

Someone needs care

– Now what?

New
updated
edition



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Practical guidelines for employees
who have children with disabilities
or other family members in
need of care

FOREWORD

More and more people at work in Germany are also caring for someone in the family. That someone might be your parent, your spouse or partner's parent, your spouse or partner, or a child. It is not only caring for an older family member and getting on at work that is a balancing act; looking after a child with a disability or special needs is also a big challenge if you have a job.

One in ten people with jobs are now also caring for someone in the family. As the demographics change, that number is set to go up. What caring involves and the circumstances in which it is done can be as varied as carers and the cared-for themselves. A situation can arise totally unexpectedly: An accident, a fall: Suddenly you have someone to look after. But in other cases it can take a long time for a person to arrive at the point where they need care. A disabled child, for example: At the time of birth, it is often hard to tell just how serious a disability is going to be.

Whatever situation you are in and however it arose, we hope the information and recommendations in this brochure help you cope in the initial stages of providing care for someone in your family. It tells you about the law (with some definitions), your rights, and the choices you have, so you can make a success of balancing your work with your care responsibilities.

Beyond this brochure we offer two trainings for carers, interested parties and in-house contact persons: the "Competency-Based Training Course on Care" and the training course to become a "Company Care Guide". Please contact us for more information.



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Metropolregion Rhein-Neckar GmbH



Source: Erik Weber, "Opa und ich"

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Note: To ensure that these guidelines remain up-to-date, amounts of money, such as benefits and allowances from care insurance and health insurance funds, or the state, are listed in the attachment. You can access the current version of the guidelines any time at www.m-f-n.com/publikationen (in German).

1 Definitions and Explanations

1.1 Need for Care

§ Article 14 of the German Code of Social Law (SGB) XI

A need for care is defined for individuals:

- Who face health-related impairments to their autonomy or capabilities and therefore require assistance from others.
- Who cannot independently compensate for or manage physical, cognitive, or mental impairments or health-related burdens.
- Whose need for care persists in the long term, prospectively for at least six months, and at least in the severity defined in Article 15 (see sections 1.2 and 1.3).

The criteria listed in the six areas below are material for determining whether independence or abilities are impaired due to health:

1.) Mobility:

For example, changing positions in bed, maintaining a stable seated position, changing seats, movement within the living area, climbing stairs.

2.) Cognitive and communicative abilities:

Identifying persons from the local community, local orientation, remembering significant events or observations, coordinating everyday multistep activities, making everyday decisions, understanding situations and information, identifying risks and dangers, communicating elementary needs, understanding requests, participating in a conversation

3.) Behavior patterns and psychological problems:

Motoric behavioral problems, nocturnal agitation, self-harming and auto-aggressive behavior, damaging objects, physically aggressive behavior to others, verbal aggression, other care-relevant vocal abnormalities, resistance to care and other support measures, delusions, fears, listlessness coupled with depressive moods, socially inadequate behaviors, other care-relevant inadequacies.

4.) Self-sufficiency:

Washing the front upper body, body care in the head area, washing the genital area, showering and bathing including washing hair, dressing and undressing the upper body, dressing and undressing the lower body, preparing bite-sized food and pouring drinks, eating, drinking, using a toilet or commode, coping with the consequences of urinary incontinence and dealing with a permanent catheter and urostoma, coping with the consequences of fecal incontinence and stoma, feeding parenterally or through a tube, existence of serious problems during food intake by children up to 18 months old who require extraordinarily care-intensive assistance.

5.) Tackling and independent handling of demands and burdens related to illness or therapy:

- With regard to medication, injection, caring for intravenous inputs, aspiration and supplying oxygen, rubs and applications of cold/heat, measuring and interpreting body conditions, close-fitting aids
- With regard to changing dressings and attending to wounds, care with stoma, regular one-time catheterization and the use of purging methods, therapeutic measures in the home environment
- With regard to time- and equipment-intensive measures in the home environment, doctors' house calls, visits to other medical or therapeutic facilities, extended visits to medical or therapeutic facilities, visits to early intervention facilities for children and with regard to compliance with dietary guidelines or other illness-related or therapy-related behaviors

6.) Structure of daily life and social contacts:

Structuring the daily schedule and adjusting to changes, resting and sleeping, keeping busy, making future plans, interaction with persons in direct contact, maintaining contact with people outside of the direct surroundings. Impairments to self-sufficiency or abilities that mean the household can no longer be handled without assistance are taken into account in the areas specified in clause 2 above.

1.2 Determining Need for Care

The procedure for determining the need for care is regulated in § 18 SGB XI and follows a fixed model. The care insurance funds review the need for care through the German Statutory Health Insurance Medical Service (MDK). The MDK supports the statutory health insurance and long-term care funds as an independent counseling and assessor service for medical and care-related issues. The first step involves applying for care benefits from the nursing care insurance fund where the person in need of care is insured. The application can be made informally, even by phone. After the application is received, the nursing care insurance fund commissions MDK or an independent assessor to check whether a need for care exists. The applicant, as well as family members and other persons, have an entitlement to advice from specially trained care advisors. They determine the individual assistance requirements, for example, and can make a home visit if needed.

-  To be fully entitled to care benefits, the insured party must have paid into a nursing care insurance fund as a member for at least two years in the ten years prior to submitting the application or have been covered on a family policy.
-  The care insurance fund makes payments from the date the application is made. Therefore, it is important that you have the care insurance fund confirm this date. You can claim back expenses already incurred from the care insurance fund if you provide receipts.

A decision must be made about the person's need of care no later than 25 working days after the application has been made. If this deadline is missed, the nursing care insurance fund must pay the applicant an amount of compensation for each commenced week of delay. If the applicant is in hospital, an inpatient rehabilitation facility, or a hospice, or is receiving outpatient palliative care, shorter deadlines apply, which are also regulated in Article 18 SGB XI.

The private care insurance companies use their own medical services, which are organized under private law, to determine the need for care.

-  More information is available from COMPASS Private Pflegeberatung at www.compass-pflegeberatung.de

Visit from the German Statutory Health Insurance Medical Service (MDK)

The German Statutory Health Insurance Medical Service (MDK) will only get in touch once an application for care has been made. The MDK assessor visits the insured person at their home. The assessment involves examining the care-dependent person's autonomy and need for care, as well as the type, scope, and expected duration of the help required. These assessments are repeated at regular intervals so that any changes in the level of care can be determined.

Before the assessor visits, it is important to prepare the person in need of care for the visit and to have a diagnosis from the doctor ready. If the person suffers from dementia, it is especially important to provide the assessor with information about the specifics in this case, for example, that the person does not want to be washed.

Here, it is very helpful to keep what is known as a care diary. This can help the MDK assess the situation, and serves as evidence if the level of care required is not assessed correctly.

 You can ask your care insurance fund or health insurance fund for a care diary free of charge.

The MDK informs the care insurance fund of the result of the assessment and gives its view on whether suitable measures are in place to ensure home care. The care insurance funds, health insurance funds, and doctors are obliged to provide the MDK with the documents required for the assessment and information.

 A checklist for preparing for the MDK visit is contained in the appendix.

