

Carers

Procedure to be followed, rates of reimbursement, and special cases.

The joint sickness insurance scheme (JSIS) covers the costs of services provided by carers consisting mainly of nursing care in the patient's home for several hours a day or the whole day and/or night.

Step 1: request prior authorisation

The [dependance evaluation form](#) (appended at the end of this document) must be duly completed by the practitioner, as well as a **detailed medical report** precisng the nature of the care, for how long and how many per day.

Scan the documents and load them into the software [JSIS online](#) following the procedure for [prior authorisation](#) and [the declaration form](#).

If you don't have access to [JSIS online](#), please follow the traditional procedure. Fill in a [request for prior authorisation](#) and [the declaration form](#) (appended at the end of this document) . Don't forget to attach all the original documents. Send everything in a sealed envelope to your Settlement Office (the correct address is on the form).

Step 2: claim reimbursement

As soon as prior authorisation is granted, you can proceed with the nursing attendance. Then fill in a [request for reimbursement](#) and attach a **detailed invoice**.

Send everything to your [settlements office](#).

Conditions for reimbursement

(see [guidelines Nursing attendance](#), appended at the end of this document)

Authorisation will be granted if the services are deemed to be strictly necessary by the Medical Officer of the Settlements Office, who will evaluate them according to the degree of dependence of the insured person. The reimbursement of care services is authorised only for patients whose degree of dependence is rated as 1, 2, 3 or 4.

Carers must be legally authorised to practise their profession.

In countries where the profession of carer is not regulated and/or if it is impossible to find an officially approved carer (e.g. approved by the Red Cross), the patient's doctor must specify on the prescription the name of the person who will provide the services and declare that this person is properly qualified to do so.

In the case of carers who are not attached to an official organisation (e.g. the Red Cross) or do not operate within an officially recognised private framework, proof of the contractual tie (a duly completed employment contract and/or insurance contract for the job of carer) must be sent to the Settlements Office.

Individual nursing tasks (injections, dressings, etc.) are reimbursed under the conditions laid down in the page dedicated to [medical auxiliary](#) tasks.

Rates of reimbursement

- temporary attendance (maximum 60 days) at home: The costs are reimbursed at a rate of 80%, with a ceiling of 72€ per day (at a rate of 100% in case of serious illness, with a ceiling of 90€ per day)
- long term attendance (more than 60 days) at home : They are reimbursed at a rate of 80%, or 100% in case of serious illness according to the ceilings, reduced by an amount equal to 10% of the member's basic income (salary, retirement pension, invalidity pension or disability allowance, allowance provided for in the fourth and fifth indents of Article 2(3) of the [joint rules](#)).

Ceiling calculation :

- Degree of dependence 4 and 3 : 50% of the basic salary of an official in grade AST 2/1 - 10 %
- degree of dependence 2 and 1 : 100% of the basic salary of an official in grade AST 2/1 - 10 %

- attendance at hospital (only in public institutions where the healthcare infrastructure is insufficient to provide routine care) : The costs are reimbursed at a rate of 80%, with a ceiling of 60€ per day (at a rate of 100% in case of serious illness, with a ceiling of 75€ per day).

Not reimbursable

- carer's travel expenses, board and lodging, or any other ancillary costs
- services of adults who look after children who are ill at home while their parents are away are not regarded as services provided by carers. Consult the information available on [psychosocial](#) and [financial assistance services](#), which might be supportive in offering guidance to face difficult situations.
- nursing care in hospitals (except in public institutions where there is insufficient health infrastructure but prior authorisation is required).

Concerns Mr/Mrs/Ms

Personnel No:

I. FUNCTIONAL INDEPENDENCE EVALUATION

ITEM	DESCRIPTION	SCORE
FEEDING	<ul style="list-style-type: none"> - Independent, can serve self from table/tray, takes a reasonable time to finish eating - Needs help, e.g. for cutting up food - Incapable of feeding self 	10 <input type="checkbox"/>
		5 <input type="checkbox"/>
		0 <input type="checkbox"/>
BATHING	<ul style="list-style-type: none"> - Can take bath unaided - Incapable of bathing self 	5 <input type="checkbox"/>
		0 <input type="checkbox"/>
PERSONAL TOILET	<ul style="list-style-type: none"> - Can wash face, comb hair, brush teeth, shave (plug in shaver) - Can do none of the above 	5 <input type="checkbox"/>
		0 <input type="checkbox"/>
DRESSING/ UNDRESSING	<ul style="list-style-type: none"> - Independent. - Can tie shoelaces, use fasteners, put on braces - Needs help, but can do at least half of the task within a reasonable time - Can do none of the above 	10 <input type="checkbox"/>
		5 <input type="checkbox"/>
		0 <input type="checkbox"/>
CONTINENCE OF BOWELS	<ul style="list-style-type: none"> - No accidents. Can use a suppository/enema when necessary - Occasional accidents. Needs help with suppositories/enemas - Incapable of using suppositories/enemas 	10 <input type="checkbox"/>
		5 <input type="checkbox"/>
		0 <input type="checkbox"/>
BLADDER CONTROL	<ul style="list-style-type: none"> - No accidents. Can manage urine collection devices when necessary - Occasional accidents and needs help with collection devices - Incapable of using the equipment 	10 <input type="checkbox"/>
		5 <input type="checkbox"/>
		0 <input type="checkbox"/>
GETTING ON AND OFF TOILET	<ul style="list-style-type: none"> - Can get on and off alone, or use a commode. Able to handle clothes, wipe self, flush toilet, empty commode - Needs help balancing, handling clothes or toilet paper - Can do none of the above 	10 <input type="checkbox"/>
		5 <input type="checkbox"/>
		0 <input type="checkbox"/>
TRANSFERS FROM BED TO CHAIR/ WHEELCHAIR AND BACK	<ul style="list-style-type: none"> - Independent, can put brake on wheelchair and lower foot-rest - Minimal help or supervision needed - Can sit but needs major help for transfers - Completely dependent 	15 <input type="checkbox"/>
		10 <input type="checkbox"/>
		5 <input type="checkbox"/>
		0 <input type="checkbox"/>
WALKING	<ul style="list-style-type: none"> - Can walk 50 metres without assistance. Can walk with crutches, but does not use wheeled devices - Can walk 50 metres with help - Can propel wheelchair independently for 50 metres, only if unable to walk - Incapable of walking 	15 <input type="checkbox"/>
		10 <input type="checkbox"/>
		5 <input type="checkbox"/>
		0 <input type="checkbox"/>
ASCENDING/ DESCENDING STAIRS	<ul style="list-style-type: none"> - Independent. Can use crutches - Needs help or supervision - Incapable of using stairs 	10 <input type="checkbox"/>
		5 <input type="checkbox"/>
		0 <input type="checkbox"/>
SUM TOTAL OF THE ABOVE		../100

The doctor must **tick a box** for each of the above items.

P.T.O. and complete

II. EVALUATION OF SPATIAL AND TEMPORAL AWARENESS

STATE OF PATIENT	EVALUATION OF OCCURRENCE OF PROBLEMS		SCORE
1. DIFFICULTIES IN EXPRESSION Making self understood through speech and/or signs	– always – occasionally, rarely – never		0 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/>
2. VERBAL DISRUPTION Shouting out for no reason and/or disturbing others by shouting and/or crying	– always – occasionally, rarely – never		0 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/>
3. LOSS OF SOCIAL INHIBITIONS Inappropriate behaviour at the table/meal times, taking clothes off at inappropriate times, urinating in inappropriate places, spitting...	– always – occasionally, rarely – never		0 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/>
4. TEMPORAL ORIENTATION	– completely disoriented – occasionally – no problem		0 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/>
5. AGITATED BEHAVIOUR Difficulty with interpersonal relationships, emotional disturbance and/or self-harming and/or psychomotor agitation (deambulation, fugue, etc.)	– always – occasionally, rarely – never		0 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/>
6. NOCTURNAL BEHAVIOUR Wandering around, disturbing others, confusing day and night	– always – occasionally, rarely – never		0 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/>
7. SPATIAL ORIENTATION	– completely disoriented – occasionally – no problem		0 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/>
8. DESTRUCTIVE BEHAVIOUR Violence towards physical surroundings/objects: clothes, furniture, reading material etc., and/or aggressive to others	– always – occasionally, rarely – never		0 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/>
9. MEMORY LOSS	(a) short-term	YES NO	0 <input type="checkbox"/> 5 <input type="checkbox"/>
	b) long-term	YES NO	0 <input type="checkbox"/> 5 <input type="checkbox"/>
10. RECOGNITION OF FAMILIAR PEOPLE Loss of ability to recognise...	close family (children, spouse)	YES NO	0 <input type="checkbox"/> 5 <input type="checkbox"/>
	friends, acquaintances, etc.	YES NO	0 <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/>
GRAND TOTAL OF ALL ITEMS		.../100	

The doctor must **tick a box** for each of the above items.

.....
Date

.....
Doctor's signature and stamp



ANNEX

DECLARATION

Staff No:

Surname and first name:

To complete your file of documents required for prior authorisation, please let us know whether you receive complementary financial assistance from a statutory and/or compulsory or private insurance scheme. If so, please indicate below the amount of support that you receive and send the completed form back to us.

Please note that if you fail to return a duly completed, signed copy of this form, your prior authorisation application will not be processed and will be returned to you.

