Dear reader,

You have lodged an application for benefits through care insurance. This is why your care insurance provider has asked the Medical Service to carry out an assessment. The Medical Service is the independent consultancy and assessment service supporting statutory health and care insurance providers regarding medical and care-related questions.

Where will the needs assessment take place?
To carry out the assessment, an assessor of Medical Service will visit you at home, which may also be a retirement home or care facility. The Medical Service will propose an appointment time in advance. During this home visit, the assessors will determine how independent you are in day-to-day life and what you need assistance with. In the needs assessment report, the Medical Service will also make recommendations as to how your situation may be improved, e.g. through rehabilitation or medical aids. This may, for example, include a rolling walker (‘rollator’) or equipment for bathing and showering. It may also be necessary to make adjustments to your home.

What needs to be considered during needs assessments for people with dementia?
During the home visit, the assessor will first speak to the person in need of care, even if the conversation is limited on account of a dementia illness. However, the assessors will subsequently discuss the information they have received again with the relatives who are present.

What happens after the needs assessment?
The assessors will summarise the results and recommendations, including those concerning the care level, in an assessment report and send it to the care insurance provider. If, for instance, medical aids or equipment are required, the assessors will, with your consent, also pass on this information to the care insurance provider. You do not need to lodge a separate application. The care needs assessment including Medical Service’s recommendations will be sent to you by the care insurance provider together with the decision on the care level.

What happens if you do not agree with the care insurance provider’s decision?
If you have objections to the care insurance provider’s decision, you can lodge an appeal with the care insurance provider within one month of receipt of the decision.
To determine the care level, six areas of day-to-day life are considered and weighted differently:

**Mobility**
How independently can the person move and change the position of his or her body? Is moving around at home possible? How about climbing stairs?

**Self-care**
How independently can the person care for herself or himself in relation to personal hygiene, eating and drinking, getting dressed and undressed?

**Behaviour and psychological issues**
How often does the person need assistance because of psychological issues, e.g. in case of aggressive or anxious behaviour?

**Coping and dealing independently with illness and treatment-related demands and stresses**
What kind of assistance does the person need to deal with his or her illness and treatment? How often is assistance necessary for taking medication, changing wound dressings or seeing doctors?

**Cognitive and communication skills**
How is the person’s orientation in relation to time and place? Can the affected person make decisions for her- or himself? Can the person hold a conversation and communicate his or her needs?

**Planning day-to-day living and maintaining social contact**
How independently can the person still arrange and plan their daily schedule and maintain social contact?

**Weights of the care areas:**

- **Self-care:** 40%
- **Coping and dealing independently with illness and treatment-related demands and stresses:** 20%
- **Planning day-to-day living and maintaining social contact:** 15%
- **Mobility:** 15%
- **Cognitive and communication skills:** 15%
- **Behaviour and psychological issues:** 10%
When is a person considered to be in need of care?

To determine the care level, the assessor will consider six areas of day-to-day living. You can find a summary of these areas on the reverse side. The assessor will assign a certain number of points to each area according to how much support you need in day-to-day life. These points are weighted differently, but they all contribute to the overall assessment. The area of self-care, for example, is weighted higher than the area of mobility. When completed, this results in a total number of points from which the care level can be deduced.

There are five care levels altogether:

- **Care level 1: 12.5 to under 27 total points**
  (few limitations on independence or skills)

- **Care level 2: 27 to under 47.5 total points**
  (significant limitations on independence or skills)

- **Care level 3: 47.5 to under 70 total points**
  (severe limitations on independence or skills)

- **Care level 4: 70 to under 90 total points**
  (extremely severe limitations on independence or skills)

- **Care level 5: 90 to 100 total points**
  (extremely severe limitations on independence or skills with special demands on care provision)

Special conditions for needs assessments apply to children aged up to 18 months. They are assigned the next higher care level.

At a glance

How to prepare for the Medical Service's home visit:

- Think ahead of time about what is especially difficult for you in day-to-day life.
- In which areas do you need, or would like to have, help in your day-to-day life?
- What can you manage independently in your day-to-day life?

Before the home visit, think about who you would like to be present

- Ask the person who is your main carer or someone who knows your situation particularly well to be present during the home visit.
- In case of legal guardianship, please inform your guardian about the home visit.

Which documents will be required?

- If you have them, please have your GP’s or specialists’ reports, or the discharge papers from hospital handy. However, if you do not have these documents, there is no need to ask for them to be sent specially.
- Please have your current medication regimen handy.
- If you are receiving domiciliary care services, please have your care documentation handy.
The LEGAL BASIS for the assessment process is contained in sections 14, 15 and 18 of the German Social Code (Sozialgesetzbuch, SGB) XI, sections 60 and following of the SGB I, as well as the guidelines for care needs assessments according to SGB XI.

This information is provided by the association of Medical Services.

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