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Gateway Policy Explorer: Long-Term Care Series

Austria

24-Hour Long-Term Care Benefits Plan Details

2007-2023

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Preface

This document is intended for researchers who want to understand the evolution of policy or the policy in place at a particular point in time. This document is not intended for financial advice or to aid in decision-making. The authors have made significant effort to identify and collect historical information pertaining to these policies, to accurately represent these policies, and to communicate how policies may interact to determine legal requirements, eligibility for benefits, and/or benefits levels. The policies presented in this document focus on rules applicable to most individuals aged 50 and older from 1992. Many systems include special policies or alternative eligibility rules for specific groups. We encourage all users to complete their own review of literature in this area depending on the research questions they have in mind.

If you have feedback or questions or identify an error, please contact policy@g2aging.org.

Background — Gateway Policy Explorer: Long-Term Care Series

The *Gateway Policy Explorer* (<http://g2aging.org/policy-explorer>) is part of the Gateway to Global Aging Data (<http://g2aging.org>) project. The *Long-Term Care Series* captures historical policy that affects the birth cohorts of respondents in the surveys covered by the Gateway. It was motivated by the rapid evolution of policies affecting older people across the world. As the Health and Retirement Study (HRS) began in 1992 and many of the international network of studies (HRS-INS) cover more than a decade, understanding the policies in place at the time of the survey has become more demanding for researchers.

Why are we tracking past policy? Individuals make choices based on current policies and the outcomes we see today may reflect responses to past policies. When interpreting the survey responses of individuals, an understanding of the policy environment under which those individuals operate is critical. The collection of contextual information in the *Gateway Policy Explorer* aims to support researchers who want to understand or use policy changes in their research and provide context for longitudinal or cross-country differences. Over the period 2023–2026 the *Gateway Policy Explorer* will be expanded to include information on retirement, long-term care, education, and other policies affecting the life cycle.

The key dimensions to the *Gateway Policy Explorer: Long-Term Care Series* are country and time. In the United States, policy is reported at the state level. We prioritize data collection for each country or state based on its first interview wave and are continuing to expand our data collection back in time to 1992, the earliest survey date in the HRS-INS.

A separate document, like this one, is developed for each country or state and each broad category of policies covered in the *Gateway Policy Explorer: Long-Term Care Series*.

Austria

24-Hour Care Benefits
Plan details 2007-2023 * †

The 24-hour care benefit (*Förderung der 24 Stunden Betreuung*) was introduced by the Home Care Act (*Hausbetreuungsgesetz*) in 2007 to subsidize home care expenses for people in need of continuous care. The Home Care Act regulates home care provided by private caregivers.

Key Dates

First law: 2007

Major changes since 2007: None

Eligibility for 24-hour care is related to the level of dependence identified for long-term care (LTC) cash benefits. The benefit is means-tested and granted to people with monthly income lower than 2,500 €.

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* If you have questions or suggestions, please contact policy@g2aging.org.

† Detailed information and definitions are provided in tables, formulas and a glossary at the end of this document. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: "Alt" + "←"; In Adobe Acrobat on a MAC: "command" + "←"; In Preview on a MAC: "command" + "[".

Chapter 1: Policy enacted 2007-2023

Overview

The Home Care Act, effective from 2007, regulates home care services provided by private caregivers. The law introduced the 24-hour care benefit ([Förderung der 24 Stunden Betreuung](#)) to subsidize part of the home care expenses for people in need for continuous care. This benefit does not cover the full cost of care.

This benefit is financed by the general tax revenues from the federal government (60%) and provinces (40%).

The benefit is means-tested and granted to people with monthly income lower than 2,500€. As of August 2023, this threshold has never been adjusted. The level of dependence qualifying for the 24-hour care benefit is Care Level 3 for the federal care allowance ([Bundespflegegeld](#)) and for the provincial care allowances before 2012 ([Landespflegegeld](#)).

Caregivers must enter into one of the following employment relationships with the beneficiaries:

- Caregiving contract as beneficiaries' employee —Beneficiaries can employ family members or workers of nonprofit organizations
- Caregiving contract as self-employed —Beneficiaries are clients of freelance-caregivers. This is the form almost always chosen ([Rechnungshof Österreich, 2018](#)).