Objection

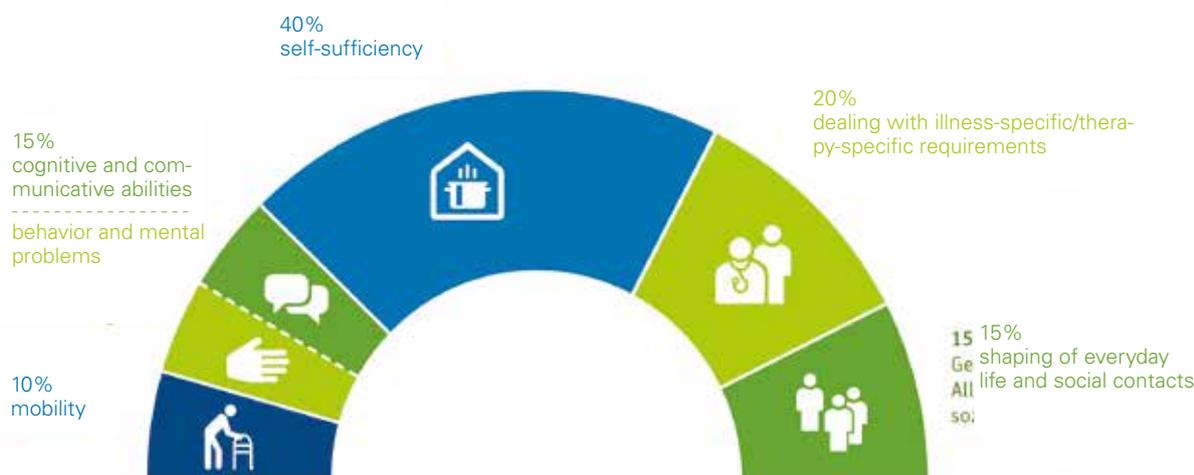
If the assignment to a level of care is rejected, or if a person or the family member does not agree with the classification, an objection against the decision can be filed within one month. To do this, the written assessment that was made by the MDK should be requested, since only this can be used to justify an objection. The deadlines stated in the notification must be adhered to. The objection should be in writing and should contain a reason.

 With regard to this matter, please contact your local care center or another qualified person, for example, from your care service.

1.3 Degrees of care

To determine the level of care, the six criteria described in section 1.1 are examined and weighted during the MDK visit:

Overview of the new definition of need for care and the new assessment tool – Six life areas (modules) are assessed and weighted



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In each area, the assessor assigns an appropriate number of points, depending on the degree of autonomy. They are included in the overall score with the corresponding weighting. The total number of points reached determines the level of care:

Degree of care 1	12.5 to <27 points	Low impairment of independence or abilities
Degree of care 2	27 to <47.5 points	Significant impairment of independence or abilities
Degree of care 3	47.5 to <70 points	Serious impairment of independence or abilities
Degree of care 4	70 to <90 points	Severe impairment of independence or abilities
Degree of care 5	90 to 100 points	Severe impairment of independence or abilities with special needs for care

 For children with impairments, the assignment of a degree of care is assigned based on the additional help required compared with a healthy child of the same age pursuant to Article 15, Subsection 2 SGB XI.

Switch from Care Levels to Degrees of Care

Until 2016, the degree to which care was required was classified in care levels. As of 2017, these care levels were automatically changed to the corresponding degrees of care:

Level of care	Degree of care
Few impairments on independence or capabilities	Degree of care 1
Care level 0	Degree of care 2
Care level 1	Degree of care 2
Care level 1 + limited skills for daily life	Degree of care 3
Care level 2	Degree of care 3
Care level 2 + limited skills for daily life	Degree of care 4
Care level 3	Degree of care 4
Care level 3 + limited skills for daily life	Degree of care 5
Hardship	Degree of care 5

2 How care is organized and entitlement to nursing care insurance fund payments

Various options are available for organizing care. The main question is whether the care can be given at home. For example, alternatives to home care are residential or part-time residential care in an institution. Elderly people also have the option of assisted living or an apartment shared with other elderly people. The following sections give you a brief overview of the various options for organizing care and the care insurance company payments.



The appendix contains a summary under “An Overview of the Main Benefits of the Care Insurance Fund”.

2.1 Care at Home: Options and Benefits

In accordance with German law, home health care always takes precedence over inpatient care. In principle, the care does not necessarily have to take place in the household of the person in need of care, but can also take place, for example, in the household of a family member, assisted living accommodation, or an apartment shared with other elderly people.

Persons in need of care and their families are entitled to the following assistance.

Home Care Service

A home care service supports persons in need of care and their families in day-to-day care and coping with everyday life. To do this, professional staff provide support at home. Home care services comprise:

- Basic care activities (personal hygiene, nutrition, mobilization, turning the patient to a different position, and so on)
- Home health care (administration of drugs, changing of bandages, injections, and so on)
- Advice and support in procuring home care services (delivery of meals, organization of transportation services and ambulances, and so on)
- Household assistance (shopping, cooking, cleaning, and so on)
- “Home care” services (going for a walk with the person in need of care, reading to them, and so on)

For the deployment of the home care service, the care insurance company makes monthly payments, which are known as care benefits in kind. These payments are made directly to the home care service. The condition is that a home care service is selected that has concluded a contract with the care insurance fund or the association that represents it. Information on the certified home care services as well as lists comparing their prices and what they offer are available free-of-charge from the care insurance funds.

Care by a Relative or Voluntary Carer

Besides using a home care service, the person in need of care can be looked after by a relative or a voluntary carer. In such cases, this person is entitled to a care allowance. The amount is transferred directly to the account of the person in need of care, who can do what he or she likes with it. The intention here is that the money is passed on to the carer in recognition of their work. The amount of the care benefit in kind and of the care allowance is based on the level of need of care.



The appendix contains a list of benefits under “Care Benefit in Kind and Care Allowance”.

Combination of Care Benefit in Kind and Care Allowance

To be able to organize care more flexibly, the payment of benefits in kind and care allowance can also be combined in the degrees of care 2 through 5 ("combination benefit"). If the monthly amount provided for care benefits in kind is not exhausted yet, a proportional care benefit can be claimed.

Benefits in kind in %	100	90	80	70	60	50	40	30	20	10
Care allowance in %	0	10	20	30	40	50	60	70	80	90

Up to 40 percent of the amount provided for care benefits in kind that is not used for that purpose can be applied to recognized offerings for everyday support, such as taking walks or going shopping.

Independent Carers

Independent carers are professional carers who work on a self-employed basis (for example, geriatric nurses). The person in need of care is looked after at home and care can be for a fixed period every day or 24 hours a day. Foreign carers can also be employed to give professional care and support in the household. This service is also offered as 24-hour care. In this case, the carer lives at the person in need of care's home and usually alternates with another carer. To be entitled to care benefit in kind, contracts also need to be concluded between the independent carers and the care insurance funds (see the section about home care).

 To arrange foreign carers, you can contact the German Federal Employment Agency.

