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# Rights and conditions for moving to a residential care home

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Modul	Sachverhalt
Leistungsschlüssel	99154035000000
Leistungsbezeichnung I	Rights and conditions for moving to a residential care home
Leistungsbezeichnung II	Moving into a residential care facility
Typisierung	11 - SDG: Allgemeine Rechte und Pflichten
Quellredaktion	Bund
Freigabestatus Katalog	unbestimmter Freigabestatus
Freigabestatus Bibliothek	unbestimmter Freigabestatus
Begriffe im Kontext	
Leistungstyp	Leistungsobjekt
Leistungsgruppierung	SDG allgemeine Rechte und Pflichten (154)
Verrichtungskennung	
SDG-Informationsbereich	Rechte und Voraussetzungen für den Einzug in eine stationäre Pflegeeinrichtung
Lagen Portalverbund	Pflege (1130400)

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Einheitlicher Ansprechpartner	Nein
Fachlich freigegeben am	13.12.2022
Fachlich freigegeben durch	Federal Ministry of Health
Handlungsgrundlage	• Social care insurance (in German)
Teaser	This section provides information on your rights and requirements for moving to a residential care facility.
Volltext	<p>Residential care homes for people in need of care and how they are regulated</p> <p>There are different kinds of residential care homes, such as retirement homes and nursing homes.</p> <p>In the area of social care insurance, operators of establishments may receive a permit to provide treatment, care and support to hospitalised people in need of care under a supply agreement. A supply agreement must be drawn up for this purpose. This supply agreement is a type of contract between nursing care insurance companies and operators of care establishments that sets out the in-kind benefits and services to which insured individuals are legally entitled. One important eligibility criterion is that the insured individuals must have long-term nursing care needs that mean they require professional support and care as well as constant monitoring by a qualified carer.</p> <p>The same authorisation and compensation rules prescribed by law apply to private care homes as to care homes run by local government or not-for-profit organisations. The contractual provisions set out in the relevant supply agreement are always binding on all contractual parties. These provisions specify that the nursing care compensation rates and care fees agreed between the funding agencies (i.e. the nursing care insurance funds and welfare agencies) and operators of establishments must be cost-efficient and performance-based. Subsequent reimbursement of costs is not possible. There is no differentiation</p>

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between the different types of establishment.

Legal provisions: Sections 72, 71(2) of the German Social Code (Sozialgesetzbuch, SGB), part XI  
Authorisation for nursing; on the rights and obligations of care institutions, see also Section 11 of the German Social Code, part XI)

Conditions for access to approved nursing homes

The existence of a need for care is a prerequisite to receive support under nursing care insurance. In accordance with the guidelines of the GKV Central Association for determining the need for care (assessment guidelines), whether and to what extent care is required is determined in a structured procedure by the Medical Service or by other assessors commissioned by the Nursing Care Insurance Fund. In the case of privately insured persons, the assessment is carried out by the medical service of the private insurance companies Medicproof (see Sections 14, 15 and 18 of the German Social Code, Part XI)

Almost everyone in Germany has insurance through one of the two branches of compulsory insurance. Nursing care insurance is part and parcel of statutory healthcare insurance, meaning that anyone with statutory healthcare insurance is automatically covered by statutory nursing care insurance as well. People with private healthcare insurance who are insured against the risk of illness and hospitalisation must also take out private compulsory insurance to cover the risk of them requiring nursing care.

As insurance providers, the nursing care insurance funds are subject to a statutory service guarantee in connection with their service obligation to ensure that the people they insure receive adequate care. They do not operate their own care establishments, but instead conclude supply agreements and compensation agreements with operators of residential care homes and outpatient care and support services, as well as with certain self-employed carers where appropriate.

Any establishment that meets the authorisation

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requirements has a legal right to obtain a permit to provide services. Those in need of care may choose from among different types of establishment: private establishments, establishments run by local government, and establishments run by not-for-profit organisations.

What kind of financial contribution is required for approved nursing homes and who is responsible for paying it?

Statutory nursing care insurance is intended to help mitigate the physical, psychological and financial consequences of care-dependency for insured persons and their relatives. Nursing care insurance often does not cover all the costs of nursing care. It is therefore also referred to as a partial benefit scheme.

Under the provisions on benefits in kind found in Section 43 of the German Social Code, Part XI, each month the nursing care insurance funds will cover the costs of care-related expenses including those in relation to personal support and medical treatment up to the following amounts:

- Care level 2: EUR 770
- Care level 3: EUR 1 262
- Care level 4: EUR 1 775
- Care level 5: EUR 2 005

Individuals classed as falling under care level 1 will receive a monthly allowance of EUR 125.

Care-dependent individuals are also entitled to additional support services and activities in the care establishment (pursuant to Section 43b of the German Social Code, Part XI). Care establishments receive separate remuneration supplements for this purpose, which are fully covered by the nursing care insurance funds.

If the total costs of an individual's care exceed the legal ceiling for nursing care insurance contributions, the difference in costs must be borne by the care-dependent individual.

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Since January 2017, within a particular establishment the amount of residents' own care-related, establishment-specific contributions has been the same for all persons in full-time residential care and in need of a degree of care between levels 2 and 5.

In order to protect care recipients against excessive claims as a result of rising care costs, in addition to the amount of the benefit, which varies depending on the level of care, the nursing care insurance pays a supplement for the out-of-pocket expenses of the person in need of care, which increases with the duration of full-time inpatient care: In the first year, the nursing care insurance fund bears 5% of the out-of-pocket expenses for care, in the second year 25%, in the third year 45% and from the fourth year onwards 70%.

In addition to out-of-pocket expenses for care, other costs are usually incurred for full-time inpatient care. This includes costs for accommodation and food. Residents of a facility may also have to bear recoverable investment costs separately.

Other financial support for the costs of residential care

The federal States (Bundesländer) may subsidise the necessary investment costs for care facilities. When providing financial support for the investment costs of care institutions, the federal States are required to use the savings made by social assistance providers through the introduction of long-term care insurance. The federal States report annually to the Federal Ministry of Health on the nature and scope of this funding and on the average investment costs for those in need of care associated with this subsidy.

Under certain conditions, welfare providers/the Welfare Office (Sozialamt) will bear the costs of care if an individual does not have sufficient financial resources and cannot rely on relatives to pay the costs of their care.

If an individual's nursing care insurance is not sufficient

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	to cover their care needs and they cannot afford to pay their own contributions themselves, they may be eligible for nursing care welfare payments. These welfare payments are a form of subordinate welfare benefit, the legal basis of which is provided for in Chapter 7 of the German Social Code, Part XII. If the conditions for eligibility are met, i.e. if the person is care-dependent and in need of financial support, they will receive needs-based welfare payments.
Erforderliche Unterlagen	
Voraussetzungen	
Kosten	
Verfahrensablauf	
Bearbeitungsdauer	
Frist	
weiterführende Informationen	Ratgeber Pflege (Nursing Care Guidebook)  Ratgeber für Menschen mit Behinderung (Guidebook for People with Disabilities, in German)
Hinweise	
Rechtsbehelf	
Kurztext	
Ansprechpunkt	
Zuständige Stelle	
Formulare	
Ursprungsportal	Rights and conditions for moving to a residential care home, Rechte und Voraussetzungen für den Einzug in eine stationäre Pflegeeinrichtung