

ALL-IN-ONE VILLAGE

This integrated development next to Admiralty MRT combines housing, health-care and care facilities, and shops amid lush greenery in a bid to be a 'modern kampung'

Studio apartments

- Two blocks with about 100 units, up for sale in the July Build-To-Order exercise
- New features: induction stoves, "resilient flooring" with a parquet design and retractable racks for easier drying of laundry

Community park

- Features fruit trees such as rambutan and kafir lime
- Includes a three-generational playground for both young and old

Community farm

Residents can grow vegetables, herbs and ornamental plants

Eldercare and childcare centre

- Located side by side to promote bonding between generations
- The eldercare centre has space for about 100 seniors, and the childcare centre will offer 200 places

Admiralty Medical Centre



- Spans two levels with an area of 8,500 sq m
- Offers outpatient consultation, day surgery, rehabilitation and diagnosis

Hawker centre

- Will have 50 cooked food stalls and about 900 seats



SOURCE: HDB

GREEN FEATURES

Pneumatic waste conveyance system

- Household trash will zoom through vacuum pipes underground into a sealed container which will be collected by trucks

Bioswales

- Rainwater will be filtered through these sloping stretches of plants and soil on the ground floor

Solar panels

- The apartment blocks will be topped with solar panels to power common lighting, for instance

Community plaza and shops

- An airy space for community activities, from National Day dinners to cultural performances
- Grassroots organisations will provide feedback on what the 20 shops and two or three food and beverage outlets should offer

Supermarket

- After feedback from residents that supermarkets in the area were too small, the new one will cover 1,000 sq m

Basement carpark and bicycle parking

- Two basement floors will house the carpark and a mechanical bicycle parking system which can store 500 bicycles

TEXT: JANCE HENG PHOTOS: HDB ST CRYSTALS



Community Care Services

5th SingHealth Family Medicine Symposium

Dr Kok Mun Foong

17th August 2019

Agenda

Background

Home & Community Care Services

How to Refer

Financial Assistance Schemes

Q&A

Singapore Situation

Rapid Ageing Population

- 1 in 5 (900k) residents aged 65 & above in 2030 & living longer

Demographic shift resulting in less seniors with caregivers

- Seniors staying alone will increase: 41,000 (2015) → 92,000 (2030)
- Caregiver per senior will decline (Old Age Support Ratio (OASR): 4.9 (2015) → 2.4 (2030)

Number of seniors with long-term care needs will increase

- Number of seniors with at least 1 ADL dependency will increase

Policy shift: “Beyond Hospital to Community” – so that Singaporeans can receive care in the community and nearer to home

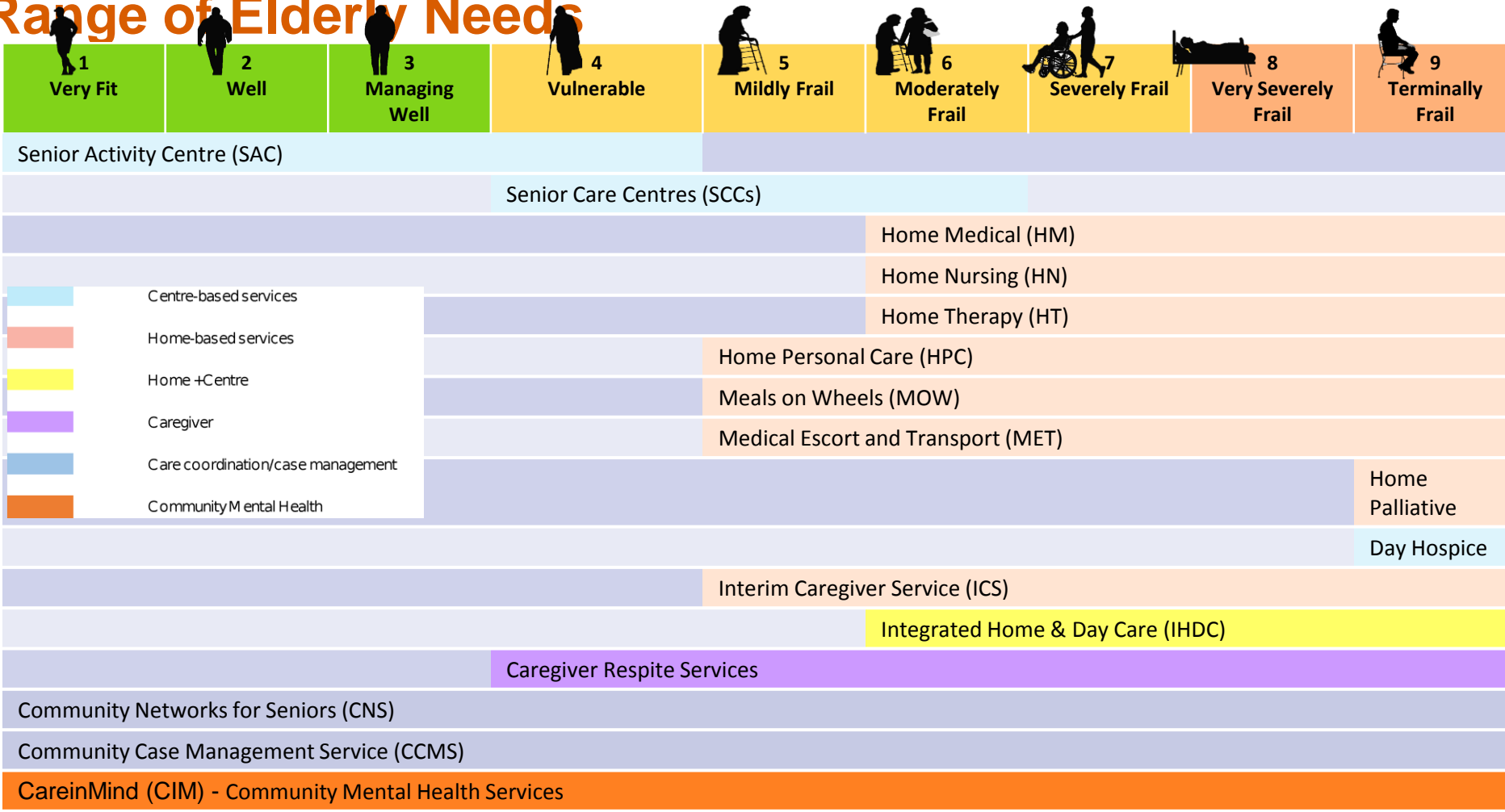
- Land scarcity, infrastructural constraints
- Patient preference to age in place – requires increased caregiver support, increased accessibility, improved affordability

Ageing In Place – Transforming Community Care

Ageing In Place is a person-centred approach to care focused on **enabling seniors to age well in place for as long as possible**. Under Ageing In Place, transferring elderly patients to a **residential facility is explored only after all community care options** (e.g. non-residential facilities, home-based services) are considered.

