as calculated (for First Phase Programme); OR ➤ as calculated or 1 million (whichever is the lower) (for "Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)")	

[#] Fixed contribution amount is required from patients whose annual disposable financial resources are \$60,000 or below, the formula calculating the applicant's annual contribution in the above table is not applicable.

~ Capped at a flat contribution ratio of 20% (for First Phase Programme); **OR**
 capped at a flat contribution ratio of 20% or 1 million (whichever is the lower) (for "Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)").

Patient/applicant can view the videos on the HA's website (<http://www.ha.org.hk>) to have a brief understanding towards the application procedures and the post-approval checking process. The Means Test Calculator on the website is available for the patient / applicant to make a preliminary estimation of his / her household financial eligibility for CCF. However, the result of the self-assessment is for reference only. To be eligible for CCF assistance, the patient / applicant must submit a formal application and fulfil all of the above eligibility criteria including passing the financial assessment conducted by MSWs. In addition, when there is any changes in financial status of the patient's household / CSSA status of the patient, the patient / the applicant can utilize the Means Test Calculator to check his / her eligibility.

¹⁵ For "Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)", the amount of patient contribution is capped at \$1 million.

¹⁶ Instalment arrangement is not applicable to patient who agrees to pay for the maximum contribution amount (i.e. HK\$1 million) so that he/she does not need to submit the documents required for financial assessment to the MSW for the application of the "Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)".



QR code of Video 1 (Cantonese only):
'Knowing More About Medical Fee Assistance'



QR code of Video 2 (Cantonese only):
'What you need to know about the post-approval checking process'



QR code of Mean Test Calculator
(can also access via PayHA on HA Go)

Important Points to Note

The CCF Medical Assistance Programmes are designed for patients in need. Patients / applicants and household members must **provide complete, accurate, up-to-date and true information** to the Hospital Authority / Social Welfare Department.

Under normal circumstances, drug treatment should only commence after approval is granted. CCF financial assistance will not cover drug costs paid by patients prior to CCF approval. It should be noted that CCF approval will not be dated back and **NO REFUND** will be made to patients or applicants for the self-financed drugs purchased prior to the approval date, or the paid Patient Contribution during the approval period [except the patient has been granted CSSA after the approval date (if applicable)].

Patients whose applications have been approved by the CCF have to claim their CCF subsidy eligibility status at hospital Shroff when they settle payment and pay their contribution (if applicable).

HA may refuse to consider or reject any application if the declaration and/or the supporting data for assessment are not provided.

During the application process, MSWs will request patient / applicant to re-submit all up-to-date information if the supporting document(s) provided is not up-to-date, or the information submitted are required to be updated.

Provision of incomplete, inaccurate, not up-to-date or false information by way of declaration or supporting data may result in rejection of the application or the withdrawal of financial assistance (in whole or in part) if approved¹⁷ and / or criminal prosecution. Any paid financial assistance prior to withdrawal shall be recoverable by the CCF (through the HA) as a debt or otherwise repayable on demand and the Patient / Applicant should undertake to repay to the CCF (through the HA) the paid financial assistance.

The Applications may be cancelled under certain circumstances:

- (a) During the application process, change in patient's clinical condition or other factors that make the clinical eligibility for funding application cannot be met
- (b) During the application process, change in patient's clinical condition or other factors that result in change in the recommended drug or dosage, etc. (under this circumstance, clinical department will create a new funding application to replace the cancelled application)
- (c) During the application process, the concerned drug item becomes covered standard fees and charges
- (d) During the application process, the concerned drug item is repositioned from the coverage of the Community Care Fund (CCF) Medical Assistance Programmes to the Samaritan Fund (SF). Under this circumstance, the CCF application will be cancelled automatically and replaced by a new SF application. The application process will not be affected
- (e) During the application process or upon approval of funding subsidy, the funding subsidy is considered not required and the subsidy provided (if any) has been returned.

