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# Gateway Policy Explorer: Long-Term Care Series

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## Belgium

### Long-Term Care Cash Benefit Plan Details

1992-2023

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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](mailto: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*.

# Belgium

Cash Benefits  
Plan details 1992-2023 \* †

In Belgium, cash benefits are one type of long-term care (LTC) benefit that supports older adults with care needs. Cash benefits are organized at the federal and regional (sub-national) levels. Before 2001, most individuals with care needs received support from the federal government through a single cash benefit system called Assistance to Older People (APA: Allocation pour l'aide aux personnes âgées) for care-dependent individuals over the age of 65.

However, the Belgian LTC system was subject to two major policy reforms in 2001 and 2014. In 2001, Flanders created a regional LTC insurance system, which provides a lump-sum monthly allowance called The Flanders Care Budget that partially covers the non-medical costs of care-dependent residents of Flanders and care-dependent Flemish residents of Brussels. While the Flemish Insurance System is compulsory for Flemish residents over the age of 25, it is optional for those who live in Brussels. The creation of the Flemish LTC insurance system resulted in two cash benefit systems in Belgium.

In 2014, the APA was regionalized, which transferred the responsibility of the APA to the regional governments of Flanders, Wallonia, and Brussels. Coverage, eligibility criteria, and the dependence definition remained the same. The regionalization of the APA resulted in four cash benefit systems in Belgium, three regional APAs, and the Flanders Care Budget system.

## Key Dates

First law: 1992

Major changes since 1992: 2001, 2014

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\* If you have questions or suggestions, please contact [policy@g2aging.org](mailto: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 1992-2000

### Overview

In Belgium, most public long-term care (LTC) services for older adults are provided as part of the federal health insurance system, which is compulsory. The Belgian LTC system is nearly universal as federal public health insurance covers most of the population. Similar to other LTC benefits in Belgium, cash benefits are meant to complement informal care provided by the family (Willeme, 2010).

During this time period, Belgium had a single cash benefit system called [Assistance to Older People](#) (APA: Allocation pour l'aide aux personnes âgées), which is part of the allowances for individuals with disabilities. Coordinated at the federal level, this allowance aims to help LTC-eligible beneficiaries with the financial burden of costs arising from greater care needs. APA was introduced on November 1, 1989. Financed by general taxes, recipients are eligible to receive different amounts depending on their level of dependency, which is determined by an assessment using the [APA scale](#). Individuals are assigned to one of five categories based on the score they receive in the dependence evaluation. Category 1 is for those with the lowest level of difficulty with daily activities and Category 5 is for those with the highest level of difficulty with daily activities (Moniteur Belge, 1987, §6(2)). The benefit amount is not taxed but it is means-tested.

This chapter provides details on the main cash benefit of the Belgian LTC system, the APA, during the 1992-2000 policy period.

### Statutory basis

Assistance to Older People (APA: Allocation pour l'aide aux personnes âgées; Tegemoetkoming voor hulpaan bejaarden) (Moniteur Belge, 1987, 1990)

### Financing

#### Source of financing

APA is financed by general taxes at the federal level (Willeme, 2010).

### 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

APA covers costs that LTC-eligible beneficiaries incur due to diminished autonomy (Moniteur Belge, 1990, §4).

#### Eligible population

An individual is eligible for APA benefit coverage if all of the following conditions are satisfied:

- Age requirement: At least age 65 (Moniteur Belge, 1987, §2(3))
- Residence/citizenship requirement: Belgian national or in the population register and residing in Belgium (Moniteur Belge, 1990, §2)

### Benefit

#### Cash Benefit

A monthly allowance is paid to eligible beneficiaries. The amount is determined by an individual's level of dependence (Moniteur Belge, 1990, §4). The yearly amount an eligible beneficiary can receive is calculated by first subtracting the income ceiling from their total income. Then, the resulting amount is subtracted from the maximum annual amount they are eligible to receive based on their dependence category. [Formula 1](#) provides detailed information on how to compute the APA benefit level. [Box 1](#) provides an example of how this formula is applied. [Table 1](#) provides maximum allowance values by category and [Table 2](#) provides reference values for income limits above which benefit levels are reduced. These tables only provide values from 2004 because earlier values have not yet been identified.

#### Discretionary Use

Discretionary use is allowed.

**Provision of care**

The insurance fund of the qualified beneficiary directly deposits the allowance into their bank account.

**Benefit Eligibility****Qualifying period**

None

**Minimum level of dependence**

Applicants must score at least 7 on the [APA scale](#) to be eligible for cash benefits ([Moniteur Belge, 1987, §6\(2\)](#)). [Table 3](#) provides details on the evaluation of the degree of autonomy for APA, including points and activities assessed.

**Duration of benefit**

The benefit lasts as long as the recipient is eligible. During the medical assessment, the physician will evaluate whether the recipient's limitations are permanent or subject to evolve positively or negatively in the future. If the physician determines that a recipient's limitations are subject to evolve in the future, routine assessments will be scheduled to monitor the recipient's condition and make necessary changes regarding eligibility and the benefit amount. Eligible beneficiaries are expected to report any changes in their medical or income status. A defined reassessment period has not been identified.

**Means testing**

APA is means-tested and takes into account the applicant's income, partner's income (if applicable), household composition, and marital status. Income includes current income, financial assets (e.g., savings), and non-financial assets (e.g., pensions, real estate). Benefits are reduced or eliminated if incomes exceed a threshold value that depends on family characteristics. There are three categories to determine income ceilings and Category C provides the highest income ceiling threshold ([Moniteur Belge, 1987, §6-18](#)). Individuals in Category C live in a household and have at least one dependent child. [Formula 1](#) provides detailed information on how to compute the APA benefit level and [Table 2](#) provides reference values for income limits above which benefit levels are reduced.

**Age requirement**

At least age 65 ([Moniteur Belge, 1987, §2\(3\)](#))

**Care Needs Assessment****Definition of dependence**

Dependence is based on limits in [activities of daily living \(ADL\)](#) and [instrumental activities of daily living \(IADL\)](#). ADLs are activities related to personal care used to assess independence, including bathing, dressing, and walking. IADLs are activities that are used to assess independence but are not essential for functional living, including shopping and taking medications. There are five categories of dependence. Each category contains a range of scores using the [APA scale](#), which includes limitations in ADLs and IADLs. Category 1 is for those who score 7-8 and Category 5 is for those who score 17-18, the highest possible scores ([Moniteur Belge, 1987, §6\(2\)](#)). Individuals in Category 5 are considered to be the most dependent because of their high degree of diminished autonomy and heavy reliance on care.

**Evaluation of dependence**

An official dependence evaluation takes place after an applicant's family doctor submits the required forms and the applicant submits a preliminary application to their local municipality and completes a self-evaluation dependency form. The dependence evaluation is conducted using a six-item scale called the [APA scale](#) that includes both [ADL](#) and [IADL](#) limitations. Each item is evaluated on a scale of 0 to 3 where 0 means that the applicant has no difficulty and 3 means that they cannot perform the activity without help from others ([Moniteur Belge, 1990, §3-3bis](#)). The overall index is obtained by summing each item's score. [Table 3](#) provides details on the evaluation of the degree of autonomy for APA including points and activities assessed. [Table 4](#) provides details on dependence categories. [Box 2](#) provides an example of how to determine an individual's APA dependency category.

**Evaluators**

There are two evaluators during the assessment process. The first evaluator is a doctor of the [Federal Public Service \(FPS\) Social Security](#) who conducts the medical assessment. The second evaluator is a social worker of the FPS Social Security. If an applicant disagrees with the final decision regarding their eligibility, they can appeal it to the Labour Court ([Arbeidsrechtbank/Tribunal du travail](#)) ([Moniteur Belge, 1987, §18-19](#)).

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

You can mix cash benefits and in-kind benefits. Cash benefits do not diminish entitlement to in-kind benefits and in-kind benefits do not diminish entitlement to cash benefits.

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

There is no choice between in-kind services and cash benefits.

**Can you receive LTC benefits with other social security benefits?**

There are no limits to receiving APA benefits with other social security benefits.

