



In need of care. What now?

The first steps in getting help now

Further information on the long-term care enhancement law, care knowledge, and service offerings at:
www.wir-stärken-die-pflege.de.

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(s) such that they are dependent on the help of others. This includes people who are unable to compensate for or manage burdens or demands due to a physical, mental, or psychological disability. There must be a need for care over a long period of time – presumably for at least six months – and that is at least as serious as specified in § 15 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 authorized to do so. As soon as the application is submitted to the long-term care insurance fund, the Medical Advisory Service for the statutory health insurance (MDK) 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 of the medical service “MEDICPROOF”.

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, in a hospice, or is currently receiving palliative care at home, then the MDK or other 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 their or has agreed with their employer that they will need a release as allowed under caregiver leave law. 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 caregiver leave law or if the caregiver has negotiated such a release with their employer in accordance with family caregiver leave law, then the evaluation must be completed within two weeks of application submission.

What are the distinguishing features of the new care grades and how are they graded?

With the five care grades the type and scope of the benefits of the long-term care insurance can be tailored to individual capabilities and needs regardless of physical, cognitive or psychological impairment.

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 nursing 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 place special demands on the provision of long-term care (care grade 5).

People with care needs 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 this. The central association of the long-term care insurance funds 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	Money benefit Home care	Benefit-in-kind Home care	Relief amount Home care(purpose-specific)	Benefit amount Full-time care
Care grade 1			125 euros	125 euros
Care grade 2	316 euros	689 euros	125 euros	770 euros
Care grade 3	545 euros	1,298 euros	125 euros	1,262 euros
Care grade 4	728 euros	1,612 euros	125 euros	1,775 euros
Care grade 5	901 euros	1,995 euros	125 euros	2,005 euros

The benefits listed are provided on a monthly basis.

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. Of course family members, neighbours, or good friends can also do this for you if you authorize them to.
2. The long-term care insurance associations publish comparison check-lists online describing the services and compensation for approved nursing care establishments as well as offers provided 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 advising from the care advisor of your long-term care insurance fund. Family members and other persons, such as volunteer caretakers, 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 appointment for advising 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 advising entities that you can also redeem for consultation services with one of these entities within the two-week period at the cost of the long-term care insurance fund. If you would like, 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 Long-Term Care Advising)". 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 (MDK) or other independent evaluators to carry out an assessment in the interest of determining your need for long-term care.
5. Please ask your caretaker to be present at the assessment.
6. Try to determine if your family members can provide care long-term and if you will need the help of a home healthcare service to supplement their efforts or if you will need to depend fully on a home healthcare service.
7. If it is not possible to receive care at home – perhaps also by taking advantage of the care and assistance offerings of a local day or night care establishment – then you can be given information and advice on suitable full-time institutional care establishments.
8. The care advisors of your long-term care insurance fund and the staff of the long-term care support offices in your area can help with any questions you may have. You can also obtain further information by calling the citizens' help line of the Federal Ministry of Health at 030 / 340 60 66-02. The deaf and hard of hearing can reach the advisory service via fax at 030 / 340 60 66-07 or via email at info.gehoerlos@bmg.bund.de. Privately insured individuals can contact the company they are insured with at any time or can also contact the Verband der Privaten Krankenversicherung e. V., Gustav-Heinemann-Ufer 74 c, 50968 Cologne, www.pkv.de "COMPASS Private Pflegeberatung (Private Long-Term Care Advising)" can be reached over the phone at 0800 / 101 88 00.

Where can I get more information?



More on the topic of long-term care can be found on the website: www.wir-staerken-die-pflege.de and in free publications from the Federal Ministry of Health, for example the "Long-Term Care Guide": www.bundesgesundheitsministerium.de/publikationen

The citizens' help line of the Federal Ministry of Health can be reached at **030/3 40 60 66-02**. The deaf and hard of hearing can reach the advising service of the Federal Ministry of Health at **Fax 030/3 40 60 66-07** or via email at info.gehoerlos@bmg.bund.de
Further information can be found on the website: www.bundesgesundheitsministerium.de/service/buergertelefon

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