Medical Aids

Medical aids are materials and equipment that are necessary for home health care or that make it easier. A distinction is made between technical aids (bed, positioning aids, emergency system, and so on) and articles of daily use (disposable gloves, mattress covers, and so on). Persons in need of care must pay some of the costs for technical aids. Larger technical aids are often loaned on a temporary basis. You can find out which items these are by referring to the list of medical aids provided by the care insurance funds. The care insurance fund reimburses a certain amount per month for articles of daily use.

Costs for wheelchairs and walking aids are usually paid for by the health insurance company. If the health insurance company is not obliged to pay, the care insurance fund will pay for the medical aids.

With regard to the contribution that the person in need of care must pay, the same applies as with medication: There is a limit of 2 percent (or 1 percent for chronically sick people who receive long-term treatment for the same serious illness) of the person's annual gross income.

 If an assessor from MDK recommends certain medical aids, such as bathtub or walking aids, in the assessment, the person in need of care does not need to submit a separate application. The recommendation in the assessment is forwarded to the nursing care insurance fund automatically, which usually approves it.

Support for Construction Work

If a person becomes dependent on care, alterations must often be made to their home. In this case, it is possible to apply to the care insurance fund for subsidies, if one or more of these conditions have been met:

- Home health care only becomes possible with the alterations
- Home health care is made considerably easier, thus preventing excessive strain being put on the person in need of care or the carer
- The construction work can enable the person in need of care to regain a lifestyle that is as independent as possible, thus reducing dependency on a carer

The subsidy from the care insurance fund is limited to a maximum amount and the income of the insured person is taken into account when the subsidy is calculated. If several eligible persons live together, the amount may increase.

For example, subsidies are available for stair lifts and ramps, door-widening measures, alterations/extensions to baths and showers, antislip flooring, and kitchen alterations, such as the lowering of cupboards. At the point at which the MDK makes its assessment, it can determine which measures are necessary and will be subsidized. Since these can be applied for directly from the MDK, it makes sense to discuss them on this visit.



For more information about home alterations, please contact your local care center or housing advice agency.

2.2 Forms of living

Many people want to live as independently as possible, even when they reach old age. There are diverse ways to organize this, which range from support from neighbors to shared apartments with other elderly people.

Assisted Living and Shared Apartments with Other Elderly People

Examples of forms of living between care at home and inpatient care include assisted living, residential groups (shared apartments with other elderly people), or multigeneration houses.

In these forms of living, it is possible to pool care services with other people who are entitled to them. Then the certified home care service can look after several people in need of care, thus saving time and money.

Residential groups have been state-subsidized since 2013. A one-time subsidy facilitates necessary construction work in the shared apartment. In certain circumstances, such residential groups also receive a monthly amount per resident, to compensate for the greater organizational effort.

Neighborly Help

Neighborly help is usually offered on a volunteer basis to assist persons in need of care with everyday life. For example, neighborly helpers take on simple domestic tasks, provide support with paperwork or other tasks, or make time for conversation.

Neighborly help therefore represents a meaningful addition to the other home health care offerings. It is usually organized by charitable or church institutions.

Time Off: Home Health Care When the Carer Is Absent (Article 39 of the German Code of Social Law XI)

If a carer becomes ill or wishes to go on vacation, the care insurance fund will assume the costs of a replacement carer for up to six weeks a year. However, it is only possible to claim for care provided by a substitute once the person has provided home health care to a relative for at least six months.

2.3 Care at a Residential Home

Full-Time Institutional Care

Full-time institutional care in a nursing home is only approved by the care insurance fund if neither part-time institutional care nor home health care is possible. The MDK assesses whether full-time institutional care is necessary using the following criteria:

- Lack of a carer
- Lack of willingness to care for the person in need of care among potential carers
- Excessive strain on the carers (potential or already in existence)
- Neglect of the person in need of care (potential or already in existence)
- Tendency of the person in need of care to be a danger to themselves or to others
- Living conditions that make home health care impossible and that cannot be improved

Depending on the degree of care, the care insurance fund pays care benefits in kind to the nursing home. These correspond to the amount of care benefits in kind that would have been received by the home care service (see point 2.1). The benefits must be used only for care services, medical treatment, and social support. All costs that are incurred above the amount granted must be paid for by the person in need of care. Furthermore, it must be noted that the care insurance fund is not allowed to pay more than 75 percent of the costs for the nursing home. Here, the care insurance funds provide lists comparing the prices and services of approved homes.

Even if the MDK ascertains that full-time institutional care is not necessary, people in need of care can still opt for this type of care. In such cases, however, the person is only entitled to the benefits that they would have received for home health care. The costs for medical aids must be clarified in advance with the health insurance company or nursing home.

Part-Time Institutional Care

Part-time institutional care means that the person in need of care is looked after in a nursing home or day center for only some of the time. Care is either provided during the day or at night. This is only approved if home health care is not possible, for example, if the family members who are the carers work.

The cost for care, social support, and medical treatment is borne by the care insurance fund, while meals must be paid for by the persons in need of care themselves. Care benefits in kind are the same as for home care services.

Combining Part-Time Institutional Care and Other Services

The part-time institutional care services (day and night care) can be combined with other services provided by the care insurance company. Depending on the extent to which the maximum services for the day or night care are exhausted, there is a proportionate entitlement to a care allowance and care benefits in kind. If the consumption is less than 51 percent, this is even the entire entitlement.

Short-Term Care (Article 42 of the German Code of Social Law XI)

Some persons in need of care only need residential care for a limited time, for example, as a temporary solution, if home health care is not possible for a while for certain reasons. In this case, money can be claimed for short-term care in a residential institution. Here, unlike with other care benefits, no differentiation is made between levels of care. Short-term care can be claimed for up to six weeks a year. The care insurance fund assumes a portion of the benefits in kind. The costs of accommodation, meals, and investment costs must be paid by the person in need of care, as with care provided by a substitute. Here, the nursing home must also have concluded a contract with the care insurance fund. Children under 18 years of age are an exception. They can use the services of homes for people with disabilities or other similar institutions that have not concluded a contract with the care insurance fund. However, the care insurance fund must approve cost reimbursement in advance.

2.4 Finding the Best Solution

Which type of care represents the best solution for a family depends on the level of care required, the personal circumstances of the carer, and the needs of the person in need of care. The checklists in the appendix are designed to support you in answering the questions of where and how care can be organized, and what you need to look out for when selecting a home care service.

 The Weiße Liste ("White List") will help you choose a suitable nursing home (www.weisse-liste.de).



Source: Lilien Embach
Part of the exhibition "Tut alt werden weh?"
Kath. Kindergarten Pater-Delp, Hemsbach

3 Legal Regulations

3.1 The German Nursing Care Leave Act (PflegeZG)

The Nursing Care Leave Act came into force in Germany on July 1, 2008. The goal of the act is to “give employees the opportunity to look after persons in need of care who are closely related in their home environment, and thus make it easier to combine a job with family life.” According to the Nursing Care Leave Act, these are:

1. Grandparents, parents, parents-in-law
2. Spouses, registered partners, partners who have entered into a civil union, siblings
3. Children (adopted or foster children), the children (adopted or foster children) of your spouse or registered partner, sons-in-law, daughters-in-law, and grandchildren
4. Step-parents, sisters-in-law and brothers-in-law, and partners in a union that is akin to a civil partnership

The Nursing Care Leave Act differentiates between short-term and longer-term release from work. Usually, the employee enjoys special dismissal protection from the start to the end of both their short-term absence from work and their actual care leave.