In the first case, the 24-hour care benefit subsidizes expenses for a maximum of 550€ per month per caregiver, while in the second, for a maximum of 275€ per month per caregiver. In general, 24-hour care is provided by at least two caregivers working sequentially. In 2023, the maximum benefit amounts were increased twice, first to 640€ per month per caregiver for the higher rate in January 2023, and then to 800€ per month per caregiver from September 2023. The lower rate remains half the higher rate.

Statutory Basis

Home Care Act ([Bundesgesetzblatt, 2007](#)) —established the 24-hour care benefit

Federal Care Allowance Act (Bundespflegegeldgesetzes - BPGG: [Bundesgesetzblatt, 1993a](#)), as amended ([Rechtsinformationssystem des Bundes, 1993](#)) —§21b regulates provision of the 24-hour care benefit

Trade Regulations 1994, as amended (Gewerbeordnung 1994 - GewO 1994: [Rechtsinformationssystem des Bundes, 1994](#)) —key sections include §159-161 regulating workers engaged in the trade of personal care who are supporting people in need of care

Federal Disability Act, as amended (Bundesbehindertengesetz - BBG: [Rechtsinformationssystem des Bundes, 1990](#)) —§22 defines eligible recipients of the “Support Fund for People with Disabilities,” from which the 24-hour care benefit is paid

Health and Nursing Act, as amended (Gesundheits- und Krankenpflegegesetz - GuKG: [Rechtsinformationssystem des Bundes, 1997](#)) —§3b defines the nursing activities permissible by caregivers providing care using the 24-hour care benefit

Classification Ordinance to the Federal Care Allowance Act, as amended (Einstufungsverordnung zum Bundespflegegeldgesetz - EinstV: [Rechtsinformationssystem des Bundes, 1999](#)) —describes the classification of care needs for certain activities into care requirements

Financing

Source of Financing

The 24-hour care benefit ([Förderung der 24 Stunden Betreuung](#)) is financed by general tax revenues from the federal government (60%) and provinces (40%).

Coverage

Risk covered definition

The LTC system covers care needs related to limitations in activities of daily living (ADL) and instrumental activities of daily living (IADL) due to physical, mental or psychological impairments.

Eligible population

A person is eligible for the subsidy of 24-hour care ([Förderung der 24 Stunden Betreuung](#)) if they satisfy the following conditions ([Rechtsinformationssystem des Bundes, 1993, BPGG §21b](#); [Rechtsinformationssystem des Bundes, 1990, BBG, §22](#)):

- Residence in Austria
- Austrian citizenship, or “equivalent”, i.e.:
 - persons whose “equivalent citizenship status” derived from European Union regulation
 - persons with political asylum
 - persons entitled to reside within the European Union or having an equivalent residence permit

Benefit

24-Hour Care Benefit

The 24-hour care benefit ([Förderung der 24 Stunden Betreuung](#)) subsidizes at home assistance in the following activities ([Rechtsinformationssystem des Bundes, 1993, BPGG §21b\(2\)5](#); ([Rechtsinformationssystem des Bundes, 1994](#)), [GewO 1994 §159](#); ([Rechtsinformationssystem des Bundes, 1997](#)), [GuKG, §3b](#)):

- Personal care (meal preparation, running errands, cleaning, laundry)
- Daily life planning
- Social activities
- ADLs (eating, personal hygiene, elimination, dressing, transferring, walking)
- Nursing and medication (medicines, bandages, dressings, insulin, injection of anticoagulant drugs, blood draws for sugar level measurement) —Caregivers can perform nursing and medical activities only under medical prescription

24-hour caregivers need to provide at least 48 hours of care per week, but they cannot provide more than two weeks of uninterrupted work ([Bundesgesetzblatt, 2007, §1\(3-4\)](#)). This often leads beneficiaries to hire a second caregiver.

24-hour care benefits are paid monthly to beneficiaries by the regional office of the Ministry of Social Affairs. The amount depends on the employment relationships with the following maximum coverage limits:

- 550€ for caregivers directly employed by beneficiaries (employed caregivers)
- 275€ for freelance-caregivers (self-employed caregivers)

The monthly coverage increases in case of a second caregiver to 1,100€ for employed caregivers and 550€ for self-employed.

As of January 2023, the benefit increased the monthly maximum coverage to 1,280€ for two employed caregivers, 640€ for one employed caregiver or two self-employed caregivers, and 320€ for one self-employed caregiver. It was further increased in May 2023, effective from September 2023, to 1,600€ for two employed caregivers, 800€ for one employed caregiver or two self-employed caregivers, and 400€ for one self-employed caregiver. The maximum benefit can be increased at the discretion of each Province.

