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Gateway Policy Explorer: Long-Term Care Series

Austria

Long-Term Care Cash Benefit Plan Details 1993-2023

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Preface

This document is intended for researchers who want to understand the evolution of policy or the policy in place at a particular point in time. This document is not intended for financial advice or to aid in decision-making. The authors have made significant effort to identify and collect historical information pertaining to these policies, to accurately represent these policies, and to communicate how policies may interact to determine legal requirements, eligibility for benefits, and/or benefits levels. The policies presented in this document focus on rules applicable to most individuals aged 50 and older from 1992. Many systems include special policies or alternative eligibility rules for specific groups. We encourage all users to complete their own review of literature in this area depending on the research questions they have in mind.

If you have feedback or questions or identify an error, please contact policy@g2aging.org.

Background — Gateway Policy Explorer: Long-Term Care Series

The *Gateway Policy Explorer* (<http://g2aging.org/policy-explorer>) is part of the Gateway to Global Aging Data (<http://g2aging.org>) project. The *Long-Term Care Series* captures historical policy that affects the birth cohorts of respondents in the surveys covered by the Gateway. It was motivated by the rapid evolution of policies affecting older people across the world. As the Health and Retirement Study (HRS) began in 1992 and many of the international network of studies (HRS-INS) cover more than a decade, understanding the policies in place at the time of the survey has become more demanding for researchers.

Why are we tracking past policy? Individuals make choices based on current policies and the outcomes we see today may reflect responses to past policies. When interpreting the survey responses of individuals, an understanding of the policy environment under which those individuals operate is critical. The collection of contextual information in the *Gateway Policy Explorer* aims to support researchers who want to understand or use policy changes in their research and provide context for longitudinal or cross-country differences. Over the period 2023–2026 the *Gateway Policy Explorer* will be expanded to include information on retirement, long-term care, education, and other policies affecting the life cycle.

The key dimensions to the *Gateway Policy Explorer: Long-Term Care Series* are country and time. In the United States, policy is reported at the state level. We prioritize data collection for each country or state based on its first interview wave and are continuing to expand our data collection back in time to 1992, the earliest survey date in the HRS-INS.

A separate document, like this one, is developed for each country or state and each broad category of policies covered in the *Gateway Policy Explorer: Long-Term Care Series*.

Austria

Cash Benefits
Plan details 1993-2023 * †

The need for long-term care (LTC) was recognized in Austria as an independent social risk in 1993 with a reform including federal and provincial regulations, and a State-Provinces Agreement. The first major element of this agreement was a “cash-for-care” system provided in the Federal LTC Allowance Act, and in the nine Provincial LTC Allowance Acts. Care allowances provided at the federal level are called *Bundespflegegeld* and those provided by provincial governments are called *Landespflegegeld*.

Under this LTC system, applicant’s care needs are assessed and a corresponding approved care level is assigned based on their dependence status. Persons may receive a care allowance up to a maximum benefit level according to their approved care level. Cash benefits are paid directly to beneficiaries to sustain their care expenses.

Since its introduction in 1993, the Austrian LTC system has been subject to one major policy reform. This reform centralized care allowance at the federal level, reduced providers, and increased the care allowance amount.

Key Dates

First law: 1993

Major changes since 1993: 2012

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* If you have questions or suggestions, please contact policy@g2aging.org.

† Detailed information and definitions are provided in tables, formulas and a glossary at the end of this document. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: “Alt” + “←”; In Adobe Acrobat on a MAC: “command” + “←”; In Preview on a MAC: “command” + “[”.

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Chapter 1: Policy enacted 1993-2011

Overview

The need for long-term care (LTC) was recognized in Austria as an independent social risk in 1993 with a reform including federal and states regulations and an agreement between the federal and provincial governments. The first major element of this agreement was a “cash-for-care” system provided in the Federal Care Allowance Act (Bundespflegegeldgesetz - BPGG), and in the nine provinces Care Allowance Acts (Landespflegegeldgesetz - LPGA). Care allowances provided at the federal level are called [Bundespflegegeld](#) and those provided by provincial governments are called [Landespflegegeld](#). Bundespflegegeld and Landespflegegeld have different eligibility criteria, financing, and providers.

Federal care allowance is financed by the general budget of the Federal Republic, while care allowances provided by provinces are financed by states.

Persons eligible for the federal care allowance are people receiving or eligible for federal benefits. People not eligible, nor receiving federal benefits are eligible for care allowances provided by the provincial governments. The main eligibility requirement for LTC cash benefit (i.e., care allowance or Pflegegeld) is the caregiving time needed to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs) for an expected period of at least six months.

Medical experts perform an assessment of care needs. Applicants may be classified into one of seven dependence levels (Stufen) based on the caregiving time needed in ADLs and IADLs.

Cash benefits are provided by organizations known as “decision-makers” (Entscheidungsträger), which differ between the federal and state governments.

Other reforms during this period include:

- Amendment to BPGG ([Bundesgesetzblatt, 1995](#)), effective from January 1995, provide a cash allowance for all seven care levels
- Amendment to BPGG ([Bundesgesetzblatt, 1998](#)), effective from January 1999, made the following changes:
 - Reduced caregiving hours from 180 to 160 per month
 - Modified the “minimum classifications” (Mindesteinstufungen) for people with specific impairments in Care Level 4
- Amendment to BPGG, ([Bundesgesetzblatt, 2001](#)), effective from January 2002, eliminated the age eligibility requirement and converted allowance values to euros
- The Budget Accompanying Act 2005 ([Bundesgesetzblatt, 2005](#), Article 19) effective from January 2005, increased care allowances by 2%
- Amendment to BPGG ([Bundesgesetzblatt, 2008a](#)), effective from January 2009, increased the care allowance by care level:
 - Care Levels 1 and 2 by 4%
 - Care Levels 3 to 5 by 5%
 - Care Levels 6 and 7 by 6%.
- Amendment to Classification Ordinance for the Federal Care Allowance Act ([Bundesgesetzblatt, 2008b](#), §2), effective from January 2009, provided additional 25 caregiving hours for people aged 15 or older with dementia-related impairments, mental disabilities, or mental illness
- The Budget Accompanying Act 2011 ([Bundesgesetzblatt, 2010](#), Article 100), effective from 2011, increased caregiving hours for Care Level 1 and 2, from 50 and 75 to 60 and 85 hours per month, respectively.

