

99107014017000

Heruntergeladen am 23.06.2025

<https://fimportal.de/services/99107014017000>

Modul	Sachverhalt
Leistungsschlüssel	99107014017000
Leistungsbezeichnung I	
Leistungsbezeichnung II	Apply for care assistance
Typisierung	2/3 - Bund: Regelung (2 oder 3), Land/Kommune: Vollzug
Quellredaktion	Baustein Leistungen
Freigabestatus Katalog	fachlich freigegeben (gold)
Freigabestatus Bibliothek	fachlich freigegeben (gold)
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

Modul	Sachverhalt
Fachlich freigegeben am	24.10.2023
Fachlich freigegeben durch	Assistance with long-term care/social welfare: Federal Ministry of Labor and Social Affairs (BMAS); only for long-term care insurance benefits: Federal Ministry of Health (BMG)
Handlungsgrundlage	https://www.gesetze-im-internet.de/sgb_12/BJNR302300003.html#BJNR302300003BJNG001101360
Teaser	If you are in need of care, you can apply for care assistance as part of social welfare under certain conditions.
Volltext	<p>Do you have impairments to your independence or your abilities for health reasons and are therefore dependent on help from others? Then under certain circumstances you are entitled to care assistance.</p> <p>If you have long-term care insurance, your long-term care insurance fund or your private long-term care insurance company, which provides compulsory private long-term care insurance, is initially responsible for covering the costs of care. However, the costs will only be covered by the long-term care insurance up to certain maximum limits, depending on the type of benefit.</p> <p>If you are unable to cover the remaining costs, you may be eligible for social welfare benefits such as care assistance.</p> <p>However, you may also be entitled to long-term care assistance if you have no claims against long-term care insurance, for example if you do not have long-term care insurance or if the need for long-term care is expected to last less than 6 months.</p> <p>The reason for the need for care may be physical, cognitive or mental impairments or health-related burdens or requirements that you are unable to compensate for or cope with independently.</p> <p>You can apply for care assistance from your social welfare provider.</p>

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- If your care insurance fund has already decided on your level of care, the social welfare provider is bound by this decision. The prerequisite for this is that it is based on facts that must be taken into account in both decisions.
- If the long-term care insurance fund has not made a decision on your care level, the social welfare institution can take action itself if there is a corresponding need for urgency. The social welfare provider can commission other experts or the Medical Service to assist in its decision.

You will only receive care assistance if your income and assets and those of your spouse or partner are not sufficient to cover the uncovered costs of care yourself after covering living expenses and other general living requirements. Dependent children and parents are only required to reimburse costs if their annual gross income is more than EUR 100,000.

You are entitled to the following benefits as part of care assistance:

In care grade 1:

- Care aids
- Measures to improve the living environment
- Digital care applications
- Supplementary support for the use of digital care applications
- Relief amount

In care levels 2 to 5:

- Home care in the form of: care allowance home care assistance respite care care aids Measures to improve the living environment other services digital care applications Supplementary support with the use of digital care applications
- Partial inpatient care, i.e. temporary care during the day or at night in a day care or night care facility
- Short-term care, i.e. temporary full inpatient care if care is generally provided at home
- Respite allowance

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- Inpatient care, i.e. permanent full inpatient care

The competent authority will check your documents. If the relevant requirements are met, you will be granted care assistance.

Erforderliche Unterlagen

Voraussetzungen

- You are impaired in your independence or your abilities for health reasons so that you need help from others. This means that you have physical, cognitive or mental impairments or health-related burdens or requirements that you cannot compensate for or cope with independently.
- The need for care must be at least as severe as the degree of care defined by law. This means that you must have at least care level 1. However, only limited benefits are provided for those in need of care with care level 1 as part of the care assistance program. People in need of care in care grades 2 to 5, on the other hand, have full access.
- You and your spouse or partner who is not separated do not have sufficient income or assets to cover the care costs.

Kosten

There are no fees.

Verfahrensablauf

You will receive long-term care assistance at the earliest from the point at which the responsible social welfare provider becomes aware that the requirements for benefits have been met.

- As a person with long-term care insurance, you should first contact your responsible long-term care insurance fund or your private long-term care insurance company, which provides compulsory private long-term care insurance.
- The long-term care insurance fund or long-term care insurance company commissions the Medical Service (MD) or other independent experts or, if you are privately insured, Medicproof, to draw up an expert opinion on the need for long-term care and the degree of long-term care and clarify which benefits you are entitled to and how much you are entitled to.
- If these benefits are not sufficient or you are not entitled to any benefits at all, apply for care assistance

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	<p>from your responsible social welfare provider. This also applies if you do not have long-term care insurance.</p> <ul style="list-style-type: none"> • You will receive advice there and can inform the social welfare provider about your need for benefits. • The social welfare provider will check the documents you have submitted and your income and financial circumstances and, if applicable, those of your spouse or partner. In the case of minors and unmarried persons in need of care, the income and assets of their parents will be taken into account. • If all requirements are met, you will receive a notification 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 required evidence.
Frist	There are no statutory deadlines. However, you should apply for care assistance before moving into a care home or before receiving care services at home, or at least inform us of your needs in advance. This is because social welfare benefits, including care assistance, only begin as soon as the social welfare provider or its authorized agencies become aware that the requirements for the benefit have been met.
weiterführende Informationen	https://www.bgbl.de/xaver/bgbl/start.xav?startbk=Bundesanzeiger_BGBl&jumpTo=bgbl119s2135.pdf https://www.bmas.de/DE/Soziales/Sozialhilfe/Leistungen-der-Sozialhilfe/leistungen-der-sozialhilfe.html https://www.bmas.de/DE/Soziales/Sozialhilfe/Leistungen-der-Sozialhilfe/leistungen-der-sozialhilfe.html#docf437a09c-5acd-4184-8466-9308f9c11f03bodyText4 https://www.bundesgesundheitsministerium.de/themen/pflege/online-ratgeber-pflege.html https://www.wege-zur-pflege.de
Hinweise	
Rechtsbehelf	<ul style="list-style-type: none"> • Appeal within one month of notification of the administrative decision • Action before the social court within one month of notification of the objection decision
Kurztext	• Care assistance Authorization

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- the person in need of care must have a health-related physical, cognitive or mental impairment of independence or abilities and therefore require assistance from others (at least care level 1; care level may be determined upon application)
- the person in need of care and their spouse or partner who is not separated do not have sufficient income or assets to cover the care costs themselves, which are not covered by long-term care insurance
- for unmarried minors in need of care, the parents' income and assets are taken into account
- the person in need of care must not receive similar benefits under other legislation
- Responsible: Social welfare provider

Ansprechpunkt

Zuständige Stelle

Formulare

Ursprungsportal