Short-Term Absence from Work (Article 2 Nursing Care Leave Act)

If a situation arises where a family member unexpectedly requires care, an employee can take leave from work for up to ten working days. The employee must inform the employer of the fact that they have been prevented from working and of the expected duration of the absence. The employer can demand a medical certificate that states that the employee’s absence is necessary. Employees are entitled to an income replacement benefit, the care assistance benefit. This will be granted to the amount of the sick pay in the case of an ill child and will be paid by the care insurance fund of the family member in need of care.

Care Leave (Article 3 Nursing Care Leave Act)

Employees must be released from work fully or partially for a period of up to six months so that they can provide home health care to their close relatives, if the company for which they work has more than 15 employees. The nursing care insurance fund must certify the need for care and this certificate must be presented to the employer. The application must be made in writing ten working days before the start of the care leave. It must include the period and the scope of the release from work (full release or part-time), as well as how working hours will be distributed. If the release from work is partial, the two parties must conclude a written agreement. If the employer cannot prove that there are important operational reasons why the employee should not take leave, the application must be approved. For the duration of the care leave, carers are entitled to an interest-free loan from the German Federal Office for Family and Civic Promotion (BAFzA), which is paid in installments to ensure financial support for the duration of the care.

To care for relatives in need of **care in the final stage of their lives**, the Nursing Care Leave Act gives employees a legal right to reduce their working time either fully or partially for a maximum of three months.

Social Insurance and Accident Insurance

Short-term absence from work has no impact on social insurance. The following applies to care leave:

- **Accident insurance:** Carers are covered by statutory occupational accident insurance during their care activities and during all activities and journeys directly related to care.
- **Pension insurance:** As a rule, the care insurance fund pays the contributions. Care leave is considered a compulsory contribution period if home care is at least 14 hours a week and if the carer does not work more than 30 hours per week in addition to their care duties and does not yet draw a full pension based on their age.
- **Unemployment insurance:** Contributions are paid by the long-term care insurance provider. Unemployment insurance remains valid.
- **Health and care insurance:** The family member giving care is insured through the family insurance scheme. If family insurance is not possible, a voluntary insurance policy must be concluded. Usually, the minimum amount must be paid. If you make an application, this amount is refunded by the long-term care insurance provider. Health insurance and long-term care insurance remain valid.



In any case, be sure to contact your long-term care insurance provider about social insurance payments.

3.2 The German Family Care Leave Act (FPfZG)

Family care leave pursuant to the German Family Care Leave Act was passed in 2012 to make it easier for people who work to look after a family member, even for a longer period of time. However, this entitlement only applies in companies with at least 25 employees. Within family care leave, the working time can be reduced for a period of up to two years; the minimum working time is 15 hours per week.

To ensure financial support, an interest-free loan can also be applied for from the German Federal Office for Family and Civic Promotion (www.bafza.de – in German) for the duration of the family care leave. This will be paid in monthly installments. The loan must be repaid within 48 months of the end of the care leave.

Procedure

- Observe the prior notice period of 8 weeks.
- Conclude written agreement between employer and employee regarding the reduction of the working time.

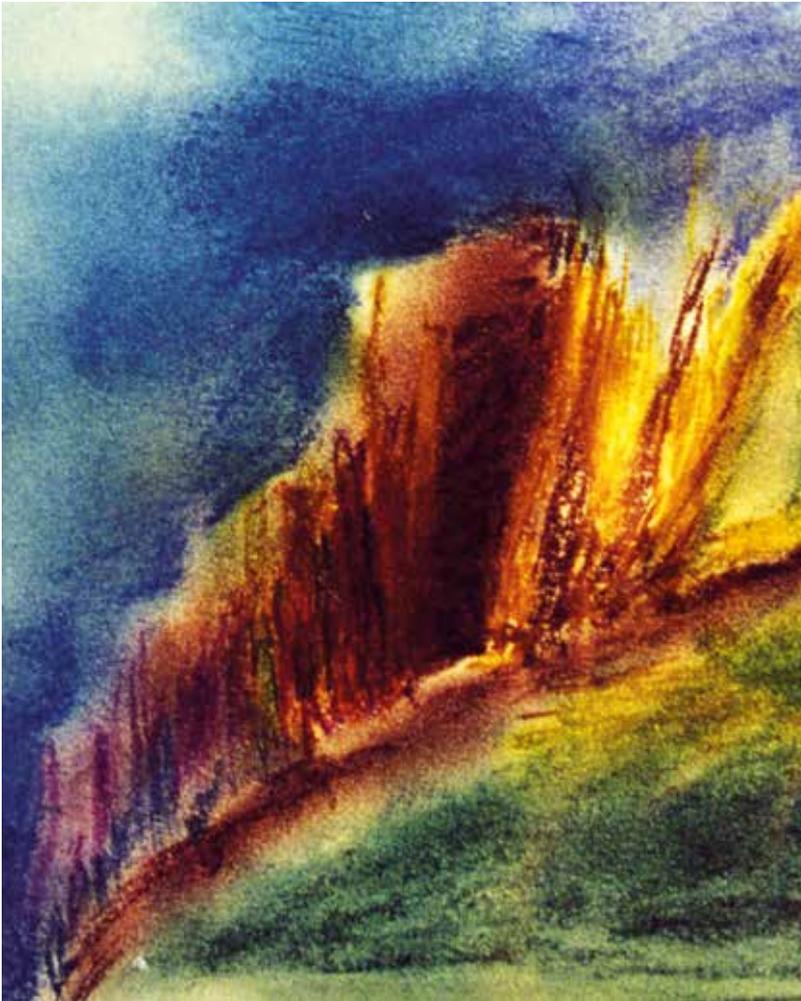
Social Insurance and Accident Insurance

Employees on family care leave continue to be subject to insurance contributions and are thus insured with the statutory health insurance system. The contributions to pension insurance are lower during the care leave. They are calculated as a percentage of the income. The employer pays a proportion based on the reduced working hours.

In addition, the care insurance fund pays pension contributions for the employee for the care that they provide. The condition here is that the person spends at least 14 hours a week caring for his or her relative and the time worked as an employee does not exceed 30 hours a week. Pension entitlements are based on the degree to which care is needed and the scope of the care activities. You can obtain more information from the pension insurance agency. Carers are covered by statutory occupational accident insurance during their care activities and during all activities and journeys directly related to care.

Protection against Dismissal

During the family care leave, there is special protection against dismissal (applies from the notice of to the end of the family care leave). Dismissal is only possible in exceptional cases with the consent of the federal state authority for occupational health and safety (Landesbehörde für Arbeitsschutz).



Source: Liesel Lehmann, Waldrand
Part of the exhibition "DemenzArt"
Werkstatt Demenz e.V.

 Sample forms and other information are available on the website www.wege-zur-pflege.de (in German).

