



## Information sheet no. 8

# Discharge budget: Joint annual amount for prevention and short-term care

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The discharge budget is a consolidation of the benefits for respite and short-term care in order to be able to use the two services more flexibly. This means that a total annual benefit amount of up to **€3,539** is available.

The discharge budget may not be mistaken with the monthly discharge amount of €131, see information sheet 4.

### **What does prevention care mean?**

Prevention care is available to people in need of care from care level 2 for eight weeks if the private caregiver is not able to provide care due to holidays, illness or other reasons.

### **How can prevention care be provided?**

You are entitled to receive prevention care on an hourly or daily basis. This allows you to claim the costs from the care insurance fund for both short appointments and longer absences

### **What does hourly prevention care mean?**

If the caregiver is absent **for less than eight hours a day**, this is referred to as hourly prevention care. This can be provided by an outpatient care service or by a privately organised caregiver.

For hourly prevention care, there may be reasons such as regular periods of recuperation or private appointments. The individual days can be distributed over the whole year, the total entitlement of eight weeks and the nursing care allowance will not be reduced.

In the case of a privately organised replacement nursing service, the benefits and hourly rate should be agreed in advance with the replacement nursing provider.

In the case of privately organised temporary care by close relatives who are related to the person requiring care up to the 2nd degree (parents, children, grandparents, grandchildren, siblings) or related by marriage (parents-in-law, children-in-law, grandparents-in-law, brother-in-law, sister-in-law), the care insurance fund pays twice the usual care allowance (for example, for care level 2 (€347), this corresponds to €694). Additional necessary expenses, such as travel costs or loss of earnings incurred by the substitute carer in connection with care, can be reimbursed on presentation of proof.

### **What does daily prevention care mean?**

If the caregiver is absent for **more than eight hours** a day, this is referred to as daily prevention care. This can also take place in a (partially) inpatient facility (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 covered by the long-term care insurance fund.

Reasons such as longer planned absences (holidays, business trips) or illness can be given for daily prevention nursing care. The care allowance is reduced by 50 per cent if it is claimed.

### **What is short-term nursing care?**

The term short-term care is applied when a person in need of care from care level 2 requires full inpatient care for a limited period of time. The benefit can be claimed for a maximum of eight weeks per calendar year.

Short-term nursing care can be provided for a limited period of time following inpatient treatment in hospital or a rehabilitation facility if

- the state of health of the person in need of care suddenly worsens
- remodelling measures are carried out in a person's home
- during a crisis situation where home or partial inpatient care is temporarily not possible or not adequate.

In individual cases, short-term nursing care can also be provided in a facility offering assistance for people with disabilities or another qualified facility if nursing care in a care facility authorised for short-term care is not possible or does not seem reasonable.

If a caregiver is in an inpatient medical care or rehabilitation facility and the person in need of care must also be accommodated and looked after there, short-term nursing care can also be claimed.

### **How do I apply for the discharge budget and how is it financed?**

There is no direct procedure for applying for the discharge budget. You must also apply for either prevention care or short-term care. You can receive an application form from your long-term nursing care insurance provider.

The long-term care insurance provider will cover the costs of care services up to a maximum of **€3,539**. The costs of meals, accommodation and investment are paid by the person in need of care. These can be deducted from the discharge amount when using short-term nursing care, see Information sheet 4.

### **Short-term and temporary nursing care as a health insurance benefit**

If there is no nursing category of 2 to 5, the necessary short-term nursing care can be provided for a temporary duration, particularly after hospitalisation, outpatient surgery or hospital care. Provided that home nursing care is not adequate. The entitlement to short-term nursing care is for a period of eight weeks or with a maximum amount of €3,539 per calendar year and must be applied for with the health insurance provider in such cases.

During hospital treatment, temporary nursing care can be claimed if long-term care insurance benefits are not available, see Information sheet 1.

**The employees at the nursing care support centres will be happy to assist you**

**Toll-free service number: 0800 59 500 59**

**[www.pflegestuetzpunkteberlin.de](http://www.pflegestuetzpunkteberlin.de)**

The nursing care support centres are run by the state of Berlin and the nursing care and health insurance companies of Berlin