

## **CHAPTER 4. LONG-TERM CARE**

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## 4.1. Distribution of Tasks in the State

### 4.1.1. Benefits in Cash

Demographic and societal developments have led to a situation in which the risk that a person needs long-term care has turned from an individual problem to a matter of society at large. Persons in need of long-term care and their relatives need social protection and help. A comprehensive system of long-term care provision became effective in Austria on 1 July 1993; thus, a major gap in the social security system was bridged.

Before the Federal Act governing Long-Term Care Allowances (Bundespflegegeldgesetz, BPGG) and the corresponding acts in the Laender took effect, a number of cash benefits were available for people in need of long-term care. The amounts and requirements for eligibility varied enormously and in most cases, the cash benefits were not based on the specific need for care. As a result, persons who required extensive care and persons with disabilities were not given adequate care.

The Act on Long-Term Care Allowances introduced a standardised long-term care allowance system. The amount is now oriented on the actual need for care. Persons requiring long-term care are entitled to the allowance regardless of their income and property as well as the reason why they are in need of care. The long-term care allowance replaced the care-related cash benefits existing before 1 July 1993.

The 9 Acts on Long-Term Care Allowance of the Laender ensure that those persons who are not eligible under the BPGG receive care allowance in the

same amount and based on the same principles as set forth in the BPGG.

### 4.1.2. Benefits in Kind

The system of long-term care provision is a combination of benefits in cash and in kind. Apart from the introduction of the standardised care allowance in all of Austria, the long-term care system also has a second mainstay, the extension of social services, for which the Laender are responsible.

Since the existing distribution of responsibilities was to be maintained when long-term care was reorganised, an agreement (pursuant to Art. 15a of the Federal Constitution) was entered into by the federal state and the Laender. In this agreement (Long-Term Care Agreement) the Laender undertook to ensure the decentralised and area-wide creation and expansion of community, institutional and semi-institutional services. For this purpose, the Laender prepared needs assessments and development plans from 1996 to 1998, and these have to be translated into reality in stage by the year 2010. The Laender regularly adapt their plans to ongoing developments.

The Laender also committed themselves to ensure appropriate assurance of the quality of service and monitoring of the social services. The agreement defines minimum standards which the social services have to comply with.

Subsequently, all the Laender adopted regulatory provisions for senior citizens' and nursing homes which are in particular intended to safeguard the legal protection of home residents.

The Report of the Long-Term Care Provision Working Group 2003<sup>1</sup> states that

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<sup>1</sup>Federal Ministry of Social Security, Generations and Consumer Protection (ed.), original title: "Bericht des Arbeitskreises für Pflegevorsorge 2003"

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between 1999 and 2003 requirements of community services increased by approximately 13 %.

## 4.1.3. Social Care Professions

In terms of responsibility, the individual nursing and care services are matters that come under the headings of health care or social affairs. On the one hand, this accounts for a certain amount of competition between the health-care and social professions, on the other hand, training and job profiles in the medical and social occupations are governed by different bodies.

The occupations of caregiver for the disabled, caregivers for senior citizens, family helpers and homecare workers ("Social Care Professions") fall within the responsibility of the Laender. The problem in this context is that training and job profiles are not standardised, occasional lack of structure and overlaps exist whilst some Laender and areas completely lack regulation.

The health-care occupations (e.g. certified nurses, whose job profile, training and responsibilities are governed by the Act on Health Care Work and Nursing (Gesundheits- und Krankenpflegegesetz, GuKG) falls within the responsibility of the federal state.

## 4.2. Goals

### 4.2.1. Benefits in Cash

Cash benefits aim at attaining the following goals:

- standardised entitlement to benefits in the entire federal state;
- graduated cash allowance depending

- on specific long-term care needs;
- cash allowance independent of a persons income to prevent stigmatisation;
- prevention of poverty by covering much of the care-related additional expenditure;
- a self-determined life as the long-term care allowance can be used at discretion;
- improved framework conditions for such freedom of choice due to supporting measures for caregivers in the family and the expansion of mobile care services.

