

ABSTRACT

Community resources are limited. Most are run by Voluntary Welfare Organisations that depend on subsidies from the government and funds raised from donations and activities. The out-of-pocket payment from patients depends on per capita household means testing. Patients are matched to the type of services based on their functional statuses. The tools used for functional assessments are the RAF forms and Modified Bartel Index. Applications for most of the community services are done online through the Agency of Integrated Care. Essentially, there are three types of community resources, namely financial, psychosocial, and care resources to help patients in need. To navigate this social maze, Family Physicians will need to familiarise themselves with the type of resources available, the means testing procedure, as well as the referral system. After assessing the patient's needs and functional status, family physicians will have to match the services that can best serve their patient's needs.

Keywords:

Voluntary Welfare Organisations, Household Means Testing, Resident Assessment Form

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INTRODUCTION

The Singapore Government left the whole ILTC (Intermediate Long Term Care) and Primary Care sector to Voluntary Welfare Organizations (VWOs) and the private sector when they handed over the last Government-run Community Hospital to Thye Hua Kwan in October 2001. This move made the VWOs and private sector wholly responsible for all step-down care. The government's view is that involving the community in self-help as a society, rather than the state for all social services, encourages philanthropy. This will reduce the abuse of whatever limited welfare is available. This "Many Hands Concept", lets the community deal with social service and welfare. Community resources today are run by and managed by VWOs. To expand and meet the needs of society, the VWOs have to raise funds on their own. As a result, community resources that will be needed to deal with the impending silver tsunami are limited in Singapore. The elderly consume and spend more on healthcare needs. They are also hospitalised longer when they are ill. Seniors account for 9% of the population in Singapore but they account for 40% of the inpatient days. To help this part of the population stay in the community, we need to cater to their needs and wishes, and match

them to the appropriate scarce resources in the community.

Case Study

Let's enlist the help of patient Mr LL to help navigate and understand the current social maze in Singapore.

Mr LL, an 81-year-old retired seaman, was admitted to a restructured hospital due to a right thigh pressure ulcer and functional decline. Premorbid patient's Activities of Daily Living (ADL) were assisted by his wife. For the past 3-4 years, his functional status has been declining, and he has become bedbound for the past 1 year. He is still able to recognise family members, but his memory has been deteriorating. He has a history of hypertension, hyperlipidaemia and ischaemic heart disease. His stay in the hospital is complicated with *E. coli* bacteraemia secondary to urinary tract infection, requiring 12 days of intravenous antibiotics. He was also found to have Parkinson's Disease and subclinical hypothyroidism. Patient cognition became better after he was started on a low dose of Mardopar and Levothyroxine for Parkinsonism and subclinical hypothyroidism respectively. He is able to converse in monosyllables.

A family conference was held with patient's wife and their niece regarding discharge planning and future care of Mr LL. He had been cared for by his wife, but he was lying on the floor of the house most of the time because she had difficulty transferring him. She expressed that she would want to continue caring for him at home. She has no resources to employ a domestic helper and expressed that in the long term, she will have to place him in a nursing home. A care plan and discharge plan was formulated after the family conference. Mr LL will be discharged home with the following plans:

1. Application to be made for placement in a Voluntary Nursing Home.
2. Application to be made for an interim caregiver to provide care for two weeks upon discharge from 8am to 8pm Monday to Saturday.
3. Referral to be made to Transitional Homecare to provide medical and nursing care to patient for a period of three months.
4. Referral to the Home Nursing Foundation (HNF) for nursing care.

Before we put the above plans in motion, it would be crucial to know the important partners that will be providing support for the patient, the source of funding, means testing, and the level of care that the patient will require.

Important Partners

The important partners provide regulatory oversight for social and health care services in Singapore (Table 1). These regulatory bodies also provide subsidies for the services utilised

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Table 1: Important Partners

Partners	Function/Role
Ministry of Social and Family Development (MSF)	Government regulatory body for social services
Ministry of Health (MOH)	Government regulatory body for health care services
National Council of Social Services (NCCS)	Leads and coordinates the social service sector (i.e. VWOs), funding, advocacy for social services
Agency of Integrated Care (AIC)	Set up by MOH in 2009 to look into enhancement of the ILTC sector. The agency oversees, coordinates and facilitates applications to the ILTC facilities
SG Enable (Agency dedicated to enabling persons with disabilities)	Information and referrals for child and adult disability schemes, enhancing employability for funding and financial support to these people and their caregivers
Family Service Centre (FSC)	Community-based focal point and social service provider for families in need. They are run by VWOs and number about 41 in Singapore. They provide casework, counselling, follow-up referrals, and community support programmes
Community Development Council (CDC)	Total of 5 CDCs in Singapore. They assist, provide bonding and connect with their residents
Social Service Office (SSO)	Based nearer to the community and administers financial assistance (Comcare Assistance). Under the purview of MSF.

by the patient at the community service centres. How much the patients will need to pay for the services on their own will depend on Means Testing.

The Ministry of Social and Family Development (MSF) provides subsidies for social day care centres, disabled homes, sheltered homes, community homes, family service centres, community development councils, social service offices and cluster support case managements. The Ministry of Health (MOH) provides subsidies to day rehab centres, voluntary nursing homes, hospices, enhanced elder care centres, SPICE centres, and community hospitals.

