



Peer Review on “Germany’s latest reforms of the long-term care system”

Host Country Discussion Paper - Germany

LONG-TERM CARE IN GERMANY

GERMANY, 11-12 January 2018

DG Employment, Social Affairs and Inclusion



EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion

Unit: C1

Contact: Dijana Ror, Bent-Ole Grooss

E-mail: EMPL-SPSI-PEER-REVIEWS@ec.europa.eu

Website: <http://ec.europa.eu/social/home.jsp?langId=en>

European Commission

B-1049 Brussels

Peer Review on “Germany’s latest reforms of the long-term care system”

DG Employment, Social Affairs and Inclusion

Directorate-General for Employment, Social Affairs and Inclusion
Peer Review on “Germany’s latest reforms of the long-term care system”
Germany 11-12 January 2018

**Europe Direct is a service to help you find answers
to your questions about the European Union.**

Freephone number (*):

00 800 6 7 8 9 10 11

(*) The information given is free, as are most calls (though some operators, phone boxes or hotels may charge you).

LEGAL NOTICE

The information contained in this publication does not necessarily reflect the official position of the European Commission

© European Union, **2017**

Reproduction is authorised provided the source is acknowledged.

Table of Contents

1	Introduction: Overview and latest reforms	1
2	Latest LTCI reforms in Germany	3
2.1	Essential regulations of the 'Long-term Care Strengthening Acts'	3
3	The most important regulations of Germany's Long-Term Care Insurance	5
3.1	Compulsory insurance for the entire population.....	5
3.2	The Social Long-Term Care Insurance.....	5
3.3	The Private Mandatory Long-Term Care Insurance.....	5
3.4	Subsidies for Supplementary Private Long-Term Care Insurance Plans.....	6
3.5	Germany's new definition of long-term care needs	6
3.6	Application for benefits, decision by the insurance fund, assessment by the Medical Service.....	7
3.7	Advisory services for people in need of care and their family members	7
3.8	Benefits of the Long-Term Care Insurance in Germany	8
3.9	Purchasing and contracting long-term care services.....	11
3.10	Financing the infrastructure of long-term care facilities	11
3.11	The legal framework for leave arrangements	11
4	Conclusion and discussion points	12

1 Introduction: Overview and latest reforms

Financing of long-term care systems can be grouped into three main categories: (1) Privately-organised family care (Out-of-Pocket-Payment), (2) Single payer systems (tax based and run by central, regional or local government as e.g. in Sweden, Denmark, Austria and Czech Republic) and (3) compulsory insurance systems as stand-alone long-term care insurances (as e.g. in Germany, Luxembourg, the Netherlands) or with long-term-care benefits included in the health insurance system (Belgium). The German social insurance system does not provide a long-term care insurance that covers full costs. However, it may be supplemented by other parts of public financing and foresees out-of-pocket contributions of beneficiaries.

Germany provides long-term care by a compulsory long-term care Insurance (LTCI). It has been introduced in 1995 as a stand-alone independent fifth and final pillar, which exists now in addition to the social insurances covering sickness, accident, unemployment and old age provision (Social Code Book, Part XI, long-term care insurance – SGB XI). Germany's LTCI mainly covers the costs of care-related expenses. LTCI comprises of two independent parts, the social (public, non-profit) and the private long-term care insurance. Both are designed as compulsory insurances with identical benefits. There is no revenue sharing between these two compulsory insurance branches, but a statutory stipulated financial equalisation in each of these two systems.

Enrolment follows the compulsory enrolment in health care insurance. Access to benefits requires a grouping into one of five grades of need of long-term care based on an individual assessment of the need of care. In 2017 about 3.3 million people have been (re-)grouped or (re-)assessed and are therefore receiving benefits. Germany's LTCI provides benefits for care at home and for care homes. For care at home, the LTC scheme offers a wide range of benefits: cash benefits for informal care and benefits in kind for various nursing and personal assistance services. Beneficiaries are generally free to choose between benefits in kind or in cash or to combine both types of benefits. As a consequence, beneficiaries may also choose how to use benefits in cash (e.g. for a carer in the family). If they opt for benefits in kind they may choose between various professional service providers. In this case, the LTCI also helps with the individual organisation of care by providing information on services, quality and costs, in choosing the appropriate services and providers and by supporting case management.