Statutory basis

Federal Law

The Federal Care Allowance Act (Bundespflegegeldgesetzes - BPGG) ([Bundesgesetzblatt, 1993a](#))

Classification Ordinance to the Federal Care Allowance Act (Einstufungsverordnung zum Bundespflegegeldgesetz - EinstV: [Bundesgesetzblatt, 1993c](#); [Bundesgesetzblatt, 1999](#)), as amended ([Rechtsinformationssystem des Bundes, 1999](#)).

Agreement between the federal and provincial governments

Agreement between the federal government and the states in accordance with Art. 15a B-VG on joint federal and state measures for people in need of care ([Bundesgesetzblatt, 1993b](#))

Provincial Laws

Burgenland

Care Allowance Act of Burgenland ([Burgenländisches Landesgesetzblatt, 1993](#))

Carinthia (Kärnten)

Care Allowance Act of Carinthia ([Kärntner Landesgesetzblatt, 1993](#))

Lower Austria (Niederösterreich)

Lower Austrian Care Allowance Act ([Niederösterreich Landesgesetzblatt, 1993a, 1993b](#))

Upper Austria (Oberösterreich)

Upper Austrian Care Allowance Act ([Oberösterreich Landesgesetzblatt, 1993a](#))

Salzburg

Salzburg Care Allowance Act ([Salzburger Landesgesetzblatt, 1993](#))

Styria (Steiermark)

Styria Care Allowance Act ([Steiermärkisches Landesgesetzblatt, 1993](#))

Tyrol (Tirol)

Tyrol Care Allowance Act ([Tiroler Landesgesetzblatt, 1993](#))

Vorarlberg

Vorarlberg Care Allowance Act ([Vorarlberger Landesgesetzblatt, 1993a](#))

Vienna (Wien)

Vienna Care Allowance Act ([Wiener Landesgesetzblatt, 1993](#))

Financing

Source of financing

Federal Care Allowance ([Bundespflegegeld](#))

The cash benefit provided by the Federal Government ([Bundespflegegeld](#)) is tax-financed by the general budget of the Federal Republic ([Bundesgesetzblatt, 1993a, § 23](#)).

Provincial Care Allowance ([Landespflegegeld](#))

Cash benefits provided by the nine provincial governments ([Landespflegegeld](#)) are financed by provinces ([Bundesgesetzblatt, 1993b, Art. 10](#)).

Coverage

This section discusses the scope of risks covered and the requirements to be eligible for benefits when the need for care arises. Dependence requirements are discussed in the later section on *Benefit Eligibility*.

Risk covered definition

The LTC system covers care needs related to limitations in [ADLs](#) and [IADLs](#) due to physical, mental or psychological impairments which are expected to last for at least 6 months.

Eligible population

Federal Care Allowance ([Bundespflegegeld](#))

Eligibility for the federal care allowance requires ([Bundesgesetzblatt, 1993a, §3-4](#)):

- Residence in Austria
- Age 3 and older
- A current beneficiary of one of the following Federal benefit systems:
 - Statutory pension insurance
 - Pension from the accident insurance
 - Other federal pensions (e.g., civil servants, survivors)

Provincial Care Allowance ([Landespfllegegeld](#))

Eligibility for the care allowances provided by provincial governments requires:

- Residence in Austria
- Age 3 or older
- Not eligible for the federal care allowance
- Austrian citizenship, or “equivalent”, i.e.:
 - persons whose “equivalent citizenship status” is derived from European union regulation
 - persons with political asylum
 - persons entitled to reside within the European Union or having an equivalent residence permit

Benefit

Cash Benefit

Federal Care Allowance ([Bundespflegegeld](#))

The care allowance is determined by the assessed level of care needed. Dependent people classified as Care Level 1 to Level 7 are entitled to receive cash benefits and are paid from the first day of the month following application.

As of 1993, the cash allowance for the seven levels of care amount to ([Bundesgesetzblatt,1993a](#), §5):

- Care Level 1: 2,500 S (Austrian shillings)
- Care Level 2: 3,500 S
- Care Level 3: 5,400 S
- Care Level 4: 8,100 S
- Care Level 5: 11,000 S
- Care Level 6: 15,000 S
- Care Level 7: 20,000 S

Monthly cash benefits across time are displayed in [Table 1](#). The Federal Care Allowance aims to contribute to care-related expenses. It can be used to buy formal care services from public or private providers or to reimburse informal caregiving. Note that there is no control for whether the care allowance is used for these purposes, saved, or spent otherwise. As of 1993, care allowance entitlement only pertained to Care Levels 1 and 2 ([Bundesgesetzblatt,1993a](#), §4(4)); however, benefit payments for higher levels were to be granted until entitlement to all Care Levels was to be extended from 1997. A reform in 1995, extended care allowance entitlement to all seven Care Levels ([Bundesgesetzblatt, 1995](#)).

Provincial Care Allowance ([Landespfllegegeld](#))

According to the agreement between the Federal government and provincial governments on measures for people in need of care ([Bundesgesetzblatt, 1993b](#)), the minimum care allowance amount provided by provinces corresponds to the federal care allowance. There are some exceptions across provinces and across time. A provincial care allowance time series is provided in the following tables:

- Burgenland: [Table 2](#)
- Carinthia (Kärnten): [Table 3](#)
- Lower Austria (Niederösterreich): [Table 4](#)
- Upper Austria (Oberösterreich) : [Table 5](#)
- Salzburg: [Table 6](#)
- Styria (Steiermark): [Table 7](#)
- Tyrol (Tirol): [Table 8](#)
- Vorarlberg: [Table 9](#)
- Vienna (Wien): [Table 10](#)

Care allowances provided by provincial governments aimed to provide LTC cash benefits for people in need of care who are not eligible for the federal care allowance. Since federal care allowances are limited to persons receiving a pension, recipients of provincial care allowance are on average younger.

Discretionary Use

The care allowance is paid directly to the dependent person or their legal representative. The use of cash benefits remains at the beneficiary's complete discretion.

