GATEWAY TO GLOBAL AGING DATA

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Gateway Policy Explorer: Long-Term Care Series

France

Long-Term Care In-Kind Benefit Plan Details

1997-2022

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Version: 1.1 (May 2024)

This project is funded by the National Institutes of Health, National Institute of Aging, R01 AG030153.

Please cite as "Gateway to Global Aging Data (2024). *Gateway Policy Explorer: France, Long-Term Care In-Kind Benefit Plan Details, 1997-2022*, Version: 1.1 (May 2024), University of Southern California, Los Angeles. https://doi.org/10.25553/gpe.ltc.kb.fra"

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*.

France

In-Kind Benefits

Plan details 1997-2022 * †

The French long-term care system (LTC) supports dependent older adults through in-kind benefits for home care and care provided in residential institutions (institutional care). The Specific Dependence Benefit (*Prestation Specifique Dependance - PSD*) was introduced in 1997 to partially reimburse the care expenses of dependent older adults. The Home-Helper (*Aide ménagère a domicile - AMD*) provides assistance with household tasks.

Assessment of care needs based on applicant dependence status determines an approved care level. Based on approved care levels, persons may receive in-kind benefits, up to a maximum benefit level.

As of 2002, the Personalized Autonomy Allowance (*Allocation Personnalisée d'Autonomie - APA*) replaced PSD. Since its introduction, APA has been subject to one major policy reform that expanded APA accessibility for the low-income population.

Key Dates

First law: 1997

Major changes since 1997: 2002

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 1997-2001

Overview

The French long-term care system (LTC) supports dependent older adults through three main types of in-kind benefits for home and institutional care: the Specific Dependency Benefit, the Home-Helper benefit, and institutional care.

Specific Dependency Benefit (Prestation Spécifique Dépendance - PSD)
Law 97-60, enacted January 24, 1997 and effective from 1997, introduced the PSD, which is an allowance for LTC-related expenses. PSD can be used to finance home or institutional care and is provided by *Départements*. Départements are local government authorities with an intermediary role between regions and municipalities. PSD is financed through taxes and the *estate recovery provision* (obligation alimentaire), by which local authorities recover PSD costs from beneficiaries' assets after death. PSD is calculated according to a beneficiary's financial situation and dependency level.

A medical team from an applicant's local Département performs an assessment of care needs. Applicants can be classified into one of six dependence levels (GIRs), with GIR 6 indicating the lowest level of care needed and GIR 1 indicating the highest and most intensive level of care needed. French residents aged 60 or older who are classified as GIR 1 through 3 are entitled to receive PSD benefits.

Home-Helper benefit (Aide-ménagère à domicile - AMD)
AMD was introduced in 1953 to assist older adults with household tasks. People aged 55 or older who are not receiving PSD benefits are eligible for AMD. AMD is provided by Départements or pension funds. It is financed by tax revenues and contributions to the pension funds.

Institutional care
Institutional care was introduced in France in 1800. As of 1997, dependent older adults receive institutional care in:

- Retirement homes (Maisons de retraite)
- Residential accommodations (Logements-foyers)
- Long-term care units (Unités de soins de longue durée - USLD)

Law 97-60 introduced Residential Institutions for Dependent Elderly (Etablissement d'Hébergement pour Personnes Âgées Dépendantes - EHPAD) to categorize institutions providing care to dependent older adults. As of 1999, retirement homes and residential accommodations offering medical care (e.g., skilled nursing) and personal care could become EHPADs. These institutions generally qualified as an EHPAD after signing a tripartite agreement with the competent health insurance authority and with the facility's local General Council of the Département. This agreement provided the institution with EHPAD status and the right to accommodate dependent older adults. EHPADs are nursing homes that provide day care, short-term stay and permanent accommodation, while USLDs are long-term care units, usually located in hospitals, that provide constant care. EHPADs and USLDs can be public, for-profit or non-profit organizations. Dependent people aged 60 years or older are eligible for care from EHPADs and USLDs. EHPADs and USLDs are financed by national and local general revenue, national government social assistance programs, and out-of-pocket payments.

Given the difficulty in finding information about retirement homes and residential accommodation prior to the EHPAD reform in 1999, institutional care information included in this document concerns LTC services provided by EHPADs and USLDs from 1999 onward.

Reforms during this period include:

- Decree 99-316, enacted April 26, 1999 and effective from 1999, which established EHPADs and regulated their pricing and financing

Statutory basis

PSD
Loi N. 97-60 du 24 janvier 1997 tendant, dans l'attente du vote de la loi instituant une prestation d'autonomie pour les personnes âgées dépendantes, à mieux répondre aux besoins des personnes âgées par l'institution d'une prestation spécifique dépendance - Specific Dependency Benefit Law , as of January 24, 1997.

AMD
Code de l'action sociale et des familles, Partie législative (Articles L111-1 à L591-1) - Family and Social Action Code (CASF):

- Livre I, Titre I, Chapitre III: Personnes âgées. (Articles L113-1 à L113-4) - Book I, Title I, Chapter III: Elderly people (Articles L113-1 to L113-4)
- Livre II, Titre III: Personnes âgées (Articles L231-1 à L233-6), Chapitre Ier: Aide à domicile et accueil. (Articles L231-1 à L231-6) - Book II, Title III, Chapter I: Home-help and reception (Articles L231-1 to L231-6)

Institutional care

- *Loi N. 97-60 du 24 janvier 1997 tendant, dans l'attente du vote de la loi instituant une prestation d'autonomie pour les personnes âgées dépendantes, à mieux répondre aux besoins des personnes âgées par l'institution d'une prestation spécifique dépendance* - Specific Dependency Benefit Law , as of January 24, 1997.
- Code de l'action sociale et des familles, Partie législative - Family and Social Action Code (CASF):
  - Articles D312-155-0 to D312-159-2
  - Article L311-4
  - Article D311
  - Article L314-2
  - Articles L232-8 to L232-11

Financing

Source of financing

PSD

PSD is financed through taxes and the estate recovery provision, by which Départements recover PSD costs from beneficiaries if the net value of their assets after death exceeds 300,000 F (45,734.71 €). This policy applies if PSD benefits received by the beneficiaries exceeds 5,000 F (as of 2000; 5,000F was 762.25€).

AMD

AMD is financed by tax revenues and contributions to pension funds.

Institutional care

Institutional care is financed by national and local general tax revenue, national government social assistance programs, and beneficiary copayments and deductibles.

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

PSD

An individual is eligible for PSD benefits if they satisfy all of the following conditions:

- Age requirement: Age 60 or older
- Residency/citizenship requirements: Resident of France; no citizenship requirement
- Resource requirement: Monthly income, including PSD, below 6,387 F (973.64 €, as of 2001) for singles, and 10,644 F (1,622.73 €, as of 2001) for couples —See Table 1 for resource requirement limits from 1998 to 2001

AMD

An individual is eligible for AMD benefits provided by Départements if they satisfy all of the following conditions:

- Age requirement: Age 65 or older, or at least 60 years of age for people unable to work
- Resource requirement: Monthly income less than the Supplementary Allowance for the Elderly (Allocation Supplémentaire - AS) resource limit —As of 1997, this threshold was 3,516.08 F for singles, and 6,158.83 F for couples; historical values are available in Table 2
- Other requirements: Not eligible for PSD

An individual is eligible for AMD benefits provided by pension funds if they satisfy all of the following conditions:

- Age requirement: Age 55 or older
- Resource requirement:
  - Receiving old-age pension benefit from Caisse Nationale d'Assurance Vieillesse (CNAV)

        - For information on this system, please consult documentation on France's Own Old-Age Benefit in the Gateway Policy Explorer's Retirement Series (Gateway to Global Aging Data, 2023)
    - Monthly income exceeding the Supplementary Allowance for the Elderly (Allocation Supplémentaire - AS) resource limit —As of 1997, this threshold was 3,516.08 F for singles, and 6,158.83 F for couples; historical values are available in Table 2
- Other requirements: Not eligible for PSD

Institutional care

People aged 60 or older are eligible for institutional care.

Benefit

Home care benefit

PSD

PSD to finance home care services (known as PSD-at-Home) is determined by the beneficiaries' dependence level (GIR) and their financial situation, including resources of their spouse or legal partner. Dependent people classified as GIR 1 to 3 are entitled to receive PSD to finance their home or institutional care.

PSD-at-Home benefits are calculated taking into consideration:

- An income ceiling —as of 2001, 5,211 F per month for singles, and 9,468 F for couples
- A maximum benefit value, which is based on the *monthly third party benefit increase* (Majoration pour tierce personne - MTP) —as of 2001, 5,882 F; historical MTP values are provided in Table 3

The PSD calculation for single individuals is provided in Formula 1 and for couples in Formula 2.