80% of all beneficiaries are choosing cash benefits, for which LTCI spends 64% of its overall expenditures (31 bn € in 2016). All LTCI benefits are capped. Costs not covered by LTCI have to be paid by the person in need of care. The Government pays subsidies for voluntary additional private LTCIs. Furthermore, the tax-funded social assistance system provided by local municipalities pays for the uncovered costs, e.g. in care homes, of people with low income (450,674 in 2015). Each individual LTC-provider negotiates corporate contracts with the regional branches of LTCIs and local authorities' Social Assistance Administrations. All providers (public, private for-profit, private non-profit) are entitled to get a contract and to supply services as long they meet the nationally uniform quality standards (defined by law and supervised by the Medical Service of the Health Insurances).

The statutory long-term care funds are responsible for securing and funding long term care; the federal states are responsible for securing the infrastructure of long-term care service facilities. Prices for services are contracted and valid for all LTCIs and also for out-of-pocket payments. The total number of home care providers is 13,300, thereof 65% in private for-profit ownership. The total number of care homes is 13,600, thereof 42% in private for-profit ownership. Long-term care providers are employing a total of more than 1 million people.

2 Latest LTCI reforms in Germany

Germany comprehensively modernised its LTCI in the years 2015-2017 by implementing three so-called 'Long-term Care Strengthening Acts' which triggered an increased LTCI spending of more than 5 billion Euro (+ 20%) per year. The most significant amendment has been the introduction of a new definition of long-term-care needs. The newly designed assessment instrument appropriately takes into account the need of people with dementia and hence improves access to LTCI-benefits for this group of beneficiaries. The new legal regulations also increased the level of all existing benefits significantly, in particular those related to home care. New services for support, in particular the funding of day-care, and assistance to everyday life were introduced. Care homes were provided with additional support staff and the coordination of care was improved, in particular by strengthening the role of local municipalities.

The contribution rate in the social long-term care insurance system has been raised by 0.5 percentage points to now 2.55 percentage of wage income to finance these additional benefits, thereof 0.1 contribution points filling a public capital stock to additionally finance the expected growing burden of long-term care from the year 2035 onwards.

2.1 Essential regulations of the 'Long-term Care Strengthening Acts'

All long-term care benefits were increased by 1 January 2015 followed by a change of the benefit system which led to further increases for most of the recipients from 1 January 2017 onwards. All people in need of care and their family care givers have received noticeably more support. In particular, benefits for care at home and especially for family caregivers have been expanded. People in need of care can combine home care services more flexibly according to their individual need.

The new definition of long-term-care was introduced by 1 January 2017. The new instrument for assessing the individual need of care allows grouping into five new grades of care, which replaced the previous long-term care levels. For the new grades of long-term care new amounts of benefits apply. As a result, most people in need of care get higher benefits than before. Physical, mental and psychological restrictions are appropriately taken into account in the new assessment instrument. Hereby, people with dementia get considerably higher chances to access the system and to receive higher benefits. In addition, the new care grade 1 will provide first-time access to LTCI benefits for up to 500,000 people. All existing beneficiaries of LTCI have received full protection of their rights in the transition to the new law which means that no beneficiary has lost any benefits, while most of them are since receiving higher benefits.

As of 1 January 2017, people requiring long-term care in full and part-time care homes are individually entitled to personal and/or group support measures for additional social assistance and activation.

The number of additional staff for support and activation in care homes has increased from 28,000 at the end of 2013 to 60,000 at the end of 2017 as a direct impact of the latest reforms, which oblige the LTCI to finance this additional staff. This additional staff supports nurses through services such as walking with people in need of care, doing exercises, reading together, attending church services, or just being there and listening. As a result, they contribute to improving the quality of life in residential care facilities.

Wages for staff in long-term facilities, which have been established by collective wage agreements or by church labour law regulations, are fully included in the contracted prices since 2015. This is an incentive for adequate salaries for staff in long-term care. In addition, there is a statutory minimum wage for people employed in long-term care

(€ 10.20 /9.50 per hour, and as from 1 January 2018: € 10.55 in Western/€ 10.05 in Eastern Federal States).