Adapted from Ontario LHIN Collaborative and MOH Community Care Vision 2030

Comprehensive Community Based Services for the Whole Range of Elderly Needs



Senior Activity Centres (SACs)

What are they?	Drop-in centres for seniors to participate in multiple social/group activities 129 SACs, located near rental housing or studio apartment blocks Typical operating hours from 8 am to 5 pm
Who is the target audience?	Walk-in seniors who live in rental housing or studio apartments. Seniors who are lonely and could benefit from social and active ageing activities
What are the key services?	Befriending Social and recreational activities Monitoring frail and/or homebound seniors
How much?	Free of charge (for rental blocks' SACs) or nominal membership fees (for studio apartments' SACs). Moving forward, centres will serve all seniors.
Where are they?	Islandwide

Examples of Activities in SACs



Handicraft Making Activities



Bingo Activities



Food Sharing Activities

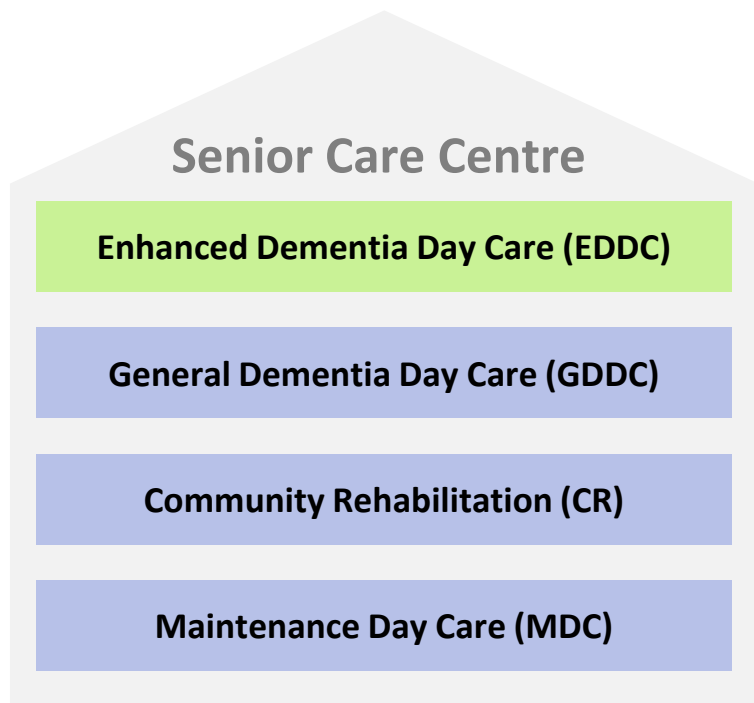


Physical Wellness Activities



Other Team-Based Activities

Senior Care Centres (SCCs)



- All SCCs offer these services
- Only some SCCs offer this service

Admission Criteria

EDDC	Diagnosis of Dementia, FAST 6 – 7
GDDC	Diagnosis of Dementia, FAST 4 – 5
CR	Clients who are certified to benefit from rehab by <ul style="list-style-type: none"> • SMC-registered medical practitioner or • SNB-registered Advanced Practice Nurse (APN) or • AHPC full-registered therapist
MDC	MBI >50

Assessment criteria for SCCs

MBI (Modified Barthel Index)

- The 10 domains are: Feeding, Personal Hygiene (Grooming), Dressing, Bathing, Bowel Control, Bladder Control, Toilet Transfer, Chair/Bed Transfer, Ambulation, Stair Climbing

Classification	Combined Score of 10 Domains
Total Dependency	0 – 24
Severe Dependency	25 – 49
Moderate Dependency	50 – 74
Mild Dependency	75 – 90
Minimal Dependency	91 – 99
Independent	100

FAST (Functional Assessment Staging Tool)

A quantitative assessment of functional decline in patients with Alzheimer’s disease

Stage	Patient condition	Level of functional decline
1	Normal adult	No functional decline
2	Normal older adult	Personal awareness of some functional decline
3	Early Alzheimer’s disease	Noticeable deficits in demanding job situations
4	Mild Alzheimer’s	Requires assistance in complicated tasks such as handling finances, traveling, planning, etc.
5	Moderate Alzheimer’s	Requires assistance in choosing proper clothing
6	Moderately severe Alzheimer’s	Requires assistance with dressing, bathing, toileting. Experiences urinary and fecal incontinence
7	Severe Alzheimer’s	Speech ability declines to about a half-dozen intelligible words; progressive loss of ability to walk, sit up, smile and hold head up

Senior Care Centres (SCCs)

Open from 7am to 7pm, Mondays to Fridays (for 74 day-care related centres)

Open from 7am to 6pm, Mondays to Fridays. (other Centres)

Two-way transport provided, including wheelchair users (kerb-to-kerb, extra charge for door to door with escort)