PSD-at-Home benefits are paid directly to the dependent person. Départements regularly check whether beneficiaries use PSD in compliance with the legal provision.

AMD

AMD provides at-home assistance with personal care in the following tasks:

- Housing and linen maintenance
- Toileting
- Help getting up and going to bed
- Shopping assistance
- Meal preparation and eating
- Social life activities

AMD is paid:

- Directly to the home care service provided by Départements or pension fund
- Directly to beneficiaries, if:
    - There is no AMD service in their municipality
    - They prefer to hire a private caregiver

Semi-residential care

PSD

PSD-at-Home provides partial coverage for semi-residential care in EHPADs. Prices for semi-residential care in EHPADs are set annually by the Départmental Council for each institution.

AMD

AMD does not provide semi-residential care.

Institutional care

Day care and short-term stays in Residential Institutions for Dependent Elderly are provided through EHPADs.

Residential care

PSD

PSD benefits help finance institutional care (known as PSD-in-institutions). The amount of these benefits depend on:

- The beneficiary's income
- A *dependency rate* —a price for institutional services based on a beneficiary's dependency level

We are currently unable to identify sources that provide precise information on how PSD-in-institutions benefits are determined based on these criteria.

AMD

AMD does not provide residential care.

Institutional care

- Residential Institutions for Dependent Elderly (EHPAD)
- Long-term care units (USLD)

Provision of care

PSD

PSD is provided by Départements.

AMD

AMD is provided by Départements and pension funds.

Institutional care

Residential care is provided by private, public and nonprofit organizations.

Benefit eligibility

Qualifying period

No qualifying period.

Minimum level of dependence

There are 6 levels of dependence (GIRs) according to the degree of care needed. The lowest level of dependence is GIR 6, in which applicants are considered independent in ADLs. GIRs are described in Table 4.

PSD

The lowest level of dependence qualifying for PSD is GIR 3. At this dependency level applicants cannot live independently and require partial care with ADLs.

AMD

The minimum level of dependence qualifying for AMD is GIR 6.

Institutional care

The minimum level of dependence qualifying for care in institutions is GIR 6.

Duration of benefit

Benefits have an unlimited duration as long as entitlement conditions are satisfied.

Means testing

PSD

PSD allowances were means-tested. Details of how means-testing was applied in PSD are not known at this time.

AMD

Means-testing does not apply.

Institutional care

Means-testing does not apply.

Age requirement

PSD

Age 60 and older

AMD

Age 55 and older

Institutional care

Age 60 and older

Care needs assessment

Definition of dependence

Dependent older adults are defined by law as "people whose health and wellbeing require constant monitoring and assistance to perform activities of daily living (ADL)." The Autonomie Gerontologique-Groupes Iso-Ressources (AGGIR) grid is the national standardized instrument aimed at determining older adults' dependency levels (Table 4). The AGGIR grid distinguishes 6 levels of dependence (Groupe Iso Ressources - GIRs). The lowest level of dependence is GIR 6. GIR 1 represents the highest level of dependence. GIRs are defined as:

- GIR 1: Bedridden or people confined to a chair, with severe mental impairments, needing constant care
- GIR 2: People with one of the following conditions:
  - Bedridden or people confined to a chair, with mental impairments, needing assistance in most ADLs
  - People with mental impairments but with no serious limitation in mobility and personal care
- GIR 3: People with no mental impairments, needing assistance several times a day in ADLs (mostly for hygiene and toileting) but not requiring constant monitoring
- GIR 4: People with one of the following conditions:
  - People with transferring limitations, but once up can move around indoors. They usually need help with washing and dressing, and the majority eat independently
  - People with no mobility or transferring limitations, needing assistance with other ADLs, eating included
- GIR 5: People requiring occasional monitoring and assistance, mainly needing household help
- GIR 6: People independent in ADLs

Evaluation of dependence

LTC systems use the AGGIR grid for dependency evaluation. The AGGIR grid is a 2-step evaluation system:

- Step 1: Care variables evaluation
- Step 2: Classification of dependency level (GIR)

Step 1 evaluates two sets of variables, called *discriminatory* and *illustrative* variables. Discriminatory variables are used in Step 2 for dependency classification. There are 10 discriminatory variables, of which:

- 6 relate to physical impairment and difficulties in ADLs —toileting, dressing, feeding, elimination, mobility inside and outside the house, and distance communication
- 2 relate to psychological deficits —coherence and orientation
- 2 relate to IADLs —outdoor movement and distance communication

See Table 5 for a description of discriminatory variables.

Illustrative variables evaluate limitations in IADLs, namely: management, cooking, housekeeping, transportation, purchases, medical treatment, and leisure activities. They are not used for dependency classification; their evaluation is only used to develop a care plan. See Table 6 for description of illustrative variables.

A modality (modalité) is assigned to each discriminatory variable according to applicants' level of dependence in performing the specific task, i.e.:

- A (independent)
- B (partially dependent)
- C (dependent)

As a second step, the AGGIR algorithm provides GIRs classification according to eight evaluation groups:

- Group A: Table 7
- Group B: Table 8
- Group C: Table 9

- Group D: Table 10
- Group E: Table 11
- Group F: Table 12
- Group G: Table 13
- Group H: Table 14

Group A is evaluated first: a value is assigned to each discriminatory variable on the basis of its modality (modality A, implying independence, is excluded from evaluation). Values are summed to obtain a final score. The final score is then classified into ranks, each of them corresponding to one of the six GIRs. If the value of the final score is not included in one of the Group A ranks, then Group B is evaluated. This process continues from Group A to Group H until the value of the final score matches into one of the ranks of the group under evaluation. Each evaluation group has unique ranks, each of them corresponding to one of the six GIRs (Table 15).

PSD

After applicants submit an application to their local Département, a medical team evaluates their level of dependence (GIR) according to the AGGIR grid. A personalized care plan is offered to applicants classified as GIR 1 to 3. The care plan includes the level of care needed and care-related expenses. GIR level determines the PSD benefit amount.

AMD

After applicants submit an application, a medical team of their local Département or pension fund performs a care assessment to evaluate the level of dependence according to the AGGIR grid. Applicants classified as GIR 4 to 6 receive a care plan indicating the level of AMD needed.

Institutional care

After applicants apply to residential institutions, a medical team from the facility evaluates the level of dependence according to the AGGIR grid. Based on the results of this evaluation, applicants receive a care plan, including care-related expenses. The care assessment is validated by doctors of the Départemental council and regional health agency of residence.

Evaluators

PSD

Care assessment is carried out by a medical team from the local Département.

AMD

Care assessment is carried out by a medical team from the local Département or an applicant's pension fund.

Institutional care

Care assessment is carried out by a medical team from the care facility. A care assessment in an EHPAD is performed by the institution's coordinating physician (médecin coordonnateur).

Benefit limitations

Can you mix LTC benefits?

PSD cannot be combined with AMD.

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

There is no option to choose between cash and in-kind benefits.

Can you receive LTC benefits with other social security benefits?

PSD

It is possible to receive PSD along with other welfare benefits, except with home-care services provided by local authorities, including AMD.

AMD

AMD cannot be combined with PSD.

User costs

User charges

PSD

Users are subject to the estate recovery provision, by which local authorities recover PSD costs from beneficiaries if the net value of their assets after death exceeds 300,000 F. This policy applies if PSD benefits received by the beneficiaries exceeds 5,000 F (as of 2000).

AMD

User charges for AMD provided by Départements are:

- Copayment rate set by local Départements
- Estate recovery provision

User charges for AMD provided by pension funds are set by applicants' pension fund.

Institutional care

User charges for residential institutions comprise:

- Accommodation rate
- Dependency rate

Accommodation rate includes costs for:

- Room and board
- Administration
- Catering and provisioning
- Laundry
- Social activities

Accommodation rates vary by facility. Accommodation costs are not covered by LTC benefits. A separate accommodation benefit applies for eligible persons. This rate is not always sufficient to cover a facility's accommodation rate.

Dependency rates are set every year by Département. These rates depend on the average dependence level (GIR) of residents in the facility such that higher average resident GIR corresponds with higher dependency rates.

Taxation of benefits

In-kind benefits are not subject to taxation.

Chapter 2: Policy enacted 2002-2022

Policy change in 2002
Law 2001-647, enacted on July 2001 and effective from 2002, replaced the Specific Dependency Benefit (PSD) with the Personalized Autonomy Allowance (APA). The reform removed the estate recovery provision and expanded benefit eligibility to lower dependence levels.

