GATEWAY TO GLOBAL AGING DATA

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Gateway Policy Explorer: Long-Term Care Series

Belgium

Long-Term Care In-Kind Benefit Plan Details

1994-2023

Authors
Yeeun Lee
David Knapp

Contributors
Ludovico Carrino
Chiara Grigoletti
Jinkook Lee
Rinaldo Naci
Giacomo Pasini
Drystan Phillips
Jérôme Schoenmaeckers
Kanghong Shao
Michael Upchurch

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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*.

Belgium

In-Kind Benefits

Plan details 1994-2023 * †

In Belgium, in-kind benefits are one of the long-term care (LTC) services provided to older adults who are care dependent. In-kind benefits include home care, semi-residential care, and residential care. Before 2014, in-kind benefits were mostly organized at the federal level through the Federal Compulsory Health Insurance, although some home care benefits were also provided at the regional and local levels. Since the Federal Compulsory Health Insurance is nearly universal, most individuals were eligible for in-kind benefits as long as they were affiliated with an insurance fund, they paid the minimum contribution, and they resided in Belgium. People enrolled in a complementary insurance plan will often be responsible for a significant portion of the costs that are not covered by the Federal Compulsory Health Insurance.

However after 2014 following the 6th State Reform, except for home nursing, responsibility for in-kind benefits was fully transferred to the Regions (Flanders, Walloon, and Brussels), which created changes in eligibility criteria, specifically the age requirement and user charges. The dependence definition and the types of services provided remained the same. Home nursing (soins infirmiers à domicile: nursing and/or personal care provided at the beneficiary's home by a nurse practitioner) remained part of the Federal Compulsory Health Insurance system.

Key Dates

First law: 1994

Major changes since 1994: 2014

Contents

* 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 1994-2013

Overview

During this period, the Belgian LTC System provided a wide range of in-kind benefits through home care, semi-residential care, and residential care organized at the national, regional, and local levels. Benefit eligibility was based on care needs but eligibility for home care in Flanders and in Wallonia was also based on financial need.

During this time period, the Federal Compulsory Health Insurance System, which is nearly universal, covers a wide range of medical and nursing care services (e.g. help with an injection or changing a bandage) for older adults with care needs. These types of services are reimbursed through The National Institute for Sickness and Disability Insurance (Institut National d'Assurance Maladie-Invalidité-INAMI, which administers the Federal Compulsory Health Insurance (Sermeus et al. 2010). Services that are not covered by INAMI (e.g. help with housework or bathing) are covered out-of-pocket by the user or by complementary insurance. Home care services are subsidized in Flanders and Wallonia. User discounts are available in Flanders and contribution rates for home care services vary in Wallonia depending on the beneficiary's income and household situation.

Dependency is evaluated through an eight-item scale, adapted from the Katz scale called the BESADL (Belgian Evaluation Scale for Activities of Daily Living), which includes items on functional and cognitive limitations. Each item is scored on a scale from 1-4 where 1 refers to no dependence and 4 refers to full dependence. For any item, dependency arises with a score of 3 (medium need of care) or 4 (full need of care). The minimum level of dependence differs between residential homes (Category A), nursing homes (Category B), and day care centers (Category F). The dependency evaluation is mainly conducted to determine reimbursement amounts and to ensure that individuals are placed in facilities that can cater to their care needs. It is not used to grant or deny access to a certain service. For certain home care services in Flanders, dependency is also evaluated using the BelRAI Screener.

Home care is means-tested in Flanders and Wallonia, while it is not in the Brussels region. Semi-residential care and residential care are not means-tested.

Reforms during this period include:

- The Ministerial Decree of July 26, 2001, establishing the contribution system for the user of family care, which defines hourly user contributions for all "family care" in Flanders including personal care (e.g., bathing, dressing) and domestic help (e.g., cooking, bathing, ironing, shopping)

This chapter provides details on in-kind benefits of the Belgian LTC system during the 1994-2013 policy period, which are covered through the Federal Compulsory Insurance System.

Statutory basis

Federal Law

Federal Compulsory Health Insurance (Moniteur Belge, 1994), as implemented (INAMI, 1996)

Regional Laws

Flanders

The Ministerial Decree of July 26, 2001, establishing the contribution system for the user of family care (Vlaamse Codex, 2001)

Wallonia

Wallonia regulatory code for social action and health (Wallex, 2013)

Financing

Source of financing

In-kind benefits are mostly financed through the Federal Compulsory Health Insurance but also through out-of-pocket payments by beneficiaries and in Flanders, through regional taxes. The Federal Compulsory Health Insurance is mainly financed through social security contributions but also through government subsidies and taxes.

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 Federal Compulsory Health Insurance covers care needs related to functional and cognitive impairments, such as limitations in activities of daily living (ADL).

Eligible population

An individual is eligible for care coverage under the Federal Compulsory Health Insurance if all of the following conditions are satisfied:

- Residence requirement: Registered in the Belgian National Registry (Moniteur Belge, 1994, §117bis)
- Membership requirement: Affiliated with an insurance fund (mutualité) (Moniteur Belge, 1994, §118)
- Contribution requirement: Pays the minimum contribution (Moniteur Belge, 1994, §121)

Benefit

Home care benefit

Medical home care benefits include:

- Home nursing: Nursing and/or personal care provided at the beneficiary's home by a nurse practitioner

Non-medical home care benefits include:

- Personal care (e.g., getting dressed, personal hygiene)
- Domestic assistance (e.g., house cleaning, meal preparation, laundry, minor repairs)
- Assistance with outdoor travel (e.g., help with shopping, going to the post office)
- Subsidized security alarms
- Administrative procedures support

