



Information Sheet No. 37

Assistance for nursing care from the district authorities

Persons who need care because of their health status, but do not have the necessary funds to pay for the care (because no entitlement to care insurance benefits exists or because the benefits of the care fund are not sufficient), can claim for "assistance for health care" pursuant to SGB XII at the district authority.

This applies to both out-patient help in the home, for day-care assistance in a day care facility or short-term care, as well as for residential care in nursing homes.

The application for "assistance for nursing care" can be made to the social services department of the local district authority.

It is important here that all requested documents are submitted and are all financial burdens are proven (so-called obligation to cooperate).

The social services office grants "assistance for nursing care", insofar as this is recognised and necessary. This requires that first priority services, such as the services of the nursing care insurance are used.

Another requirement is that the income and assets of the patient and his or her spouse or partner are insufficient to defray the cost of care.

The following calculations provide an overview, as of when the assistance benefits for care are granted. It comprises a general overview that does not replace an exact calculation by the social welfare office.

The respective calculation is to determine what must remain for the person in need of care and, if relevant, his or her spouse or partner as income for daily living expenses (income limit), or to what extent a part of the costs are to be paid.

**Income calculation for outpatient care at home**

	€ 848,00	Basic amount
+	€ 297.00	Possibly family allowance per person living in the household
+	€	Cost of accommodation (without heating/hot water)
+	€	Possible health and nursing insurance contributions for private and voluntary-insured persons
-	€	Dispensation for special burdens (medication co-payments, diet costs, spa stays, loan instalments, etc. - to be submitted as evidence)
=	€	Income threshold

With regard to the special burdens a large number of variations are possible. Speak to the person responsible for your claim.

If the available income (e.g. pension) is lower than the amount of the income threshold, there is no need for cost-sharing, i.e. "assistance for nursing care" is paid in full.

If the available income exceeds the income threshold a share of the costs in the amount of 40-100% of the difference between income level and actual income is to be paid. The percentage depends on whether the patient has a care level. Without a care level the difference to be paid is 100%.

In addition, it must be examined whether existing assets must be used for maintenance, or which portion of assets remains for the person requiring care (protected assets). Further relevant information is provided below.

Income calculation for inpatient care in a nursing home

Single persons in need of care must use their total income minus the amount in cash due to them (so-called pocket money) and assets (above the protected assets). This is due to the regulation on the use of income above and below the income threshold.

If the person requiring care is married or in a civil partnership, the entire income and assets are to be used, in principle. However, the spouse or partner remaining in their own home spouse keeps subsistence money taking into consideration the previous living conditions.

This is measured as follows:



Calculation of "livelihood" need prior to entering a care home

a) for the householder

	€ 424.00		Standard amount for means of livelihood/basic security
+	€ 72.08		Possibly 17% more because of disability or illness
+	€		Cost of accommodation incl. heating costs and hot water
+	€		Any costs for health and nursing care for private and voluntary-insured persons
=	€		Home needs

b) for family members

	€ 339.00		Standard amount for means of livelihood/basic security
+	€ 57.63		Possibly 17% more because of disability or illness
=	€		Needs for family members

These two needs are counted together and comprise the total need.

This total need is then compared with:

	€		Total income of both spouses/partners
-	€		Insurance (household and personal liability)
=	€		Total income net of insurance
-	€		Total needs for both spouses/partners
= exceeded	€		Exceeded : 2 persons = per capita allowance*)

*) With regard to the assessment of the "per capita" allowance, this is only a rough representation, since it must be ensured that the cost share is reasonable.

Overall, the cost share is determined so that the amount guaranteed for the spouse /life partner in the household can be paid plus the cash amount from the income. In addition, recognized special burdens are taken into account.

Calculation of the remaining living expenses at home:



	€		Livelihood for a head of household
+	€		Per capita allowance
=	€		Guaranteed amount for the spouse/partner remaining at home
+	€ 114.48		Cash amount for the care home resident

Calculation of the protected assets

Generally, existing assets should be used to pay for care.

Excluded from this are basically:

- owner-occupied housing
- € 5,000 so-called smaller amount of cash
- plus € 5,000 for the spouse or partner as well as
- € 500 for each additional dependent person
- up to 5,600 appropriated for burial and grave maintenance

Again here many constellations are conceivable. Therefore you should discuss with the person handling your claim as even if there are existing assets, entitlements to benefits from the social welfare office may exist.

The staff of the care support organisation are happy to advise you.

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