

[Insert for the *Manual of Procedures of CRSRehab* under Chapter III – Major Issues in the Referral Process]

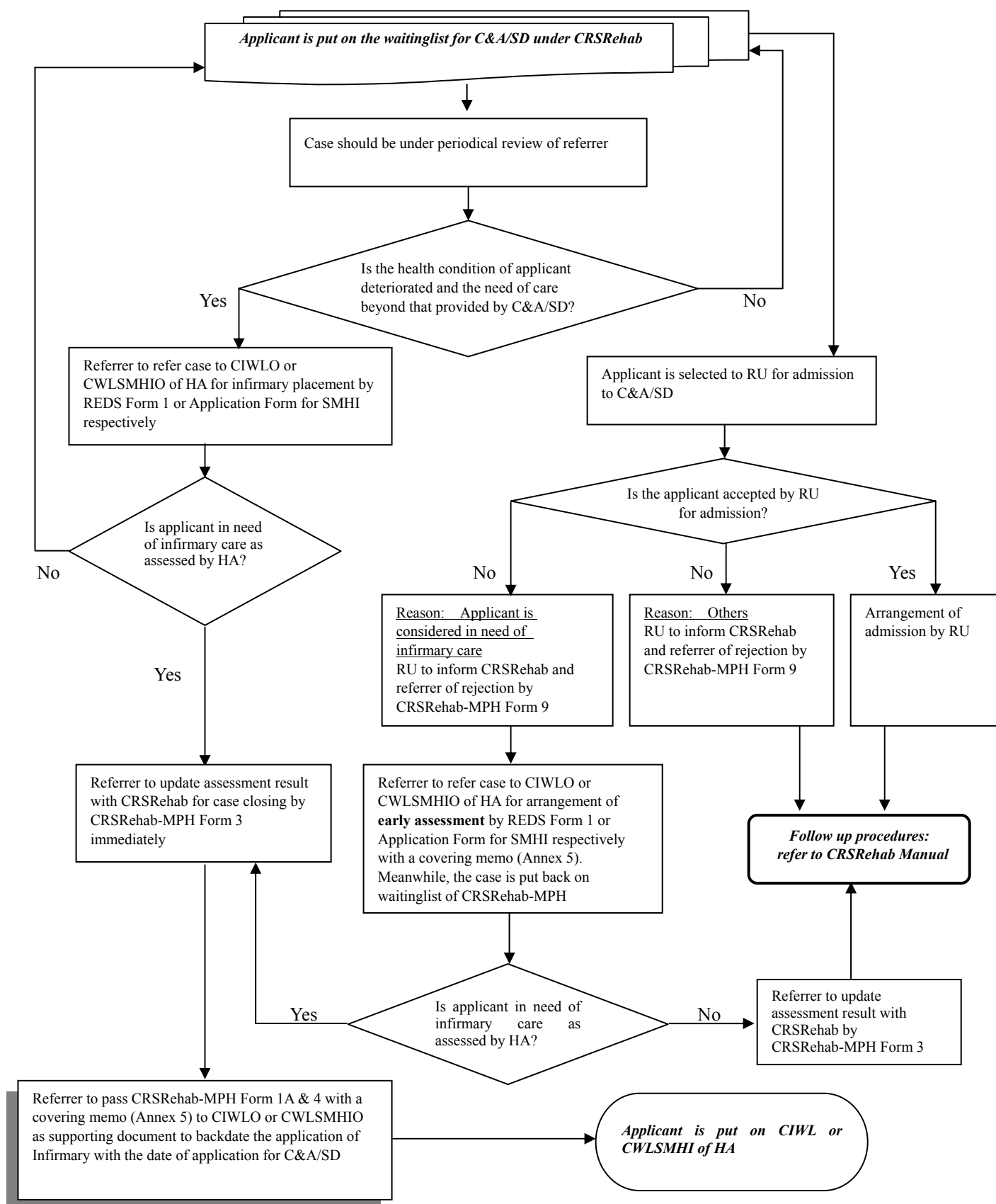
### **Change of Application from C&A/SD to Infirmery and Backdating Arrangement**