Semi-residential care

- Day care centers: facilities that provide LTC services for older adults who lack home care, usually because informal caregivers are unavailable during the day
- Service flats: facilities that provide non-permanent accommodation tailored to the specific needs of older adults who can no longer reside at home due to their condition
- Community care centers: facilities that aim to alleviate isolation by serving as meeting places for individuals over 55

Residential care

- Residential home (Maisons de repos pour personnes âgées - MRPA; Rustoorden voor bejaarden - ROB): facilities that provide nursing and hygiene services to individuals with mild to moderate limitations in their daily activities and/or in their cognitive abilities
- Nursing home (Maisons de repos et de soins - MRS; Rust- en verzorgingstehuizen - RVT): facilities that provide nursing and hygiene services to individuals who are heavily dependent but do not need permanent hospital care

Other benefits

- Guest care service (only in Flanders): A volunteer host family takes care of a person in need of care on certain days during the day, at night, or for several days in the family's own home. This service is targeted toward older people who do not need intensive care but are in need of companionship and help with ADLs.

Provision of care

LTC in-kind benefits are provided by accredited public, private non-profit, and private for-profit organizations. Home nursing is provided by nurses who may be assisted by a nursing assistant.

Benefit eligibility

Qualifying period

None

Minimum level of dependence

The minimum level of dependence varies by the type of institution. A scale with five categories of dependence (O, A, B, C, and Cd) is used in nursing and residential homes. Table 1 provides details on the scale used by INAMI to determine dependency in residential care centers. The minimum level of dependence in nursing homes is category B, which indicates limitations in either of the following combination of activities (INAMI, 1996, §148):

- Bathing, dressing, and moving and/or going to the toilet
- Bathing, dressing, and time and space orientation

The minimum level of dependence in residential homes is category A, which indicates limitations in either of the following combination of activities (INAMI, 1996, §150):

- Bathing and/or dressing
- Time and space orientation

Dependency in day care centers is evaluated using the same activities that are used to assess dependency in the residential care setting. However, the combinations slightly differ. Table 2 provides details on the scale used to determine dependency in day care centers. The minimum level of dependence in these types of facilities is category F, which indicates limitations in bathing, dressing, and moving to or using the toilet (INAMI, 1996, §148bis). Information on dependency in other semi-residential facilities has not yet been identified.

Duration of benefit

The benefit lasts as long as the recipient is eligible.

Means testing

Means testing varies by service and region.

Home care benefits

Home care is means-tested in Flanders. There is a contribution scale with different services and rates per hour, depending on the beneficiary's income and household situation. The scale has 14 codes that relate to the household situation. Code 1 is assigned to individuals who live alone. All other cases are assigned a code 2. Additional points are added under the following conditions:

- An additional point for each adult who lives with the beneficiary and has no income of their own (excluding the beneficiary's partner)
- An additional point for every child who lives with the beneficiary and has no income of their own and for every child in boarding school or placed in an institution that the parents are financing
- An additional point for an unborn child from 6 months of pregnancy
- An additional point for every person with a disability or who is incapable of working (including the beneficiary)

For individuals whose income exceeds the maximum amount of the scale (the maximum income of Code 14), their contribution is calculated through a specific formula. Details on the contribution scale can be found in Annex I of the Ministerial Decree of July 26, 2001 and Formula 1 provides details on how to calculate the cost of home care services for individuals whose incomes exceed the maximum income on the scale. Box 1 provides an example of this formula.

Home care is also means-tested in Wallonia. There is a contribution scale with different rates per hour, depending on the beneficiary's income and household situation. The minimum contribution on the scale is 0.87 € per hour and the maximum contribution is 7.81 € per hour (Wallex, 2013, §361). The scale has 10 codes that relate to household situation. Generally, code 1 refers to individuals who live alone and code 2 refers to any two individuals who cohabitate (couples, siblings, etc.). However, code 1 also applies to individuals who cohabitate with other adults who are not their dependents and code 2 also applies to individuals with disabilities. Codes 3 to 10 refer to a couple or single adult raising one or more dependent children (Code number = 2 + number of dependents). For example, code 3 applies to couples or a single parent with 1 dependent child, code 4 applies to those with 2 dependent children, and code 5 to those with 3 dependent children. For those who live in households with more than 8 dependents (greater than code 10), a formula is applied the revise their income. Their hourly contribution rate is determined using the Code 10 rates and their revised income. Formula 2 provides details on how to calculate the contribution rate for those who live in households with more than 8 dependents and Box 2 provides an example of how this formula is applied. Details on the contribution scale can be found in Annex 42 of the Wallonia regulatory code for social action and health (Wallex, 2013a) and definitions of the codes, income, and who is considered to be a dependent can be found in (Public Service of Wallonia, 2014).

Home care is means-tested in Brussels. The price of home help services in Brussels is linked to the composition and income of the user's household. However, details of the means-test have not yet been identified.

Residential care and semi-residential benefits

These services are not means-tested in any of the three regions. However, nursing homes run by CPAS (Public Center for Social Action) give priority access to low-income households. Further details have not yet been identified.

Age requirement

No age requirement

Care needs assessment

Definition of dependence

Dependence is based on limits in activities of daily living (ADL) and cognition. ADLs are activities related to personal care used to assess independence, including bathing, dressing, and walking.

Home care benefits

Dependence definitions for home care benefits vary by region during this policy period —

- Flanders
  Individuals are defined as dependent (eligible for user discounts) if they score more than 13 points on the BelRAI Screener or 5.5 on the combined sum of the ADL and IADL modules of the BelRAI Screener.
- Wallonia
  For home-based personal care, individuals are defined as dependent if they fall under the categories of A, B, C, or Cd as assessed by the BESADL (Wallex, 2000). Details on the dependence categories for home care are found in Table 1.
- Brussels
  There is no scale to evaluate dependence for home care benefits. As such, there is no definition of dependence. However, residents of Brussels can access home care benefits in Flanders if they are affiliated with the Flemish Social Protection System.

