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Gateway Policy Explorer: Long-Term Care Series

Austria

Long-Term Care In-Kind 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

In-Kind 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. According to this agreement the nine provinces became responsible for LTC in-kind benefits management and provision. LTC in-kind benefits provided include home care services, semi-residential and residential care.

Eligibility for in-kind benefits comprises Austrian citizenship or equivalent status and residence in Austria. Individuals are responsible for financing their LTC needs through their income, assets, and LTC cash benefits if eligible.

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” + “[”.

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 province regulations, and the agreement between the federal and provincial governments on joint measures for those in need of care ([Bundesgesetzblatt, 1993](#)). This agreement specifies that the nine provinces are responsible for providing residential (Stationäre Pflege), semi-residential (Semi-Stationäre Pflege), and home care services (Mobile Dienste) throughout the country. The agreement also includes a basic framework, devolving the specific settings to be regulated by each province's legislation. This caused a great regional variation in services management, provision, and financing, creating a highly fragmented system. The fragmentation is present not only among provinces, but also within each province, presenting several municipal ways of naming, handling, and financing the services. LTC in-kind benefits provision developed in different points in time across provinces, and it started to take on a harmonized structure only in 2005.

The provision of in-kind benefits is characterized by 4 main objectives:

1. Dependent older adults should be able to freely choose the type of service satisfying their care needs
2. The expansion of home care services has priority with respect to residential care
3. Nursing homes should be decentralized and integrated in residential areas
4. The expansion of new care services and residential facilities aims at reducing the burden of caregiving families

Main providers of LTC services are the nine provinces, municipalities ([Gemeinden](#)), municipal districts' organizations ([Sozialhilfeverbände](#)) and social funds ([Sozialfonds](#)), and seven of nine provinces rely on integrated health and social care districts ([Gesundheits- und Sozialsprengel](#)) as main institutions for LTC in-kind benefits coordination. Additionally, provision of services is often contracted out to private non-profit providers like Red Cross and several others.

LTC benefits in-kind are financed by federal and provincial general tax revenues and out-of-pocket expenses. In general, individuals are responsible for financing their long-term care needs through their income, assets and LTC cash benefits (if eligible). If their financial resources are insufficient, individuals can claim social assistance benefits to cover the difference. The provider of social assistance benefits however, may ask beneficiaries' relatives, including spouses, children or grandchildren, to reimburse the incurred costs. This practice is known as [Regress](#) and each province is entitled to decide the type of relatives to approach.

Eligibility for LTC in-kind benefits comprises Austrian citizenship, or "equivalent" (persons whose "equivalent citizenship status" is derived from European union regulation, persons with political asylum or persons entitled to reside within the European Union or having an equivalent residence permit) and residence in Austria.

As of 2007, the 24-hour care benefit ([Förderung der 24 Stunden Betreuung](#)) was introduced by the Home Care Act ([Hausbetreuungsgesetz](#)) to subsidize home care expenses for people in need for continuous care provided by private caregivers. Eligibility for 24-hour care is related to the level of dependence identified for long-term care (LTC) cash benefits. The benefit is means-tested and granted to people with monthly income lower than 2,500€. Detailed policy information about LTC cash benefits and the 24-hour care benefit are provided in dedicated documents of the Policy Explorer Series (Gateway to Global Aging Data, [2023a, b](#)).

Other reforms during this period include:

- An agreement between the Federal Government and the provinces on the joint promotion of 24-hour care ([Bundesgesetzblatt, 2009](#)), enacted in 2009 and retroactively effective from 2008, regulated the 24-hour care benefit provision among the nine provinces

Statutory basis

Federal Law

- Consumer Protection Act ([Bundesgesetzblatt, 1979](#))
- Ombudsman Act ([Bundesgesetzblatt, 1982](#))
- Federal Care Allowance Act (Bundespflegegeldgesetzes - BPGG: [Bundesgesetzblatt, 1993a](#)), as amended ([Rechtsinformationssystem des Bundes, 1993](#))
- Health and Medical Care Act, as amended ([Rechtsinformationssystem des Bundes, 1997](#))
- Home Residence Act ([Bundesgesetzblatt, 2004](#))

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](#))
- Agreement pursuant to Art. 15a B-VG on social care professions ([Bundesgesetzblatt, 2005](#))

Provincial LawsBurgenland

- Care Allowance Act of Burgenland ([Burgenländisches Landesgesetzblatt, 1993](#))
- Burgenland Elderly Residence and Nursing Homes Act ([Burgenländisches Landesgesetzblatt, 1996](#))
- Classification Ordinance to the Burgenland Care Allowance Act ([Burgenländisches Landesgesetzblatt, 1999](#))
- Burgenland Social Welfare Act 2000 ([Burgenländisches Landesgesetzblatt, 2000](#))

Carinthia (Kärnten)

- Care Allowance Act of Carinthia ([Kärntner Landesgesetzblatt, 1993](#))
- Carinthia Home Act ([Kärntner Landesgesetzblatt, 1996a](#))
- Carinthia Social Welfare Act 1996 ([Kärntner Landesgesetzblatt, 1996b](#))
- Provisions for the operation of old people's homes and nursing homes ([Kärntner Landesgesetzblatt, 2005](#))

Lower Austria (Niederösterreich)

- Lower Austria Care Allowance Act ([Niederösterreich Landesgesetzblatt, 1993a, 1993b](#))
- Lower Austria Social Welfare Act 2000 ([Niederösterreich Landesgesetzblatt, 2000](#))
- Lower Austria Nursing Homes Ordinance ([Niederösterreich Landesgesetzblatt, 2002](#))
- Lower Austria Care Allowance Guideline Ordinance ([Niederösterreich Landesgesetzblatt, 2004](#))
- Lower Austria Residential and Day Care Ordinance ([Niederösterreich Landesgesetzblatt, 2006](#))

Upper Austria (Oberösterreich)