3.3 Care and Tax Aspects

Despite financial support from the long-term care insurance provider, many of the expenses must be borne by the person in need of care and their relatives. Tax legislation and other laws therefore offer a range of assistance and cost-saving potential, for example, tax relief. Usually, the care costs are recognized by the tax office, if the person in need of care is a close relative. Expenses for children with special needs who are not able to look after themselves even when they have reached the age of 18 can be taken into account for tax purposes if you make an application to your tax office. This also applies to older children if the disability arose before their 25th birthday.

Exceptional Costs

Expenses that arise for a taxpayer due to his or her need of care count as "exceptional costs" that qualify for tax relief. Proof that the person is in need of care is usually provided by the care insurance fund.

These expenses include the costs for home carers or care services, setting up day care and night care, short-term care, low-threshold care services, and accommodation in a residential home. If the person moves into a residential care home and their household is dissolved, the accommodation costs are reduced by a cost-of-living savings amount.

Relatives who are obliged to pay maintenance for a person in need of care (for example, parents or children in need of care) can also receive tax relief for the care costs.

The acceptable costs depend on total income, marital status, and the number of children.

Household-Related Services

In addition, carers who are family members can receive tax relief for household-related services performed in their own home or the home of the person in need of care. The tax relief for household-related services is 20 percent of the costs.



For more detailed information, please contact your tax advisor, association for income tax assistance (Lohnsteuerhilfeverein), or your local tax office.

ID for Persons with Severe Disabilities

To receive care benefits pursuant to the German Code of Social Law XII, an ID card for persons with severe disabilities is usually required. This can be requested from the pension office or the municipal authority of the person in need of care. The public medical officer determines the level of disability, which is entered on the ID card and has an impact on employment tax, income tax, and other tax relief. An example of important disability compensation is permission to park in specially designated parking spaces.



You can find out which pension office is responsible for your region by visiting the pension office homepage (www.versorgungsaeamter.de – in German).

4 Different Types of Care Dependency

4.1 Children with a Disability

In Germany, almost 3 percent of persons in need of care within the meaning of the Long-Term Care Insurance Act (German Code of Social Law XI) are children and young people up to the age of 15. That means more than 70,000 children and adolescents nationwide. Because we generally think of looking after older family members when it comes to the topic of combining work and care, the challenges that face parents who have children with a disability are often forgotten. But it does not matter whether a child has a disability from birth, whether the need for additional care arises later, or whether the child has a physical and/or mental disability: Many parents are at a loss and in need of help.

Like with adults, when children are assessed by MDK, the degree of self-sufficiency is determined in six areas of life (see section 1.1). The actual degree of dependency of the child is assessed, but not whether this dependency is age-appropriate. The standard for points calculation, as defined in the assessment procedure, is the self-sufficiency of children of a comparable age without disabilities. The assessment can also contain recommendations for future aid planning and additional measures. Special for children up to 18 months: children in this age group are generally not self-sufficient in any area of everyday life. As a result, only low degrees of care can usually be reached, if any. For this reason, the age-independent areas “Behavior patterns and psychological problems” and “Handling of demands and burdens related to illness or therapy” are included in the assessment. During the assessment process, the assessor also determines whether the child has significant difficulties with food intake that result in an extraordinarily care-intensive need for aid. Through this procedure, infants up to 18 months are automatically assigned one higher degree of care than older children and adults, with the result that numerous assessments that pose a burden to child and parents can be avoided in the first months of life.

 The many benefits available for children in need of care and their families are not regulated in one law, but in various laws. This is why the legal situation often seems unclear and difficult to understand. Lebenshilfe provides initial guidance for families who have children with a disability and makes a lot of useful information available on the www.lebenshilfe.de website.

One difference between the rights of adults and children in need of care is payment for early intervention for children who are disabled or at risk of becoming disabled. In accordance with the German Federal Social Security Act (BSHG), they are entitled to free help. Early intervention must be prescribed by a doctor for the costs to be paid by the health insurance company and the local social assistance authority.

Early intervention is provided as what is known as a complex support service in accordance with an individual support and treatment plan, which the parents and the early intervention institution devise together and present to the agencies involved with the formal application. It consists of two service components; the services for medical rehabilitation and the therapeutic educational services. The local social assistance authorities pay for the therapeutic educational measures. As a rule, the agencies decide within 14 days whether to approve the complex support service.

 For information about early intervention, see www.fruehfoerdestellen.de (in German).

4.2 Dementia

Among older people, there are a number of illnesses that can lead to the need for care. As well as (age-related) depression and general physical infirmity, this includes dementia. Dementia, in other words, the gradual loss of memory, is one of the most common age-related illnesses with which carers who are family members are confronted.

The literal translation of the term “dementia” from Latin is “out of one’s mind” or “without a mind”. A key feature that all types of dementia have in common is the loss of mental ability at a cognitive level (mental performance): To start with, the person suffers from short-term memory problems and memory deficits. Additional typical accompanying symptoms are changes in mood control and social behavior, as well as difficulties in coping with day-to-day life (orientation with regard to space, time, and person).

As the illness progresses, the content of the long-term memory begins to disappear. As a result, people lose more and more of the skills and abilities that they acquired during their life.

 For more information and support, contact the German Alzheimer Society www.deutsche-alzheimer.de

5 Make Provisions Early On: Powers of Attorney and Decrees

Most people assume that family members can automatically make health-related decisions for the person requiring care. However, this is not the case. Children and spouses also need power of attorney to be allowed to act in the interests of the person in need of care. It is therefore helpful to talk about preventive measures as early as possible and to make arrangements for an emergency. Carer support centers provide advice on this matter. Furthermore, notaries will devise legally sound deeds of agency and explain the extent and risks of granting power of attorney. A power of attorney is only valid as an original. We recommend that you check all preventive measures at an early stage.

Power of Attorney for Banking Transactions (Bankvollmacht)

This power of attorney authorizes a person to carry out banking business in the name of the account holder.

Precautionary Power of Attorney (Vorsorgevollmacht)

This power of attorney enables one or more people to represent the person in the matters specified in the power of attorney. With a precautionary power of attorney, the authorized representative represents the will of the person, that is, he or she decides on a matter instead of the proxy giver, who is no longer able to make a decision. This power of attorney is not checked by the guardianship court.

General Power of Attorney (Generalvollmacht)

With a general power of attorney, one or more representatives are generally authorized to represent a person in all matters, without the need for individual powers or tasks.

Advance Directive (Betreuungsverfügung)

In an advance directive, the person affected can express their own rules, wishes, and opinions. Meaning that they can take measures to deal with a situation in which they are no longer able to say what they want.

Advance Health Care Directive (Patientenverfügung)

This is an order that expresses the will of the affected person with regard to medical treatment and is usually related to approving or rejecting life-prolonging measures.

 Important information concerning the various powers of attorney and directives is contained in the emergency folder of the Ministry for Social Affairs of Hesse. The folder contains forms to fill out with personal details such as clinical history and medication to be taken, information about the financial situation and about the ownership of cars, insurance policies, membership of associations, and so on. It also contains forms for powers of attorney and directives. Each individual can decide which information he or she wishes to include. We highly recommend that you fill out these forms as a precautionary basis. It considerably simplifies the situation for family members in the case of sudden care dependency or death, at least as far as bureaucratic and legal matters are concerned.