### 4.2.2. Benefits in Kind

Benefits in kind aim at attaining the following goals:

- people in need of long-term care can choose freely which service to use;
- clear priority to community care over institutional care;
- homes which are reasonable in size and integrated into communities;
- new care structures which take part of the burden off the caregiving relatives due to care services for individual days, short periods or holidays.

## 4.3. General Description of the System

The long-term allowance benefit system is independent and can neither be subsumed under social security benefits nor social assistance. Unlike the social insurance benefits, the long-term care allowance is not paid from contributions of insured parties but from the general budget. Since it is independent of the income and property of recipients, it does not form part of the social assistance system.

Long-term Care allowance legislation covers all groups of people with disabilities or those in need of care.

The purpose of the long-term care allowance is to offer a lump-sum compensation for care-related additional expenditure so as to secure the required care and assistance for people in need of care to the greatest possible extent and to enable them to lead a self-determined and needs-oriented life.

The long-term care allowance is granted irrespective of the reason underlying the need for care and the age of the persons concerned. The care allowance which citizens may be entitled to are solely based on their respective specific needs for care and assistance.

The Labour and Social Courts have jurisdiction in cases of disputes.

Long-term care allowance spending is borne by the federal state and the Laender with the framework of their constitutional responsibilities. It is funded from the general budget.

The long-term care allowance is paid out 12 times per year; the following table illustrates the amounts payable according to the various benefit levels and the number of recipients:

4% of the total population receives a long-term care benefit: 1% of those aged 0 to 60, 8% of those aged 61 to 80 and 57% of those over 80 years of age.

The type of care covered by the Austrian long-term care provision system is defined in great detail in the relevant law and the Regulation on Classification (Einstufungsverordnung, EinstV). For Levels 1 – 4, the time expended for care is decisive; this is determined on the basis of a medical expert's opinion. If more than 50 and up to 75 hours per month are required long-term care, the person concerned is entitled to care benefit level 1; level 2 is for over 75 and up to 120 hours per month, level 3 for over 120 and up to 160 hours per month, and if 160 hours per month are exceeded, level 4 is granted. From level 5 upwards, additional qualitative criteria come to bear in addition to the time-related criterion of more than 180 hours of long-term care per month (e.g. in level 5: need for an unusually high level of care).

Long-term care includes basic care such as daily personal hygiene on the one hand, and housekeeping matters such as cleaning or heating the home of the person concerned, on the other hand.

Classification is functional in nature. Legislation provides for standardised minimum levels for people with severe

## Long-Term Care Benefit: Amount per level and number of recipients

	Amount in EUR 2005	Recipients/ Federal state	Share	Recipients/ Laender	Share
Level 1	148.30	65,855	21.75 %	10,709	19.74 %
Level 2	273.40	106,287	35.10 %	16,968	31.28 %
Level 3	421.80	49,702	16.41 %	10,517	19.39 %
Level 4	632.70	45,701	15.09 %	6,918	12.75 %
Level 5	859.30	23,327	7.70 %	4,476	8.25 %
Level 6	1,171.70	7,194	2.38 %	2,981	5.49 %
Level 7	1,562.10	4,769	1.57 %	1,684	3.10 %
<b>Total</b>		302,835	100.00 %	54,253	100.00 %

Status: Federal state September 2005, Laender December 2003

Source: Federation of Austrian Social Insurance Institutions, Report of the Long-Term Care Provision Working Group 2003

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visual disabilities, blind and deaf-blind persons as well as persons who largely rely on a wheelchair to lead an independent life. This way, the special needs of persons with disabilities in respect of care are taken into account.