The Agency of Integrated Care (AIC) was set up in 2009 as a National Integrator. It provides a one-stop portal for referrals to most step-down MOH ILTC services. It also manages the

Senior's Mobility and Enabling Fund. All e-referrals to various community services can be made via the AIC portal at <http://aic.sg>.

SG Enable (an agency dedicated to enabling persons with disabilities) provides a one-stop service for applications to disabled homes, day activity centres, sheltered workshops, and financial assistance. Their office at Redhill is currently undergoing renovations until September 2015. However, all their services can be accessed via their web portal at <https://www.sgenable.sg>.

Means Testing

This is a method used to calculate the subsidies that one will get for step-down services. It takes into consideration the

following:

1. Total monthly gross earnings of patient and family members living in the same household who are 21 years old and above;
2. Number of family members; and
3. Ownership of major assets such as private property.

The per capita monthly household income is derived from the division of the total household monthly gross earnings with the number of family members living in the same household. If the household has no income, the annual value of their residence will be considered during the computation of subsidies level (Table 2).

The person applying for means testing has to be a Singapore citizen or permanent resident. The form for means testing can be downloaded from the AIC website at <http://aic.sg>. The completed forms, together with supporting documents such as photocopies of NRICs, birth certificates, and pay slips for

those earning more than \$5000 per month or foreigners, need to be sent to Ministry of Health Holdings (MOHH) at Harbourfront for processing. Patients who are unable to give consent require a doctor's certification of mental capacity in Section C of the means testing form. Once done, the means testing is valid for two years and is registered in the National Means Testing System (NTMS). The information will be available to all providers when they log in to the system and trace it with patient's NRIC number and birth date.

Level of Care

Across the ILTC sector and the care providers, the functional status of the patient is assessed using the Residential assessment form (RAF) and the Modified Bartel Index (MBI). The RAF form uses a series of nine indicators with a point scoring system to categorise patients from 1 to 4 (Annex A). The functional status of the patient would be assessed with the RAF form. (Table 3)

Table 2: Subsidies level for home- and community-based services and community hospitals.

Per Capita Monthly Household Income	Subsidy levels			
	Singapore Citizen		Permanent Residents	
Singapore Dollars	NRS	CH	NRS	CH
0-700	80%	75%	55%	50%
701-1100	75%	60%	50%	40%
1101-1600	60%	50%	40%	30%
1601-1800	50%	45%	30%	25%
1801-2600	30%	40%	15%	20%
2601 and above	0%	20%	0%	10%
NRS: Non-residential Service				
CH: Community Hospital				

Table 3: RAF categories

Category	1(<6pts)	2 (7-24 pts)	3 (25-48 pts)	4 (>48 pts)
Functional Status	<ul style="list-style-type: none"> • Ambulant • ADL independently 	<ul style="list-style-type: none"> • Semi ambulant • ADL semi-independently 	<ul style="list-style-type: none"> • Non-ambulant • ADL assisted • Wheelchair bound 	<ul style="list-style-type: none"> • Bedbound • ADL dependently • Requires medical and nursing care

The Modified Bartel Index (MBI) uses a 10-point system to establish the degree of independence of the patient from any help however minor and for whatever purpose. The 10 points establish patient dependence for feeding, bathing, grooming, dressing, bowel continence, bladder continence, toilet use, transfers, mobility, and ability to climb stairs. Depending on the scores, patients are classified into categories 1-5. These also reflect their level of dependency (Table 4).

The RAF and MBI are used by community providers to assess a patient's suitability to be admitted to their programmes and

Table 4: MBI Score

Category	MBI score	Dependency level
1	0-24	Total
2	25-49	Severe
3	50-74	Moderate
4	75-90	Mild
5	91-99	Minimal

the level of care needed. A guide (Annex B) that matches the community service with patient functional status is provided for reference.

Where Is Help?

The resources available to help patients can be divided essentially to three types: Financial, Psychosocial Emotional support and Care resources. Care resources available to patients can be further subdivided into home-based care, centre-based care, and residential care.

a. Care resources

1. Homecare

With the exception of Home palliative Care which is free, the others are means tested and chargeable. Apart from FMCC THC service which is via the SGH hospital process, the rest are referred via the AIC IRMS system.

Home Therapy services (PT/OT/ST) are provided for patients who are debilitated from stroke or chronic illness. These individuals usually are unable to attend centre-based rehabilitation because of lack of caregivers and escort services. Therapy is provided twice weekly or fortnightly. The average charges are \$130 per visit and are subjected to means testing. Patients are discharged in four months, or when the goals of care are met. The referral is made via the AIC e-portal. The occupational therapist can also help to assess the home environment when there are concerns on accessibility issues and functional limitations. The service providers serve only certain catchment areas and it is prudent to check the catchment area before referral. For example, St. Luke's Hospital (SLH) only serves the western part of Singapore,

namely Choa Chu Kang, Bukit Batok, upper Bukit Timah, and Queenstown areas.

