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# Granting care assistance from social welfare

Heruntergeladen am 22.07.2025

<https://fimportal.de/xzufi-services/354888/L100038>

Modul	Sachverhalt
Leistungsschlüssel	99107014017000
Leistungsbezeichnung I	Granting care assistance from social welfare
Leistungsbezeichnung II	
Typisierung	2/3 - Bund: Regelung (2 oder 3), Land/Kommune: Vollzug
Quellredaktion	Thüringen
Freigabestatus Katalog	unbestimmter Freigabestatus
Freigabestatus Bibliothek	unbestimmter Freigabestatus
Begriffe im Kontext	
Leistungstyp	Leistungsobjekt mit Verrichtung
Leistungsgruppierung	Sozialleistungen (107)
Verrichtungskennung	Bewilligung (017)
SDG-Informationsbereich	Medizinische Behandlung in einem anderen Mitgliedstaat, Rechte und Voraussetzungen für den Einzug in eine stationäre Pflegeeinrichtung
Lagen Portalverbund	Pflege (1130400)

Modul	Sachverhalt
Einheitlicher Ansprechpartner	Nein
Fachlich freigegeben am	17.06.2025
Fachlich freigegeben durch	Thuringian Ministry of Social Affairs, Health, Labor and Family
Handlungsgrundlage	<a href="https://www.gesetze-im-internet.de/sgb_12/BJNR302300003.html#BJNR302300003BJNG001101360">https://www.gesetze-im-internet.de/sgb_12/BJNR302300003.html#BJNR302300003BJNG001101360</a> <a href="https://www.gesetze-im-internet.de/sgb_12/BJNR302300003.html#BJNR302300003BJNG001101360">https://www.gesetze-im-internet.de/sgb_12/BJNR302300003.html#BJNR302300003BJNG001101360</a>
Teaser	If you are in need of care and the benefits from the care insurance fund and your income and assets are not sufficient, you can receive care assistance benefits under certain conditions.
Volltext	<p>People who have health-related impairments to their independence or abilities and therefore require assistance from others may be entitled to care assistance in accordance with the Twelfth Book of the German Social Code (SGB XII) if the benefits provided by the care insurance fund and their income and assets are not sufficient.</p> <p>The need for assistance may be due to physical, cognitive or mental impairments or health-related burdens or requirements that cannot be compensated for and managed independently. The Medical Service of the Health Insurance Fund (MDK) determines whether and to what extent care is required. The MDK is commissioned by the responsible long-term care insurance fund when an application for long-term care insurance benefits is submitted. The yardstick for the assessment is the degree of independence of the person. The focus is on the question of how independently the person can cope with everyday life. To this end, their abilities in various areas of life are assessed: Mobility, cognitive and communicative abilities, behavior and psychological problems, self-care, dealing with illness-related demands and burdens, organization of everyday life and social contacts.</p>

**Modul****Sachverhalt**

The MDK uses a points system to determine how independent a person still is. The following applies: the more points the person receives, the higher the care level and the greater the need for care and support. The social welfare provider is also generally bound by the MDK's findings. If someone does not have long-term care insurance and therefore does not have a report from the MDK and no classification in a care degree from the long-term care insurance fund, the social welfare provider must determine the necessary care needs and will contact the health authority with a request for an opinion on the scope of the necessary care services. If possible, the wish to be cared for at home should be given priority over inpatient care under social welfare law.

People in need of care at home are entitled to basic care and domestic care as a benefit in kind for care provided by outpatient services and social care centers (home care assistance). Alternatively, it is possible to receive a care allowance if those in need of care are able to provide basic care and domestic care themselves. A combination of cash and benefits in kind is possible.

The long-term care insurance benefit framework also includes services when the caregiver is unavailable (home care), day or night care (partial inpatient care) and short-term care (temporary inpatient care).