Other reforms during this period include:

- Caisse Nationale d'Assurance Vieillesse (CNAV) circular n. 2007/16, effective from 2007, regulated the care assessment process performed by pension funds.
- Law 2015-1776, enacted on December 2015 and effective from 2016, made three main changes to the LTC system:
  1. APA copayment for home care became a function of both income and the care plan
  2. Increased the income threshold for granting full APA benefits
  3. Increased the APA benefit for each dependence level (GIR 3 and 4, increased by 18%, while GIR 2 and 1 increased by 22% and 31% respectively)

Overview

The French long-term care system (LTC) supports dependent older adults through four main types of in-kind benefits for home and institutional care: the Personalized Autonomy Allowance, the Home-Helper benefit, institutional care, and preventive benefits.

Personalized Autonomy Allowance (Allocation Personnalisée d'Autonomie - APA)
Law 2001-647 enacted in July 2001, and effective from 2002, introduced the APA to replace the Specific Dependency Benefit (Prestation specifique dependance - PSD). APA is an allowance for LTC-related expenses. APA can be used to finance home or institutional care and is provided by Départements. APA is financed through taxes by Départements and the National Solidarity Fund for Autonomy (Caisse Nationale de Solidarite pour l'Autonomie - CNSA).

A medical team from an applicant's local Département performs an assessment of care needs. Applicants can be classified into one of six dependence levels (GIRs), with GIR 6 indicating the lowest level of care needed and GIR 1 indicating the highest and most intensive level of care needed. French residents aged 60 or older who are classified as GIR 1 through 4 are entitled to receive APA benefits.

Home-Helper benefit (Aide-ménagère à domicile - AMD)
AMD was introduced in 1953 to assist older adults with household tasks. People aged 55 or older who are not receiving APA benefits are eligible for AMD. AMD is provided by Départements or pension funds. It is financed by tax revenues and contributions to the pension funds.

Institutional care
Institutional care was introduced in France in 1800. As of 2002, dependent older adults can receive institutional care in:

- Residential Institutions for Dependent Elderly (Etablissement d'hébergement pour personnes âgées dépendantes - EHPAD) —Retirement homes providing day care, short-term stay, and permanent accommodation
- Long-term care units (Unités de soins de longue durée - USLD) —Nursing homes providing constant medical care

EHPADs and USLDs can be public, for-profit or non-profit organizations. Dependent people aged 60 years or older are eligible for EHPADs and USLDs. EHPADs and USLDs are financed by national and local general revenue, national government social assistance program, and out-of-pocket payments.

Preventive Benefits
Starting in 2015, the National Old Age Insurance Fund (Caisse nationale d'assurance vieillesse - CNAV), the Pension and Occupational Health Insurance Funds (Caisses d'Assurance Retraite et de la Santé au Travail - CARSATS), the Central Fund of the Agricultural Social Mutual Fund (Caisse centrale de la Mutualité sociale agricole - CCMSA) and the Social scheme for the Self-employed (Régime social des indépendants - RSI) provide preventive LTC benefits for retired people claiming a pension benefit from CNAV and with relatively low levels of need (i.e., certified as GIR 5 and 6).

Statutory basis
APA

Loi N. 2001-647 du juillet 2001 relative à la prise en charge de la perte d'autonomie del personnes âgées et à l'Allocation Personnalisée d'Autonomie - Law on the management of the loss of autonomy of the older adults and the Personalized Autonomy Allowance, No. 2001-647, as of July, 2001.

AMD

Code de l'action sociale et des familles, Partie législative (Articles L111-1 à L591-1) - Family and Social Action Code (CASF):

- Livre I, Titre I, Chapitre III: Personnes âgées. (Articles L113-1 à L113-4) - Book I, Title I, Chapter III: Elderly people (Articles L113-1 to L113-4)
- Livre II, Titre III: Personnes âgées (Articles L231-1 à L233-6), Chapitre Ier: Aide à domicile et accueil. (Articles L231-1 à L231-6) - Book II, Title III, Chapter I: Home-help and reception (Articles L231-1 to L231-6)

Institutional care

Code de l'action sociale et des familles, Partie législative - Family and Social Action Code (CASF):

- Articles D312-155-0 to D312-159-2
- Article L311-4
- Article D311
- Article L314-2
- Articles L232-8 to L232-11

Preventive Benefits

Unknown at this time

Financing

Source of financing

APA

In 2002, APA was financed by Départements and the public Personalized Autonomy Allowance Financing Fund (Fonds de financement de l'allocation personnalisée d'autonomie - FFAPA). The fund was created to support APA financing through:

- Contributions paid to Départements, derived as the ratio between APA costs of each Département over the total APA expenditure incurred by all Départements in the previous year. Contributions are re-distributed among Départements every year.
- Modernization of home care services

From 2005, FFAPA was replaced by the National Solidarity Fund for Autonomy (Caisse Nationale de Solidarite pour l'Autonomie - CNSA). CNSA finances APA through contributions from:

- Public and private employers (contribution de solidarité)
- Social security
- Income deriving from assets and investment
- Gambling
- Old-age security system
- Health insurance system

APA is financed 70% by the Départements and 30% by CNSA.

AMD

AMD is financed by tax revenues and contributions to pension funds.

Institutional care

Institutional care is financed by national and local government general tax revenues, CNSA, Social Assistance, and beneficiary copayments and deductibles. As of 2010, portions of institutional care costs are financed as follows (Doty et al.,2015):

- Medical costs: Social Assistance (89%), CNSA (6%), and beneficiary copayments and deductibles (5%)
- Accommodation costs: Beneficiary copayments and deductibles (81%), local government general revenue (13%), CNSA (4%), and national general revenue (2%)
- Dependency rates (i.e., costs not related to accommodation and medical care, such as food and personal care): Local government general revenue (64%), beneficiary copayments and deductibles (18%), national general revenue (17%) and CNSA (1%)

Preventive Benefits
Unknown at this time

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

APA

An individual is eligible for APA benefits if they satisfy all of the following conditions:

- Age requirement: Age 60 or older
- Residency/citizenship requirements: Resident of France; no citizenship requirement

AMD

An individual is eligible for AMD benefits provided by Départements if they satisfy all of the following conditions:

- Age requirement: Age 65 or older, or at least 60 years of age for people unable to work
- Resource requirement
  - Before 2005: Monthly income less than the Supplementary Allowance for the Elderly (Allocation Supplémentaire - AS) resource limit —As of 2002, this threshold was 583.15 € for singles, and 1,021.42 € for couples; historical values are available in Table 2
  - From 2005: Monthly income less than the Solidarity Allowance for the Elderly (Allocation de Solidarité aux Personnes Âgées - ASPA) resource limit —Historical values are available in Table 16
- Other requirements: Not eligible for APA

An individual is eligible for AMD benefits provided by pension funds if they satisfy all of the following conditions:

- Age requirement: Age 55 or older
- Resource requirement:
  - Receiving old-age pension benefit from Caisse Nationale d'Assurance Vieillesse (CNAV)
    - For information on this system, please consult documentation on France's Own Old-Age Benefit in the Gateway Policy Explorer's Retirement Series (Gateway to Global Aging Data, 2023)
  - Income limits
    - Before 2005: Monthly income greater than or equal to than the Supplementary Allowance for the Elderly (Allocation Supplémentaire - AS) resource limit —As of 2002, this threshold was 583.15 € for singles, and 1,021.42 € for couples; historical values are available in Table 2
    - From 2005: Monthly income greater than or equal to the Solidarity Allowance for the Elderly (Allocation de Solidarité aux Personnes Âgées - ASPA) resource limit —historical values are available in Table 16
- Other requirements
  - Not residing in a foster family
  - Not eligible for:
    - APA
    - The disability compensation benefit (PCH)
    - The Third Party Benefit Increase (*Majoration pour tierce personne - MTP*)
    - The compensatory allowance for a third party (ACTP)
    - The widowhood allowance
    - Hospitalization at home

Institutional care

People aged 60 or older are eligible for institutional care.

Preventive Benefits

Retired people claiming a pension benefit from CNAV.

Benefit

Home care benefit

APA

APA allowance amounts for home care services (known as APA-at-Home) are determined by a beneficiary's dependence level (GIR) and income. Dependent people classified as GIR 1 to 4 are entitled to receive APA to finance their home or institutional care. APA-at-Home benefits are a function of the maximum monthly coverage for a beneficiary's dependence level, the cost of the services, and their own income. Individuals with limited income have 100% of their service costs covered, while high income individuals have 20% of their service costs covered (this was reduced to 10% in 2015). The maximum monthly coverage for each GIR is derived by multiplying the monthly third party benefit increase (MTP) by:

- 1.19 for GIR 1 (1.553 from 2016)
- 1.02 for GIR 2 (1.247 from 2016)
- 0.765 for GIR 3 (0.901 from 2016)
- 0.51 for GIR 4 (0.601 from 2016)

MTP amounts by year are provided in Table 3. As of 2016, APA maximum monthly coverage for home care is:

- GIR 1: 1,714.79 €
- GIR 2: 1,376.91 €
- GIR 3: 994.87 €
- GIR 4: 663.61 €

APA is paid directly to the dependent person or, if agreed upon by the beneficiary, directly to the care institution or formal home care provider. APA-at-Home benefits can be used to pay one or more family member(s) other than spouses or legal partners. Users are subject to a benefit reduction depending on their resources, including income and assets. Joint resources are considered for couples, and are divided by 1.7 for co-habiting couples. Joint resources are divided by 2 for couples not living together. Resources excluded from the calculation are:

- Survivors' pension
- Life annuities
- Children's contributions
- Social security benefits

Calculation of APA-at-Home copayments as of 2002 are provided in Formula 3. Formula 4 provides the calculation of APA-at-Home copayments from 2015. All Départements adopted the formula for APA calculation from the national law, but research has revealed differences in the amount paid across Départements that may also relate to take up of the benefit (Arrighi et. at 2015).