Services of care advice for people in need of care and their family members have been comprehensively improved by the LTCI: people in need of care are entitled to an individual, regular and timely advisory service performed by specially qualified care advisors. Family members are of course also entitled to use this service. In addition, new quality standards for counselling as well as requirements for the qualification of the consultants are to be developed by the self-administration bodies of the LTCI. Advisory services of LTCIs and municipalities are obliged to ensure close cooperation. Details have to be agreed by LTCI both with Germany's Federal States and with their municipalities.

The instruments of quality measurement and public reporting are currently being fundamentally revised with the support of the scientific community with a focus on the quality of outcomes in long-term-care.

The role of the municipalities in the delivery of long-term care, advisory services and promotion of daily life assistance services has been strengthened by the third 'Long-term Care Strengthening Act', which came into force on 1 January 2017. Further regulations of this law entail the above-mentioned introduction of the new definition of the need of care also in the area of social assistance for people in need of long-term care. The law has also established new measures for strengthening services for prevention and regulations to combat billing fraud in LTCI and Health Insurance. A capital stock in LTCI has already been introduced by the first Long-term Care Strengthening Act in 2015. This will help to stabilise contribution rates while maintaining a high level of benefits from 2035 onwards, when the baby boomers reach the age with high long-term care probabilities.

3 The most important regulations of Germany's Long-Term Care Insurance

3.1 Compulsory insurance for the entire population

LTCI covers almost the entire population, according to the principle 'the long-term care insurance follows the health insurance'. Long-term care is provided by social insurances, which cover 90% of the population, and private long-term care insurances, which cover 10% of the population, both as compulsory insurance. The social long-term care insurance covers all those who are enrolled in the Statutory Health Insurance (GKV). This applies to both the compulsorily and the voluntarily enrolled. However, the voluntarily enrolled have the right to choose a private long-term-care insurance plan.

Private long-term care insurance plans include those enrolled in a compulsory private health insurance plan with full coverage of health care costs including hospital care. Germany's life-time civil servants receive subsidies in case of care by their state administration employer. With regard to the part of the nursing costs not covered by the subsidy, they have to enrol in the same long-term care insurance, where they are enrolled for full-coverage health insurance – predominantly in a private health insurance plan. To a lesser extent they are enrolled voluntarily in a statutory health insurance plan.

Some people do not belong neither to the statutory nor to the private health insurance because they are covered by special systems. Those are for instance members of the postal and railway civil servants and members of border guard, police, armed forces and fire brigades.

3.2 The Social Long-Term Care Insurance

The social LTCI has been established under the umbrella of the Statutory Health Insurance. The health insurances also cover all matters of the LTCI. LTCIs reimburse the administrative expenditure to their hosting health insurance funds. The long-term care insurance is financed by contributions on a pay-as-you-go basis in accordance with compulsory affiliation and sickness insurance ceilings. The enrolled persons and the employers each contribute half of the contributions (except Saxony). The maximum contribution limit of the statutory health insurance applies (in 2017 this threshold was at € 4,350 per month). Spouses who are not gainfully employed and children are co-insured without any contribution. People in need of care and pensioners are also obliged to pay contributions.

Since 1 January 2017, a contribution rate of 2.55 percent of wages applies. The contribution is paid by employees and employers at equal shares. In Saxony, where no public holiday was abolished at the time of introduction of the long-term care insurance¹, the contribution rate for employees is 1.775 percent and the employer 0.775 percent.

Since 1 January 2005, due to a ruling of the German Constitutional Court, childless enrollees of social Long-Term Care Insurance plans from the age of 23 pay a supplement of 0.25 contribution rates. Child-less members born before the deadline of 1 January 1940 are exempted from the surcharge.

3.3 The Private Mandatory Long-Term Care Insurance

Private mandatory long-term care insurance is provided by private health insurance companies. The benefits correspond to the benefits of social care insurance. Special

¹ In 1995, when the LTCI had been introduced, one public holiday had been abolished as a contribution of employees to fund the LTCI.

conditions apply, especially to the maximum contribution, to risk premiums and co-insurance of relatives, but also to the exclusion of previous illnesses.