2. Other types of homecare

A. Cluster support

This service stems from specific Senior Activity Centres that provide case management services for the regular monitoring of the elderly aged 60 years and above with poor social support and who stay within the service boundaries of the provider through home visits by case managers and/or Caring Assistance from the Neighbours (CAN) carer. CAN carers are paid volunteers who befriend the elderly. They can provide medication reminders but they do not provide nursing care. This service is provided by NTUC and Thye Hua Kwan within a certain catchment area. If the patient falls outside their service boundaries, they can consider referring to AIC Community Case Management Service (CCMS).

B. Befrienders

Volunteers from Lions Befrienders, churches and other religious groups will befriend the single elderly or those with very poor social support.

C. Enhancement for Active Seniors (EASE)

This is a home modifications scheme for Singaporean households only. This service provides:

- Anti-slip treatment for existing floor tiles for one toilet.
- Grab bars (8-10 bars) for about \$24.
- Ramps (Max 5 ramps).

The application can be made by the public via e-referral at <http://services2.hdb.gov.sg/webapp/BN37AWEASE/BN37Pmain.jsp> or personally at HDB. To be eligible, at least one family member must be aged 75 and above or those aged 65-69 requiring assistance with ADLs. In the pipe line is EASE's direct referral from the hospital. This will not have any age criteria but patients will need to be assessed by the medical team's OT that they require home modification. Depending on the type of flats, the household pays only 5% to 12.5% of the cost of the renovation.

D. Interim Caregiver Service

This is an MOH initiative. The service is provided by NTUC and THK. It provides a temporary English-speaking caregiver for 12 days from 8am to 8pm Monday to Saturday. The application is made via the AIC e-referral system and is currently limited to inpatients discharged from restructured hospitals.

3. Centre-based Care

This group comprises a series of daycare centres, senior activity centres, Singapore program for integrated care for the elderly (SPICE) centres, and day rehabilitation centres. Patient referrals can be initiated via the AIC e-referral portal. The provider requires a medical report to be submitted with the referral to ascertain patient's fitness to undergo rehabilitation together with patient functional status and nursing procedures

1. Homecare

Types of care		Examples
Home help	Variety of personal care options to support caregivers in looking after their frail elderly Means-tested. Chargeable unless it is waived on a case-by-case basis	Thye Hua Kwan home help service Dorcas Home help Touch Home help
Home Therapy	Physiotherapy Occupational therapy Speech therapy	Community rehabilitation programme Handicap Welfare Association AIC home therapy service
Home Nursing	Nursing procedures Caregiver training Medication management Continence care	Home Nursing Foundation (HNF) Yong En Home nursing Swami Home nursing
Home medical	Management of chronic medical conditions Prescription of medications	Hua Mei Mobile Clinic MW Home Medical care House call GP
Home Palliative	End-of-life care for patients terminally ill with cancer or illness	Metta hospice Assisi Hospice HCA hospice Singapore Cancer society
Transitional Home Care	Multidisciplinary team follow up patient for a period of three months upon discharge from hospital before transitting the patients to community services	Family Medicine Continuing Care (FMCC) transitional homecare team

needed. PT/OT report needs to be submitted if relevant to patient's care. The MSW report is optional. Some centres provide transportation from void deck of home to the centres

but there will be additional charges. AIC will contact the family within 7-10 working days to confirm patient details and inform them about estimated charges. The referral is

subsequently forwarded to the service provider, who will contact the family to bring the patient to the centre for an assessment.

For Mental Healthcare Resources, there are currently 5 in Singapore. Of the 5, only the Community Psychogeriatric Programme (CPGP) is limited to Changi General Hospital patients. Referrals are made directly by submitting hard-copy referrals using the Cluster Support referral form to the agency directly. The 5 centres are the Community Resource, Engagement and Support Team (CREST); Temasek Cares—integrated promoters of active living (I-PAL Elder sitting); Person-centred home-based intervention by Alzheimer's disease association; Community psychogeriatric programme (CPGP); and Aged psychiatry community assessment and treatment services (APCATS).

4. Residential-based Services

This includes all the long- and short-term facilities such as sheltered homes, community hospitals, and inpatient hospices. Patients are placed in the various homes based on their needs and functional status according to the Resident assessment forms (RAF) (see Annex B).

The **Senior Group Homes** are under the purview of MSF and not MOH. It is a rental home setting with a common area for the elderly to watch television and mingle. The elderly in the homes are encouraged to join the SAC/Daycare activities and are free to do the things they like. Currently there are 2 centres: THK@Pipit Road and Henderson@Bukit Merah View. Only Singaporeans above the age of 60 are eligible for admission. They are mostly Cat 2 with an RAF of 16 to 24 points and must be certified fit for communal living. Patients with unstable medical conditions, infectious diseases and have behaviours that may endanger their life and that of others are excluded. The charges are \$50 and \$80 at THK and Henderson respectively. For other services such as meal delivery, etc., charges will be based on the household means testing. There is a co-payment component. The service providers do not provide any financial assistance and patient need not have public assistance as long as they can pay.