As of 2016, Law 2015-1776 introduced the right of respite care for caregivers. According to this law, the APA-at-Home amount a beneficiary was claiming could be increased up to 500€ (as of 2016) per year to support care-related expenses during the respite care leave of their caregivers. The additional amount is provided by the medical team at the end of the care assessment and included the individual care plan. Targeted beneficiaries of the additional amount are people certified with GIR 1 and 2 level of dependence and whose caregivers are:

- The beneficiary's relatives
- Not replaceable by other people close to the beneficiary
- Essential for the beneficiary to conduct their life at home

AMD

AMD provides at-home assistance with personal care in the following tasks:

- Housing and linen maintenance
- Toileting
- Help getting up and going to bed
- Shopping assistance
- Meal preparation and eating
- Social life activities

AMD is paid:

- Directly to the home care service provided by Départements or pension fund
- Directly to beneficiaries, if:
  - There is no AMD service in their municipality
  - They prefer to hire a private caregiver

When provided by Départements, AMD cannot exceed 30 hours per month. In the case of a couple in which both individuals are AMD beneficiaries, assistance is capped at 48 hours per month. When AMD benefits are provided by pension funds, the beneficiary's fund determines the duration of benefits.

Institutional care and Preventive Benefits
These systems are not intended to provide home care

Semi-residential care

APA
APA-at-Home provides partial coverage for semi-residential care in EHPADs. Prices for semi-residential care in EHPADs are set annually by the Départmental Council for each institution.

Institutional care
Day care and short-term stays in Residential Institutions for Dependent Elderly are provided through EHPADs.

AMD and Preventive Benefits
These systems are not intended to provide semi-residential care.

Residential care

APA
APA benefits help finance institutional care (known as APA-in-Institutions). The amount of these benefits depend on:

- The beneficiary's income
- A *dependency rate* —a price for institutional services based on a beneficiary's dependency level. There are 3 dependency rates (Articles L.132-1 to 4 of the Social Action and Families Code):
  1. GIR 1-2 rate: The greatest rate for care expenses incurred by the residential institution to provide care for dependent people in GIR 1 and 2
  2. GIR 3-4 rate: A mid-level rate for care expenses incurred by the residential institution to provide care for dependent people in GIR 3 and 4
  3. GIR 5-6 rate: The lowest rate for care expenses incurred by the residential institution to provide care for dependent people in GIR 5 and 6
     - This rate cannot be financed through APA and it corresponds to residential institutions' fixed copayment

APA-in-Institutions covers care expenses resulting from the difference between the dependency rate associated with beneficiaries' level of dependence and the copayment (GIR 5-6 dependency rate, Article L. 232-8-I of the Social Action and Family Code). The financial contribution for APA-in-Institutions includes a fixed copayment and a means-tested coinsurance rate. The fixed copayment corresponds to GIR 5-6 dependency rate. The means-tested coinsurance rate depends on beneficiaries' income and dependence level. See Formula 5 for computational details and Box 1 for clarifying examples.

Institutional care

- Residential Institutions for Dependent Elderly (EHPAD)
- Long-term care units (USLD)
- Foster families

AMD and Preventive Benefits
These systems are not intended to provide residential care.

Other benefits

Preventive Benefits
These benefits aim to prevent increased dependence and include:

- Informative workshops about life-balance, nutrition, memory stimulation, wellbeing and social interaction
- Services to support: performance of hobbies, transportation and security assistance, and returning home after hospitalization
- Reimbursement for home renovation

When provided by CARSATS, these benefits are also known as Coordinated Services Offer to Support Retirement (Offre de Services Coordonnée pour l'Accompagnement de Retraite - OSCAR) prevention package.

Provision of care

APA

APA is provided by Départements.

AMD

AMD is provided by Départements and pension funds.

Institutional care

Residential care is provided by private, public and nonprofit organizations.

Preventive Benefits

These benefits are provided through the National Old Age Insurance Fund (Caisse nationale d'assurance vieillesse - CNAV), the Pension and Occupational Health Insurance Funds (Caisses d'Assurance Retraite et de la Santé au Travail - CARSATS), the Central Fund of the Agricultural Social Mutual Fund (Caisse centrale de la Mutualité sociale agricole - CCMSA) and the Social scheme for the Self-employed (Régime social des indépendants - RSI).

Benefit eligibility

Qualifying period

No qualifying period.

Minimum level of dependence

There are 6 levels of dependence (GIRs) according to the degree of care needed. The lowest level of dependence is GIR 6, in which applicants are considered independent in ADLs. GIRs are described in Table 4.

APA

The lowest level of dependence qualifying for APA is GIR 4. At this dependency level applicants cannot live independently and require partial care with ADLs.

AMD

The minimum level of dependence qualifying for AMD is GIR 6.

Institutional care

The minimum level of dependence qualifying for care in institutions is GIR 6.

Preventive Benefits

The minimum level of dependence qualifying for AMD is GIR 6.

Duration of benefit

Benefits have an unlimited duration as long as entitlement conditions are satisfied.

Means testing

APA

APA allowances are means-tested. Details of how means-testing is applied in APA vary by type of benefit. Details are provided in the "Benefit" section.

AMD, Institutional care, and Preventive Benefits

Means-testing does not apply.

Age requirement

APA

Age 60 and older

AMD

Age 55 and older

Institutional care

Age 60 and older

Preventive benefits

No specific age requirement, but must be receiving a pension benefit from CNAV that may be age dependent.

Care needs assessment

Definition of dependence

Dependent older adults are defined by law as "people whose health and wellbeing require constant monitoring and assistance to perform activities of daily living (ADL)." The Autonomie Gerontologique-Groupes Iso-Ressources (AGGIR) grid is the national standardized instrument aimed at determining older adults' dependency levels (Table 4). The AGGIR grid distinguishes 6 levels of dependence (Groupe Iso Ressources - GIRs). The lowest level of dependence is GIR 6. GIR 1 represents the highest level of dependence. GIRs are defined as:

- GIR 1: Bedridden or people confined to a chair, with severe mental impairments, needing constant care
- GIR 2: People with one of the following conditions:
  - Bedridden or people confined to a chair, with mental impairments, needing assistance in most ADLs
  - People with mental impairments but with no serious limitation in mobility and personal care
- GIR 3: People with no mental impairments, needing assistance several times a day in ADLs (mostly for hygiene and toileting) but not requiring constant monitoring
- GIR 4: People with one of the following conditions:
  - People with transferring limitations, but once up can move around indoors. They usually need help with washing and dressing, and the majority eat independently
  - People with no mobility or transferring limitations, needing assistance with other ADLs, eating included
- GIR 5: People requiring occasional monitoring and assistance, mainly needing household help
- GIR 6: People independent in ADLs

Evaluation of dependence

LTC systems use the AGGIR grid for dependency evaluation. The AGGIR grid is a 2-step evaluation system:

- Step 1: Care variables evaluation
- Step 2: Classification of dependency level (GIR)

Step 1 evaluates two sets of variables, called *discriminatory* and *illustrative* variables. Discriminatory variables are used in Step 2 for dependency classification. There are 10 discriminatory variables, of which:

- 6 relate to physical impairment and difficulties in ADLs —toileting, dressing, feeding, elimination, mobility inside and outside the house, and distance communication
- 2 relate to psychological deficits —coherence and orientation
- 2 relate to IADLs —outdoor movement and distance communication

See Table 5 for a description of discriminatory variables.

Illustrative variables evaluate limitations in IADLs, namely: management, cooking, housekeeping, transportation, purchases, medical treatment, and leisure activities. They are not used for dependency classification; their evaluation is only used to develop a care plan. See Table 6 for description of illustrative variables.

