GATEWAY TO GLOBAL AGING DATA

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Gateway Policy Explorer: Long-Term Care Series

Germany

Long-Term Care In-Kind Benefit Plan Details

1994-2022

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Version: 1.0 (September 2023)

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

Please cite as "Gateway to Global Aging Data (2023). *Gateway Policy Explorer: Germany, Long-Term Care In-Kind Benefit Plan Details, 1994-2022*, Version: 1.0 (September 2023), University of Southern California, Los Angeles. https://doi.org/10.25553/gpe.ltc.kb.deu"

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*.

Germany

In-Kind Benefits

Plan details 1994-2022 * †

Long-term care (LTC) services have been provided by the German government since the introduction of Germany's compulsory LTC insurance in 1995. Under this system, people are required to enroll in either the public LTC insurance system or in a LTC insurance plan through a private insurer. Public and private LTC insurance provide identical benefits.

Assessment of care needs under the German LTC system has remained fundamentally similar over time in that applicants' dependence status determines their approved care level. Based on approved care levels, persons may receive care from public and private LTC service providers, up to a maximum benefit level. Support and care services may include residential, semi-residential and at-home care. Among LTC home-care benefits, individuals can opt for cash benefits, in-kind benefits, or a combination of the two. The system provides additional in-kind and reimbursable benefits including at-home and nursing consulting, relief benefit, grants for home renovation, and technical and consumable aids.

Since its introduction in 1995, the German LTC system has been subject to two major policy reforms: the Pflege-Weiterenwicklungsgesetz (PfWG) in 2008, and the Second Pflegestärkungsgesetz (PSG II) in 2017. The former provided improvements to the already existing system, while the latter redefined the care assessment process.

Key Dates

First law: 1994

Major changes since 1994: 2008, 2017

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 1994-2007

Overview

Long-term care (LTC) benefits are provided by compulsory LTC insurance. People are required to enroll in the public LTC insurance system or enroll in a LTC insurance plan through a private insurer. LTC insurance is part of the mandatory statutory health insurance system that is provided by either the public sector (Gesetzliche Krankenversicherung - GKV) or through the private sector (Private Krankenverischerung - PKV). All participants in statutory health insurance are covered by LTC insurance. The LTC insurance system, as initially designed, emphasized providing LTC benefits to people with physical limitations.

Public LTC Insurance (Soziale Pflegeversicherung - SPV)

SPV is a pay-as-you-go system financed through contributions. In 1994 the provisional total contribution rate was 1% of individual gross earnings, raised to 1.7% in 1996. From January 2005, the contribution rate for childless employees aged 23 or over, people claiming unemployment benefits (Arbeitslosengeld I), and employees receiving Short-Time Work Allowance (Kurzarbeitergeld) is increased by an additional 0.25% of their gross earnings. People born before 1940, people involved in military or civil services and those receiving long-term unemployment benefits (Arbeitslosengeld II) are exempted from paying this additional amount.

Eligibility to receive LTC benefits is based on the level of care a person needs with at least two activities of daily living (ADL) and instrumental activities of daily living (IADL) for an expected period of at least 6 months. Eligibility for LTC benefits also requires a qualifying period of at least 5 years of LTC insurance contributions within 10 years prior to applying for LTC benefits. Dependent children are also eligible if their parents satisfy the qualifying period.

The Medical Services of the Health Insurance (Medizinischer Dienst der Krankenkassen - MDK) agency performs an assessment of care needs. Applicants may be classified into one of three dependence levels (Pflegestufen) based on the assessed frequency and caregiving time needed in personal care, nutrition, mobility and IADL.

Public LTC insurance is provided by LTC funds (Pflegekassen). LTC benefits of the Pflegekassen are administered by the public health insurance funds (Krankenkassen), but their financial structure and management remains independent. LTC insurance funds are responsible for contracts with care providers, in-kind benefits provision, and payment of cash benefits. LTC does not cover full costs: benefits are capped, and when applied to residential care, private copayment can be substantial, requiring means-tested social assistance. LTC in-kind and cash benefits may be combined and are not subject to taxation.

People with a minimum level of dependency can choose to receive in-kind or cash LTC benefits (Pflegegeld). According to §3 SGB XI, the LTC insurance system prioritizes home care services provided informally by family and friends: *"with its benefits, long-term care insurance should primarily support home care and the willingness of relatives and neighbors to provide care, so that those in need of care can stay in their home environment for as long as possible. Partial inpatient care and short-term care services take precedence over full inpatient care services."* Home care services from the LTC insurance system started in April 1995, while residential care services started in July 1996.

Private LTC Insurance (Private Pflege-Pflichtversicherung - PPV)

People not insured with the public health insurance must be insured through a private health insurance plan and contract with their health care insurer (or within 6 months with another private insurance company) to ensure coverage for LTC. Private LTC insurance plans are required to provide the same LTC benefits as the public LTC system. Premiums may not exceed public LTC insurance contributions and children are automatically included. Premiums do not depend on income, but rather on the age of the insured and their LTC risk.

Persons insured through private LTC insurance are typically civil servants, persons in professional services (e.g., lawyers, physicians), self-employed persons, or high-income employees.

Reforms during this period include:

- The *Law to supplement the home care benefits for people in need of care with a significant general need of care* also known as Care Benefits Supplementary Act (Pflegeleistungs-Ergänzungsgesetz - PflEG), enacted in December 14, 2001 and effective from January 2002, introduced additional benefits for people with "limited everyday competences" (PEA)
- The *Second Law Amending the Sixth Book of the Social Code and Other Laws* (Bundesgesetzblatt, 2003, Article 6), enacted December 27, 2003 and effective from April 1, 2004, changed LTC contribution assessment for pensioners: pension funds no longer contributed to LTC insurance premiums, and pensioners became responsible for paying their LTC insurance premium.

Benefits for Caregivers

Benefits for caregivers have been regulated by the following laws:

- § 44 SGB XI, by which informal caregivers not working more than 30 hours per week can claim pension entitlements during the time they provide care. The SPV or PPV pays contributions to the pension insurance

This document focuses on providing policy details pertaining to LTC in-kind benefits provided by SPV for care recipients. Policy details on LTC benefits paid to caregivers and additional details about private insurance may be collected in the future.

Statutory basis

Gesetz zur sozialen Absicherung des Risikos der Pflegebedürftigkeit, Elftes Buch Sozialgesetzbuch, Soziale Pflegeversicherung [Social Code (SGB) - Eleventh Book (XI) - Law on Social Protection for the Long-Term-Care Risk], as amended (Bundesgesetzblatt, 1994; DRV, 2022).

Financing

Source of financing

LTC insurance by public and private insurance providers are financed with current contributions (i.e., pay-as-you-go system).

Public LTC Insurance (SPV)

In 1995, the provisional total contribution rate was 1% of individual gross earnings. In 1996, after introduction of the nursing care entitlement, contribution rates increased to 1.7% of gross earnings up to an income ceiling of 75% of the contribution assessment limit for pension insurance until 2002 and the switched to a separate health and LTC contribution limit from 2003 (§55, SGB XI, DRV 2022). Dependent children and spouses whose income was below the contribution threshold were insured as part of family insurance and did not pay contributions. From 2003, a separate income ceiling for LTC insurance replaced the previous assessment ceiling for pension insurance. From January 2005 on, the contribution rate for childless employees aged 23 or over, people claiming unemployment benefits (Arbeitslosengeld I) and employees receiving Short-Time Work Allowance (Kurzarbeitergeld) is increased by an additional 0.25% or their gross earnings for a combined LTC contribution rate of 1.95%. People born before 1940, people involved in military or civil services and those receiving long-term unemployment benefits (Arbeitslosengeld II) are exempted to pay this additional amount. Contribution rates have changed over time —see Table 1 for historical rates in most of Germany and Table 2 for historical values of the contribution assessment limit for pension and LTC insurance.

Public LTC insurance is financed almost exclusively by contributions from employers and employees, with each bearing half of the cost. Pensioners pay half of the contribution, and the other half is financed through pension funds. From April 2004, pensioners would have to pay full premium contributions themselves. As of January, 2005 the 0.25% additional contribution rate is borne by the employee (§58-59, SGB XI DRV 2022). Unemployment insurance covers contributions for unemployed people.

MiniJobs and MidiJobs

The German government subsidizes low income jobs, so called “miniJobs” which are defined by an income threshold or as short-term employment. Jobs below this threshold are usually not taxed, do not pay social security contributions and they are not covered by LTC insurance. Indeed they are often insured by their families or by the employment agency if they receive unemployment benefits. Values of miniJobs’ minimum income threshold over time are provided in Table 2.

As of April 2003 the German government also introduced income subsidies for “midiJobs”, characterized by a slightly higher income than miniJobs. Workers in “midiJobs” are covered by LTC insurance and pay less contributions.

Private LTC Insurance (PPV)

Persons insured through private LTC insurance are typically civil servants, persons in professional services (e.g., lawyers, physicians) or self-employed persons. Employees can opt for PPV if their annual income is above a certain threshold (40,500€ as of 2002). Values of the threshold are provided in Table 2.

Private mandatory LTC insurance is a funded system (Kapitaldeckungsverfahren) —See Box 1 for detailed information. Private LTC services must, at a minimum, match the benefits provided by public LTC insurance (§110, SGB XI, version effective before July 2008, DRV, 2022). Children are insured without contributions and premiums are based on the individual’s health risk and cannot be set according to gender, pre-existing conditions cannot be excluded and persons already in need of care may not be rejected.

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

LTC insurance covers care needs related to limitations in ADLs and IADLs due to physical, mental or psychological impairments.

Eligible population

In general, everyone enrolled in public health insurance (GKV) is covered by public LTC insurance (SPV). People not insured either through public or private health insurance but eligible for LTC, are covered by SPV. There are no age limits for LTC insurance coverage and family members of insured persons are also covered (§20-27, SGB XI, DRV 2022).

Benefit

Home care benefit

Public LTC Insurance (SPV)

Care assistance is determined by the assessed level of care needed. Dependent people classified as Care Level 1 to Level 3 are entitled to receive the following services:

- Home day services (at-home nursing care, formal and informal assistance with ADLs and IADLs)

At-home LTC services are reimbursed up to the amounts provided in Table 3 for care assistance (§36, SGB XI, DRV 2022).

Semi-residential care

Public LTC Insurance (SPV)

Care assistance is determined by the assessed level of care needed. Dependent people classified as Care Level 1 to Level 3 are entitled to receive the following services:

- Day and night care
- Short-term care

Semi-residential LTC services are reimbursed up to the amounts provided in Table 4 (§41-42, SGB XI, DRV 2022).

Residential care

Public LTC Insurance (SPV)

Care assistance is determined by the assessed level of care needed. Dependent people classified as Care Level 1 to Level 3 are entitled to care in fully inpatient facilities if home or semi-residential care is not possible. Examples of fully inpatient care include:

- Residential home for older adults (residents live almost independently in small apartments)
- Care home for older adults (flats or small apartments for dependent older adults assisted with nursing care and domestic help)
- Nursing homes

From January 1998, residential LTC services are reimbursed at flat rates provided in Table 5 (§43, SGB XI, DRV 2022). From July 1996 to December 1997, residential LTC services were reimbursed up to the amount reported in Table 5. An annual benefit maximum applied until June 2008.

Other benefits

Public LTC Insurance (SPV)

Dependent people classified as Care Level 1 to Level 3 are also entitled to the following additional benefits:

- Nursing advice (§7a, 7b, SGB XI, DRV 2022)
- Advice at home (Paragraph 3 of §37, SGB XI, DRV 2022)
- Consumable aids: Up to 60 DM per month as of April 1995 and 31€ per month from 2002 (Paragraph 2 of §40, SGB XI, DRV 2022)
- Technical aids: Mostly intended to be provided on a loan basis (free-of-charge), but in cases where this is not possible there is a 10% copayment up to 50 DM (25€ from 2002) per item (Paragraph 3 of §40, SGB XI, DRV 2022)
- Grants to improve living environment: Up to 5,000 DM per measure as of April 1995 and 2,557€ per measure from 2002 (Paragraph 4 of §40, SGB XI, DRV 2022)
- Respite care: If a private caretaker goes on vacation or is temporarily unable to provide care, the LTC insurance reimburse costs for a temporary caregiver up to four weeks per year —See Table 6 for annual benefit maximums by care level and year (§43, SGB XI, DRV 2022).

People with "limited everyday competences" (PEA)
From 2002, people classified as PEA are also entitled to the following additional benefits:

- Relief benefit: Up to 460€ per year to reimburse approved home care, day and night care, short-term care, and other care services not provided by LTC Funds (§45b, SGB XI, DRV 2022).

See Box 2 and Box 3 for details on PEA.

Provision of care

In-kind benefits are provided by LTC Funds through health insurance funds or by private or non-profit providers in contract with LTC Funds.