	Maintenance Day Care	Community Rehabilitation (Sessional lasting from 45mins to 1.5hours)	General Dementia Day Care	Enhanced Dementia Day Care
Key Services	<ul style="list-style-type: none"> • Custodial care • Personal care • Assistance with ADLs • Medication assistance • Meals • Maintenance exercises • Social and recreational activities • Caregiver training and support 	<p>Active Rehabilitation: To <u>improve</u> individual's functional status</p> <p>Maintenance Exercise: To <u>maintain and reduce decline</u> of individual's functional status</p> <ul style="list-style-type: none"> • Physiotherapy & Occupational Therapy • Speech Therapy provided at some centres 	<ul style="list-style-type: none"> • Custodial care • Personal care • Assistance with ADLs • Medication assistance • Meals • Maintenance activities • Cognitive stimulation programmes • Caregiver training and support • Interventions to manage clients' challenging behaviours 	
Est. fee before subsidy (including transport)	\$78 – \$99 per day	<ul style="list-style-type: none"> • \$118 – \$139 per session for Active Rehabilitation (AR) • \$81 – \$102 per session for Maintenance Exercise (ME) 	\$92 – \$113 per day	\$100 – \$121 per day
Est. fee after subsidy (including transport)	\$16 – \$69 per day	<ul style="list-style-type: none"> • \$24 – \$97 per session for AR • \$16 – \$71 per session for ME 	\$18 – \$79 per day	\$20 – \$85 per day

An example of Day Care Programme

	For Maintenance Day Care Clients	Dementia Day Care Programme
7.00am	Interaction/Newspaper Reading	
8.00am	Breakfast	Breakfast and Daily Health Check-ups
8.30am	Maintenance Exercise	Individualised Exercises
9.00am	Group Games	
9.30am	Morning Tea Break	
10.00am	Aerobics/Tai Chi/Qi-gong/ A Cognitive Maintenance Activity	Small Group Reality Orientation
11.00am	Group or Station Game / Bingo / Karaoke / ADL Training	Small Group Sensory Stimulation
12.00pm	Lunch	
1.00pm	Rest and Relax Time: Mahjong, Card Games, Beans Counting, Handicraft, etc.	
2.00pm	Therapy Exercise	Reminiscence Therapy and Memory Training
3.00pm	Afternoon Tea Break	
4.00pm	Movies / Gym Exercise / Drama Series / Stretching	
5.30pm	Interaction / Newspaper Reading / TV	Personal Hygiene and Grooming
7.00pm	Home Sweet Home	