**User costs****User charges**

Not applicable

**Taxation of benefits**

Not subject to taxation

## Chapter 2: Policy enacted 2001-2013

### Policy change in 2001

At the regional level, in 2001, Flanders set up a separate long-term care (LTC) insurance scheme, the [Flemish LTC Insurance Scheme \(Vlaamse Zorgverzekering\)](#). This insurance system provides a monthly care allowance called the [Flanders Care Budget](#), which is separate from the nationwide APA. It is sometimes referred to as the *Care Budget for People in Severe Need of Care*. Similar to APA, it aims to alleviate costs that care-dependent individuals face. While mandatory for inhabitants of Flanders over the age of 25, the insurance scheme is optional for inhabitants of the Brussels Region. All eligible beneficiaries receive a fixed amount of 130€, irrespective of care need ([Pacolet and De Wispelaere, 2018](#)).

Minor reforms to the APA (national) LTC cash benefit during this period include:

- The [Royal Decree of May 22, 2003](#) amended the definitions of “actual residence” and “permanent residence,” which pertain to the APA.
- The [Royal Decree of March 18, 2009](#) increased the allowance applied to the income of the APA recipient by 4.5%. This increase was proposed following an increase in minimum pensions. The purpose was to ensure that the elderly who have their minimum pension increased do not have their APA decreased by a proportional amount.

## Overview

In Belgium, most public long-term care (LTC) services for older adults are provided as part of the federal health insurance system, which is compulsory. The Belgian LTC system is nearly universal as federal public health insurance covers most of the population. However, the establishment of the Flemish LTC Insurance System in 2001 resulted in a new and regional LTC cash benefit. This was the first regional LTC system in Belgium.

During this time period, Belgium provided two cash benefits to dependent persons requiring long-term assistance: the federal APA and the regional Flemish Care Budget. Both cash benefits were targeted based on financial need.

### APA (national)

The federal cash benefit system called [Assistance to Older People](#) (APA: Allocation pour l'aide aux personnes âgées) is part of the allowances for individuals with disabilities. This allowance aims to help LTC-eligible beneficiaries with the financial burden of costs arising from greater care needs. APA was introduced on November 1, 1989. Financed by general taxes, recipients are eligible to receive different amounts depending on their level of dependency, which is determined by an assessment using the [APA scale](#). Individuals are assigned to one of five categories based on the score that they receive in the dependence evaluation. Category 1 is for those with the lowest level of difficulty with daily activities and Category 5 is for those with the highest level of difficulty with daily activities. The benefit amount is not taxed but it is means-tested.

### Flanders Care Budget

The Flemish LTC Insurance Scheme ([Vlaamse Zorgverzekering](#)), was started on October 1, 2001, with the objective of addressing the needs of the severely dependent at home in Flanders. In 1999, it is estimated that around 54,000 people were severely dependent at home. The insurance scheme aims to alleviate the expenses that LTC-eligible beneficiaries face as they age through the Flanders Care Budget, a monthly care allowance for Flemish residents living in Flanders or Brussels ([Van Den Bosch et al., 2011](#)). It is regulated by the Decree of the Flemish Parliament of 30 March 1999, M.B./B.S. 28/05/1999, and financed through annual premiums and general taxes. It is mandatory for the residents of Flanders but optional for the Flemish residents of Brussels. Regardless of a person's income or their need for care, all eligible beneficiaries receive a lump-sum amount of 130€ per month ([Vlaamse sociale bescherming, 2022a](#)). The scale used to evaluate dependence is different from the scale used in the APA evaluation. It is called the [BEL scale](#) and contains 27 items, including social and mental health items that are not assessed in the APA scale. Only those who score 35 or more on the BEL evaluation scale and reside in Flanders or reside in Brussels and are affiliated with the Flemish LTC Insurance System are eligible for this benefit. Since participation is voluntary in Brussels, individuals who reside in Brussels must pay the annual health premium to their health insurance fund to be affiliated with the Flemish LTC Insurance System.

This chapter provides details on the Flemish LTC Insurance System, which is part of the Belgian LTC system but only covers the inhabitants of Flanders and Brussels, and the main cash benefit of the Belgian LTC system, the APA, during the 2001-2013 policy period. Policy details of disability support systems are not covered.



**Statutory basis**Federal Law

Assistance to Older People (APA: Allocation pour l'aide aux personnes âgées; Tegemoetkoming voor hulpaan bejaarden) ([Moniteur Belge, 1987, 1990](#))

Regional Laws

## Flanders

The Flemish LTC Insurance Scheme (Vlaamse Zorgverzekering) ([Moniteur Belge, 2001](#))

**Financing****Source of financing**APA (national)

APA is financed by general taxes at the federal level ([Willeme, 2010](#)).

Flanders Care Budget

This benefit is part of the Flemish LTC Insurance Scheme, which is financed by annual premiums and regional taxes. Until December 31, 2002, the premium was an annual payment of 10€. On January 1, 2003, the premium increased to 25€ ([Vlaamse Zorgkas, 2023](#)). [Table 5](#) provides premium rates from 2001-2023.

**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**APA (national)

APA covers costs that LTC-eligible beneficiaries incur due to diminished autonomy ([Moniteur Belge, 1990, §4](#)).

Flanders Care Budget

The Flanders Care Budget covers costs that LTC-eligible beneficiaries incur due to diminished autonomy ([Moniteur Belge, 2001, §1](#)).

**Eligible population**APA (national)

An individual is eligible for APA benefit coverage if all of the following conditions are satisfied:

- Age requirement: At least age 65 ([Moniteur Belge, 1987, §2\(3\)](#))
- Residence/citizenship requirement: Belgian national or in the population register and residing in Belgium ([Moniteur Belge, 1990, §2](#))

Flanders Care Budget

An individual is eligible for Flanders Care Budget benefit coverage if all of the following conditions are satisfied:

- Residence requirement: Reside in Flanders or the Brussels-Capital Region ([Moniteur Belge, 2001, §15-16](#))
- Annual premium requirement: Pay annual care premiums if older than 25 years ([Moniteur Belge, 2001, §15-16](#))

**Benefit****Cash Benefit**APA (national)

A monthly allowance is paid to eligible beneficiaries. The amount is determined by an individual's level of dependence ([Moniteur Belge, 1990, §4](#)). The yearly amount an eligible beneficiary can receive is calculated by first subtracting the income ceiling from their total income. Then, the resulting amount is subtracted from the maximum annual amount they are eligible to receive based on their dependence category. [Formula 1](#) provides detailed information on how to compute the APA benefit level. [Table 1](#) provides maximum allowance values by category and [Table 2](#) provides reference values for income limits above which benefit levels are reduced. These tables only provide values from 2004 because earlier values were not identified.

### Flanders Care Budget

Varies by time period ([Moniteur Belge, 2001](#)) —

- Before March 2009: Allowance amount varies between individuals who reside in semi-residential and residential facilities and all other beneficiaries (e.g. 125€ if the beneficiary resides in a residential or semi-residential care facility, 105€ if otherwise in 2007)
- From March 2009: Monthly allowance of 130€ ([Table 6](#) provides the Flanders Care Budget allowance amounts from 2001-2023)

### **Discretionary Use**

#### APA

Discretionary use is allowed.

#### Flanders Care Budget

Discretionary use is allowed.

### **Provision of care**

The insurance fund of the qualified beneficiary directly deposits the allowance into their bank account.

## **Benefit Eligibility**

### **Qualifying period**

#### APA (national)

None

#### Flanders Care Budget

None

### **Minimum level of dependence**

#### APA (national)

Applicants must score at least 7 on the [APA scale](#) to be eligible for cash benefits ([Moniteur Belge, 1987](#), §6(2)). [Table 3](#) provides details on the evaluation of the degree of autonomy for APA, including points and activities assessed.

#### Flanders Care Budget

The minimum level of dependence varies depending on the scale used. Many scales can be used (e.g., Katz scale, BelRAI Screener, and BEL scale) although the BEL scale (also referred to as BEL Profile Scale) is commonly used. Using the [BEL scale](#), a minimum score of 35 points is required to be eligible for benefits. Details on the evaluation of the degree of autonomy using the BEL scale are provided in [Box 3](#). Those being evaluated with a Katz scale for home nursing must score at least a B to be eligible. Those being evaluated using a Katz scale in a care facility must score C or Cd to be eligible. For the BelRAI Screener, a total score of at least 13 points or at least 5.5 points on the sum of the [activities of daily living \(ADL\)](#) and [instrumental activities of daily living \(IADL\)](#) modules is required.

