PFLEGESTÜTZPUNKTE
BERLIN
Beratung rund um Pflege und Alter

Information Sheet No. 8

Respite Care – Short-term Care

When a private caregiver is unavailable due to holidays, sickness or for other reasons prevented to perform care, the nursing care insurance covers the costs of the required substitute care for a maximum of 42 days and up to € 1,612 per calendar year. Prerequisite is that the caregiver has cared for the care-receiver in the home for at least six months and there has been an assignment of at least care level 2 before the initial unavailability. An application for respite care is available from the nursing care fund.

The insurance provider will cover half of the costs of this service for up to six additional weeks. The amount covered due to respite care will not be reduced if respite care is needed for less than 8 hours per day. Furthermore, this day will not be counted towards the 42 day allowance, because the period of 8 hours refers to the absence time of the caregiver and not to the duration of the respite care.

For the hourly respite care, reasons such as regular rest periods or personal appointments can be indicated. The individual days can be distributed throughout the year.

In the case of privately organized respite care, benefits and hourly rates should be fixed in advance with the substitute caregiver. As a rule, the person in need of care has to pay for this in advance and is reimbursed by the nursing care fund.

If the respite care is being provided by close relatives who are related to the person in need of care up to the 2nd degree (parents, children, grandparents, grandchildren, siblings) or in-laws (parents-in-law, children-in-law, grandparents-in-law, brother-in-law, sister-in-law), the care insurance fund will pay 1.5 times the amount of the usual care allowance (e.g. for level of care II (316 €) this corresponds to 474 €). Additional essential expenses such as travel costs or loss of earnings incurred by the caregiver in connection with the care can be covered up to a total of € 1,612 if documentary evidence is provided.

The amount of respite care allowance can be increased by up to € 806 from the unused short-term care funds to a total of € 2,418 in a calendar year. The funds for short-term care are reduced correspondingly.

Respite care may also be provided in an in-patient facility (e.g. day care, short-term care facility or nursing home.) In this case, only the care-related expenses included in the daily rate of the facility are assumed.

Short-term Care

If, in the case of care level 2-5, home care cannot at times be provided to the extent necessary, there is the option of receiving nursing care in a short-term care facility, which are independent facilities that only provide care and assistance on a temporary basis. In the case of care level 1, the amount of relief can be used for financing. An application for short-term care can be obtained through the nursing care fund.

Short-term care can be considered

- for a transitional period following in-patient treatment, e.g., if home refurbishing measures

are required or if a place in a nursing home has not yet been made available

- in crisis situations where temporary home care or partial in-patient care is not sufficient or not possible.

The person in need of care has a claim for short-term care for up to 8 weeks per year. Expenses for care, social care and medical treatment may be reimbursed by the nursing care fund up to a total amount of **€ 1,774** per calendar year. The costs for room, board and investments are borne by the patient.

The amount of the benefits can be increased by up to € 1,612 from unused funds for respite care purposes up to a total of € 3,386 per calendar year. The amount of the benefits for respite care is reduced accordingly.

If care benefits are received, half of the previously paid care benefit is continued for a maximum of eight weeks per year during the period of short-term care.

In individual cases, short-term care can also be used in a facility for the assistance of people with disabilities or some other suitable facility if care is not possible or is not reasonable in a nursing care facility approved for short-term care.

If a care receiver is in an in-patient facility providing medical care or rehabilitation and the patient must be hospitalized and treated there, a claim for short-term care in this facility can be made.

Food, accommodation and investment costs, which are invoiced by the facility as self-pay, can be paid by way of the burden relief amount of € 125 according to § 45 b SGB XI.

Short-term care as a benefit from the health insurance

If nursing level 2, 3, 4 or 5 has not been assigned, the necessary short-term care for a transitional period can be provided in particular after a hospital stay, after outpatient surgery or outpatient hospital care provided that domestic nursing care is not enough. The right to short-term care exists for 56 days or up to € 1,774 each calendar year and is to be applied for with the health insurance.

Short-term care as a benefit provided by health insurance

If the levels of care 2,3,4 or 5, do not apply, essential short-term care may be provided for a transitional period, in particular after a stay in hospital, after an outpatient operation or after outpatient hospital nursing care. This is on condition that home nursing care is not sufficient. Patients are entitled short-term care for 56 days or up to € 1,612 per calendar year and in this case an application must be submitted to the health insurance fund.

Transitional care in hospital

If home nursing, rehabilitation treatment, short-term care, preventive care or other benefits under the Long-Term Care Insurance Act are not available, persons affected can receive transitional care in the hospital where they were treated for up to ten days. Affected persons should contact the social services department at the hospital at an early stage.

The staff at the Consulting Centre are happy to help you.

Free service number: 0800 5950059

www.pflegestuetzpunkteberlin.de

Consulting Centres are funded by the State of Berlin and the healthcare insurance providers of Berlin