Examples of Activities in SCCs



Maintenance Exercise



Morning Exercise



**Cognitive stimulation activities
at Dementia Day Care**



Active Rehabilitation



**Social and recreational activities
at Maintenance Day Care**



Overview of Centre



Overview of Centre



Rehab



Rehab



Indoor Mini Golf



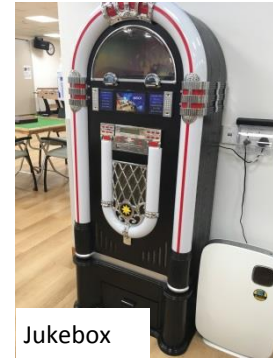
Arcade Basketball



Indoor Garden

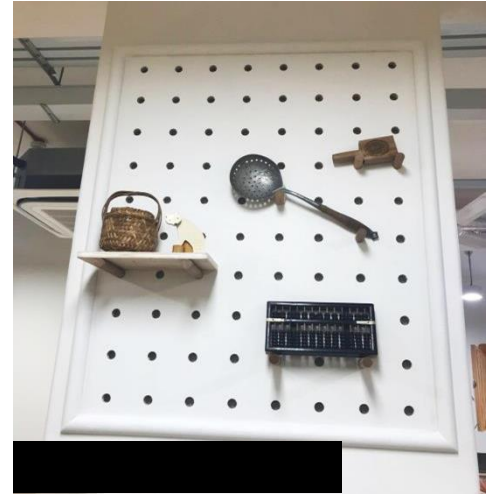


Grandfather Clock



Jukebox

Reminiscence as a Key Design Consideration for Clients with Dementia

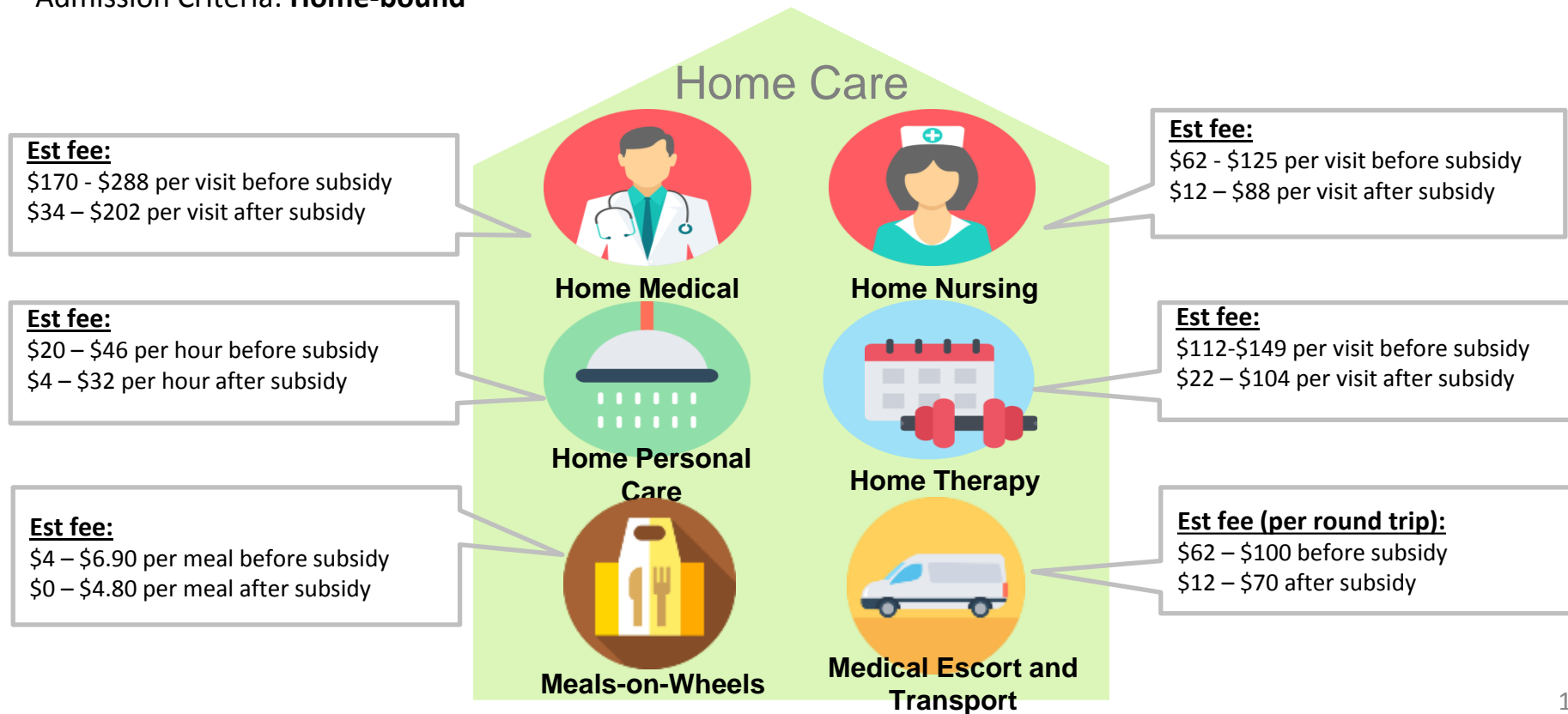


General Exclusion Criteria for Centre-based Care

- Unstable medical conditions requiring close medical monitoring
- Untreated infectious diseases requiring isolation
- Unmanageable behavioural issues and/or uncontrolled mental illness despite treatment
- Severe to total activities of daily living (ADL) dependency (e.g. MBI scores of ≤ 49 points) and whose care needs cannot be adequately and safely provided for in the centre. Centres may exercise discretion to serve these clients.

Overview of Home Care Services

Admission Criteria: **Home-bound**



Home Medical



Eligibility criteria	Homebound seniors with chronic conditions or disabilities who require continuing or long term medical care
Key services	<ul style="list-style-type: none"> Conduct care assessments Management of chronic medical conditions Management of uncomplicated acute or sub-acute medical conditions Referrals to specialists or healthcare providers in other disciplines, where appropriate Arranging for safe transfer for hospitalisation Prescription of appropriate acute and chronic medicines Educate client/caregiver on client's medical conditions and the management plan Perform minor medical procedures (e.g. simple wound debridement, intra-articular injections) Order and interpret appropriate medical investigations
Service cap	2 visits per month

Home Nursing



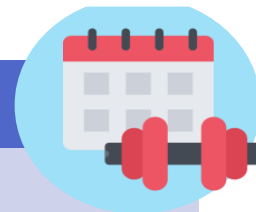
Eligibility criteria	Homebound seniors with chronic conditions or disabilities who require specific nursing care/procedure(s) that can only be provided for by a trained nurse
Key services	<p>Post-surgical management, e.g. administration of injections, care of central venous line, tracheostomy or drainage tubes</p> <p>Wound management</p> <p>Maintenance/changing of urinary catheters and drainage tubes</p> <p>Stoma care, e.g. colostomy and ileostomy care</p> <p>Monitoring of pain control</p> <p>Insertion of nasogastric tube (“NGT”) and tube feeding</p> <p>Assistance with bowel elimination, e.g. enema or manual evacuation</p> <p>Monitoring of the client’s medical condition, e.g. blood pressure and blood sugar checks</p> <p>Providing caregiver education and training with regard to various aspects of care</p> <p>Advice on activities of daily living, e.g. nutrition counselling and education</p> <p>Monitoring of medication compliance and proper taking of medication (include Medication Reconciliation)</p> <p>Administering, supervision and packing of medication</p>
Service cap	8 visits per month

Home Personal Care



Eligibility criteria	<ul style="list-style-type: none"> Frail and/or home-bound seniors who are assessed to require assistance in their Activities of Daily Living (“ADLs”) and/or Instrumental Activities of Daily Living (“IADL”) AND Assessed by Shah MBI scores <ul style="list-style-type: none"> Tier 1: MBI score 50-90 Tier 2: MBI score 0-49 	
Key services	<p>Personal care tasks, including:</p> <ul style="list-style-type: none"> Bathing and/or assisted bathing Changing of clothes, continence aids, soiled sheets Brushing of teeth and cleaning of dentures Toileting and other elimination needs Cleaning skin around the urinary catheter & draining bags Simple hair trimming 	<p>Mind stimulating activities, including memory, logic card games, spatial orientation block games, mental processing games , visual recognition card games</p> <p>Assistance with ADLs and iADLs:</p> <ul style="list-style-type: none"> Lifting, transferring and positioning of client Assisting with oral and/or NGT feeding Assisting in light housekeeping and laundry Simple errands such as grocery shopping
Service cap	<ul style="list-style-type: none"> Tier 1 clients (MBI score 50 – 90): 6 to 9 hours per week Tier 2 clients (MBI score 0 – 49): 9 to 12 hours per week 	

Home Therapy



Eligibility criteria

Home Active Rehab

- Certified medically fit for active rehab
- Assessed by a registered doctor/therapist to have good/ moderate rehab potential

Home-based Exercise Training (HBET)

- Certified medically fit for supportive rehab / maintenance exercises
- Assessed by a registered doctor/therapist to benefit from home-based exercise training
- Committed client, preferably with committed caregiver

Home Environment Review (HER)

- Open to clients receiving other home care services



Key services

- May include **Physiotherapy, Occupational Therapy** and **Speech Therapy**.