- Upper Austria Care Allowance Act ([Oberösterreich Landesgesetzblatt, 1993](#))
- Upper Austria Retirement and Nursing Home Ordinance ([Oberösterreich Landesgesetzblatt, 1996](#))
- Upper Austria Social Welfare Act ([Oberösterreich Landesgesetzblatt, 1998a](#))
- Upper Austria Social Assistance Ordinance ([Oberösterreich Landesgesetzblatt, 1998b](#))
- Upper Austria Care Allowance Ordinance ([Oberösterreich Landesgesetzblatt, 1998b](#))

Salzburg

- Salzburg Social Welfare Act ([Rechtsinformationssystem des Bundes, 1975](#))
- Salzburg Care Allowance Act ([Salzburger Landesgesetzblatt, 1993](#))
- Salzburg Care Act ([Rechtsinformationssystem des Bundes, 2000](#))
- Salzburg Social Services Ordinance ([Salzburger Landesgesetzblatt, 2003](#))

Styria (Steiermark)

- Styria Care Allowance Act ([Steiermärkisches Landesgesetzblatt, 1993](#))
- Styrian Elderly, Families, and Home Assistance Act ([Steiermärkisches Landesgesetzblatt, 1996](#))
- [Das Steiermärkische Sozialhilfegesetz StSHG, LGBl. Nr. 29/1998](#) - Styrian Social Welfare Act, Province Law Gazette No. 29/1998
- [Das Steiermärkische Pflegeheimgesetz - StPHG 77/2003](#) - Styrian Nursing Homes Act, Province Law Gazette No. 77/2003
- [Steiermärkischen Pflegeheimverordnung, LGBl. Nr. 63/2004](#) - Styrian Nursing Homes Ordinance, Province Law Gazette No. 63/2004

Tyrol (Tirol)

- Tyrol Social Welfare Act ([Tiroler Landesgesetzblatt, 1973](#))
- Tyrol Care Allowance Act ([Tiroler Landesgesetzblatt, 1993](#))
- Tyrol Home Act ([Tiroler Landesgesetzblatt, 2005](#))

Vorarlberg

- Vorarlberg Social Welfare Act ([Rechtsinformationssystem des Bundes, 1971](#))
- Vorarlberg Care Allowance Act ([Vorarlberger Landesgesetzblatt, 1993](#))

- Vorarlberg Nursing Homes Act ([Vorarlberger Landesgesetzblatt, 2002](#))

Vienna (Wien)

- Vienna Social Welfare Act ([Rechtsinformationssystem des Bundes, 1973](#))
- Vienna Care Allowance Act ([Wiener Landesgesetzblatt, 1993](#))
- Vienna Residential and Nursing Home Act ([Rechtsinformationssystem des Bundes, 2005](#))
- Implementing Ordinance of the Vienna Residential and Nursing Home Act ([Wiener Landesgesetzblatt, 2005](#))

Financing

Source of financing

In-kind LTC benefits are financed by federal and provinces' general tax revenues and out-of-pocket expenses ([Bundesgesetzblatt, 1993a, §13](#)).

[Box 1](#) provides legal sources for in-kind LTC benefits financing at provincial level.

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 activities of daily living (ADL) due physical, mental or psychological impairments.

Eligible population

According to provinces' Social Welfare Acts, an individual is eligible for LTC in-kind benefits if they satisfy all of the following conditions:

- Residence in Austria. Non-citizens of Austria are required to have a valid residence permit to be considered a permanent resident.
- 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

Provinces' legal references for benefits eligibility are provided in [Box 1](#).

Benefit

Home care benefit

Home care services (Mobile Dienste) include:

- Home nursing (Hauskrankenpflege)
- Home care (Hauskrankenhilfe), including transferring from bed and chairs, dressing, and assistance with personal hygiene and nutrition
- Home help (Heimhilfe), including help with daily housework, cleaning, laundry, assistance with personal hygiene and dressing, shopping, cooking, accompaniment to the doctor, consulting and relief for relatives
- Meals on Wheels (Essen auf Rädern)
- Mobile therapeutic services (Mobile therapeutische dienste), for older adults' rehabilitation including physiotherapy and ergotherapy
- Transportation services (Transportdienste)
- Weekend help (Wochenendhilfe)

Legal references for home, semi-residential, and residential care benefits' type are provided in [Box 1](#) and by the report about care management and financing in Austria produced by the Quantum Institute ([2007](#)).

Semi-residential care

Semi-residential care (Semi-stationäre Pflege) services include:

- Day and night care (Teilstationäre pflege)
- Short-term stay (Kurzzeitpflege)

As of 2005, benefits supply differs across the nine provinces, summarized as follows:

- Day care and night care: Burgenland, Lower Austria, Tyrol, Vienna, Salzburg, Carinthia
- Short-term care: Burgenland, Styria, Vorarlberg, Tyrol, Vienna, Salzburg

Short-term care was introduced in Carinthia in 2004 and certain types of day-care centers have only existed since 2006. As of 2005, Upper Austria does not provide semi-residential care benefits.

Residential care

Residential care (Stationäre Pflege) services include:

- Retirement homes for dependent elderly (Altenheime)
- Nursing homes (Pflegeheime)
- Residential homes (Wohnheime) —Tyrol only
- Retirement homes (Seniorenwohnen) —Vienna only

Other benefits

Other LTC in-kind benefits (Sonstige soziale dienste) include (provincial services as of 2005):

- Assisted living (Betreutes Wohnen) in Carinthia, Salzburg, Styria, Tyrol, Vorarlberg and Vienna
- Elderly vacation (Urlaub für Senioren) in Carinthia, Salzburg, Styria, Tyrol, Vorarlberg and Vienna
- Leave for caregivers (Erholungsurlaub für pflegende Angehörige) in Carinthia, Salzburg, Styria, Tyrol, Upper Austria and Vorarlberg
- Visiting service and hospice movement (Besuchsdienst und Hospizbewegung) in Carinthia, Salzburg, Tyrol, Vorarlberg, and Vienna
- House cleaning services (Reinigungsdienste) in Vienna
- Palliative care (Mobile Palliativteams) in Vienna
- Nursing round tables (Pflegestammtische) in Styria, providing experts consulting about specific illnesses and their physical and psychological effects on caregivers

