



## Home Care

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Anyone needing nursing care does not necessarily have to receive it in a hospital setting, for example, in a clinic. In many cases, these treatments can also be received in the home environment via outpatient care services. The legal basis for home nursing is laid down in the *Social Insurance Code* (Sozialgesetzbuch - SGB) V.

Equally, persons who are not assigned a nursing level or, as from 1<sup>st</sup> January 2017, persons who are no longer assigned a nursing level, are entitled to temporary nursing care as a benefit from their health insurance provider in accordance with hospital structure law regulations (initially for four weeks).

Based on a serious illness or acute aggravation of a disease, insured persons may receive, in particular

- **after a hospital stay,**
  - **after outpatient surgery** or an
  - **outpatient hospital treatment,**
- the required

1. treatment care as well as
2. basic care and
3. domestic assistance.

### **1. Treatment care**

This includes nursing care provided by certified geriatric nurses and nurses in collaboration with the attending physician, e.g.

- changing of dressings
- wound care
- injections
- cleaning of instruments and patient aftercare.

The prerequisite for treatment care is a medical prescription.

### **2. Basic care**

This includes, e.g.

- assistance with getting dressed, basic hygiene as well as intimate hygiene
- beds and repositioning while in bed
- preparing of meals / help with eating
- help with standing up and walking
- prevention of bedsores (decubitus prophylaxis).

The prerequisite for basic care is a medical prescription.

### **3. Domestic assistance**

This includes help with the maintenance and managing a household, e.g.

- cleaning of living space
- acquisition of heating material, heating of living space
- washing and maintenance of laundry and clothing
- preparation of meals.

The prerequisite for domestic assistance funded by the medical insurance company is a medical prescription by the attending physician.

A co-payment amounting to € 10 will be charged by the medical insurance company for each medical prescription for domestic nursing care. The insured person also assumes 10% of the cost for care, for a maximum of 28 days per calendar year. This does not apply to insured persons who are exempt from prescription fees.

Domestic nursing care is granted in kind. This means that the nursing service provider invoices the medical insurance company directly. Home nursing may only be provided by agencies who have a care contract with the medical insurance company.

#### **NOTICE:**

Before home nursing care by a nursing service agency is used, the medical insurance company must approve this in writing by confirming that it will cover the benefit costs according to the medical prescription.

If sufficient care in the home by a service provider is not possible, the insured person is entitled to **short-term care** in a suitable institution as a benefit from the medical insurance company. The medical insurance company will cover the cost of short-term care up to a total amount of € 1,612 (limited to 56 days per calendar year).

If the patient already receives benefits from long-term care insurance, short-term care must be taken up within this framework. (See information sheet No. 8)

**The staff at the care support centre are happy to advise you.**

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Support for the care support centre is provided by the State of Berlin and also the care and health insurance schemes in Berlin