Care Consulting

Care consulting is addressed to people in need of care and their families. It offers:

**information and consulting about:**

- Care Insurance services
- diversity of available assistance in the household e.g. nursing care and household support (outpatient services in Hagen), “meals on wheels” and emergency calls systems
- offers of residential care institutions as well as daycare and short-care.
- ways of financing various help initiatives
- application of care aids e.g. purchasing a care bed, a wheelchair or a raised toilet seat and more

**Help and support in:**

- acute emergency supply and care situations
- resolving individual help and care needs
- applying for particular care services
- coordinating and implementing necessary offers of help
- filing an application for Social Welfare in regard to part-time and full-time care as well as outpatient care

Nursing Care Insurance

**Nursing care**

According to the Nursing Care Insurance § 14 Abs.1 SGB XI, people in need of care are people who show medically restricted impairments of independence or abilities and due to it, they require other people’s help. It must refer to people who cannot manage or control independently their physical, mental or psychological impairments or health dependent strains or demands. People in need of care of all care grades (1-5), who are cared for at home, have the possibility to make use of the so-called non-residential cash benefit. The financial discharge amounts up to 125,00 € monthly. The amount is to be used for a specific purpose and among other things,
can be applied to (co-)finance the daycare and night care of the short-term care as well as the outpatient care.

**Filing an application**

The services of the Care Insurance are granted upon application to the Nursing Insurance Fund after the medical service of the Health Insurance (MDK) determines the nursing care need. This verification by the MDK is complete when a doctor or a care specialist examines the person in need for care at his home. This report is the basis for the Nursing Insurance Fund to decide whether and to which extent the services of the Care Insurance are to be granted.

It is permitted to raise an objection against a rejected or unsatisfactory decision (according to the person in need for care) of the Nursing Insurance Fund in the first instance at the Insurance Fund itself. If the Nursing Insurance Fund does not accept the objection, it is obliged to provide a reasonable notification on the objection with instructions about the legal remedy in a written way. If so, a complaint can be filed to the Social Welfare Court against this notification.

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**An overview of the Nursing Insurance Fund services**

**Nursing Insurance Fund services regarding home and outpatient care**

To fulfill the elderly people’s wish to live a self-determined and independent life in their familiar surroundings at home, even if they are in need for care, there are various offers of need-based assistance for them.

Apart from care provided by family members, friends and neighbours, the help of nursing service of welfare organisations and private caregivers can enable a person to stay in his home environment so that his admission to a nursing home can be avoided or at least delayed.
1) **Home care**

a) **Care allowance (§ 37 SGB XI)**

A care allowance is paid when family members, friends or neighbours take over household assistance.

The person in need of care is entitled to receive the care allowance.

He decides whether and to what extent he forwards it to his caregiver.

The care allowance amounts every month up to (for the person in need of care):

<table>
<thead>
<tr>
<th>Care grade</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>316,00  €</td>
</tr>
<tr>
<td>3</td>
<td>545,00  €</td>
</tr>
<tr>
<td>4</td>
<td>728,00  €</td>
</tr>
<tr>
<td>5</td>
<td>901,00  €</td>
</tr>
</tbody>
</table>

The amount of payment by the Nursing Care Fund is dependent on the grade of care dependency (care grade) which is verified and confirmed by the medical service of the Health Insurance (MDK).

b) **Services in kind (§ 36 SGB XI)**

The term „services in kind“ describes nursing care services provided by professional caregivers from the care service.

The costs are taken over by the Nursing Care Fund every month up to maximum amount of (for the person in need of care):

<table>
<thead>
<tr>
<th>Care grade</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>698,00  €</td>
</tr>
<tr>
<td>3</td>
<td>1,298,00  €</td>
</tr>
<tr>
<td>4</td>
<td>1,612,00  €</td>
</tr>
<tr>
<td>5</td>
<td>1,995,00  €</td>
</tr>
</tbody>
</table>

According to the Nursing Care Insurance Act, the quantity of the services is limited to the above mentioned amounts. If, for example, additional costs arise due to the caregivers` services, they must be covered by the person in need of care himself, if applicable he can make use of welfare benefits as well.
c) Combined services

The person in need of care can combine a care allowance and services in kind and make use of the so-called "combined services" as well. The Nursing Care Fund calculates the demands proportionally in both sectors.

Nursing Care Fund services regarding partial inpatient care, daycare and night care

Elderly people in need of care are generally taken care of in day care facilities during the day 5 days a week. In the evenings and at weekends their care and support are secured further on by outpatient care services, family members, friends or neighbours.

Supervision and care in a day care facility are possible when a caregiver works or he needs some relief of the care over the day for some other reasons.

The amount of services of the Nursing Care Fund is determined by the care grade of care dependency which is verified and confirmed by the medical service of the Health Insurance (MDK). If a care grade has been already granted for home care, it is also valid for daycare or night care.