There are currently five **Community Hospitals** in Singapore. They are Ang Mo Kio Hospital, St. Luke's Hospital, St. Andrew's Hospital, Bright Vision Hospital, and Ren Ci Hospital. These hospitals offer community rehabilitation services, convalescence, and subacute services. It is Medisave deductible and capped at \$5000 per calendar year. These hospitals are managed by VWOs and are dependent on patients for revenue. In the next few years, we will see an MOH-funded community hospital located next to a restructured hospital coming into service, starting with Yishun Community Hospital in December 2015. Two of the hospitals, namely Ren Ci and Bright Vision have a Chronic Sick Unit to look after those with more nursing needs (Cat 4 patients). Referral to these community hospitals is through the AIC IRMS system with the relevant supporting documents. The community hospitals will vet the referrals and decide if

the referee meets their admission criteria. Most of the patients admitted are for short-term rehab of about a month-long stay. If patients require a longer period of rehabilitation, they can be referred to a Transitional Convalescent Facility (TCF) provided by Lions Home, Villa Francis, and Peacehaven. These facilities are on cash terms only.

Patients with terminal illness from cancer or non-cancer illness with less than 3 months prognosis with no caregiver or with medical condition or nursing needs beyond the abilities of the carers, can be referred for admission to an **inpatient hospice**. Currently there are four institutions that provide inpatient hospice care. They are Bright Vision Hospital, Dover Park Hospice, Assisi Hospice, and St. Joseph's Home. The inpatient stay is Medisave deductible.

For Cat 3-4 patients who are unable to take care of themselves and have exhausted all possible care arrangements such as hiring a domestic helper, daycare, and home care, etc., applications can be made via the AIC IRMS for admission to a **Voluntary Nursing Home (VNH)**. These patients must satisfy the means test criteria for VNH. However, currently there is a shortage of nursing home beds and the waiting time for admission can be as long as 6 months for a general nursing home, 1 to 2 years for a dementia home and 1-2 years for a psychiatric home. The **Private Nursing Home (PNH)** on the other hand requires no means testing. The family can liaise directly with the PNH with supporting documents for admission. Some private nursing homes have portable subsidy. Patients waiting for VNH can be admitted to PNH under this scheme or a temporary place under the **interim discharge planning (IDP)**. The application is placed via AIC IRMS under VNH, and AIC will assess and assign accordingly.

Financial Resources

Healthcare financing in Singapore is tiered and based on Government Subsidies, Medisave, Medishield, Medifund (3Ms), and philanthropy in the ILTC sector. Singapore's Healthcare financing system is unique, with a hybrid system that emphasises:

1. Individual responsibility, with substantial Government subsidies to keep basic health care affordable;
2. Patient co-payment of part of the medical expenses, with risk pooling for catastrophic expenses through insurance; and
3. Affordability of basic services for all, with access to higher levels of service rationed by the patient's willingness to pay.

There are safety nets built into the system that provide assistance to patients who require help in paying their inpatient, as well as outpatient bills, at both public and private Family Physician clinics.

A. Medishield, Medisave, Medifund

Medishield is a low-cost basic medical insurance scheme introduced in 1990. It has deductible and co-insurance

Table 5: Cluster-based Services

Type of Services	Description	Things to take note
Singapore program for integrated care for the elderly (SPICE) (Cat 3)	Daycare for clients who require more assistance (such as Moderate to one-max assistance with ADLs). Sitting tolerance of at least 4 hours.	Referrals are to be made via AIC IRMS system. Takes about 2 weeks for AIC and service providers to liaise with patient and family on whether the centre can meet patient's needs.
Senior Care centres, 3-in-1 centre (Nursing+rehab+daycare) (high Cat 2-Low Cat 3)	Integrated day centre to support frail elderly with multiple social and healthcare needs. Only one centre is at Silver Circle at Serangoon.	Means tested but still need to pay.
Social Day Care centres with enhanced eldercare programme (EEP) (high cat2-low Cat 3)	Daycare for more frail elderly with physical impairment. Provides elder-sitting in the day, assistance with their functional needs, maintenance exercise programmes.	Transportation is usually from void deck but depends on each individual centre. Sometimes, there is transport available, but no door-to-door escort.
Day rehabilitation centres (Cat 2-low Cat 3 with rehab potential)	Provides half-day/sessional/full-day therapy services for patients who are assessed to benefit from active rehabilitation, mainly for post-stroke, post-surgery.	Long waiting list for some centres.
Social daycare centres (Cat 1-Low Cat 2)	Provides more structured activities and interaction in daycare centres.	Service boundary.
Senior Activity centres (Cat 1-low Cat 2)	Elderly drop-in centres under the HDB blocks and provides activities.	Not chargeable but only serves certain HDB blocks and elderly has to register at the centre.

Dementia Day Care centres	Structured daycare service for people with dementia.	Referral made via AIC IRMS system. Doctor input diagnosis of dementia is necessary. Some dementia daycare is full and there is a long waiting list.
Hospice Daycare	Structured daycare service for people who are terminally ill. Nursing and medical care for symptom management, counselling, and caregiver support and therapy service.	Referrals made via AIC IRMS system. Doctor input diagnosis and prognosis are important. There are 2 hospices that provide daycare: HCA and Assisi. The centres could be full as well.
Centre-based Weekend Respite Care	Adult or senior clients whose caregivers require weekend day (Saturday) respite. Family may need to arrange own transportation.	Public can apply directly to centres by downloading the form from AIC and submitting it to them. Does not require doctor referral.

features. It works most effectively for hospitalisations at B2/C class level at restructured hospitals. Those who wish to stay in a higher class can opt for an integrated care plan sold by private insurers. Medishield Life will be introduced this year to provide coverage for life.