Provision of care

LTC in-kind benefits are provided by provinces, municipalities ([Gemeinden](#)), municipal districts' organizations ([Sozialhilfeverbände](#)), social funds ([Sozialfonds](#)), integrated health and social care districts ([Gesundheits- und Sozialsprengel](#)), private providers ([Privaten Anbieter](#)) and non-profit organizations. Providers vary across the nine provinces. Some common non-profit providers across the provinces are:

- Caritas Austria (Caritas Österreich)
- Diaconal Work Austria (Diakonisches Werk Österreich)
- Austrian Aid Agency (Österreichisches Hilfswerk)
- Austrian Red Cross (Österreichisches Rotes Kreuz)
- People Aid Agency (Volkshilfe Österreich)

Benefit eligibility

Qualifying period

There is no qualifying period

Minimum level of dependence

The minimum level of dependence required to qualify for in-kind benefits varies across the nine provinces and LTC benefit type.

Home Care (Mobile Dienste)

Provinces do not specify eligibility requirements for home care services.

Semi-residential care (Semi-Stationäre Pflege)

Provinces' legal framework does not provide clear information about eligibility criteria for semi-residential care benefits.

Some sources suggest that, as of 2005, the minimum level of dependence qualifying for short-term care (Kurzzeitpflege) in Carinthia was Care Level 3 (Quantum Institute, 2007). Other examples are not identified.

Residential care (Stationäre Pflege)

The minimum level of dependence qualifying for residential care in Lower Austria is Care Level 3 (Niederösterreich Landesgesetzblatt, 2009, § 2). Other provinces' legal framework does not provide clear information about eligibility criteria for semi-residential care benefits.

Some sources suggests that as of 2005, the minimum level of dependence qualifying for residential care varies by province and service as follows:

- Retirement homes for dependent elderly (Altenheime) — None identified
- Nursing homes (Pflegeheime)
 - Care Level 4: Burgenland and Upper Austria (Zentrum für Verwaltungsforschung, 2011)
 - Care Level 3: Styria, Vienna, Carinthia and Tyrol (Zentrum für Verwaltungsforschung, 2011; Quantum Institute, 2007)
 - None identified: Vorarlberg and Salzburg
- Residential homes (Wohnheime) — Care Level 1 in Tyrol; other provinces do not have this facility classification (Quantum Institute, 2007)
- Retirement homes (Seniorenwohnen) — Care Level 1 in Vienna; other provinces do not have this facility classification (Quantum Institute, 2007)

Other examples are not identified.

Other Social services (Sonstige soziale dienste)

Provinces' legal framework does not provide clear information about eligibility criteria for semi-residential care benefits.

Some sources suggests that the minimum level of dependence for assisted living service is Care Level 2 in Carinthia and Care Level 0 in Tyrol (which is reserved for people up to Care Level 3). The other provinces do not specify eligibility requirements for these types of services (Quantum Institute, 2007).

Duration of benefit

At the start of any in-kind LTC benefit a plan of services is created involving the stipulation of a contract specifying services' duration.

According to Quantum Institute (2007), short-term care services in Carinthia are provided from a minimum of 4 days to a maximum of 28 days per calendar year.

Means testing

None

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 1). 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 2](#). 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

Provincial legislation defines people in need of care as individuals who, due to their physical, mental or psychological condition, are unable to carry out the necessary chores of daily life without outside help or guidance.

Evaluation of dependence

People in need of care submit an application for LTC-in-kind benefit to the municipal office, the magistrate, or the district administration. In Vienna, applicants should submit applications to the Social Center (*Sozialzentrum*) or the Vienna Social Fund (*Fonds Soziales Wien*).

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, Rechtsinformationssystem des Bundes, 1999](#)). 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.

Evaluators

Social Assistance (*Sozialhilfe*) offices provide access to LTC in-kind benefits.

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 cash 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**

In general, dependent people are responsible for financing their LTC service using their income, assets and, if eligible, the LTC care benefits. For periods shorter than six months, health insurance provides benefits for those with care needs (for details, see documentation on Austria's statutory health insurance, Gesetzliche Krankenversicherung, [Gateway to Global Aging Data, 2022a](#)). For care needs expected to last at least 6 months, individuals may be eligible for care allowances and a 24-hour care benefit to subsidize the cost of care (for details, see documentation on cash benefits and 24-hour care benefits, [Gateway to Global Aging Data, 2023a,b](#)). People whose resources are insufficient to finance their care services can apply for Social Assistance (*Sozialhilfe*) benefit (for details, see documentation on social assistance, [Gateway to Global Aging Data, 2022b](#)).

There are some exceptions to the principle of full self-pay described above by province and service. Some examples are documented below:

Home Care (Mobile Dienste)

Fees vary by a beneficiary's income-level

Semi-residential care (Semi-Stationäre Pflege)

- Short-term care (Kurzzeitpflege): Vorarlberg requires users only to use their income and LTC cash benefits. *Regress* typically does not apply (i.e., relatives are exempted from reimbursing short-term care costs).
- Day Care (Teilstationäre pflege): No exceptions known

Residential care (Stationäre Pflege)

Residential care fees are typically made up of a basic amount and a surcharge depending on the level of care needed by the individual. If an individual's resources are not sufficient to cover residential care costs, they can claim Social Assistance benefits to cover the difference. In this case the dependent person keeps 20% of their income plus a 10% of the cash benefits (a flat 10% of Care Level 3, irrespective of beneficiaries' actual Care Level) as pocket money to finance other services not provided by the residential or nursing homes (e.g., cost sharing for drugs). As of 2005, pocket money amounted to 42.18€ per month. Employees and people claiming retirement pensions are entitled to keep the annual 13th and 14th monthly payments, known as Holiday and Christmas benefits. Social Assistance can ask spouses, children or grandchildren of the dependent person to reimburse the incurred expenses - a practice known as *Regress*. As of 2009, in Carinthia, Lower Austria and Styria, all relatives including spouses were excluded from *Regress*. In all other provinces *Regress* was limited to spouses.