For the emergency folder of the Ministry for Social Affairs of Hesse, see www.soziales.hessen.de (in German).



6 What Can You Do for Yourself?

To be able to look after others, you must be able to care for and look after yourself. On a day-to-day basis, carers who are family members need a lot of energy and emotional strength. Below, you will find some tips and suggestions for strengthening yourself.

6.1 Meeting the Challenge of Care

Sleep Better

Sleep disorders caused by physical and mental stress are not seldom among carers who are family members. But a good night's sleep is one of the most important elixirs for the body and soul to recover. Especially for carers who are family members, good and sufficient sleep is especially important so that they do not become ill themselves.

Treat Yourself

Only if you take care of yourself can you take care of others. Therefore, carers who are family members must also take care of themselves. It is necessary to "reward themselves". In addition to sufficient sleep, breaks are important. During breaks, you should unwind, relax your body and praise yourself. You need to discover the best way to structure your breaks for yourself. Here, it is especially important to maintain social contact, for example, with friends and neighbors. As well as relaxation, achieving balance by having a hobby (sport, listening to music, reading, cinema, cooking) is also important. Treat yourself to a free evening now and then. To ensure that your relative is cared for during this time, you can request the services of voluntary carers. Voluntary care can be from neighbors or other social institutions. For more information, please contact your local care center.

Talk to One Another

Talking to one another – either with or without words – is an important basis for any type of relationship. Providing care can be highly stressful, but taking time to ask and wanting to understand the other person are measures that prevent misunderstandings. No one needs an unnecessary argument that can be avoided by having an open discussion and by listening actively.

Seeing Things from the Other Person's Perspective

Role reversal: Seeing day-to-day care through the eyes of the carer or the person in need of care can help people understand each other's needs better. By understanding the other person's position – and by showing feelings – mutual respect can be achieved.

Defusing Crisis Situations

Emotionally charged situations can always arise. This is how you can take a step back if a situation comes to a head:

- Leave the room for a few minutes.
- Breathe in and out deeply a few times.
- Count very slowly and out loud from ten to zero.
- Drink a glass of water or make yourself a cup of tea.
- Say a self-soothing sentence out loud to yourself.
- Name out loud or in your head five things in your current field of vision.
- Name five sounds that you can hear at the moment.
- Name five physical sensations that you can feel at the moment (not emotions).

Self-Help Groups

To deal with the care situation in the long term, it may make sense to exchange experiences with other carers in self-help groups. They help not only by finding emotional and practical support and understanding, but also by enabling you to maintain social contacts and get away from your daily routine.

Self-help groups are usually aligned with the type of care the family member needs. For example, there are special groups for the relatives of people suffering from dementia or people who have children in need of care. However, there are also some general self-help groups.



The Mannheim Health Meeting Point (Gesundheitstreffpunkt Mannheim) publishes a guide to self-help groups in the Rhine-Neckar region. You can get it from your local care center and it is available on the Internet.

Psychological Online Counseling for Carers Who Are Family Members

The German federal government's portal for carers who are family members, www.pflegen-und-leben.de (in German), is available online. It provides free personal support and counseling in cases of mental stress caused by caring on a day-to-day basis.

6.2 Training for Carers Who Are Family Members

The more you know about the topic of care, illnesses, organizational options, and the legal situation, the more confident and empowered you will be able to handle the (new) situation. You can receive extensive information in a care training course, for example, which are free for carers in many instances. Training can also take place at home and addresses both the different methods of care and ways to reduce the burden.

Throughout Germany, various institutions offer many types of assistance to carers who are family members. Information about courses for carers is available from your local care center or your care insurance fund. Furthermore, the German Red Cross, St. John's, and the Workers' Samaritan Federation, for example, offer care training courses.

In principle, the organizer settles the costs for these care training courses with the care insurance funds, meaning that they are free of charge for the participants.

Two training courses in the Rhine-Neckar region are aimed at employees and employers:

The **"Competency-Based Training Course on Care"** teaches carers and interested parties the legal aspect and costs of care, as well as how to handle illnesses and changing roles within the family. The employer books places on this course and pays the participation fees.

The training course to become a **"Company Care Guide"** is also beneficial to companies and institutions. The two-day qualification covers facts on the topic, internal regulations, and possible measures. It also raises awareness of the care situation. The qualified Care Guide is a point of contact in the workplace for all employees who are caring for family members or would like to prepare for this.



More information is available under www.m-r-n.com/vereinbarkeit

7 Addresses and Contacts

There are many places that provide help and offer counseling about care. Every resident of Germany has a legal entitlement to neutral and independent care counseling. To ensure this, carer support centers were set up as local points of contact for those in need of care or their relatives. They provide advice on all matters of care and thereby reduce the organizational effort when applying for benefits and assistance. You will find details of your nearest local carer support center at www.pflegestuetzpunkte-online.de (in German). In the Rhine-Neckar region, you can phone the central public authority number **115** to request the contact details of the support centers.

Throughout Germany, the care guide “Wege zur Pflege” (“Ways to Care”) (www.wege-zur-pflege.de - in German) published by the German Federal Ministry of Family Affairs, as well as the Internet offering and service-telephone number **030 / 20 17 91 31** are regarded as the definitive German guide to local services and questions about care.

The care services assistant shows which services you are entitled to, how you can apply for them, and where to find additional information.

www.bundesgesundheitsministerium.de/service/pflegeleistungen-helfer.html

For the latest brochures, see the websites of the German Federal Ministry of Family Affairs, Senior Citizens, Women, and Youth (www.bmfsfj.de - in German) and the German Federal Ministry of Health (www.bmg.bund.de), under “Publikationen” (Publications) on the German version of the site.

For example, at www.pflegekompass24.de.

Extensive information about the new nursing care assessment is available on the portal of the Medical Commission of the SHI Association www.pflegebegutachtung.de

We have also compiled a selection of brochures, links, and books in section 8 of the online version of this guide. See www.m-r-n.com/publikationen (only available on the German version of the site).

We will keep you up-to-date with the current news and latest publications regularly in our newsletter “Infoblitz” (only available in German), which you can subscribe to at www.m-r-n.com/newsletter.

Other Points of Contact

Lebenshilfe sees itself as a self-help organization as well as a parents’, specialist, and umbrella association for people with a mental disability and their families. It accompanies people with a mental disability, supports them in participating in society with equal rights, and advocates the accessible design of all areas of life.

www.lebenshilfe.de (in German)

The German Alzheimer Society (**Deutsche Alzheimer Gesellschaft**) provides information (in German) about dementia (especially about Alzheimer’s disease), helpful advice, and addresses.

www.deutsche-alzheimer.de

The German National Association of Senior Citizen’s Organizations (**BAGSO (Bundesarbeitsgemeinschaft der Senioren-Organisationen e.V.)**) sees itself as an advocate for elderly people. Within its framework, more than 100 associations with around 13 million elderly people have joined together, whose interests the organization represents in the areas of politics, the economy, and society. Using publications and events, they show ways to age as healthily and competently as possible.

www.bagso.de

The association **Wir pflegen** (We Care) advocates, at federal, state, and regional level, the interests and rights of carers who are family members, and unites different organizations and initiatives. Its aim is to help carers who

are family members be more appreciated and have a greater say, and to raise awareness of offerings.