Service cap

- Home active rehabilitation (18 visits in 6 months)
- Home-based exercise training (3 visits in a year)
- Home environment review (2 visits only in a lifetime)

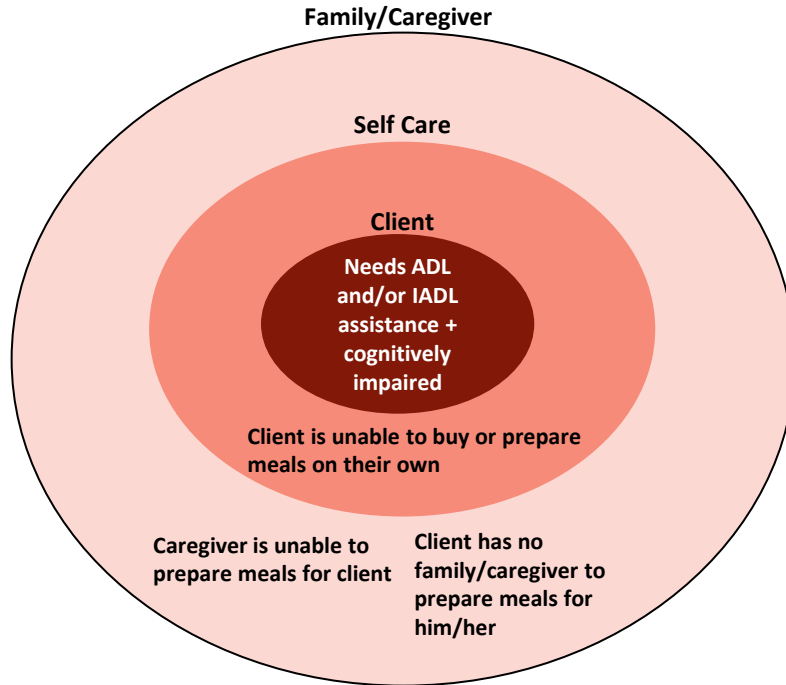
Home Support Services for Community-dwelling seniors)

	 Meals-on-Wheels (MOW)	 Medical Escort and Transport (MET)
What is this?	Meal deliveries to home	Transportation and/or escort service for medical appointments /treatments From homes to hospitals, specialist outpatient clinics or polyclinics
Key Services	<ul style="list-style-type: none"> • Meal delivery • 2 meals/day • 7 days per week, including public holidays • Halal, non-Halal, vegetarian or special diets (e.g. blended, soft food) • Clients can opt for only single meal service and for only certain days of the week 	<ul style="list-style-type: none"> • Ferrying from home (including to doorstep if need be) to medical appointment and back home • For clients who need it, escort services (such as navigating around hospital)

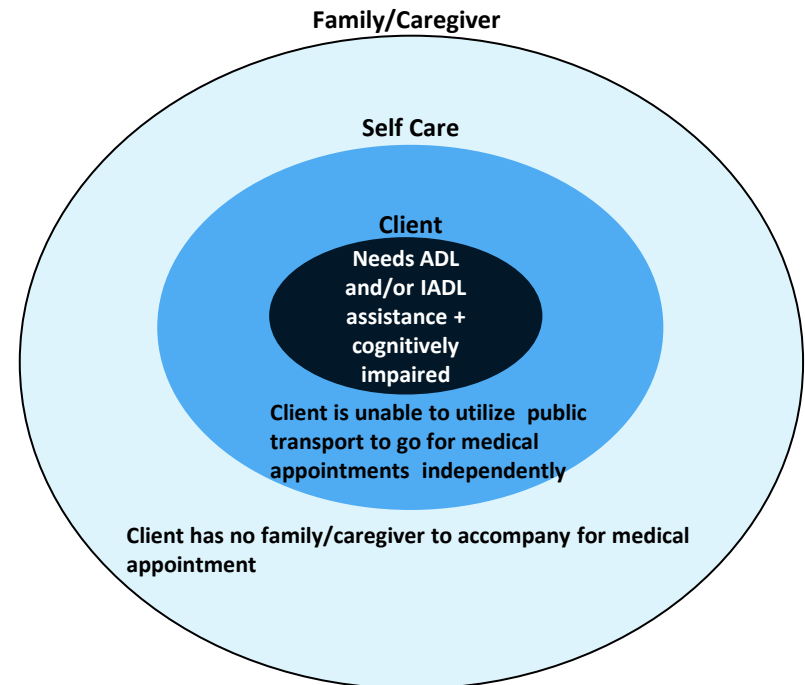
Home Care Support Services for Community-dwelling seniors)



Meals-on-Wheels (MOW)



Medical Escort and Transport(MET)



Integrated Home & Day Care (IHDC) Pilot

What is this?	Single provider to coordinate care for client based on needs
Target Group	NH-eligible clients (RAF 2 – 4) <ol style="list-style-type: none"> 1) Semi ambulant, ADL semi-independent and cognitively impaired (RAF 2) 2) Non-ambulant, ADL assisted and wheelchair bound (RAF 3) 3) Bed-bound, ADL dependent and require medical and nursing care (RAF 4)
	Subset of NH-eligible clients : <ul style="list-style-type: none"> • Caregiver available after office hours • Generally unable to afford FDW (clients are on the lowest income band \$0 – \$1100 and not qualified to hire FDWs as there is minimum household income requirement of \$2500/ month)
Est. fee	<p>Clients are charged a monthly fee</p> <p>\$1,600 - \$ 2,400 (before subsidy and include transport charges)</p> <p>\$280 – \$1,683 per month (after subsidy and include transport charges)</p>

Integrated Home & Day Care (IHDC) Pilot

Services	Day care	Home care	IHDC
Develop individualised care plan (ICP)	✓	✓	✓
Case management and social work (e.g. financial assistance, counselling)			✓
Meals in centre	✓		✓
Transport between centre and home	✓		✓
Recreation programmes	✓		✓
(i) Medication assistance	✓	✓	✓
(ii) Medication administration		✓	✓
Nursing assessment and care	✓	✓	✓
Rehabilitation services	✓	✓	✓
Personal care services (e.g. assistance with showering)	✓ ¹	✓	✓
Caregiver support and training	✓ ²	✓	✓
Respite care services	✓ ³		
Escort to medical appointments		✓	✓
Meals delivery to home		✓	✓
Home environment assessment & modification		✓	✓
Home help services (e.g. personal care, meals, housekeeping, laundry)		✓	✓
Medical assessment & regular review by physician		✓	✓

¹ 50% of the centres provide showering service which is chargeable

² Caregiver training in Day care is provided only in rehabilitation programme

³ Respite services are provided by 15% of centres island-wide

Interim Caregiver Service (ICS)