Benefit eligibility

Qualifying period

Public LTC Insurance (SPV)
Eligibility for LTC insurance benefits is based on satisfying all the following conditions:

- Paid contributions for LTC insurance in 5 of the last 10 years before applying for LTC insurance benefits. In the period 1995-1999, this condition was satisfied depending on the number of years of LTC insurance contributions paid since the LTC system was created in 1995 (§33, SGB XI, DRV 2022):
  - In 1996, people were eligible for LTC benefits if they have been insured by the LTC system for 1 year before applying for LTC insurance benefits
  - In 1997, people were eligible for LTC benefits if they have been insured by the LTC system for 2 years before applying for LTC insurance benefits
  - In 1998, people were eligible for LTC benefits if they have been insured by the LTC system for 3 years before applying for LTC insurance benefits
  - In 1999, people were eligible for LTC benefits if they have been insured by the LTC system for 4 years before applying for LTC insurance benefits
- A diagnosis of permanent care need for at least six months

Minimum level of dependence

Public LTC Insurance (SPV)
Entitlement for benefits is based on whether the individual needs help with carrying out at least two ADLs and one IADL. There are 3 levels of dependence (Pflegestufen) depending on assistance frequency and caregiving time needed.

The lowest level of dependence is Level 1: the dependent person needs from 90 to 180 minutes of care per day. At this level of care, people need assistance at least once a day with at least two ADLs from one or more areas, and also need help in the household several times a week for at least 90 minutes a day, of which 45 minutes are attributable to basic care.

People with "limited everyday competences" (PEA)
From 2002, people with "limited everyday competences" (Personen mit eingeschränkter Alltagskompetenz - PEA) are eligible for some LTC benefits even if they do not satisfy the requirements for Care Level 1. Detailed information about PEA is provided in Box 2 and Box 3.

Duration of benefit

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

Means testing

In-kind benefits are not means-tested

Age requirement

No age requirement.

Care needs assessment

Definition of dependence

German law defines dependence as a person who need significant help with "physical, cognitive or psychological impairments" (§14, SGB XI, version as of 1995-2016,DRV, 2022). Those illnesses and disabilities are defined by law as:

- Loss, paralysis or other dysfunctions of the postural and musculoskeletal system
- Dysfunction of inner organs or organs of perception
- Dysfunction of the central nervous system, memory or orientation, endogenous psychosis, neurosis or mental disability

Evaluation of dependence is based on four modules:

1. Personal Care: Washing, showering, bathing, dental care, combing, shaving, toileting
2. Nutrition: Preparation of food, eating
3. Mobility: Moving in and out of bed, dressing, moving, standing, climbing up the stairs, leaving and moving back to home
4. IADL: Shopping, cooking, cleaning the dwelling, washing the dishes, washing and cleaning and ironing clothes, heating management

Basic care refers to assistance provided for personal care, nutrition and mobility. See Table 7 for detailed information about basic care-related activities and caregiving time.

There are 3 levels of dependence (Pflegestufen) based on assistance frequency and time required for an informal or nonprofessional caregiver to help the dependent person. The 3 care levels are (§15, SGB XI, version as of 1995-2016, DRV, 2022):

- Level 1: Dependent persons needing a weekly average of 90 to 180 minutes of care per day at least once a day with at least two ADLs from one or more areas, and who additionally need help in the household several times a week. The caregiving time required is at least 90 minutes per day, of which 45 minutes must be attributable to basic care
- Level 2: Dependent persons needing a weekly average of 180 to 300 minutes of care per day at least three times a day with at least two ADLs from one or more areas, and who additionally need help in the household several times a week. The caregiving time required is at least 180 minutes per day, of which 120 minutes must be attributable to basic care
- Level 3: Dependent persons needing a weekly average of more than 300 minutes of care per day around the clock in at least two ADLs from one or more areas, and who additionally need help in the household several times a week. The caregiving time required is at least 300 minutes, of which 240 minutes must be attributable to basic care
- *Hardship Level*: Dependent persons needing on a weekly average more care than that provided in Care Level III are classified as Care Level III – Hardship Level. Here people need help in performing ADLs at least six times a day of which at least three times during the night and basic care during the night is provided by two or more caregivers at the same time.

People with "limited everyday competences" (PEA) —From 2002

People with "limited everyday competences" are defined as people permanently impaired in carrying out ADLs due to dementia-related impairments, mental disabilities or mental illness, needing permanent supervision and care.

Evaluation of dependence

The evaluation process differs between public LTC (SPV) and private LTC (PPV) insurance systems.

Public LTC Insurance (SPV)

After the insured applies for LTC to their LTC insurance fund, the MDK performs an assessment to determine their eligibility for LTC benefits. The assessment is financed jointly by LTC insurance and health insurance funds. MDK establishes assessment guidelines, which are the same nationwide, and conducts these care assessments both in-home and in nursing homes. MDK's medical boards are composed of geriatric trained nurses and physicians who evaluate an applicant's social environment and assess their health and functional status according to national standards. MDK issues an assessment report that states care level classification, care services needed and the intensity of care required, as well as the need for at-home or institutional care. The assessment report also includes options for rehabilitation as a preventive LTC measure, including the need for medical equipment and technical aides. The assessment also establishes when its findings should be reviewed again.

Applicants can appeal the findings of the assessment report in the competent social court within one month of receiving the report and reapply for evaluation.

People with "limited everyday competences" (PEA) —From 2002

PEA are evaluated according to 13 criteria. People are classified as PEA if MDK's experts determine that the person in need of care has permanent and regular impairments in at least two of 13 criteria, one of which falls within criteria 1 to 9. The 13 criteria as well as PEA care assessment rules can be found in Box 2 and Box 3.

Private LTC Insurance (PPV)

After the insured applies for LTC to their private insurer, nurses and physicians trained in geriatrics of the private company MEDICPROOF perform a care assessment. Assessment criteria are the same as those applied by the public LTC system.

Evaluators

Evaluators differ between public LTC (SPV) and private LTC (PPV) insurance.

Public LTC Insurance (SPV)
The Medical Services of the Health Insurance System (Medizinischer Dienst der Krankenversicherung - MDK) performs the care assessment

Private LTC Insurance (PPV)
The private company MEDICPROOF GmbH (Medizinischer Dienst der Privaten) performs care assessment

Benefit limitations

Can you mix LTC benefits?

Among home-care benefits, people can opt for cash benefits, in-kind benefits, or a combination of the two (Kombinationsleistung). The Kombinationsleistung applies if beneficiaries do not fully use in-kind home care benefits, in which case they may be eligible for some cash benefits. The partial cash allowance is determined by the percentage of the in-kind home care benefits not used. In general, a LTC beneficiary can claim or change benefit combinations every 6 months. See Table 3 for maximum cash benefit amounts over time and Box 4 for a clarifying example.

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

Beneficiaries may choose between LTC in-kind and cash benefits. These benefits may be combined.

Can you receive LTC benefits with other social security benefits?

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

Additionally, there are two special cases: (1) the Federal Relief Act (Bundesversorgungsgesetz - BVG) provides soldiers and survivors an additional care allowance, and (2) the Workers' Compensation Act (Gesetzliche Unfallversicherung) guarantees persons in need of LTC due to an accident or occupational illness care benefits from workplace accident insurance. Benefits from this statutory accident insurance take precedence over benefits provided through the LTC insurance: benefits of the LTC insurance are temporarily suspended as equivalent benefits from the statutory accident insurance are received.

User costs

User charges

Public LTC Insurance (SPV)
LTC benefits are capped and LTC services are subject to copayment. Copayments vary across the 16 Länder and between providers. Copayment for nursing homes depends on beneficiaries' care level and include meals and lodging which must be paid privately by users.

If beneficiaries' means are unsufficient to support nursing home expenses, they have the possibility to claim a means- and wealth tested social assistance benefits. If parents are not able to monetary support their care needs, children are responsible to cover their care expenses reimbusing the social assistance benefits.

Taxation of benefits

In-kind benefits are not subject to taxation

Chapter 2: Policy enacted 2008-2015

Policy change in 2008

The LTC Further Development Act (Bundesgesetzblatt, 2008), enacted May 28, 2008 and effective from July 1, 2008, provided improvements for people needing LTC, their relatives and caregivers, as well as benefits' time adjustments and periodical quality revision. The reform also aimed to improve LTC financing and care plan management. Major components of this reform include:

- Increases in the LTC benefits over the 2008-2012 period
- An increase in contribution rate to 1.95%
- A revision of premium contributions for private LTC insurance
- Increases in LTC benefits for people with "limited everyday competence" due to dementia-related impairments, mental disabilities or mental illness (PEA)

Other reforms during this period include:

- The First Long-Term Care Strengthening Act (Bundesgesetzblatt, 2014), enacted December 17, 2014 and effective from January 1, 2015, further increased LTC benefits for PEA

Overview

Long-term care (LTC) benefits are provided by compulsory LTC insurance. People are required to enroll in the public LTC insurance system or enroll in a LTC insurance plan through a private insurer. LTC insurance is part of the mandatory statutory health insurance system that is provided by either the public sector (Gesetzliche Krankenversicherung - GKV) or through the private sector (Private Krankenverischerung - PKV). All participants in statutory health insurance are covered by LTC insurance. The LTC insurance system during this period continued to emphasize providing LTC benefits to people with physical limitations.

Public LTC Insurance (Soziale Pflegeversicherung - SPV)

SPV is a pay-as-you-go system financed through contributions. In 2008 the contribution rate was 1.95% of individual gross earnings. The contribution rate for childless employees aged 23 or over, people claiming unemployment benefits (Arbeitslosengeld I), and employees receiving Short-Time Work Allowance (Kurzarbeitergeld) is increased by an additional 0.25% or their gross earnings. People born before 1940, people involved in military or civil services and those receiving long-term unemployment benefits (Arbeitslosengeld II) are exempted from paying this additional amount.

Eligibility to receive LTC benefits is based on the level of care a person needs with at least two activities of daily living (ADL) and instrumental activities of daily living (IADL) for an expected period of at least 6 months. Eligibility for LTC benefits also requires a qualifying period of at least 2 years of LTC insurance contributions within 10 years prior to applying for LTC benefits. Dependent children are also eligible if their parents satisfy the qualifying period.

The Medical Services of the Health Insurance (Medizinischer Dienst der Krankenkassen - MDK) agency performs an assessment of care needs. Applicants may be classified into one of three dependence levels (Pflegestufen) based on the assessed frequency and caregiving time needed in personal care, nutrition, mobility and IADL.

Public LTC insurance is provided by LTC funds (Pflegekassen). LTC benefits of the Pflegekassen are administered by the public health insurance funds (Krankenkassen), but their financial structure and management remains independent. LTC insurance funds are responsible for contracts with care providers, in-kind benefits provision and payment of cash benefits. LTC does not cover full costs: benefits are capped, and when applied to residential care, private copayment can be substantial, requiring means-tested social assistance. LTC in-kind and cash benefits may be combined and are not subject to taxation.

People with a minimum level of dependency can choose to receive in-kind or cash LTC benefits (Pflegegeld). According to §3 SGB XI, the LTC insurance system prioritizes home care services provided informally by family and friends: *"with its benefits, long-term care insurance should primarily support home care and the willingness of relatives and neighbors to provide care, so that those in need of care can stay in their home environment for as long as possible. Partial inpatient care and short-term care services take precedence over full inpatient care services."* Home care services from the LTC insurance system started in April 1995, while residential care services started in July 1996.

Private LTC Insurance (Private Pflege-Pflichtversicherung - PPV)

People not insured with the public health insurance must be insured through a private health insurance plan and contract with their health care insurer (or within 6 months with another private insurance company) to ensure coverage for LTC. Private LTC insurance plans

are required to provide the same LTC benefits as the public LTC system. Private LTC premiums may not exceed public LTC insurance contributions and children are automatically included. Premiums do not depend on income, but rather on the age of the insured and their LTC risk.

Persons insured through private LTC insurance are typically civil servants, persons in professional services (e.g., lawyers, physicians), self-employed persons, or high-income employees.

Benefits for Caregivers

Benefits for caregivers have been regulated by the following laws:

- §44 of SGB XI (DRV, 2022), by which informal caregivers not working more than 30 hours per week can claim pension entitlements during the time they provide care. The SPV or PPV pays contributions to the pension insurance
- Further Care Development Act (Pflege-Weiterentwicklungsgesetz) (Bundesgesetzblatt, 2008), from 2008, provided:
  - An unpaid care leave (Pflegezeit) of up to six months for working employees in firms with more than 16 employees
  - Care leave of up to 10 days if care recipient's condition suddenly worsened
- The Family Care Leave Act (Familienpflegezeitgesetz) Bundesgesetzblatt, 2011, from 2012, provided employees unpaid family care leave who care for a close dependent relative in a home environment, including reducing weekly working hours to at least 15 hours for a maximum of two years
- Law to Improve the Compatibility of Family, Care, and Work (Gesetz zur besseren Vereinbarkeit von Familie, Pflege und Beruf) Bundesgesetzblatt, 2014, provided from 2015:
  - A legal claim for the family care leave
  - Paid care leave of up to 10 days if care recipient's condition suddenly worsened

This document focuses on providing policy details pertaining to LTC in-kind benefits provided by SPV for care recipients. Policy details on LTC benefits paid to caregivers and additional details about private insurance may be collected in the future.