## 4.4. Activities

### 4.4.1. Benefits in Cash

Various measures to develop the existing system and secure it in the long run have helped reach the goal of high-quality long-term care provision. Experiences gained in the course of implementing the BPGG, specially in the context of long-term care allowance classification, were evaluated and led to adaptations:

In the interest of certainty as to law and clarification, long-term care allowance levels 6 and 7 were redefined. Moreover, access to level 4 was facilitated in that the expenditure of time in hours per month required for care was lowered from more than 180 hours to more than 160 hours.

The abolition of the age limit resulted in improving the situation of children in need of long-term care, meanwhile eligibility started with the moment of birth.

If requested by the person in need of long-term care, a trusted third person may be present during the medical check-up. Moreover, existing care-related documentation has to be taken into consideration.

In the revised version of the Regulation on Classification for the BPGG, the needs of persons with mental or psychiatric

disabilities were considered to a greater extent. If discussions with those persons are necessary in order to motivate them to carry out essential tasks, a corresponding amount of time has been taken into account.

## Quality Assurance

Under the amendment of the Federal Act on Long-Term Care Allowances of 2001 a separate section was devoted to quality assurance. In this context, decision-makers may also take steps to intensify quality assurance measures. The quality of long-term care can be checked on the occasion of visits to the homes of the persons concerned. Moreover, information and advice is available for everybody who is specifically involved in care. With this in mind, the visits are primarily meant to support caregiving relatives.

Against the background of quality assurance as enshrined in the BPGG, the project "Quality Assurance in Home Care"<sup>2</sup> was launched in 2003. Certified health care workers and nurses captured data on specific care situations by means of a standardised questionnaire filled out in the course of home visits. Special attention was given to providing useful information to long-term care benefit recipients and their caregiving relatives. This was done in the course of counselling, by provision of printed information material and reference to other institutions and help options.

Since the project turned out to be a meaningful approach to the statutory obligation of quality assurance, this procedure has been institutionalised.

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<sup>2</sup>ÖBIG, original title: "Qualitätssicherung in der häuslichen Betreuung", project of 2003

### **Strengthening the Position of and Relieving the Burden on Caregiving Relatives**

80% of all older people requiring long-term care, and the large majority of children and adults requiring short-term or long-term care due to illness, disability or accident, remain in their homes and are cared for by relatives. As a result, the caregiving relative is faced with major physical and psychical burdens.

One of the goals of the Austrian long-term care provision system is to strengthen the position of caregiving relatives.

In many cases, the assumption of caregiving tasks is to the detriment of the caregiver's retirement income provision. For this reason, a favourable option for the voluntary continuation of pension insurance was created for people who have to give up gainful work because they started giving long-term care to a close relative (care benefit level 3 and over). The federal state pays a fictitious employer's contribution for these caregivers. Caregivers under this scheme only have to pay contributions amounting to 10.25% of the assessment basis instead of 22.8%.

Starting with 1. January 2006, there will be a favourable pension self-insurance option for relatives who provide care to a close relative (long-term care allowance level 3 and over). The federal state pays a fictitious employer's contribution for these caregivers.

The special situation of caregiving relatives was also taken into consideration when non-contributory co-insurance in the health insurance schemes was revised (2001). Caregiving

relatives of insured parties eligible for long-term care allowance level 4 and over continue to have non-contributory co-insurance.

Since 2002 persons who take care of dying relatives or seriously ill children living in the same household have been entitled to family hospice leave. The long-term care allowance is paid out to them on request of the persons in need of care unless they have been placed in intramural care. Moreover, while proceedings for higher long-term care allowance at the request of persons in need of care are pending, advance payments will be granted in case the caregiver is on family hospice leave. These advance payments amount to at least care allowance level 3, or at least level 4 if level 3 has already been granted with final effect.

To ease the burden on caregiving relatives, it is also important to enable them to take "time off" from the caregiving tasks. Since 2004 caregiving relatives have been able to get grants to fund "substitute care". This can be done on condition that the person requiring care received at least long-term care allowance level 4. If the caregiver is unable to provide care due to illness, holiday or for other important reasons, appropriate financial help can be granted from the support fund created for persons with disabilities under the Federal Disability Act (Bundesbehindertengesetz, BBG) to avoid social hardship.