### **Duration of benefit**

#### APA (national)

The benefit lasts as long as the recipient is eligible. During the medical assessment, the physician will evaluate whether the recipient's limitations are permanent or subject to evolve positively or negatively in the future. If the physician determines that a recipient's limitations are subject to evolve in the future, routine assessments will be scheduled to monitor the recipient's condition and make necessary changes regarding eligibility and the benefit amount. Eligible beneficiaries are expected to report any changes in their medical or income status. A defined reassessment period has not been identified.

#### Flanders Care Budget

The benefit lasts as long as the recipient is eligible. Eligible beneficiaries are expected to report any changes in their medical or income status. A defined reassessment period has not been identified.

### **Means testing**

#### APA (national)

APA is means-tested and takes into account the applicant's income, partner's income (if applicable), household composition, and marital status. Income includes current income, financial assets (e.g., savings), and non-financial assets (e.g., pensions, real

estate). Benefits are reduced or eliminated if incomes exceed a threshold value that depends on family characteristics. There are three categories to determine income ceilings and Category C provides the highest income ceiling threshold ([Moniteur Belge, 1987, §6-18](#)). Individuals in Category C live in a household and have at least one dependent child. [Formula 1](#) provides detailed information on how to compute the APA benefit level and [Table 2](#) provides reference values for income limits above which benefit levels are reduced.

#### [Flanders Care Budget](#)

The monthly allowance is not means-tested.

#### Age requirement

##### [APA \(national\)](#)

At least age 65

##### [Flanders Care Budget](#)

No age requirement

## Care Needs Assessment

### Definition of dependence

For both systems, dependence is based on limits in [ADLs](#) and [IADLs](#). ADLs are activities related to personal care used to assess independence, including bathing, dressing, and walking. IADLs are activities that are used to assess independence but are not essential for functional living, including shopping, and taking medications.

#### [APA \(national\)](#)

There are five categories of dependence. Each category contains a range of scores using the [APA scale](#), which includes limitations in ADLs and IADLs. Category 1 is for those who score 7-8, the lowest possible scores, and Category 5 is for those who score 17-18, the highest possible scores. Individuals in Category 5 are considered to be the most dependent because of their high degree of diminished autonomy and heavy reliance on care.

#### [Flanders Care Budget](#)

Using the [BEL scale](#), someone is considered to be dependent on care if they score 35 points or more. However, there are alternative scales for defining dependence such as the Katz scale and the BelRAI Screener. Individuals who live in Flemish residential care centers and rest and care homes automatically qualify for the benefit.

### Evaluation of dependence

#### [APA \(national\)](#)

An official dependence evaluation takes place after an applicant's family doctor submits the required forms, and the applicant submits a preliminary application to their local municipality and completes a self-evaluation dependency form. The dependence evaluation is conducted using a six-item scale called the [APA scale](#) that includes both [ADL](#) and [IADL](#) limitations. Each item is evaluated on a scale of 0 to 3 where 0 means that the applicant has no difficulty and 3 means that they cannot perform the activity without help from others ([Moniteur Belge, 1990, §3-3bis](#)). The overall index is obtained by summing each item's score. [Table 3](#) provides details on the evaluation of the degree of autonomy for APA including points and activities assessed. [Table 4](#) provides details on dependence categories. [Box 2](#) provides an example of how to determine an individual's APA dependency category.

#### [Flanders Care Budget](#)

Individuals who are not automatically enrolled can prove that they are heavily dependent on care by obtaining a certificate of measurement of their care intensity. Individuals who live at home can receive a certificate through their mutual insurance company who can connect them to a social worker from Social Work Services who can conduct the evaluation. They can also receive a certificate from a home nurse. Providers use different scales. In nursing homes and other care facilities, dependence is evaluated using the [Katz scale](#). In home care settings, the [BelRAI Screener](#) is used to evaluate dependence. Details on the evaluation of the degree of autonomy using the [BEL scale](#) are provided in [Box 3](#). [Box 4](#) provides an example of how to obtain an individual's score using the BEL scale.

*Note:* Automatic allocation is possible for applicants who live in Flemish residential homes, nursing homes, or psychiatric care homes. These individuals are considered to be heavily dependent on care and therefore do not require an evaluation. However, individuals who live in these types of facilities in Brussels are not automatically enrolled and must apply like any other applicant ([Vlaamse sociale bescherming, 2022a](#)).

**Evaluators**APA (national)

There are two evaluators during the assessment process. The first evaluator is a doctor of the [Federal Public Service \(FPS\) Social Security](#) who conducts the medical assessment. The second evaluator is a social worker of the FPS Social Security. If an applicant disagrees with the final decision regarding their eligibility, they can appeal it to the Labour Court (Arbeidsrechtbank/Tribunal du travail).

Flanders Care Budget

A social worker from the individual's health insurance fund conducts the dependence evaluation. Then, a supervisory board of the individual's health insurance fund evaluates their application and decides whether to approve or deny the applicant. This group also decides whether to continue or discontinue the benefit.

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

You can mix cash benefits and in-kind benefits. Cash benefits do not diminish entitlement to in-kind benefits and in-kind benefits do not diminish entitlement to cash benefits.

APA (national)

You can combine this benefit with other cash benefits such as The Flanders Care Budget in Flanders and Brussels (if eligible).

Flanders Care Budget

You can also combine this benefit with other cash benefits such as APA and The Care Budget for People with Disabilities. However, the following individuals are ineligible to receive The Flanders Care Budget ([Vlaamse sociale bescherming, 2022a](#)):

- Individuals who receive a budget for non-directly accessible help
- Individuals who receive a personal budget from the Flemish Agency for Persons with Disabilities
- Individuals who stay in a disabled facility for adults outside Flanders
- Individuals who receive outpatient support from a disabled facility for adults outside Flanders

The personal budget from the Flemish Agency for Persons with Disabilities is a budget that allows individuals to purchase care and support from those around them, voluntary organizations, professional care providers, and counselors. It is different from The Care Budget for People with Disabilities.

**Is there free choice between cash and benefits in-kind?**APA (national)

There is no choice between in-kind services and cash benefits.

Flanders Care Budget

There is no choice between in-kind services and cash benefits.

**Can you receive LTC benefits with other social security benefits?**APA (national)

There are no limits to receiving APA benefits with other social security benefits. You can combine this benefit with [Guaranteed Income for Elderly Persons \(GRAPA\)](#), which is a minimum income granted by the Federal Pensions Service to individuals over age 65 who have insufficient financial means to live. For details about GRAPA, please refer to the policy document [Belgium Public Old-Age Social Assistance Plan Details, 1992-2022 \(Gateway to Global Aging Data, 2023\)](#). However, some social security benefits (e.g., pension) are considered income, which could reduce an individual's APA benefit.

Flanders Care Budget

There are no limits to receiving Flanders Care Budget with other social security benefits. You can combine this benefit with GRAPA.

**User costs**

**User charges**

Not applicable

**Taxation of benefits**

Not subject to taxation

## Chapter 3: Policy enacted 2014-2023

### Policy change in 2014

The 6th State Reform regionalized APA. Before this Reform, APA was granted by the Federal Public Service (FPS) Social Security to everyone regardless of where they resided. While the law became effective in 2014, the responsibility was not fully transferred to Flanders until 2017 by the [Decree of June 24, 2016, on Flemish Social Protection](#), effective from January 1, 2017. Similarly, the responsibility was not fully transferred to Wallonia until 2021 by the [Decree of December 10, 2020, of the Wallonia Government on the Allowance for Assistance to the Elderly](#), effective from January 1, 2021. The responsibility was also fully transferred to the region of Brussels on January 1, 2021 ([Iriscare, 2021](#)). Minor changes have been made to the eligibility criteria since APA was regionalized. For instance, what qualifies as income slightly varies by region. In Flanders, APA is managed by [The Flemish Social Protection System \(Vlaamse Sociale Bescherming\)](#). In Wallonia, APA is managed by mutual insurance companies and The Agency for Quality Living (AViQ) ([AViQ, 2022](#)). In Brussels, APA is managed by Iriscare, a public interest organization that specializes in social protection ([Iriscare, 2022](#)).