If the **financial / composition status of the patient's household / CSSA status of the patient changes** after the submission of the application or the provision of declaration, and during the treatment period of the funded self-financed drug, which would affect the patient's eligibility for financial assistance under the CCF Medical Assistance Programmes, the patient must **notify the HA immediately** and provide all relevant information to MSWs for financial reassessment¹⁸ as appropriate. Information includes but not limited to:

- (a) Change of employment status¹⁹ (including being employed, self-employed, change of job / resigning etc.)
- (b) Change of income (**actual** monthly income / bonus / end of year payment / pension, or changes of amount to the aforementioned items etc.)

¹⁷ Including the MSWs' discretionary consideration on the special social and financial factors / circumstances which was based on the declaration or supporting data provided by patient household/ applicant at the time of application, maybe withdrawn due to provision of incomplete, inaccurate, not up-to-date or false information of patient's household / applicant.

¹⁸ In general, financial re-assessment will be based on the eligibility criteria adopted under the original application.

¹⁹ Please refer to the Appendix 4 - Case Example 5 & 6 for the illustration of reassessment due to the change of employment status.

- (c) Change of sources of financial resources (e.g. alimony / financial contribution from family and friends / monthly compensation / compensation received on a regular basis, or changes of amount to the aforementioned items etc.)
- (d) Change of family situation (e.g. change of number of family members living under the same roof, marital status etc.)
- (e) Change of assets (e.g. receipt of insurance compensation, changes of amount to bank accounts or other investment products etc.)

Applicant can also utilize the Means Test Calculator to preview his / her eligibility resulting from the above changes.

The HA may withdraw and/or vary the terms and conditions of any financial assistance (in whole or in part) in the event of any such change. The patient's failure to notify the HA of his / her change of financial status / household composition / CSSA status may result in rejection of the application or withdrawal of approved financial assistance (in whole or in part) and / or criminal prosecution. Any paid financial assistance prior to withdrawal shall be recoverable by the CCF (through the HA) as a debt or otherwise repayable on demand and the patient / applicant should undertake to repay to the CCF (through the HA) the paid financial assistance.

The HA has a **Post-Approval Checking Mechanism in place**, which regularly conducts checks on the approved applications and/ or verifies the patient's CSSA status.

If there is overpayment of subsidies caused by calculation, assessment or administrative errors, the patient is required to refund the overpaid amount to the CCF (through the HA) immediately and, if necessary, adjust or forfeit the amount that may be payable.

If patient / applicant disagrees with the application result, he / she may lodge an appeal within four weeks after received the notification of the application result by HA / the issue date of notification letter of application result (if applicable). Related enquiries can be made to the Patient Relations Officer of the concerned hospital.

If patient / applicant disagrees with the result of the Post-Approval Check, he / she may lodge an appeal within four weeks after received the notification of the checking result by HA / the issuance date of notification letter of checking result (if applicable). Related enquiries can be made to the Patient Relations Officer of the concerned hospital.

When you provide Personal Data to the HA in relation to your application, please make sure that such data is accurate and complete; failure to provide accurate / complete information may affect your application. Please refer to "Notice to Client" prepared for the CCF Medical Assistance Programmes on collection and transfer of personal data before providing your personal data to the HA.

The HA may without notice vary or amend any item in this guidance notes, and the latest version of this "Guidance Notes for Community Care Fund Medical Assistance Programmes Application for HA Drug Items (Applicable to First Phase Programme and "Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)")" shall prevail.

