

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 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 happens during the needs assessment?

The MDK assessors are specially trained care professionals or doctors. They will visit you to get an insight into your personal care situation. Please therefore describe the limitations and problems you face in caring for yourself and what is creating difficulties for you in day-to-day life. Please ask someone you trust to be there with you during the home visit. This will help the Medical Service to get a comprehensive picture of your situation. Please note that the home visit can take up to an hour.

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.



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?



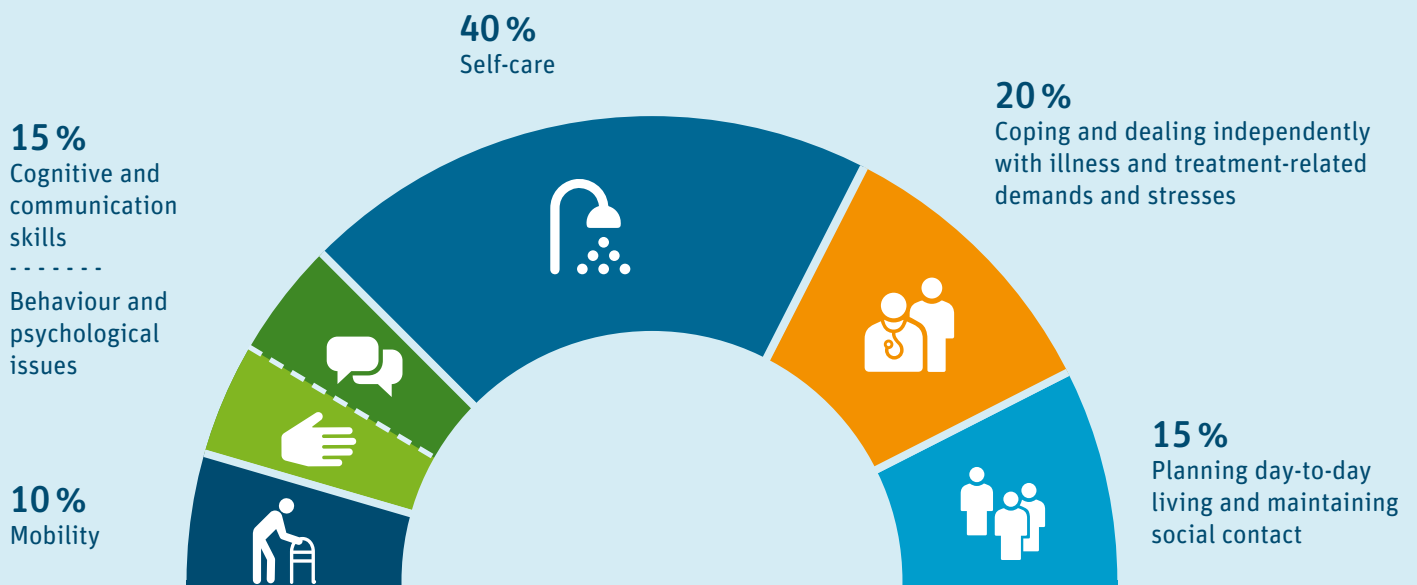
Coping and dealing independently with illness and treatment-related demands and stresses

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?





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:

- 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 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.



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

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

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.

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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