Medisave is a national savings scheme that helps to pay for hospitalisation charges at \$450/day at restructured hospitals and \$250/day at community hospitals with a maximum cap of \$5000 per calendar year. It can also be used to pay for some

approved outpatient treatments and investigations.

Medifund is an endowment fund set up by the government to help needy Singaporeans who are unable to pay for their subsidised medical expenses at polyclinics and restructured hospitals. It is a safety net for those who cannot afford the subsidised bill charges, despite Medisave and Medishield coverage.

Table 6: Residential-based Services

Types of residential service	Examples	How to apply?
Destitute Homes (Destitute person's service at MSF) Cat 1 patients and able to perform all aspects of ADL independently Destitute Person's Act No family and without accommodation	Angsana Home	<u>Call DPS for case discussion first</u> Tel: 1800 2220000 Address: 512 Thomson Road #11-00, MSF building
Community Homes Cat 1 patients and able to perform all aspects of ADL independently	AWWA Community Home for senior citizens	<u>Hard-copy referrals to respective service providers</u> Sheltered home application form
Sheltered Homes Cat 1 & 2 patients with minimal supervision required Public assistance Recipients Paying Applicants (\$650 - \$1200/month) Meals and laundry service available	Cat 1(RAF less than 6) Bo Tien Home for aged (PA applicants only), Geylang East Home for the aged, Happy Villa Cat 2 (RAF 7-15) Evergreen Place	Medical report and Chest X-ray report results PT/OT memo Social report RAF report
Senior Group Homes High Cat 2 patients (RAF 16-24) but still relatively ADL-independent 60 years and above Certified fit for communal living and free from infectious disease Eligible for HDB Charges: THK \$50 and Henderson \$80 per month	THK@ Pipit Road Henderson@ Bukit Merah View	<u>Hard-copy referrals to AIC with supporting documents</u> Under the purview of MSF not MOH. Agency of integrated care (AIC) assists with the facilitation of referrals. <u>Supporting documents:</u> NRIC, referral form, medical report, social report, results of CXR (<6 months), certified fit for communal living, RAF, AMT, discharge summary, CPF statement, and income statement.

B. Community Health Assist Scheme (CHAS), Pioneer Generation (PG) card, and Public Assistance Card (PA Card)

The **Community Health Assist Scheme (CHAS)** was formerly known as the Primary Care Partnership Scheme (PCPS). Under CHAS, patients receive subsidised outpatient treatments for acute and chronic conditions, as well as basic dental services at participating Family Physician clinics (FP) and dental clinics near their homes. These patients also enjoy

subsidised referrals to specialist outpatient clinic in the restructured hospitals if necessary. For patients with chronic conditions, CHAS works in conjunction with the Chronic Disease Management Programme (CDMP), allowing Medisave usage for outpatient treatment of the same set of chronic conditions covered under CHAS. There are two tiers: blue and orange, depending on the per capita household income. Singapore citizens on **Public Assistance (PA)** enjoy the same benefits as the blue tier card holder at the FP clinics. They only need to show their PA card and their NRIC at the

Table7: CHAS subsidies

		CHAS Blue	CHAS Orange	CHAS for Pioneer Generation
Eligible Criteria				
Household monthly income per person		≤ \$1100	\$1101 to \$1800	Not applicable
Annual Value(AV) of residence (only for household with no income)		≤ \$13000	\$13001 to \$21000	
CHAS subsidies				
Common Illness (e.g. URTI)		\$18.50 per visit	Not applicable	\$28.50 per visit
Chronic conditions under CDMP	Simple	\$80 per visit, capped at \$320 per year	\$50 per visit, capped at \$200 per year	\$90 per visit, capped at \$360 per year
	Complex	\$120 per visit capped at \$480 per year	\$75 per visit, capped at \$300 per year	\$135 per visit, capped at \$540 per year
Selected Dental Services		\$11 to \$256.50 per procedure (dependent on procedure)	\$65.50 to \$170.50 per procedure (for crowning, denture and root canal treatments)	\$21 to \$266.50 per procedure (dependent on procedure)
HPB screening under HPB’s ISP		Screening test: free with HPB’s invitation letter and Doctor’s consultation: \$18.50 per visit (up to 2 times per year)		Screening tests: Free with HPB’s invitation letter and Doctor’s consultation: \$28.50 per visit (up to 2 times per year)

clinic to enjoy the benefits. Currently, there are 15 chronic diseases that can be claimed under the CHAS programme, an additional three more will be added in June 2015. For further information, log onto <https://www.chas.sg>.
The **Pioneer Generation (PG)** card privileges are accorded by

the Government to Singapore citizens aged 65 and above in 2014 and who obtained citizenship on or before 31st December 1986. The benefits are similar to the blue tier CHAS card except that the card holders are able to claim higher subsidies for acute and chronic conditions.