Hospital Authority
April 2022

Addresses and telephone no. of Medical Social Services Units

Hospital	Address	Telephone
Alice Ho Miu Ling Nethersole Hospital	11 Chuen On Road, Tai Po, NT	2689 2020
Bradbury Hospice	17 A Kung Kok Shan Road, Shatin, NT	2645 8832
Cheshire Home, Chung Hom Kok	128 Chung Hom Kok Road, HK	2899 1391
Cheshire Home, Shatin	30 A Kung Kok Shan Road, Shatin, NT	2636 7269
Caritas Medical Centre	111 Wing Hong Street, Shamshuipo, KLN	3408 7709
The Duchess of Kent Children's Hospital	12 Sandy Bay Road, Pokfulam, HK	2974 0259
TWGHs Fung Yiu King Hospital	9 Sandy Bay Road, Pokfulam, HK	2855 6236
Grantham Hospital	125 Wong Chuk Hang Road, Aberdeen, HK	2518 2678
Haven of Hope Hospital	8 Haven of Hope Road, Tseung Kwan O, KLN	2703 8227
Hong Kong Buddhist Hospital	10 Heng Lam Street, Lok Fu, KLN	2339 6253
Hong Kong Children Hospital	2/F, Tower A, Hong Kong Children's Hospital, 1 Shing Cheong Road, KLN	3513 3415
Hong Kong Eye Hospital	G/F, 147K, Argyle Street, KLN	2762 3069
Kowloon Hospital	2/F, Kowloon Hospital Main Building, 147A Argyle Street, KLN	3129 6193
	M/F, Kowloon Hospital Rehabilitation Building, 147B Argyle Street, KLN	3129 7857 / 3129 7858
Kwong Wah Hospital	25 Waterloo Road, KLN	3517 2900
MacLehose Medical Rehabilitation Centre	7 Sha Wan Drive, Pokfulam, HK	2872 7131
North District Hospital	1/F, North District Hospital, 9 Po Kin Road, Sheung Shui, NT	2683 7750
North Lantau Hospital	2/F, North Lantau Hospital, 8 Chung Yan Road, Tung Chung, Lantau Island, NT	3467 7273
Our Lady of Maryknoll Hospital	118 Shatin Pass Road, Wong Tai Sin, KLN	2354 2285
Princess Margaret Hospital	Room 201-203, 2/F, Block G, Princess Margaret Hospital, 2-10 Princess Margaret Hospital Road, Kwai Chung, NT	2990 3130
Pok Oi Hospital	Au Tau, Yuen Long, NT	2486 8140 / 2486 8141
Prince of Wales Hospital	2/F, Day Treatment Block and Children Wards, Prince of Wales Hospital, 30-32 Ngan Shing Street, Shatin, NT	3505 2400
Pamela Youde Nethersole Eastern Hospital	Room 081, 1/F, Main Block, Pamela Youde Nethersole Eastern Hospital, 3 Lok Man Road, Chai Wan, HK	2595 6262
Queen Elizabeth Hospital	30 Gascoigne Road, KLN Main Office: (for patients of other clinical departments) Room G09, G/F, Block E	3506 7021 / 3506 7027
	Clinical Oncology Sub-Office: (for patients of Clinical Oncology Department) Room 613, 6/F, Block R	3506 5499
Queen Mary Hospital	J122, 1/F, Block J, Queen Mary Hospital, 102 Pokfulam Road, HK	2255 3762 / 2255 3764
Ruttonjee & Tang Shiu Kin Hospitals	266 Queen's Road East, Wan Chai, HK	2291 1065
Shatin Hospital	1/F, Shatin Hospital, 33 A Kung Kok Street, Shatin, NT	3919 7521
Tseung Kwan O Hospital	1/F, Main Block, Tseung Kwan O Hospital, 2 Po Ning Lane, Hang Hau, Tseung Kwan O, KLN	2208 0335 / 2208 0327
Tuen Mun Hospital	G/F, Special Block, Tuen Mun Hospital, Tsing Chung Koon Road, Tuen Mun, NT	2468 5330
Tai Po Hospital	G/F, Wing D, Tai Po Hospital, 9 Chuen On Road, Tai Po, NT	2607 6304
Tin Shui Wai Hospital	4/F, Tin Shui Wai Hospital, 11 Tin Tan Street, Tin Shui Wai, NT	3513 5391
Tung Wah Hospital	12 Po Yan Street, Sheung Wan, HK	2589 8336
Tung Wah Eastern Hospital	19 Eastern Hospital Road, Causeway Bay, HK	2162 6413
United Christian Hospital	130 Hip Wo Street, Kwun Tong, KLN	3949 4086
Wong Chuk Hang Hospital	G/F, Wong Chuk Hang Hospital, 2 Wong Chuk Hang Path, Wong Chuk Hang, HK	2873 7201
TWGHs Wong Tai Sin Hospital	124 Shatin Pass Road, KLN	3517 3665
Yan Chai Hospital	7-11 Yan Chai Street, Tsuen Wan, NT	2417 8211