What is this?	Provides home care for patients who are medically fit to be discharged from the acute or community hospitals while awaiting long-term care arrangements to be in place (e.g. FDW, nursing home)
Eligibility criteria	<ul style="list-style-type: none"> • Within 5 days of discharge from public acute/community hospital • Requires post-discharge support at home • Has documentary proof of having made, and is awaiting, permanent care arrangements to come into effect
Key services	<p>Assistance with activities of daily living (ADLs) and other personal care tasks</p> <p>Assistance with instrumental activities of daily living (IADLs)</p> <p>Monitoring of client's vital signs</p> <p>Other personal care tasks related to client's physical and cognitive well-being (e.g. simple maintenance exercise, medical escort)</p> <p>Higher care tasks (e.g. care of PEG tube and dressing, care of urinary catheter)</p>
Est. fee	\$678 – \$825 for 12 single shifts before subsidy
Service duration	<p>Single shift:</p> <p>8am to 8pm (Day), 10pm to 8am (Night)</p> <p>Mon to Sat (Cap: 12 shifts over 2 week period)</p> <p>Double shift:</p> <p>Combination of Day & Night Shift, Mon-Sat (Cap: 6 double shifts over 1 week period)</p> <p>If extension beyond these number of shifts is required, an appeal can be submitted to AIC</p>

Caregiver Respite Options

Type	Target audience/ eligibility criteria	Service duration	Fees (before subsidy)	Fees (after subsidy)	Admission Lead Time
Nursing Home Respite	<ul style="list-style-type: none"> Client needs 24/7 care due to moderate to high nursing care needs Full-time caregiver is temporarily unable to provide care, e.g. FDW on home leave, CG hospitalised 	Min 7 days Cap of 30 days per year	\$100 – \$150 per day (excluding admin fees and consumables)	\$25 - \$120 per day (excluding admin fees and consumables)	4 – 12 weeks (without pre-enrolment) Within 5 days (with pre-enrolment)
SCCs (weekdays & weekends)	<ul style="list-style-type: none"> Client meet SCC criteria (MBI \geq 50) Full-time caregiver is temporarily available only after office hours, e.g. FDW on home leave and family able to provide care after work 	Half-day to full day; no limit on no. of days per year	\$40 – \$80 per day	\$8 - \$56 per day	<u>Without pre-enrolment</u> At least 5 working days for weekends, no service on weekdays <u>With pre-enrolment</u> Both weekdays and weekend sessions, 1 – 5 working days
Home-based Respite Care (HBRC) (Sep 2019)	Client who fulfils all of the following criteria: <ul style="list-style-type: none"> – Diagnosis of cancer – Prognosis of \leq 12 months – Must be receiving services from mainstream Home Palliative Care – Caregiver unable to provide full-time care or cannot cope with care provision • Referral from mainstreamed Home Palliative Care providers 	Up to 30 single shifts per lifetime (maximum service duration) Only Mon to Sat Service hours: <ul style="list-style-type: none"> • Single shift: 8am to 8pm (Day), 10pm to 8am (Night) 	\$680 – \$830 per week (single shift) \$1,360 – \$1,580 per week (double shift – both day and night)	\$136 - \$581 per week (single shift) \$272 - \$1,106 per week (double shift – both day and night)	TBC
Night Respite for Sun-downing (upcoming)	Caregiver caring for persons with dementia and sun downing syndromes Will be rolled out in 2H FY19	-	-	-	-

Home Palliative Care/ Day Hospice Services



Home Palliative Care/ Day Hospice


Eligibility criteria	<p>Assessed by SMC-registered medical practitioner to be:</p> <ul style="list-style-type: none"> • Suffering from advanced and progressive disease for which cure is unlikely • An expected prognosis of 1 year or less at the time of referral to home palliative care <ul style="list-style-type: none"> – For patients with chronic disease such as advanced dementia, stroke or neuro-degenerative disorders, the prognosis should be less than 6 months
Key services	<p>Care assessment (covering physical, psychological, social, etc.)</p> <p>Ongoing care planning (including care plan for the last days of life)</p> <p>Care coordination</p> <p>Conduct advance care planning (ACP)</p> <p>Bereavement care</p> <p>Access to medical and/or nursing support 24 hours per day, 7 days per week (for home palliative care)</p> <p>Exercise and recreation programmes (for day hospice)</p>
Est. fee	Fully subsidised or nominal fee (for most service providers)

Home Palliative Care



List of Providers	Additional Palliative Care Services beyond Home Palliative Care
Assisi Hospice	Hospice (inpatient care), Day care for palliative patients
Buddhist Compassion Relief Tzu-Chi Foundation (Singapore)	-
Dover Park Hospice	Hospice (inpatient care), palliative care education and research
HCA Hospice Care	Day care for palliative patients, palliative care education (for caregivers)
Metta Hospice Care	Hospice (inpatient care)
MWS Home Hospice	-
Singapore Cancer Society	-
St Andrew's Community Hospital	Hospice (inpatient care)
Tsao Foundation (Hua Mei Mobile Clinic)	-

Community Based Mental Health Support

What is this?	Community-based care team led by allied health professionals who work closely with the GPs, polyclinics and restructured hospitals to support adults in mental health related issues.					
Eligibility criteria	Clients aged 16 years and above, with or suspected with mental health conditions					
Key services	Home-based needs assessment Supportive counselling and other psychosocial therapy Case management, care coordination and service linkages Illness/ symptoms management Medication compliance and management Caregiver support/ psychoeducation					
Referral channel	GPs and polyclinics can send all referrals to careinmind@aic.sg 					
Est. fee	Free of charge					



Required Information

- Name of client
- NRIC no.
- Contact no.
- Age
- Address
- Brief medical history
- Presenting issues
- Family background and social support
- Name of next of kin and contact details
- Patient's consent for referral to community partner

Case Study of Community Based Mental Health Support

Mdm Lim

65 years old,
married with 4 children
(3 daughters, 1 son)



Note
Picture for illustration purpose

Mdm Lim

- History of diabetes mellitus, nephropathy, diabetic retinopathy, hypertension and hyperlipidaemia.
- Had myocardial infarction in 2011. Another attack in 2018 and sustained left-sided weakness
- Client was hospitalised for sepsis in Jul 2018 and diagnosed with anxiety disorder in Sept 2018
- Was admitted again to SGH in Mar 2019 for permanent catheter exchange