Provision of care

24-hour care services are provided by private caregivers. Caregivers' qualification is certified by:

- At least six months of practical training
- Certificate of 200 hours of basic training
- Delegation from a doctor or a nurse

Caregivers can enter into one of the following employment relationships with the beneficiaries ([Bundesgesetzblatt, 2007, HBeG, §3-4](#)):

- Caregiving contract as beneficiaries' employee —Beneficiaries can employ family members or workers of nonprofit organizations
- Caregiving contract as self-employed —Beneficiaries are clients of freelance-caregivers

Benefit eligibility

Qualifying period

No qualifying period.

Minimum level of dependence

The minimum level of dependence qualifying for 24-hour care benefits (*Förderung der 24 Stunden Betreuung*) is Care Level 3 of the federal care allowance (*Bundespflegegeld*), requiring at least 120 hours of care per month in at least one core activity (*ADL*) and in at least one auxiliary activity (*IADL*).

If a person is diagnosed with dementia, the minimum level of dependence qualifying for 24-hour care benefits is Care Level 1.

Duration of benefit

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

Means testing

The 24-hour care benefit (*Förderung der 24 Stunden Betreuung*) is means-tested. People with monthly income lower than 2,500€ are eligible for 24-hour care benefits. Social security and care allowances, disability pensions, and scholarships are not included in determining monthly income. The income threshold is increased by:

- 400€ for every dependent family member
- 600€ for every family member with disabilities

The income threshold never has been adjusted for inflation since its introduction.

Age requirement

There are no age requirements.

Care needs assessment

Definition of dependence

Austrian legislation defines a person with “care needs” as an individual who needs frequent help from others for at least six months in tasks that primarily affect their personal lives, and whose everyday life would be seriously compromised without that support (*Rechtsinformationssystem des Bundes, 1993, §4*).

Care assessment follows a uniform federal set of guidelines provided in the Classification Ordinance for the Federal Care Allowance Act (*Einstufungsverordnung zum Bundespflegegeldgesetz, Rechtsinformationssystem des Bundes, 1999*). Dependence evaluation is based on the time needed (hours per day or hours per month) to perform activities of daily living (*ADL*) and instrumental activities of daily living (*IADL*). Each activity is converted into a specific amount of time, i.e. the minimum amount of time that caregiving is needed to perform the related task. The Classification Ordinance also provides the expected number of times the activity should be performed on a daily basis (exact values are in *Table 1*). Evaluated activities can be classified into *care measures* and *auxiliary services*. Care measures (*Betreuungsmaßnahmen*) resemble *ADLs*, including: meal preparation, eating, bathing, dressing, taking medication, toileting, and mobility within one’s residence. Auxiliary services (*Hilfsverrichtungen*) include activities that do not have immediate requirements, including many *IADLs*, such as buying food and medicines, home cleaning, laundry, and mobility outside of one’s residence.

There are 7 levels of dependence (*Stufen*) according to the caregiving time needed per month to perform ADL and IADL (*Table 2*):

- Care Level 1: 50+ hours (60+ from 2011-2015, and 65+ from 2016)
- Care Level 2: 75+ hours (85+ from 2011-2015, and 95+ from 2016)
- Care Level 3: 120+ hours
- Care Level 4: 180+ hours (160+ from 1999)
- Care Level 5: 180+ hours, in case of exceptional care required
- Care Level 6: 180+ hours, requiring constant supervision or care
- Care Level 7: 180+ hours, if applicants four extremities cannot be moved intentionally, or similar situation

As of 2009, an additional 25 caregiving hours are included in the assessment report for people aged 15 or older with dementia-related impairments, mental disabilities, or mental illness (*Rechtsinformationssystem des Bundes, 1999, §1(6)*). In 2023, this mark-up was raised to 45 hours (*Bundesgesetzblatt, 2022*).

People presenting specific type of impairments are automatically assigned to the following care levels (“Minimum classifications”, *Mindesteinstufungen*, [Rechtsinformationssystem des Bundes, 1993, §4a](#)):

- Wheelchair users and people with severe visual impairments are classified into Care Level 3
- Blind people and wheelchair users with incontinence-related problems are classified into Care Level 4
- Blind and deaf people and wheelchair users with paralysis of both arms are classified into Care Level 5

Evaluation of dependence

The level of dependence for beneficiaries of the 24-hour care benefit ([Förderung der 24 Stunden Betreuung](#)) refers to their level of dependence for the federal care allowance and, before 2012, provincial care allowances.