Besides out-of-pocket expenses, the province and municipalities share the remaining financing costs. A summary of the source of funding for institutional care in 2006 is provided in [Table 3](#).

Other Social services (Sonstige soziale Dienste)

No exceptions known

Taxation of benefits

In-kind benefits are not taxed

Chapter 2: Policy enacted 2012-2023

Policy change in 2012

The LTC in-kind benefit provision in Austria has not been subject to major reforms, but rather to a sequence of laws and amendments legislation of the provinces. Laws included in this document are considered the principal legislative fundamentals of the evolution of the system. Three main reforms characterizing this period are:

- The Care Fund Act ([Bundesgesetzblatt, 2011a](#)), enacted in and effective from July 2011, introduced the LTC Care Fund ([Pflege Fonds](#)) to provide financial support from the federal government to the nine provinces in the development and harmonization of LTC in-kind benefits
- Amendment to BPGG ([Bundesgesetzblatt, 2011b](#)), effective from 2012, authorized registered nurses to conduct reassessment of dependence after the initial assessment
- An act ([Bundesgesetzblatt, 2018](#)), enacted in and effective from 2018, abolishing [Regress](#) to finance residential care

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 province regulations, and the agreement between the federal and provincial governments on joint measures for those in need of care ([Bundesgesetzblatt, 1993](#)). This agreement specifies that the nine provinces are responsible for providing residential (Stationäre Pflege), semi-residential (Semi-Stationäre Pflege), and home care services (Mobile Dienste) throughout the country. The agreement also includes a basic framework, devolving the specific settings to be regulated by each province's legislation. This caused a great regional variation in services management, provision, and financing, creating a highly fragmented system. The fragmentation is present not only among provinces, but also within each province, presenting several municipal ways of naming, handling, and financing the services. LTC in-kind benefits provision developed in different points in time across provinces, and it started to take on a harmonized structure only in 2005.

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LTC benefits in-kind are financed by federal and provincial general tax revenues and out-of-pocket expenses. As of 2011, the federal government introduced the Care Fund ([Pflege Fonds](#)) to support provinces and municipalities LTC in-kind benefit financing. In general, individuals are responsible for financing their long-term care needs through their income, assets and LTC cash benefits if eligible. If their financial resources are insufficient, individuals can claim social assistance benefits to cover the difference. The provider of social assistance benefits however, may ask beneficiaries' relatives, including spouses, children or grandchildren, to reimburse the incurred costs. This practice is known as [Regress](#) and each province is entitled to decide the type of relatives to approach. [Regress](#) and the use of assets to finance LTC services were abolished as of 2018.

Eligibility for LTC in-kind benefits comprises Austrian citizenship, or "equivalent" (persons whose "equivalent citizenship status" is derived from European union regulation, persons with political asylum or persons entitled to reside within the European Union or having an equivalent residence permit) and residence in Austria.

As of 2007, the 24-hour care benefit ([Förderung der 24 Stunden Betreuung](#)) was introduced by the Home Care Act ([Hausbetreuungsgesetz](#)) to subsidize home care expenses for people in need for continuous care provided by private caregivers. Eligibility for 24-hour care is related to the level of dependence identified for long-term care (LTC) cash benefits. The benefit is means-tested and granted to people with monthly income lower than 2,500€. Detailed policy information about LTC cash benefits and the 24-hour care benefit are provided in dedicated documents of the Policy Explorer Series ([Gateway to Global Aging Data, 2023a, b](#)).

Statutory basis

Federal Law

- Consumer Protection Act ([Bundesgesetzblatt, 1979](#))
- Ombudsman Act ([Bundesgesetzblatt, 1982](#))
- Federal Care Allowance Act ([Bundespflegegeldgesetzes - BPGG: Bundesgesetzblatt, 1993a](#)), as amended ([Rechtsinformationssystem des Bundes, 1993](#)).
- Health and Medical Care Act, as amended ([Rechtsinformationssystem des Bundes, 1997](#))
- Home Residence Act ([Bundesgesetzblatt, 2004](#))
- Care Fund Act ([Bundesgesetzblatt, 2011a](#)) provides a care fund and a designated subsidy to provinces to secure and develop needs-based provision of LTC services for the period 2011-2023

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](#))
- Agreement pursuant to Art. 15a B-VG on social care professions ([Bundesgesetzblatt, 2005](#))

Provincial Laws

Burgenland

- Care Allowance Act of Burgenland ([Burgenländisches Landesgesetzblatt, 1993](#))
- Burgenland Elderly Residence and Nursing Homes Act ([Burgenländisches Landesgesetzblatt, 1996](#))
- Classification Ordinance to the Burgenland Care Allowance Act ([Burgenländisches Landesgesetzblatt, 1999](#))
- Burgenland Social Welfare Act 2000 ([Burgenländisches Landesgesetzblatt, 2000](#))

Carinthia (Kärnten)

- Care Allowance Act of Carinthia ([Kärntner Landesgesetzblatt, 1993](#))
- Carinthia Home Act ([Kärntner Landesgesetzblatt, 1996a](#))
- Carinthia Social Welfare Act 1996 ([Kärntner Landesgesetzblatt, 1996b](#))
- Provisions for the operation of old people's homes and nursing homes ([Kärntner Landesgesetzblatt, 2005](#))

Lower Austria (Niederösterreich)

