

ENGLISCH

Information on care needs assessments



Dear reader,

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

How will the needs assessment be conducted?

The assessment is usually conducted as an in-person conversation with a Medical Advisory Service assessor. This may be in the form of a home visit or telephone call, for which you will receive a proposed appointment time. During the assessment, the assessors will determine how independent you are in day-to-day life, and what you need assistance with. As part of the assessment, the Medical Advisory 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 to help with showering. It may also be necessary to make adjustments to your home. If an in-person assessment has already been made, another may be conducted without a visit or telephone interview if required. This may be the case, for example, if your care needs have changed and the Medical Advisory Service has the required documentation at hand. A visit or telephone interview will not always be required in this case.

What happens during the needs assessment?

The assessors are specially trained care professionals or doctors. They aim to get an insight into your personal care needs. Please describe the limitations and problems you face in caring for yourself, and what you are finding difficult in day-to-day living. Ask someone you trust to be there with you during the assessment. This will help the Medical Advisory Service to get a comprehensive picture of your situation. Please note that the assessment may take up to an hour.

What needs to be considered during needs assessments for people with dementia?

During the assessment, the assessor will first speak to the person in need of care, even if the conversation is limited because of dementia. Usually, the assessors will discuss the information they have gleaned with those present.

What happens after the needs assessment?

The results and recommendations, including those regarding the care level, will be summarised in an assessment report and sent to the care insurance provider. The care insurance provider will also be advised if equipment is required. You do not need to lodge a separate application. The care insurance provider will then send you the assessment and the care level notification.

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.



When is a person considered to be in need of care?

To determine the care level, six areas of day-to-day living will be looked at. You can find an overview of these areas on the reverse side. The assessor will assign a number of points to each area according to how much support you need in everyday life. These points are weighted differently in the overall assessment. The area of self-care, for example, is weighted higher than the area of mobility. This results in a total point score from which the care level can be deduced.

There are five care levels altogether:

- PG 1 **Care level 1: 12.5 to under 27 total points**
(few limitations on independence or skills)
- PG 2 **Care level 2: 27 to under 47.5 total points**
(significant limitations on independence or skills)
- PG 3 **Care level 3: 47.5 to under 70 total points**
(severe limitations on independence or skills)
- PG 4 **Care level 4: 70 to under 90 total points**
(extremely severe limitations on independence or skills)
- PG 5 **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 Advisory Service assessment:

- 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 assessment, 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 assessment.
- In case of legal guardianship, please inform your guardian about the assessment.
- In case you need a translation into sign language, please contact your statutory care insurance provider.
- If you do not speak sufficient German, please ask relatives, friends or an interpreter to support you during the care needs assessment.

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.





Good to know

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?



Behaviour and psychological issues

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



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?



Self-care

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



Coping and dealing independently with illness and treatment-related demands and stresses

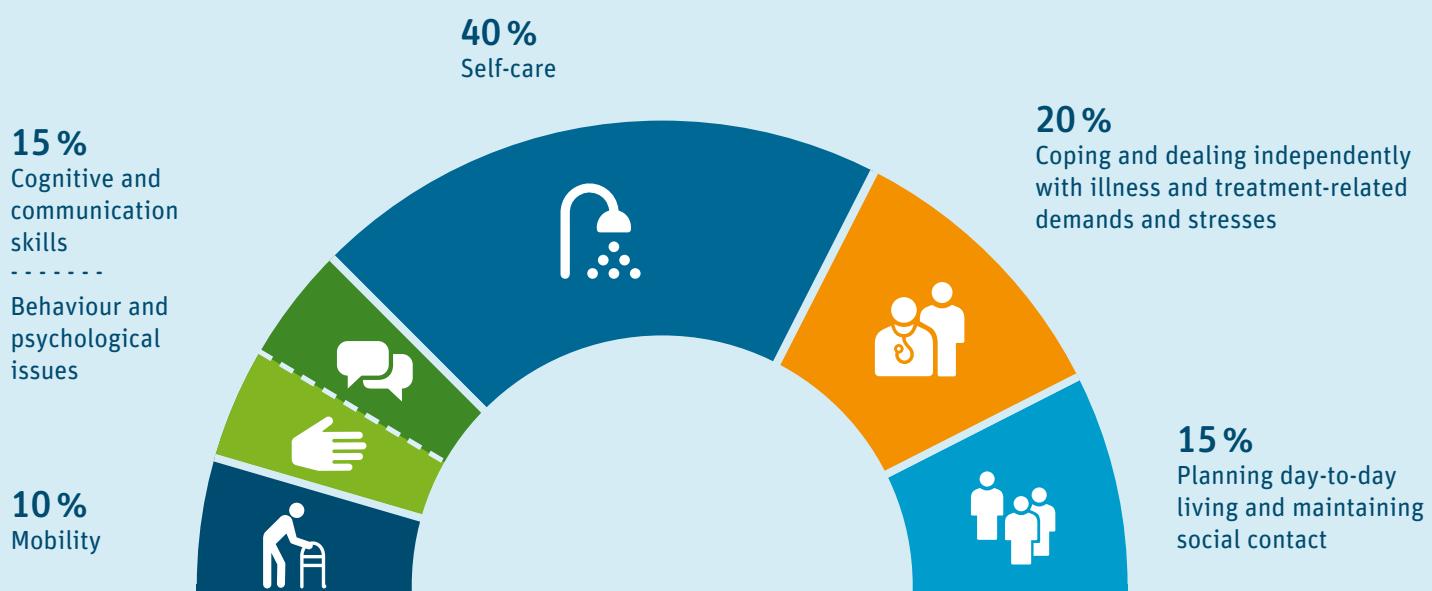
What kind of assistance does the person need to deal with his or her illness and treatment? How often is assistance necessary for taking medication, changing wound dressings or seeing doctors?



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?

Also determined during the assessment are limitations to independence regarding activities outside the home, and managing household tasks. This information is not taken into account when determining the care level. They serve to help the care provider and care advice services better plan care provision and support with household tasks if required.



You can find further information on care needs assessments at www.medizinischerdienst.de

Bu bilgileri diğer lisanlarda www.medizinischerdienst.de adresinde bulabilirsiniz

Τις πληροφορίες αυτές θα τις βρείτε σε άλλες γλώσσες στην ιστοσελίδα: www.medizinischerdienst.de

Informacje te w językach obcych znajdują się na stronie internetowej: www.medizinischerdienst.de

Информацию на других языках Вы сможете найти по адресу: www.medizinischerdienst.de

Ove informacije su raspoložive i na drugim jezicima na internet adresi: www.medizinischerdienst.de

Questa informazione è disponibile in altre lingue, al sito: www.medizinischerdienst.de

This information in English can be found at:
www.medizinischerdienst.de

Vous trouverez les informations en français sur le site suivant : www.medizinischerdienst.de

Цю інформацію українською мовою Ви можете знайти за посиланням: www.medizinischerdienst.de

تجدون هذه المعلومات باللغة العربية على صفحة الشبكة (الإنترنت) : www.medizinischerdienst.de

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 Advisory Services.

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