The level of dependence for care allowances is provided through a care assessment performed by a doctor along with the applicant and a trusted third party if desired (e.g., an advocate, family member, friend, that is chosen by the applicant). Where necessary, other professionals from other fields can be involved in the evaluation process. The care assessment follows uniform federal guidelines defined by the Classification Ordinance for the Federal Care Allowance Act ([Einstufungsverordnung zum Bundespflegegeldgesetz, Rechtsinformationssystem des Bundes, 1999](#)). The medical expert report includes the diagnosis, ADLs and IADLs requiring constant care, the intensity of care required, as well as options for medical equipment and technical aides needed in case of mental or psychological impairment.

Applications for 24-hour care benefit are submitted to the regional office of the Ministry of Social Affairs (*Landesstelle des Sozialministeriumservice*), municipalities, magistrates and provinces.

Evaluators

Medical experts provide care assessment. If required, persons from other fields, such as specialists from special needs education, social work, psychology and psychotherapy, can be consulted to ensure a holistic assessment of the care situation ([Bundesgesetzblatt, 1993c, §9; Bundesgesetzblatt, 1999, §8, as amended](#)).

From 2012, registered nurses can perform reassessment of care needs after an initial assessment conducted by a physician ([Bundesgesetzblatt, 2011](#)).

If required, the regional office of the Ministry of Social Affairs verifies applicants’ dependence level for 24-hour care benefits.

Benefit limitations

Can you use 24-hour care benefits along with other LTC benefits?

Cash and in-kind benefits can be combined. 24-hour care benefits are paid in addition to the federal and, before 2012, provincial care allowances for qualifying beneficiaries (see documentation on cash benefits and in-kind benefits, [Gateway to Global Aging Data, 2023a,b](#)). Recipients of a care allowance are expected to pay for LTC services from these benefits. The care allowance and the 24-hour care benefit subsidize care and do not necessarily cover the full cost of care needed.

Can you choose between 24-hour care benefits and other benefits in-kind?

No choice required

Can you receive LTC benefits with other social security benefits?

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

User costs

User charges

There are no user’s charges on the 24-hour care benefit ([Förderung der 24 Stunden Betreuung](#)). Since the 24-hour care benefit is a subsidy, it does not cover the full cost of 24-hour in-home care. Additional costs are borne by the care recipient.

Taxation of benefits

The 24-hour care benefit ([Förderung der 24 Stunden Betreuung](#)) is not taxed

Tables and Formulas

Table 1: Assessment of Need – Core and Auxiliary Activities

Activities	Hours per month	Core/Auxiliary
Daily body care	25	core
Meal preparation	30	core
Taking meals	30	core
Toileting	30	core
Dressing and undressing	20	core
Cleaning for incontinence	20	core
Colostomy care	7.5	core
Cannula tube care	5	core
Catheter care	5	core
Enemas	15	core
Taking medication	3	core
Mobility aid in the narrow sense	15	core
Emptying and cleaning the toilet chair	10	auxiliary
Motivational talks	10	auxiliary
Procuring of food and medicines	10	auxiliary
Cleaning the home and personal effects	10	auxiliary
Care of underwear and towels	10	auxiliary
Heating the living space	10	auxiliary
Mobility aid in a broader sense	10	auxiliary
Cognitive impairment	0 (before 2009)	auxiliary
	25 (2009 - 2022)	
	45 (2023)	

Source: Bundesgesetzblatt (1993c); Bundesgesetzblatt (1999); Rechtsinformationssystem des Bundes (1999); Bundesgesetzblatt, (2008b), §2; Bundesgesetzblatt (2022); Brugiavini et al. (2017)

Notes: Toileting, eating and meal preparation have a caregiving time of 30 hours per month each (1 hour per day). Daily body care has a caregiving time of 25 hours per month (25 minutes twice a day). Dressing and undressing have caregiving time of 20 hours per month (20 minutes twice a day). Caregiving time for people with incontinence is of 20 hours per month (10 minutes for four times a day). Mobility caregiving time is 15 hours per month and includes transferring and moving inside the house. Taking medications requires 3 hours of caregiving per month (6 minutes per day). Caregiving time for self-administered enemas is 15 hours per month (30 min per day). Cannula tube care and catheter care require 5 hours of caregiving time per month each (10 minutes per day). Colostomy care requires 7.5 caregiving hours per month (15 minutes per day).