People in need of care are entitled to care in fully inpatient care facilities if home or partial inpatient care is not possible or cannot be considered due to the special nature of the individual case.

In addition, care aids and technical assistance, subsidies for measures to improve the individual living environment and care courses for relatives and voluntary carers can be granted.

Caring relatives or caring neighbors and friends may receive social security benefits for the carer in the form of contributions to the relevant pension insurance provider.

## Modul

## Sachverhalt

Long-term care insurance benefits are only paid up to certain maximum limits, depending on the type of benefit.

In the case of full inpatient care, the costs of accommodation and meals are not covered, as these must also be borne in the home environment.

If those in need of care are unable to cover the remaining uncovered costs, social welfare benefits under the Twelfth Book of the German Social Code (SGB XII) may be considered.

However, social assistance as state aid is only provided if the income and assets of the person in need of care - and, if applicable, their spouse or partner - are insufficient. Dependent relatives are only called upon if their total annual income is more than 100,000 euros each (§16 SGB IV, Common Provisions for Social Insurance).

## Erforderliche Unterlagen

The proof required is the same as that required for the decision to grant assistance under SGB XII (including assistance with living expenses). You must provide evidence of your entire income.

In addition, applicants with long-term care insurance must submit the medical report from the MDK as well as the decision from the long-term care insurance fund regarding the classification into a care degree and the benefits from the long-term care insurance.

If you do not have long-term care insurance, a medical report should be enclosed; the assessment will be arranged by the authority responsible for granting long-term care assistance.

## Voraussetzungen

- In principle, only those in need of care in care levels 2 to 5 receive care assistance benefits. People in need of care in care level 1 are (only) entitled to care aids and measures to improve the living environment due to the minor nature of their impairments. In addition, a relief amount of up to 131 euros per month is currently granted.
- There is no entitlement to care assistance below care

Modul	Sachverhalt
	<p>level 1.</p> <ul style="list-style-type: none"> <li>• However, care assistance is only granted if the person in need of care does not have sufficient resources of their own, cannot cover the costs of care themselves from their income and assets and does not receive them from others, in particular the care insurance. This may be the case if the person in need of care is not insured under long-term care insurance or has not yet fulfilled the pre-insurance periods or the long-term care insurance benefits are not sufficient.</li> </ul>
Kosten	There are no fees.
Verfahrensablauf	<ul style="list-style-type: none"> <li>• People with long-term care insurance should first contact the relevant long-term care insurance fund to clarify which benefits they are entitled to and how much they are entitled to. Only if these benefits are not sufficient or no benefits are due can care assistance be applied for from the responsible social welfare agency.</li> <li>• In the case of people who are not insured under the statutory long-term care insurance scheme, the latter will arrange for the health authority to determine the need for long-term care and the necessary assistance.</li> <li>• If the requirements are met and the income and financial circumstances do not prevent care assistance from being granted, an approval notice will be issued.</li> </ul>
Bearbeitungsdauer	A decision on the application will be made as quickly as possible. The processing time depends, among other things, on the completeness of the information and the submission of the evidence required for processing the application.
Frist	Deadlines may have to be observed. Please contact the responsible office.
weiterführende Informationen	
Hinweise	<p>An objection can be lodged against the decisions of the competent social assistance provider within one month of notification.</p> <p>Once the objection procedure has been concluded by a notice of objection, an action may be brought before the Social Court within one month of notification.</p>

Modul	Sachverhalt
Rechtsbehelf	
Kurztext	<ul style="list-style-type: none"> <li>- Applying for care assistance in the context of social assistance</li> <li>- Determining the need for care with the responsible care insurance fund</li> <li>- Responsible: Social welfare office of the district or independent city.</li> </ul>
Ansprechpunkt	Please contact the responsible social welfare office in your district or city.
Zuständige Stelle	Social welfare office
Formulare	
Ursprungsportal	Granting care assistance from social welfare, Hilfe zur Pflege gewähren von Sozialhilfe