Semi-residential care benefits

In semi-residential facilities, individuals are defined as dependent if they fall under categories F, Fd, or D as assessed by the BESADL (INAMI, 1996, §148bis). Details on the dependence categories for day care centers are found in Table 2.

Residential care benefits

In residential homes, individuals are defined as dependent if they fall under the categories of A, B, C, or Cd as assessed by the BESADL. In nursing homes, individuals are defined as dependent if they fall under the categories of B, C, or Cd (INAMI, 1996, §148-150). Details on the dependence categories for residential care centers are found in Table 1.

Evaluation of dependence

Home care benefits

- Flanders
  A social worker from the Family and Care Service conducts the dependence evaluation using the BelRAI Screener. Individuals who score at least 13 points total or at least 5.5 points on the IADL and ADL modules are considered to be in serious need of care and therefore are entitled to discounts on their home care fees. The evaluation is conducted at least once a year to assess if the beneficiary's needs have changed. Table 3 provides details on user discounts for home care in Flanders (Agentschap Zorg-en-gezondheid, 2022a).
- Wallonia
  A social worker, graduate social nurse, or graduate nurse specializing in community or public health from an approved SAFA (Assistance for Families and Seniors) conducts the dependence evaluation using the BESADL, which is the same scale used in residential care (Wallex, 2007).
- Brussels
  Specific information about the evaluation of dependence in Brussels during this period has not yet been identified.

Residential and semi-residential care benefits

The dependence evaluation is conducted using an eight-item scale called the BESADL, adapted from the Katz scale (Pacolet and De Wispelaere, 2018). It includes six items on functioning and two items on mental coherence and orientation. Each item is evaluated on a scale of 1 to 4 where 1 corresponds to full autonomy and 4 corresponds to complete loss of autonomy. Table 4 provides

details on the specific items and scores. The items in Table 4 are used to create the different dependence categories in Table 1, used in residential care centers and home care in Wallonia. For a given item, dependency status on a single item arises when an individual scores 3 (medium need of care) or 4 (full need of care). There are five dependence categories in the residential care center evaluation: O, A, B, C, and Cd. Category O indicates that an individual is completely independent while category C indicates that an individual is heavily dependent. Similar to category C, category Cd or "C Dementia" indicates that an individual has the same physical limitations as those in category C but they are also disoriented with regard to time and space.

Day care centers evaluate dependence using the same activities that are used in residential care centers. However, the categories are different. Table 2 provides details on the specific categories.

Evaluators

A doctor or nurse practitioner from the facility where the individual is receiving care completes the evaluation using the BESADL. For home care, such as personal care and household help, a social worker, graduate social nurse, or graduate nurse evaluates the individual's care needs, their family situation, their living situation, and any help they already receive. This visit is conducted at least once a year to adjust the care provided according to the changing care needs of the beneficiary. For home nursing, the nurse who will provide the care conducts a dependence evaluation.

Benefit limitations

Can you mix LTC benefits?

It is possible to mix benefits.

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

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

Can you receive LTC benefits with other social security benefits?

There are no limits on receiving in-kind benefits with other social security benefits.

User costs

User charges

LTC in-kind benefits are subject to copayment since the Federal Compulsory Health Insurance only covers specific services including nursing care and some personal care services. A service category is determined by a facility's: a) number of approved beds, b) overall dependence levels of its residents, c) staff composition, and d) the care recipient's own dependence level. This service category is then assigned a reimbursement rate by INAMI that varies across facilities based on their facility characteristics (a-c) and within a facility by dependence levels of new care recipients (d). Any supplementary services that are not covered by the Compulsory Health Insurance are covered out-of-pocket by the user or by complementary insurance. Box 3 provides information about complementary insurance including different contribution rates and services covered. INAMI manages a list of nomenclature codes in a database called Nomensoft, which includes what services qualify for partial or full reimbursement. The following services, among many others, are usually covered by the Federal Compulsory Health Insurance and therefore users do not have to pay out-of-pocket:

- Nursing care
- Speech therapy services
- Assistance with acts of daily living
- Assistance with any act of reactivation and social reintegration, including occupational therapy
- Care equipment
- Physiotherapy services
- Coordinating medical appointments

The following services, among many others, are usually not covered by the Federal Compulsory Health Insurance and therefore users do have to pay out-of-pocket:

- Cost of subscription and individual use of radio, television, internet, and telephone
- Dry cleaning
- Nutritional supplements
- Aesthetic care (pedicure, manicure, hair care)

- Ambulance fees

The dependent person is responsible for financing home care using their income and LTC cash benefits. However, in Flanders, individuals can receive a discount on their user contribution for certain home care services (personal care and domestic help) if they are heavily dependent individuals, defined as scoring at least 13 points on the BelRAI Screener or 5.5 on the combined sum of the ADL and IADL modules of the BelRAI Screener. Table 3 provides details on the user contribution discounts for home care that are available for heavily dependent individuals in Flanders. In Wallonia, individuals can access subsidized home care through approved services for helping families and the elderly (SAFA).

Taxation of benefits

Not subject to taxation

Chapter 2: Policy enacted 2014-2023

Policy change in 2014
The 6th State Reform transferred the responsibility of residential care, semi-residential care, and non-nursing home care services to the regions (Flanders, Wallonia, and Brussels). Home nursing remained a federal competency and therefore continued to be covered by the Federal Compulsory Health Insurance. There was a transitional period from 2014 to 2018 where INAMI regulations were still used to finance nursing homes, residential homes, and day care centers. Since 2019, LTC in-kind benefits besides home nursing are administered by the following:

- Flanders: Flemish Agency for Care and Health (VAZG) and The Flemish Social Protection System (Vlaamse Sociale Bescherming)
- Wallonia: The Agency for Quality Living (AViQ)
- Brussels: Iriscare

The age requirement to access LTC in-kind benefit services now differs according to the region. Moreover, the user charges also vary by region.

