

CHAPTER 10. LONG-TERM CARE BENEFITS

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10.1. Survey

The social risk of a person needing long-term care has developed into a problem of growing impact due to the rapid increase of the number of persons advanced in years. Between 1970 (158,000) and 2004 (340,000) the number of persons over 80 years has increased by 115% and it will increase further in the future.

In the 1990s the provision of long-term care in Austria was comprehensively re-organised. Essential objectives were:

- creating nationwide unified cash benefits, designed to meet growing demands and applicable according to unified standards and criteria;
- supporting and releasing family members providing care and remuneration for their efforts;
- promoting the continuous extension of social services;
- providing a certain freedom of choice for the preferred form of care for those concerned and
- priority of extramural services over institutional services.

The Federal Care Allowance Act in force since 1993 and the corresponding Care Allowance Acts of the Laender have replaced the extensive number of different cash benefits that differed widely with regard to the levels as well as the conditions of eligibility.

In addition, long-term plans toward the extension of the social services were established. The federal state and the Laender entered into an agreement (pursuant to Art. 15a of the Federal Constitution), in which the Laender took on the commitment to an adequate standard in community, institutional and semi-institutional services.

In 2003, the expenditure on care provi-

sion amounted (according to ESSPROS) to Euro 2.91 billion. This corresponds to 1.3% of the GDP. Around Euro 1.74 billion were spent on long-term care allowances of the federal state and Laender, Euro 0.67 billion were spent on residential homes for the elderly and nursing homes, Euro 0.33 billion were spent on residential homes for the disabled (above all for persons in need of long-term care) and Euro 0.17 billion on community care for persons in need of long-term care.

10.2. Long-term care allowance

The federal long-term care allowance presents a transfer benefit, to which a legal claim exists regardless of the cause for the need of long-term care. The 9 Care Allowance Acts of the Laender ensure a long-term care allowance at the same level and according to the same principles for those persons who have no claim to a federal long-term care allowance. The long-term care allowance belongs to the group of universal social benefits. Every person in need of long-term care is entitled to this benefit.

Long-term care allowance legislation includes the following principles:

- Long-term care allowance is intended to cover additional care-related costs and therefore does not present an increase in income. As the actual care-related costs exceed the long-term care allowance in most cases, this can only be considered as a lump sum towards the costs of the required care. It provides a certain degree of independence and a (longer) stay in familiar surroundings for persons in need of long-term care.
- All persons in need of long-term care are covered, that is, old persons in need of long-term care, but also persons with mental, physical or psychiatric disable-

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ment or those with disablement of the sensory organs as well as disabled children. The long-term care allowance is granted irrespective of the cause underlying the need for care and the age of the person concerned.

- Long-term care allowance is oriented towards the specific need for care, the level of the long-term care allowance is thus calculated exclusively according to the concrete care and assistance required.
- Long-term care allowance is granted irrespective of income and property.
- There is a legal claim to long-term care allowance.
- Long-term care allowance is financed from the general budget.

A precondition for the entitlement to long-term care allowance is a permanent need for care due to physical, mental or psychiatric disablement or disablement of the sensory organs. The need for permanent care must exist for a minimum of 6 months and amount to an average of over 50 hours per month.

Long-term care allowance is graduated according to 7 levels. For the levels 1 – 4 the monthly amount of time spent for care is decisive (more than 50 and up to 75 hours for level 1, more than 75 and up to 120 hours for level two, more than 120 and up to 160 hours for level 3 and more than 160 hours for level 4). From level 5 upwards, in addition to the required amount of time of more than 180 hours per month an additional quality criterion is necessary. As the care allowance is granted in the form of a lump sum as a contribution towards the additional care-related costs, the effective costs for care in the individual case are not taken into consideration for classification.

The exact regulations for the assessment

of the relevant level of required care are ruled in the relevant law and the Regulation on Classification (Einstufungsverordnung zum Bundespflegegesetz). The Regulation on Classification contains definitions of care and assistance as well as time values for individual daily requirements, e.g. dressing and undressing, personal hygiene, preparation and taking meals as well as support towards mobility. Further, the Regulation on Classification stipulates that the decision on long-term care allowance be based on a medical expert's opinion with the possible consultation of experts in other areas (e.g. nursing) if this is necessary for an integrative evaluation of the situation. The medical expert's opinion is as a rule based on house-calls.

The particular needs of persons with mental and psychiatric disablement are covered by the Regulation on Classification by equating instructing and supervising with care and assistance and the inclusion of time values for motivating conversations.