www.wir-pflegen.net (in German)

The **Zentrum für Qualität in der Pflege (ZQP)** (center for quality care) is a non-profit organization that was set up by the association of private health insurance agencies (Verband der Privaten Krankenversicherung e.V.). Its purpose is to check the methods and procedures for quality assurance in care. It also develops practical-approach concepts for quality healthcare for people who are older, in need of help, and have a disability.

www.zqp.de (in German)

For Relatives of Children in Need of Care

The child care network (**Kinder Pflege Netzwerk**) is a self-help organization initiated by relatives of children in need of care, and provides information on care insurance matters. It helps in the search for opportunities to relieve the burden of day-to-day care, and in making decisions about whether or not to choose certain aids or forms of therapy.

www.kinderpflegenetzwerk.de (in German)

Kinderpflegekompass (child care compass) provide parents who are carers with information on relieving burdens. www.kinderpflegekompass.de (in German)

The **family guide of the Aktion Mensch association** is an information platform for people with a disability and their families.

www.familienratgeber.de (in German)

The **Kinderhospiz Sterntaler** (Sterntaler children's hospice) association in Mannheim supports critically ill children and their families and accompanies them on their journey through life.

www.kinderhospiz-sterntaler.de (in German)

The **Kindernetzwerk** (child network) association has made it their mission to help parents of children who have chronic illnesses, disabilities, learning difficulties, or are in need of care. The association helps by connected the parents concerned with self-help groups and pediatricians. The homepage contains initial information packages (in German) about more than 2,000 illnesses and disabilities, available to download free of charge.

www.kindernetzwerk.de

The **Wir dabei** association is active in the areas of the Bergstrasse, Ried, and the Kristalliner Odenwald, and wishes to build bridges between people with and without disabilities, so that reservations and fears can be dispelled and people can be brought together naturally. Furthermore, one of the association's main objectives is to set up initial contact between parents of children with disabilities.

www.wir-dabei.de (in German)

8 Appendix

8.1 Brochures, Recommended Reading, and Useful Links

General Information

Federal Ministry of Health:

[Die Pflegestärkungsgesetze – Alle Leistungen zum Nachschlagen](#)
(Nursing Care Support Acts – all benefits for reference)

This brochure presents all important benefits of nursing care insurance in a clear, concise manner.

Federal Ministry of Health:

[Die Pflegestärkungsgesetze – Das Wichtigste im Überblick](#)
(Nursing Care Support Acts – Key Facts at a Glance)

This brochure contains detailed information about the Nursing Care Support Acts and their effects.

Federal Ministry for Family, Senior Citizens, Women and Youth:

[Vereinbarkeit von Beruf und Pflege – Wie Unternehmen Beschäftigte mit Pflegeaufgaben unterstützen können](#) (on combining career and care-giving)

These guidelines provide an overview of how to improve the combination of career and care-giving, with practical examples and useful recommendations.

Federal Ministry for Family, Senior Citizens, Women and Youth:

[Auf fremdem Terrain – Wenn Männer pflegen.](#) (On Foreign Terrain – When Men Provide Care).

This handout profiles seven men who work in the care sector. It is designed to encourage men to be carers and address the cliché that only women are suitable for such tasks.

Federal Ministry for Family, Senior Citizens, Women and Youth:

[Länger zuhause leben.](#) (Living at home longer)

This brochure contains detailed information about enabling senior citizens to stay in their own homes for as long as possible.

Medical Commission of the SHI Association:

[Das neue Begutachtungsinstrument der sozialen Pflegeversicherung- Die Selbstständigkeit als Maß der Pflegebedürftigkeit](#) (The new assessment tool of social nursing care insurance – self-sufficiency as the measure of need for care)

Dementia

Federal Ministry of Health:

[Ratgeber Demenz – Informationen für die häusliche Pflege von Menschen mit Demenz](#)
(Dementia advice – Information about home care of people with dementia)

This brochure explains how the Nursing Care Support Acts can help you care for a family member who suffers from dementia.

medhochzwei Verlag, Heidelberg:

[Hörzeit – Radio wie früher für Menschen mit Demenz und ihre Angehörigen](#)
(Time to Listen – Radio like the old days for people with dementia and their family members)

Audio magazine format for people with dementia, performed in a 1950s radio style. Each episode is around 45 minutes long. It includes a 10-15-minute part for family members: it presents books and games, Available help, institutions, and people.

Children with a Disability

Lebenshilfe Confederation:

[Gewusst wo – Erste Orientierung im Leistungsrecht für Kinder mit Behinderung und ihre Familien.](#)
(Initial Guide to Benefit Rights for Children with a Disability and Their Families) (in German)

This brochure identifies the benefits and rights of parents of children with disabilities, which are described in different laws and are often unclear.

Recommended Reading (in German)

Flemming, Daniela: Demenz und Alzheimer – Mutbuch für pflegende Angehörige und professionell Pflegende altersverwirrter Menschen. (Dementia and Alzheimer – Courage Book for Caring Relatives and Care Professionals) Demented people.

Born, Gudrun: Balanceakt – Pflegende Angehörige zwischen Liebe, Pflichtgefühl und Selbstschutz.
(Caring for a Relative – A Balancing Act Between Love, Sense of Duty, and Self-Protection)

Goertz, Anneke: Ich helfe dir – Do-it-yourself-Tipps, die altenden Menschen den Alltag leichter machen.
(I'll Help You – Do-It-Yourself Tips to Make Life Easier for the Aging)

Gröning, Katharina: Pflegegeschichten – Pflegende Angehörige schildern ihre Erfahrungen.
(Stories of Caring – Relatives Talk About Their Experiences)

Rosenberg, Martina: Wege aus der Pflegefalle. (Ways to Escape the Care Trap)

Rosentreter, Sophie: Wir lieben dich, auch wenn du uns vergisst. (We'll Love You Even If You Forget Us)

Scherf, Henning: Mehr Leben – Warum Jung und Alt zusammengehören.
(More Life – Why Young and Old Belong Together)

Wenk, Conny: Außergewöhnlich: Kinder mit Down-Syndrom und ihre Mütter.
(Exceptional: Children with Down Syndrome and Their Mothers)

Wenk, Conny: Außergewöhnlich: Väterglück. (Exceptional: The Joy of Fatherhood)

Link list

[🔗 Home accessibility advice centers](#)

[🔗 Arbeiter-Samariter-Bund \(ASB\) – Workers' Welfare League](#)

[🔗 Foreign care staff](#)

[🔗 AWO care consulting](#)

[🔗 German Red Cross](#)

[🔗 German Caritas Association](#)

[🔗 Die Johanniter \(St. John's\)](#)

[🔗 Early intervention centers](#)

[🔗 Legislative texts \(Federal Ministry of Justice and Consumer Protection\)](#)

[🔗 Ministry of Social Affairs resource dossier](#)

[🔗 Selection of care homes](#)

[🔗 Center for Quality in Care: Nationwide database of counseling services
\(such as long-term care support centers\)](#)

[🔗 Electronic tour through the government of the Rhein-Neckar Metropolitan Region](#)