Complementary financial assistance

BENEFICIARY – surname and first name:

- Carer(s)

- Convalescent or nursing home

- Other:

- insurance provider:

- amount received: country: currency:

No complementary financial assistance received

Date:

Signature:

➤ **To be sent to your Settlements Office**

Staff of the Commission and the Executive Agencies:

http://myintracomm.ec.europa.eu/hr_admin/en/sickness_insurance/sources/Pages/index.aspx

Staff of the delegations and Publications Office and staff who are retired, on secondment or on leave on personal grounds (CCP):

https://myintracomm.ec.europa.eu/hr_admin/en/sickness_insurance/Pages/index.aspx

Other EU institutions and other agencies: http://myintracomm.ec.testa.eu/hr_admin/en/sickness_insurance/Pages/index.aspx



EUROPEAN COMMISSION
OFFICE FOR THE ADMINISTRATION AND PAYMENT OF INDIVIDUAL ENTITLEMENTS

PMO/03 – Sickness and accident insurance cover

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**GUIDELINES FOR OBTAINING OR RENEWING PRIOR
AUTHORISATION FOR CARERS
AND FOR OBTAINING REIMBURSEMENT**

TO OBTAIN
PRIOR AUTHORISATION

To obtain or renew **prior authorisation for carers**, members must complete the **prior authorisation request form (Annex 1)** and send it to the **Settlements Office** along with the following mandatory documents. Failure to produce the requisite documents will mean that prior authorisation cannot be granted and the corresponding services cannot be reimbursed.

- A) - A medical report specifying the illness, duration of the service, nature and frequency of the care to be provided.
- Two questionnaires duly completed, signed and dated by the patient's doctor, indicating the degree of dependence of the person for whom reimbursement of care services is requested ---- – Annex 2).
- B) Declaration of whether or not complementary financial support has been provided by a public, legal or compulsory insurance scheme. Complete and sign the form annexed (Annex 3).
- C) Proof of contractual tie

C.1) If the carer is attached to an official organisation (e.g. the Red Cross)

or to an unofficial organisation (cooperative/company/private service)¹.

Attach:

- A copy of the articles of association/statutes proving that the organisation/cooperative/company/private service is recognised as a provider of care services.

C.2) If the carer operates within an officially recognised private framework, attach:

- Proof that he/she is officially approved (when national law makes provisions for this), he/she is recognised to provide care services and he/she can charge according to the provisions of that law².

¹ For Belgium: company statutes can be consulted on the Moniteur belge website www.moniteur.be. Go to Personnes morales, ASBL, enterprises, then Banque de données.

² For example, registration for Italy is at the "Camera di Commercio".

- A copy of the contract between the carer and the member must also be sent specifying:
 - The nature of care services to be carried out.
 - The number of hours to be worked.
 - The name of the carer(s).
 - The hourly rate applicable.

C.3) If the carer is engaged by the member and does not operate within an officially recognised private framework, send:

- The employment contract in good and due form in accordance with the law under which the carer works and/or the specific insurance contract for the carer's job. The contract must clearly stipulate that it covers care services.
- The prescription from the doctor treating the beneficiary mentioning the name of the carer, certifying that he/she has the skills required and can dispense the services.
- A copy of the carer(s) identity document.
- A copy of the residence permit (in the case of non-EU citizens).
- Proof of social security enrolment in accordance with the national law of the carer's place of work (the social charges relating to employment contracts and/or insurance premiums are included in the costs of care and are reimbursable only upon proof of payment of social security contributions).
- The hourly rate applicable/monthly salary.
- The number of hours to be worked.

<p>In case of a change of carer for points C.2 and C.3, send the same full documentation for both points and complete a new prior authorisation form.</p>
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REIMBURSEMENT OF CARE EXPENSES

To qualify for reimbursement of care expenses, the following documents must be submitted:

A **claim for reimbursement of medical expenses** duly dated, signed and completed, stating only the amount of the monthly invoice for care for the preceding month (never invoice fortnightly or for several months), with:

1. For the cases referred to in points C.1 and C.2

- The **invoice for the calendar month** in accordance with national law, which must state:

1. invoice number,
2. invoice date,
3. company recognition number, if required by the applicable national legislation,
4. VAT number,
5. name of the beneficiary,
6. name(s) of the carer(s) with their qualifications for the services that they offer,
7. exact wording of the *care services*,
8. hours worked and the unit and total cost.

In the case of an invoice relating to a carer whose name does not appear in the contract, services will be reimbursed only if a supplementary agreement was communicated and a new prior authorisation was granted before the invoice was drawn up.

2. For the case referred to in point C.3:

- A copy of the monthly pay slip³.

- **Proof of social security payment** in accordance with national law.

³ For Italy, see model Annex 4, as well as "bolletino INPS".

REMINDER

- In the case of **renewal** of the prior authorisation request for carers, all the **UP-TO-DATE documents mentioned above** must be re-submitted.
- No reimbursement is made in respect of the carer's holidays, travel expenses, food, lodging and other ancillary costs.
- No reimbursement is made for care in hospital except where expressly provided for in another prior authorisation. The invoice for care expenses must not cover days where the member/beneficiary is hospitalised.
- For Italy: the thirteenth month and the TFR (Trattamento di Fine Rapporto) are only reimbursed where their cost is divided into months and shown in the monthly pay slip, taking into account the ceiling.

Annexes: 1) Prior authorisation form; 2) Two questionnaires – degree of dependence; 3) Form: Article 22 of the Rules on the Joint Sickness Insurance Scheme; 4) Minimal content of pay slip for Italy.