Provision of care

Federal Care Allowance (*Bundespflegegeld*)

Payment of the cash allowance payment is made by organizations deemed “decision-makers” (*Entscheidungsträger*) as identified by the Federal Care Allowance, as amended (*Rechtsinformationssystem des Bundes, 1993*). Care allowances are paid monthly together with other social security benefits the beneficiary is receiving.

Provincial Care Allowance (*Landespflegegeld*)

Payment of the cash allowance payment is made by organizations deemed “decision-makers” (*Entscheidungsträger*) as identified by the Provincial Care Allowance Laws, as amended (see section on Statutory Basis for provincial laws). Care allowances are paid monthly together with other social security benefits the beneficiary is receiving. There are more than 280 decision-makers responsible for care allowances provision in the nine provinces.

Benefit Eligibility

Qualifying period

No qualifying period

Minimum level of dependence

There are 7 levels of dependence according to the caregiving time needed. The lowest level of dependence is Care Level 1 (*Bundesgesetzblatt, 1993a*, §4, as amended), requiring at least 50 (60 from 2011) hours per month of care in at least one core activity (e.g., *ADL*) and at least one auxiliary activity (e.g., *IADL*).

Duration of benefit

Benefits have an unlimited duration as long as entitlement conditions are satisfied (*Bundesgesetzblatt, 1993a*, §9)

Means testing

Cash benefits are not means-tested.

Age requirement

Applicants must be at least 3 years old (*Bundesgesetzblatt, 1993a*, §4(1)).

As of July 2001, this condition no longer applies (*Bundesgesetzblatt, 2001*).

Care Needs Assessment

Definition of dependence

Austrian legislation defines a person with “care needs” as an individual who needs frequent help from others in tasks that primarily affect their personal lives, and whose everyday life would be seriously compromised without that support (*Bundesgesetzblatt, 1993a*, §4).

The care assessment follows uniform federal guidelines defined by the Classification Ordinance for the Federal Care Allowance Act (*Einstufungsverordnung zum Bundespflegegeldgesetz: Bundesgesetzblatt, 1993c; Bundesgesetzblatt, 1999*, as amended). Dependence evaluation is based on the time needed (hours per day or hours per month) to perform activities of daily living (*ADL*) and instrumental activities of daily living (*IADL*). Each activity is converted into a specific amount of time, i.e., the minimum amount of time that caregiving is needed to perform the related task. The Classification Ordinance also provides the expected number of times the activity should be performed on a daily basis (exact values are in *Table 11*). Evaluated activities can be classified into *care measures* and *auxiliary services*. Care measures (*Betreuungsmaßnahmen*) resemble *ADLs*, including: meal preparation, eating, bathing, dressing, taking medication, toileting, and mobility within one’s residence. Auxiliary services (*Hilfsverrichtungen*) include activities that do not have immediate requirements, including many *IADLs*, such as buying food and medicines, home cleaning, laundry, and mobility outside of one’s residence.

There are 7 levels of dependence (*Stufen*) according to the caregiving time needed per month:

- Care Level 1: 50+ hours (60+ from 2011)
- Care Level 2: 75+ hours (85+ from 2011)
- Care Level 3: 120+ hours
- Care Level 4: 180+ hours (160+ from 1999)

- Care Level 5: 180+ hours, in case exceptional care is required
- Care Level 6: 180+ hours, requiring constant supervision or care
- Care Level 7: 180+ hours, if applicants four extremities cannot be moved intentionally or present similar situation

Caregiving requirements for eligibility over time are summarized in [Table 12](#). As of 2009, an additional 25 caregiving hours are included in the assessment report for people aged 15 or older with dementia-related impairments, mental disabilities, or mental illness ([Bundesgesetzblatt, 2008b](#), §2).

People presenting specific impairments, are automatically assigned to the following care levels, known as “minimum classifications” ([Mindesteinstufungen](#)), from 1999 ([Bundesgesetzblatt, 1998](#)):

- Wheelchair users or people with severe visual impairments are classified into Care Level 3
- Blind people or wheelchair users with incontinence related problems are classified into Care Level 4
- Blind and deaf people or wheelchair users with both arms paralyzed are classified into Care Level 5

Evaluation of dependence

Federal Care Allowance ([Bundespflegegeld](#))

A covered person in need of LTC applies to their competent “decision-maker” authority ([Entscheidungsträger](#), see [Bundesgesetzblatt, 1993a](#), Article 4). An at-home care assessment is performed to determine their eligibility for the care allowance.

The level of dependence for care allowances is provided through a care assessment performed by a doctor along with the applicant and a trusted third party if desired (e.g., an advocate, family member, friend, that is chosen by the applicant). Where necessary, other professionals from other fields can be involved in the evaluation process. The care assessment follows uniform federal guidelines defined by the Classification Ordinance for the Federal Care Allowance Act ([Einstufungsverordnung zum Bundespflegegeldgesetz](#): [Bundesgesetzblatt, 1993c](#), §9; [Bundesgesetzblatt, 1999](#), §8, as amended). The medical expert report includes the diagnosis, ADLs and IADLs requiring constant care, the intensity of care required, as well as options for medical equipment and technical aides needed in case of mental or psychological impairment. Decisions for granting care allowances are to be issued within 6 months of application ([Bundesgesetzblatt, 1993a](#), §28). Applicants can appeal the findings of the assessment report to the competent Labor or Social Court within 3 months from application.

Provincial Care Allowance ([Landespflegegeld](#))

The provincial care assessment process is performed following federal guidelines. Provincial laws specify the “decision-maker” authority responsible for care allowance applications and provision in each province.

Evaluators

Medical experts provide care assessment. If required, persons from other fields, such as specialists from special needs education, social work, psychology and psychotherapy, can be consulted to ensure a holistic assessment of the care situation ([Bundesgesetzblatt, 1993c](#), §9; [Bundesgesetzblatt, 1999](#), §8, as amended).

Benefit limitations

Can you mix LTC benefits?

Cash and in-kind benefits can be combined. 24-hour care benefits are paid in addition to the federal and, before 2012, provincial care allowances for qualifying beneficiaries (see documentation on in-kind benefits and 24-hour care benefits, [Gateway to Global Aging Data, 2023a,b](#)). Recipients of a care allowance are expected to pay for LTC services from these benefits. The care allowance and the 24-hour care benefit subsidize care and do not necessarily cover the full cost of care needed.