Legal regulations for compulsory private LTCI plans have thus been substantially approximated to the principles of social LTCI plans. For example, children are co-insured with their parents for free. The maximum contribution for people enrolled for 5 years or more may not exceed the maximum contribution of the social LTCI.

Employees who are enrolled in a private LTCI plan receive a contribution subsidy from their employer.

Life-time civil servants, who receive subsidies for the cost of long-term care from their employing state administration have to pay only a reduced contribution to their private plan, because they receive only reduced benefits from their insurance. However, life-time civil servants enrolled in a social LTCI plan have to pay their contribution to the plan by their one without any grants from their employing state administration.

3.4 Subsidies for Supplementary Private Long-Term Care Insurance Plans

As social LTCI only partially covers the costs related to long-term care, promoting additional provisions in terms of supplementary insurance has been high on the policy agenda since 2013.

Since 1 January 2013, signing a voluntary private supplementary insurance contract has been subsidised by the State, on the condition that the private supplementary insurance contract was concluded before the onset of need for care. There are uniform procedural rules concerning the state subsidy for private long-term care provision to which the private insurance companies have to adhere. Furthermore, there are industry-wide general insurance conditions for state-subsidised supplementary long-term care insurance, such as a ban on risk-rated insurance premiums, which have been approved by the Federal Ministry of Health.

3.5 Germany's new definition of long-term care needs

Germany's new definition of long-term-care needs covers people in need for care whose independence or competences are reduced because of health-related impairments or abilities and therefore need assistance from others. The need for care must be long-term – i.e. estimated to last at least six months. Another prerequisite for eligibility is the assessment of individual care needs by the Medical Service of the Health Insurance Funds (MDK) and the resulting allocation of the beneficiary to a specific long-term care grade. For the first time, the new assessment instrument in force since 1 January 2017 considers not only physical limitations, but also cognitive and psychological impairments. The new assessment instrument has been prepared through many years of discussions and considerations with experts and scientists and meets the findings of the scientific nursing care community.

In the context of the assessment of care needs, the Health Insurance Medical Service (MDK) has to determine the health impairments of autonomous living or the skills in six areas of life:

1. Mobility: e.g. climbing stairs, to move around within the living area
2. Cognitive and communication abilities: e.g. temporal and spatial orientation, participating in a conversation
3. Behaviour patterns and psychological problems: e.g. nightly restlessness, defence against nursing procedures, participation in a conversation

4. Self-supply e.g. washing and undressing, eating, drinking, using a toilet
5. Mastering of and dealing independently with illness or therapy-related requirements and burdens: e.g. taking of medication, measuring blood glucose, stoma care, proximal aids such as prostheses, visiting the doctor.
6. Structuring everyday life and social contacts: e.g. occupying oneself, arranging the daily routine, maintaining human relations outside the immediate environment.

Furthermore, activities outside the house (e.g. leaving the area of the house or the facility, participation in activities) and household management (e.g. shopping, dealing with financial affairs) are assessed. The responses in these areas are not used for the care needs' classification, because the relevant impairments have already been considered in the questions concerning the six areas of life.

For each criterion in the mentioned spheres of life, the degree of autonomy, usually on the basis of a point value between 0 (person can carry out activity without a helping person, however, only with the use of aids) and - as a rule - 3 (person cannot perform the activity, not even in parts). In the end, the points with different weightings are combined to form a total value, which stands for one of the five degrees of care.

1. From 12.5 to under 27 overall points in the care grade 1: minor impairments of autonomy or of skills,
2. From 27 to under 47.5 overall points in the care grade 2: considerable impairments of autonomy or of skills,
3. From 47.5 to under 70 overall points in the care grade 3: serious impairments of autonomy or of skills,
4. From 70 to under 90 overall points in the care grade 4: severe impairments of autonomy or of skills,
5. From 90 to 100 overall points in the care grade 5: most severe impairments of autonomy or of skills.

People with special needs constellations and an exceptionally high need for help with special demands on the long-term care system, can be allocated to the care grade 5 based on expert nursing-decision, even if the required total number of points had not been achieved. The National Association of Statutory Health Insurance Funds which is the umbrella organisation of LTCI funds lays down the prerequisites for such special needs constellations in the assessment guidelines.