C. Senior Mobility and Enabling Fund (SMF)

Subject to household per capita means testing, SMF is a Government subsidy for assistive devices, consumables and transportation for Singaporeans. There is a slight difference in criteria for SMF application for assistive devices, consumables and transportation. A 60-year old living in a 3-room HDB flat or smaller will automatically qualify for 90% subsidy for devices that cost less than \$500 (per capita household income ≤\$1800). For transportation, only those aged 55 years and above that attend an MOH-funded day rehabilitation centre, dialysis centre and dementia daycare centre can apply for SMF funding (per capita household income ≤\$2600). For Consumables, the application can only be made by Home Medical/Nursing services/SPICE service providers and the per capita household income must be \$1800 and below.

D. Foreign domestic worker levy concession for persons with disabilities and foreign domestic worker's grant

Families who employ a full-time foreign domestic worker (FDW) to look after their loved ones with disabilities can pay a lower monthly concessionary FDW levy of \$120 instead of \$265 (it will be \$60 effective from 1st May 2015) if they are eligible for the scheme. Each household is eligible for levy concessions up to two FDWs at a time including concessions granted under other schemes (young child/grandchild and aged person levy concession scheme). To be eligible, the care recipient must be a Singaporean and needs permanent assistance in at least one ADL. The Functional assessment report needs to be filled by a registered Medical doctor and mailed together with the FDW levy concession application to AIC at Maxwell Road. Look up the Silver pages https://www.silverpages.sg/money_matter_article.aspx?FID=380&CID=1263&View=All&Title=What%20is%20FDW%20Levy%20Concession%20for%20Persons%20with%20Disabilities?#.VTNkdiGqqko for more information.

For FDW employers who have a monthly household income of less than \$2601 and annual value of property less than \$13,000 with no income, they can apply for a monthly **FDW grant** of \$120 cash. To be eligible, the employer must be a family member of the care recipient and the FDM is required to attend relevant caregiver's training courses approved by AIC.

E. Other Financial Schemes

Interim Disability Assistance Programme for the Elderly (IDAPE) is a Government assistance scheme for elderly Singaporeans born before 30th September 1932 or between 30th September 1932 and 30th September 1962 but with pre-existing disabilities as at 30th September 2002. The Scheme provides an allowance of \$150 or \$250 per month for a maximum period of 72 months for those who pass means testing.

Eldershield is a severe disability insurance scheme which provides basic financial assistance. The premiums are paid via Medisave. All Singaporeans and permanent residents are eligible unless they opted out of the scheme. It pays out \$300

per month for 60 months or \$400 per month for 72 months depending on which scheme you are eligible for.

To qualify for payout of both schemes, the person must not be able to do at least 3 ADLs. A functional assessment report needs to be done from a list of appointed assessors only. Either the patient or their family members can apply for the claim.

F. Social Service Offices (SSO)

They provide assistance for low-income individuals and families who are temporarily or permanently unfit to work. The applicant must have little or no family support, savings or assets to rely on for daily needs. They will receive rental, utilities or service and conservancy charges vouchers, monthly cash grants, education assistance and medical assistance. To apply, the client can email to comcare@msf.gov.sg or visit the respective SSOs. For urgent financial assistance, they can approach the nearest Community Club or approach a grassroots leader of their community.

Psycho-emotional Support

Family Service Centres located conveniently within housing estates provide financial assistance, referrals, counselling service and psycho-social support to affected individuals and families. They only serve the clients within their service boundary. To locate the nearest FSC, go to <http://app.msf.gov.sg/dfcs/familyservice/default.aspx> and enter your postal code. For caregiver support, go to Sage Counselling, 'O' Joy Care Services, Tsao Foundation, and Caregiver Welfare Association (CWA). Besides counselling support, CWA also provides financial assistance and food rations and home nursing care. For dementia-related support, approach the Alzheimer's Disease Association.

CONCLUSION

Our patient Mr LL has an application put up in the AIC IRMS for a Voluntary Nursing Home placement. An application was also made for an interim caregiver to help his wife care for him when he goes home. A caregiver from the National Trade Union Congress (NTUC) was assigned to him and they were introduced to each other on the day of discharge in the hospital. The service will be provided for 12 days and it can be extended if required by writing in to NTUC for approval. The Hospital Transitional team will provide medical care for him for a period of 3 months post-discharge. He qualified for an SMF funding of 90% and an application was put up for an air pressure mattress and hospital bed to be delivered to his home before discharge. We are happy to report that it has been a few months since discharge and he has had no readmission to the hospital.

To find Community Resources, family physicians can contact AIC for more information or walk into Alcare Hub at City Square Mall from 11am to 8.30pm. AIC is also looking to setting such Hubs at the hospitals to take enquiries from walk-in members of the public. One such Hub is already

functioning at Changi General Hospital and more will be set up this year in other restructured hospitals. The AIC website at <http://www.aic.sg> also provides useful information for family physicians. Once the user is online, eldercare services can be located using the eldercare locator tab at the silver pages. To use the AIC IRMS, you will need a log-in ID and password from AIC. This can be obtained by calling and sending an application to AIC. For those who are more savvy, a Mobile Eldercare Locator (MEL) app by AIC can be downloaded from the Google Playstore and Apple App Store to the Android Phone and iPhone respectively.