A modality (modalité) is assigned to each discriminatory variable according to applicants' level of dependence in performing the specific task, i.e.:

- A (independent)
- B (partially dependent)
- C (dependent)

As a second step, the AGGIR algorithm provides GIRs classification according to eight evaluation groups:

- Group A: Table 7
- Group B: Table 8
- Group C: Table 9
- Group D: Table 10
- Group E: Table 11
- Group F: Table 12
- Group G: Table 13
- Group H: Table 14

Group A is evaluated first: a value is assigned to each discriminatory variable on the basis of its modality (modality A, implying independence, is excluded from evaluation). Values are summed to obtain a final score. The final score is then classified into ranks,

each of them corresponding to one of the six GIRs. If the value of the final score is not included in one of the Group A ranks, then Group B is evaluated. This process continues from Group A to Group H until the value of the final score matches into one of the ranks of the group under evaluation. Each evaluation group has unique ranks, each of them corresponding to one of the six GIRs (Table 15).

APA
After applicants submit an application to their local Département, a medical team evaluates their level of dependence (GIR) according to the AGGIR grid. A rating is provided by Départements within two months of the application. A personalized care plan is offered to applicants classified as GIR 1 to 4. The care plan includes the level of care needed and care-related expenses. GIR level determines the APA allowance amount.

AMD
Applicants can submit their application through Social Community Centers (Centre Communal d'Action Sociale - CCSA) of their local Département or to their pension fund. After applicants submit an application, a medical team performs a care assessment to evaluate the level of dependence according to the AGGIR grid. Applicants classified as GIR 5 or 6 receive a care plan indicating the level of AMD needed.

As of 2007, the care assessment performed by pension funds is called Personalized Action Plan (Plan d'action personnalisé - PAP).

Institutional care
After applicants apply to residential institutions, a medical team from the facility evaluates the level of dependence according to the AGGIR grid. Based on the results of this evaluation, applicants receive a care plan, including care-related expenses. The care assessment is validated by doctors of the Départemental council and regional health agency of residence.

Preventive Benefits
Since 2015, CARSATS, CCMSA and RSI have adopted the FRAGIRE scale, to evaluate people at risk of becoming more dependent in the future. The FRAGIRE scale is intended to complement to the AGGIR grid by evaluating the risk of deterioration in the level of dependence for people already certified GIR 5 and 6 and who are claiming a pension benefit from CNAV. The FRAGIRE scale is provided in Table 17 and Table 18. According to the final score a set of preventive services (see "Benefits: Other Benefits") is offered to the beneficiaries.

Evaluators

APA
Care assessment is carried out by a medical team from the local Département.

AMD
Care assessment is carried out by a medical team from the local Département or an applicant's pension fund.

Institutional care
Care assessment is carried out by a medical team from the care facility. A care assessment in an EHPAD is performed by the institution's coordinating physician (médecin coordonnateur).

Preventive Benefits
Unknown at this time.

Benefit limitations

Can you mix LTC benefits?

APA cannot be combined with AMD.

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

There is no option to choose between cash and in-kind benefits.

Can you receive LTC benefits with other social security benefits?

APA
It is possible to receive APA along with other welfare benefits, except with:

- Home care services provided by local authorities

- The Disability Compensation Benefit (PCH)
- AMD

AMD

AMD cannot be combined with:

- Hospitalization at home
- The Third Party Benefit Increase (MTP)
- The Disability Compensation Benefit (PCH)
- The Widowhood Allowance
- APA
- Residence in a foster family
- Other home-care benefits provided through social assistance

Institutional Care and Preventive Benefits

No known limits

User costs

User charges

APA

There are no direct user charges for APA-at-Home or APA-in-Institutions benefits. The allowances for these benefits are reduced based on income (see "Benefits" section for details).

AMD

User charges for AMD provided by Départements are:

- Copayment rate set by local Départements
- Estate recovery provision

User charges for AMD provided by pension funds are set by applicants' pension fund.

Institutional care

User charges for residential institutions comprise:

- Accommodation rate
- Dependency rate

Accommodation rate includes costs for:

- Room and board
- Administration
- Catering and provisioning
- Laundry
- Social activities

Accommodation rates vary by facility. Accommodation costs are not covered by LTC benefits. A separate accommodation benefit applies for eligible persons. This rate is not always sufficient to cover a facility's accommodation rate.

Dependency rates are set every year by Département. These rates depend on the average dependence level (GIR) of residents in the facility such that higher average resident GIR corresponds with higher dependency rates. Dependency rates are means-tested: people with income lower than 2.21 times MTP (2,025.05 € as of 2002), pay a fixed copayment corresponding to GIR 5-6 dependency rate. Dependency rates for people whose income is above the threshold, are calculated according to the person's dependence level (GIR).

Preventive Benefits

Copayment rate for these benefits vary according to applicants' pension fund, and sometimes they are provided for free. We were able to collect information about copayment rate applied by CARSAT Sud-est as provided in Table 19 (as of 2023).

Taxation of benefits

In-kind benefits are not subject to taxation.

Tables and Formulas

Table 1: PSD Eligibility - Resource Requirement

Year	Single	Couple
2001	6,387 F	10,644 F
2000	6249	10415
1999	6187	10312
1998	6,187 [1]	10312

Source: DREES (1999), DREES (2000a), DREES (2000b), DREES (June 2001)

Notes

[1] Eligibility for PSD comprises beneficiaries' monthly income below the amounts in the table.

Table 2: Allocation Supplementaire Monthly Resource Limits

Year	Singles	Couples
2005	614.00 €	1,075.45 €
2004	601.95	1054.36
2003	591.89	1036.74
2002	583.15	1021.42
2001	3,742.83 F	6,555.83 F
2000	3,662.25	6,414.75
1999	3,626	6,351.25
1998	3,554.83	6,226.67
1997	3,516.08	6,158.83

Source: Author's interpretation, Institut des Politiques Publiques (2022)

Notes: The table provides the monthly resource limit of the minimum old age supplementary allowance. This benefit is granted to individuals not satisfying contribution requirements for a CNAV old-age benefit.

Table 3: Third Party Benefit Increase (Majoration pour Tierce Personne - MTP)

Year	Monthly amount
2021	1,126.41 €
2020	1,125.29
2019	1,121.92
2018	1,118.57
2017	1,107.49
2016	1,104.18
2015	1,103.08
2014	1,103.08
2013	1,096.50
2012	1,082.43
2011	1,060.16
2010	1,038.36
2009	1,029.10
2008 [1]	1,018.91
2007	999.83
2006	982.15
2005	964.78
2004	945.87
2003	930.05
2002	916.31
2001 [2]	5,881.24 F
2000	5,754.64
1999	5,726.01
1998	5,658.12
1997	5,596.55

Source: CNAV (2022), European Central Bank (2022)

Notes: The Third Party Benefit Increase (MTP) is a financial benefit that provides for a person's care-related expenses if they need assistance with (ADLs). MTP is the basis for APA calculation.

[1] Between January 1 and January 8, 2008 the monthly MTP was set to 1,010.82 €. From January 9, the monthly amount changed to 1,018.91 €.

[2] As of 2002, the official exchange rate of French francs to a euro is 1 € = 6.55957 F.

Formula 1: Calculation of a Single Person's PSD-At-Home Benefit (As of 2001)

$$PSD_{i,t} = \begin{cases} MTP_t & \text{if } R_{i,t} \leq 5{,}211 \text{ F} \\ (0.8 \times MTP_t, MTP_t) & \text{if } 5{,}211 \text{ F} < R_{i,t} < 6{,}387 \text{ F} \\ 0.8 \times MTP_t & \text{if } R_{i,t} \geq 6,387F \end{cases}$$

- $PSD_{i,t}$ = Individual i's PSD benefit at time t
- $R_{i,t}$ = Individual i's monthly income at time t
- MTP_t = Monthly Third Party Benefit Increase (*Majoration pour Tierce Personne - MTP*) at time t, of 5,882 F —MTP_t values are provided in Table 3
- For $R_{i,t}$ between 5,211 F and 6,387 F, APA is derived proportionally between the 80% of the MTP and the 100% of the MTP

Source: DREES (2001)

Formula 2: Calculation of a Couple's PSD-At-Home (As of 2001)

$$PSD_{c,t} = \begin{cases} MTP_t & \text{if } R_{c,t} \leq 9{,}468 \text{ F} \\ (0.8 \times MTP_t, MTP_t) & \text{if } 9{,}468 \text{ F} < R_{c,t} < 10{,}644 \text{ F} \\ 0.8 \times MTP_t & \text{if } R_{c,t} \geq 10{,}644 \text{ F} \end{cases}$$

- $PSD_{c,t}$ = Couple c's PSD benefit at time t
- $R_{c,t}$ = Couple c's monthly income at time$t$
- MTP_t = Monthly Third Party Benefit Increase (*Majoration pour Tierce Personne - MTP*) at time t, of 5,882 F —MTP_t values are provided in Table 3

Source: DREES (2001)