Other reforms during this period include:

- Decree of May 18, 2018 on Flemish social protection ([Moniteur Belge, 2018](#)), merged multiple benefits into one system, known as [The Flemish Social Protection System \(Vlaamse Sociale Bescherming\)](#)
  - APA in Flanders became part of this system and is now called Care Budget for Elderly People with a Care Need
  - The Flanders Care Budget also became part of this system and is now called Care Budget for People in Severe Need of Care
- Amendment to Flemish Social Protection ([Flemish Government, 2021a](#)), effective January 2022, added an eligibility requirement of civic integration for people applying for any care budget in Flanders
  - Individuals can meet the requirement by obtaining a certificate of integration from the civic integration program, which aims to help new citizens of Flanders and Flemish residents of Brussels fully participate in society
  - The program includes Dutch language courses and voluntary work, among many other activities
  - The civic integration requirement only applies to new citizens

## Overview

In Belgium, most public long-term care (LTC) services for older adults are provided as part of the federal health insurance system, which is compulsory. The Belgian LTC system is nearly universal as federal public health insurance covers most of the population. However, after the 6th State Reform and the establishment of the Flemish Social Protection System, there are no federal LTC cash benefits. During this time period, Belgium has four regional cash benefit systems that support dependent persons requiring long-term assistance: three regional APAs, and the Flemish Care Budget.

### APA (regional)

The 6th State Reform of Belgium transferred the national responsibility of APA to the regions (Flanders, Wallonia, and Brussels) under the [Special Law of January 6, 2014](#), effective July 1, 2014. Most of the criteria to be eligible are similar across regions. Individuals must be 65 years and older to qualify, they must score at least 7 in the [APA scale](#), and their income must not exceed a certain threshold. The definition of income does vary depending on the region. The residence criteria also differs since there is a time component in Flanders but not in Brussels or Wallonia. Another difference in Flanders is that an individual can meet the residence criteria by being socially insured in an EU member state, Switzerland, or a member state of the EEU by January 1 of the year they are applying.

The APA is also managed differently in the three regions. In the Flemish Region, since 2018, APA is part of Flemish Social Protection alongside other benefits including the Flanders Care Budget and the Care Budget for People with Disabilities ([Vlaamse sociale bescherming, 2022b](#)). In Wallonia, APA is managed by an individual's mutual insurance company and AViQ. In Brussels, after the 6th State Reform, APA is mostly managed by mutual insurance companies, [Iriscare](#), and Iriscare's [Autonomy and Disability Assessment Center \(CEAH\)](#) although the Federal Public Service (FPS) - Social Security managed some cases. From 2023, mutual insurance companies, Iriscare, and CEAH manage APA in Brussels.

### Flanders Care Budget

In 2018, the [Decree of 18 May 2018 on Flemish social protection](#) was approved, which created [The Flemish Social Protection System \(Vlaamse Sociale Bescherming\)](#) that merged multiple benefits into one system in Flanders. Residents of Flanders can choose from seven recognized insurance care funds. Residents of Flanders over the age of 25 who do not enroll in one of the first six insurance funds are automatically enrolled into Flemish Care Insurance Fund ([Vlaamse Zorgkas](#)). Two long-term care cash benefits are provided through

this system, the regional APA and Flanders Care Budget (formerly known as Flemish LTC Insurance Scheme). Flanders Care Budget aims to alleviate the expenses that LTC-eligible beneficiaries will face as they age. It is regulated by the Decree of the Flemish Parliament of March 30, 1999 M.B./B.S. 28/05/1999, and financed through annual premiums and general taxes. Regardless of a person's income or their need for care, all recipients receive a lump-sum amount of 130€ per month, which increased to 135 € per month in 2023. The most common scale used to evaluate dependence is called the [BEL scale](#) although many scales are used including the BelRAI screener and the Katz scale. The BEL scale contains 27 items, including social and mental health items that are not assessed in the APA scale. Individuals who are in serious need of care and reside in Flanders or Brussels and are affiliated with the Flemish LTC Insurance System are eligible for this benefit. A score of 35 or more on the BEL evaluation scale denotes serious need of care using the BEL scale. On the BelRAI screener, a total score above 13 points or a score of 5.5 or more in the combined ADL/IADL modules denotes serious need of care. Since participation is voluntary in Brussels, individuals who reside in Brussels must be affiliated with a mutual insurance company approved by the Flemish Social Protection System and pay the annual health premium.

This chapter provides details on the regionalization of the APA in Belgium during the 2014-2023 policy period. Policy details of disability support systems are not covered.

### Statutory basis

#### Federal Law

Special Law of January 6, 2014 on the 6th State Reform ([Moniteur Belge, 2014](#))

#### Regional Laws

##### Wallonia

Decree of the Wallonia Government on the Allowance for Assistance to the Elderly ([Moniteur Belge, 2021](#))

##### Flanders

Decree of the Flemish Government to amend regulations in the context of Flemish social protection ([Flemish Government, 2021a](#))

Decree of June 24, 2016 on Flemish Social Protection ([Moniteur Belge, 2016](#))

Decree of May 18, 2018 on Flemish Social Protection ([Moniteur Belge, 2018](#))

## Financing

### Source of financing

#### APA-Flanders

As part of [The Flemish Social Protection System \(Vlaamse Sociale Bescherming\)](#), the APA in Flanders is financed through regional taxes, grants from the federal government, and annual premiums ([Pacolet, 2019](#)).

#### APA-Wallonia and APA-Brussels

Mostly financed through grants from the federal government ([Pacolet, 2019](#))

#### Flanders Care Budget

Flanders Care Budget is part of The Flemish Social Protection System, which is financed by annual premiums and regional taxes. In 2023, the health insurance premium is 58€ although the fee is reduced to 29€ for individuals who have lived in Flanders or Brussels for at least 5 consecutive years and qualify for increased reimbursement ([Vlaamse Zorgkas, 2023](#)). [Table 5](#) provides premium rates from 2001 to 2023. The following individuals qualify for increased reimbursement rates:

- Widows, orphans, individuals with disabilities and pensioners whose income does not exceed a certain income limit and their dependants
- Persons entitled to a living wage and their dependants
- Persons entitled to an income guarantee for the elderly and their dependants
- Individuals with a disability who benefit from an allowance for persons with disabilities and their dependants
- Heads of household and single persons, over the age of 50, unemployed for more than 1 year with unemployment benefit, and whose income does not exceed a certain income limit, and their dependants
- Persons who are entitled to an increased allowance based on limited gross taxable family income

## 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

#### APA: Flanders, Wallonia, and Brussels

APA covers part of the cost for any expenses that LTC-eligible beneficiaries incur due to diminished autonomy ([Moniteur Belge, 2018, §84\(1\)](#), [Wallex, 2020, §4\(1\)](#), and [Moniteur Belge, 2020, §3\(1\)](#)).

#### Flanders Care Budget

The Flanders Care Budget covers costs that LTC-eligible beneficiaries incur due to diminished autonomy ([Moniteur Belge, 2018, §84\(1\)](#)).

### Eligible population

#### APA-Flanders

An individual is eligible for APA benefit coverage in Flanders if all of the following conditions are satisfied:

- Age requirement: At least age 65 ([Moniteur Belge, 2018, §84\(1\)](#))
- Residence requirement: Starting January 1, 2022, an individual must have resided in Flanders or Brussels for at least 10 years, including 5 consecutive years. Alternatively, an individual must be socially insured in an EU member state, Switzerland, or a member of state of the EEU by January 1 of that year. This does not include Wallonia. ([Moniteur Belge, 2018, §3\(1-2\)](#))
- Other requirements
  - Care fund affiliation requirement: Must be affiliated with a care fund that is approved by Flemish Social Protection and must have paid all health care premiums ([Moniteur Belge, 2018, §45](#)) ([Table 5](#) provides health care premiums from 2001 to 2023)
  - Civic integration requirement: Must have certificate of integration from 2022 ([Flemish Government, 2021a, §41\(5\)](#))

#### APA-Wallonia

An individual is eligible for APA benefit coverage in Wallonia if all of the following conditions are satisfied:

- Age requirement: At least age 65 ([Wallex, 2020, §4\(1\)](#))
- Residence requirement: Reside in Wallonia ([Wallex, 2020, §4\(2-3\)](#))

#### APA-Brussels

An individual is eligible for APA benefit coverage in Brussels if all of the following conditions are satisfied:

- Age requirement: At least age 65 ([Moniteur Belge, 2020, §3\(1\)](#))
- Residence requirement: Reside in the Brussels-Capital Region ([Moniteur Belge, 2020, §2\(1\)](#))

#### Flanders Care Budget

An individual is eligible of APA benefit coverage if all of the following conditions are satisfied:

- Age requirement: None
- Residence requirement: Must have resided in Flanders or Brussels for at least 10 years, including 5 consecutive years. Alternatively, being socially insured in an EU member state, Switzerland, or a member of state of the EEU by January 1 of that year. This does not include Wallonia. ([Moniteur Belge, 2018, §3\(1-2\)](#))
- Other requirements
  - Care fund affiliation requirement: Must be affiliated with a care fund that is approved by the Flemish Social Protection and must have paid all health care premiums ([Moniteur Belge, 2018, §45](#))
  - Civic integration requirement: Must have certificate of integration from 2022 ([Flemish Government, 2021a, §41\(5\)](#))

## Benefit

### Cash Benefit

#### APA: Flanders, Wallonia, and Brussels

A monthly allowance is paid to eligible beneficiaries. The amount is determined by an individual's level of dependence. The yearly amount an eligible beneficiary can receive is calculated by first subtracting the income ceiling from their total income. Then, the resulting amount is subtracted from the maximum annual amount they are eligible to receive based on their dependence category. [Formula 1](#) provides detailed information on how to compute the APA benefit level. [Table 1](#) provides maximum allowance values by category and [Table 2](#) provides reference values for income limits above which benefit levels are reduced.