We must stress that there are many other service providers that are run by private organisations and VWOs that are doing a very good job providing care and assistance to families in need out there in the community. However, it is beyond the scope of this paper to mention all of them.

REFERENCES

1. Agency for Integrated Care <http://www.aic.sg>
2. Alzheimer's Disease Association <http://www.alz.org.sg>
3. Caregiving Welfare Association <http://www.cwa.org.sg>
4. Central Provident Fund <http://www.cpf.gov.sg>
5. Community Health assist Scheme <http://www.chas.sg>
6. Ministry of Health <http://www.moh.gov.sg>
7. Ministry of Social and Family Development <http://www.msf.gov.sg>
8. Ministry of Manpower <http://www.mom.gov.sg>
9. Pioneer Generation Package <http://www.cps.gov.sg/pioneer/pg.asp>
10. SG Enable <http://www.sgenable.sg>
11. Singapore Silver Pages <http://www.silverpages.sg>
12. Singapore Family Caregivers for caregivers <http://www.sgfamilycaregivers.com/index.php>
13. Touch Caregiver's Support <http://www.caregivers.org.sg>

LEARNING POINTS

- **Most, if not all community services are run by Voluntary Welfare Organisations.**
 - **To determine the amount of subsidies for the services, clients need to be means tested using the household means testing.**
 - **Most providers use the client functional status assessed using the Resident Assessment Form (RAF) and Modified Bartel Index (MBI) to determine if their services match the clients' needs.**
 - **Most applications for various services need to be submitted online via the Agency of Integrated Care (AIC) e-referral system (AIC IRMS).**
 - **Community Services essentially can be divided into three types: financial support, psycho-emotional support, and care resources, both inpatient and outpatient.**
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Annex A: RAF

Resident Assessment Form (For Nursing Home Resident) [to be completed by nurse, nurse case manager or doctor]				
Name:		NRIC No:		
Rating	A	B	C	D
Q1 Mobility (Guide Bk Pg1)	Independent 0	Requires some Assistance (physical/assistive device) 3	Requires frequent assistance/ turning in bed 10	Requires total physical assistance 16
Q2 Feeding (Guide Bk Pg 2)	Independent 0	Requires some Assistance 3	Requires total Assistance 10	Tube-feeding 10
Q3 Toileting (Guide Bk Pg 3)	Independent 0	Requires some physical assistance 3	Requires commodes / bedpans / urinals 8	Incontinent and totally dependent 16
Q4 Personal Grooming & Hygiene (Guide Bk Pg 4)	Requires no assistance 0	Requires assistance for some activities/ supervision 2	Requires assistance for all activities 4	Bed/ trolley bathing 6
Q5 Treatment (Guide Bk 5-6)	Daily Medication Oral/Topical : 1 pt	Daily Medication Oral/Topical : 1 pt Injection: 2 pts	Daily Medication Oral/Topical : 1 pt Injection: 2 pts Physiotherapy:4 pts	Daily Medication Oral/Topical : 1 pt Injection: 2 pts Physiotherapy:4 pts Sp*procedures @1 pt/ 5 min
Q6 Social & Emotional Needs (Guide Bk pg 7)	Nil 0	Occasionally 1	Often 2	Always 3
Q7 Confusion (Guide Bk Pg 8-9) ▪ loses way ▪ loses things ▪ disorientated	Nil 0	Occasionally (1-3 times a week) 3	Often (4-6 times a week) 8	Always (Daily) 10
Q8 Psychiatric Problems (Guide Bk 10-11) ▪ hallucination ▪ delusions ▪ anxiety ▪ depression	Nil 0	Mild Interference in Life 2	Moderate Interference in Life 4	Severe Interference in Life 6
Q9 Behaviour Problem (Guide Bk pg 12-13) ▪ restless ▪ disruptive ▪ absconds ▪ uncooperative	Nil 0	Occasionally (1-3 times a week) 3	Often (4-6 times a week) 10	Always (Daily) 16
Total Points	Category 1 2 3 4 (Circle)			

* Sp – Special

#Pt – Points

Category 1	<6 pts	Category 2	7 – 24 pts
Category 3	25 – 48 pts	Category 4	>48 pts

