

99107014017000, 99107014017000

# Assistance for care (social assistance)

Heruntergeladen am 27.06.2025

<https://fimportal.de/xzufi-services/8960988/L100001>

Modul	Sachverhalt
Leistungsschlüssel	99107014017000, 99107014017000
Leistungsbezeichnung I	Assistance for care (social assistance)
Leistungsbezeichnung II	
Typisierung	2/3 - Bund: Regelung (2 oder 3), Land/Kommune: Vollzug
Quellredaktion	Hessen
Freigabestatus Katalog	unbestimmter Freigabestatus
Freigabestatus Bibliothek	fachlich freigegeben (gold)
Begriffe im Kontext	
Leistungstyp	Leistungsobjekt mit Verrichtung
Leistungsgruppierung	Sozialleistungen (107)
Verrichtungskennung	Bewilligung (017)
SDG-Informationsbereich	Medizinische Behandlung in einem anderen Mitgliedstaat
Lagen Portalverbund	Pflege (1130400)

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Einheitlicher Ansprechpartner	Nein
Fachlich freigegeben am	08.12.2022
Fachlich freigegeben durch	Hessian Ministry of Social Affairs and Integration
Handlungsgrundlage	<a href="https://www.gesetze-im-internet.de/sgb_12/BJNR302300003.html#BJNR302300003BJNG001100000">https://www.gesetze-im-internet.de/sgb_12/BJNR302300003.html#BJNR302300003BJNG001100000</a> <a href="https://www.rv.hessenrecht.hessen.de/bshe/document/jlr-SGB12AGHE2018pP1">https://www.rv.hessenrecht.hessen.de/bshe/document/jlr-SGB12AGHE2018pP1</a> <a href="https://www.rv.hessenrecht.hessen.de/bshe/document/jlr-SGB12AGHE2018V3P2">https://www.rv.hessenrecht.hessen.de/bshe/document/jlr-SGB12AGHE2018V3P2</a> <a href="https://www.gesetze-im-internet.de/sgb_12/BJNR302300003.html#BJNR302300003BJNG001100000">https://www.gesetze-im-internet.de/sgb_12/BJNR302300003.html#BJNR302300003BJNG001100000</a> <a href="https://www.rv.hessenrecht.hessen.de/bshe/document/jlr-SGB12AGHE2018pP1">https://www.rv.hessenrecht.hessen.de/bshe/document/jlr-SGB12AGHE2018pP1</a> <a href="https://www.rv.hessenrecht.hessen.de/bshe/document/jlr-SGB12AGHE2018V3P2">https://www.rv.hessenrecht.hessen.de/bshe/document/jlr-SGB12AGHE2018V3P2</a>
Teaser	If you are in need of care and the benefits of the nursing care fund as well as your income and assets are not sufficient, you can receive care assistance under certain conditions.
Volltext	Persons who have health-related impairments of independence or abilities and therefore need help from others may be entitled to care assistance under Book XII of the Social Code (SGB XII). The reason for the need for help can be physical, cognitive or psychological impairments or health-related burdens or demands that cannot be compensated and mastered independently. The determination of whether and to what extent there is a need for care is carried out by the Medical Service of the Health Insurance (MDK). The MDK is commissioned by the competent nursing care fund when an application for long-term care insurance benefits is submitted. The benchmark for the assessment is the degree of independence of the person. The focus is on the question of how independently people can cope with their everyday lives. For this purpose, his abilities in various areas of life are assessed: mobility, cognitive and communicative skills, behaviors and psychological problems, self-care, dealing with illness-related

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demands and stresses, shaping everyday life and social contacts.

The MDK uses a point system to determine how independent a person still is. The following applies: The more points the person receives, the higher the degree of care and the more care and support needs there is. In principle, the social assistance institution is also bound by the findings of the MDK. If someone is not covered by long-term care insurance and therefore no expert opinion of the MDK and no classification in a degree of care by the nursing care fund, the social assistance provider has to determine the necessary nursing needs and turns on the health department with the request for an opinion on the scope of the necessary care services. If possible, the desire to be cared for at home should be given priority over inpatient care under social assistance law (§ 13 SGB XII).

In the case of home care, persons in need of care are entitled to basic care and domestic care as a benefit in kind for care assignments of outpatient services and social stations (home care assistance). Alternatively, it is possible to receive a care allowance if persons in need of care can thus ensure basic care and domestic care themselves. A combination of cash and benefits in kind is possible.

The benefit framework of long-term care insurance also includes offers in the event of prevention of the caregiver (home care), day or night care (semi-inpatient care) and short-term care (temporary inpatient care).

Persons in need of care are entitled to care in inpatient care facilities if home or semi-inpatient care is not possible or is not considered due to the specificity of the individual case.

In addition, care aids and technical aids, subsidies for measures to improve the individual living environment and care courses for relatives and voluntary carers can be granted.