- Lower Austria Care Allowance Act ([Niederösterreich Landesgesetzblatt, 1993a, 1993b](#))
- Lower Austria Social Welfare Act 2000 ([Niederösterreich Landesgesetzblatt, 2000](#))
- Lower Austria Nursing Homes Ordinance ([Niederösterreich Landesgesetzblatt, 2002](#))
- Lower Austria Care Allowance Guideline Ordinance ([Niederösterreich Landesgesetzblatt, 2004](#))
- Lower Austria Residential and Day Care Ordinance ([Niederösterreich Landesgesetzblatt, 2006](#))

Upper Austria (Oberösterreich)

- Upper Austria Care Allowance Act ([Oberösterreich Landesgesetzblatt, 1993](#))
- Upper Austria Retirement and Nursing Home Ordinance ([Oberösterreich Landesgesetzblatt, 1996](#))
- Upper Austria Social Welfare Act ([Oberösterreich Landesgesetzblatt, 1998a](#))
- Upper Austria Social Assistance Ordinance ([Oberösterreich Landesgesetzblatt, 1998b](#))
- Upper Austria Care Allowance Ordinance ([Oberösterreich Landesgesetzblatt, 1998b](#))

Salzburg

- Salzburg Social Welfare Act ([Rechtsinformationssystem des Bundes, 1975](#))
- Salzburg Care Allowance Act ([Salzburger Landesgesetzblatt, 1993](#))
- Salzburg Care Act ([Rechtsinformationssystem des Bundes, 2000](#))
- Salzburg Social Services Ordinance ([Salzburger Landesgesetzblatt, 2003](#))

Styria (Steiermark)

- Styria Care Allowance Act ([Steiermärkisches Landesgesetzblatt, 1993](#))
- Styrian Elderly, Families, and Home Assistance Act ([Steiermärkisches Landesgesetzblatt, 1996](#))
- [Das Steiermärkische Sozialhilfegesetz StSHG, LGBl. Nr. 29/1998](#) - Styrian Social Welfare Act, Province Law Gazette No. 29/1998
- [Das Steiermärkische Pflegeheimgesetz - StPHG 77/2003](#) - Styrian Nursing Homes Act, Province Law Gazette No. 77/2003
- [Steiermärkischen Pflegeheimverordnung, LGBl. Nr. 63/2004](#) - Styrian Nursing Homes Ordinance, Province Law Gazette No. 63/2004

Tyrol (Tirol)

- Tyrol Social Welfare Act ([Tiroler Landesgesetzblatt, 1973](#))
- Tyrol Care Allowance Act ([Tiroler Landesgesetzblatt, 1993](#))
- Tyrol Home Act ([Tiroler Landesgesetzblatt, 2005](#))

Vorarlberg

- Vorarlberg Social Welfare Act ([Rechtsinformationssystem des Bundes, 1971](#))
- Vorarlberg Care Allowance Act ([Vorarlberger Landesgesetzblatt, 1993](#))
- Vorarlberg Nursing Homes Act ([Vorarlberger Landesgesetzblatt, 2002](#))

Vienna (Wien)

- Vienna Social Welfare Act ([Rechtsinformationssystem des Bundes, 1973](#))
- Vienna Care Allowance Act ([Wiener Landesgesetzblatt, 1993](#))
- Vienna Residential and Nursing Home Act ([Rechtsinformationssystem des Bundes, 2005](#))
- Implementing Ordinance of the Vienna Residential and Nursing Home Act ([Wiener Landesgesetzblatt, 2005](#))

Financing**Source of financing**

In-kind LTC benefits are financed by federal and provinces' general tax revenues and out-of-pocket expenses ([Bundesgesetzblatt, 1993a](#), §13). As of 2011, the LTC Fund ([Pflegefonds](#)) was introduced to relieve the burden incurred by small administrative bodies but also as an instrument to incentivize harmonization of quality of and capacity for care services across provinces. The LTC Fund is mainly federally-financed and is redistributed according to province and municipality needs.

Box 1 provides legal sources for in-kind LTC benefits financing at provincial level.

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 activities of daily living ([ADL](#)) due physical, mental or psychological impairments.

Eligible population

According to provinces' Social Welfare Acts, an individual is eligible for LTC in-kind benefits if they satisfy all of the following conditions:

- Residence in Austria. Non-citizens of Austria are required to have a valid residence permit to be considered a permanent resident.
- 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

Provinces' legal references for benefits eligibility are provided in **Box 1**.

Benefit**Home care benefit**

Home care services (Mobile Dienste) include:

- Home nursing (Hauskrankenpflege)
- Home care (Hauskrankenhilfe), including transferring from bed and chairs, dressing, and assistance with personal hygiene and nutrition

- Home help (Heimhilfe), including help with daily housework, cleaning, laundry, assistance with personal hygiene and dressing, shopping, cooking, accompaniment to the doctor, consulting and relief for relatives
- Meals on Wheels (Essen auf Rädern)
- Mobile therapeutic services (Mobile therapeutische dienste), for older adults' rehabilitation including physiotherapy and ergotherapy
- Transportation services (Transportdienste)
- Weekend help (Wochenendhilfe)
- Family support (Familien Unterstützung)
- Community care (Gemeinschaftspflege)
- Psycho-social services (Psychosoziale Dienste)

Legal references for home, semi-residential, and residential care benefits' type are provided in [Box 1](#) and [Box 2](#).

