

99107014017000

Apply for care assistance

Heruntergeladen am 22.07.2025

<https://fimportal.de/xzufi-services/108515329/L100041>

Modul	Sachverhalt
Leistungsschlüssel	99107014017000
Leistungsbezeichnung I	Apply for care assistance
Leistungsbezeichnung II	
Typisierung	2/3 - Bund: Regelung (2 oder 3), Land/Kommune: Vollzug
Quellredaktion	Brandenburg
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
Lagen Portalverbund	Pflege (1130400)
Einheitlicher Ansprechpartner	Nein

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Fachlich freigegeben am	19.10.2020
Fachlich freigegeben durch	Ministry of Social Affairs, Health, Integration and Consumer Protection
Handlungsgrundlage	https://www.gesetze-im-internet.de/sgb_12/BJNR302300003.html#BJNR302300003BJNG001101360
Teaser	
Volltext	<p>Firstly, it is the task of social long-term care insurance (SGB XI) to provide assistance to people in need of long-term care who are dependent on solidarity-based support due to the severity of their need for care. However, the benefits provided by social long-term care insurance are budgeted.</p> <p>A person in need who has health-related impairments to their independence or abilities and therefore needs help from others may be entitled to care assistance in accordance with the Twelfth Book of the German Social Code (SGB XII). The need for assistance may be due to physical, cognitive or mental impairments or health-related burdens or requirements that you are unable to compensate for and cope with independently.</p> <p>The Medical Service of the Health Insurance Fund (MDK) usually determines whether and to what extent care is required. The MDK is commissioned by the responsible long-term care insurance fund when an application is made for social long-term care insurance benefits (SGB XI). 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 (care levels 1 to 5) and the greater the need for care and support. The degree of independence or impairment is measured according to the extent to which someone can manage their everyday life independently and the extent to which they require support. The social welfare provider is bound by the MDK's assessment of the level of care. The social welfare provider is responsible for deciding on the content and scope of the benefits.</p>

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You are also eligible for care assistance if you are not insured under the social long-term care insurance scheme or are not entitled to social long-term care insurance benefits. If you do not have long-term care insurance and therefore do not have an expert opinion from the MDK or a classification in a care degree from the long-term care insurance fund, the social welfare provider must determine the necessary care requirements.

In principle, care at home should be given preference over inpatient care. If possible, home care should be provided by relatives or other close persons (neighborhood help). If this is not an option, the necessary assistance will be provided by professional nursing staff (nursing services and social care centers).

The provision of services is also possible as part of a personal budget.

In the case of home care, you 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, you can receive a care allowance if you are able to provide basic care and domestic care yourself. A combination of cash and benefits in kind is possible.

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

You are entitled to care in fully inpatient care facilities if home or part-time 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 in the form of

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contributions to the relevant pension insurance provider.

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 you are unable to cover the remaining uncovered costs, social welfare benefits (SGB XII) are available.

However, social assistance as state aid only applies if your income and assets - and possibly those of your spouse or partner - are not sufficient. Dependent relatives are only called upon if their total annual income is more than EUR 100,000 each (§ 94 Paragraph 1a SGB XII; §16 SGB IV, Common Provisions for Social Insurance).

Erforderliche Unterlagen

If available, the following documents must be submitted:

- Valid identity documents, confirmation of registration if applicable
- Power of attorney, guardian's certificate
- Notification from the care insurance fund about the degree of care
- Notification of the determination of a degree of disability
- Proof of health and long-term care insurance
- Proof of income
- Bank statements
- Proof of assets, e.g. capital-forming insurance policies, savings accounts, real estate, valuables, motor vehicle
- Tenancy agreement
- Details of Spouses or partners who are not separated
- Contract with the care facility

The scope of the documents required, in particular proof of income and assets, depends on the specifics of the individual case. In addition, applicants with

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long-term care insurance must submit the medical report from the Medical Service of the Health Insurance Fund (MDK) as well as the notification from the long-term care insurance fund regarding the classification into a care degree and the benefits from the long-term care insurance.

In the case of "non-care insured persons", medical reports or other medical documents should be enclosed; the assessment is arranged by the authority responsible for granting 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 grade 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 currently a maximum of EUR 125.00 per month is granted.
- There is no entitlement to care assistance below care level 1.
- However, care assistance is only granted if the person's own resources are not sufficient, the person in need of care cannot cover the costs of care themselves from their income and assets and
- does not receive the expenses from others, in particular the long-term 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.

Kosten

none

Verfahrensablauf

You can receive care assistance as follows:

- If you have long-term care insurance, you should first contact the relevant long-term care insurance fund to find out what benefits you are entitled to and how much you are entitled to.
- Only if these benefits are not sufficient or you are not entitled to any benefits at all can you apply for care assistance from the responsible social welfare agency if you are in need.
- If you are not insured under the statutory long-term

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	<p>care insurance scheme, the responsible social welfare provider will arrange for an assessment to determine the need for long-term care and the necessary assistance.</p> <ul style="list-style-type: none"> • If the requirements are met and your income and financial circumstances make it necessary to grant care assistance, you will receive a notice of approval.
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 local social welfare office.
weiterführende Informationen	On January 1, 2017, the new 5 care levels and an extended definition of the need for care were introduced. These changes are primarily intended to ensure that older people with dementia receive the same care services as those in need of physical care.
Hinweise	
Rechtsbehelf	
Kurztext	<ul style="list-style-type: none"> • Care assistance approval • Applying for care assistance in the context of social welfare • Determining the need for care with the responsible care insurance fund • Application necessary • Responsible: local social welfare provider
Ansprechpunkt	
Zuständige Stelle	<p>locally responsible social welfare provider</p> <p>The supra-local social welfare provider guarantees comprehensive advice and support for the local social welfare providers:</p> <p>State Office for Social Affairs and Care of the State of Brandenburg (LASV)</p>
Formulare	Form: Care assistance begins as soon as the social

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	welfare provider becomes aware that the requirements for the benefit are met. The application can then be informal or you can request forms from the social welfare office in particular.
Ursprungsportal	Hilfe zur Pflege Bewilligung beantragen, Apply for care assistance