[Flanders Care Budget](#)

Monthly allowance of 130€ that increased to 135€ on January 1, 2023 ([Flemish Government, 2022](#)).

**Discretionary Use**

Discretionary use is allowed.

**Provision of care**

The insurance fund of the qualified beneficiary directly deposits the allowance into their bank account.

**Benefit Eligibility****Qualifying period**

None

**Minimum level of dependence**

APA: [Flanders](#), [Wallonia](#), and [Brussels](#)

Applicants must score at least 7 on the [APA scale](#) to be eligible for cash benefits. [Table 3](#) provides details on the evaluation of the degree of autonomy for APA, including points and activities assessed ([Moniteur Belge, 2018](#), §45, [Wallex, 2020](#), §11, and [Moniteur Belge, 2020](#), §8).

[Flanders Care Budget](#)

Minimum level of dependence varies depending on the scale used. Many scales can be used (e.g., Katz scale, BelRAI Screener, and BEL scale) although the BEL scale (also referred to as BEL Profile Scale) is commonly used. Using the [BEL scale](#), a minimum score of 35 points is required to be eligible for benefits. Details on the evaluation of the degree of autonomy using the BEL scale are provided in [Box 3](#). Those being evaluated with a Katz scale for home nursing must score at least a B to be eligible. Those being evaluated using a Katz scale in a care facility must score C or Cd to be eligible. For the BelRAI Screener, a total score of at least 13 points or at least 5.5 points on the sum of the [activities of daily living \(ADL\)](#) and [instrumental activities of daily living \(IADL\)](#) modules is required ([Vlaamse sociale bescherming, 2022a](#)).

**Duration of benefit**

APA: [Flanders](#), [Wallonia](#), and [Brussels](#)

The benefit lasts as long as the recipient is eligible. During the medical assessment, the physician will evaluate whether the recipient's limitations are permanent or subject to evolve positively or negatively in the future. If the physician determines that a recipient's limitations are subject to evolve in the future, routine assessments will be scheduled to monitor the recipient's condition and make necessary changes regarding eligibility and the benefit amount. Eligible beneficiaries are expected to report any changes in their medical or income status. A defined reassessment period has not been identified.

[Flanders Care Budget](#)

The benefit lasts as long as the recipient is eligible. Eligible beneficiaries are expected to report any changes in their medical or income status. A defined reassessment period has not been identified.

**Means testing**[APA-Flanders](#)

APA in Flanders is means-tested. The income of the recipient and their partner may not exceed a certain threshold. This includes pension, professional income, replacement income, savings, investments, and properties ([Flemish Government, 2023a](#)). [Formula 1](#) provides detailed information on how to compute the APA benefit level, and [Table 2](#) provides reference values for income limits above which benefit levels are reduced.

[APA-Wallonia](#)

APA in Wallonia is means-tested. The income of the recipient and their partner may not exceed a certain threshold. This includes salary, pension, properties, savings, sales and donations of real estate that is less than 10 years old, successions, and capital paid as part of a secondary pillar supplementary pension ([AVIQ, 2022](#)). [Formula 1](#) provides detailed information on how to compute the APA benefit level, and [Table 2](#) provides reference values for income limits above which benefit levels are reduced.

[APA-Brussels](#)

APA in Brussels is means-tested. The income of the recipient and their partner may not exceed a certain threshold. This includes salary, wage, pension, allowance, and movable and immovable property ([Moniteur Belge, 2020](#), §8(2) and §21). [Formula 1](#) provides

detailed information on how to compute the APA benefit level, and [Table 2](#) provides reference values for income limits above which benefit levels are reduced.

#### [Flanders Care Budget](#)

The Flanders Care Budget is not means-tested.

#### Age requirement

APA: [Flanders](#), [Wallonia](#), and [Brussels](#)

At least age 65

#### [Flanders Care Budget](#)

No age requirement

## Care Needs Assessment

### Definition of dependence

For all regional APA systems and for The Flanders Care Budget, dependence is based on limits in [ADLs](#) and [IADLs](#). ADLs are activities related to personal care used to assess independence, including bathing, dressing, and walking. IADLs are activities that are used to assess independence but are not essential for functional living, including shopping and taking medications.

APA: [Flanders](#), [Wallonia](#), and [Brussels](#)

There are five categories of dependence. Each category contains a range of scores using the [APA scale](#), which includes limitations in ADLs and IADLs. Category 1 is for those who score 7-8, the lowest possible scores, and Category 5 is for those who score 17-18, the highest possible scores. Individuals in Category 5 are considered to be the most dependent because of their high degree of diminished autonomy and heavy reliance on care ([Moniteur Belge, 2018](#), §45, [Wallex, 2020](#), §11, and [Moniteur Belge, 2020](#), §8).

#### [Flanders Care Budget](#)

Using the [BEL scale](#), an individual is considered to be dependent on care if they score 35 points or more. However, there are alternative scales for defining dependence such as the Katz scale and the BelRAI Screener. Individuals who live in Flemish residential care centers and rest and care homes automatically qualify for the benefit.

### Evaluation of dependence

#### [APA \(regional\)](#)

The dependence evaluation in all regions is conducted using a six-item scale called the [APA scale](#) that includes both [ADL](#) and [IADL](#) limitations. Each item is evaluated on a scale of 0 to 3 where 0 means that the applicant has no difficulty and 3 means that they cannot perform the activity without help from others. The overall index is obtained by summing each item's score. [Table 3](#) provides details on the evaluation of the degree of autonomy for APA including points and activities assessed. [Table 4](#) provides details on dependence categories.

- APA-Flanders
  - The care insurance funds examine applications, conduct the evaluation of dependence, and decide on benefit entitlement.
  - [Box 5](#) lists the 7 recognized care insurance funds in Flanders.
- APA-Wallonia
  - The dependence evaluation is conducted by an evaluator from the individual's mutual insurance company. The dependence evaluation is conducted using an individual's medical documents including a Wal-protect questionnaire and medical information that the applicant's general practitioner or specialist (the person listed as a reference doctor) sends to the APA service of the applicant's mutual insurance company.
- APA-Brussels
  - Before 2023: The dependence evaluation is conducted using medical documents that the applicant's general practitioner or specialist (the person listed as a reference doctor) complete. Then, an evaluator from Iriscare's [Autonomy and Disability Assessment Center \(CEAH\)](#) evaluates dependence using the six-item APA scale. However, the [Federal Public Service \(FPS\) Social Security](#) still reviewed some assessments until the end of 2022.
  - From 2023: Only CEAH is responsible for the evaluation of dependence using the applicant's medical documents and the APA scale

#### [Flanders Care Budget](#)

Individuals who are not automatically enrolled can prove that they are heavily dependent on care by obtaining a certificate of measurement of their care intensity. Individuals who live at home can receive a certificate through their mutual insurance company who can connect them to a social worker from Social Work Services who can conduct the evaluation. They can also receive a certificate from a home nurse. Providers use different scales. In nursing homes and other care facilities, dependence is evaluated using the [Katz scale](#). In home care settings, the [BelRAI Screener](#) is used to evaluate dependence. Details on the evaluation of the degree of autonomy using the [BEL scale](#) are provided in [Box 3](#). [Box 4](#) provides an example of how to obtain an individual's score using the BEL scale.