Statutory basis

Gesetz zur sozialen Absicherung des Risikos der Pflegebedürftigkeit, Elftes Buch Sozialgesetzbuch, Soziale Pflegeversicherung [Social Code (SGB) - Eleventh Book (XI) - Law on Social Protection for the Long-Term-Care Risk], as amended (Bundesgesetzblatt, 1994; DRV, 2022).

Financing

Source of financing

LTC insurance by public and private insurance providers are financed with current contributions (i.e., pay-as-you-go system).

Public LTC Insurance (SPV)

In 2008, the contribution rate for most of Germany was 1.95% of gross earnings up to an income ceiling of 43,200€ (adjusted annually), and this rate increased to 2.05% in 2013 and 2.35% in 2015 (§55, SGB XI, version valid as of July, 2008 and amended in 2013 and 2015 DRV 2022). Contribution rates differ slightly in Saxony. Dependent children and spouses whose income is below the contribution threshold are insured as part of family insurance and do not pay contributions. The contribution rate for childless employees aged 23 or over, people claiming unemployment benefits (Arbeitslosengeld I) and employees receiving Short-Time Work Allowance (Kurzarbeitergeld) is increased by an additional 0.25% or their gross earnings. People born before 1940, people involved in military or civil services and those receiving long-term unemployment benefits (Arbeitslosengeld II) are exempted to pay this additional amount. Contribution rates have changed over time —see Table 1 for historical rates in most of Germany and Table 2 for historical values of the contribution assessment limit for pension insurance.

Public LTC insurance is financed almost exclusively by contributions from employers and employees, with each bearing half of the cost. Pensioners pay the full contribution rate themselves. As of January, 2005 the 0.25% additional contribution rate is borne by the employee (§58-59, SGB XI DRV 2022). Unemployment insurance covers contributions for unemployed people.

Since January 2015, the LTC Fund (Pflegevorsorgefonds) collects 0.1% of LTC insurance contributions from employee earnings to stabilize the LTC system long-run financial resources (Bundesgesetzblatt, 2014). The fund is managed by the German federal bank, and funding will become available in 2035.

MiniJobs and MidiJobs

The German government subsidizes low income jobs, so called "miniJobs" which are defined by an income threshold or as short-term employment. Jobs below this threshold are usually not taxed, do not pay social security contributions and they

are not covered by LTC insurance. Indeed they are often insured by their families or by the employment agency if they receive unemployment benefits. Values of miniJobs' minimum income threshold over time are provided in Table 2. Income subsidies for "midiJobs", characterized by a slightly higher income than miniJobs. Workers in midiJobs are covered by LTC insurance and pay less contributions.

Private LTC Insurance (PPV)
Persons insured through private LTC insurance are typically civil servants, persons in professional services (e.g., lawyers, physicians) or self-employed persons. Employees can opt for PPV if their annual income is above a certain threshold (48,150€ as of 2008). Values of the threshold are provided in Table 2.

Private mandatory LTC insurance is a funded system (Kapitaldeckungsverfahren) —See Box 1 for detailed information. Private LTC services must, at a minimum, match the benefits provided by public LTC insurance (§110, SGB XI, BMJV, 2022). Children are insured without contributions and premiums are based on the individual's health risk and cannot be set according to gender, pre-existing conditions cannot be excluded and persons already in need of care may not be rejected. The amount of the premium also depends on when an insured person's coverage began:

- For persons insured before 1996, private LTC premiums are capped according to the maximum contribution provided by public LTC insurance. Married couples or spouses with no or very low income (450€ per month for those with a part-time job) benefit from premium reduction, and the amount of the combined premium for both spouses cannot exceed 150% of the highest amount provided by the public LTC insurance.
- For persons insured after 1996, the maximum premium amount is equal to the highest contribution for public LTC insurance for the first five years. This implies higher premiums compared to public LTC contribution given the same insured's condition. After the first 5 years of contribution, premiums cannot exceed the highest contribution for public LTC insurance even if the person leaves and enrolls again. There are no price reductions for spouses.

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

LTC insurance covers care needs related to limitations in ADLs and IADLs due to physical, mental or psychological impairments.

Eligible population

In general, everyone enrolled in public health insurance (GKV) is covered by public LTC insurance (SPV). People not insured either through public or private health insurance but eligible for LTC, are covered by SPV. There are no age limits for LTC insurance coverage and family members of insured persons are also covered (§20-27, SGB XI, DRV 2022).

Benefit

Home care benefit

Public LTC Insurance (SPV)
Care assistance is determined by the assessed level of care needed. Dependent people classified as Care Level 1 to Level 3 are entitled to receive the following services:

- Home day services (at-home nursing care, formal and informal assistance with ADLs and IADLs)
- Respite care: If a private caretaker goes on vacation or is temporarily unable to provide care, the LTC insurance reimburses costs for a temporary caregiver performing home care services up to six weeks per year —See Table 6 for annual benefit maximums by care level and year (§43, SGB XI, DRV 2022).

At-home LTC services are reimbursed up to the amounts provided in Table 3 for care assistance (§36, SGB XI, DRV 2022).

Semi-residential care

Public LTC Insurance (SPV)
Care assistance is determined by the assessed level of care needed. Dependent people classified as Care Level 1 to Level 3 are entitled to receive the following services:

- Day and night care
- Short-term care

- Respite care: If a private caretaker goes on vacation or is temporarily unable to provide care, the LTC insurance reimburses costs for temporary short term care services up to six weeks per year —See Table 6 for annual benefit maximums by care level and year (§43, SGB XI, DRV 2022).

Semi-residential LTC services are reimbursed up to the amounts provided in Table 4 (§41-42, SGB XI, DRV 2022).

Residential care

Public LTC Insurance (SPV)

Care assistance is determined by the assessed level of care needed. Dependent people classified as Care Level 1 to Level 3 are entitled to care in fully inpatient facilities if home or semi-residential care is not possible. Examples of fully inpatient care include:

- Residential home for older adults (residents live almost independently in small apartments)
- Care home for older adults (flats or small apartments for dependent older adults assisted with nursing care and domestic help)
- Nursing homes

Residential LTC services are reimbursed at flat rates provided in Table 5 (§43, SGB XI, DRV 2022). An annual benefit maximum applied until June 2008.

Other benefits

Public LTC Insurance (SPV)

Dependent people classified as Care Level 1 to Level 3 are also entitled to the following additional benefits:

- Nursing advice (§7a, 7b, SGB XI, DRV 2022)
- Advice at home (Paragraph 3 of §37, SGB XI, DRV 2022)
- Consumable aids: Up to 31€ per month as of July 2008 (Paragraph 2 of §40, SGB XI, DRV 2022) —This rate has varied over time
- Technical aids: Mostly intended to be provided on a loan basis (free-of-charge), but in cases where this is not possible there is a 10% copayment up to 25€ per item (Paragraph 3 of §40, SGB XI, DRV 2022)
- Grants to improve living environment: Up to 2,557€ per measure. This increased to 4,000€ in 2015. From October 30, 2012, if multiple entitled people lived together, grants could accumulate up to 10,228€ for the same measure. This increased to 16,000€ in 2015 (Paragraph 4 of §40, SGB XI, DRV 2022)

People with "limited everyday competences" (PEA)

People classified as PEA are also entitled to the following additional benefits:

- Relief benefit: Up to 100€ per month (basic amount) or 200€ per month (increased amount) to reimburse approved home care, day and night care, short-term care, and other care services not provided by LTC Funds (§28a and §45b, SGB XI, DRV 2022). The basic and increased amounts were increased to 104€ and 208€ per month in 2015.

See Box 2 and Box 3 for details on PEA.

Provision of care

In-kind benefits are provided by LTC Funds through health insurance funds or by private or non-profit providers in contract with LTC Funds.

Benefit eligibility

Qualifying period

Public LTC Insurance (SPV)

Eligibility for LTC insurance benefits is based on satisfying all the following conditions:

- LTC insurance contributions paid for at least 5 years in the last 10 years before applying for LTC benefits (§33, SGB XI, DRV 2022) —In July 2008, this was lowered to be at least 2 years in the last 10 years before applying for LTC benefits
- A diagnosis of permanent care need for at least six months

Minimum level of dependence

Public LTC Insurance (SPV)

Entitlement for benefits is based on whether the individual needs help with carrying out at least two ADLs and one IADL. There are 3 levels of dependence (Pflegestufen) depending on assistance frequency and caregiving time needed.

The lowest level of dependence is Level 1: the dependent person needs 90 to 180 minutes of care per day. At this level of care, people need assistance at least once a day with at least two ADLs from one or more areas, and require additional help in the

household several times a week for at least 90 minutes a day, of which 45 minutes are attributable to basic care.

People with "limited everyday competences" (PEA)
People with "limited everyday competences" (Personen mit eingeschränkter Alltagskompetenz - PEA) are eligible for some LTC benefits even if they do not satisfy the requirements for Care Level 1. Detailed information about PEA is provided in Box 2 and Box 3.

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

Means testing
In-kind benefits are not means-tested

Age requirement
No age requirement.

Care needs assessment

Definition of dependence
German law defines dependence as a person who need significant help with "physical, cognitive or psychological impairments" (§14, SGB XI, version as of 1995-2016,DRV, 2022). Those illnesses and disabilities are defined by law as:

- Loss, paralysis or other dysfunctions of the postural and musculoskeletal system
- Dysfunction of inner organs or organs of perception
- Dysfunction of the central nervous system, memory or orientation, endogenous psychosis, neurosis or mental disability

Evaluation of dependence is based on four modules:

1. Personal Care: Washing, showering, bathing, dental care, combing, shaving, toileting
2. Nutrition: Preparation of food, eating
3. Mobility: Moving in and out of bed, dressing, moving, standing, climbing up the stairs, leaving and moving back to home
4. IADL: Shopping, cooking, cleaning the dwelling, washing the dishes, washing and cleaning and ironing clothes, heating management

Basic care refers to assistance provided for personal care, nutrition and mobility. See Table 7 for detailed information about basic care related activities and caregiving time.

There are 3 levels of dependence (Pflegestufen) based on assistance frequency and time required for an informal or nonprofessional caregiver to help the dependent person. The 3 care levels are (§15, SGB XI, version as of 1995-2016, DRV, 2022):

- Level 1: Dependent persons needing a weekly average of 90 to 180 minutes of care per day at least once a day with at least two ADLs from one or more areas, and who additionally need help in the household several times a week. The caregiving time required is at least 90 minutes per day, of which 45 minutes must be attributable to basic care
- Level 2: Dependent persons needing a weekly average of 180 to 300 minutes of care per day at least three times a day with at least two ADLs from one or more areas, and who additionally need help in the household several times a week. The caregiving time required is at least 180 minutes per day, of which 120 minutes must be attributable to basic care
- Level 3: Dependent persons needing a weekly average of more than 300 minutes of care per day around the clock in at least two ADLs from one or more areas, and who additionally need help in the household several times a week. The caregiving time required is at least 300 minutes, of which 240 minutes must be attributable to basic care
- *Hardship Level*: Dependent persons needing on a weekly average more care than that provided in Care Level III are classified as Care Level III – Hardship Level. Here people need help in performing ADLs at least six times a day of which at least three times during the night and basic care during the night is provided by two or more caregivers at the same time.

People with "limited everyday competences" (PEA)
People with "limited everyday competences" are defined as people permanently impaired in carrying out ADLs due to dementia-related impairments, mental disabilities or mental illness, needing permanent supervision and care.

Evaluation of dependence
The evaluation process differs between public LTC (SPV) and private LTC (PPV) insurance systems.

Public LTC Insurance (SPV)

After the insured applies for LTC to their LTC insurance fund, the MDK performs an assessment to determine their eligibility for LTC benefits. The assessment is financed jointly by LTC insurance and health insurance funds. MDK establishes assessment guidelines, which are the same nationwide, and conducts these care assessments both in-home and in nursing homes. MDK's medical boards are composed of geriatric trained nurses and physicians who evaluate an applicant's social environment and assess their health and functional status according to national standards. MDK issues an assessment report that states care level classification, care services needed and the intensity of care required, as well as the need for at-home or institutional care. The assessment report also includes options for rehabilitation as a preventive LTC measure, including the need for medical equipment and technical aides. The assessment also establishes when its findings should be reviewed again.

Applicants can appeal the findings of the assessment report in the competent social court within one month of receiving the report and reapply for evaluation.

People with "limited everyday competences" (PEA)
PEA are evaluated according to 13 criteria. People are classified as PEA if MDK's experts determine that the person in need of care has permanent and regular impairments in at least two of 13 criteria, one of which falls within criteria 1 to 9. The 13 criteria as well as PEA care assessment rules can be found in Box 2 and Box 3.