Fees for in-kind benefits vary between and sometimes within each province. Typically, provinces do not means-test but vary fees or benefits in order to support low income holders.

Is there free choice between cash and benefits in-kind?

No choice required

Can you receive LTC benefits with other social security benefits?

It is possible to receive LTC benefits along with other welfare benefits.

User costs

User charges

Not applicable

Taxation of benefits

Cash benefits are not taxed

Chapter 2: Policy enacted 2012-2023

Policy change in 2012

The Care Allowance Reform Act, effective from 2012, changed the structure of LTC allowance system ([Bundesgesetzblatt, 2011a](#)). Key points of the reform were:

- Centralization of the care allowance management and provision
- Reduction of the “decision-maker” authorities
- A one-time increase in the care allowance amount

Other reforms during this period include:

- Amendment to BPGG ([Bundesgesetzblatt, 2011b](#)), effective from 2012, authorized registered nurses to conduct reassessment of dependence after the initial assessment
- Amendment to BPGG ([Bundesgesetzblatt, 2015](#)), effective from 2015, increased the care allowance amount and the minimum hours of care needed for benefit eligibility
- Amendment to BPGG ([Bundesgesetzblatt, 2019](#)), effective from January 2020, annually raises the monetary amounts in each of the 7 care levels by the same adjustment factor as pensions

Overview

The need for long-term care (LTC) was recognized in Austria as an independent social risk in 1993 with a reform including federal and states regulations and an agreement between the federal and provincial governments. The first major element of this agreement was a “cash-for-care” system provided in the Federal Care Allowance Act (Bundespflegegeldgesetz - BPGG), and in the nine provinces LTC Allowance Acts (Landespflegegeldgesetz - LPGG). Since 2012, the Care Allowance, known as [Bundespflegegeld](#), is financed and administered by the federal government.

Federal care allowance is financed by the general budget of the Federal Republic.

The main eligibility requirement for LTC cash benefit (i.e., care allowance or Pflegegeld) is the caregiving time needed to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs) for an expected period of at least six months.

Medical experts perform an assessment of care needs. Applicants may be classified into one of seven dependence levels ([Stufen](#)) based on the caregiving time needed in ADLs and IADLs.

Cash benefits are provided by organizations known as “decision-makers” ([Entscheidungsträger](#)).

Statutory basis

The Federal Care Allowance Act (Bundespflegegeldgesetzes - BPGG: [Bundesgesetzblatt, 1993a](#)), as amended ([Rechtsinformationssystem des Bundes, 1993](#)).

Classification Ordinance to the Federal Care Allowance Act (Einstufungsverordnung zum Bundespflegegeldgesetz - EinstV: [Bundesgesetzblatt, 1999](#)), as amended ([Rechtsinformationssystem des Bundes, 1999](#)).

Financing

Source of financing

The cash benefit is tax-financed by the general budget of the Federal Republic ([Bundesgesetzblatt, 2011a](#), § 23).

Coverage

This section discusses the scope of risks covered and the requirements to be eligible for benefits when the need for care arises. Dependence requirements are discussed in the later section on *Benefit Eligibility*.

Risk covered definition

The LTC system covers care needs related to limitations in [ADLs](#) and [IADLs](#) due to physical, mental or psychological impairments which are expected to last for at least 6 months.

Eligible population

Eligibility for the care allowance requires ([Rechtsinformationssystem des Bundes, 1993, §3-3b](#)):

- Residence in Austria
- Austrian citizenship, or “equivalent”, i.e.:
 - persons whose “equivalent citizenship status” is derived from European union regulation
 - persons with political asylum
 - persons entitled to reside within the European Union or who possess an equivalent residence permit

Benefit

Cash Benefit

The care allowance is determined by the assessed level of care needed. Dependent people classified as Care Level 1 to Level 7 are entitled to receive cash benefits and are paid from the first day of the month following application.

As of 2012, monthly cash allowances for the seven care levels amount to ([Rechtsinformationssystem des Bundes, 1993, §5, as amended](#)):

- Care Level 1: 154.20 €
- Care Level 2: 284.30 €
- Care Level 3: 442.90 €
- Care Level 4: 664.30 €
- Care Level 5: 902.30 €
- Care Level 6: 1,260 €
- Care Level 7: 1,655.80 €

Monthly cash benefits across time are displayed in [Table 1](#). The care allowance aims to contribute to care-related expenses. It can be used to buy formal care services from public or private providers or to reimburse informal caregiving. Note that there is no control for whether the care allowance is used for these purposes, saved, or spent otherwise.

The care allowance was updated in 2016, and then annual adjustments were made automatic from 2020.

Discretionary Use

The care allowance is paid directly to the dependent person or their legal representative. The use of cash benefits remains at the beneficiary’s complete discretion.

Provision of care

Payment of the cash allowance payment is made by organizations deemed “decision-makers” ([Entscheidungsträger](#)) as identified by the Federal Care Allowance, as amended ([Rechtsinformationssystem des Bundes, 1993](#)). Care allowances are paid monthly together with other social security benefits the beneficiary is receiving. In the period 2012-2013, there were 7 decision-makers. The number of decision-makers was further reduced over time to 5 in 2014 and 3 in 2020. The 3 decision-makers in 2020 were the Pension Insurance Institution (Pensionversicherungsanstalt - PVA), Social Insurance for Self-Employed (Sozialversicherung der Selbständigen - SVS), and the Insurance for Public Servants, Railways and Mines (Versicherungsanstalt öffentlich Bediensteter, Eisenbahnen und Bergbau - BVAEB).

Benefit Eligibility

Qualifying period

No qualifying period

Minimum level of dependence

There are 7 levels of dependence according to the caregiving time needed. The lowest level of dependence is Care Level 1 ([Bundesgesetzblatt, 1993a, §4, as amended](#)), requiring at least 60 hours (65 hours from 2016) per month of care in at least one core activity (e.g., [ADL](#)) and at least one auxiliary activity (e.g., [IADL](#)).

Duration of benefit

Benefits have an unlimited duration as long as entitlement conditions are satisfied ([Bundesgesetzblatt, 1993a, §9](#))

Means testing

Cash benefits are not means-tested.