Auxiliary activities are assigned a fixed 10 hours of caregiving per month.

Table 2: Care Levels (Stufen) by Period

Care Levels	1993-2010	2011-2015	2016-2023
Care Level 1	50+ hours ¹	60+ hours	65+ hours
Care Level 2	75+ hours	85+ hours	95+ hours
Care Level 3	120+ hours	120+ hours	120+ hours
Care Level 4	180+ hours ²	160+ hours	160+ hours
Care Level 5	180+ hours, if exceptional care is necessary	180+ hours, if exceptional care is necessary	180+ hours, if exceptional care is necessary
Care Level 6	180+ hours, if <ul style="list-style-type: none"> Care measures are required which cannot be coordinated in terms of time but are provided on a regular basis during the day and night, or The continuous presence of a carer is required during the day and night because it is probable that the care recipient poses a danger for themselves or to other persons. 	180+ hours, if <ul style="list-style-type: none"> Care measures are required which cannot be coordinated in terms of time but are provided on a regular basis during the day and night, or The continuous presence of a carer is required during the day and night because it is probable that the care recipient poses a danger for themselves or to other persons. 	180+ hours, if <ul style="list-style-type: none"> Care measures are required which cannot be coordinated in terms of time but are provided on a regular basis during the day and night, or The continuous presence of a carer is required during the day and night because it is probable that the care recipient poses a danger for themselves or to other persons.
Care Level 7	180+ hours, if <ul style="list-style-type: none"> No precise functional movement of all four extremities is possible or Constant use of life-supporting technical devices is required 	180+ hours, if <ul style="list-style-type: none"> No precise functional movement of all four extremities is possible or Constant use of life-supporting technical devices is required 	180+ hours, if <ul style="list-style-type: none"> No precise functional movement of all four extremities is possible or Constant use of life-supporting technical devices is required

Source: [Bundesgesetzblatt \(1993c\)](#) before 1999; [Bundesgesetzblatt \(1999\)](#) from 1999; see [Rechtsinformationssystem des Bundes \(1999\)](#) for version from 1999 as amended

Notes

¹ Caregiving time refers to hours per month.

² 160+ from 1999

Sources

This section records key sources consulted when we collected the institutional details reported in this document. Archived versions of these sources are available at the Gateway Policy Explorer website (<http://g2aging.org/policy-explorer>).

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Glossary of terms

This section summarizes key definitions from the main text. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: “Alt” + “←”; In Adobe Acrobat on a MAC: “command” + “←”; In Preview on a MAC: “command” + “[”.

Activities of daily living (ADL): A common set of activities related to personal care used to assess independence. They include bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating.

Betreuungsmaßnahmen: German term for “care measures.” Items included in the care assessment for the federal and provincial care allowances including meal preparation, eating, bathing, dressing, taking medication, toileting, and mobility within one’s residence.

Bundespflegegeld: Federal care allowance provided by the federal government as of 1993 to support care related expenses. It can be used to buy formal care services from public or private providers or to reimburse informal care giving.

Einstufungsverordnung: Name in German for “Regulation on the Classification of the Need of Care.” Provided a uniform set of federal guidelines defining the care assessment performed to determine eligibility for federal, and before 2012, also provincial care allowances.

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

Hilfs-Verrichtungen: German term for “auxiliary activities.” Items included in the care assessment for the federal and provinces’ care allowances including motivational talks, toilet chair care, procuring food and medicines, household cleaning, underwear and towel care, heating, and mobility outside the house.

Instrumental activities of daily living (IADL): A common set of activities used to evaluate a person’s ability to live independently in their community. They include being able to prepare hot meals, shop for groceries, take medication, manage money, use a phone, or use a map.

Landespflegegeld: Provincial care allowances provided by the nine provinces from 1993 until 2011 to support care expenses for people not eligible for the federal care allowance.

Mindesteinstufungen: German term for “minimum classifications.” Items included in the care assessment for federal and province care allowances grading dependent older adults’ classification into lowest qualifying Care Levels according to specific type of impairments.

Stufen: German term for “care levels.” These are care need levels corresponding to levels of dependence. They indicate the extent to which a person is incapable of living independently, requiring assistance in basic ADLs. There are seven Care Levels.

Version information

Current Version: 1.0 (September 2023)

Version History

- 1.0 (September 2023): First version.