*Note:* Automatic allocation is possible for applicants who live in Flemish residential homes, nursing homes, or psychiatric care homes. These individuals are considered to be heavily dependent on care and therefore do not require an evaluation. However, individuals who live in these types of facilities in Brussels are not automatically enrolled and must apply like any other applicant ([Vlaamse sociale bescherming, 2022a](#)).

## Evaluators

### [APA-Flanders](#)

Evaluators include staff from the care insurance funds.

### [APA-Wallonia](#)

Evaluators include doctors from [Federal Public Service \(FPS\) Social Security](#), the applicant's general practitioner or specialist, and an assessor from the applicant's mutual insurance company (one of seven Wallonia insurance bodies). From 2021, doctors from FPS Social Security are no longer part of the evaluation of dependence.

### [APA-Brussels](#)

Evaluators include doctors from FPS Social Security, the applicant's general practitioner, and Iriscare [CEAH](#) staff. From 2023, the only evaluators are Iriscare CEAH staff ([Securite Sociale Citoyen, 2023](#) and [Iriscare, 2023](#)).

### [Flanders Care Budget](#)

A social worker from the individual's health insurance fund conducts the dependence evaluation. Then, a supervisory board of the individual's health insurance fund evaluates their application and decides whether to approve or deny the applicant. This group also decides whether to continue or discontinue the benefit.

## Benefit limitations

### Can you mix LTC benefits?

You can mix cash benefits and in-kind benefits. Cash benefits do not diminish entitlement to in-kind benefits and in-kind benefits do not diminish entitlement to cash benefits.

### APA: [Flanders](#), [Wallonia](#), and [Brussels](#)

You can combine this benefit with other cash benefits such as The Flanders Care Budget in Flanders and Brussels (if eligible). Flemish residents of Brussels cannot receive APA-Flanders and APA-Brussels. They can only receive APA in either Flanders or Brussels.

### [Flanders Care Budget](#)

You can also combine this benefit with other cash benefits such as APA and The Care Budget for People with Disabilities. However, the following individuals are ineligible to receive The Flanders Care Budget ([Vlaamse sociale bescherming, 2022a](#)):

- Individuals who receive a budget for non-directly accessible help
- Individuals who receive a personal budget from the Flemish Agency for Persons with Disabilities
- Individuals who stay in a disabled facility for adults outside Flanders
- Individuals who receive outpatient support from a disabled facility for adults outside Flanders

The personal budget from the Flemish Agency for Persons with Disabilities is a budget that allows individuals to purchase care and support from those around them, voluntary organizations, professional care providers, and counselors. It is different from The Care Budget for People with Disabilities.

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

#### APA: [Flanders](#), [Wallonia](#), and [Brussels](#)

There is no choice between in-kind services and cash benefits.

[Flanders Care Budget](#)

There is no choice between in-kind services and cash benefits.

**Can you receive LTC benefits with other social security benefits?**[APA-Flanders](#)

You cannot combine this care budget with integration allowance ([Vlaamse sociale bescherming, 2022b](#)).

[APA: Wallonia and Brussels](#)

There are no limits to receiving APA benefits with other social security benefits. You can combine this benefit with [Guaranteed Income for Elderly Persons \(GRAPA\)](#), which is a minimum income granted by the Federal Pensions Service to individuals over age 65 who have insufficient financial means to live. For details about GRAPA, please refer to the policy document [Belgium Public Old-Age Social Assistance Plan Details, 1992-2022 \(Gateway to Global Aging Data, 2023\)](#). However, some social security benefits (e.g., pension) are considered income, which could reduce an individual's APA benefit.

[Flanders Care Budget](#)

There are no limits to receiving the Flanders Care Budget with other social security benefits. You can combine this benefit with GRAPA.

**User costs****User charges**

Not applicable

**Taxation of benefits**

Not subject to taxation

## Tables and Formulas

### Formula 1: Calculation of Annual APA

$$APA_{i,t} = MA_t - \max\{R_t - IC_t, 0\}$$

- $APA_{i,t}$  = Individual's  $i$ 's APA benefit at time  $t$ 
  - $APA_{i,t}$  can never be less than zero
- $MA_t$  = Maximum APA annual amount at time  $t$  —  $MA_t$  values are provided in [Table 1](#)
- $R_t$  = Annual income at time  $t$
- $IC_t$  = Income ceiling for the allocation of the APA at time  $t$  —  $IC_t$  values are provided in [Table 2](#)

Source: AVIQ (2015)

**Notes:** Qualifying income and assets includes pensions, income from work, replacement income, savings, investments, owned properties, or sales or donations of property, among many other sources. We were unable to identify how assets are converted to an income measure.

### Box 1: APA Means-Test Example

In October 2022, suppose Jean scored 17 points on the APA assessment, placing him in dependence Category V. During this time period, the maximum allowance amount for those in Category V is 7,875.26 €. He lives alone and is therefore subject to the income ceiling under Category B, which is 15,694.51 €. He makes an annual income of 17,538 €. Given this information, we calculate Jean's annual APA benefit using the following equation:

$$APA_{i,t} = 7,875.26 - (17,538 - 15,694.51) = 6,031.77$$

- $APA_{i,t}$  = Individual's  $i$ 's APA benefit at time  $t$ 
  - $APA_{i,t}$  can never be less than zero
- $MA_t$  = Maximum APA annual amount at time  $t = 7,875.26$
- $R_t$  = Annual income at time  $t = 17,538$
- $IC_t$  = Income ceiling for the allocation of the APA at time  $t = 15,694.51$

Details on the dependence categories and scoring can be found in [Table 4](#), maximum allowance amounts in [Table 1](#), and income ceilings in [Table 2](#).

Source: AVIQ (2015)

**Table 1: Maximum Amount of the Allowance by Category (2004-2022)**

Periods	Category I	Category II	Category III	Category IV	Category V
September 2022 - December 2022	1,173.18 €	4,478.3 €	5,444.89 €	6,411.2 €	7,875.26 €
May 2022 - August 2022	1,150.19	4,390.55	5,338.20	6,285.57	7,720.94
March 2022 - April 2022	1,127.65	4,304.50	5,233.58	6,162.38	7,569.62
January 2022 - February 2022	1,105.48	4,219.87	5,130.68	6,041.22	7,420.79
October 2021 - December 2021	1,083.83	4,137.22	5,030.20	5,922.91	7,275.46
September 2021 - September 2021	1,083.83	4,137.22	5,030.20	5,922.91	7,275.46
July 2021 - August 2021	1,062.55	4,056.00	4,931.45	5,806.63	7,132.63
January 2021 - June 2021	1,062.55	4,056.00	4,931.45	5,806.63	7,132.63
March 2020 - December 2020	1,062.55	4,056.00	4,931.45	5,806.63	7,132.63
January 2020 - February 2020	1,041.72	3,976.48	4,834.76	5,692.79	6,992.79
July 2019 - December 2019	1,041.72	3,976.48	4,834.76	5,692.79	6,992.79
September 2018 - June 2019	1,041.72	3,976.48	4,834.76	5,692.79	6,992.79
August 2018 - August 2018	1,021.34	3,898.67	4,740.15	5,581.39	6,855.96
July 2018 - July 2018	1,021.34	3,898.67	4,740.15	5,581.39	6,855.96
September 2017 - June 2018	1,021.34	3,898.67	4,740.15	5,581.39	6,855.96
June 2017 - August 2017	1,021.34	3,898.67	4,740.15	5,581.39	6,855.96
June 2016 - May 2017	1,001.32	3,822.28	4,647.27	5,472.03	6,721.61
September 2015 - May 2016	981.68	3,747.30	4,556.11	5,364.69	6,589.77
April 2014 - August 2015	981.68	3,747.30	4,556.11	5,364.69	6,589.77
September 2013 - March 2014	981.68	3,747.30	4,556.11	5,364.69	6,589.77
December 2012 - August 2013	981.68	3,747.30	4,556.11	5,364.69	6,589.77
February 2012 - November 2012	962.41	3,673.75	4,466.68	5,259.39	6,460.42
September 2011 - January 2012	943.52	3,601.61	4,378.98	5,156.12	6,333.57
May 2011 - August 2011	943.52	3,601.61	4,378.98	5,156.12	6,333.57
September 2010 - April 2011	925.06	3,531.18	4,293.35	5,055.29	6,209.71
June 2009 - August 2010	906.91	3,461.89	4,209.10	4,956.09	6,087.86
September 2008 - May 2009	906.91	3,461.89	4,209.10	4,956.09	6,087.86
July 2008 - August 2008	889.13	3,394.01	4,126.57	4,858.92	5,968.50
May 2008 - June 2008	889.13	3,394.01	4,126.57	4,858.92	5,968.50
January 2008 - April 2008	871.72	3,327.56	4,045.77	4,763.78	5,851.63
September 2007 - December 2007	854.61	3,262.24	3,966.36	4,670.27	5,736.77
April 2007 - August 2007	854.61	3,262.24	3,966.36	4,670.27	5,736.77
October 2006 - March 2007	854.61	3,262.24	3,966.36	4,670.27	5,736.77
August 2005 - September 2006	837.87	3,198.34	3,888.67	4,578.79	5,624.40
October 2004 - July 2005	821.43	3,135.58	3,812.36	4,488.94	5,514.03