Physical and Mental Health needs

Daughter wrote to AIC requesting for home based counselling for client's disturbing thoughts. Family was unable to cope with client's behaviour

Case Study of Community Based Mental Health Support

Careinmind@aic.sg



- Home visit to engage client and caregivers
 - Assessment & advice to client and caregivers on how to manage her anxiety.
 - High fall risk due to mild left sided weakness after her current admission, home environment safety was recommended i.e fall prevention measures.
- Linked up with SGH MSW to explore client's rehabilitation plans and services
- Referred client & caregiver to a regional Community Intervention Team (COMIT) for emotional support and counselling for client and caregiver

- **Physical and mental health assessment**
- **Person-centric-approach including caregiver involvement**
- **Integrated & Coordinated Care (Health Care and Social)**
- **Information sharing between providers across care settings**

Health Care	Social Care
<u>Physical Health:</u> <ul style="list-style-type: none"> SGH, Dialysis Centre 	<u>Caregiver Issues</u> <ul style="list-style-type: none"> AMKFSC Mindcare
<u>Mental Health</u> <ul style="list-style-type: none"> AMKFCS Mindcare 	

Community Case Management Service (CCMS)

What is this?

An assessment and matching service for seniors with multiple complex needs. It links the seniors to appropriate services to support them and their families; provided by nurses and social workers typically. Monitoring of clients from 6 months to 1 year.

Eligibility and Reasons for Referral

Senior who has either **Complex Medical Issues** or **Functional Impairment** or **Psycho-Social Impairment** AND requires assistance in one of the following areas:

1) Clinical

- Non-compliance / needs assistance with chronic disease management (includes medication management & appointment follow up)
- Assistance to ensure primary care follow up
- Cognitive impairment impairing ADL/IADL

2) Community

- Care coordination - more than 1 community care options required:- medical and social / medical and financial / medical, social and financial
- Review environmental safety

3) Caregiver/Family

- Caregiver support (for clients' caregiver)
- Family support (client is the caregiver)

4) Financial / Social

- Financial and social difficulties arising from medical problems

Referral sources completes CCMS Referral Form

Supported with social report/discharge summary



Referral sources directly assign cases to CCMS SPs based on service boundaries
Cc: AIC Care Consultant



Service Providers
-Case intake after assessment of client

List of Community Case Management Service Providers

Providers

Distribution of CCMS Providers based on Constituency/GRC



Service Provider	Contact information for GPs to send referral to
AMKFSC	Email: refer2comnet@amkfsc.org.sg Contact: 6451 0898 / 6385 0260
Tsao Foundation	Email: cynthia@tsaofoundation.org and hmccms@tsaofoundation.org Contact: 6593 9595
SACH	Email: chonghong_tee@sasc.org.sg and tulasi_devi@sasc.org.sg Contact: 6291 1861 / 6291 4672
Montfort	Email: Goodlife-CCMS@montfortcare.org.sg Contact: 6274 6904
Fei Yue	Email: ccms-cck@fyccs.org Contact: 6380 9155 Email: ccms-hg@fyccs.org (for Hougang/Serangoon) Contact: 6202 4699
SLEC	Email: ccms@slec.org.sg Contact: 6390 9368 / 6390 9363

Case Study of CCMS



Background

- Mr Charlie is a 75 year old single elderly, living alone in a 3-room HDB flat (with on/off tenants)
- He is diagnosed to have diabetes mellitus, hypertension, hyperlipidemia, stroke, mild cognitive impairment.
- Functional Impairment:
 - Homebound ambulation with walking frame
 - Recurrent falls
 - Requires assistance in ADLs (personal hygiene) and iADLs (meals, housekeeping, laundry, banking matters)
 - Incontinence issue



Presenting Issues

- Incapable of self-care
- Cognitive impairment -> vulnerability
- Recurrent falls
- Behavioural issues
 - Threw urine out of the window
 - Shouting at night
- Home environment
 - Poor hygiene
 - Fall risks
- Social isolation, no caregiver



Interventions

1. Self Care & Family Support
 - Home Personal Care
 - Meals-on-Wheels (MOW)
 - Medical Escort & Transport (MET)
 - Senior Mobility Fund (SMF)
 - Regular communication and updates with client's family
2. Home Improvements
 - HDB Ease
 - Volunteers: Once-off spring cleaning
3. Medical Support/Community Support
 - Primary/Specialist Care
 - Home Nursing Service
 - Daycare

How to Refer

Community Network of Seniors acts as local coordinator of support and case management

16 satellite offices island-wide

Referral Sources:

1. Hospitals
2. Primary Care Providers (Polyclinics/GPs)
3. Grassroots



Healthcare Clusters (NHG, SHS, NUHS)

Medication related matters
Medical social workers' cases

Community Partners

Community-based mental health support
Community social services (Cluster Support)
Case management services
Financial assistance schemes

Government Agencies

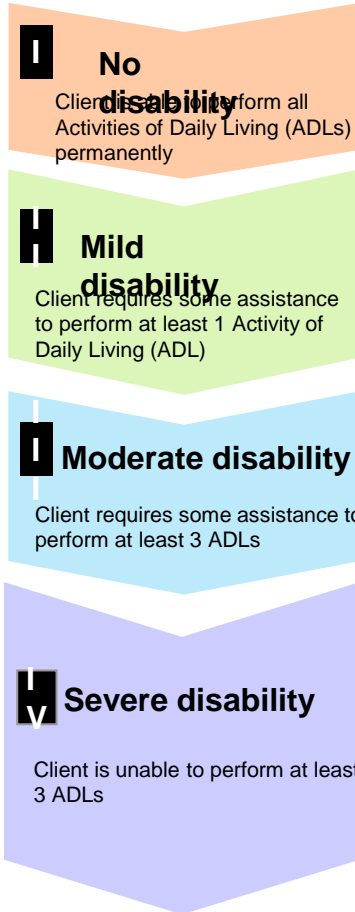
Agency for Integrated Care (AIC)
Ministry of Social and Family Development (MSF) Social Service Offices (SSOs) and Family Service Centres (FSCs)
Town Council
HDB
People Association

*CNS teams may approach you to assist to write a medical memo for senior to receive the help they need.