Age requirement

None

Care Needs Assessment**Definition of dependence**

Austrian legislation defines a person with “care needs” as an individual who needs frequent help from others in tasks that primarily affect their personal lives, and whose everyday life would be seriously compromised without that support ([Bundesgesetzblatt, 1993a, §4](#)).

The care assessment follows uniform federal guidelines defined by the Classification Ordinance for the Federal Care Allowance Act ([Einstufungsverordnung zum Bundespflegegeldgesetz: Bundesgesetzblatt, 1993c; Bundesgesetzblatt, 1999](#), as amended). Dependence evaluation is based on the time needed (hours per day or hours per month) to perform activities of daily living (ADL) and instrumental activities of daily living (IADL). Each activity is converted into a specific amount of time, i.e., the minimum amount of time that caregiving is needed to perform the related task. The Classification Ordinance also provides the expected number of times the activity should be performed on a daily basis (exact values are in [Table 11](#)). Evaluated activities can be classified into *care measures* and *auxiliary services*. Care measures ([Betreuungsmaßnahmen](#)) resemble ADLs, including: meal preparation, eating, bathing, dressing, taking medication, toileting, and mobility within one's residence. Auxiliary services ([Hilfsleistungen](#)) include activities that do not have immediate requirements, including many IADLs, such as buying food and medicines, home cleaning, laundry, and mobility outside of one's residence.

There are 7 levels of dependence ([Stufen](#)) according to the caregiving time needed per month:

- Care Level 1: 60+ hours (65+ from 2016)
- Care Level 2: 85+ hours (95+ from 2016)
- Care Level 3: 120+ hours
- Care Level 4: 160+ hours
- Care Level 5: 180+ hours, in case exceptional care is required
- Care Level 6: 180+ hours, requiring constant supervision or care
- Care Level 7: 180+ hours, if applicants four extremities cannot be moved intentionally or present similar situation.

Caregiving requirements for eligibility over time are summarized in [Table 12](#). As of 2009, an additional 25 caregiving hours are included in the assessment report for people aged 15 or older with dementia-related impairments, mental disabilities, or mental illness ([Bundesgesetzblatt, 2008b, §2](#)). In 2023, this mark-up was raised to 45 hours ([Bundesgesetzblatt, 2022](#)).

People presenting specific impairments, are automatically assigned to the following care levels, known as “minimum classifications” ([Mindesteinstufungen](#)), from 1999 ([Bundesgesetzblatt, 1998](#)):

- Wheelchair users or people with severe visual impairments are classified into Care Level 3
- Blind people or wheelchair users with incontinence related problems are classified into Care Level 4
- Blind and deaf people or wheelchair users with both arms paralyzed are classified into Care Level 5

Evaluation of dependence

A covered person in need of LTC applies to their competent “decision-maker” authority ([Entscheidungsträger](#), see [Bundesgesetzblatt, 1993a](#), Article 4). An at-home care assessment is performed to determine their eligibility for the care allowance.

The level of dependence for care allowances is provided through a care assessment performed by a doctor along with the applicant and a trusted third party if desired (e.g., an advocate, family member, friend, that is chosen by the applicant). Where necessary, other professionals from other fields can be involved in the evaluation process. The care assessment follows uniform federal guidelines defined by the Classification Ordinance for the Federal Care Allowance Act ([Einstufungsverordnung zum Bundespflegegeldgesetz: Bundesgesetzblatt, 1993c, §9; Bundesgesetzblatt, 1999, §8](#), as amended). The medical expert report includes the diagnosis, ADLs and IADLs requiring constant care, the intensity of care required, as well as options for medical equipment and technical aides needed in case of mental or psychological impairment. Decisions for granting care allowances are to be issued within 6 months of application ([Bundesgesetzblatt, 1993a, §28](#)). Applicants can appeal the findings of the assessment report to the competent Labor or Social Court within 3 months from application.

Evaluators

Medical experts provide care assessment. If required, persons from other fields, such as specialists from special needs education, social work, psychology and psychotherapy, can be consulted to ensure a holistic assessment of the care situation ([Bundesgesetzblatt, 1993c](#), §9; [Bundesgesetzblatt, 1999](#), §8, as amended).

From 2012, registered nurses can perform the reassessment of care needs after an initial assessment conducted by a physician ([Bundesgesetzblatt, 2011](#)). Healthcare and nursing care experts can be consulted for the care assessment process if the applicant is classified Care Level 4 or higher.

Benefit limitations**Can you mix LTC benefits?**

Cash and in-kind benefits can be combined. 24-hour care benefits are paid in addition to the federal and, before 2012, provincial care allowances for qualifying beneficiaries (see documentation on in-kind benefits and 24-hour care benefits, [Gateway to Global Aging Data, 2023a,b](#)). Recipients of a care allowance are expected to pay for LTC services from these benefits. The care allowance and the 24-hour care benefit subsidize care and do not necessarily cover the full cost of care needed.

Fees for in-kind benefits vary between and sometimes within each province. Typically, provinces do not means-test but vary fees or benefits in order to support low income holders.

Is there free choice between cash and benefits in-kind?

No choice required

Can you receive LTC benefits with other social security benefits?

It is possible to receive LTC benefits along with other welfare benefits.

User costs**User charges**

Not applicable

Taxation of benefits

Cash benefits are not taxed

Tables and Formulas

Table 1: Maximum Monthly Cash Allowance by Year

Policy Year	Care Level 1	Care Level 2	Care Level 3	Care Level 4	Care Level 5	Care Level 6	Care Level 7
1993	2,500 S	3,500 S	5,400 S	8,100 S	11,000 S	15,000 S	20,000 S
1994	2,563	3,588	5,535	8,303	11,275	15,375	20,500
1995	2,635	3,688	5,690	8,535	11,591	15,806	21,074
2002	145.40 €	268.0 €	413.50 €	620.30 €	842.40 €	1,148.70 €	1,531.50 €
2005	148.30	273.40	421.80	632.70	859.30	1,171.70	1,562.10
2009	154.20	284.30	442.90	664.30	902.30	1,260.00	1,655.80
2016	157.30	290.00	451.80	677.60	920.30	1,285.20	1,688.90
2020	160.10	295.20	459.90	689.80	936.90	1,308.30	1,719.30
2021	162.50	299.60	466.80	700.10	951.00	1,327.90	1,745.10
2022	165.40	305.00	475.20	712.70	968.10	1,351.80	1,776.50
2023	175.00	322.70	502.80	754.00	1,024	1,430.20	1,879.50