Table 4: Dependence Levels According to the AGGIR Grid

Dependence Levels	Description
GIR 1	Bedridden or people confined to armchair, with severe mental impairments, needing constant care
GIR 2	People with one of the following conditions: • Bedridden or people confined to chair, with mental impairments, needing assistance in most ADLs • People with mental impairments but with no serious limitation in mobility and personal care
GIR 3	People with no mental impairments, needing assistance several times a day in ADLs (mostly for hygiene and elimination) but not requiring constant monitoring
GIR 4	People with one of the following conditions: • People with transferring limitations, but once up can move around indoors. They usually need help with washing and dressing, and the majority eat independently • People with no mobility or transferring limitations, needing assistance with other ADLs, eating included
GIR 5	People requiring occasional monitoring and assistance, mainly needing household help
GIR 6	People independent in ADLs

Source: Brugiavini et al (2017)

Table 5: Dependence Evaluation - Discriminatory Variables

Discriminatory variables	Description
Coherence	A person is able to conduct a conversation and behave in a logical manner
Orientation	A person is able to locate themself in time and space
Toileting	A person is capable of using toilet without assistance
Dressing	A person is capable of dressing without assistance
Alimentation	A person is able to eat without assistance
Elimination	A person is able to take care of their hygiene and elimination
Transfers	A person is capable of transferring from a sitting to a standing position and lying down
Indoor movement	A person is able to move indoors with or without technical assistance
Outdoor movement	A person is able to move outdoors with or without technical assistance
Distant communication	A person is capable of using the phone

Source: Legifrance (2017)

Table 6: Dependence Evaluation - Illustrative Variables

Illustrative variables	Description
Management	A person is capable of managing personal business, budget, and money
Cooking	A person is able to prepares meals
Housekeeping	A person is able to do household tasks
Transportation	A person is capable of using different modes of transportation
Purchases	A person is able to send mail, use the phone, and make internet purchases
Medical treatment	A person is able to follow medical prescriptions
Leisure activities	A person is able to conduct cultural activities, sports

Source: Legifrance (2017)

Table 7: AGGIR Algorithm - Group A

Variable	Modality	Value
Consistency	C	2,000
Orientation	C	1,200
Toilet	C	40
Dressing	C	40
Food	C	60
Elimination	C	100
Transfer	C	800
Internal displacement	C	200
Outward travel	C	0
Communication	C	0
Consistency	B	0
Orientation	B	0
Toilet	B	16
Dressing	B	16
Food	B	20
Elimination	B	16
Transfer	B	120
Internal displacement	B	32
Outward travel	B	0
Communication	B	0

Source: Legifrance (1997a)

Notes: The sum of values provides a final score (FS), which is graded into ranks as follows:

- FS greater than or equal to 4,380: Rank 1
- FS between 4,140 and 4,379: Rank 2
- FS between 3,390 and 4,139: Rank 3
- FS Less than 3,390: Proceed with Group B evaluation

Rank 1 corresponds to GIR 1, while Ranks 2 and 3 to GIR 2.

Table 8: AGGIR Algorithm - Group B

Variable	Modality	Value
Consistency	C	1,500
Orientation	C	1,200
Toilet	C	40
Dressing	C	40
Food	C	60
Elimination	C	100
Transfer	C	800
Internal displacement	C	-80
Outward travel	C	0
Communication	C	0
Consistency	B	320
Orientation	B	120
Toilet	B	16
Dressing	B	16
Food	B	0
Elimination	B	16
Transfer	B	120
Internal displacement	B	-40
Outward travel	B	0
Communication	B	0

Source: Legifrance (1997a)

Notes: The sum of values provides a final score (FS), which is graded into ranks as follows:

- FS greater than or equal to 2,016: Rank 4
- FS less than 2,016: Proceed with Group C evaluation

Rank 4 corresponds to GIR 2.

Table 9: AGGIR Algorithm - Group C

Variable	Modality	Value
Consistency	C	0
Orientation	C	0
Toilet	C	40
Dressing	C	40
Food	C	60
Elimination	C	160
Transfer	C	1,000
Internal displacement	C	400
Outward travel	C	0
Communication	C	0
Consistency	B	0
Orientation	B	0
Toilet	B	16
Dressing	B	16
Food	B	20
Elimination	B	20
Transfer	B	200
Internal displacement	B	40
Outward travel	B	0
Communication	B	0

Source: Legifrance (1997a)

Notes: The sum of values provides a final score (FS), which is graded into ranks as follows:

- FS greater than or equal to 1,700: Rank 5
- FS between 1,432 and 1,699 : Rank 6
- FS less than 1,432: Proceed with Group D evaluation

Ranks 5 and 6 correspond to GIR 2.

Table 10: AGGIR Algorithm - Group D

Variable	Modality	Value
Consistency	C	0
Orientation	C	0
Toilet	C	0
Dressing	C	0
Food	C	2,000
Elimination	C	400
Transfer	C	2,000
Internal displacement	C	200
Outward travel	C	0
Communication	C	0
Consistency	B	0
Orientation	B	0
Toilet	B	0
Dressing	B	0
Food	B	200
Elimination	B	200
Transfer	B	200
Internal displacement	B	0
Outward travel	B	0
Communication	B	0

Source: Legifrance (1997a)

Notes: The sum of values provides a final score (FS), which is graded into ranks as follows:

- FS greater than or equal to 2,400: Rank 7
- FS less than 2,400: Proceed with Group E evaluation

Rank 7 corresponds to GIR 2.

Table 11: AGGIR Algorithm - Group E

Variable	Modality	Value
Consistency	C	400
Orientation	C	400
Toilet	C	400
Dressing	C	400
Food	C	400
Elimination	C	800
Transfer	C	800
Internal displacement	C	200
Outward travel	C	0
Communication	C	0
Consistency	B	0
Orientation	B	0
Toilet	B	100
Dressing	B	100
Food	B	100
Elimination	B	100
Transfer	B	100
Internal displacement	B	0
Outward travel	B	0
Communication	B	0

Source: Legifrance (1997a)

Notes: The sum of values provides a final score (FS), which is graded into ranks as follows:

- FS greater than or equal to 1,200: Rank 8
- FS less than 1,200: Proceed with Group F evaluation

Rank 8 corresponds to GIR 3.

Table 12: AGGIR Algorithm - Group F

Variable	Modality	Value
Consistency	C	200
Orientation	C	200
Toilet	C	500
Dressing	C	500
Food	C	500
Elimination	C	500
Transfer	C	500
Internal displacement	C	500
Outward travel	C	200
Communication	C	0
Consistency	B	0
Orientation	B	100
Toilet	B	100
Dressing	B	100
Food	B	100
Elimination	B	100
Transfer	B	100
Internal displacement	B	0
Outward travel	B	0
Communication	B	0

Source: Legifrance (1997a)

Notes: Notes: The sum of values provides a final score (FS), which is graded into ranks as follows:

- FS greater than or equal to 800: Rank 9
- FS less than 800: Proceed with Group G evaluation

Rank 9 corresponds to GIR 3.

Table 13: AGGIR Algorithm - Group G

Variable	Modality	Value
Consistency	C	150
Orientation	C	150
Toilet	C	300
Dressing	C	300
Food	C	500
Elimination	C	500
Transfer	C	400
Internal displacement	C	200
Outward travel	C	0
Communication	C	0
Consistency	B	0
Orientation	B	0
Toilet	B	200
Dressing	B	200
Food	B	200
Elimination	B	200
Transfer	B	200
Internal displacement	B	100
Outward travel	B	0
Communication	B	0

Source: Legifrance (1997a)

Notes: Notes: The sum of values provides a final score (FS), which is graded into ranks as follows:

- FS greater than or equal to 650: Rank 10
- FS less than 650: Proceed with Group H evaluation

Rank 10 corresponds to GIR 4.

Table 14: AGGIR Algorithm - Group H

Variable	Modality	Value
Consistency	C	0
Orientation	C	0
Toilet	C	3,000
Dressing	C	3,000
Food	C	3,000
Elimination	C	3,000
Transfer	C	1,000
Internal displacement	C	1,000
Outward travel	C	0
Communication	C	0
Consistency	B	0
Orientation	B	0
Toilet	B	2,000
Dressing	B	2,000
Food	B	2,000
Elimination	B	2,000
Transfer	B	2,000
Internal displacement	B	1,000
Outward travel	B	0
Communication	B	0

Source: Legifrance (1997a)

Notes: The sum of values provides a final score (FS), which is graded into ranks as follows:

- FS greater than or equal to 4,000: Rank 11
- FS between 2,000 and 3,999: Rank 12
- FS less than 2,000: Rank 13

Rank 11 corresponds to GIR 4, while ranks 12 and 13 to GIR 5 and 6 respectively.