Classification is functional in nature. The Legislation provides for standardised minimum levels for people with severe visual disabilities, blind and deaf-blind persons as well as persons who require a wheelchair to lead an independent life. In this way the special needs of persons with disabilities in respect of care are taken into account.

The Federal Government is responsible if a pension under federal law is drawn or if an entitlement to such a pension exists. For co-insured family members, recipients of social assistance or persons with a Laender-pension, the Laender are responsible in the case of required long-term care.

More than half of the recipients of long-term care allowance are entitled to the long-term care allowance levels 1 and 2

Level of long-term care allowance and recipients¹

	Amount per month in EUR	Recipients Federal State	Recipients Laender	Recipients Total	Share
Level 1	148.30	67,838	10,709	78,547	21%
Level 2	273.40	108,217	16,968	125,185	34%
Level 3	421.80	50,616	10,517	61,133	17%
Level 4	632.70	47,306	6,918	54,224	15%
Level 5	859.30	24,510	4,476	28,986	8%
Level 6	1,171.70	7,722	2,981	10,703	3%
Level 7	1,562.10	5,040	1,684	6,724	2%
Total		311,249	54,253	365,502	100%

1) Per: Federal State September 2005, Laender 2003
Source: BMSG-Report of the long-term care provision working group 2003

Share of recipients of long-term care allowance within their age groups

	Male recipients of long-term care allowance	Female recipients of long-term care allowance	Male and female recipients of long-term care allowance
0 - 20	0.7 %	0.5 %	0.6 %
21 - 40	0.8 %	0.7 %	0.7 %
41 - 60	2.0 %	2.0 %	2.0 %
61 - 80	7.0 %	10.0 %	9.0 %
81 +	43.0 %	61.0 %	57.0 %
Total	3.0 %	6.0 %	4.0 %

State: Recipients of long-term care allowance 2003; population 2001
Source: Statistics Austria; BMSG (Report of the long-time care provision working group 2003)

(55%), 40% to level 3 to 5 and 5% to the two highest levels. Because of their higher life expectancy, about two thirds of all recipients of long-term care allowance are women (68%).

Of persons younger than 40 years, ca. 0.7% draw long-term care allowance, of those between 41 and 60 years 2%, of those between 61 and 80 years 9% and of persons over 80 years 57%. 3% of all persons drawing care allowance are under 20 years, 5% between 21 and 40 years, 10% between 41 and 60 years, 35% between 61 and 80 years and 47% over 80 years old.

In the past several years the following improvements were made in the area of federal long-term care allowance:

- Extending the groups of persons entitled to benefits;
- Facilitating access to level 4;
- New definition of level 6 and 7;

- Cancelling of the age limit for access;
- Presence of a reliable person during the medical examination as well as consideration of existing medical documentation on long-term care;
- Inclusion of the care measure „motivating conversation “.

One objective of the Austrian system of long-term care provision is also the strengthening of the position of those caring for relatives. The following measures have been taken:

- Favourable option for the voluntary continuation of pension insurance for persons who had to give up their gainful employment in order to give long-time care to a close relative (care benefit level 3 and higher);
- Favourable self-insurance under the pension insurance scheme for periods of care given to family members from care benefit level 3 and higher;
- Accompanying measures in the frame of

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- family hospice leave (grant of advance payment, modified paying procedure);
- Support of caring family members, who are prevented from meeting their obligations for important reasons as illness or others;
- "Care Hotline – Counselling for Caregivers";
- Database Handynet-Österreich (information pool on technical aids via internet under www.handynet-oesterreich.bmsg.gv.at);
- Establishing the Office of the Care Ombudsman in the Federal Ministry of Social Security, Generations and Consumer Protection.

10.3. Social services in the area of long-term care

Besides the cash benefits, the long-term care provision is based on an adequate

provision of social services, for which the Laender are responsible. In the 90s an Agreement (pursuant to Art. 15a of the Federal Constitution) on joint measures for persons in need of long-time care was entered into by the federal state and the Laender. The goal was to ensure the decentralised and area-wide creation and expansion of community, institutional and semi-institutional services. To this aim the Laender prepared needs assessments and development plans covering the period until 2010. At the half-time planning-horizon an interim balance was been drawn within a study on the extension of social services. Essential results are a considerable extension of the community services. Between 1995 and 2002 the available personnel has increased by 50%. Further there is a general trend towards higher qualified personnel (see Chapter 12).