Since 1998 the Federal Ministry for Social Security, Generations and Consumer Protection has offered the services of the "Care Hotline – Counselling for Caregivers", which is free of charge and addressed to individuals who are either caregivers or affected by care-

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related problems. The care hotline is both an information hub and advisory body.

Moreover, the database Handynet-Österreich serves as an Internet information pool on technical aids and organisations for people with disabilities.

In 2005 a Federal Office of the Care Ombudsman was created for people in need of care and their relatives to address problems and complaints in the field of long-term care provision. As a service supplementary to the care hotline, this group of persons can also ask for a free visit to get counselling on issues of care at home, including a check for care aids. If needed, contact can also be made with the appropriate bodies (e.g. authorities) on behalf of those concerned so as to give them organisational help and support.

## 4.4.2. Benefits in Kind

As 2002/2003 marked the middle of the term in the planning time frame of the Laender based on their needs assessments and development plans, a mid-term review was carried out to establish the status of expanded social services. The study "Expansion of Services and Institutions for People in Need of Care in Austria" ("Ausbau der Dienste und Einrichtungen für pflegebedürftige Menschen in Österreich)<sup>3</sup>, prepared by the Austrian Federal Institute for the Health Sector (Österreichisches Bundesinstitut für Gesundheitswesen, ÖBIG), was published in November 2004.

At the end of 2002, a total of 7,800 persons worked in mobile community services (converted into full-time equivalents). This corresponds to a 50% increase in personnel within about 5 years' time. A further increase in

personnel by 2,000 (in full-time equivalents) is planned up until the year 2010.

At the end of 2002, 67,600 places were available in nursing and residential homes as well as long-term care institutions for the elderly, which represents an increase by 2,800 (+4%) since the mid-1990ies. Thus, the Austrian network is dense (116 places per 1,000 persons aged 75 and over). The ratio of places in long-term care institutions to places in residential homes is 78 to 22. On the whole, a massive reduction of residential home places can be observed while the number of places in long-term care institutions has increased.

21,000 persons (calculated in full-time equivalents) work in community services as well as in residential homes and long-term care institutions for the elderly. The development of the past few years was characterised by an increase in personnel as well as improved qualifications. The share of certified care personnel and qualified staff has risen while the number of auxiliary workers has decreased. Thus, the plan to improve the quality of care services so as to meet requirements of providing more intensive care to the growing number of increasingly older people has been carried out. The range of short-term care options has also been expanded and further expansion in short-term care is foreseen for the next few years.

At the end of 2002, a total of 1,070 places were available in semi-institutional services (places for older people helping them to structure their days, specially geriatric day centres). This option is very important for the elderly but hardly established outside of Vienna because it requires urban structures where institutions can easily be reached.

<sup>3</sup>Federal Ministry of Social Security, Generations and Consumer Protection (ed.), Expansion of Services and Institutions for People in Need of Care in Austria (original title: "Ausbau der Dienste und Einrichtungen für pflegebedürftige Menschen in Österreich").

### 4.4.3. Provisions for the Protection of Home Residents

The new Federal Act on Residential Home Contracts (Heimvertragsgesetz, 2004) and the Federal Act on Accommodation in Residential Homes (Heimaufenthaltsgesetz, 2005), have extended the scope of protection for residents of homes for the elderly and persons with disabilities.

These acts concern about 800 institutions with some 70,000 residents. The Act on Residential Home Contracts aims at improving the legal and economic situation of home residents as consumers. This is to be attained by provisions including a standardised minimum content of contracts with residential homes, price reductions in case of faults, provisions about the legal treatment of deposits and restrictions on cancellation. These provisions are of a civil-law nature or tie in with consumer-protection law. Thus, it is not only up to the individual resident or his/her relatives to enforce them but also to consumer organisations under the heading of collective legal protection.