List of documents to be submitted for application (Both originals and photocopies)

- I. Proof of identity of patient / applicant (HKID Card / Passport / Travel document)
- II. Proof of identity of all family members living under the same roof who have been included in financial assessment
- III. Documents for financial assessment
 - (a) **Proof of household income** (patient and all family members living under the same roof who have been included in financial assessment)
 - **Employed persons:**
Bank passbooks, bank statements, salary statement, documents issued by employers for proving their income, Mandatory Provident Fund (MPF) Scheme pay records, tax return statement or the notice of assessment, and other documentary proof of income (e.g. allowance / commission / part-time income/monthly pension, etc.) for the past 6 months (at least)
 - **Self-employed / business operators:**
Profit & Loss Account, Tax return statement, income declaration, other proof of income
 - **Unemployed persons:**
Documentary proof of unemployment (e.g. termination letter, notification by an employer of an employee who is about to cease to be employed, medical proof, proof of looking for jobs, etc.)
 - **Other income:**
Contribution (e.g. family / living expenses / fees paid for family member given by relative(s) and friend(s) not residing with the family), alimony, Rental income of property / land / carpark / vehicle / vessel, the payout provided under the annuity scheme, etc.
 - (b) **Proof of household capital asset** (patient and all family members living under the same roof who have been included in financial assessment, including all assets under their name regardless of being individually or jointly held, in Hong Kong or outside Hong Kong)
 - Bank passbooks, bank statements, bank record of active / inactive / closed accounts for the past 6 months (at least) relating to all the individual and joint accounts¹ including saving deposit, time deposit, club deposits, foreign currency deposit, investment account, shares and securities services account, current account, integrated account, Jockey Club betting account, etc.;
 - Documentary proof of Self-employed / business operators, e.g. Business Registration Certificate, balance sheet, company account statements, etc.;
 - Documentary proof of annuity scheme / insurance policies with investment or saving element (e.g. investment-linked insurance policies, life insurance and annuity scheme), such as monthly statement or annual report;
 - Documentary evidence of stock, shares, warrants, funds, bonds and other investments owned;
 - Documents proof of the ownership of the properties / land / parking spaces, e.g. Demand Notes for Rates, Demand Notes for Government Rent, mortgage repayment schedule, etc.;
 - Screenshot of e-wallet account no., transaction records for the past 6 months and balance (e.g. PayMe / Alipay HK / We Chat Pay)
 - (c) **Proof of allowable deductions** (patient and all family members living under the same roof who have been included in financial assessment) (for the past 6 months, except those items with specific period)
 - Monthly statement on mortgage, monthly rental statement, Demand notes for rates and /or Government rent, receipt of management fee
 - Records on contribution to pension/retirement scheme/provident fund
 - Record of child care expenses incurred
 - Documentary proof of school fees of children (up to age 25) in the household who are at tertiary level or below; the notification letter issued by Student Finance Office for the subsidy amount under the Financial Assistance Scheme for Post-secondary Students (FASP)/ Tertiary Student Finance Scheme - Publicly-funded Programmes (TSFS)
 - Relevant maintenance order by Court and the transferal records for the maintenance paid
 - Tax return statement or the notice of assessment of last 12 months
 - Records on medical receipts of public hospitals/clinics of last 12 months

¹ In general, the balance in the joint account is equally divided among the account holders, unless documentary proof is provided on the division of assets.

Note:

1. For household and core family member definitions, please refer to the relevant part under Financial Assessment provided in Annex 5 Guidance Notes for Community Care Fund Medical Assistance Programmes (Applicable to First Phase Programme and “Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)”).
2. MSWs will make reference to the information on financial condition of the past 6 months (at least) of patient and core family members living together to assess the eligibility of medical assistance. The documents listed above only serve as reference. MSWs may request for relevant documents other than those listed above, make enquiries on transactions shown in bank statements, purpose of individual withdrawal / deposit transaction and detail of income / expenditure record, or contact the patient’s family member(s) for clarification and verification of information when necessary in order to assess the financial condition of patient’s family.
3. During the application process, MSWs will request patient / applicant to re-submit all up-to-date information if the supporting document(s) provided is not up-to-date, or the information submitted are required to be updated.
4. If the applicant authorized by patient for handling the application could not present original copy of identity document(s) of the patient / core family members living together, MSWs may consider to accept the copy of identity document(s) for application purpose.
5. As application processing takes time, in general, the patient / applicant should submit a completed application form and provide all the required information two weeks prior to the treatment commencement date to allow sufficient time for processing and approval. If the patient / applicant fails to submit the completed application form and provide all the necessary information within 30 calendar days from the date of referral by attending doctor / healthcare professional, the application will be automatically cancelled.

Authorization Letter
Application for Samaritan Fund /
Community Care Fund Medical Assistance Programmes for HA Drug Items

I, _____ (Name), holder of Hong Kong Identity Card No. _____, am living at _____ (Address)

and I duly authorize * ☐ Ms. / ☐ Mr. _____ (Name of Agent)
(Relationship: _____), holder of Identity Card No. _____ who is living at _____ (Address)

to apply for the * ☐ Samaritan Fund / ☐ Community Care Fund Medical Assistance Programmes for Drug Items in the Hospital Authority on behalf of me.

Signature of patient: _____

Name of patient: _____

Date: _____

* Please ☒ as appropriate.

Case Examples

Example 1: Full subsidy by CCF

$$\begin{array}{rclclclcl}
 (\$40,000 & - & \$38,500^{\#}) & \times 12 \text{ months} + & (\$552,000 & - & \$548,000^*) & \times 50\% & = & \underline{\$20,000} \\
 \text{(Monthly household} & & \text{(Monthly allowable} & & \text{(Disposable} & & \text{(Deductible} & & & \text{(ADFR@)} \\
 \text{gross income)} & & \text{deductions)} & & \text{capital)} & & \text{allowance)} & & &
 \end{array}$$

Note: As the ADFR[@] of patient's household are less than \$20,001, no contribution is required from the patient[^].

Calculation of subsidy

Estimated drug cost	\$300,000
Patient's contribution	-
CCF Subsidy	<u>\$0</u>

(Note : As the patient's contribution is \$0, CCF will fully subsidize the drug cost.)

Example 2: Partial subsidy by CCF

$$\begin{array}{rclclclcl}
 (\$40,000 & - & \$38,500^{\#}) & \times 12 \text{ months} + & (\$772,000 & - & \$548,000^*) & \times 50\% & = & \underline{\$130,000} \\
 \text{(Monthly household} & & \text{(Monthly allowable} & & \text{(Disposable} & & \text{(Deductible} & & & \text{(ADFR@)} \\
 \text{gross income)} & & \text{deductions)} & & \text{capital)} & & \text{allowance)} & & &
 \end{array}$$

$$\begin{array}{rclcl}
 \$130,000 & \times & 10\%^{\wedge} & = & \underline{\$13,000} \\
 \text{(ADFR@)} & & \text{(Contribution ratio)} & & \text{(Patient's contribution)}
 \end{array}$$

Calculation of subsidy

Estimated drug cost	\$300,000
Patient's contribution	-
CCF Subsidy	<u>\$13,000</u>

(Note: As the patient's contribution is below the drug cost, CCF will partially subsidize the drug cost.)

Example 3: Partial subsidy by CCF (Patient is a recurrent applicant^{##})

$$\begin{array}{rclclclcl}
 (\$40,000 & - & \$38,500^{\#}) & \times 80\% & \times 12 \text{ months} + & (\$772,000 & - & \$548,000^*) & \times 50\% & = & \underline{\$126,400} \\
 \text{(Monthly household} & & \text{(Monthly allowable} & & & \text{(Disposable} & & \text{(Deductible} & & & \text{(ADFR@)} \\
 \text{gross income)} & & \text{deductions)} & & & \text{capital)} & & \text{allowance)} & & &
 \end{array}$$

$$\begin{array}{rclcl}
 \$126,400 & \times & 10\%^{\wedge} & = & \underline{\$12,640} \\
 \text{(ADFR@)} & & \text{(Contribution ratio)} & & \text{(Patient's contribution)}
 \end{array}$$

Calculation of subsidy

Estimated drug cost	\$300,000
Patient's contribution	-
CCF Subsidy	<u>\$12,640</u>

(Note: As the patient's contribution is below the drug cost, CCF will partially subsidize the drug cost.)

