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Outpatient care service: Apply for approval

Heruntergeladen am 09.06.2025

<https://fimportal.de/xzufi-services/9831500/L100027>

Modul	Sachverhalt
Leistungsschlüssel	99018120104000, 99018120104000
Leistungsbezeichnung I	Outpatient care service: Apply for approval
Leistungsbezeichnung II	
Typisierung	4 - Land: Regelung
Quellredaktion	Mecklenburg-Vorpommern
Freigabestatus Katalog	unbestimmter Freigabestatus
Freigabestatus Bibliothek	unbestimmter Freigabestatus
Begriffe im Kontext	
Leistungstyp	Leistungsobjekt mit Verrichtung
Leistungsgruppierung	Berufsberechtigung (018)
Verrichtungskennung	Anmeldung (104)
SDG-Informationsbereich	Erlangung von Lizenzen, Genehmigungen oder Zulassungen im Hinblick auf die Gründung und Führung eines Unternehmens
Lagen Portalverbund	

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Einheitlicher Ansprechpartner	Nein
Fachlich freigegeben am	
Fachlich freigegeben durch	The text was released by the Ministry of Labor, Equality and Social Affairs of Mecklenburg-Vorpommern on 30.11.2011.
Handlungsgrundlage	<ul style="list-style-type: none"> • Act on Social Security for the Risk of Long-Term Care Needs (PflegeVG) or Social Code Book Eleventh (SGB XI) • Fifth Book of the Social Code (SGB V)
Teaser	
Volltext	<p>If you want to set up a care facility (care service or care home), you must comply with the provisions of the German Care Insurance Act (PflegeVG = Social Security Code XI). Among other things, the PflegeVG regulates which companies may provide care services and by whom these services are financed. The PflegeVG distinguishes between outpatient and inpatient care facilities.</p> <p>Outpatient care services are independently operating facilities that provide planned care and housekeeping services to people in need of care in their own or another person's household under the professional responsibility of a trained care professional.</p> <p>Nursing homes, on the other hand, are independently managed care facilities in which people in need of care are accommodated, fed and cared for on a full or part-time inpatient basis under the permanent responsibility of a trained care professional.</p> <p>According to the so-called guarantee mandate, the long-term care insurance funds must ensure, as part of their service obligation, that the insured persons are provided with needs-based and consistent care. For this reason, the care insurance funds conclude a care contract and a remuneration agreement with you as a care facility. The amount of remuneration depends, among other things, on whether you offer outpatient or inpatient services.</p>

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Erforderliche Unterlagen	<p>Proof of professional qualifications and proof of operational requirements to ensure the provision of care services.</p> <p>For the time being, an informal application is sufficient to apply for an outpatient care service. The state associations of nursing care insurance funds (via AOK Nordost) will send the applicant further forms.</p>
Voraussetzungen	
Kosten	No fees are charged by the state associations of long-term care insurance funds (via AOK Nordost).
Verfahrensablauf	
Bearbeitungsdauer	
Frist	There are no deadlines for the approval of an outpatient care service.
weiterführende Informationen	<p>https://www.aok.de/gp/entlohnung-nach-tarif/zulassung-zum-versorgungsvertrag?region=mecklenburg-vorpommern</p> <p>https://www.aok.de/gp/entlohnung-nach-tarif/zulassung-zum-versorgungsvertrag?region=mecklenburg-vorpommern</p>
Hinweise	<p>Your care service provides people in need of care with home care as a benefit in kind. Your company must be able to meet the following requirements:</p> <ul style="list-style-type: none"> • You must be able to guarantee sufficient and consistent nursing care for those in need of care on a permanent basis. • Your care and domestic services must meet the quality required by the German Long-Term Care Insurance Act and the framework agreements. • Your care service must work economically. <p>Note: The long-term care insurance fund has the Medical Service of the Health Insurance Fund (MDK) check whether your care service meets these requirements. Only if this is the case may the</p>

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long-term care insurance fund conclude a care contract with you. This check is also possible against your will. If the check reveals that your care service is providing services uneconomically, this can lead to a change or even termination of the care contract. Your care service must also be under the professional responsibility of a trained care professional. In the Joint Principles for Outpatient Care, the umbrella organizations of the long-term care insurance funds, the social welfare providers and other associations and providers of care facilities at federal level have defined the requirements that must be met in order to work as a responsible caregiver. Accordingly, a responsible caregiver must be authorized to use one of the following professional titles:

- Nurse or pediatric nurse or healthcare and nursing assistant or healthcare and pediatric nurse
- geriatric nurse with state recognition (based on a state regulation)
- State-recognized curative education nurse, insofar as the services of the care service are provided for disabled persons in need of care

Note: The responsible caregiver must have practiced one of the aforementioned professions full-time for at least two years within the last five years, usually at least one year of which must have been in the outpatient sector.

Tip: If your responsible caregiver does not have the necessary further training, this qualification can be obtained within a transitional period of seven years after the agreement is concluded. In addition, there may be licensing exceptions that must be applied for in individual cases.

As the owner of a care service, you can also be the responsible caregiver yourself if you meet the above requirements. Furthermore, you must ensure that the responsible caregiver is replaced by an appropriate caregiver in the event of absence (e.g. illness, vacation).

Your care service should also employ suitable staff as additional employees. According to the Common

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Principles for Outpatient Care, these include, for example

- state-recognized family caregivers
- geriatric nursing assistants
- Nursing assistants
- Home and family care assistants
- housekeepers

The care insurance companies' mandate to provide care determines the organization and tasks of your care service:

- Your care service must ensure the care of a changing circle of people in need of care in your area of operation.
- Depending on the individual care requirements, you must be able to provide care services day and night - including on Sundays and public holidays.
- Your care service must have its own business premises and be available at all times. As a rule, private homes are not suitable for setting up a care service.
- You must have a care team of at least four employees.
- You must also provide evidence of sufficient business liability insurance to the contract departments of the care insurance funds.

Your care must be under the permanent responsibility of a trained care professional. This includes

- Professional planning of care processes,
- Professional management of care documentation,
- planning the deployment of nursing staff based on individual care needs,
- professional management of service meetings within the nursing service.

You must submit your range of services in writing to

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the contract departments of the long-term care insurance companies for coordination and approval. You should provide the care insurance fund with the following information:

- The range of services you offer,
- the way in which the services are provided,
- your care concept,
- the staffing of your care service,
- the availability or accessibility of your care service,
- the type and form of cooperation with other services,
- Your performance of advisory functions,
- your participation in quality assurance measures.

The long-term care insurance fund will inform you about additional measures to ensure service quality (e.g. anamnesis, care planning, care goals and results analysis).

Rechtsbehelf

Kurztext

Ansprechpunkt

Zuständige Stelle

- for business registration: the municipality in which your future business premises are located
- for approval as a care service: the respective care insurance fund (state association)
- for the approval of an outpatient care service: state associations of care insurance funds via AOK Nordost

Formulare

The application for approval of an outpatient nursing service with the state associations of the nursing care insurance funds (via AOK Nordost) must be submitted informally. Further forms will be sent from there.

Ursprungsportal

Outpatient care service: Apply for approval,
Ambulanter Pflegedienst: Zulassung beantragen