Private LTC Insurance (PPV)
After the insured applies for LTC to their private insurer, nurses and physicians trained in geriatrics of the private company MEDICPROOF perform a care assessment. Assessment criteria are the same as those applied by the public LTC system.

Evaluators

Evaluators differ between public LTC (SPV) and private LTC (PPV) insurance.

Public LTC Insurance (SPV)
The Medical Services of the Health Insurance System (Medizinischer Dienst der Krankenversicherung - MDK) performs the care assessment.

Private LTC Insurance (PPV)
The private company MEDICPROOF GmbH (Medizinischer Dienst der Privaten) performs care assessment

Note: As of 2012, if applicants do not receive an assessment report within 4 weeks after application, their LTC fund has to nominate at least three independent experts for dependence evaluation.

Benefit limitations

Can you mix LTC benefits?

Among home-care benefits, people can opt for cash benefits, in-kind benefits, or a combination of the two (Kombinationsleistung). The Kombinationsleistung applies if beneficiaries do not fully use in-kind home care benefits, in which case they may be eligible for some cash benefits. The partial cash allowance is determined by the percentage of the in-kind home care benefits not used. In general, a LTC beneficiary can claim or change benefit combinations every 6 months. See Table 3 for maximum cash benefit amounts over time and Box 4 for a clarifying example.

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

Beneficiaries may choose between LTC in-kind and cash benefits. These benefits may be combined.

Can you receive LTC benefits with other social security benefits?

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

Additionally, there are two special cases: (1) the Federal Relief Act (Bundesversorgungsgesetz - BVG) provides soldiers and survivors an additional care allowance, and (2) the Workers' Compensation Act (Gesetzliche Unfallversicherung) guarantees persons in need of LTC due to an accident or occupational illness care benefits from workplace accident insurance. Benefits from this statutory accident insurance take precedence over benefits provided through the LTC insurance: benefits of the LTC insurance are temporarily suspended as equivalent benefits from the statutory accident insurance are received.

User costs

User charges

Public LTC Insurance (SPV)

LTC benefits are capped and LTC services are subject to copayment. Copayments vary across the 16 Länder and between providers. Copayment for nursing homes depends on beneficiaries' care level and include meals and lodging which must be paid privately by users.

If beneficiaries' means are unsufficient to support nursing home expenses, they have the possibility to claim a means- and wealth tested social assistance benefits. If parents are not able to monetary support their care needs, children are responsible to cover their care expenses reimbusing the social assistance benefits.

Taxation of benefits

In-kind benefits are not subject to taxation

Chapter 3: Policy enacted 2016-2022

Policy change in 2016

The Second Long-Term Care Strengthening Act (Bundesgesetzblatt, 2015), enacted December 21, 2015 and effective January 1, 2016, made the following substantial changes to the LTC system:

- Increased contribution rates
- Provided a new definition for care and redesigned care assessment and dependence levels
- Introduced new LTC benefits and expanded existing benefits
- Incorporated people with "limited everyday competences" (PEA) into the main definition of dependence and care level classification

Other reforms during this period include:

- The Health Care Development Act, (Bundesgesetzblatt, 2021), enacted July 11, 2021 and effective from January 1, 2022, made the following changes:
  - Increased reimbursement rates for at-home care assistance and short-term care
  - Increased the additional contribution rate for childless person from 0.25% to 0.35%

Overview

Long-term care (LTC) benefits are provided by compulsory LTC insurance. People are required to enroll in the public LTC insurance system or enroll in a LTC insurance plan through a private insurer. LTC insurance is part of the mandatory statutory health insurance system that is provided by either the public sector (Gesetzliche Krankenversicherung - GKV) or through the private sector (Private Krankenverischerung - PKV). All participants in statutory health insurance are covered by LTC insurance. Prior to 2016, the LTC insurance system emphasized providing LTC benefits to people with physical limitations. From 2016, the LTC insurance system expanded to also emphasize care for people with cognitive limitations.

Public LTC Insurance (Soziale Pflegeversicherung - SPV)

SPV is a pay-as-you-go system financed through contributions. In 2017 the provisional total contribution rate was 2.55% of individual gross earnings. The contribution rate for childless employees aged 23 or over, people claiming unemployment benefits (Arbeitslosengeld I), and employees receiving Short-Time Work Allowance (Kurzarbeitergeld) is increased by an additional 0.25% of their gross earnings. People born before 1940, people involved in military or civil services and those receiving long-term unemployment benefits (Arbeitslosengeld II) are exempted from paying this additional amount.

Eligibility to receive LTC benefits is based on the level of care a person needs with at least two activities of daily living (ADL) and instrumental activities of daily living (IADL) for an expected period of at least 6 months. Eligibility for LTC benefits also requires a qualifying period of at least 2 years of LTC insurance contributions within 10 years prior to applying for LTC benefits. Dependent children are also eligible if their parents satisfy the qualifying period.

The Medical Services of the Health Insurance (Medizinischer Dienst der Krankenkassen - MDK) agency performs an assessment of care needs. Applicants may be classified into one of five dependence levels (Pflegegrad - PG) based on assessment modules reflecting six key areas: mobility, cognitive and communicative abilities, behavioral and psychological problems, dealing with illness and therapy-related requirements, and issues of everyday life and social contacts.

Public LTC insurance is provided by LTC funds (Pflegekassen). LTC benefits of the Pflegekassen are administered by the public health insurance funds (Krankenkassen), but their financial structure and management remains independent. LTC insurance funds are responsible for contracts with care providers, in-kind benefits provision, and payment of cash benefits. LTC does not cover full costs: benefits are capped, and when applied to residential care, private copayment can be substantial, requiring means-tested social assistance. LTC in-kind and cash benefits may be combined and are not subject to taxation.

People with a minimum level of dependency can choose to receive in-kind or cash LTC benefits (Pflegegeld). According to §3 SGB XI, the LTC insurance system prioritizes home care services provided informally by family and friends: *"with its benefits, long-term care insurance should primarily support home care and the willingness of relatives and neighbors to provide care, so that those in need of care can stay in their home environment for as long as possible. Partial inpatient care and short-term care services take precedence over full inpatient care services."* Home care services from the LTC insurance system started in April 1995, while residential care services started in July 1996.

Private LTC Insurance (Private Pflege-Pflichtversicherung - PPV)

People not insured with the public health insurance must be insured through a private health insurance plan and contract with their health care insurer (or within 6 months with another private insurance company) to ensure coverage for LTC. Private LTC insurance plans are required to provide the same LTC benefits as the public LTC system. Premiums may not exceed public LTC insurance contributions and children are automatically included. Premiums do not depend on income, but rather on the age of the insured and their LTC risk.

Persons insured through private LTC insurance are typically civil servants, persons in professional services (e.g., lawyers, physicians), self-employed persons, or high-income employees.

Benefits for Caregivers

Benefits for caregivers have been regulated by the following laws:

- §44 of SGB XI (DRV, 2022), by which informal caregivers not working more than 30 hours per week can claim pension entitlements during the time they provide care. The SPV or PPV pays contributions to the pension insurance
- Further Care Development Act (Pflege-Weiterentwicklungsgesetz) (Bundesgesetzblatt, 2008), from 2008, provided:
  - An unpaid care leave (Pflegezeit) of up to six months for working employees in firms with more than 16 employees
  - Care leave of up to 10 days if care recipient's condition suddenly worsened
- The Family Care Leave Act (Familienpflegezeitgesetz) Bundesgesetzblatt, 2011, from 2012, provided employees unpaid family care leave who care for a close dependent relative in a home environment, including reducing weekly working hours to at least 15 hours for a maximum of two years
- Law to Improve the Compatibility of Family, Care, and Work (Gesetz zur besseren Vereinbarkeit von Familie, Pflege und Beruf) Bundesgesetzblatt, 2014, provided from 2015:
  - A legal claim for the family care leave
  - Paid care leave of up to 10 days if care recipient's condition suddenly worsened

This document focuses on providing policy details pertaining to LTC in-kind benefits provided by SPV for care recipients. Policy details on LTC benefits paid to caregivers and additional details about private insurance may be collected in the future.

Statutory basis

Gesetz zur sozialen Absicherung des Risikos der Pflegebedürftigkeit, Elftes Buch Sozialgesetzbuch, Soziale Pflegeversicherung [Social Code (SGB) - Eleventh Book (XI) - Law on Social Protection for the Long-Term-Care Risk], as amended (Bundesgesetzblatt, 1994; DRV, 2022).

Financing

Source of financing

LTC insurance by public and private insurance providers are financed with current contributions (i.e., pay-as-you-go system).

Public LTC Insurance (SPV)

In 2016, the contribution rate for most of Germany was 2.35% of gross earnings up to an income ceiling of 50,850€ (adjusted annually), and this rate increased to 2.55% in 2017 and 3.05% in 2019 (§55, SGB XI, DRV 2022). Contribution rates differ slightly in Saxony. Dependent children and spouses whose income is below the contribution threshold are insured as part of family insurance and do not pay contributions. The contribution rate for childless employees aged 23 or over, people claiming unemployment benefits (Arbeitslosengeld I) and employees receiving Short-Time Work Allowance (Kurzarbeitergeld) is increased by an additional 0.25% or their gross earnings (0.35% from 2022). People born before 1940, people involved in military or civil services and those receiving long-term unemployment benefits (Arbeitslosengeld II) are exempted to pay this additional amount. Contribution rates have changed over time —see Table 1 for historical rates in most of Germany and Table 2 for historical values of the contribution assessment limit for pension insurance.

Public LTC insurance is financed almost exclusively by contributions from employers and employees, with each bearing half of the cost. Pensioners pay full contribution rate themselves. As of January, 2005 the 0.25% additional contribution rate is borne by the employee (§58-59, SGB XI DRV 2022). Unemployment insurance covers contributions for unemployed people. As provided in the Health Care Development Act (Gesundheitsversorgungsweiterentwicklungsgesetz - GVWG) as of 2022, the central government finances SPV through a tax susbsidy (Bundeszuschuss) of 1 billion € per year.

Since January 2015, the LTC Fund (Pflegevorsorgefonds) collects 0.1% of LTC insurance contributions from employee earnings to stabilize the LTC system long-run financial resources (Bundesgesetzblatt, 2014). The fund is managed by the German federal bank,

and funding will become available in 2035.

MiniJobs and MidiJobs

The German government subsidizes low income jobs, so called "miniJobs" which are defined by an income threshold or as short-term employment. Jobs below this threshold are usually not taxed, do not pay social security contributions and they are not covered by LTC insurance. Indeed they are often insured by their families or by the employment agency if they receive unemployment benefits. Values of miniJobs' minimum income threshold over time are provided in Table 2. Income subsidies for "midiJobs", characterized by a slightly higher income than miniJobs. Workers in midiJobs are covered by LTC insurance and pay less contributions.

Private LTC Insurance (PPV)

Persons insured through private LTC insurance are typically civil servants, persons in professional services (e.g., lawyers, physicians) or self-employed persons. Employees can opt for PPV if their annual income is above a certain threshold (57,600€ as of 2017). Values of the threshold are provided in Table 2.

Private mandatory LTC insurance is a funded system (Kapitaldeckungsverfahren) —See Box 1 for detailed information. Private LTC services must, at a minimum, match the benefits provided by public LTC insurance (§110, SGB XI, BMJV, 2022). Children are insured without contributions and premiums are based on the individual's health risk and cannot be set according to gender, pre-existing conditions cannot be excluded and persons already in need of care may not be rejected. The amount of the premium also depends on when an insured person's coverage began:

- For persons insured before 1996, private LTC premiums have been capped according to the maximum contribution provided by public LTC insurance. Married couples or spouses with no or very low income (450 € per month for those with a part-time job) benefit from premium reduction, and the amount of the combined premium for both spouses cannot exceed 150% of the highest amount provided by the public LTC insurance.
- For persons insured after 1996, the maximum premium amount is equal to the highest contribution for public LTC insurance for the first five years. This implies higher premiums compared to public LTC contribution given the same insured's condition. After the first 5 years of contribution, premiums cannot exceed the highest contribution for public LTC insurance even if the person leaves and enrolls again. There are no price reductions for spouses.

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

LTC insurance covers care needs related to limitations in ADLs and IADLs due to physical, mental or psychological impairments.

Eligible population

In general, everyone enrolled in public health insurance (GKV) is covered by public LTC insurance (SPV). People not insured either through public or private health insurance but eligible for LTC, are covered by SPV. There are no age limits for LTC insurance coverage and family members of insured persons are also covered (§20-27, SGB XI, DRV 2022).

Benefit

Home care benefit

Public LTC Insurance (SPV)

Care assistance is determined by the assessed level of care needed. Dependent people classified as Care Level 2 (PG2) to Level 5 (PG5) are entitled to receive the following services:

- Home day services (at-home nursing care, formal and informal assistance with ADLs and IADLs)
- Care management counselling
- LTC group homes
- Pooling service (approved LTC service taking care of multiple dependent persons in a single house or group home)
- Care aids (devices and tools necessary for home care)
- Home renovation grants

At-home LTC services are reimbursed up to the amounts provided in Table 8 for care assistance (§36, SGB XI, DRV 2022).