Semi-residential care

Semi-residential care (Semi-stationäre Pflege) services include:

- Day and night care (Teilstationäre pflege)
- Short-term stay (Kurzzeitpflege)

Residential care

Residential care (Stationäre Pflege) services include:

- Retirement homes for dependent elderly (Altenheime)
- Nursing homes (Pflegeheime)
- Residential homes (Wohnheime)
- Retirement homes (Seniorenwohnen)

Other benefits

Other LTC in-kind benefits (Sonstige soziale Dienste) include:

- LTC phone-service (Pflegetelefon)
- Legal consulting for LTC services (Rechtsberatung für Pflegeleistungen)
- Support groups (Selbsthilfegruppen)

Provision of care

LTC in-kind benefits are provided by provinces, municipalities ([Gemeinden](#)), municipal districts' organizations ([Sozialhilfverbände](#)), social funds ([Sozialfonds](#)), integrated health and social care districts ([Gesundheits- und Sozialsprengel](#)), private providers ([Privaten Anbieter](#)) and non-profit organizations. Providers vary across the nine provinces. Some common non-profit providers across the provinces are:

- Caritas Austria (Caritas Österreich)
- Diaconal Work Austria (Diakonisches Werk Österreich)
- Austrian Aid Agency (Österreichisches Hilfswerk)
- Austrian Red Cross (Österreichisches Rotes Kreuz)
- People Aid Agency (Volkshilfe Österreich)

Provincial institutional care providers can be summarized as follows:

- Provincial governments in Burgenland and Lower Austria
- Municipalities ([Gemeinden](#)) in Salzburg, Carinthia and Styria
- Municipal districts' organizations ([Sozialhilfverbände](#)) in Carinthia, Styria and Upper Austria
- Social fund ([Sozialfonds](#)) in Vienna
- Municipalities ([Gemeinden](#)) and social funds ([Sozialfonds](#)) in Tyrol and Vorarlberg

Benefit eligibility

Qualifying period

There is no qualifying period

Minimum level of dependence

The minimum level of dependence required to qualify for in-kind benefits varies across the nine provinces and LTC benefit type.

Home Care (Mobile Dienste)

As of 2022, the minimum level of dependence qualifying for home care benefits varies by province and service:

- Home care services
 - Care Level 1: Lower Austria and Tyrol
 - “In need of care”: Salzburg and Carinthia
 - None identified: Burgenland, Vienna, Styria and Vorarlberg
- Home nursing
 - Medical prescription and “in need of care”: Upper Austria
 - None identified: All other provinces
- Other home care benefits: No minimum dependence requirement identified

Semi-residential care (Semi-Stationäre Pflege)

As of 2022, the minimum level of dependence qualifying for semi-residential care benefits varies by province:

- Care Level 3 or Care Level 1 in case of dementia-related impairments: Burgenland and Tyrol
- Care Level 3: Carinthia
- Care Level 1: Lower Austria
- “In need of care”: Salzburg
- “In need of care” and who are living at their home and are not bedridden: Upper Austria (day care only)
- None identified: Vienna, Vorarlberg, and Styria

Residential care (Stationäre Pflege)

As of 2017, the minimum level of dependence for residential care has been standardized at Care Level 4 ([Rechtsinformationssystem des Bundes, 2023](#)). However, as of 2022, eligibility requirements for residential care are provided by each province as follows:

- Retirement homes for dependent elderly (Altenheime) —None identified
- Nursing homes (Pflegeheime)
 - Care Level 4: Lower Austria, Burgenland, and Carinthia
 - Care Level 4, or Care Levels 1-3 with evaluation: Upper Austria and Styria
 - Care Level 4 of the ARGE classification ([Heime- un Pflegeleitungen classification - ARGE ALTENHEIMLEITER](#)): Vorarlberg
 - Care Level 3: Tyrol and Salzburg
 - None identified: Vienna
- Residential homes (Wohnheime) —None identified
- Retirement homes (Seniorenwohnen) —Care Level 1 in Carinthia and Tyrol; none identified for other provinces

Other Social services (Sonstige soziale dienste)

As of 2022, provinces do not specify eligibility requirements for other types of services.

Information about provinces’ in-kind benefits eligibility thresholds are collected according to sources provided in [Box 3](#).

Duration of benefit

At the start of any in-kind LTC benefit a plan of services is created involving the stipulation of a contract specifying services’ duration.

According to [Transparenzportal \(2023a\)](#), short-term care services in Carinthia are provided from a minimum of 4 days to a maximum of 28 days per calendar year.

Means testing

None

Age requirement

In Upper Austria people aged 60 or older can access LTC home care services.

The other provinces do not indicate age requirements for services.

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 1](#)). 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: 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 2](#). 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

Provincial legislation defines people in need of care as individuals who, due to their physical, mental or psychological condition, are unable to carry out the necessary chores of daily life without outside help or guidance.

Evaluation of dependence

People in need of care submit an application for LTC-in-kind benefit to the municipal office, the magistrate, or the district administration. In Vienna, applicants should submit applications to the Social Center ([Sozialzentrum](#)) or the Vienna Social Fund ([Fonds Soziales Wien](#)).

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, Rechtsinformationssystem des Bundes, 1999](#)). 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.

Evaluators

Social Assistance ([Sozialhilfe](#)) offices provide access to LTC in-kind benefits.

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 reassessment of care needs after an initial assessment conducted by a physician ([Bundesgesetzblatt, 2011](#)).

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 cash 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

In general, dependent people are responsible for financing their LTC service using their income, assets and, if eligible, the LTC care benefits. For periods shorter than six months, health insurance provides benefits for those with care needs (for details, see documentation on Austria's statutory health insurance, Gesetzliche Krankenversicherung, [Gateway to Global Aging Data, 2022a](#)). For care needs expected to last at least 6 months, individuals may be eligible for care allowances and a 24-hour care benefit to subsidize the cost of care (for details, see documentation on cash benefits and 24-hour care benefits, [Gateway to Global Aging Data, 2023a,b](#)). People whose resources are insufficient to finance their care services can apply for Social Assistance ([Sozialhilfe](#)) benefit (for details, see documentation on social assistance, [Gateway to Global Aging Data, 2022b](#)).

