



# In need of care. What now?

The first steps in getting immediate help



## When does someone need long-term care?

The need for long-term care as defined under the law can generally exist in all phases of life. According to the legal definition, this includes people whose independence or capabilities are impaired by a health condition or conditions causing their reliance on the help of others. This includes people who are unable to compensate for or manage burdens or demands due to physical, mental or psychological disability. There must be a need for care over a lengthy period of time, presumably for at least six months, and that is at least as serious as specified in Section 15 of SGB XI.

## Where can I apply for long-term care services?

In order to take advantage of the services provided under long-term care insurance, an application must be submitted. This can also be done over the phone. The long-term care insurance fund is located in the same place as the health insurance fund. Family members, neighbours or good friends can also submit the application if they have been legally authorised to do so. As soon as the application is submitted to the long-term care insurance fund, the Medical Advisory Service (MD) or another independent evaluator will be charged with the assessment of the need for long-term care. Privately insured persons must submit an application to their private insurance company. An assessment is made by evaluators from within the MEDICPROOF medical service.

## How quickly will a decision be made on the application?

The legally specified maximum processing period for applications for long-term care services amounts to 25 workdays. If a person is currently hospitalised or living in an in-patient rehabilitation centre, then the MD or another independent evaluator must complete their assessment within

one week if this is necessary in order to ensure continued care, or if a caregiver is planning on notifying or has agreed with their employer that they will need a release as allowed under the caregiver leave law; the reduced assessment period also applies to hospice in-patients or persons in non-residential palliative care. If the applicant is living at home without palliative care and if the caregiver has announced to their employer that they will need a release as specified under the Family Care Leave Act, or if the caregiver has negotiated such a release with their employer in accordance with the Family Care Leave Act, then the evaluation must be completed within two weeks of application submission.

## How are the care grades arranged?

Five long-term care grades enable the classification of the severity of the impairment in question, regardless of whether it is physical, mental or psychological.

The care grades are oriented on the severity of the impairments of independence or abilities of the person needing care. The care grade is determined using a care-appropriate assessment instrument. The five care grades are stepped: from minimal impairment of independence or ability (care grade 1) to the most serious impairment of independence or ability, which places special demands on the provision of long-term care (care grade 5).

People with special sets of needs and special nursing care requirements can, for nursing-related reasons, be classified as long-term care grade 5 even if the required overall score does not permit it. The Spitzenverband Bund der Pflegekassen gives a more concrete description of the professional nursing prerequisites for such special needs constellations in the evaluation guidelines.

## What kinds of services are there?

At a glance:

Care grades	Cash benefit Non-residential	Benefit in kind Non-residential	Relief amount Non-residential (purpose-specific)	Benefit amount Fully residential
Long-term care grade 1			EUR 125	EUR 125
Long-term care grade 2	EUR 316	EUR 1,689	EUR 125	EUR 125
Long-term care grade 3	EUR 545	EUR 1,298	EUR 125	EUR 1,262
Long-term care grade 4	EUR 728	EUR 1,612	EUR 125	EUR 1,775
Long-term care grade 5	EUR 901	EUR 1,995	EUR 125	EUR 2,005

*The listed benefits are monthly benefits and represent an excerpt from the benefits of long-term care insurance*

### First steps at a glance

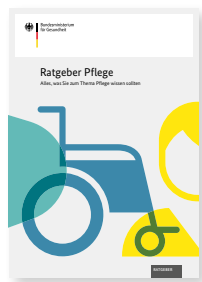
1. Get in contact with your health/long-term care insurance fund or a care support point in your area, or authorise another person to do this for you.
2. The long-term care insurance associations publish online comparison checklists describing the services and prices for approved nursing care establishments as well as offers to assist with everyday life. You can also request this list from the long-term care insurance fund when you submit an application for services.
3. You are also entitled to timely and extensive advice from the care advisor of your long-term care insurance fund. Family members and other persons, such as volunteer caregivers, are also entitled to this if you agree. Immediately after the submission of your application for services, the long-term care insurance fund will offer you a concrete advisory appointment that should take place within two weeks of submission of your application.

The long-term care insurance fund will also appoint a care advisor who is personally responsible for you. Alternatively to this, the long-term care insurance fund can also issue you a consultation voucher naming independent and neutral counselling centres that you can also redeem for consultation services from one of these entities within a two-week period at the cost of the long-term care insurance fund. If you so wish, the care advisor can come to your home. If there is a care support point in your region, you can also consult them. Further information can be obtained from your long-term care insurance fund.

The mandatory private long-term care insurance offers long-term care advice through the company "COMPASS Private

Pflegeberatung (Private Care Consulting)". The care advisor can advise you at home, at a full-time care institution, at the hospital or at a rehabilitation establishment.

4. As soon as you apply for services under long-term care insurance, your long-term care insurance fund will order the Medical Advisory Service or other independent evaluators to carry out an assessment in the interest of determining your need for long-term care. The private insurance companies that operate the long-term care insurance instruct the MEDICPROOF medical service to perform the assessment.
5. Please ask your caregiver to be present at the assessment.
6. Try to determine if your family members can provide long-term care at home and if you will need the help of a home care service to supplement their efforts, or if you will need to fully depend on a home care service.
7. If it isn't possible to receive care at home, perhaps also by taking advantage of the assistance offers of a local day or night care establishment, then you can be given information and advice on suitable full-time institutional care establishments.
8. You can obtain more information from your long-term care insurance fund, from the local care support bases or via the contact details listed below. Privately insured persons can contact the insurance company they are insured with at any time, or they can also contact the Verband der Privaten Krankenversicherung e.V., Gustav-Heinemann-Ufer 74 c, 50968 Cologne, [www.pkv.de](http://www.pkv.de). "COMPASS Private Pflegeberatung (Private Care Consulting)" can be reached over the phone at 0800 1018800.



### Where can I get more information?

More information about care is available at [www.bundesgesundheitsministerium.de/themen/pflege](http://www.bundesgesundheitsministerium.de/themen/pflege) and in the free publications of the Federal Ministry for Health, such as the "Long-term Care Guide": [www.bundesgesundheitsministerium.de/publikationen](http://www.bundesgesundheitsministerium.de/publikationen).

The citizens' help line of the Federal Ministry of Health can be reached on **030 3406066-02**.

The deaf or hard of hearing can reach the advisory service of the Federal Ministry of Health via video telephony at [www.gebaerdentelefon.de/bmg/](http://www.gebaerdentelefon.de/bmg/) or send an email to [info.gehoerlos@bmg.bund.de](mailto:info.gehoerlos@bmg.bund.de).

Additional information is available at [www.bundesgesundheitsministerium.de/service/buergetelefon](http://www.bundesgesundheitsministerium.de/service/buergetelefon).

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