Source: §5 of Bundesgesetzblatt (1993a) as amended by Bundesgesetzblatt (2001, 2004, 2008, 2015); MANZ.at (2023a, 2023b); Rechtsinformationssystem des Bundes, (1993), §5, as amended

Table 2: Provincial Care Allowance by Care Level – Burgenland

Policy Year	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7
1993	2,500 S	3,500 S	5,400 S	8,100 S	11,000 S	15,000 S	20,000 S
1994	2,563	3,588	5,535	8,303	11,275	15,375	20,500
1995	2,563	3,588	5,535	8,303	11,275	15,375	20,500
1996	2,635	3,688	5,690	8,535	11,591	15,806	21,074
1997	2,000	3,688	5,690	8,535	11,591	15,806	21,074
1998	2,000	3,688	5,690	8,535	11,591	15,806	21,074
1999	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2000	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2001	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2002	145.4 €	268.0 €	413.5 €	620.3 €	842.4 €	1,148.7 €	1,531.5 €
2003	145.4	268.0	413.5	620.3	842.4	1,148.7	1,531.5
2004	145.4	268.0	413.5	620.3	842.4	1,148.7	1,531.5
2005	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2006	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2007	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2008	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2009	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8
2010	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8
2011	154.2	284.3	442.9	664.3	902.3	1,260.0	1,655.8
2012	154.2	284.3	442.9	664.3	902.3	1,260.0	1,655.8

Source: Burgenländisches Landesgesetzblatt (1993), as amended by Burgenländisches Landesgesetzblatt (1994, 1995, 1997, 2001, 2005, 2009, 2011)

Table 3: Provincial Care Allowance by Care Level – Carinthia

Policy Year	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7
1993	2,500 S	3,500 S	5,400 S	8,100 S	11,000 S	15,000 S	20,000 S
1994	2,500	3,500	5,400	8,100	11,000	15,000	20,000
1995	2,500	3,500	5,400	8,100	11,000	15,000	20,000
1996	2,500	3,500	5,400	8,100	11,000	15,000	20,000
1997	2,000	3,688	5,690	8,535	11,591	15,806	21,074
1998	2,000	3,688	5,690	8,535	11,591	15,806	21,074
1999	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2000	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2001	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2002	145.4 €	268.0 €	413.5 €	620.3 €	842.4 €	1,148.7 €	1,531.5 €
2003	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2004	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2005	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2006	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2007	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2008	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2009	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8
2010	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8
2011	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8
2012	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8

Source: Kärntner Landesgesetzblatt (1993), as amended by Kärntner Landesgesetzblatt (1996, 2001, 2003, 2009)

Table 4: Provincial Care Allowance by Care Level – Lower Austria

Policy Year	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7
1993	2,500 S	3,500 S	5,400 S	8,100 S	11,000 S	15,000 S	20,000 S
1994	2,500	3,500	5,400	8,100	11,000	15,000	20,000
1995	2,500	3,500	5,400	8,100	11,000	15,000	20,000
1996	2,000	3,688	5,690	8,535	11,591	15,806	21,074
1997	2,000	3,688	5,690	8,535	11,591	15,806	21,074
1998	2,000	3,688	5,690	8,535	11,591	15,806	21,074
1999	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2000	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2001	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2002	145.4 €	268.0 €	413.5 €	620.3 €	842.4 €	1,148.7 €	1,531.5 €
2003	145.4	268.0	413.5	620.3	842.4	1,148.7	1,531.5
2004	145.4	268.0	413.5	620.3	842.4	1,148.7	1,531.5
2005	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2006	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2007	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2008	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2009	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8
2010	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8
2011	154.2	284.3	442.9	664.3	902.3	1,260.0	1,655.8
2012	154.2	284.3	442.9	664.3	902.3	1,260.0	1,655.8

Source: Niederösterreich Landesgesetzblatt (1993), as amended by Niederösterreich Landesgesetzblatt (1996, 2001, 2003, 2009, 2011)

Table 5: Provincial Care Allowance by Care Level – Upper Austria

Policy Year	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7
1993	2,500 S	3,500 S	5,400 S	8,100 S	11,000 S	15,000 S	20,000 S
1994	2,563	3,588	5,535	8,303	11,275	15,375	20,500
1995	2,635	3,688	5,690	8,535	11,591	15,806	21,074
1996	2,000	3,688	5,690	8,535	11,591	15,806	21,074
1997	2,000	3,688	5,690	8,535	11,591	15,806	21,074
1998	2,000	3,688	5,690	8,535	11,591	15,806	21,074
1999	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2000	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2001	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2002	145.4 €	268.0 €	413.5 €	620.3 €	842.4 €	1,148.7 €	1,531.5 €
2003	145.4	268.0	413.5	620.3	842.4	1,148.7	1,531.5
2004	145.4	268.0	413.5	620.3	842.4	1,148.7	1,531.5
2005	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2006	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2007	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2008	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2009	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8
2010	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8
2011	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8
2012	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8

Source: Oberösterreich Landesgesetzblatt (1993a), as amended by Oberösterreich Landesgesetzblatt (1993b, 1994, 1996, 2001, 2004, 2009)

Table 6: Provincial Care Allowance by Care Level – Salzburg

Policy Year	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7
1993	2,500 S	3,500 S	5,400 S	8,100 S	11,000 S	15,000 S	20,000 S
1994	2,500	3,500	5,400	8,100	11,000	15,000	20,000
1995	2,635	3,688	5,690	8,535	11,591	15,806	21,074
1996	2,635	3,688	5,690	8,535	11,591	15,806	21,074
1997	2,635	3,688	5,690	8,535	11,591	15,806	21,074
1998	2,635	3,688	5,690	8,535	11,591	15,806	21,074
1999	2,635	3,688	5,690	8,535	11,591	15,806	21,074
2000	2,635	3,688	5,690	8,535	11,591	15,806	21,074
2001	2,635	3,688	5,690	8,535	11,591	15,806	21,074
2002	145.4 €	268.0 €	413.5 €	620.3 €	842.4 €	1,148.7 €	1,531.5 €
2003	145.4	268.0	413.5	620.3	842.4	1,148.7	1,531.5
2004	145.4	268.0	413.5	620.3	842.4	1,148.7	1,531.5
2005	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2006	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2007	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2008	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2009	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8
2010	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8
2011	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8
2012	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8