Overview

During this time period, the Belgian LTC System provides a wide range of in-kind benefits through home care, semi-residential care, and residential care primarily organized at the regional and local levels. Most benefits are targeted based on care needs but home care in all regions is also means-tested.

Following the 6th State Reform, all in-kind benefits except home nursing were no longer provided through the Federal Compulsory Health Insurance and INAMI. Rather, these services became a responsibility of the Regions (Flanders, Wallonia, and Brussels). In Flanders, it is a responsibility of The Flemish Agency for Care and Health (VAZG) and The Flemish Social Protection System (Vlaamse Sociale Bescherming or VSB). In Wallonia, it is the responsibility of The Agency for Quality Living (AViQ). In Brussels, it is mainly the responsibility of Iriscare. There was a transitional period from 2014 to 2018 where the benefits were still managed at the federal level as INAMI regulations were still used to finance residential and semi-residential facilities (INAMI, 2023). Besides the age requirement, most of the eligibility criteria are similar across regions. Individuals must still be affiliated with an insurance fund that is approved in their region and they must still pay a minimum contribution. Moreover, individuals must still satisfy a residence requirement. Nevertheless, user charges slightly vary by region, especially for home care. Any supplementary services that are not covered by the Regions are covered out-of-pocket by the user or by complementary insurance.

Dependency is evaluated through an eight-item scale, adapted from the Katz scale called the BESADL (Belgian Evaluation Scale for Activities of Daily Living), which includes items on functional and cognitive limitations. Each item is scored on a scale from 1-4 where 1 refers to no dependence and 4 refers to full dependence. For any item, dependency arises with a score of 3 (medium need of care) or 4 (full need of care). The minimum level of dependence differs between residential homes (Category A), nursing homes (Category B), and day care centers (Category F). The dependency evaluation is mainly conducted to determine reimbursement amounts and to ensure that individuals are placed in facilities that can cater to their care needs. It is not used to grant or deny access to a certain service. All three regions use the BESADL. For certain home care services in Flanders, dependency is also evaluated using the BelRAI Screener. From June 2021, the use of the BelRAI Screener becomes mandatory in the home care sector in Flanders. From June 2023, the BelRAI-HC instrument is used in home care and the BelRAI-LTCF is used in residential care (Flemish Government, 2023). The levels of dependence and eligibility thresholds have not been specified in legislation.

Home care is means-tested in all regions. Semi-residential care and residential care are not means-tested.

This chapter provides details on in-kind benefits of the Belgian LTC system following the 6th State Reform, which regionalized these services.

Statutory basis

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

Financing

Source of financing

After the 6th state reform the regions receive a subsidy from the federal government, which partially covers the costs of in-kind benefits, especially home care. Home nursing continues to be financed by INAMI through the Federal Compulsory Health Insurance.

Flanders

In-kind benefits are financed by the beneficiary, complementary insurance, and The Flemish Social Protection System (Vlaamse Sociale Bescherming), which is financed through user contributions and regional taxes. Box 3 provides information about complementary insurance including different contribution rates and services covered.

Wallonia

Besides home nursing, most in-kind benefits are financed through AViQ, the beneficiary, and complementary insurance.

Brussels

Besides home nursing, most in-kind benefits are financed through Iriscare, the beneficiary, and complementary insurance.

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

Covers care needs related to functional and cognitive impairments such as limitations in activities of daily living (ADL)

Eligible population

Flanders

An individual is eligible for in-kind benefits in Flanders if all of the following conditions are satisfied:

- Age requirement: At least age 65 (Vlaanderen, 2023)
- Residence requirement: Registered in the Belgian National Registry
- Insurance fund affiliation requirement: Must be affiliated with an insurance fund that is approved by the Flemish Social Protection System
- Contribution requirement: Pays the minimum contribution

Wallonia

An individual is eligible for in-kind benefits in Wallonia if all of the following conditions are satisfied:

- Age requirement: At least age 70 for residential care and short-stay centers, at least age 60 for day and night care centers, and under 65 when applying to receive help from an activities of daily living helper (although there are some exceptions in certain cases) (AVIQ, 2023a)
- Residence requirement: Belgian national or must have resided in Belgium for 5 years continuously
- Insurance fund affiliation requirement: Must be affiliated with an insurance fund that is approved by AViQ
- Contribution requirement: Pays the minimum contribution

Brussels

An individual is eligible for in-kind benefits in Brussels if all of the following conditions are satisfied:

- Age requirement: At least age 60 (Iriscare, 2023a)
- Residence requirement: Registered in the Belgian National Registry
- Insurance fund affiliation requirement: Must be affiliated with an insurance fund that is approved by Iriscare
- Contribution requirement: Pays the minimum contribution

Benefit

Home care benefit

Medical home care benefits include:

- Home nursing

Non-medical home care benefits in the regions include:

- Personal care (e.g., getting dressed, personal hygiene)
- Domestic assistance (e.g., house cleaning, meal preparation, laundry, minor repairs)
- Food delivery (e.g., Meals on Wheels)
- Assistance with outdoor travel (e.g., help with shopping, going to the post office)
- Subsidized security alarms
- Administrative procedures support

Semi-residential care

- Day care centers: facilities that provide LTC services for older adults who lack home care, usually because informal caregivers are unavailable during the day
- Service flats: facilities that provide non-permanent accommodation tailored to the specific needs of older adults who can no longer reside at home due to their condition
- Community care centers: facilities that aim to alleviate isolation by serving as meeting places for individuals over 55

Residential care

- Residential home (Maisons de repos pour personnes âgées - MRPA; Rustoorden voor bejaarden - ROB): facilities that provide nursing and hygiene services to individuals with mild to moderate limitations in their daily activities and/or in their cognitive abilities
- Nursing home (Maisons de repos et de soins - MRS; Rust- en verzorgingstehuizen - RVT): facilities that provide nursing and hygiene services to individuals who are heavily dependent but do not need permanent hospital care

Other benefits

- Guest care service (only in Flanders): A volunteer host family takes care of a person in need of care on certain days during the day, at night, or for several days in the family's own home. This service is targeted toward older people who do not need intensive care but are in need of companionship and help with ADLs.