There are some exceptions to the principle of full self-pay described above by province and service. Some examples are documented below:

Home Care (Mobile Dienste)

Fees vary by a beneficiary's income-level

Semi-residential care (Semi-Stationäre Pflege)

- Short-term care (Kurzzeitpflege): Vorarlberg requires users only to use their income and LTC cash benefits. [Regress](#) typically does not apply (i.e., relatives are exempted from reimbursing short-term care costs).
- Day Care (Teilstationäre pflege): No exceptions known

Residential care (Stationäre Pflege)

Residential care fees are typically made up of a basic amount and a surcharge depending on the level of care needed by the individual. If an individual's resources are not sufficient to cover residential care costs, they can claim Social Assistance benefits to cover the difference. In this case the dependent person keeps 20% of their income plus a 10% of the cash benefits (a flat 10% of Care Level 3, irrespective of beneficiaries' actual Care Level) as pocket money to finance other services not provided by the residential or nursing homes (e.g., cost sharing for drugs). Employees and people claiming retirement pensions are entitled to keep the annual 13th and 14th monthly payments, known as Holiday and Christmas benefits. As of 2022, pocket money amounted to 47.50€ per month. Social Assistance can ask spouses, children or grandchildren of the dependent person to reimburse the incurred expenses - a practice known as [Regress](#). As of 2012, [Regress](#) was limited to spouses in all provinces except for Carinthia, Lower Austria and Styria, in which all relatives including spouses were excluded from [Regress](#). [Regress](#) was abolished in 2018 throughout the country.

Other Social services (Sonstige soziale Dienste)

No exceptions known

Taxation of benefits

In-kind benefits are not taxed

Tables and Formulas

Box 1: In-kind Long-Term Care Benefits Legal Sources

This box provides legal reference concerning in-kind long-term care benefits financing, coverage and type of the nine Austrian provinces:

Burgenland Social Welfare Act 2000 ([Burgenländisches Landesgesetzblatt, 2000](#))

- Financing, §56
- Coverage, §4
- Benefits, §33-36

Carinthia Social Welfare Act 1996 ([Kärntner Landesgesetzblatt, 1996b](#))

- Financing, §57
- Coverage, §3
- Benefits, §27, 33

Lower Austria Social Welfare Act 2000 ([Niederösterreich Landesgesetzblatt, 2000](#))

- Financing, §55
- Coverage, §25
- Benefits, §3, 12, 26, 34, 44, 45, 46, 47

Salzburg Social Welfare Act ([Rechtsinformationssystem des Bundes, 1975](#))

- Financing, §40
- Coverage, §6
- Benefits, §13, 17, 22

Styrian Social Welfare Act ([Steiermärkische Landesgesetzblatt, 1998](#))

- Financing, §20
- Coverage, §4
- Benefits, §7, 9, 13

Tyrol Social Welfare Act ([Tiroler Landesgesetzblatt, 1973](#))

- Financing, §8-13
- Coverage, §15
- Benefits, §5

Upper Austria Social Welfare Act ([Oberösterreich Landesgesetzblatt, 1998a](#))

- Financing, §40, 41
- Coverage (Eligible population), §6
- Benefits, §11-17, 63-64f

Vienna Social Welfare Act ([Rechtsinformationssystem des Bundes, 1973](#))

- Financing, §44
- Coverage, §7a
- Benefits, §22

Vorarlberg Social Welfare Act ([Rechtsinformationssystem des Bundes, 1971](#))

- Financing, §14*
- Coverage, §3
- Benefits, §6*

Sources: [Burgenländisches Landesgesetzblatt \(2000\)](#); [Kärntner Landesgesetzblatt \(1996b\)](#); [Niederösterreich Landesgesetzblatt \(2000\)](#); [Oberösterreich Landesgesetzblatt \(1998a\)](#); [Rechtsinformationssystem des Bundes \(1971, 1973, 1975\)](#); [Steiermärkische Landesgesetzblatt \(1998\)](#); [Tiroler Landesgesetzblatt \(1973\)](#)

Table 1: 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) 25 (2009 - 2022) 45 (2023)	auxiliary

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 2: 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

Table 3: Source of Financing for Residential Care (2006)

Source of financing	Share
Social assistance (Sozialhilfe)	48%
Pension and federal LTC care allowance	43%
States care allowance	1%
Assets and Regress	7%
Other income	3%

Source: Author's interpretation of [Riedel et al. \(2010\)](#)

Notes: There are no available information for Salzburg and Vienna, thus all percentages are approximate.

Box 2: In-kind Long-Term care Benefits Sources (as of 2023)

This box includes the sources used to populate Chapter 2 benefits' section along with the legal references provided in [Box 1](#). They are primarily references to the provinces' home care, semi-residential care, and residential care services official websites.

Home care

- Burgenland: Home nursing ([Land Burgenland, 2023a](#)) and home care ([Land Burgenland, 2023b](#))
- Carinthia: Land Kärnten ([2023a](#))
- Lower Austria: Land Niederösterreich ([2023a](#))
- Salzburg: Land Salzburg ([2023a](#))
- Styria: Land Steiermark ([2023a](#))
- Tyrol: Tiroler Landesgesetzblatt ([2021, §23](#))
- Upper Austria: Home nursing ([Land Oberösterreich, 2023a](#)) and home care ([Land Oberösterreich, 2023b](#))
- Vienna: Stadt Wien ([2023](#))
- Vorarlberg: Arbeitsgemeinschaft Mobile Dienste ([2023](#))

Semi-residential care

- Burgenland: Day care ([Land Burgenland, 2023c](#)) and short-term care ([Land Burgenland, 2023d](#))
- Carinthia: Day care ([Land Kärnten, 2023b](#)) and short-term care ([Land Kärnten, 2023c](#))
- Lower Austria: Day care ([Land Niederösterreich, 2023b](#)) and short-term care ([Land Niederösterreich, 2023c](#))
- Salzburg: Day care ([Land Salzburg, 2023b](#)) and short-term care ([Land Salzburg, 2023c](#))
- Styria: Day care ([Land Steiermark, 2023b](#)) and short-term care ([Land Steiermark, 2023c](#))
- Tyrol: Tiroler Landesgesetzblatt ([2021, §24-25](#))
- Upper Austria: Day care ([Land Oberösterreich, 2023c](#)) and short-term care ([Land Oberösterreich, 2023d](#))
- Vienna: Stadt Wien ([2023](#))
- Vorarlberg: Short-term care ([Land Vorarlberg, 2023a](#))