Please document consent in your records for AIC to contact client

Long Term Care Financial Schemes

Increasing Level of Disability of Care Recipients



1) Caregivers' Training Grant

- Funding for caregivers to attend courses to better care for themselves and their loved ones
- Not means tested
- \$200 training grant per year (if multiple caregivers for the same care recipient, then \$200 will be shared among caregivers)

1) FDW (Foreign Domestic Worker) Levy Concession

- Not means tested
- \$60 per month to cover FDW Levy for families who hire FDW to care for a patient

2) Seniors' Mobility and Enabling Fund (SMF)

- Purchase of assistive devices for ADLs (e.g. walking aids)
- Means tested
- Up to 90% subsidies

1) Pioneer Generation Disability Assistance Scheme (PioneerDAS)

- Not means tested
- \$100 per month for life

2) Home Caregiving Grant (replaces FDW Grant) – *launched by end of 2019*

- Monthly payout to support individuals (no age criteria) with severe disabilities
- Means tested
- \$200 per month

1) ElderShield (Opt-out option and not means-tested)

2) Interim Disability Assistance Programme for the Elderly (IDAPE) – means tested

- For seniors who cannot apply for ElderShield (i.e. born on or before 30 Sep 1932 OR with pre-existing disabilities as of 30 Sep 2002)
- \$150 or \$250 per month for up to 72 months

3) CareShield Life (to be launched in 2020) – Not means tested

- Mandatory long term care insurance for those born in 1980 or later
- Monthly payout starts from \$600 and increase until age 67 or when a claim is made, whichever is earlier

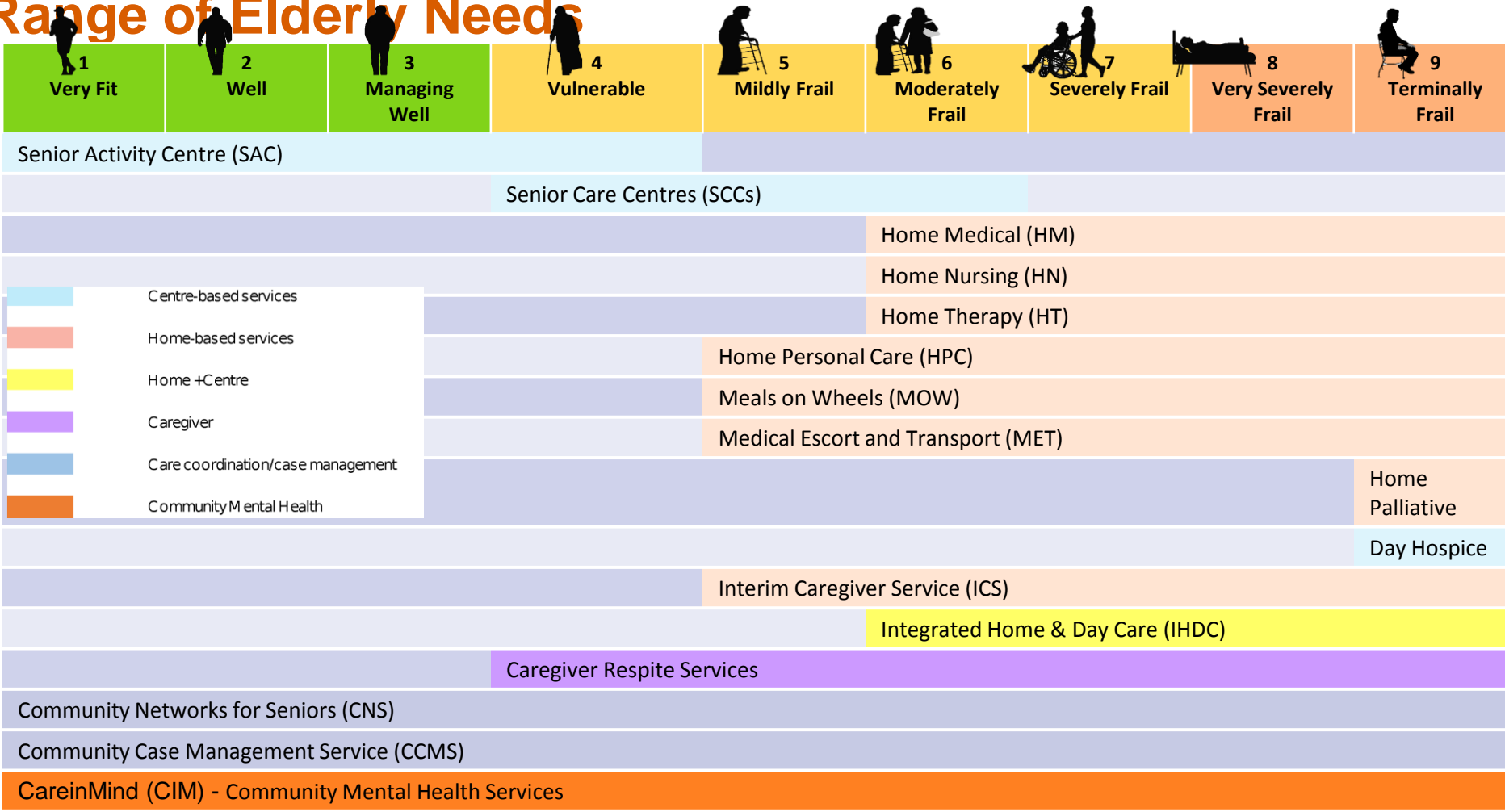
4) MediSave Withdrawals for Long Term Care (to be launched in 2020) – Not means tested

- Alternative financial payout option
- Withdraw own or spouse's MediSave up to \$200 per month

5) Elderfund (to be launched in 2020) – means tested

- For seniors with low income, low medisave balances, not a ElderShield policyholder
- \$150 or \$250 per month for life

Comprehensive Community Based Services for the Whole Range of Elderly Needs



Thank You!

For questions/comments:

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