Provision of care

LTC in-kind benefits are provided by accredited public, private non-profit, and private for-profit organizations. Home nursing is provided by nurses who may be assisted by a nursing assistant.

Benefit eligibility

Qualifying period

None

Minimum level of dependence

The minimum level of dependence varies by the type of institution. A scale with five categories of dependence (O, A, B, C, and Cd) is used in nursing and residential homes. Table 1 provides details on the scale used by INAMI to determine dependency in residential care centers. The minimum level of dependence in nursing homes is category B, which indicates limitations in either of the following combination of activities:

- Bathing, dressing, and moving and/or going to the toilet
- Bathing, dressing, and time and space orientation

The minimum level of dependence in residential homes is category A, which indicates limitations in either of the following combination of activities:

- Bathing and/or dressing
- Time and space orientation

Dependency in day care centers is evaluated using the same activities that are used to assess dependency in the residential care setting. However, the combinations slightly differ. Table 2 provides details on the scale used to determine dependency in day care

centers. The minimum level of dependence in these types of facilities is category F, which indicates limitations in bathing, dressing, and moving to or using the toilet. Information on dependency in other semi-residential facilities has not yet been identified.

Duration of benefit

The benefit lasts as long as the recipient is eligible.

Means testing

Means testing varies by service and region.

Home care benefits

Home care is means-tested in Flanders. There is a contribution scale with different services and rates per hour, depending on the beneficiary's income and household situation. The scale has 14 codes that relate to household situation. Code 1 is assigned to individuals who live alone. All other cases are assigned a code 2. Additional points are added under the following conditions:

- An additional point for each adult who lives with the beneficiary and has no income of their own (excluding the beneficiary's partner)
- An additional point for every child who lives with the beneficiary and has no income of their own and for every child in boarding school or placed in an institution that the parents are financing
- An additional point for an unborn child from 6 months of pregnancy
- An additional point for every person with a disability or who is incapable of working (including the beneficiary)

For individuals whose income exceeds the maximum amount of the scale (the maximum income of Code 14), their contribution is calculated through a specific formula. Details on the contribution scale can be found in Annex I of the Ministerial Decree of July 26, 2001 and Formula 1 provides details on how to calculate the cost of home care services for individuals whose incomes exceed the maximum income on the scale. Box 1 provides an example of this formula.

Home care is also means-tested in Wallonia. There is a contribution scale with different rates per hour, depending on the beneficiary's income and household situation. The minimum contribution on the scale is 0.87 € per hour and the maximum contribution is 7.81 € per hour. The scale has 10 codes that relate to household situation. Generally, code 1 refers to individuals who live alone and code 2 refers to any two individuals who cohabitate (couples, siblings, etc.). However, code 1 also applies to individuals who cohabitate with other adults who are not their dependents and code 2 also applies to individuals with disabilities. Codes 3 to 10 refer to a couple or single adult raising one or more dependent children (Code number = 2 + number of dependents). For example, code 3 applies to couples or a single parent with 1 dependent child, code 4 applies to those with 2 dependent children, and code 5 to those with 3 dependent children. For those who live in households with more than 8 dependents (greater than code 10), a formula is applied the revise their income. Their hourly contribution rate is determined using the Code 10 rates and their revised income. Formula 2 provides details on how to calculate the contribution rate for those who live in households with more than 8 dependents and Box 2 provides an example of how this formula is applied. Details on the contribution scale can be found in Annex 42 of the Wallonia regulatory code for social action and health (Wallex, 2018) and definitions of the codes, income, and who is considered to be a dependent can be found in (Public Service of Wallonia, 2014).

Home care is means-tested in Brussels. The price of home help services in Brussels is linked to the composition and income of the user's household. However, details of the means test have not yet identified.

Residential care and semi-residential benefits

These services are not means-tested in any of the three regions. However, nursing homes run by CPAS (Public Center for Social Action) give priority access to low-income households. Further details have not yet been identified.

Age requirement

There are differences in age requirement by region:

- Brussels: At least age 60
- Wallonia: At least age 70 for residential care, 60 for semi-residential care, and under 65 when applying for help from an ADL helper
- Flanders: At least age 65

Care needs assessment

Definition of dependence

Dependence is based on limits in activities of daily living (ADL) and cognition. ADLs are activities related to personal care used to assess independence, including bathing, dressing, and walking.

Home care benefits

Dependence definitions for home care benefits vary by region during this policy period:

- Flanders
  Individuals are defined as dependent (eligible for user discounts) if they score more than 13 points on the BelRAI Screener or 5.5 on the combined sum of the ADL and IADL modules of the BelRAI Screener.
- Wallonia
  For home-based personal care, individuals are defined as dependent if they fall under the categories of A, B, C, or Cd as assessed by the BESADL. Details on the dependence categories for home care are found in Table 1 (Wallex, 2021).
- Brussels
  There is no scale to evaluate dependence for home care benefits. As such, there is no definition of dependence. However, residents of Brussels can access home care benefits in Flanders if they are affiliated with the Flemish Social Protection System.

Semi-residential care benefits

In semi-residential facilities, individuals are defined as dependent if they fall under categories F, Fd, or D as assessed by the BESADL (INAMI, 1996, §148bis). Details on the dependence categories for day care centers are found in Table 2.