Semi-residential care

Public LTC Insurance (SPV)

Care assistance is determined by the assessed level of care needed. Dependent people classified as Care Level 2 (PG2) to Level 5 (PG5) are entitled to receive the following services:

- Short-stay care
- Day and night care

Semi-residential LTC services are reimbursed up to the amounts provided in Table 9 (§41-42, SGB XI, DRV 2022).

Residential care

Public LTC Insurance (SPV)

Care assistance is determined by the assessed level of care needed. Dependent people classified as Care Level 2 (PG2) to Level 5 (PG5) are entitled to care in fully inpatient facilities if home or semi-residential care is not possible. Examples of fully inpatient care include:

- Residential home for older adults (residents live almost independently in small apartments)
- Care home for older adults (flats or small apartments for dependent older adults assisted with nursing care and domestic help)
- Nursing homes

Residential LTC services are reimbursed at flat rates provided in Table 10 (§43, SGB XI, DRV 2022).

Other benefits

Public LTC Insurance (SPV)

Dependent people classified as Care Levels PG1 to PG5 are also entitled to the following additional benefits:

- Nursing advice (§7a, 7b and 28a, SGB XI, DRV 2022)
- Advice at home (Paragraph 3 of §37 and §28a, SGB XI, DRV 2022)
- Consumable aids: 40€ per month as of 2017 (Paragraph 2 of §40 and §28a, SGB XI, DRV 2022) —This rate has varied over time
- Technical aids: Mostly intended to be provided on a loan basis (free-of-charge), but in cases where this is not possible there is a 10% copayment up to 25€ per item (Paragraph 3 of §40 and §28a, SGB XI, DRV 2022)
- Grants to improve living environment: Up to 4,000€ per measure, and if multiple entitled people live together, grants can accumulate up to 16,000€ for the same measure (Paragraph 4 of §40 and §28a, SGB XI, DRV 2022)
- Relief benefit: Up to 125€ per month, which reimburses home care, day and night care, short-term care, and other care services not provided by LTC Funds (§28a and §45b, SGB XI, DRV 2022)
- Group home supplement: Dependent people living in group homes can receive an additional 214€ per month (§28a and §38a, SGB XI, DRV 2022)

Dependent people only classified as Care Levels PG2 to PG5 are also entitled to the following additional benefits:

- Respite care: If a private caretaker goes on vacation or is temporarily unable to provide care, the LTC insurance reimburses costs for a temporary caregiver up to six weeks per year. See Table 11 for annual benefit maximums by care level and year (§43, SGB XI, DRV 2022).

Provision of care

In-kind benefits are provided by LTC Funds through health insurance funds or by private or non-profit providers in contract with LTC Funds.

Benefit eligibility

Qualifying period

Public LTC Insurance (SPV)

Eligibility for LTC insurance benefits is based on satisfying all the following conditions:

- LTC insurance contributions paid for at least 2 of the 10 years preceding application for LTC benefits (§33, SGB XI, DRV 2022)
- A diagnosis of permanent care need for at least six months

Minimum level of dependence

Public LTC Insurance (SPV)

There are 5 levels of dependence (Pflegegrad) based on the degree of severity of physical, mental, or psychological impairment. The lowest level of dependence is Pflegegrad 1 (PG 1), indicating minor impairment of autonomy and skills. This level of dependence

is determined by an applicant scoring between 12.5 and 27 points total in their performance of dependence evaluation modules. See the section on "Evaluation of dependence" for point definitions.

The minimum level of dependence granting access to residential LTC benefits is Pflegegrad 1 (PG 1),while the minimum level of dependence granting access to home and semi-residential LTC benefits is Pflegegrad 2 (PG 2), which indicates considerable impairment of autonomy and skills. This level of dependence is determined by an applicant scoring between 27 and 47.5 points total in their performance of dependence evaluation modules.

Duration of benefit

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

Means testing

In-kind benefits are not means-tested

Age requirement

No age requirement.

Care needs assessment

Definition of dependence

German law defines dependence as a person that "cannot independently compensate for or cope with physical, cognitive or psychological impairments or health-related stresses or requirements" (§14-15, SGB XI, version valid from anuary 2017, DRV, 2022). From 2017, evaluation of dependence is based on six modules, including evaluation of psychological and mental impairments (each module receives the weight reported in parentheses):

1. Mobility (10%): Evaluates physical impairment —See Table 12 for details
2. Cognitive and communicative skills (15%): Evaluates general understanding and conversation ability —See Table 13 for details
3. Behavioral and psychological problems (15%) —See Table 14 for details
4. Dependence in ADL (40%): Evaluates a person's ability to care for themselves —See Table 15 and Table 16 for details
5. Dealing with illness and therapy-related requirements and stress (20%): Evaluates self-medication demands and ability —See Table 17, Table 18, Table 19, Table 20 and Table 21 for details
6. Issues of everyday life and social contacts (15%): Evaluates a person's degree of independence in daily life management —See Table 22 for details

Each module's activities are evaluated through points. These points are summed, and the sum corresponds to one of five levels of impairment. Each level of impairment corresponds to a weighted score —See Table 23 for impairment and weighted points based on the modules. The sum of the weighted points leads to a classification into one of the five LTC dependence levels (Pflegegrad - PG):

- PG1: 12.5 to 27 points (minor impairment)
- PG2: 27 to 47.5 points (considerable impairment)
- PG3: 47.5 to 70 points (serious impairment)
- PG4: 70 to 90 points (severe impairment)
- PG5: 90 to 100 points (most severe degree of impairment)

The National Association of Statutory Health Insurance Funds (GKV-Spitzenverband) provides exceptions for people with special needs that qualify them for PG5 despite having scores below 90 points. Also starting from 2017, "performing activities outside the house" and "limitations in IADL" modules are assessed but do not affect eligibility for LTC.

Before 2017, evaluation of dependence was based on four modules and identified 3 levels of dependence, known as Care Levels (Pflegestufe). See policy enacted before 2016 for these provisions. The official transition to the new levels of care had the following classification rule:

- Care Levels 0 and 1 became Care Level PG2
- Care Level 1 with PEA and Care Level 2, became PG3
- Care Level 2 with PEA and Care Level 3, became PG4
- Care Level 3 and Hardship Level became PG5

With the 2016 and 2017 LTC insurance reforms, people with "limited everyday competences" (PEA) were incorporated into the main definition of dependence and care level classification. Until 2016, LTC assessments with PEA and no physical impairments ("Care

Level 0") could only receive a care allowance of €123 per month. According to the new care levels definition, "Care Level 0" becomes the new "Care Level 2" providing an increased care allowance and the possibility to combine LTC cash and in-kind benefits.

Evaluation of dependence

The evaluation process differs between public LTC (SPV) and private LTC (PPV) insurance systems.

Public LTC Insurance (SPV)

After the insured applies for LTC to their LTC insurance fund, the MDK performs an assessment to determine their eligibility for LTC benefits. The assessment is financed jointly by LTC insurance and health insurance funds. MDK establishes assessment guidelines, which are the same nationwide, and conducts these care assessments both in-home and in nursing homes. MDK's medical boards are composed of geriatric trained nurses and physicians who evaluate an applicant's social environment and assess their health and functional status according to national standards. MDK issues an assessment report that states care level classification, care services needed and the intensity of care required, as well as the need for at-home or institutional care. The assessment report also includes options for rehabilitation as a preventive LTC measure, including the need for medical equipment and technical aides. The assessment also establishes when its findings should be reviewed again.

Applicants can appeal the findings of the assessment report in the competent social court within one month of receiving the report and reapply for evaluation.

People with "limited everyday competences" (PEA)

PEA are evaluated according to 13 criteria. People are classified as PEA if MDK's experts determine that the person in need of care has permanent and regular impairments in at least two of 13 criteria, one of which falls within criteria 1 to 9. The 13 criteria as well as PEA care assessment rules can be found in Box 2 and Box 3.

Private LTC Insurance (PPV)

After the insured applies for LTC to their private insurer, nurses and physicians trained in geriatrics of the private company MEDICPROOF perform a care assessment. Assessment criteria are the same as those applied by the public LTC system.

Evaluators

Evaluators differ between public LTC (SPV) and private LTC (PPV) insurance.

Public LTC Insurance (SPV)

The Medical Services of the Health Insurance System (Medizinischer Dienst der Krankenversicherung - MDK) performs the care assessment.

Private LTC Insurance (PPV)

The private company MEDICPROOF GmbH (Medizinischer Dienst der Privaten) performs care assessment

Note: If applicants do not receive an assessment report within 4 weeks after application, their LTC fund has to nominate at least three independent experts for dependence evaluation.

Benefit limitations

Can you mix LTC benefits?

Among home-care benefits, people can opt for cash benefits, in-kind benefits, or a combination of the two (Kombinationsleistung). The Kombinationsleistung applies if beneficiaries do not fully use in-kind home care benefits, in which case they may be eligible for some cash benefits. The partial cash allowance is determined by the percentage of the in-kind home care benefits not used. In general, a LTC beneficiary can claim or change benefit combinations every 6 months. See Table 3 for maximum cash benefit amounts over time and Box 4 for a clarifying example.

Conversion entitlement

Part of the home care in-kind benefit can be used to receive support in everyday life: up to 40% of the LTC benefit to receive formal home care can be reimbursed to receive support in everyday life by providers other than LTC funds (Paragraph 4, §45a, SGB XI, DRV 2022).

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

Beneficiaries may choose between LTC in-kind and cash benefits. These benefits may be combined.

Can you receive LTC benefits with other social security benefits?

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

Additionally, there are two special cases: (1) the Federal Relief Act (Bundesversorgungsgesetz - BVG) provides soldiers and survivors an additional care allowance, and (2) the Workers' Compensation Act (Gesetzliche Unfallversicherung) guarantees persons in need of LTC due to an accident or occupational illness care benefits from workplace accident insurance. Benefits from this statutory accident insurance take precedence over benefits provided through the LTC insurance: benefits of the LTC insurance are temporarily suspended as equivalent benefits from the statutory accident insurance are received.

User costs

User charges

Public LTC Insurance (SPV)

LTC benefits are capped and LTC services are subject to copayment. Copayments vary across the 16 Länder and between providers. Copayment for nursing homes depends on beneficiaries' care level and include meals and lodging which must be paid privately by users. As of January 2017, nursing home residents from PG2 to PG5 pay a common copayment (Einrichtungseinheitlicher Eigenanteil - EEE). As of 2022, nursing homes copayments are reduced according to the duration of beneficiaries' stay by (Gesundheitsversorgungsweiterentwicklungsgesetz - GVWG):

- 5% if less than 12 months
- 25% if between 12 and 24 months
- 45% if between 24 and 36 months
- 75% if greater than 36 months

If a beneficiary's income and resources are insufficient to support nursing home expenses, they have the possibility to claim means-tested social assistance benefits to cover these expenses. Before 2020, children of people with care needs receiving this social assistance were required to reimburse the government for social assistance benefits paid on the parent's behalf conditional on the child's own income and resources. Since 2020, the Relatives Relief Act (Angehörigen-Entlastungsgesetz) only considers income of children exceeding 100,000 € per year.

Taxation of benefits

In-kind benefits are not subject to taxation

Tables and Formulas

Table 1: LTC Insurance Contribution Rate in Germany

Period	Contribution Rate	Employers' Contribution Rate	Employees' Contribution Rate	Employers' Contribution Rate in Saxony	Employees' Contribution Rate in Saxony
January 1995 to June 1996	1.00%	0.500 %	0.500 %	0.000 %	1.000 %
July 1996 to December 2004	1.70	0.850	0.850	0.350	1.350
January 2005 to June 2008	1.70	0.850	0.850	0.350	1.350
July 2008 to December 2012	1.95	0.975	0.975	0.475	1.475
2013 - 2014	2.05	1.025	1.025	0.525	1.525
2015 - 2016	2.35	1.175	1.175	0.675	1.675
2017 - 2018	2.55	1.275	1.275	0.775	1.775
2019 - 2022	3.05	1.525	1.525	1.025	2.025

Source: Lohn-Info (2022)

Notes: Along with the introduction of the LTC insurance in 1995, a public holiday (Buß- und Bettag) was abolished as an effort to compensate employers' higher burdens. Saxony decided to keep the holiday resulting in higher LTC insurance contributions for employees.