Source: Salzburger Landesgesetzblatt (1993), as amended by Salzburger Landesgesetzblatt (2001, 2005, 2009); Oesterreichische Nationalbibliothek (2023)

Table 7: Provincial Care Allowance by Care Level – Styria

Policy Year	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7
1993	2,500 S	3,500 S	5,400 S	8,100 S	11,000 S	15,000 S	20,000 S
1994	2,563	3,588	5,535	8,303	11,275	15,375	20,500
1995	2,635	3,688	5,690	8,535	11,591	15,806	21,074
1996	2,000	3,688	5,690	8,535	11,591	15,806	21,074
1997	2,000	3,688	5,690	8,535	11,591	15,806	21,074
1998	2,000	3,688	5,690	8,535	11,591	15,806	21,074
1999	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2000	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2001	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2002	145.3 €	268.0 €	413.5 €	620.3 €	842.4 €	1,148.7 €	1,531.5 €
2003	145.3	268.0	413.5	620.3	842.4	1,148.7	1,531.5
2004	145.3	268.0	413.5	620.3	842.4	1,148.7	1,531.5
2005	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2006	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2007	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2008	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2009	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8
2010	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8
2011	154.2	284.3	442.9	664.3	902.3	1,260.0	1,655.8
2012	154.2	284.3	442.9	664.3	902.3	1,260.0	1,655.8

Source: Steiermärkisches Landesgesetzblatt (1993), as amended by Steiermärkisches Landesgesetzblatt (1994, 1995, 1996, 2001, 2005, 2008, 2011)

Table 8: Provincial Care Allowance by Care Level – Tyrol

Policy Year	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7
1993	2,500 S	3,500 S	5,400 S	8,100 S	11,000 S	15,000 S	20,000 S
1994	2,500	3,500	5,400	8,100	11,000	15,000	20,000
1995	2,500	3,500	5,400	8,100	11,000	15,000	20,000
1996	2,000	3,688	5,690	8,535	11,591	15,806	21,074
1997	2,000	3,688	5,690	8,535	11,591	15,806	21,074
1998	2,000	3,688	5,690	8,535	11,591	15,806	21,074
1999	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2000	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2001	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2002	145.4 €	268.0 €	413.5 €	620.3 €	842.4 €	1,148.7 €	1,531.5 €
2003	145.4	268.0	413.5	620.3	842.4	1,148.7	1,531.5
2004	145.4	268.0	413.5	620.3	842.4	1,148.7	1,531.5
2005	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2006	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2007	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2008	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2009	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8
2010	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8
2011	154.2	284.3	442.9	664.3	902.3	1,260.0	1,655.8
2012	154.2	284.3	442.9	664.3	902.3	1,260.0	1,655.8

Source: Tiroler Landesgesetzblatt (1993), as amended by Tiroler Landesgesetzblatt (1996, 1997, 2001, 2004, 2009, 2011)

Table 9: Provincial Care Allowance by Care Level – Vorarlberg

Care Levels	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7
1993	2,500 S	3,500 S	5,400 S	8,100 S	11,000 S	15,000 S	20,000 S
1994	2,563	3,588	5,535	8,303	11,275	15,375	20,500
1995	2,635	3,688	5,690	8,535	11,591	15,806	21,074
1996	2,635	3,688	5,690	8,535	11,591	15,806	21,074
1997	2,000	3,688	5,690	8,535	11,591	15,806	21,074
1998	2,000	3,688	5,690	8,535	11,591	15,806	21,074
1999	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2000	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2001	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2002	145.4 €	268.0 €	413.5 €	620.3 €	842.4 €	1,148.7 €	1,531.5 €
2003	145.4	268.0	413.5	620.3	842.4	1,148.7	1,531.5
2004	145.4	268.0	413.5	620.3	842.4	1,148.7	1,531.5
2005	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2006	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2007	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2008	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2009	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8
2010	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8
2011	154.2	284.3	442.9	664.3	902.3	1,260.0	1,655.8
2012	154.2	284.3	442.9	664.3	902.3	1,260.0	1,655.8

Source: Vorarlberger Landesgesetzblatt (1993a), as amended by Vorarlberger Landesgesetzblatt (1993b, 1994, 1997, 2001, 2004, 2008, 2011)

Table 10: Provincial Care Allowance by Care Level – Vienna

Policy Year	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7
1993	2,500 S	3,500 S	5,400 S	8,100 S	11,000 S	15,000 S	20,000 S
1994	2,500	3,500	5,400	8,100	11,000	15,000	20,000
1995	2,500	3,500	5,400	8,100	11,000	15,000	20,000
1996	2,000	3,688	5,690	8,535	11,591	15,806	21,074
1997	2,000	3,688	5,690	8,535	11,591	15,806	21,074
1998	2,000	3,688	5,690	8,535	11,591	15,806	21,074
1999	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2000	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2001	2,000	3,688	5,690	8,535	11,591	15,806	21,074
2002	145.4 €	268.0 €	413.5 €	620.3 €	842.4 €	1,148.7 €	1,531.5 €
2003	145.4	268.0	413.5	620.3	842.4	1,148.7	1,531.5
2004	145.4	268.0	413.5	620.3	842.4	1,148.7	1,531.5
2005	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2006	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2007	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2008	148.3	273.4	421.8	632.7	859.3	1,171.7	1,562.1
2009	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8
2010	154.2	284.3	442.9	664.3	902.3	1,242.0	1,655.8
2011	154.2	284.3	442.9	664.3	902.3	1,260.0	1,655.8
2012	154.2	284.3	442.9	664.3	902.3	1,260.0	1,655.8

Source: Wiener Landesgesetzblatt (1993), as amended by Wiener Landesgesetzblatt (1996, 2001, 2005, 2008, 2011)