The Act on Accommodation in Residential Homes covers homes for the elderly as well as approximately 500 institutions for persons with disabilities, thus addressing the needs of about 100,000 residents of institutional care facilities. It aims at regulating and monitoring restrictions on the personal freedom of residents placed in homes for the elderly and comparable institutions for people with disabilities. The terms and conditions under which residents of such institutions may be restricted in their personal freedom are clearly set forth. They are given a "residents' representative" who safeguards their interests

vis-à-vis the operator of the residential home as well as in court. Restrictions of freedom have to be reviewed by courts on request.

### 4.4.4. Social Care Professions

In 2001 a working group dealing with training programmes and job profiles in the field of care and work with people with disabilities was created with the BMSG as the lead body.

In three years of work, the working group developed a model geared to the following principles:

- standardised rules for training programmes and job profiles in all of Austria;
- horizontal and vertical permeability of the social care profession system;
- minimum requirements for training based on existing training programmes;
- access to jobs for persons with completed training (e.g. homecare workers);
- fast and informal mutual recognition of training in all Laender;
- most workers in the social care occupations<sup>4</sup> are also qualified as care assistants under the Act on Health Care Work and Nursing (GuKG).

These principles were enshrined in an agreement between the federal state and the Laender under Art. 15a of the Austrian constitution. The social care occupations are defined as specialised caregivers, social caregivers and certified caregivers in the disciplines "work with the elderly", "work with or assistance to people with disabilities", as well as "homecare work", to the extent that these are included in the legislation of the Laender.

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<sup>4</sup>Disciplines: Work with the elderly, work with people with disabilities, work with families

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The model foresees two-year and three-year training cycles with an option of leaving after the first year with the qualification of a homecare worker.

The agreement was signed by the Minister of Social Affairs and the nine governors of the Laender on 6 Dezember 2004 and must be implemented by 26 July 2007. This will clearly improve the status of the social care occupations, which are mainly practised by women, thus also increasing mobility in the labour market. As a result, marked quality improvements are expected for both the occupations concerned and the persons who are given care.

## 4.5. Challenges

Studies<sup>5</sup> confirmed that the situation of persons in need of long-term care and their caregivers has clearly improved due to the long-term care allowance laws and supporting measures. Still, problems in the overall system of long-term care continue to exist and they cannot be solved by means of the long-term care allowance alone. Social insurance measures for and support to caregivers has to become even more far-reaching than it has been so far and regular counselling opportunities, a better balance between gainful work and informal care, as well as further expansion and better integration of the social services are required.

In the study on the future long-term care of older people, the authors August Österle and Elisabeth Hammer<sup>6</sup> examined the framework conditions, policy approaches and development perspective of long-term care provision. Amongst other things, they found that the situation of informal caregivers must specially be improved due to the increasing need for long-term care in the next few decades. This includes regular counselling opportunities, measures to ease the burden of care as well as better social protection. From the angle of social policy, the support of people in need of long-term care will also require a broader financial basis. Higher expenditure will be balanced by an increase in the number of jobs.

As regards the financial viability of long-term care, in the long run, demographic developments will represent the greatest challenges, but it has to be stressed that, in view of progress in the field of medicine, growing old does not necessarily have to mean an increased need for care.

Moreover, budgetary constraints will also represent a challenge to the system because long-term care provision in Austria is funded from the budget.

<sup>5</sup>Christoph Badelt et al., "Analysis of the Effects of the Long-Term Care Provision System" (original title: "Analyse der Auswirkungen des Pflegevorsorgesystems"), published by BMAS, March 1

<sup>6</sup>August Österle & Elisabeth Hammer „On the Future Care and Nursing of Older People“ (original title: „Zur zukünftigen Betreuung und Pflege älterer Menschen“), published by Kardinal König Akademie, Vienna, October 2004