3.6 Application for benefits, decision by the insurance fund, assessment by the Medical Service

Long-Term Care benefits are granted upon application. The necessary assessment of the need for care and the resulting recommendation for grouping into a grade of long-term care is provided by members of the assessment staff of the Medical Service of the Health Insurance Funds, primarily nurses and doctors, who visit applicants in their homes. Applicants have the right to object any LTCI decision. If a complaint is rejected, the case can be brought before the social courts.

3.7 Advisory services for people in need of care and their family members

People in need of care and their family members are entitled to receive comprehensive help from the LTCI for the organisation of care (§ 7a SGB XI). People who apply for benefits or who already receive benefits are entitled to free individual care advice. Care advice is carried out by LTCI-advisors with special care advice training. Insurances are obliged to name a care advisor, who will provide help at any request. LTCI will offer an appointment for an individual care consultation within two weeks after receipt of the application for benefits. The advisory services have also been

performed at home on request. Family members are also entitled to receive care advice with the consent of the person in need of care. In the private compulsory insurance, these regulations also apply.

Advisory service consultants provide the following services:

- They help with the submission of applications for benefits and provide any assistance needed for managing administrative request related to LTCI coverage.
- They advise on all services and benefits.
- They help with the selection of services and, in particular, with benefits for the relief of caregivers.
- At the request of applicants, they create an individual care plan and help with its implementation and updating.
- They provide information how to prepare for the assessment of the need of care provided by the Medical Service (MDK).

Advisory services are also available in Advisory Centres for long-term care. In these centres consultants of LTCIs, Health Care Insurances and often also consultants of municipalities are working together. Nationwide, about 450 counselling points of Corporate Advisory Centres for LTC offer advisory services, but they are not present in every region (Saxony and Saxony-Anhalt).

3.8 Benefits of the Long-Term Care Insurance in Germany

LTCI provides benefits for home care as cash benefits and benefits in kind and for care in residential facilities as benefits in kind. They have to be adjusted to price increases on a regular basis.

3.8.1 Benefits at care grade 1

With the new care grade 1, up to 500,000 people will get first-time access to selected LTCI benefits. Care grade 1 applies to people with minor impairments of autonomy. They are entitled to

- the LTC allowance of up to 125 Euro monthly, which is considered as a kind of voucher that may only be used for day or night care services, short-term care, approved care services and daily-life support recognized under federal state law
- the LTC allowance for self-organised flat-sharing care communities up to 214 Euro monthly
- Benefits for care devices and care utilities
- Advisory services of the LTCI
- Consultancy assistance for family care givers at home
- Training courses for family care givers
- additional allowances of up to 4,000 Euro per person for measures to improve the living environment, especially for care-related adaptation of housing; it can be accumulated by persons, but not more than up to 16,000 € in total for one flat-sharing care community per implemented measure
- Personal services for additional care and activation in care homes
- a monthly allowance of 125 Euro if living in a care home

3.8.2 Benefits for home care in care grades 2 to 5

LTCI's supreme priority is to strengthen care at home and to empower family care givers. This also meets the wishes of those in need of care. More than 70% of all LTCI

beneficiaries are getting care at home, most of them by informal family care givers. Basic home care benefits are cash benefits for self-organised care and benefits in kind for home care services. These services include nursing care and housekeeping. Since 1 January 2017 services for personal support within the private homes in the residential environment are also included in professional home care services.

LTCI offers in addition to such benefits as described under care grade 1 various other services for home care: care substitutes (stand-ins) for family care givers, day and night care and short-term care in care homes, entitlements to leave from work and to reduce working hours, professional training and advisory services including case management. People in need of care can combine benefits in cash with benefits in kind according to their personal needs within certain limits. Since 1 January 2015, an unused allowance of up to 40% for professional home care can be used for reimbursement of costs for easily accessible services for daily-life assistance.

Beneficiaries claiming only cash benefits or easily accessible services for daily-life assistance have to accept periodic consultancy assistance audits at home. This supports family care givers and ensures a good quality for care at home.

LTCI supports self-organised shared care apartments with up to 12 persons who are entitled to LTCI.