Table 11: Assessment of Need – Core and Auxiliary Activities

Activities	Hours per month	Core/Auxiliary
Daily body care	25	core
Meal preparation	30	core
Taking meals	30	core
Toileting	30	core
Dressing and undressing	20	core
Cleaning for incontinence	20	core
Colostomy care	7.5	core
Cannula tube care	5	core
Catheter care	5	core
Enemas	15	core
Taking medication	3	core
Mobility aid in the narrow sense	15	core
Emptying and cleaning the toilet chair	10	auxiliary
Motivational talks	10	auxiliary
Procuring of food and medicines	10	auxiliary
Cleaning the home and personal effects	10	auxiliary
Care of underwear and towels	10	auxiliary
Heating the living space	10	auxiliary
Mobility aid in a broader sense	10	auxiliary
Cognitive impairment	0 (before 2009)	auxiliary
	25 (2009 - 2022)	
	45 (2023)	

Source: Bundesgesetzblatt (1993c); Bundesgesetzblatt (1999); Rechtsinformationssystem des Bundes (1999); Bundesgesetzblatt, (2008b), §2; Bundesgesetzblatt (2022); Brugiavini et al. (2017)

Notes: Toileting, eating and meal preparation have a caregiving time of 30 hours per month each (1 hour per day). Daily body care has a caregiving time of 25 hours per month (25 minutes twice a day). Dressing and undressing have caregiving time of 20 hours per month (20 minutes twice a day). Caregiving time for people with incontinence is of 20 hours per month (10 minutes for four times a day). Mobility caregiving time is 15 hours per month and includes transferring and moving inside the house. Taking medications requires 3 hours of caregiving per month (6 minutes per day). Caregiving time for self-administered enemas is 15 hours per month (30 min per day). Cannula tube care and catheter care require 5 hours of caregiving time per month each (10 minutes per day). Colostomy care requires 7.5 caregiving hours per month (15 minutes per day).

Auxiliary activities are assigned a fixed 10 hours of caregiving per month.

Table 12: Care Levels (Stufen) by Period

Care Levels	1993-2010	2011-2015	2016-2023
Care Level 1	50+ hours ¹	60+ hours	65+ hours
Care Level 2	75+ hours	85+ hours	95+ hours
Care Level 3	120+ hours	120+ hours	120+ hours
Care Level 4	180+ hours ²	160+ hours	160+ hours
Care Level 5	180+ hours, if exceptional care is necessary	180+ hours, if exceptional care is necessary	180+ hours, if exceptional care is necessary
Care Level 6	180+ hours, if <ul style="list-style-type: none"> Care measures are required which cannot be coordinated in terms of time but are provided on a regular basis during the day and night, or The continuous presence of a carer is required during the day and night because it is probable that the care recipient poses a danger for themselves or to other persons. 	180+ hours, if <ul style="list-style-type: none"> Care measures are required which cannot be coordinated in terms of time but are provided on a regular basis during the day and night, or The continuous presence of a carer is required during the day and night because it is probable that the care recipient poses a danger for themselves or to other persons. 	180+ hours, if <ul style="list-style-type: none"> Care measures are required which cannot be coordinated in terms of time but are provided on a regular basis during the day and night, or The continuous presence of a carer is required during the day and night because it is probable that the care recipient poses a danger for themselves or to other persons.
Care Level 7	180+ hours, if <ul style="list-style-type: none"> No precise functional movement of all four extremities is possible or Constant use of life-supporting technical devices is required 	180+ hours, if <ul style="list-style-type: none"> No precise functional movement of all four extremities is possible or Constant use of life-supporting technical devices is required 	180+ hours, if <ul style="list-style-type: none"> No precise functional movement of all four extremities is possible or Constant use of life-supporting technical devices is required

Source: [Bundesgesetzblatt \(1993c\)](#) before 1999; [Bundesgesetzblatt \(1999\)](#) from 1999; see [Rechtsinformationssystem des Bundes \(1999\)](#) for version from 1999 as amended

Notes

¹ Caregiving time refers to hours per month.

² 160+ from 1999

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Glossary of terms

This section summarizes key definitions from the main text. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: “Alt” + “←”; In Adobe Acrobat on a MAC: “command” + “←”; In Preview on a MAC: “command” + “[”.

Activities of daily living (ADL): A common set of activities related to personal care used to assess independence. They include bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating.

Betreuungsmaßnahmen: German term for “care measures.” Items included in the care assessment for the federal and provincial care allowances including meal preparation, eating, bathing, dressing, taking medication, toileting, and mobility within one’s residence.

Bundespflegegeld: Federal care allowance provided by the federal government as of 1993 to support care related expenses. It can be used to buy formal care services from public or private providers or to reimburse informal care giving.

Bundespflegegeldgesetz (BPGG) : Name in German for “LTC Federal Care Allowance Act.” Introduced a cash allowance in 1993 to support care-related expenses.

Einstufungsverordnung: Name in German for “Regulation on the Classification of the Need of Care.” Provided a uniform set of federal guidelines defining the care assessment performed to determine eligibility for federal, and before 2012, also provincial care allowances.

Entscheidungsträger: German term for “decision-makers.” Authorities responsible for providing the care allowance.

Hilfs-Verrichtungen: German term for “auxiliary activities.” Items included in the care assessment for the federal and provinces’ care allowances including motivational talks, toilet chair care, procuring food and medicines, household cleaning, underwear and towel care, heating, and mobility outside the house.

Instrumental activities of daily living (IADL): A common set of activities used to evaluate a person’s ability to live independently in their community. They include being able to prepare hot meals, shop for groceries, take medication, manage money, use a phone, or use a map.

Landespflegegeld: Provincial care allowances provided by the nine provinces from 1993 until 2011 to support care expenses for people not eligible for the federal care allowance.

Landespflegegeldgesetzen: German word for “Provincial Care Allowance Acts.” Introduced a cash allowance in 1993 to support care-related expenses for people not eligible for the federal care allowance.

Mindesteinstufungen: German term for “minimum classifications.” Items included in the care assessment for federal and province care allowances grading dependent older adults’ classification into lowest qualifying Care Levels according to specific type of impairments.

Pflegegeldreformgesetz: Name in German of the “LTC Care Allowance Reform Act.” Centralized care allowance management and provision, reducing the number of “decision-maker” authorities and increasing the care allowance amount.

Stufen: German term for “care levels.” These are care need levels corresponding to levels of dependence. They indicate the extent to which a person is incapable of living independently, requiring assistance in basic ADLs. There are seven Care Levels.

Version information

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- 1.0 (September 2023): First version.