Residential care benefits

In residential homes, individuals are defined as dependent if they fall under the categories of A, B, C, or Cd as assessed by the BESADL (INAMI, 1996, §148). In nursing homes, individuals are defined as dependent if they fall under the categories of B, C, or Cd. Details on the dependence categories for residential care centers are found in Table 1.

Evaluation of dependence

Home care benefits

- Flanders
  A social worker from the Family and Care Service conducts the dependence evaluation using the BelRAI Screener. Individuals who score at least 13 points total or at least 5.5 points on the IADL and ADL modules are considered to be in serious need of care and therefore are entitled to discounts on their home care fees. The evaluation is conducted at least once a year to assess if the beneficiary's needs have changed. Table 3 provides details on user discounts for home care in Flanders (Agentschap Zorg-en-gezondheid, 2022a).
- Wallonia
  A social worker from an approved SAFA (Assistance for Families and Seniors) conducts the dependence evaluation. During this visit, the social worker will assess the beneficiary's needs, the family situation, and income (Agence pour une Vie de Qualité, 2021). The beneficiary's needs are evaluated using the BESADL, which is the same scale used in residential care (Wallex, 2021).
- Brussels
  There is no assessment of dependence but rather a social report that is completed by a social worker or staff from mutual insurance companies. This report asks about family situation, including information about family members with disabilities, monthly income, health expenditures, and a subjective assessment of the beneficiary's situation and support needed (Iriscare, 2023).

Residential and semi-residential care benefits

The dependence evaluation is conducted using an eight-item scale called the BESADL, adapted from the Katz scale (Pacolet and De Wispelaere, 2018). It includes six items on functioning and two items on mental coherence and orientation. Each item is evaluated on a scale of 1 to 4 where 1 corresponds to full autonomy and 4 corresponds to complete loss of autonomy. Table 4 provides details on the specific items and scores. The items in Table 4 are used to create the different dependence categories in Table 1, used in residential care centers. For a given item, dependency status on a single item arises when an individual scores 3 (medium need of care) or 4 (full need of care). There are five dependence categories in the residential care center evaluation: O, A, B, C, and Cd. Category O indicates that an individual is completely independent while category C indicates that an individual is heavily dependent. Similar to category C, category Cd or "C Dementia" indicates that an individual has the same physical limitations as those in category C but they are also disoriented with regard to time and space.

Day care centers evaluate dependence using the same activities that are used in residential care centers. However, the categories are different. Table 2 provides details on the specific categories.

Note: The use of the BelRAI became mandatory in the home care and residential care sectors in Flanders on June 1, 2023. The BelRAI-HC instrument is used in home care and the BelRAI-LTCF is used in residential care (Flemish Care and Health Agency, 2023). However, levels of dependence and eligibility thresholds have not been specified in legislation.

Evaluators

A doctor or nurse practitioner from the facility where the individual is receiving care completes the evaluation using the BESADL. For home care, such as personal care and household help, a social worker, graduate social nurse, or graduate nurse evaluates the individual's care needs, their family situation, their living situation, and any help they already receive. This visit is conducted at least once a year to adjust the care provided according to the changing care needs of the beneficiary. For home nursing, the nurse who will provide the care conducts the dependence evaluation.

Benefit limitations

Can you mix LTC benefits?

It is possible to mix benefits.

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

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

Can you receive LTC benefits with other social security benefits?

There are no limits on receiving in-kind benefits with other social security benefits.

User costs

User charges

User charges vary by service and region.

Home care benefits

- Flanders: Home care services that are not covered by the individual's mutual insurance company must be covered by the dependent person using their income and LTC cash benefits if eligible. However, heavily dependent individuals are eligible for user discounts. Table 5 provides details on pricing and Table 3 provides details on user discounts.
- Wallonia: Home care services that are not covered by the individual's mutual insurance company must be covered by the dependent person using their income and LTC cash benefits if eligible. However, if they receive help from an approved service for helping families and seniors (SAFA: aide aux familles et aux aînés), they pay a financial contribution that ranges from 0.87 € to 7.81 € per hour. The contribution amount varies depending on the beneficiary's income and household situation and is determined by a scale published by Wallonia. Moreover, 10% is added to the financial contribution to cover the travel expenses of the caregivers. The scale is available in Annex 42 of the Wallonia regulatory code for social action and health (Wallex, 2018).
- Brussels: Home care services that are not covered by the individual's mutual insurance company must be covered by the dependent person using their income and LTC cash benefits if eligible.

Semi-residential care benefits and residential care benefits

- Flanders: Services not covered by Flemish Social Protection or the individual's mutual insurance company must be paid for out-of-pocket by the user. Similar to INAMI and the nomenclature codes, The Flemish Care and Health Agency (Zorg en Gezondheid) manages a list of performance codes (prestatiecodes), which are included in the beneficiary's invoice and determine what is reimbursed by the Flemish Social Protection. In residential care centers and nursing homes, individuals usually pay a daily fee which includes costs related to their accommodation, food, laundry, entertainment, etc. In semi-residential centers such as day care centers, individuals usually pay a financial contribution for the day or half the day which covers services such as the preparation and distribution of meals and snacks (Zorg-en-gezondheid, 2022).
- Wallonia: Services not covered by AViQ or the individual's mutual insurance company must be paid for out-of-pocket by the user. In residential care centers and nursing homes, individuals usually pay a daily fee which includes supplementary costs related to their accommodation, such as food, laundry, and entertainment. In semi-residential centers such as day

care centers, individuals usually pay a financial contribution for the day or half the day which covers services such as the preparation and distribution of meals and snacks.