Name of Officer Completing RAF:- _____ / NRIC/FIN number: _____

Designation/Institution _____ / _____

Date _____

Annex B: Community Resource Sheet

Type of Service applicable/ available	Level of Care required based on Residential Assessment Form (RAF)			
	Category 1 (<6pts)	Category 2 (7-24 pts)	Category 3 (25-48pts)	Category 4 (>48 pts)
Home-based	<ul style="list-style-type: none"> Ambulant ADL- independent 	<ul style="list-style-type: none"> Semi-ambulant ADL semi-independent/ wheelchair-independent Low cat 2 vs. High cat 2 	<ul style="list-style-type: none"> ADL-assisted, Wheelchair-bound Requires medical and nursing care 	<ul style="list-style-type: none"> Bedbound, ADL-dependent, NGT-feeding/ IDC/ diapers Requires medical and nursing care
	Dementia/ Psychiatric <ul style="list-style-type: none"> Person-Centred Home-based Intervention by Alzheimer's Disease Association Community Rehabilitation Support & Service (CRSS) programme 	<ul style="list-style-type: none"> Interim caregiver service (two weeks) FMCC Transitional Home Care (THC) (3 months' follow up) Home Medical service Home Nursing service Home Help services Home Therapy services (Active or maintenance rehab) Senior Mobility and Enabling Fund (SMF) Senior Activity Centre's Cluster Support AIC Community Case Management Service (CCMS) Home Hospice Service Dementia/ Psychiatric <ul style="list-style-type: none"> Senior Activity Centre's Community Resource, Engagement and Support Team (CREST) Integrated Promoters of Active Living (i-PAL Elder sitting) Person-Centred Home-Based Intervention by Alzheimer's Disease Association Community Psychogeriatric Programme (CPGP) by CGH Aged Psychiatry Community Assessment & Treatment Services (APCATS) by IMH Community Rehabilitation Support & Service (CRSS) programme 	<ul style="list-style-type: none"> Interim caregiver service (two weeks) FMCC Transitional Home Care (THC) Home Medical service Home Nursing service Home Help services Home Therapy services (Active or maintenance rehab and CGT) Senior Mobility and Enabling Fund (SMF) Senior Activity Centre's Cluster Support AIC Community Case Management Service (CCMS) Home Hospice Service Dementia/ Psychiatric <ul style="list-style-type: none"> Senior Activity Centre's Community Resource, Engagement and Support Team (CREST) Integrated Promoters of Active Living (i-PAL Elder sitting) Person-Centred Home-Based Intervention by Alzheimer's Disease Association Community Psychogeriatric Programme (CPGP) by CGH Aged Psychiatry Community Assessment & Treatment Services (APCATS) by IMH Community Rehabilitation Support & Service (CRSS) programme 	<ul style="list-style-type: none"> Interim caregiver service (two weeks) FMCC Transitional Home Care (THC) Home Medical service Home Nursing service Home Help services Home Therapy services (maintenance rehab and CGT) Senior Mobility and Enabling Fund (SMF) Senior Activity Centre's Cluster Support AIC Community Case Management Service (CCMS) Home Hospice Service
Community-based/ Centre-based	<ul style="list-style-type: none"> Senior Activity Centres (Elderly drop-in centres under rental HDB blocks and provides less structured activities) Social Day Care (Provides more structured activities) Hospice Day Care (transportation available but no door-to-door escort available) Centre Based Nursing 	<ul style="list-style-type: none"> Day rehabilitation Centre Social Day Care with Enhanced Eldercare Programme (EEP) (high cat 2 patients) Elder-centred Programme of Integrated Comprehensive Care at Tsao Foundation (EPICC) (Pilot project has closed. Limited spaces for paying class) Senior Care Centre (3-in-1) Centre Based Nursing Weekend centre-based respite service Hospice Day Care (transportation available but no door-to-door escort available) 	<ul style="list-style-type: none"> Day rehabilitation Centre Social Daycare with Enhanced Eldercare Programme (EEP) (low Cat 3 patients) Senior Care Centre (3-in-1) Centre Based Nursing Weekend centre-based respite service Singapore Programme for Integrated Care for the Elderly (SPICE) (For those who can tolerate at least 4 hours of sitting and within service boundary) 	<ul style="list-style-type: none"> Community Hospital (e.g. for arrival of new maid/ sub-acute care) Voluntary Nursing Home Dementia-specific voluntary nursing home Chronic Sick Unit (CSU) Nursing Home Respite Programme (VWO-hard copy referral) Private Nursing Home Inpatient hospice (prognosis of <3 months)
Institutional-based	<ul style="list-style-type: none"> Community/Sheltered Home Destitute home (for people who are homeless) 	<ul style="list-style-type: none"> Dementia Care Centre (preferably with no BPSD) Sheltered home (for low Cat 2 only but limited spaces) Senior Group Home (for low Cat 2) Community Hospital (for good rehab potential or caregiver, arrival of new maid, sub-acute care) Transitional Convalescent Facility (TCF) (more than one month of rehab but has good rehab potential and viable discharge plan) Dementia-specific/ Psychiatric nursing home Private Nursing Home Inpatient hospice (prognosis of <3 months) 	<ul style="list-style-type: none"> Community Hospital (for rehab/ new maid/ sub-acute care) Transitional Convalescent Facility (TCF) (more than one month rehab, has good rehab potential and has a care plan) Voluntary Nursing Home Dementia-specific/ Psychiatric nursing home Nursing Home Respite Programme (VWO-hard copy referral) Private Nursing Home Inpatient hospice (prognosis of <3 months) 	<ul style="list-style-type: none"> Community Hospital (e.g. for arrival of new maid/ sub-acute care) Voluntary Nursing Home Dementia-specific voluntary nursing home Chronic Sick Unit (CSU) Nursing Home Respite Programme (VWO-hard copy referral) Private Nursing Home Inpatient hospice (prognosis of <3 months)