



Information sheet no. 37

Help for care from the district office

People who need care due to their health condition but do not have the necessary financial means to pay for the care (because there is no entitlement to benefits from the long-term care insurance or because the benefits from the long-term care insurance are not sufficient) are entitled to "help for care" according to the SGB XII by the district office.

This applies to outpatient help in the home, to day care in a day care center, as well as to full inpatient care in a nursing home.

The application for "Hilfe zur Pflege/ Help for care" can be submitted to the social welfare office of the responsible district office.

It is important that all requested documents are submitted and that all financial burdens are documented. This is a so-called obligation to cooperate. The social welfare office grants "help for care", as far as this is recognized as necessary. The prerequisite is that priority benefits, such as the benefits of the long-term care insurance fund, are used first. Another prerequisite is that the income and assets of the person in need of care and his or her spouse or life partner are not sufficient to cover the costs of care.

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

In the respective calculation, it must be determined what income the person in need of care himself and, if applicable, his spouse or life partner must have left over for daily living expenses (income limit), or to what extent cost sharing must be paid.

Income calculation for outpatient care at home

	1.126 €	Basic amount
+	395 €	if applicable, family allowance per person living in the household
+	€	Costs of accommodation (without heating)
+	€	Health and long-term care insurance contribution, if applicable for privately and voluntarily insured persons
-	€	Exemption amount for special charges (Medication co-payments, dietary costs, spa stays, loan installments, etc. - evidence must be provided for this)
=	€	Income limit

A large number of variants are possible with regard to the special charges to be deducted. Therefore, talk to your case worker.

If the available income (e.g., pension) is lower than the income limit, there is no cost sharing, i.e., "Hilfe zur Pflege" is granted in full.

If the available income exceeds the income limit, a cost sharing of 40% to 100% of the difference between the income limit and the actual income must be paid. The percentage depends on whether the person in need of care has a care degree. Without a care degree, 100% of the difference must be paid.

In addition, it must be examined whether existing assets must be used for care, or which part of the assets can remain with the person in need of care (sheltered assets). Further details are given below.

Income calculation for full inpatient care in a nursing home

Single persons in need of long-term care must use their entire income minus the cash amount to which they are entitled (so-called pocket money) and assets (over the sheltered limit).

In the case of married persons or persons living in a civil partnership, the joint income and assets must also be used. However, the spouse or partner remaining in his or her own household must be able to maintain his or her livelihood, taking into account the previous living conditions.

This is calculated as follows:

Calculation of the "subsistence" requirement before admission to the home

a) for the head of household

	563.00 €	Standard rate for assistance with living costs / basic income support
+	95.71 €	If applicable, 17 % additional requirement due to disability or illness, mark "G" or "aG"
+	€	Costs of accommodation incl. heating costs Hot water
+	€	Costs for health and long-term care insurance, if applicable for privately and voluntarily insured persons
=	€	Need at home

b) for the relative

	451.00 €	Standard rate for assistance with living costs / basic income support
+	76.67 €	If applicable, 17 % additional requirements due to disability or illness
=	€	Need for dependents

These two needs added together give the total need.

This total requirement is then compared:

	€	Total income of both spouses/life partners
-	€	Insurances (household and liability)
=	€	Total income after deduction of insurance
-	€	Total requirements of both spouses/life partners
=	€	Exceeding : 2 persons = head-part surcharge *)

*) With regard to the assessment of the "head-part" supplement, this is only a rough representation, as it must be ensured that the cost sharing is reasonable.

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

Calculation of the remaining living expenses at home:

	€	Needs at home for a) Head of household
+	€	Peripheral surcharge / Head part surcharge
=	€	Guaranteed amount for the spouse/life partner remaining at home Life partner
+	152.01 €	Cash amount for the resident in the home (plus clothing allowance, if applicable, in the case of limited mobility)

Calculation of the assets

In general, existing assets are to be used for care.

Excluded from this are, among others:

- Owner-occupied residential property
- € 10.000 so called smaller cash amount
- plus € 10.000 for the spouse or partner and
- € 500 for each further dependent person
- Up to € 8.700 earmarked for burial and grave care

Here, too, many constellations are conceivable. It is therefore essential that you speak to your caseworker, as even if you have assets, you may still be entitled to benefits from the social welfare office.

The employees of the nursing care support center will be happy to advise you

Free service number: 0800 59 500 59

www.pflegestuetzpunkteberlin.de

The sponsors of the care support points are the state of Berlin and the care and health insurance funds in Berlin