Residential care

- Burgenland: Land Burgenland ([2023e](#))
- Carinthia: Transparenzportal ([2023b](#))
- Lower Austria: Land Niederösterreich ([2023d](#))
- Salzburg: Land Salzburg ([2023d](#))
- Styria: Land Steiermark ([2023d](#))
- Tyrol: Tiroler Landesgesetzblatt ([2021, §22](#))
- Upper Austria: Land Oberösterreich ([2023e](#))
- Vienna: Stadt Wien ([2023](#))
- Vorarlberg: Land Vorarlberg ([2023b](#))

Box 3: In-kind Benefit Eligibility Threshold Sources (as of 2023)

This box provides references concerning the contextual eligibility threshold implemented in the nine Austrian provinces to access in-kind long-term care benefits. They are primarily references to the provinces' home care, semi-residential care, and residential care services official websites.

Home care

- Burgenland: Not identified
- Carinthia: Land Kärnten (2023a)
- Lower Austria: Land Niederösterreich (2023a)
- Salzburg: Land Salzburg (2023a)
- Styria: Not identified
- Tyrol: Tiroler Landesgesetzblatt (2021, §18)
- Upper Austria: Home nursing (Land Oberösterreich, 2023a) and home care (Land Oberösterreich, 2023b)
- Vienna: Not identified
- Vorarlberg: Not identified

Semi-residential care

- Burgenland: Day care (Land Burgenland, 2023c) and short-term care (Land Burgenland, 2023d)
- Carinthia: Transparenzportal (2023a)
- Lower Austria: Day care (Land Niederösterreich, 2023b) and short-term care (Land Niederösterreich, 2023c)
- Salzburg: Day care (Land Salzburg (2023b) and short-term care (Land Salzburg, 2023c)
- Styria: Not identified
- Tyrol: Tiroler Landesgesetzblatt (2021, §24)
- Upper Austria: Day care (Land Oberösterreich, 2023c) and no source identified for short-term care
- Vienna: Not identified
- Vorarlberg: Not identified

Residential care

- Burgenland: Land Burgenland (2023f)
- Carinthia: Transparenzportal (2023b)
- Lower Austria: Land Niederösterreich (2023e)
- Salzburg: Land Salzburg (2023d)
- Styria: Land Steiermark (2023d)
- Tyrol: Tiroler Landesgesetzblatt (2021, §22)
- Upper Austria: Land Oberösterreich (2023e)
- Vienna: Not identified
- Vorarlberg: Land Vorarlberg (2001)

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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.

Förderung der 24 Stunden Betreuung: 24-hour home care benefit in English, introduced in 2007 providing continuous care to dependent elderly.

Gemeinden: German term for “municipalities.” Home care services providers in Burgenland, Upper Austria and Vorarlberg. They

are residential care providers in Carinthia, Lower Austria, Upper Austria, Salzburg, Styria, Tirol, Vorarlberg and Vienna. They provide short-term care in Carinthia and day care services in Lower Austria.

Gemeinnützige: German term for “non-profit associations.” They provide residential care in Burgenland, Upper Austria, Styria and Vienna. They provide short-term care in Burgenland and home care services in Burgenland and Vienna.

Gesundheits- und Sozialsprengel: German term for “Integrated Health and Social districts.” They provide LTC in-kind benefits management and provision, including home care services in Vorarlberg.

Heime- un Pflegeleitungen classification - ARGE ALTENHEIMLEITER: Name in German for “home- and care-management classification.” Adopted by the province of Vorarlberg for elderly care level classification. Alternative to the care level classification provided by the federal government for federal and province care allowances.

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.

Mindestsicherung: Name in German for “minimum security,” a nationwide need-based, means-tested social assistance system effective from 2010-2018 not specifically targeted at persons in old age. It is regulated and administered separately by each of the nine Austrian provinces.

Pflege Fonds: German term for “care fund.” Fund introduced in 2012 for federal government financial support to the nine provinces in LTC in-kind benefits provision and expansion.

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.

Privaten Anbieter: German term for “private providers.” LTC in-kind benefits provided by the private sector. Private caregivers provide home care services in all provinces. Private organizations provide residential care in Burgenland, Carinthia, Lower Austria, Upper Austria, Salzburg, Tirol and Vienna and semi-residential care in Burgenland and Carinthia.

Regress: Financing practice in which province claim LTC in-kind benefits reimbursement from recipient’s relatives.

Sozialfonds: Name in German for “Social Funds.” LTC in-kind benefit provider of residential and semi-residential care in Tirol. As of 2022, they are the main provider of LTC in-kind benefits in Vienna.

Sozialhilfe: German term for “Social Assistance,” a public funded support service aimed at enabling people in need of social assistance to lead a decent life, effective from 1992-2009 and 2019-2022. This social assistance system is broad not specifically targeted at persons in old age. It is regulated and administered separately by each of Austria’s nine provinces.

Sozialhilfverbände: German term for “social welfare associations” of municipal districts. One of the main LTC in-kind benefits providers in Austria. They provided residential care in Carinthia, Upper Austria and Styria, short-term care services in Carinthia, and home-care services in Upper Austria.

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

Current Version: 1.0 (September 2023)

Version History

- 1.0 (September 2023): First version.

Additional resources

The following resources provide additional details for the interested reader:

Other sources of interest that were consulted but not ultimately cited include:

Riedel Monika (2020). The Austrian Pflegefonds - only a small fund, but with a large agenda. Peer Country Comments Paper for the Peer Review on “Financing long-term care”, Tallinn, 22 – 23 September 2020.

Link: <https://ec.europa.eu/social/BlobServlet?docId=23052&langId=en>