The care-related costs (including travel expenses) are taken over by The Nursing Care Fund up to a maximum monthly amount of:

- Care grade 2: 689.00 €
- Care grade 3: 1,298.00 €
- Care grade 4: 1,612.00 €
- Care grade 5: 1,995.00 €

The person in need of care must cover the costs for accommodation and meals himself, however, financial discharge can be granted for this purpose. If the person in need of care is not able to make his own contribution he may apply for the welfare benefits.
**Services in regard to short-time care**

When it is not possible to care for a person in the familiar environment at home for a temporary period of time he may be accommodated in a short-term care institution. Such a solution may be taken into consideration either directly after a hospital treatment or in other emergency situations when home care is impossible or insufficient considering the person`s care dependency.

If a care grade for home care has been already granted, it is also valid for the short-time care.

The Nursing Care Fund takes over the costs for the short-time care for the time up to 8 weeks in a year, however, up to a maximum total amount of **1.612,00 €**.

The amount of maximum **3.224,00 €** together with prevention care is available.

The person in need of care must cover the costs of accommodation and meals himself, if applicable he may make use of welfare benefits as well.

**Short-time care**

Care expenses up to 8 weeks in a year

| Care grade 2-5 | 1.612,00 € |
Substitute care

When a private caregiver takes a leave or is temporarily unable to care for the person in need because of his illness, the Care Insurance takes over the costs of substitute care for as long as 6 weeks in a year. The so-called respite care provided by professional care can reach up to a maximum amount of 1,612,00 €. It is not possible to arise such a claim directly after a person’s care dependency is confirmed; it needs at least six months for a caregiver to care for a person in need of care in his familiar surroundings at home. The expenses of the Nursing Care Fund are strictly limited if the substitute care is conducted by a caregiver who is a relative by blood or marriage up to the second degree or he lives with the person in need of care in the same household. The maximum amount to be paid is 1.5 times the monthly care allowance. When proven travel expenses as well as loss of earnings arise, they can be extra refunded, however, up to a maximum total amount (care allowance and travelling expenses) of 1,612,00 €.

Holiday and substitute care

Care expenses up to 6 weeks in a year for necessary substitute care by close relatives

<table>
<thead>
<tr>
<th>Care grade</th>
<th>Amount (€)</th>
<th>Extra (€)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care grade 2</td>
<td>1,612,00</td>
<td>474,00</td>
</tr>
<tr>
<td>Care grade 3</td>
<td>1,612,00</td>
<td>728,00</td>
</tr>
<tr>
<td>Care grade 4</td>
<td>1,612,00</td>
<td>817,00</td>
</tr>
<tr>
<td>Care grade 5</td>
<td>1,612,00</td>
<td>1,092,00</td>
</tr>
</tbody>
</table>
**Care services at an inpatient facility**

When home care provided by family members, outpatient care services and daycare and night care is not enough, inpatient care in a nursing home is generally taken into consideration. The Nursing Care Fund covers the costs at different amounts depending on the care grade. The amounts in question involve the maximum ones.

The amount invoiced to the person in need of care by nursing institutions is divided into 3 partial amounts: nursing charge, investment costs as well as accommodation and meals.

**Inpatient care**

Care expenses monthly

(Protection of the already existing care dependency in 2016)

<table>
<thead>
<tr>
<th>Care grade</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care grade 2</td>
<td>770,00 €</td>
</tr>
<tr>
<td>Care grade 3</td>
<td>1,298,00 €</td>
</tr>
<tr>
<td>Care grade 4</td>
<td>1,775,00 €</td>
</tr>
<tr>
<td>Care grade 5</td>
<td>2,005,00 €</td>
</tr>
</tbody>
</table>

If the total amount exceeds the level of income and also the Care Insurance services, the person in need of care can apply for welfare benefits or housing allowance for the investment costs.

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**Location & availability**

Department Health and Social Affairs
Care and Accommodation Support
Berliner Platz 22, 58089 Hagen

Fax: 02331 207-2080
Contacts

- **Districts Kabel/Bathey, Boele (only „Am Bügel“)**

  Care specialist for appraisal and evaluation of care needs

  Frau Armold, room A. 116  
  Telephone: 02331 207-5064

- **District Altenhagen, Eckesey, Remberg, Helfe, Fley**

  Frau Benthaus-Reiß, room: A.114  
  Telephone: 02331 207-5700

- **District Berchum, Boelerheide, Boele (without „Am Bügel“), Dahl, Hohenlimburg, Holthausen Halden/Herbeck, Priorei/Rummenohl, Delstern**

  Frau Gaczoch-Sakarya, room: A.115  
  Telephone: 02331 207-5742

- **District Haspe, Wehringhausen, Westerbauer, Geweke, Tücking, Kuhlerkamp, Emst**

  Frau Schultheiß, room: A.116  
  Telephone: 02331 207-3477

- **District Eilpe/Selbecke, Garenfeld, Vorhalle, Eppenhausen**

  Frau Stadtländer, room: A.115  
  Telephone: 02331 207-3681

- **District Zentrum, Fleyerviertel**

  Frau Weirauch, room: A.117  
  Telefon: 02331 207-3478

- **Information about removal and assistive devices**

  Frau Moog, room: A.105  
  Telephone: 02331 207-5044

We provide advice to you by appointment.

You can reach us most conveniently by phone from Mondays to Fridays between 8.30am and 9.30am.

Outside this time you can leave a message on the answering machine.

We will be glad to call you back!