**Source:** FPS Social Security (2022)

**Note:** Category score ranges can be found in [Table 4](#)

**Table 2: APA Income Ceilings by Time Period (2004-2022)**

Periods	Category A/B	Category C
September 2022 - December 2022	15,694.51 €	19,611.62 €
May 2022 - August 2022	15,386.97	19,227.32
March 2022 - April 2022	15,085.40	18850.49
January 2022 - February 2022	14,788.81	18,479.87
October 2021 - December 2021	14,499.18	18,117.96
September 2021 - September 2021	14,499.18	18,117.96
July 2021 - August 2021	14,214.53	17,762.27
January 2021 - June 2021	14,214.53	17,762.27
March 2020 - December 2020	14,214.53	17,762.27
January 2020 - February 2020	13,935.85	17,414.04
July 2019 - December 2019	13,935.85	17,414.04
September 2018 - June 2019	13,935.85	17,414.04
August 2018 - August 2018	13,663.15	17,073.27
July 2018 - July 2018	13,663.15	17,073.27
September 2017 - June 2018	13,663.15	17,073.27
June 2017 - August 2017	13,663.15	17,073.27
June 2016 - May 2017	13,395.42	16,738.72
September 2015 - May 2016	13,132.67	16,410.38
April 2014 - August 2015	12,900.46	16,120.23
September 2013 - March 2014	12,900.46	16,120.23
December 2012 - August 2013	12,672.36	15,835.19
February 2012 - November 2012	12,423.62	15,524.36
September 2011 - January 2012	12,179.68	15,219.54
May 2011 - August 2011	11,999.68	14,994.63
September 2010 - April 2011	11,765.03	14,701.40
June 2009 - August 2010	11,534.15	14,412.91
September 2008 - May 2009	11,037.47	13,792.25
July 2008 - August 2008	10,821.07	13,521.84
May 2008 - June 2008	10,821.07	13,521.84
January 2008 - April 2008	10,609.19	13,257.08
September 2007 - December 2007	10,277.60	12,842.74
April 2007 - August 2007	10,216.31	12,766.15
October 2006 - March 2007	10,216.31	12,766.15
August 2005 - September 2006	10,016.20	12,516.09
October 2004 - July 2005	9,819.64	12,270.48

**Source:** FPS Social Security (2022)

**Notes:** There are three categories to determine income ceilings. Individuals in categories A and B are subject to the same income ceiling. Scores are determined by the following conditions —

- Category A: Individual does not belong to category B or category C
- Category B: Individual lives alone or has been residing in a care facility for at least 3 years and did not belong to category C before
- Category C: Individual lives in a household or has at least one dependent child

**Table 3: Category for the Evaluation of the Degree of Autonomy**

Item	Score
Moving and transferring around the house	0-3
Preparing meals and ingesting food	0-3
Performing body care and being able to dress	0-3
Taking care of own house and performing household tasks	0-3
Communication: Being able to have contacts with others	0-3
Need of supervision: Being able to assess and avoid dangerous situations	0-3

**Source:** [Moniteur Belge/Belgisch Staatsblad \(1990\)](#)

**Notes:** Scores are determined by the following conditions —

- 0 point: No difficulties, no special effort and no auxiliary means
- 1 point: Limited difficulties or limited additional effort or limited use of auxiliary means
- 2 points: Significant difficulties or significant additional effort or heavy use of auxiliary means
- 3 points: Impossible without the help of a third person or without enrollment in an appropriate institution or without a fully adapted setting

**Table 4: APA Dependence Categories by Score**

Category	Score
I	7-8
II	9-11
III	12-14
IV	15-16
V	17-18

**Source:** [Moniteur Belge \(1996\)](#)

**Box 2: APA Dependency Category Determination Example**

In his APA dependency evaluation, Jean scored a 2 on three items and a 3 on three items. Hence, his overall score is 17 (3 + 3 + 3 + 3 + 3 + 2). This places him in Category V. [Table 4](#) provides details on the scoring by dependence category.

**Item**

- Moving and transferring around the house (score: 3)
- Preparing meals and ingesting food (score: 3)
- Performing body care and being able to dress (score: 3)
- Taking care of own house and performing household tasks (score: 3)
- Communication: being able to have contacts with others (score: 3)
- Need of supervision: being able to assess and avoid dangerous situations (score: 2)

**Source:** [Moniteur Belge/Belgisch Staatsblad \(1990\)](#)



**Table 5: Flemish Social Protection System Annual Health Insurance Premiums (2001-2023)**

Year	Premium Rate	Reduced Premium Rate
2023	58 €	29 €
2021-2022	54	27
2020	53	26
2019	52	26
2018	51	26
2015-2017	50	25
2003-2014	25	10
2001-2002	10	10

**Source:** [Flemish Government \(2023\)](#)

**Notes:** The following individuals pay for a reduced premium rate because they qualify for increased reimbursement rates —

- Widows, orphans, individuals with disabilities and pensioners whose income does not exceed a certain income limit and their dependants
- Persons entitled to a living wage and their dependants
- Persons entitled to an income guarantee for the elderly and their dependants
- Individuals with a disability who benefit from an allowance for persons with disabilities and their dependants
- Heads of household and single persons, over the age of 50, unemployed for more than 1 year with unemployment benefit, and whose income does not exceed a certain income limit, and their dependants
- Persons who are entitled to an increased allowance based on limited gross taxable family income

**Table 6: Flanders Care Budget Allowance Amounts (2001-2023)**

Year	Allowance Amount (lives in residential/semi-residential facility)	Allowance Amount (all other beneficiaries)
2023	135 €	135 €
March 2009 - December 2022	130	130
July 2008 - February 2009	125	125
January 2008 - June 2008	125	115
2007	125	105
2001-2006	125	95

**Source:** [Moniteur Belge \(2001\), Section VI](#) and [Flemish Government, 2022](#)

**Notes:**

- Before 2009: allowance amounts differed between beneficiaries who lived in residential and semi-residential facilities and all other beneficiaries
- From 2009: allowance amounts are the same for all beneficiaries

**Box 3: Beoordeling Eerste Lijn (BEL scale)****Household Activities**

- Householding
- Laundry
- Ironing
- Shopping
- Meal preparation
- Housework planning

**Social Activities**

- Social loss
- Commitment to therapy and medical rules
- Safety inside and outside the house
- Administration
- Financial operations

**Physical Activities**

- Bathing and showering
- Dressing
- Functional mobility
- Using the toilet
- Feeding
- Incontinence

**Mental Health**

- Orientation in time
- Orientation in space
- Orientation in persons
- Purposeless behavior
- Disruptive behavior
- Lack of initiative
- Depressed mood
- Anxious mood

**Source:** [Flemish Government \(2006\)](#)

**Notes:** Items are scored on a scale of 0-3. The following conditions determine the score in each item —

- 0 points: No need of care
- 1 point: Small need of care
- 2 points: Medium need of care
- 3 points: Full need of care

**Box 4: BEL Scale Score Example**

In her dependency evaluation for the Flanders Care Budget, Marianne scored a 2 on six items, a 3 on six items, and a 1 on thirteen items. Her overall score, or the sum of the individual item scores, is 43. Since this is more than 35 points (the minimum score), she is eligible for The Flanders Care Budget allowance.