8.2 Benefits

An Overview of the Main Benefits Provided by the Nursing Care Insurance Fund

Level of care Services	1	2	3	4	5
Care allowance (monthly)**	*	316 Euro	545 Euro	728 Euro	901 Euro
Care benefits in kind (monthly)**	*	689 Euro	1.298 Euro	1.612 Euro	1.995 Euro
Medical aids (maximum amount per month)			40 Euro		
Home health care when the carer is absent	*	1.612 Euro per year for substitute care up to six weeks			
Short-term care (maximum amount)	One-off amount (granted to out-patients without restriction) 125 Euro per month	1.612 Euro per year for short-term care expenses up to eight weeks			
Additional benefits for care-dependent people in sheltered outpatient housing groups (maximum one-off amount)		2.500 Euro per person / 10.000 Euro per residential group			
Additional amount for people living in residential groups under certain conditions (maximum amount per month)			214 Euro		
Measures to improve the living environment (allowance per measure)		maximum 4.000 Euro / 16.000 Euro if several eligible applicants live together			
Part-time residential day care or night care (maximum amount per month)	One-off amount (granted to out-patients without restriction) 125 Euro per month	689 Euro	1.298 Euro	1.612 Euro	1.995 Euro
Full-time institutional care (monthly)	125 Euro (allowance)	770 Euro	1.262 Euro	1.775 Euro	2.005 Euro
Relief amount (for a specific purpose, maximum one-off amount)			125 Euro		
Pflegebedürftige behinderte Menschen		maximum 266 Euro per month if living in an institution for persons with disabilities			

* Benefits according to § 28a SGB XI care insurance funds ** can be combined

Source: German Federal Ministry of Health. All statements without guarantee.

Exceptional Costs

Relatives who are obliged to pay maintenance for a person in need of care can also receive tax relief for the care costs. The acceptable costs depend on total income, marital status, and the number of children.

Marital status	Percentage of total income (Article 33 EstG (German Income Tax Act))		
	Up to 15.340 Euro	Up to 51.130 Euro	More than 51.130 Euro
Single, no children	5 %	6 %	7 %
Married, no children	4 %	5 %	6 %
With 1–2 children	2 %	3 %	4 %
With 3 and more children	1 %	1 %	2 %

Alternatively, under certain preconditions, an allowance of 924 euros per calendar year can be requested, to offset costs incurred.

Other Benefits:

Delay in Determining the Need of Care

A decision must be made about the person's need of care no later than five weeks after the application has been made. If this period is exceeded, the care insurance fund must pay the applicant 70 euros for each commenced week of delay.

Household-Related Services

Carers who are family members can receive tax relief for household-related services. The tax relief is 20 percent of the expenses; a maximum deduction of 4,000 euros per year is recognized.

9 Checklists

9.1 Initial Steps:

Someone needs care – Now what?

✓ Inform your manager

Inform your manager immediately and (if possible) in good time before you are scheduled to start work that you will be absent because of the emergency situation. In cases of short-term absence from work, the Nursing Care Leave Act enables you to be released from work for up to ten days. Usually, this period is unpaid, unless there is another agreement, for example, a collective agreement, or Art. 616 BGB (German Civil Code) applies.

✓ Ask your employer (works council, HR department) about support measures

Your employer might offer other support measures for care that you can take advantage of. Do not hesitate to enter into a dialog with your employer and to ask for help, including in the form of flexible working hours.

✓ Seek advice from your local care center

The local care centers are advisory offices that support you in all questions related to care. Visit your local care center and find out about all the other ways that you could organize care. Please do not hesitate to take advantage of this free help!

✓ Apply to your relative's care insurance fund to have a degree of care assigned

To do this, simply phone or write a letter. There is no need to fill out a specific form. This should be done immediately, since you can receive benefits from the day on which you apply.

You should also apply for an ID card for people with disabilities, since many of the benefits and tax relief measures are only possible with this document.

✓ Talk to the relatives involved

Get together with your family and talk about how you can ensure the organizational and financial aspects of the care situation. You should also take into account legal powers of attorney, for example, a precautionary power of attorney. For more information about this, see section 5 "Make Provisions Early On: Powers of Attorney and Decrees".

✓ In such a way, you can find a solution for the care situation

Whether this is a temporary or long-term solution depends on each individual case.

The following checklists help to decide whether care at home – through relatives or a home care service – is possible, or whether you place your relative in a nursing home.

Before the Visit from the German Statutory Health Insurance Medical Service (MDK)

- ✓ Is it obvious that the person is in need of care?
- ✓ Did you talk with the person's doctor?
- ✓ Did you fill out a care diary meticulously for at least a week?
- ✓ Did you make a copy of the care diary so that the MDK can keep one?
- ✓ Have you written down what you want to ask the assessor?
- ✓ Are you prepared to communicate your descriptions briefly and concisely? Often the assessor only has a little time.
- ✓ Have you prepared your relative for the visit and its purpose?

9.2 Finding the Best Solution

Care at Home by Relatives

- ✓ What needs does the person in need of care have with regard to a care situation at home?
- ✓ Can you and would you like to become the carer? If yes, to what extent?
- ✓ Are you prepared to reduce the hours you work as an employee?
- ✓ Who (in the family/circle of friends/neighborhood) could support you in caring and in household activities? When and to what extent?
- ✓ What financial means are available? (Income, pension, care benefits, and so on)
- ✓ Where should the care be given? Is the person's home suitable for a care situation?
- ✓ Which alterations would be necessary? And to what (financial) extent?
- ✓ Are there home services near you – such as doctors, nursing services, welfare centers – which could provide support?
- ✓ What additional help (meals on wheels, help with housework, welfare center) are available nearby?
- ✓ Which personal freedom (for hobbies, family, and so on) would you like to retain? How can you balance these with the time you spend on care?

Home Care Service

- ✓ Is the care service near the home of the person requiring care?
- ✓ What qualifications do the care staff have? Are quality controls performed?
- ✓ Will it always be the same carer who comes, or do the carers change often?
- ✓ Does the care service also offer psychosocial counseling for care?
- ✓ Will you receive support in dealing with care insurance funds and authorities?
- ✓ Can the care times be adjusted individually?
- ✓ Are care staff available around the clock and is there a stand-by service for emergencies, for example, at night?

Nursing Homes

- ✓ How much detail were you given about the nursing home? Is there a care concept? How is advice organized?
- ✓ Are sufficient care staff available at all times of the day and night?
- ✓ Does the nursing home offer the option of being a resident for a trial period?
- ✓ How expensive is it? What services must be paid for in addition?
- ✓ Is the nursing home near the social circle of the person in need of care, so that they can remain in contact with friends and family?
- ✓ What social care, leisure, and cultural offerings are there?
- ✓ What is the public transportation connection like?
- ✓ Are there shops, banks, a post office, a pharmacy, a hairdresser, green spaces, restaurants, and so on in the immediate vicinity?
- ✓ Are special dietary needs catered for?
- ✓ How large are the rooms? How are they equipped/furnished? And what is the setting like?
- ✓ Are visiting hours flexible?
- ✓ Are the personal habits of the person in need of care taken into account?
- ✓ Is there a contact person for questions or complaints?

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