Cash benefits are related to the grade of care as followed (care grade 2 to 5): 316 €/545 €/728 €/ 901 € monthly and benefits in kind for professional home care: 689 €/1,298 €/ 1,612 € / 1,995 €.

In addition, the following services are available for beneficiaries both of benefits in cash and in kind:

- Allowance for a care substitute of up to 6 weeks per calendar year, e.g. during periods of vacation or illness of the informal care giver, and up to 1,612 € per calendar year; the amount can be raised by up to 806 € per year replacing short-term care benefits.
- Short-term care in care homes of up to 8 weeks per calendar year and up to 1,612 € per calendar year. If the allowance for care substitutes have not been used by an amount of up to 1,612 € the allowance for short-term care may be raised to 3,224 € per calendar year.
- Day and night care benefits (semi-residential care homes) are related to the grade of care as follows for the care grades 2 to 5: up to 689 €/1,298 €/1,612 €/1,995 € per calendar year.

In addition to the entitlement to day/night care, entitlement to community care benefits in kind or care allowance (in cash) can be fully claimed.

Beneficiaries are also entitled to advisory services of the LTCI, consultancy assistance for family care givers at home, allowances for flat-sharing communities and measures to improve the living environment, training courses for family care givers. These services also apply to persons with care grade 1.

3.8.3 Social security benefits for family care givers

LTCI covers the contributions to pension insurance of family care givers. This applies to anyone who regularly takes care of one or more people with a care grade of 2 to 5 for at least 10 hours and at least 2 days a week at home and who is not employed for more than 30 hours a week. In addition, the coverage in unemployment insurance has been improved and the care activities of these persons are covered by the statutory accident insurance.

3.8.4 Care in residential facilities

LTCI encourages care at home and shared living in care apartments. Nevertheless, more than 700,000 persons, about 27% of all people in need of long-term care, are currently living in care homes. For many persons with intensive need of support care homes are providing the appropriate and necessary long-term care. More than half of the residents in care homes are suffering from dementia. Long-term care policies aim at ensuring both good quality of care and good quality of life as close as possible to the conditions of people living in their own homes.

LTCI partially covers the nursing-related care expenses as well as expenses for medical care services as benefits in kind. Benefits in kind are related to the grade of care as follows (care grade 2 to 5): 770 € / 1,262 € / 1.775 € / 2.005 €. People with care grade 1 can use the allowance of 125 Euro also in care homes, e.g. for day and night care or short-term care.

In case of institutional care, beneficiaries may be less interested in the amount of benefits received, but rather in the amount of co-payments they need to pay out of pocket. In fact, before 2017, co-payments increased whenever a person had been reassigned to a higher care level of the LTCI. Henceforth these co-payments no longer increase with a rising need for long-term care as the new regulation stipulates that all residents in care homes who are assigned to care grades 2 to 5 now contribute with the same amount to care-related costs. However, the specific amount differs from one care home to another. The federal average for the care related co-payment in 2017 has been 587 € per month (data from May 2017). In addition, people in need of long-term care have to bear the costs for accommodation and food. This also applies to investment costs, insofar as these are not subsidised by the public sector.

People living in care homes have an individual entitlement to additional support and activation in the residential care facility. The LTCI will fund the employment of around 60,000 additional staff in care homes as well as in day- and/or night-care facilities with the aim to improve the quality of life for residents.

3.8.5 Quality assurance

All licensed care facilities must ensure activating care while respecting human dignity. They are also obliged to implement quality management and to define quality assurance procedures based on expert standards. Furthermore, providers need to cooperate in quality inspections. The rights of people living in care homes and other sheltered housing are protected by the laws of Germany's 16 Federal States. All care homes are required to provide their services according to the recognized state of the art.

LTCI ensures the quality of care homes by special provisions of SGB XI. The key players involved in care have agreed on standards and principles for the protection and further development of care quality in community care and residential facilities. These standards are binding for all providers of accredited/licensed care services and facilities. Compliance with care quality is monitored by the LTCI funds. All care homes and community care services are audited annually by the medical service of the health insurance (MDK) or the examination service of the Association of Private Health Insurance. Inspections in residential care facilities are generally unannounced. Quality inspections in community care services must be announced the day before for operative reasons. During the inspection, emphasis is given to the quality of care and the effectiveness of nursing and care interventions (outcome quality). The inspection also comprises a survey and an assessment of a sample of residents (or their legal guardians, if applicable) who need to give their consent to participate. The results of the quality inspections in care services and facilities have been published since 2008 in so-called 'transparency reports'. In case of non-compliance, the LTCI funds have the statutory power to require corrective measures or to impose further sanctions.