**Household Activities**

- Householding (score: 2)
- Laundry (score: 2)
- Ironing (score: 2)
- Shopping (score: 2)
- Meal preparation (score: 2)
- Housework planning (score: 2)

**Social Activities**

- Social loss (score: 1)
- Commitment to therapy and medical rules (score: 1)
- Safety inside and outside the house (score: 1)
- Administration (score: 1)
- Financial operations (score: 1)

**Physical Activities**

- Bathing and showering (score: 3)
- Dressing (score: 3)
- Functional mobility (score: 3)
- Using the toilet (score: 3)
- Feeding (score: 3)
- Incontinence (score: 3)

**Mental Health**

- Orientation in time (score: 1)
- Orientation in space (score: 1)
- Orientation in persons (score: 1)
- Purposeless behavior (score: 1)
- Disruptive behavior (score: 1)
- Lack of initiative (score: 1)
- Depressed mood (score: 1)
- Anxious mood (score: 1)

**Source:** [Brugiavini et al. \(2017\)](#)

**Box 5: Recognized Care Insurance Funds in Flanders**

- 1) Christelijke Mutualiteiten-Zorgkas Vlaanderen
- 2) Neutrale Zorgkas Vlaanderen
- 3) Zorgkas van de Socialistische Mutualiteiten
- 4) Zorgkas van de Liberale Ziekenfondsen
- 5) Zorgkas van de Onafhankelijke Ziekenfondsen
- 6) the "Dependency" insurance fund of DKV Belgium S.A.
- 7) the Vlaamse Zorgkas (Flemish Care Insurance Fund)

Source: [Vlaamse sociale bescherming \(2023a\)](#)

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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, including bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating.

**Assistance to Older People (APA) scale:** A 6-item scale that measures limitations in ADLs and IADLS. Each item is assessed on a scale that ranges from 0 to 3. A score of 0 indicates full independence and a score of 3 indicates full dependence. The overall index is obtained by summing each item’s score. A minimum overall index score of 7 must be obtained to be eligible for APA. The maximum score that someone can obtain is 18.

**Assistance to Older People (APA)-Brussels:** A monthly means-tested cash benefit for residents of Brussels. It is administered by mutual insurance companies and Iriscare, a public interest organization that specializes in social protection.

**Assistance to Older People (APA)-Flanders:** A monthly means-tested cash benefit for residents of Flanders or Brussels. It is administered by The Flemish Social Protection System.

**Assistance to Older People (APA)-Walloon:** A monthly means-tested cash benefit for residents of Walloon. It is administered by mutual insurance companies and The Agency for Quality Living (AVIQ).

**Assistance to Older People (APA-national):** A means-tested monthly cash benefit operated and funded at the federal level that aims to help individuals over the age of 65 who have difficulties with daily activities and have limited financial resources. Eligibility depends on several factors including health status, age, income, marital status, and household composition.

**Assistance to Older People (APA-regional):** A means-tested monthly cash benefit operated and funded at the regional level that aims to help individuals over the age of 65 who have difficulties with daily activities and have limited financial resources. Eligibility depends on several factors including health status, age, income, marital status, and household composition.

**Autonomy and Disability Assessment Center (CEAH):** A center that is part of Iriscare that manages all assessment requests related to family allowances or allowances for the support of older people with diminishing autonomy after the 6th State Reform.

**BEL scale:** A 27-item scale that measures limitations in ADLs and IADLS. This scale measures social and mental health items, which the APA scale does not. Each item is assessed on a scale that ranges from 0 to 3. A score of 0 indicates full independence and a score of 3 indicates full dependence. The overall index is obtained by summing each item’s score. A minimum overall index score of 35 must be obtained to be eligible for The Flanders Care Budget.

**BelRAI Screener:** A short-form evaluation used in Belgium that uses internationally validated interRAI items that focus on physical and mental functioning and limitations in activities of daily living (ADL).

**Civic integration requirement:** A requirement for the Flanders Care Budget for new citizens of Flanders and Brussels. Individuals meet the requirement by obtaining a civic integration certificate from the civic integration program. The civic integration program consists of: i) a “social orientation” course about life, work, norms and values in Belgium (in a language the learner can understand) ii)

Dutch language courses iii) pathway to employment where individuals register with the Public Employment Service of Flanders (VDAB in Flanders and Actiris in Brussels) and iv) a participation program where individuals engage in voluntary work.

**Federal Public Service (FPS) - Social Security (Service Public Fédéral - Sécurité Sociale):** A federal agency that ensures that individuals can benefit properly from their social rights. It informs and administers various federal benefits and services that individuals can qualify for, including those related to retirement, disability, unemployment, and long-term care.

**Guaranteed Income for Elderly Persons (GRAPA):** A minimum income granted by the Federal Pensions Service to individuals over the age of 65 who have insufficient financial means to live. As of January 1, 2023, individuals over the age of 65 who live alone and make less than 1,460.08 € per month can receive a monthly GRAPA allowance of 1,460.08 €.

**Instrumental activities of daily living (IADL):** Tasks related to independent living including preparing meals, managing money, shopping for groceries, performing housework, and using a telephone.

**Iriscare:** A public interest organization that serves as a contact for citizens for all matters related to social protection in Brussels. They organize and administer several long-term care benefits in Brussels after the 6th State Reform.

**Katz Scale:** A dependence assessment that evaluates six items related to limitations in activities of daily living (ADL) such as bathing, dressing, and going to the toilet.

**Sixth State Reform:** Belgian State Reform that transferred several health and long-term care responsibilities from the federal level to the regional level including the APA system, several in-kind benefits, and the Service Voucher system.

**Special Law of January 6, 2014:** Created during the 6th Belgian State Reform, The Special Law of January 6, 2014 regionalized APA. Besides APA, this law also transferred other health and long-term care responsibilities from the federal level to the regional level. While the law became effective in 2014, the responsibility was not fully transferred to Flanders until January 2017 and to Wallonia and Brussels until January 2021 because competent authorities were not ready to take over.

**The Agency for Quality Living (AVIQ):** An organization in Walloon that serves as a contact for citizens for all matters related to social protection in Walloon. They organize and administer several long-term care benefits in Brussels after the 6th State Reform.

**The Flanders Care Budget:** A regional monthly cash benefit for residents of Flanders and Belgium, which is separate from the nationwide APA. It is part of the Flemish Insurance Scheme and is not means-tested. Similar to APA, it aims to alleviate non-medical costs that care-dependent individuals face.

**The Flemish LTC Insurance Scheme:** A regional care insurance system that was founded on October 1, 2001 and is regulated by the Decree of the Flemish Parliament of 30 March 1999, M.B./B.S. 28/05/1999. One of the most important parts of this system is the regional cash benefit, The Flanders Care Budget. This system is financed by annual contributions and general taxes.

**The Flemish Social Protection System:** A system unique to Flanders that offers multiple benefits including The Flanders Care Budget and following the 6th State Reform, the regionalized APA in Flanders. It is regulated by the Decree of 18 May 2018.

## Version information

*Current Version: 1.0 (July 2024)*

### Version History

- 1.0 (July 2024): First version.

## Additional resources

The following resources provide additional details for the interested reader:

Belgium Lex. Available in Dutch, German, French, and English. As of August 10, 2022.

Available at: <https://belgielex.be>

Features: Database that provides access to different national and regional legislative data portals

Moniteur Belge/ Belgisch Staatsblad. Available in French and Dutch. As of August 10, 2022.

Available at: <http://www.ejustice.just.fgov.be/cgi/summary.pl>

Features: Provides current and historical versions of Belgium's LTC laws

Vlaamse Sociale Bescherming. Flemish Social Protection [The healthcare budget]. Available in Dutch only. As of August 10, 2022.

Available at: <https://www.vlaamsesocialebescherming.be/zorgbudget>

Features: Provides detailed information on Flemish LTC cash benefits

ESPN Thematic Report on Challenges in long-term care Belgium (2018). Available in English only. As of August 10, 2022.

Available at: <https://ec.europa.eu/social/BlobServlet?docId=19839&langId=en>

Features: Provides detailed information on the Belgian LTC System including changes to cash benefits after the 6th State Reform

Brugiavini et al. (2017). Available in English only. As of October 23, 2022.

Available at: <https://link.springer.com/book/10.1007/978-3-319-68969-2>

Features: Provides information on the dependence evaluation and scoring of the APA and the Flanders Care Budget

Carrino and Orso (2014). Available in English only. As of October 23, 2022.

Available at: [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=2541246](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2541246)

Features: Provides information on the APA means-test and the BEL scale used for the Flanders Care Budget

Willeme (2010). Available in English only. As of October 23, 2022.

Available at: <https://www.ceps.eu/wp-content/uploads/2010/07/ENEPRI%20RR%2070%20ANCIEN%20Belgian.pdf>

Features: Provides information on the organization and financing of the Belgian LTC System