Table 2: Pension and LTC Insurance Contribution Limits

Year	Pension Contribution Limit, Western Germany	Pension Contribution Limit, Eastern Germany	Health and LTC Annual Contribution Limit	PPV Income Threshold	MiniJobs Minimum Income Threshold
1992	81,600 DM	57,600 DM			
1993	86,400	63,600			
1994	91,200	70,800			
1995	93,600	76,800			
1996	96,000	81,600			
1997	98,400	85,200			
1998	100,800	84,000			
1999	102,000	86,400			630 DM
2000	103,200	85,200			630
2001	104,400	87,600			630
2002	54,000 €	45,000 €	40,500 €	40,500 €	325 €
2003	61,200	51,000	41,400	45,900	400 [2]
2004	61,800	52,200	41,850	46,350	400
2005	62,400	52,800	42,300	46,800	400
2006	63,000	52,800	42,750	47,250	400
2007	63,000	54,600	42,750	47,700 [1]	400
2008	63,600	54,000	43,200	48,150 [1]	400
2009	64,800	54,600	44,100	48,600 [1]	400
2010	66,000	55,800	45,000	49,950	400
2011	66,000	57,600	44,550	49,500	400
2012	67,200	57,600	45,900	50,850	400
2013	69,600	58,800	47,250	52,200	450
2014	71,400	60,000	48,600	53,550	450
2015	72,600	62,400	49,500	54,900	450
2016	74,400	64,800	50,850	56,250	450
2017	76,200	68,400	52,200	57,600	450
2018	78,000	69,600	53,100	59,400	450
2019	80,400	73,800	54,450	60,750	450
2020	82,800	77,400	56,250	62,550	450
2021	85,200	80,400	58,050	64,350	450
2022	84,600	81,000	58,050	64,350	520 [3]

Sources: Pension contribution limit reported in Annex 2 for West Germany and Annex 2a for East Germany of SGB VI (BMJV, 2022b); Health and LTC insurance contribution limits are from the *Ordinance on decisive operands of social security* [Verordnung über maßgebende Rechengrößen der Sozialversicherung], corresponding to the value for the annual salary limit according to § 6 paragraph 7 of SGB V; PPV Income Threshold (Lohn-Info 2023)

Notes: Contribution limits represent the maximum earnings taxable for contribution purposes. Values in the fourth column provide the income threshold for employees to enroll in PPV. The Minimum Income Threshold in the last column defines a category of low income jobs, called MiniJobs. MiniJobs' people are not covered by LTC insurance. Values in the column refer to monthly income.

[1] Between 2007 and 2010 employees willing to enroll in PPV needed to have an income greater than the reference thresholds for at least 3 years before they could opt for PPV.

[2] Value as of April 2003. As of April, 2003 the new regulation abolishes the working hours limit.

[3] As of 2022, the working hours limit is adjusted according to the minimum wage of 10 hours per week.

Box 1: Private LTC Insurance Financing (Kapitaldeckungsverfahren)

Pursuant to §146 of the Insurance Supervision Act (VAG) in conjunction with the Health Insurance Supervision Ordinance (KVAV), private health insurance premiums must be calculated in the same way as life insurance premiums. Premium calculation must be based on:

- The equivalence principle, by which risk premiums are set accordingly to the expected loss (expected insurance benefit)
- The formation of aging provisions, by which part of the individual's monthly premium is saved providing reserves for higher expenses in old age. According to this method, aging provisions ensure constant premiums for the entire duration of the contract. As of 2009, private health insurance can take aging provisions with newly concluded contracts including the aging reserves for private LTC insurance

Additionally, the following conditions must be satisfied:

- The premium cannot differ by gender
- Pre-existing conditions may not be excluded and people already in need of care cannot be rejected
- Children have to be co-insured free of charge

Source: Authors' interpretation of Gabler Wirstschaftslexikon (2021); §110 of SGB XI (BMJV, 2022)

Table 3: LTC Insurance Benefits (Before 2017) - Home Care

Care Services by Time Period	Care Level 1	Care Level 2	Care Level 3	Hardship Level
Care allowance (Cash benefits)				
April 1994 - December 2001	400 DM	800 DM	1,300 DM	-
January 2002 - June 2008	205 €	410 €	665 €	-
July 2008 - December 2009	215	420	675	-
2010 - 2011	225	430	685	-
2012 - 2014	235	440	700	-
2015 - 2016	244	458	728	-
Care assistance (In-kind benefits)				
April 1994 - December 2001	750 DM	1,800 DM	2,800 DM	3,750 DM
January 2002 - June 2008	384 €	921 €	1,432 €	1,918 €
July 2008 - December 2009	420	980	1,470	1,918
2010 - 2011	440	1,040	1,510	1,918
2012 - 2014	450	1,100	1,550	1,918
2015 - 2016	468	1,144	1,612	1,995

Source: §36, 37, 38 of SGB XI (DRV, 2022)
Notes: Maximum monthly amounts. Benefits for people with "limited daily competence" (PEA) are provided in Box 2.

Table 4: LTC Insurance Benefits (Before 2017) - Semi-Residential Care

Care Services by Time Period	Care Level 1	Care Level 2	Care Level 3
Day and night care (Per month)			
April 1994 - July 1999	750 DM	1,500 DM	2,100 DM
August 1999 - December 2001	750	1,800	2,800
January 2002 - June 2008	384 €	921 €	1,432 €
July 2008 - December 2009	420	980	1,470
2010 - 2011	440	1,040	1,510
2012 - 2014	450	1,100	1,550
2015 - 2016	468	1,144	1,612
Short-term care (Per year)			
April 1994 - June 24, 1996	- [1]	- [1]	- [1]
June 25, 1996 - December 2001	2,800 DM	2,800 DM	2,800 DM
January 2002 - June 2008	1,432€	1,432€	1,432€
July 2008 - December 2009	1,470	1,470	1,470
2010 - 2011	1,510	1,510	1,510
2012 - 2014	1,550	1,550	1,550
2015 - 2016	1,612	1,612	1,612

Source: §41, 42 of SGB XI (DRV, 2022)
Notes: Before 2015, short-term care provided up to 4 weeks of care per year. From 2015, short-term care is provides up to 8 weeks of care per year. The benefit can be increased by up to 1,612€ from unclaimed respite care benefits. The additional amount used for the short-term care is offset against the benefit amount for respite care (as defined in §39 of SGB XI; see Table 6 for respite care values).
[1] Benefit limit not specified in law

Table 5: LTC Insurance Benefits (before 2017) - Residential Care

Time Period	Care Level 1	Care Level 2	Care Level 3	Hardship Level	Maximum Annual Amount
July 1996 - December 1997	2,800 DM	2,800 DM	2,800 DM	3,300 DM	30,000 DM
January 1998 - December 2001	2,000	2,500	2,800	3,300	30,000
January 2002 - June 2008	1,023 €	1,279 €	1,432 €	1,688 €	15,339 €
July 2008 - December 2009	1,023	1,279	1,470	1,750	-
2010 - 2011	1,023	1,279	1,510	1,825	-
2012 - 2014	1,023	1,279	1,550	1,918	-
2015 - 2016	1,064	1,330	1,612	1,995	-

Source: §43 of SGB XI (DRV, 2022)
Notes: From January 1998, the table values correspond to monthly flat-rate benefit amounts by care level. The maximum annual amount only applies to non-hardship levels of care. Before 1998, residential care was reimbursed up to the value reported in the table.

Table 6: LTC Insurance Benefits (Before 2017) - Respite Care

Care Services by Time Period	Care Level 1	Care Level 2	Care Level 3
Respite care by close relatives [1]			
April 1994 - December 2001	400 DM	800 DM	1,300 DM
January 2002 - June 2008	205 €	410 €	665 €
July 2008 - December 2009	215	420	675
2010 - 2011	225	430	685
2012 - 2014	235	440	700
2015 - 2016	244	458	728
Respite care by other people			
April 1994 - December 2001	2,800 DM	2,800 DM	2,800 DM
January 2002 - June 2008	1,432€	1,432€	1,432€
July 2008 - December 2009	1,470	1,470	1,470
2010 - 2011	1,510	1,510	1,510
2012 - 2014	1,550	1,550	1,550
2015 - 2016	1,612	1,612	1,612

Source: §39 of SGB XI (DRV, 2022)

Notes: Before 2015, respite care provided up to 4 weeks of care per year. From 2015, respite care provides up to 6 weeks of care per year. The dependent person can receive an additional 806€ per year but this additional amount is offset against the amount provided for short-term care (as defined in §42 of SGB XI; see Table 4 for short-term care values).

[1] Close relatives are defined as persons who are related to the beneficiary up to the second degree or live with the beneficiary in a domestic community. Close relatives may be reimbursed for necessary expenses incurred in connection with respite care up to the amount for "other people," provided they can show proof to the applicable LTC fund.

Box 2: Detailed Definition of People with "Limited Daily Competence" (2002 - 2011)

The SGB XI defines people with "limited everyday competences" (Personen mit eigeschraenkter Alltaskompetenz - PEA) as persons permanently impaired in carrying out activities of daily living due to dementia-related impairments, mental disabilities or mental illness in need of regular and permanent supervision and care. The law also refers to this category as "people with significant need for care" or "substantial general need for care." SGB XI defines PEA and their LTC benefits' entitlement in §42a, §45a, and §123. These sections were subject to four major changes, in 2001, 2008, 2012 and 2014-2015.

The 2001 Care Benefits Supplement Act (§6, Article 1, Bundesgesetzblatt, 2001), effective from 2002, defined 13 additional criteria to consider for PEA care assessment, namely:

1. Uncontrolled leaving of the living area (tendency to run away)
2. Misjudging or causing dangerous situations
3. Improper management of hazardous objects or potentially hazardous substances
4. Physically or verbally aggressive behavior in misjudgment of the situation
5. Inappropriate behavior in the situational context
6. Inability to perceive one's physical and emotional feelings or needs
7. Inability to cooperate as needed with therapeutic or protective measures as a result of treatment-resistant depression or anxiety disorder
8. Disorders of higher brain functions (impaired memory, poor judgment) that have resulted in problems coping with daily social activities
9. Disorder of day/night rhythm
10. Inability to independently plan and structure daily routine
11. Misjudging everyday situations and reacting inadequately in everyday situations
12. Markedly unstable or uncontrolled emotional behavior
13. Temporarily predominantly depressed, despondent, helpless or hopeless due to therapy-resistant depression.

LTC insurance funds together with the Association of Private Health Insurance (Verband der privaten Krankenversicherung e.V.), the municipal central associations at federal level (Kommunale Spitzenverbaende), MDK, and other welfare organizations who represent the interests of people with impairments defined PEA's uniform care assessment. According to the law, people were classified as PEA if MDK's experts determined that the person in need of care has permanent and regular impairments in at least two of the 13 criteria, one of which falls within criteria 1 to 9. "Significant need for care" usually referred to particularly severe cases. MDK experts certified an increased need for care, for example, for persons with severe dementia if they suffered from limitations described in the above-mentioned criteria 1, 2, 3, 4, 5, 9 or 11. Concerning LTC benefits, as of 2002, people classified as in need of care in one of the three Care Levels and recognized as PEA, were entitled to an additional reimbursement allowance up to 460€ yearly (§7, Article 1, Bundesgesetzblatt, 2001).

In 2008, under the Long-Term Care Further Development Act (Bundesgesetzblatt, 2008), PEA became eligible for LTC benefits even without satisfying Care Level 1 minimum requirements. This condition is usually referred in the literature as "Care Level 0," even though there is no legal provision for such classification (German law refered to these cases as "people not meeting eligibility requirements for Care Level 1 classification"). According to the law, people in "Care Level 0" were entitled to LTC reimbursement benefits of 100€ to 200€ per month. People in Care Level 1 to 3 recognized as PEA were entitled to additional monthly LTC benefits by the same amounts.

Sources: Bundesgesetzblatt (2001, 2008, 2012, 2014, 2015) and Pflege.de (2022)

Box 3: Detailed Definition of People with "Limited Daily Competence" (2012 - 2021)

The 2012 LTC Realignment Act (Bundesgesetzblatt, 2012) substantially changed LTC benefits for PEA. Art. 1 No. 48 amended SGB XI §123 to §125, redefining PEA LTC benefits as:

- Care Levels 0 to 3: Reimbursement benefits provided in §45b of 100€ or 200€ per month depending on the severity of the impairment identified with the 13 criteria (§ 45a SGB XI)
- "Care Level 0"
  - Cash allowance (§37) of 120€ per month
  - Benefits in kind (§36) of up to 225€ per month
  - A combination of cash and in-kind benefits (§38)
  - Stand-in care, nursing aids and grants for accommodation adjustments (§39 and 40)
- Care Level 1
  - Cash allowance (§37) of 305€ per month (70€ increase relative to value in Table 7)
  - Benefits in kind (§36) of up to 665€ per month (215€ increase)
- Care Level 2
  - Cash allowance (§37) of 525€ per month (85€ increase)
  - Benefits in kind (§36) of up to 1,250€ per month (150€ increase)

PEA's LTC benefits were further expanded in the First Act to Strengthen Nursing Care (Bundesgesetzblatt, 2014) as follows:

- For Care Levels 0 to 3: reimbursement benefits provided in §45b of 104€ or 208€ per month depending on the severity of the impairment identified with the 13 criteria (§45a SGB XI)
- "Care Level 0"
  - Cash allowance (§37) of 123€ per month
  - Benefits in kind (§36) of up to 231€ per month
  - A combination of cash and in-kind benefits (§38)
  - A supplement of 214€ for people living in residential groups with outpatient care, including beneficiaries of respite care (§39), nursing aids and measures to improve the living environment (§40), day and night care (§41), short-term care (§42) and start-up financing for setting up residential groups with outpatient care (§45e)
    - The entitlement to semi-stationary care for insured persons without a care level covers a total value of up to 231€ per month
- Care Level 1
  - Cash allowance (§37) of 316€ per month (72€ increase relative to value in Table 7)
  - Benefits in kind (§36, 41) of up to 689€ per month (221€ increase)
- Care Level 2
  - Cash allowance (§37) of 545 € per month (87€ increase)
  - Benefits in kind (§36, 41) of up to 1,298 € per month (154€ increase)

As of 2016, LTC benefits applicants were classified as PEA by MDK (or MEDICPROOF) if at least two of the 13 criteria falling in category 1 through 12 existed for at least six months. The prerequisite for "increased/significant need for care" remained unchanged.