Example 4: Full payment by patient

$$\begin{array}{rclclclcl}
 (\$40,000 & - & \$38,500^{\#}) & \times 12 \text{ months} + & (\$3,712,000 & - & \$548,000^*) & \times 50\% & = & \underline{\$1,600,000} \\
 \text{(Monthly household} & & \text{(Monthly allowable} & & \text{(Disposable} & & \text{(Deductible} & & & \text{(ADFR@)} \\
 \text{gross income)} & & \text{deductions)} & & \text{capital)} & & \text{allowance)} & & &
 \end{array}$$

$$\begin{array}{rclcl}
 \$1,600,000 & \times & 20\%^{\wedge} & = & \underline{\$320,000} \\
 \text{(ADFR@)} & & \text{(Contribution ratio)} & & \text{(Patient's contribution)}
 \end{array}$$

Calculation of subsidy

Estimated drug cost	\$300,000
Patient's contribution	-
CCF Subsidy	<u>\$0</u>

(Note : If the patient's contribution is equal to or above the drug cost, patient is required to pay the drug cost and no subsidy will be granted.)

Reassessment due to the change in employment status AFTER Approval

Example 5: From unemployed¹ to employed

Original application: During the financial assessment patient was unemployed¹ (i.e. income=\$0), his/ her application was approved and he/ she was required to pay the **annual PC=\$0**, while SF would fully subsidize the drug cost

No. of month	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th
PC(\$)	\$0											

At the 7th month, patient got a job with wages. He/ she approached MSW for reassessment in the 7th month; the **revised annual PC became \$1,200**

No. of month	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th
PC(\$)	\$0						\$100	\$100	\$100	\$100	\$100	\$100

Since the financial changes affected the 7th ~ 12th months under the financial assessment validity period, the patient contribution^{\$} would be adjusted on pro-rata basis after reassessment (i.e. \$100 x 6=\$600).

Example 6: From employed to unemployed¹

Original application: Patient was employed with income during the financial assessment, his/ her application was approved and he/ she was required to pay the **annual PC=\$12,000/ year**, while SF would partially subsidize the drug cost

No. of month	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th
PC(\$)	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

At the 7th month, patient became unemployed and so he/ she approached MSW for reassessment in the 10th month; the **revised annual PC became \$0**

No. of month	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th
PC(\$)	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$0					

Since the financial changes affected the 7th ~ 12th months under the financial assessment validity period, the patient contribution^{\$} would be adjusted on pro-rata basis after reassessment (i.e. \$1,000 x 6=\$6,000).

- # The deductible amount depends on the monthly expenses of patient's household, relevant items for allowable deductions are set out in this leaflet.
- * The deductible allowance used in the example is based on the figure for a 4-person family as at 1 April 2021, while the actual amount of deductible allowance depends on the household size of the patient and is capped at the total value of patient's household disposable capital. The deductible allowance is subject to annual review and the most updated figures is available in the HA internet (www.ha.org.hk) in page of Service Guides > Fees and Charges for reference.
- @ ADFR represents Annual Disposable Financial Resources.
- ^ According to the prevailing sliding scale.
- ## Patient with approved drug application in previous 18 months, only 80% of his/her annual household disposable income would be included in the calculation. The above arrangement will NOT be applicable to applications with negative annual household disposable income (i.e. allowable deductions during the period is larger than the annual household gross income).
- ! If the patient remains unemployed for 3 or more consecutive months before application / with validity period with documentary proof, annual income will be considered as nil.
- \$ In general, the paid patient contribution would not be refunded, unless patient became the recipient of Comprehensive Social Security Assistance Scheme/ (CSSA)/ Level 0 Voucher Holders of the Pilot Scheme on Residential Care Service Voucher for the Elderly. after the approval (if applicable)