- Brussels: Services not covered by Iriscare or the individual's mutual insurance company must be paid for out-of-pocket by the user. Similar to INAMI's Nomensoft database, Iriscare has a database called Nomiris, which determines what services are reimbursed by Iriscare. In residential care centers and nursing homes, individuals usually pay a daily fee which includes supplementary costs related to their accommodation, such as food, laundry, and entertainment. In semi-residential centers such as day care centers, individuals usually pay a financial contribution for the day or half the day which covers services such as the preparation and distribution of meals and snacks (Iriscare, 2022).

Taxation of benefits

Not subject to taxation

Tables and Formulas

Table 1: BESADL Disability Scale Used by INAMI to Determine Dependency (Dependence Categories)

Category	Level of physical dependence		Level of mental dependence
O	No dependence	AND	No dependence
A	Dependent in bathing and/or dressing	OR	Disoriented in time and space, but physically independent
B	Dependent in bathing and dressing, AND dependent in moving and/or going to the toilet	OR	Disoriented in time and space, AND dependent in bathing and/or dressing
C	Dependent in bathing and dressing, AND dependent in moving and going to the toilet AND dependent for incontinence and/or eating	AND	No dependence
Cd	Dependent in bathing and dressing, AND dependent in moving and going to the toilet AND dependent in incontinence and/or eating	AND	Disoriented in time and space

Source: INAMI (1996)

Table 2: Disability Scale Used to Determine Dependency in Day Care Centers

Category	Physical dependence		Mental dependence
F	Dependent in bathing and dressing, AND dependent for moving and/or going to the toilet	AND	No dependence
Fd	Dependent in bathing and/or dressing	AND	Disoriented in time and space
D			Diagnosed as suffering from dementia following a specialized diagnostic assessment of dementia carried out by a doctor specializing in neurology, geriatrics, or psychiatry

Source: INAMI (1996)

Formula 1: Home Care Means-Test in Flanders

$$HC_{i,t} = C_t + \left(\frac{R_{i,t} - HI_{i,t}}{HI_{i,t} - PI_{i,t}} \right) \times 0.10$$

- $HC_{i,t}$ = Individual's i's hourly contribution at time t
- C_t = Contribution corresponding to those with the highest income at time t
- $R_{i,t}$ = Individual's i's monthly income at time t
- HI_t = Highest income on the scale for a given code at time t
- PI_t = Second highest income on the scale for a given code at time t

Source: Agentschap Zorg-en-gezondheid (2014)

Notes:

- Qualifying income includes professional income, movable income (interest on invested capital, shares, bonds, etc.), income from inmovable property, and social benefits (all types of replacement income and social benefits) of the individual in need of care and any members who live in the same house. The Flanders Care Budget and the APA are not considered in the means test.
- Information on the contribution scale is found in Annex I of The Ministerial Decree of 26 July 2001 establishing the contribution system for the user of family care in 2014. A more recent scale has not been identified. Information on the formula is found in the Flemish Agency for Care and Health website under "Formule voor de extrapolatie van de gebruikersbijdrage" (Formula for extrapolation of the user contribution).

Box 1: Example of Flanders Home Care Contribution for Incomes Above the Maximum Income on the Scale

In January 2023, suppose Victor lives alone, does not have disability, and is capable of working. This places him in Code 1. His monthly income is 3,000 €, which is higher than the maximum income provided in the scale for Code 1 (2,772 €). Given this information, we calculate Victor's contribution using the following equation:

$$HC_{i,t} = 14.14 + \left(\frac{3,000 - 2,772}{2,772 - 2,754} \right) \times 0.10 = 15.41$$

- $HC_{i,t}$ = Individual's i's hourly contribution at time t
- C_t = Contribution corresponding to those with the highest income on the scale at time t = 14.14
- $R_{i,t}$ = Individual's i's monthly income at time t = 3,000
- HI_t = Highest income on the scale for a given code at time t = 2,772
- PI_t = Second highest income on the scale for a given code at time t = 2,754

Victor's hourly contribution rate is determined using the highest contribution rate on the scale (14.14 €) and the highest and second highest incomes under Code 1 (2,772 € and 2,754 €). Using the contribution scale which can be found in Annex I of The Ministerial Decree of July 26, 2001 establishing the contribution system for the user of family care in 2014, we determine that Victor's hourly contribution rate is 15.41 €.

Source: Agentschap Zorg-en-gezondheid (2014)

Formula 2: Home Care Means-Test in Walloon

$$RI_{i,t} = I_{i,t} - (C_{i,t} - 10) * 74.37€)$$

- $RI_{i,t}$ = Individual's i's revised monthly income at time t
- $I_{i,t}$ = Individual's i's monthly income at time t
- $C_{i,t}$ = Individual's i's code at time t

Source: Public Service of Wallonia (2014) and Wallex (2018)

Notes:

- This formula is used to revise the income of individuals who live in households with more than 8 dependents (greater than code 10). Their hourly contribution rate is determined using the Code 10 rates and their revised income.
- Qualifying income includes professional income, movable property, real estate, social benefits, miscellaneous allowances, accident benefits, life insurance, alimony received, etc. The income of dependent children is not considered and for other non-dependent household members, a third of their income is considered. Family allowances, childbirth allowances, and the Personal Assistance Budget are not considered in the means-test.
- Box 1 provides an example of how this formula is applied

Box 2: Example of Walloon Home Care Contribution for Codes above 10

In January 2023, suppose Louise and her husband live in a household with 9 dependents placing her in Code 11 (2 + n dependents where n = 9). Their monthly income is 2,500 €. Given this information, we calculate Louise's revised income using the following equation:

$$RI_{i,t} = 2,500 - \big((11 - 10) \times 74.37)\big) = 2,425.63$$

- $RI_{i,t}$ = Individual's i's revised monthly income at time t
- $I_{i,t}$ = Individual's i's monthly income at time t = 2,500
- $C_{i,t}$ = Individual's i's code at time t = 11

Louise's hourly contribution rate is determined using the Code 10 rates and her revised income of 2,425.63 €. Using the contribution scale which can be found in Annex 42 of the Walloon regulatory code for social action and health (Wallex, 2018) we determine that Louise's hourly contribution rate is 6.59 €. Definitions of the codes and who is considered to be a dependent can be found in (Public Service of Wallonia, 2014).

