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# Kombinationsleistung von Geld- und Sachleistung für gesetzlich Pflegeversicherte Gewährung

Heruntergeladen am 29.06.2025

<https://fimportal.de/xzufi-services/581627/B100019>

Modul	Sachverhalt
Leistungsschlüssel	99106005080000
Leistungsbezeichnung I	Kombinationsleistung von Geld- und Sachleistung für gesetzlich Pflegeversicherte Gewährung
Leistungsbezeichnung II	Apply for combination benefit for long-term care insurants
Typisierung	1 - Bund: Regelung und Vollzug
Quellredaktion	Bund
Freigabestatus Katalog	fachlich freigegeben (gold)
Freigabestatus Bibliothek	unbestimmter Freigabestatus
Begriffe im Kontext	
Leistungstyp	Leistungsobjekt mit Verrichtung
Leistungsgruppierung	
Verrichtungskennung	Gewährung (80)
SDG-Informationsbereich	Medizinische Behandlung in einem anderen

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	Mitgliedstaat
Lagen Portalverbund	Pflege (1130400)
Einheitlicher Ansprechpartner	Nein
Fachlich freigegeben am	22.11.2021
Fachlich freigegeben durch	Federal Ministry of Health
Handlungsgrundlage	<a href="https://www.gesetze-im-internet.de/sgb_11/_38.html">https://www.gesetze-im-internet.de/sgb_11/_38.html</a> <a href="https://www.gesetze-im-internet.de/sgb_11/_7a.html">https://www.gesetze-im-internet.de/sgb_11/_7a.html</a>
Teaser	If you are cared for at home by relatives, you can receive care allowance and use the services of an outpatient care service at the same time in a combination solution.
Volltext	<p>If you are cared for at home, you are entitled to care benefits in kind. These include physical care services, nursing care measures or help with household management. In addition, the nursing care insurance fund will pay you a nursing allowance. The maximum monthly amount for care benefits in kind depends on your care degree:</p> <ul style="list-style-type: none"> <li>• for care level 2 a maximum of EUR 689.00</li> <li>• for care degree 3 a maximum of EUR 1,298</li> <li>• for care degree 4 a maximum of EUR 1.612</li> <li>• for care level 5 a maximum of EUR 1,995</li> </ul> <p>You can combine care benefits in kind and care allowance. In this case, the benefit is referred to as a combination benefit. The costs are calculated on a pro rata basis: The more care benefits in kind you use, the less care allowance you receive. For example, if you claim 80 percent of all the care benefits in kind to which you are entitled, you will no longer receive 100 percent of the maximum care allowance, but 20 percent. If, on the other hand, you use only a few care benefits in kind, you will receive correspondingly more care allowance.</p> <p>Your decision as to the ratio of cash benefits to benefits in kind is binding for 6 months.</p>

## Modul

## Sachverhalt

### Erforderliche Unterlagen

- If applicable: power of attorney, guardian's identity card
- If applicable: notice from the long-term care insurance fund on the determination of the degree of long-term care (expert opinion of the Medical Service of the Long-Term Care Insurance)
- if applicable: medical documents
- if applicable: severely disabled person's ID card

Depending on the individual case, further documents may be required. Please contact your nursing care insurance fund for more information.

### Voraussetzungen

- You have care degree 2, 3, 4 or 5.
- You are cared for at home.
- You do not make full use of care benefits in kind.

### Kosten

You do not have to pay anything for the application.

### Verfahrensablauf

You can apply for a combination benefit by mail, for example, and - in the case of many long-term care insurance companies - you can hand it in personally at the office or submit it online.

- Calculate the share of the care benefit in kind in the maximum monthly amount to which you are entitled for care benefits in kind according to your care level. For example, if the monthly costs of the care benefit amount to 70 percent of the maximum amount, you will still receive 30 percent of the care allowance.
- Submit the application for combined benefits to your long-term care insurance fund. If you are unable to do this yourself, you can authorize someone in writing.
- If you have not yet been assessed for a care level of at least 2, the long-term care insurance fund will commission the Medical Service or other independent assessment services to check whether you are in need of care to at least care level 2.
- The long-term care insurance fund evaluates the expert opinion, examines your application and informs you of the result.
- Your nursing care insurance fund can give you a list of approved nursing care services where you can compare services and prices.
- Your long-term care insurance fund settles the care

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	benefits directly with the outpatient care service.
Bearbeitungsdauer	Processing usually takes about 2 to 3 working days. For rapid processing and decision-making, your long-term care insurance fund must be provided with the necessary information as well as any required documents in a complete and meaningful manner. The care insurance fund decides on applications promptly. Please note that the processing time given is an average value for all care insurance funds. It may vary in individual cases. The exact processing time also depends on the complexity of the individual case and may be longer accordingly. The same applies if documents or records are sent to you or your care insurance fund by mail. If necessary, the Medical Service may have to be involved. This usually extends the processing of your request by about 2 to 3 weeks.
Frist	If you claim a combination benefit, you are bound to this decision for 6 months. This means that you cannot change the ratio in which you combine care benefits and care allowance. An exception to this is if your condition deteriorates severely and you need more care.
weiterführende Informationen	<a href="https://www.bundesgesundheitsministerium.de/pflege-zu-hause.html">https://www.bundesgesundheitsministerium.de/pflege-zu-hause.html</a> <a href="https://www.bundesgesundheitsministerium.de/service/pflegeleistungs-helfer.html">https://www.bundesgesundheitsministerium.de/service/pflegeleistungs-helfer.html</a> <a href="https://www.zqp.de/beratung-pflege/#/home">https://www.zqp.de/beratung-pflege/#/home</a>
Hinweise	
Rechtsbehelf	<ul style="list-style-type: none"> <li>• Objection</li> <li>• Action before the social court</li> </ul>
Kurztext	<ul style="list-style-type: none"> <li>• Combination benefit of cash and non-cash benefits for those with statutory long-term care insurance</li> <li>Granted</li> <li>• In the case of home care, a combination benefit is possible: in addition to care by relatives, the services of an outpatient care service can be utilized</li> <li>• the person in need of care continues to receive care allowance, but only on a pro rata basis</li> <li>• Requirements: Home care at least care degree 2</li> <li>• the entitlement to care benefits in kind includes per</li> </ul>

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calendar month with care degree 2 at most EUR 689,00  
 for care level 3 a maximum of EUR 1,298 with care  
 degree 4 at most EUR 1.612 for care level 5 a maximum  
 of EUR 1,995

- If, for example, 80 percent of the care benefits in kind are used, the care allowance is reduced to 20 percent of the rate corresponding to the care degree.
- Application is made informally in writing to the care insurance fund
- Decision is binding for 6 months
- Information provided by: Care insurance companies or recognized advice centers, such as care support points.
- responsible: Nursing care insurance funds

**Ansprechpunkt**
**Zuständige Stelle**
**Formulare**

- Forms: yes
- Online procedure possible: many long-term care insurance companies offer an online procedure.
- Written form required: no
- Personal appearance required: no  
<https://bundesportal.gkv-spitzenverband.de?ID=34>

**Ursprungsportal**

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