Table 15: AGGIR Algorithm - GIR Definition

Ranks	GIRs
1	1
2, 3, 4, 5, 6, 7	2
8, 9	3
10, 11	4
12	5
13	6

Source: Legifrance (1997a)

Table 16: Solidarity Allowance for the Elderly Amount (Allocation de Solidarité aux Personnes Agées - ASPA)

Year	Singles	Couples
2021	906.81 €	1,407.82 €
2020	903.20	1,402.22
2019	868.20	1,347.88
2018	833.20	1,293.54
2017	803.20	1,246.97
2016	800.80	1,243.24
2015	800.00	1,242.00
2014 [1]	800.00	1,242.00
2013	787.26	1,222.27
2012	777.16	1,206.59
2011	742.27	1,181.77
2010	708.95	1,157.46
2009	692.43	1,147.14
2008 [2]	648.43	1,135.78
2007	636.29	1,114.51
2006	625.04	1,094.80

Source: CNAV (2022)

Notes: The ASPA is a monthly benefit for low income retirees. The table provides maximum ASPA monthly amounts used as income reference for home helper provisions.

[1] As of April 2014, the ASPA amount was 791.99€ for singles and 1,229.61€ for couples. Values in the table are amounts effective October 2014.

[2] As of January 2008, the ASPA amount was 643.29€ for singles and 1,126.77€ for couples. Values in the table are amounts effective September 2008.

Formula 3: Calculation of Copayment for APA-At-Home Covered Care Services (Before 2015)

$$\text{Copayment}_{i,t} = \begin{cases} 0 & \text{if } R_{i,t} \leq 1.02 \times MTP_t \\ 0.8 \times A_{i,t} \times \left(\frac{R_{i,t} - (MTP_t \times 1.02)}{MTP_t \times 2.38} \right) & \text{if } (1.02 \times MTP_t) < R_{i,t} < (3.4 \times MTP_t) \\ 0.8 \times A_{i,t} & \text{if } 3.4 \times MTP_t \leq R_{i,t} \end{cases}$$

- $\text{Copayment}_{i,t}$ = Individual i's copayment for APA-At-Home covered care services at time t
- $R_{i,t}$ = Individual i's monthly income at time t
- MTP_t = Monthly third party benefit increase (*Majoration pour tierce personne - MTP*) at time t, of 5,882 F —MTP_t values are provided in Table 3
- $A_{i,t}$ = Individual i's care cost at time t

Source: DREES (2002)

Formula 4: Calculation of Copayment for APA-At-Home Covered Care Services (During or After 2015)

$$\text{Copayment}_{i,t} = \begin{cases} 0 & \text{if } R_{i,t} \leq 0.67 \times MTP_t \\ 0.9 \times A_{i,t} \times \left(\frac{R_{i,t} - (MTP_t \times 0.67)}{MTP_t \times 2} \right) & \text{if } (0.67 \times MTP_t) < R_{i,t} < (2.67 \times MTP_t) \\ 0.9 \times A_{i,t} & \text{if } 2.67 \times MTP_t \leq R_{i,t} \end{cases}$$

- $\text{Copayment}_{i,t}$ = Individual i's copayment for APA-At-Home covered care services at time t
- $R_{i,t}$ = Individual i's monthly income at time t
- MTP_t = Monthly third party benefit increase (*Majoration pour tierce personne - MTP*) at time t, of 5,882 F —MTP_t values are provided in Table 3
- $A_{i,t}$ = Individual i's care cost at time t

Source: Kaufmann (2018)

Formula 5: Calculation of APA for Institutional Care (During or After 2002)

$$\text{Copayment}_{i,t} = \begin{cases} Rate_{\text{GIR 5/6},t} & \text{if } R_{i,t} \leq 2.21 \times MTP_t \\ Rate_{\text{GIR 5/6},t} + 0.8 \times \left(A_{i,t} - Rate_{\text{GIR 5/6},t} \right) & \text{if } (2.21 \times MTP_t) < R_{i,t} < (3.4 \times MTP_t) \\ \quad \times \left(\frac{R_{i,t} - (MTP_t \times 2.21)}{MTP \times 1.19} \right) & \\ Rate_{\text{GIR 5/6},t} + 0.8 \times \left(A_{i,t} - Rate_{\text{GIR 5/6},t} \right) & \text{if } 3.4 \times MTP_t \leq R_{i,t} \end{cases}$$

- $\text{Copayment}_{i,t}$ = Individual i's copayment for APA covered institutional care services at time t
- $Rate_{\text{GIR 5/6},t}$ = Dependency rate for GIR 5-6 at time t
- $R_{i,t}$ = Individual i's monthly income at time t
- MTP_t = Monthly third party benefit increase (*Majoration pour tierce personne - MTP*) at time t, of 5,882 F —MTP_t values are provided in Table 3
- $A_{i,t}$ = Individual i's care cost at time t

Source: DREES (2002)

Box 1: APA in Institution Benefit Amounts - Example

The APA benefit amount is based on the amount charged by the institution, known as the dependency rate. It is reduced based on the beneficiary's copayment, which varies by their income. Suppose that the GIR 5-6 dependency rate of the EPHAD is 3.78 € per day (113.4 € per month) and dependency rate for GIR 3 is 8.90 € per day (267 € per month).

Example 1. Income less than 2,489.37 €
Suppose a GIR 3 applicant has monthly income of 2,000 €, and applies to this EHPAD. The APA monthly benefit amount is equal to the dependency rate applied to their care level (GIR 3) less the copayment (which equals the GIR 5-6 dependency rate), namely:

$$APA = 267 - 113.4 = 153.6€ \text{ per month}$$

Example 2. Income between 2,489.37 € and 3,829.79 €
Suppose a GIR3 applicant has monthly income of 2,500 €, and applies to the same EHPAD. The beneficiary's copayment increases based on their income. The copayment on benefits above the GIR 5-6 dependency rate gradually increases based on the following formula:

$$\text{Variable Copayment Amount} = (267 - 113.4) \times \left(\frac{2,500€ - 2,489.37€}{1,340.6€} \right) \times 80\% = 0.97€$$

The APA monthly benefit amount is the GIR 3 dependency rate less the copayment. The copayment is the sum of the fixed copayment amount (the GIR 5-6 dependency rate) and the variable copayment amount based on income.

$$APA = 267 - (0.97 + 113.4) = 152.6€$$

Example 3. Income higher than 3,829.79 €
Suppose a GIR 3 applicant has monthly income of 5,000 €, and applies to the same EHPAD. The beneficiary's copayment increases based on their income. The copayment on benefits above the GIR 5-6 dependency rate gradually increases based on the following formula:

$$\text{Variable Copayment Amount} = (267 - 113.4) \times 80\% = 122.9€$$

The APA monthly benefit amount is the GIR 3 dependency rate less the copayment. The copayment is the sum of the fixed copayment amount (the GIR 5-6 dependency rate) and the variable copayment amount based on income.

$$APA = 267 - (122.9 + 113.4) = 30.7€$$

Source: Previssima (2022), Aide-Sociale.fr (2022)

Table 17: The FRAGIRE Scale (Part 1 of 2)

Item	Description
Question 1	This question concerns the feelings of the person evaluated during the week that has just passed, including today. How would you describe your state of health with a score between 0 and 10? (0 As bad as possible - 10 As good as possible)
Question 2	Check the answer that best fits among the proposed cells. How many times have you been hospitalized in the past 8 months? (0, 1 to 2 times, More than 2 times)
Question 3	This question relates to the evluation of the person's feeling during the week, including today How would you describe your general well-being with a score between 0 and 10? (0 As bad as possible - 10 As good as possible)
Question 4	Check the answer that best fits among those given. In the past month, have you been happy most of the time? (Not at all, A little, Fairly, A lot)
Question 5	Tick the answer that suits the best among those proposed. During the past month, have you felt tired during the day? (Not at all, A little, Fairly, A lot)
Question 6	Check the answer that best suits those given. In the past month, have you ever suffered from thoughts of suicide? (Yes, No)
Test 1	Test d'lsaac - 5Tl (Colors, Fruits, Animals, Towns, Villages, Total)
Test 2	Memory Score with lndicator - SHI (Free Recall, Indexed Recall, Total)
Question 7	Check the answer that best fits among those given. Do you have a feeling of loneliness and/or abandonment? (Not at all, A little, Fairly, A lot)
Question 8	Check the answer that best fits among those given. Do you think your level of resources is sufficient? (Not at all, A little, Fairly, A lot)

Source: Secourite Social Independant (2023)

Table 18: The FRAGIRE Scale (Part 2 of 2)