Source: Public Service of Wallonia (2014) and Wallex (2018)

Table 3: User Contribution Discounts for Home Care in Flanders

Category	Discount
Heavily in need of care	0.65 € per hour
Heavily dependent on care and more than one year of uninterrupted care	0.90
Heavily dependent on care and at least 60 hours of care per month	1.00
Heavily dependent on care, more than one year of continuous care, and at least 60 hours of care per month	1.25

Source: Agentschap Zorg-en-gezondheid (2022a)

Notes:

- An individual is considered to be heavily in need of care if they score at least 13 points on the BelRAI Screener or 5.5 on the combined sum of the ADL and IADL modules of the BelRAI Screener.
- This discount only applies to care and domestic help, not to cleaning services and help with chores.

Table 4: BESADL Disability Scale Used by INAMI to Determine Dependency (Items and Scores)

Criteria	Score 1	Score 2	Score 3	Score 4
Bathing	Able to bathe him/herself without help	Needs assistance in bathing above or below the waist	Needs assistance in bathing above and below waist	Must be fully supported in bathing
Dressing	Able to dress and undress without help	Needs assistance to dress above or below the waist (excluding laces)	Needs assistance to dress above and below the waist	Must be fully supported in dressing above and below the waist
Moving and transferring	Autonomous in moving and transferring without help or appliances	Autonomous in moving and transferring, using appliances	Needs help for at least one move or transfer	Bedridden or in wheelchair, fully dependent to move and transfer
Using the toilet	Able to use the toilet, including (un)dressing and cleaning, without help	Needs help for one among: going to the toilet, dressing, cleaning	Needs help for two among: going to the toilet, dressing, cleaning	Needs help going to the toilet, dressing, and cleaning
Continence	Able to retain urine and stool	Accidentally incontinent for urine or stool (including patients with urinary catheter or artifical anus)	Incontinent for urine or stool	Incontinent for urine and stool
Eating	Can eat and drink without any help	Needs some help to eat or drink	Often needs help to eat or drink	Must be fully supported to eat or drink
Orientation in time	No limitations	Seldom problems	Frequent problems	Completely disoriented
Orientation in space	No limitations	Seldom problems	Frequent problems	Completely disoriented

Source: Van Den Bosch et al. (2011)

The following conditions determine the score in each item —

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

Box 3: Complementary Insurance

Complementary insurance can be purchased independent of the Federal Compulsory Health Insurance. Mutual insurance funds (mutualités) have different premium rates as they determine their own rates and the associated benefits. For example, in 2023, Mutualité Chrétienne's monthly premium for complementary insurance is 13.75€ per person compared to Solidaris Wallonie that has a monthly premium for complementary insurance of 15.50€ per person. Both complementary insurances cover a wide range of services. For example, complementary insurance under Mutualité Chrétienne fully or partially covers the following LTC services, among many other services:

- Short-term respite care
- Home hygiene care (e.g. bathing services or help with using the toilet from a family helper)
- Home equipment (e.g. incontinence equipment)

Similarly, complementary insurance under Solidaris Wallonie fully or partially covers the following LTC services, among many other services:

- Meal delivery services
- Social household help
- Home equipment (e.g. incontinence equipment)

Source: Solidaris Wallonie (2023a, 2023b) and Mutualité Chrétienne (2023a, 2023b)

Table 5: Home Care User Contributions in Flanders

Help Type	Provider	Price
Personal care (e.g., bathing, dressing) and domestic help (e.g., cooking, cleaning, ironing, shopping)	Family care services	Price per hour, depending on income, family composition, and applicable user discounts (provided in Table 3)
Cleaning (e.g., dust removal, vacuuming, mopping) and chore help	Family care services or logistic assistance services	Price per hour, depending on income and family composition
Guest care	Guest care services	Maximum 2.99 € per hour
Home nursing	Home nursing services	Depending on the service

Source: Agentschap Zorg-en-gezondheid (2022b)

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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.

Complementary insurance (Assurance Complémentaire): Supplementary insurance that can be purchased independent of the Federal Compulsory Health Insurance. It is a complementary health insurance scheme taken out by individuals to supplement the compulsory health insurance coverage and pay for out-of-pocket costs.

Dependence Categories F, Fd, and D: Dependence categories used in day care centers based on BESADL, which are different than the ones used in residential care. F indicates dependence in bathing and dressing as well as in moving and/or going to the toilet. Fd indicates dependence in bathing and/or dressing and being disoriented in time and space. D is used to indicate individuals who have dementia.

Federal Compulsory Health Insurance System: All Belgian citizens and residents are required by law to have health insurance. Individuals become affiliated to a mutual insurance company by paying the minimum contribution, which partially or fully covers a range of services, including long-term care services. Services that are covered are reimbursed by The National Institute for Sickness and Disability Insurance (Institut National d'Assurance Maladie-Invalidité or INAMI).

Home nursing: Nursing and/or personal care provided at the beneficiary's home by a nurse practitioner.

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.

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.

The Agency for Quality Living (AVIQ): An organization in Walloon that 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 Belgian Evaluation Scale for Activities of Daily Living (BESADL): A scale used to assess dependency for in-kind benefits. It is adapted from the Katz scale.

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.

The National Institute for Sickness and Disability Insurance (INAMI: Institut national d'assurance maladie-invalidité): A federal social security institution in Belgium that administers health insurance and disability benefits including reimbursements and price setting.

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

Belgium Lex. Available in Dutch, German, and French. 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