Caring relatives or caring neighbours and friends may,

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if necessary, receive social security benefits for the carer in the form of contributions to the competent pension insurance institution

Depending on the type of benefit, long-term care insurance covers long-term care insurance benefits only up to certain maximum limits.

In the case of inpatient care, the costs for accommodation and meals are not covered, as these must also be borne in the home environment.

If it is not possible for persons in need of care to assume uncovered residual costs, social assistance benefits (SGB XII) are eligible in this respect.

However, social assistance as state aid only occurs if the income and assets of the person in need of care - and, if applicable, the spouse or life partner - are insufficient. Dependents are only called upon if their total annual income is more than 100,000 euros (§ 16 SGB IV, Common Provisions for Social Security).

## Erforderliche Unterlagen

The required evidence corresponds to those necessary for the decision to grant assistance under SGB XII (including assistance for subsistence). The total income must be proven.

In addition, applicants with long-term care insurance must submit the medical report of the MDK as well as the decision of the nursing care fund on the classification into a degree of care and the benefits from the nursing care insurance or a declaration of consent to the request for the report to the nursing care fund.

In the case of persons not covered by long-term care insurance, a medical report should be attached; the assessment shall be carried out by the authority responsible for providing care assistance.

## Voraussetzungen

In principle, only persons in need of care of care levels 2 to 5 receive the benefits of the help for care. Due to the low severity of their impairments, persons in need of care of care level 1 are (only) entitled to care aids,

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measures to improve the living environment as well as digital care applications and supplementary support when using digital care applications. In addition, a relief amount of currently a maximum of 125 euros per month will be granted.

There is no entitlement to help with care below care level 1.

However, assistance for care is only granted to the extent that one's own resources are insufficient, the person in need of care cannot bear the expenses for care himself or herself from his or her income and assets and does not receive them from others, in particular nursing care insurance. This may be the case if the persons in need of care are not insured in the long-term care insurance or do not yet fulfil the pre-insurance periods or the benefits of the long-term care insurance are insufficient.

**Kosten**

There are no fees.

**Verfahrensablauf**

- Long-term care insured persons first contact the responsible nursing care fund to clarify which benefits they are entitled to and to what extent. Only if these benefits are not sufficient or are not entitled to any benefits at all, help for care can be applied for at the competent social assistance institution.
- This initiates the determination of the need for care and the necessary need for help by the health authority for persons not insured in the statutory long-term care insurance.
- If the conditions are met and the income and financial circumstances do not preclude the granting of care assistance, an approval decision is issued.

**Bearbeitungsdauer**

A decision on the application will be taken as soon as possible. The processing time depends, among other things, on the completeness of the information and the submission of the supporting documents required for the processing of the application.

**Frist**

Deadlines may have to be observed. Please contact the competent authority.

**weiterführende**

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**Informationen**
**Hinweise**

An objection may be lodged against decisions of the competent social assistance institutions within one month of notification.

After completion of the opposition proceedings by means of an objection decision, an action may be brought before the Social Court within one month of notification.

**Rechtsbehelf**

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**Kurztext**

- Help for care Permit
- Application for care assistance in the context of social assistance
- according to the respective Land law responsible for the implementation of the Twelfth Book of the Social Code (SGB XII)
- Procedure: Long-term care insured persons first contact the responsible nursing care fund to clarify which benefits they are entitled to and to what extent. Only if these benefits are not sufficient or are not entitled to any benefits at all, help for care can be applied for at the competent social assistance institution. This initiates the determination of the need for care and the necessary need for help by the health authority for persons not insured in the statutory long-term care insurance. If the conditions are met and the income and financial circumstances do not preclude the granting of care assistance, an approval decision is issued.
- responsible: The Landeswohlfahrtsverband Hessen is responsible for assistance with care in a nursing home or in day/night care, if the applicant is younger than 65 or 66 years. For outpatient assistance (e.g. through outpatient care services) as well as for services in nursing homes and in day/aftercare for people older

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	than 65 or 66 years, the social welfare office of the district or the independent city is responsible.
Ansprechpunkt	<p>For help with care in a nursing home or in day/night care, if you have not yet reached the standard retirement age according to § 235 Abs. 2 of the Sixth Book of the Social Code (SGB VI), i.e. are younger than 65 or 66 years, please contact the supra-local social assistance institution, the Landeswohlfahrtsverband Hessen.</p> <p>For outpatient assistance (e.g. through outpatient care services) as well as for services in nursing homes and in day/aftercare for people who have already reached the standard retirement age according to § 235 Abs. 2 SGB VI and are thus older than 65 or 66 years, please contact the local social welfare agency, the social welfare office of your district or your independent city.</p>
Zuständige Stelle	Information on how to apply can always be obtained from the responsible social welfare office of your district or your independent city.
Formulare	
Ursprungsportal	Hilfe zur Pflege (Sozialhilfe), Assistance for care (social assistance)