With the 2015 LTC insurance reform (Bundesgesetzblatt, 2015), effective from 2017, PEA were incorporated into the main definition of dependence and care level classification, meaning:

- Care Levels (Pflegestufe) 0 and 1 became Care Level (Pflegegrad - PG) 2
- Care Level 1 with PEA and Care Level 2 became PG3
- Care Level 2 with PEA and Care Level 3 became PG4
- Care Level 3, and Hardship cases became PG5

For more detailed information about the latest German LTC reform, refer to German LTC insurance cash and in-kind benefits Chapter 4.

Sources: Bundesgesetzblatt (2001, 2008, 2012, 2014, 2015) and Pflege.de (2022)

Table 7: LTC Assessment of Need (Before 2017)

Basic Care	Activities	Care Need (Minutes per Task)
Yes	Body washing (upper-, lower- body, hands)	20-25
Yes	Dental care	5
Yes	Combining	1-3
Yes	Shaving	5-10
Yes	Showering	15-20
Yes	Bathing	20-25
Yes	Defecation and urination (If also dependent for: mobility inside the house, add 2 minutes)	8
Yes	Maintenance of urinary drainage bag or ostomy bag	2-4 each
Yes	Incontinence	11
Yes	Bite-sized food preparation	2-3
Yes	Food in-take	15-20
Yes	Moving in and out of bed, changing positions	1-3 each
Yes	Dressing and undressing (upper-lower body)	Unspecified [1]
Yes	Moving inside the house	Unspecified
Yes	Standing	Unspecified
Yes	Climbing stairs	Unspecified
Yes	Leaving and returning to house	Unspecified
No	Shopping	Unspecified
No	Cooking	Unspecified
No	cleaning dwelling	Unspecified
No	Washing dishes	Unspecified
No	Washing and ironing clothes	Unspecified
No	Manage the heating	Unspecified

Source: Brugiavini et.al (2017)

Notes

[1] German legislation does not provide fixed time guidelines for IADL (mostly identified as "non-basic activities"). The term "unspecified" indicates that the amount of care should be evaluated on an individual basis by the assessment team.

Box 4: Example of Combined LTC Services (Kombinationsleitung)

Suppose a person in Care Level 2 receives monthly home benefits in kind worth 460.50€, i.e., 50% of the maximum amount of home care benefits in-kind covered by LTC insurance (921€ per month). This means dependent persons can claim 50% of 205€ cash allowance, i.e., 102.50€. This decision is valid for the next six months unless there is a significant change in the beneficiaries' care setting.

Source: Authors' interpretation of Bundesministerium fuer Gesundheit (2020)

Notes: Amounts and rates in the example are as of June 2005.

Table 8: LTC Insurance Benefits (After 2017) - Home Care

Care Services by Time Period	PG 2	PG 3	PG 4	PG 5
Care allowance (Cash benefits)				
2017 - 2022	316 €	545 €	728 €	901 €
Care assistance (In-kind benefits)				
2017 - 2021	689	1,298	1,612	1,995
2022	724	1,363	1,693	2,095

Source: Bundesministerium fuer Gesundheit (2020); §36, 37, 38 of SGB XI (DRV, 2022)
Notes: Entitled persons either receive the monthly care allowance, care assistance, or a combination of the two. From 2017, LTC expenses for care provided in full-time institutions for the disabled amounted to 10% of the fee, but not more than 266€ per month. Some benefit amounts for specific items include:

- Consumable aids: 40€ per month
- Technical aids: Mostly provided free of charge or via loan, otherwise the cost coverage is up to 90%, with a 10% co-payment up to 25€ per item
- Living environment improvements: Up to 4,000€ per measure (up to four times this amount - i.e., a total of 16,000 € - when several entitled persons live together)
- Monthly relief benefit: Up to 125€ (1,500€ per year) —the reimbursement is for at-home care, day and night care, short-term care, and other care services not provided by LTC Funds (personal care is excluded for PG2 to PG5)
- Supplement for group home residents: 214€ per month —available to dependent people living in group homes

Table 9: LTC Insurance Benefits (After 2017) - Semi-Residential Care

Care Services by Time Period	PG 2	PG 3	PG 4	PG 5
Day and night care (Per month)				
2017 -2022	689 €	1,298 €	1,612 €	1,995 €
Short-term care (Per year)				
2017 - 2021	1,612	1,612	1,612	1,612
2022	1,774	1,774	1,774	1,774

Source: Bundesministerium fuer Gesundheit (2020); §41, 42 of SGB XI (DRV, 2022)
Notes: The yearly short-term care benefit amount covers care requirement of up to 8 weeks per year. The benefit can be increased by up to 1,612€ from unclaimed respite care benefits. The increased amount used for the short-term care is offset against the benefit amount for respite care (as defined in §39 of SGB XI)

Table 10: LTC Insurance Benefits (After 2017) - Residential Care

Time Period	PG 1	PG 2	PG 3	PG 4	PG 5
2017 - 2022	125€	770€	1,262€	1,775€	2,005€

Source: §43 of SGB XI (DRV, 2022)
Notes: The table values correspond to monthly flat-rate benefit amounts by care level.

Table 11: LTC Insurance Benefits (After 2017) - Respite Care

Care Services by Time Period	PG 2	PG 3	PG 4	PG 5
Respite care by close relatives [1]				
2017 - 2022	316 €	545 €	728 €	901 €
Respite care by other people				
2017 - 2022	1,612	1,612	1,612	1,612

Source: §39 of SGB XI (DRV, 2022)
Notes: Respite care provides up to 6 weeks of care per year. The dependent person can receive an additional 806€ per year but this additional amount is offset against the amount provided for short-term care (as defined in §42 of SGB XI; see Table 9 for short-term care values).

[1] Close relatives are defined as persons who are related to the beneficiary up to the second degree or live with the beneficiary in a domestic community. Close relatives may be reimbursed for necessary expenses incurred in connection with respite care up to the amount for "other people," provided they can show proof to the applicable LTC fund.

Table 12: Module 1. Mobility

Item	Independent	Mostly Independent	Mostly Dependent	Dependent
1.1. Changing position in bed	0	1	2	3
1.2. Maintaining a sitting position	0	1	2	3
1.3. Moving from one seat to another	0	1	2	3
1.4. Moving around within the living area	0	1	2	3
1.5. Stair climbing	0	1	2	3

Source: Annex 1, SGB XI, (BMJV, 2022)
Notes: Module 1 comprises 5 evaluation items.

Table 13: Module 2. Cognitive and Communicative Skills

Item	Ability Present/ Unaffected	Ability Largely Present	Ability Limited	Ability Not Present
2.1. Recognize people in their immediate vicinity	0	1	2	3
2.2. Local orientation	0	1	2	3
2.3. Temporal orientation	0	1	2	3
2.4. Recalling significant events or observations	0	1	2	3
2.5. Control of multi-step everyday actions	0	1	2	3
2.6. Making decisions in everyday life	0	1	2	3
2.7. Understanding facts and information	0	1	2	3
2.8. Recognize risk and danger	0	1	2	3
2.9. Basic needs communication	0	1	2	3
2.10. Understanding prompts	0	1	2	3
2.11. Join a conversation	0	1	2	3

Source: Annex 1, SGB XI, (BMJV, 2022)
Notes: Module 2 comprises 11 evaluation items.

Table 14: Module 3. Behavioral and Psychological Problems

Item	Never or Very Rarely	Rarely (1 - 3 Times Every 2 Weeks)	Frequently (Twice or Several Times a Week)	Everyday
3.1. Motor-related behavioral problems	0	1	3	5
3.2. Nocturnal restlessness	0	1	3	5
3.3. Self-harm and auto-aggressive behavior	0	1	3	5
3.4. Damaging objects	0	1	3	5
3.5. Physically aggressive behavior towards other people	0	1	3	5
3.6. Verbal aggression	0	1	3	5
3.7. Other nursing-related vocal abnormalities	0	1	3	5
3.8. Defense against nursing and other supportive measures	0	1	3	5
3.9. Delusions	0	1	3	5
3.10. Fears	0	1	3	5
3.11. Lack of drive in a depressive mood	0	1	3	5
3.12. Socially inadequate behaviors	0	1	3	5
3.13. Other care-related inadequate actions	0	1	3	5

Source: Annex 1, SGB XI, (BMJV, 2022)
Notes: Module 3 comprises 13 evaluation items.

Table 15: Module 4a. Dependency in ADL

Item	Independent	Mostly Independent	Mostly Dependent	Dependent
4.1. Washing the front torso	0	1	2	3
4.2. Personal hygiene in the area of the head (combing, dental care/denture cleaning, shaving)	0	1	2	3
4.3. Washing the intimate area	0	1	2	3
4.4. Showering and bathing including hair washing	0	1	2	3
4.5. Dressing and undressing the upper body	0	1	2	3
4.6. Dressing and undressing the lower body	0	1	2	3
4.7. Preparing food and pouring drinks in bite size	0	1	2	3
4.8. Eating	0	3	6	9
4.9. Drinking	0	2	4	6
4.10. Using a toilet or commode chair	0	2	4	6
4.11. Coping with the consequences of urinary incontinence and dealing with an indwelling catheter and urostomy	0	1	2	3
4.12. Coping with the consequences of fecal incontinence and managing a stoma	0	1	2	3

Source: Annex 1, SGB XI, (BMJV, 2022)
Notes: Module 4 comprises 13 evaluation items, and it can be divided into 2 sub-modules according to different evaluating categories, namely Module 4a and 4b. Module 4a comprises 12 evaluating items. The expression of the criteria in items 4.8 to 4.10 are weighted more heavily because of their particular importance for nursing care. The individual points for the criteria in items 4.11 and 4.12 are only included in the calculation if the assessment of the insured person also includes the determination "predominantly incontinent" or "completely incontinent" or if stool or urine is artificially drained.

Table 16: Module 4b. Dependency in ADL - Assisted Nutrition

Item	Not Applicable	Partial	Complete
4.13. Parenteral or gavage nutrition	0	6	3

Source: Annex 1, SGB XI, (BMJV, 2022)

Notes: Module 4 comprises 13 evaluation items, and it can be divided into 2 sub-modules according to different evaluating categories, namely Module 4a and 4b. Module 4b comprises 1 evaluating item, rated as:

- 0 points ("not applicable") if regular and daily parenteral nutrition or tube feeding is not required in the long term, for at least six months. If parenteral nutrition or tube feeding can be carried out independently without the help of others, no points are assigned
- 6 points ("partial") if parenteral nutrition or tube feeding is used to prevent malnutrition in addition to the oral intake of food or liquid, with daily assistance
- 3 points ("complete") if the intake of food or liquid occurs exclusively or almost exclusively through parenteral assistance or via a tube.

Fewer points are assigned for total parenteral nutrition or tube feeding than for partial parenteral nutrition or tube feeding, as the often high effort to support oral food intake is largely omitted in the case of exclusively parenteral or tube feeding

Item 4.K: For children up to the age of 18 months, the criteria in sections 4.1 to 4.13 are replaced by item 4.K, namely "Existence of serious problems with food intake in children up to 18 months, which trigger an exceptionally high-maintenance need for help." Item 4.K is rated 20 points.