3.8 The referrer should review the type of rehabilitation service suitable for the case regularly. For a case on the waiting list of C&A/SD and whose health condition has deteriorated to require the level of care in an infirmary, the referrer should refer the case to the Hospital Authority (HA)(Central Infirmery Waiting List Office for General Infirmery and Central Waiting List for SMH Infirmery Office for severely mentally handicapped) for assessment. Once the case is confirmed to be suitable for infirmary service, the referrer should notify CRSRehab to close the case via Form 3 and pass Form 1A and Form 4 to respective office of HA for backdating the application for infirmary service to that of C&A/SD.

3.9 If a case is rejected admission to a C&A/SD with the reason that the case is considered in need of infirmary care during the intake process, the referrer should immediately refer the case to HA for arranging an early assessment on the suitability for infirmary service. During the interim period, the case will be put back on the waiting list of CRSRehab-MPH for another matching. The referrer should notify CRSRehab of the assessment result via Form 3. If the case is confirmed to be suitable for infirmary service, the referrer should follow the same procedures as mentioned in para. 3.8 above.

3.10 The details of the aforementioned procedures are described at the flow chart at Appendix 4 and a referral form to HA at Appendix 5. As there has been an agreement reached with HA to mutually recognize the application dates for cases initially applying C&A/SD and later change to infirmary service and vice versa, there should not be applications both for C&A/SD and infirmary service at the same time. At regular intervals, CRSRehab and HA would conduct data checking to reject such cases waiting for both services. For those cases that are found to have double applications, the referrers would be requested to re-examine the actual service need of their clients.

### Procedures for Change of Application from C&A/SDs to Infirmary and Backdating Arrangement



CRSRehab:	Central Referral System for Rehabilitation Services
RU:	Rehabilitation Unit
C&A/SD:	Care and Attention Home for Severely Disabled Persons
HA:	Hospital Authority
CIWLO:	Central Infirmary Waiting List Office (Enquiry: 2300 6364)
CIWL:	Central Infirmary Waiting List (for General Infirmary)
CWLSMHIO:	Central Waiting List for SMH Infirmary Office (Enquiry: 2300 6938)
CWLSMHI:	Central Waiting List for SMH Infirmary (for severely mentally handicapped)

## Referral for Infirmiry Service

From: _____ (Name of Referrer)	To: Central Infirmiry Waiting List Office	Central Waiting List for SMH Infirmiry Office
_____	(Attn: SEM(MSD))	(Attn: EM(PS)6)
_____	Hospital Authority	Hospital Authority
_____	Room 515 S, Hospital Authority Building	Room 514 S, Hospital Authority Building
Ref.: _____	147B Argyle Street, Kowloon.	147B Argyle Street, Kowloon.
Tel.: _____	(for General Infirmiry)*	(for SMH Infirmiry)*
Fax: _____	Tel.: 2300 6364	2300 6938
Date: _____	Fax: 2881 5644	2881 5848

## 1. Case information

Name: \_\_\_\_\_ HKIC No.: \_\_\_\_\_ CRSRehab No.: \_\_\_\_\_

## 2. Referral for assessment of need for infirmiry service/backdating application\*:

- 2.1  The above-named has been referred for admission to a Care and Attention Home for Severely Disabled Persons (C&A/SD) but is considered to be in need of infirmiry service at the intake assessment. Hence, I would like to refer the case to you for an early assessment to confirm his/her\* suitability for infirmiry service. Attached please find the referral document:

- REDS Form 1 for General Infirmiry
- Application Form for SMH Infirmiry

- 2.2  The above-named is referred to you for backdating the application for infirmiry service as on \_\_\_\_\_ . The case has already been closed at CRSRehab. Attached please find the **CRSRehab-MPH Form 1A and Form 4** as the supporting documents for your follow up action.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Post: \_\_\_\_\_

\* please delete as inappropriate

c.c. Oi/c CRSRehab-MPH (for 2.1 only) w/o encl.