Item	Description
Question 9	Tick the answer that fits the best among those given. Do you use the Internet? (Not at all, A little, Fairly, A lot)
Question 10	Check the answer that best fits among those given. Do you take part in sports, artistic club activities, etc.? (Not at all, A little, Fairly, A lot)
Question 11	Check the answer that best fits among those given. Are you affected by signs of aging? (Not at all, A little, Fairly, A lot)
Question 12	Tick the answer that best fits among those given. Are you interested in sexuality? (Not at all, A little, Fairly, A lot)
Question 13	Tick the answer that best fits among those given. Do you take care of a loved one for whom you feel responsible? (Not at all, A little, Fairly, A lot)
Question 14	Tick the answer that best suits among those given. In recent weeks, have you had difficulty recognizing the taste of the food you eat? (Not at all, A little, Fairly, A lot)
Question 15	Check the answer that best fits among those given. How many annual dental check-ups have you had? (0, More than 1)
Question 16	Tick the answer that best fits among those proposed. Have you fallen in the last 6 months? (0, More than 1)
Question 17	Tick the answer that best fits among those given. In the past few weeks, have you had difficulty doing any strenuous physical exertion such as carrying a loaded shopping bag or a suitcase? (Not at all, A little, Fairly, A lot)
Test 3	Walking speed over 4 meters with 3 thresholds Normal: >= 1m/s Impaired balance and walking: between 0.65 and < 1 m/s Fragility (global): < 0.65 m/s
Question 18	Question reserved for the Reviewer: How would you describe the overall state of health of the assessed person? (Score between 0 and 10)

Source: Secourite Social Independant (2023)

Table 19: OSCAR Copayment Rate - CARSATS Sud-Est (2023)

Individual Monthly Resources	Couple Monthly Resources	CARSATS Coverage	Individual Copayment
Up to 961,07 €	Up to 1,492.07 €	90%	10%
From 961,08 € to 1,058 €	From 1,492.08 € to 1,695 €	85%	15%
From 1,059 € to 1,164 €	From 1,696 € to 1,854 €	75%	25%
From 1,165 € to 1,325 €	From 1,855 € to 2,013 €	60%	40%
From 1,326 € to 1,483 €	From 2,014 € to 2,331 €	45%	55%
From 1,484 € to 1,801 €	From 2,332 € to 2,755 €	35%	65%
From 1,802 € to 2,119 €	From 2,756 € to 3,178 €	30%	70%
Greater than 2,120 €	Greater than 3,179 €	25%	75%

Source: CARSATS Sud-est (2023b)

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Service-Public.fr (2020). Ehpad : établissement d'hébergement pour personnes âgées dépendantes (Apa) - Apa à domicile [Ehpad: accommodation facility for dependent elderly people] Verified by Direction de l'information légale et administrative [Premier ministre], Caisse nationale de solidarité pour l'autonomie (CNSA), as of March 2020. Service-Public.fr is the official website of the French Administration. Available only in French. As of March, 2020. [Link]

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.

Autonomie Gerontologique-Groupes Iso-Resources (AGGIR) grid: The national standardized instrument aimed at determining older adult dependency levels. The AGGIR grid distinguishes 6 levels of dependence (Groupe Iso Resources - GIRs).

Caisse nationale d'assurance vieillesse (CNAV): France's earnings-related, defined-benefit public pension for private employees in manufacturing and services.

Caisse Nationale de Solidarite pour l'Autonomie (CNSA): National Solidarity Fund for Autonomy

Code de l'action sociale at des familles (CASF): French Family and Social Action Code —this is where most LTC policies are codified.

Départements: Local government authorities with an intermediary role between regions and municipalities

Estate recovery provision (Obligation alimentaire): A provision of PSD by which local authorities recover PSD costs from beneficiaries' assets after death.

Établissement d'hébergement pour personnes âgées dépendantes (EHPAD): A categorization for institutions providing long-term care services to dependent older adults introduced in 1997. EHPADs are nursing homes that provide day care, short-term stay and permanent accommodation. They are distinct from USLDs, which are long-term care units providing constant care, usually located in hospitals. EHPADs can be public, for-profit or non-profit organizations. Dependent people aged 60 years or older are eligible for EHPADs. EHPADs are financed by national and local general revenue, national government social assistance programs, and out-of-pocket payments.

Fonds de financement de l'allocation personnalisée d'autonomie: Personalized Autonomy Allowance Financing Fund

Groupes Iso-Resources (GIR): Dependency levels within the French LTC system. There are six levels. Higher levels correspond to lower care needs (i.e., GIR 6 corresponds to someone independent in ADLs).

Home-Helper service (Aide-ménagère à domicile - AMD): The system was introduced in 1953 to assist the older adults with household tasks. People aged 55 or older who are not receiving PSD benefits (APA benefits from 2002) are eligible for AMD. AMD is provided by Départements or pension funds. It is financed by tax revenues and contributions to the pension funds.

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.

Personalized Autonomy Allowance (Allocation Personnalisee d'Autonomie - APA): A care allowance provided since 2002 that reimburses beneficiaries for care-related expenses. The allowance could be used to finance home or institutional care and is provided by Départements. APA is calculated according to a beneficiary's financial situation and assessed dependency level.

Plan d'action personnalisé (PAP): Personalized Action Plan

Solidarity Allowance for the Elderly (ASPA): Known as Allocation de solidarité aux personnes âgées in French, this is a unified old-age social assistance system for new beneficiaries which started in 2006. ASPA provides a guaranteed minimum level of income for older adults or disabled residents of France. ASPA benefits paid over a person's life are recoverable by the government from the person's assets after their death. ASPA replaced AS for new beneficiaries only.

Specific Dependency Benefit (Prestation Specifique Dependance - PSD): A care allowance provided from 1997 to 2001 that reimburses beneficiaries for care-related expenses. The allowance could be used to finance home or institutional care and is provided by Départements. PSD is calculated according to a beneficiary's financial situation and assessed dependency level.

Supplementary Allowance for the Elderly (AS): Known as allocation supplémentaire in French, this system was one of two old-age social assistance systems in place before 2006. It provides a guaranteed minimum level of income for older adults or disabled residents of France without a nationality requirement. AS benefits paid over a person's life are recoverable by the government from the person's assets after their death.

Third Party Benefit Increase (Majoration pour Tierce Personne - MTP): MTP is a supplemental allowance for persons receiving a disability pension. It is paid to cover the costs for personal care assistance. In the context of LTC benefits, it is often used as a reference value for the determination of benefit amounts or benefit eligibility.

Unités de soins de longue durée (USLD): Long-term care units providing constant care, usually located in hospitals. They are separate from EHPADs. USLDs can be public, for-profit or non-profit organizations. Dependent people aged 60 years or older are eligible for USLDs. USLDs are financed by national and local general revenue, national government social assistance programs, and out-of-pocket payments.

Widowhood Allowance (Pension de veuvage): The Widowhood Allowance is a pension provided to widowed people aged 55 years or younger.

Version information

Current Version: 1.1 (May 2024)

Version History

- 1.1 (May 2024): Minor revisions to rank scoring in AGGIR algorithm tables.

Additional resources

The following resources provide additional details for the interested reader:

Legifrance (2017). Annexe 2-1 [Annex 2-1]. Available in French only. Last amended by Decree No. 2017-882 of May 9, 2017 - art. 5. Legifrance is the official online platform for legal consultation of France. As of July 25, 2022.
Available at: https://www.legifrance.gouv.fr/codes/article_lc/LEGIARTI000034696537/
Features: Detailed information concerning care assessment procedure (i.e., AGGIR grid) as based on the Code of Social Action and Families

Data.gouv.fr (2021). Prix hébergement et tarifs dépendance des EHPAD [Accommodation prices and EHPAD dependency rates]. Data.gouv.fr is the open and community platform that aims to centralize and structure open data in France. Updated November 29, 2021. Available in French only. As of July 25, 2022.
Available at: https://www.data.gouv.fr/en/datasets/prix-hebergement-et-tarifs-dependance-des-ehpad/#description
Features: Databases for EHPADs' accommodation costs and dependency rates

A few paper on the impact of these programs include:

Rapp, T., Grand, A., Cantet, C., Andrieu, S., Coley, N., Portet F., & Vellas, B. (2011). Public Financial support receipt and non-medical resource utilization in Alzheimer's disease - Results from the PLASA study. Social Science & Medicine, 72(8), 1310-1316.
Link: https://www.sciencedirect.com/science/article/abs/pii/S0277953611001432?via%3Dihub

Rapp, T. Chauvin, P. & Sirven, N. (2015). Are public subsidies effective to reduce emergency care use? Evidence from the PLASA study, Social Science & Medicine, 138, 31-7.
Link: https://www.sciencedirect.com/science/article/abs/pii/S0277953615003172?via%3Dihub

Rapp, T, Apouey, B., & Senik, C. (2018). The impact of institution use on the wellbeing of Alzheimer's disease patients and their caregivers. Social Science & Medicine, 207.
Link: https://www.sciencedirect.com/science/article/abs/pii/S0277953618301795?via%3Dihub