Table 17: Module 5a. Dealing with Illness and Therapy-Related Requirements and Stress

Item	None or Less Than Once a Day	At Least Once to a Maximum of Three Times a Day	More Than Three to a Maximum of Eight Times a Day	More Than Eight Times a Day
5.1. Medication	0	1	2	3
5.2. Injections (subcutaneous or intramuscular)	0	1	2	3
5.3. Supply of intravenous lines	0	1	2	3
5.4. Suction and oxygenation	0	1	2	3
5.5. Embrocations or cold and heat applications	0	1	2	3
5.6. Measurement and interpretation of body states	0	1	2	3
5.7. Body aids	0	1	2	3

Source: Annex 1, SGB XI, (BMJV, 2022)

Notes: Module 5 comprises 16 evaluation items, and it can be divided into 5 sub-modules according to different evaluating categories, namely Module 5a, 5b, 5c, 5d and 5e. Module 5a comprises 7 evaluating items:

- For each item 5.1 - 5.7, only items which cannot be carried out independently by the insured person are taken into account
- The average daily, weekly and monthly frequencies are summed for items 5.1 to 5.7 (e.g., if medication is administered three times a day and blood glucose is measured once a day, this corresponds to four times per day) —This frequency is converted to an average value per day
  - To convert monthly frequencies to daily ones, monthly frequencies are divided by 30
  - To convert weekly frequencies to daily ones, weekly frequencies are divided by 7

Table 18: Module 5b. Dealing with Illness and Therapy-Related Requirements and Stress

Item	None or Less Than Once a Week	Once or Several Times a Week	One to Three Times a Day	At Least Three Times a Day
5.8. Dressing changes and wound care	0	1	2	3
5.9. Supply with stoma	0	1	2	3
5.10. Regular one-time catheterization and use of drainage methods	0	1	2	3
5.11. Therapy measures in a home environment	0	1	2	3

Source: Annex 1, SGB XI, (BMJV, 2022)

Notes: Module 5 comprises 16 evaluation items, and it can be divided into 5 sub-modules according to different evaluating categories, namely Module 5a, 5b, 5c, 5d and 5e. Module 5b comprise 4 evaluating items:

- For each item 5.8 - 5.11, only items which cannot be carried out independently by the insured person are taken into account
- The average daily, weekly and monthly frequencies are summed for items 5.8 to 5.11. —This frequency is converted to an average value per day
  - To convert monthly frequencies to daily ones, monthly frequencies are divided by 30
  - To convert weekly frequencies to daily ones, weekly frequencies are divided by 7

Table 19: Module 5c. Dealing with Illness and Therapy-Related Requirements and Stress

Item	Independent	Everyday	Weekly Frequency Multiplied By	Monthly Frequency Multiplied By
5.12. Time- and technology-intensive measurement in the home environment	0	60	8.6	2

Source: Annex 1, SGB XI, (BMJV, 2022)

Notes: Module 5 comprises 16 evaluation items, and it can be divided into 5 sub-modules according to different evaluating categories, namely Module 5a, 5b, 5c, 5d and 5e. Module 5c comprises 1 evaluating item. To evaluate item 5.12:

- Record the number of time- and technology-intensive measurements that occurred at home with regular weekly average frequency —Each regular weekly measure is assigned 8.6 module points
- Record the number of time- and technology-intensive measurements that occurred at home with regular monthly average frequency —Each regular monthly measure is assigned 2 module points

If measurements occur regularly on a daily basis, 60 module points are assigned. Points for items 5.12 through 5.15 (including item 5.K in case of children) are summed together. Items 5.12 and 5.13 - 5.15 (including item 5.K in case of children - see Module 5d, Table 20) are evaluated by summing the module points to determine the final assessed points according to the following rule:

- Total module points from 0 to less than 4.3 = 0 final assigned points
- Total module points from 4.3 to less than 8.6 = 1 final assigned point
- Total module points from 8.6 to less than 12.9 = 2 final assigned points
- Total module points from 12.9 to less than 60 = 3 final assigned points
- Total module points from 60 and above = 6 final assigned points

Table 20: Module 5d. Dealing with Illness and Therapy-Related Requirements and Stress

Item	Independent	Weekly Frequency Multiplied By	Monthly Frequency Multiplied By
5.13. Doctor visits	0	4.3	1
5.14. Visiting other medical or therapeutic facilities (up to three hours)	0	4.3	1
5.15. Extended visits to other medical or therapeutic facilities (longer than three hours)	0	8.6	2
5.K. Visits to early intervention institutions for children	0	4.3	1

Source: Annex 1, SGB XI, (BMJV, 2022)
Notes: Module 5 comprises 16 evaluation items, and it can be divided into 5 sub-modules according to different evaluating categories, namely Module 5a, 5b, 5c, 5d and 5e. Module 5d comprises 4 evaluating items. For each evaluating item in 5.13 through 5.K:

- Record the number of visits that occurred with regular weekly average frequency for at least six months —Each regular weekly visit is assigned 4.3 module points
- Record the number of visits that occurred with regular monthly average frequency for at least six months —Each regular monthly visit is assigned 1 module points

Visits extended to a physician or other medical or therapeutic facility, are counted twice. Items 5.12 (Module 5c, Table 19) and 5.13 - 5.15 (including item 5.K in case of children) are evaluated by summing the module points to determine the final assessed points according to the following rule:

- Total module points from 0 to less than 4.3 = 0 final assigned points
- Total module points from 4.3 to less than 8.6 = 1 final assigned point
- Total module points from 8.6 to less than 12.9 = 2 final assigned points
- Total module points from 12.9 to less than 60 = 3 final assigned points
- Total module points from 60 and above = 6 final assigned points

Table 21: Module 5e. Dealing with Illness and Therapy-Related Requirements and Stress

Item	Independent	Mostly Independent	Mostly Dependent	Dependent
5.16. Compliance with a diet and other rules of conduct related to illness or therapy	0	1	2	3

Source: Annex 1, SGB XI, (BMJV, 2022)
Notes: Module 5 comprises 16 evaluation items, and it can be divided into 5 sub-modules according to different evaluating categories, namely Module 5a, 5b, 5c, 5d and 5e. Module 5e comprises 1 evaluating item.

Table 22: Module 6. Designing Everyday Life and Social Content

Item	Independent	Mostly Independent	Mostly Dependent	Dependent
6.1. Shaping the daily routine and adapting to changes	0	1	2	3
6.2. Rest and sleep	0	1	2	3
6.3. To keep oneself busy	0	1	2	3
6.4. Making future-oriented plans	0	1	2	3
6.5. Interaction with people in direct contact	0	1	2	3
6.6. Maintaining contact with people outside of the immediate environment	0	1	2	3

Source: Annex 1, SGB XI, (BMJV, 2022)
Notes: This module comprises 6 evaluation items.

Table 23: Care assessment - Evaluation system

Module	Weight	No Impairments 0	Minor Impairments 1	Significant Impairments 2	Severe Impairments 3	Most Severe Impairments 4
1. Mobility	0.10	0 - 1 (0)	2 - 3 (2.5)	4 -5 (5)	6 - 9 (7.5)	10 - 15 (10)
2. Cognitive and communicative skills	0.15 [1]	0 - 1 (0)	2 - 5 (3.75)	6 - 10 (7.5)	11 - 16 (11.25)	17 - 33 (15)
3. Behavioral and psychological problems	0.15 [1]	0 (0)	1 - 2 (3.75)	3 - 4 (7.5)	5 - 6 (11.25)	7 - 65 (15)
4. Dependence in ADLs	0.40	0 - 2 (0)	3 - 7 (10)	8 - 18 (20)	19 - 36 (30)	37 - 54 (40)
5. Dealing with illness and therapy-related requirements and stress	0.20	0 (0)	1 (5)	2 - 3 (10)	4 - 5 (15)	6 - 15 (20)
6. Designing everyday life and social contacts	0.15	0 (0)	1 - 3 (3.75)	4 - 6 (7.5)	7 - 11 (11.25)	12 - 18 (15)

Source: Author's interpretation, Annex 2, SGB XI, (BMJV, 2022)

Notes: For each module, the sum of assessed points corresponds to a particular impairment score from 0 to 4 (as depicted by the columns). Higher impairment scores correspond to higher levels of dependence. Module weighted points are provided in parentheses. Weighted points are assigned to a particular dependency level —See text for details. "Performing activities outside the house" and "limitations in IADL" modules are assessed but do not affect eligibility for LTC benefits.

[1] Modules 2 and 3 are assessed together using the highest impairment score between the two modules

Sources

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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 assessed independence. They include bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating.

Allgemeine Ortskrankenkasse Bundesverband (AOK): Regional Health insurance fund

Betriebskrankenkasse Dachverband (BKK): Companies' health insurance fund

Bundesversorgungsgesetz (BVG): Federal Relief Act provides soldiers and survivors additional care allowance

Drittes Pflegestärkungsgesetz (PSG III): Third Care Strengthening Act

Elftes Buch Soziale Pflegeversicherung (SGB XI): Social code book containing German LTC regulations

Erstes Pflegestärkungsgesetz (PSG I): First Care Strengthening Act

Gesetzliche Krankenversicherung (GKV): German public health insurance

Gesetzliche Unfallversicherung: Workers' compensation Act guaranteeing extra LTC benefits from workplace accident insurance for persons becoming dependent due to accident or occupational illness

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.

GVK Modernisierungsgesetz (GMG): 2003 health care system reform

Gemeinsamen Vertretung der Innungskrankenkassen e.V. (IKK e.V.): Guilds' Health insurance fund

Kapitaldeckungsverfahren: "Capital cover method", i.e. the financing method used by Private LTC insurance

Knappschaft: Miners' health insurance fund

Kombinationsleitung: Mix of cash- and in-kind home care LTC benefits

Krankenkassen: Public health insurance funds

Krankenversicherungsaufsichtsverordnung (KVAV): Health Insurance Supervision Ordinance

MEDICPROOF GmbH: German private company for long-term care assessment in private LTC insurance

Medizinischer Dienst der Krankenkassen (MDK): Medical Services of Health Insurance performing long-term care assessment

Personen mit eingeschraenkter alltaskompetenz (PEA): People with "limited everyday competences" being permanently impaired in carrying out activities of daily living due to dementia- related impairments, mental disabilities or mental illness, in need of regular and permanent supervision and care.

Pflegekassen: Long-term care insurance funds

Pflegeleistungs-Ergänzungsgesetz (PflEG): Care Benefits Supplementary Act of December 14, 2001, complementing the Fifth and Eleventh Social Books

Pflegestufen: Levels of care in Germany before 2017 LTC reform

Pflegevorsorgefonds: LTC Fund

Pflegezeit: LTC benefit guaranteeing extra time off for caregivers

Private Pflege-Pflichtversicherung (PPV): German private long-term care insurance

Private Krankenversicherung (PKV): German private health insurance

See-Sozialversicherung: Seamen's health insurance fund. From 2008 the See-Sozialeversicherung merged with Knappschaft.

Soziale Pflegeversicherung (SPV): German public long-term care insurance

Sozialversicherung für Landwirtschaft, Forsten und Gartenbau (SVLFG): Agricultural health insurance fund

Verband der Ersatzkassen (vdek): Substitute health and LTC insurance fund

Versicherungsaufsichtsgesetz (VAG): Insurance Supervision Act

Zweites Pflegestärkungsgesetz (PSG II): Second Care Strengthening Act

Version information

Current Version: 1.0 (September 2023)

Version History

- 1.0 (September 2023): First version.

Additional resources

The following resources provide additional details for the interested reader:

Deutsche Rentenversicherung (2022). Social Code (SGB) Eleventh Book (XI) Social Long-term Care Insurance, *rvRecht - legal portal of the German pension insurance*.
Link: https://rvrecht.deutsche-rentenversicherung.de [Full link embedded due to length]
Features: Provides current and historical versions of Germany's LTC Insurance laws.

In addition to Deutsche Rentenversicherung (2022), detailed and comparable online version of changes and amendments to the SGB XI Book can be found at:

- Buzer.de - www.buzer.de

General information about the German social security system can be found at:

- Sozialpolitik-aktuell.de - https://www.sozialpolitik-aktuell.de/sozialpolitik_aktuell_startseite.html

Detailed information of the seven associations of public health and LTC insurance funds can be found on their websites.

- Allgemeine Ortskrankenkasse Bundesverband - AOK - https://www.aok-bv.de/
- Gemeinsamen Vertretung der Innungskrankenkassen e.V. - IKK e.V. - https://www.ikkev.de/
- Betriebskrankenkasse Dachverband e.V. - BKK - https://www.bkk-dachverband.de/
- Sozialversicherung für Landwirtschaft, Forsten und Gartenbau - SVLFG - https://www.svlfg.de/
- Knappschaft - https://www.knappschaft.de/DE/Home/home_node.html
- See-Sozialversicherung: from 2008 the See-Sozialversicherung merged with Knappschaft. For references, see Knappschaft website at https://www.knappschaft.de/DE/Home/home_node.html
- Verband der Ersatzkassen - vdek - https://www.vdek.com/?pk_campaign=gkv.

Laws regulating caregivers' benefit can be consulted at:

- Act on the Structural Development of Long-Term Care Insurance (Care Further Development Act) – Caregiver Leave Act (Gesetz zur strukturellen Weiterentwicklung der Pflegeversicherung (Pflege-Weiterentwicklungsgesetz) – Pflegezeitgesetz) - http://www.bgbl.de/xaver/bgbl/start.xav?startbk=Bundesanzeiger_BGBl&jumpTo=bgbl108s0874.pdf
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