The reports show that the quality of care, especially in inpatient facilities, has improved in recent years. In addition, the triannual quality reports of the Medical Service of the Federal Association of Health Insurances certify a significant improvement of the quality of long-term care in Germany.

The system of school grades, which has been used in the transparency reports for the description of the quality of care will be replaced in due time. The development of a new quality control and transparency system, which will enable the insured person to obtain more meaningful and better comparable quality assessments of care facilities and services is under way. In particular, indicators for measuring outcome quality will be developed. The self-administration of the key players in LTC has also been commissioned to develop a concept for quality assurance in new forms of flat sharing communities.

3.9 Purchasing and contracting long-term care services

The long-term care insurance fund as a social insurance an appropriate long-term care provision of all insured. For this purpose, LTCI funds negotiate supply contracts and remuneration agreements with all providers of services and residential facilities.

Each care facility or service that complies with the authorisation/licensing requirements is legally entitled to provide care services. That is why services and facilities of public, non-profit or private for-profit ownership coexist next to each other.

The basis for the authorisation to provide care services is generally the so-called care contract. These contracts regulate all matters between the care funds and service providers in terms of, for instance, the appropriateness of nursing staff, the content and scope of services as well as issues of quality assurance and the remuneration of services provided.

The contractual stipulations in the care contract are binding for all parties concerned, particularly those regarding the outcome of individual remuneration negotiations. The (agreed) remunerations and charges for care have to be economic and efficient, a retroactive reimbursement of costs (potential loss) is not possible. People in need of care are invoiced for those parts of the receipt that exceed the defined coverage of the care insurance and – in the case of inpatient care – the costs for accommodation and meals (in some cases also a contribution to investment costs). The amount of the care-related co-payments for full-service nursing care has been equalised for all residents with care grades 2 to 5 living in the same residential care home since 1 January 2017.

3.10 Financing the infrastructure of long-term care facilities

Germany's 16 Federal States are responsible for subsidizing investment costs of long-term care facilities. Details, in particular the nature and extent of financing, are governed by state laws. However, there is no mandatory legal obligation to fund investment costs of the long-term care infrastructure by the Federal States. While daily operating and care costs are to be paid by the users and residents or the LTC fund, some contributions to investment costs not covered by state subsidies have to be paid by residents of care homes.

3.11 The legal framework for leave arrangements

In care situations occurring at short notice close relatives can stay away from work for up to ten working days in order to organise appropriate care arrangements. During this time, a wage compensation – the carer's grant – is offered.

Another scheme has been introduced to offer 'family care leave' to employees who need time to care for a relative in need of long-term care. They may leave work fully or partly for up to six months. The care leave can also be claimed for part-time work for up to 24 months.

Leaves from work are also provided for caring for children in need of long-term care, even in cases in which care is not provided at home, and for supporting close relatives during the last phase of life (three months).

During these care leave arrangements an interest-free loan is offered to support subsistence.

4 Conclusion and discussion points

Access to quality and affordable long-term care services is essential in ensuring that the wellbeing, the self-reliance and the dignity of a person in need for care are sustained and that the person affected does not lead to into poverty and financial dependency. However, pressure on long-term care systems is growing. Population ageing, the increase of age-related neurodegenerative diseases, changing family structures and women's increased participation in the labour market all contribute to the increased demand for long-term care services. Long-term care services or funding support is assessed in different ways across Member States, and the threshold at which people are granted support is set at different levels, reflecting different political and financial priorities across the EU. Germany has responded to challenges with the recent reforms which this Peer Review will discuss, focusing on the following key topics:

- a) The definition and assessment of individual care needs
- b) How to strengthen long-term care at home and in the community via local counselling and support structures
- c) New types of (semi-)residential arrangements
- d) A better coordination between health and social care service.



■ Publications Office