

Nursing and convalescent homes

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

The joint sickness insurance scheme (JSIS) covers the costs of long-term residence in a convalescent home, nursing home, rehabilitation centre, psychiatric home, etc.

Step 1 : request prior authorisation

The [dependence evaluation form](#) (attached, see end of document) must be duly completed by the doctor. The doctor must also write a **medical report** justifying the need for the stay and stating the nature of the care needed by the patient.

Scan the documents and load them into the software [JSIS online](#) following the procedure for [prior authorisation](#) and the [declaration form](#) (attached, see end of document).

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](#). 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 : ask for direct billing

You have the right to request [direct billing](#) (for medical care only). This will allow the hospital to send the main invoice to the joint sickness insurance scheme (JSIS) for direct payment. Fill in the [direct billing form for nursing homes](#) (attached, see end of document).

Note : Direct billing is not possible for beneficiaries of a [complementary insurance](#).

Step 3 : get a statement

The settlements office will send you a statement. You can also find it in [JSIS online](#) . You may have to pay part of the costs yourself (e.g. the remaining 15 % when you have 85 % cover). That sum will be deducted from later reimbursements.

If you paid the invoice yourself, you can [claim reimbursement](#). Don't forget to attach the **detailed invoice and a medical report**.

Conditions for reimbursement

The following permanent or long-term residence costs are reimbursed :

- residence in a convalescent or nursing home approved by the competent authorities and having medical and/or paramedical facilities for the elderly and/or the disabled
- continuous and permanent residence in a psychiatric home approved by the competent authorities and having medical and/or paramedical facilities

- residence in an establishment for rehabilitation or functional re-education in cases where a request for prior authorisation for reimbursement of hospitalisation has been refused
- continuous, long-term residence in a psychiatric hospital for more than 12 months where a request for prior authorisation for reimbursement as hospitalisation has been refused
- attendance at a day centre
- stays in a non-hospital drug rehabilitation centre.

The member's degree of dependence is determined on the basis of the lowest score on the dependence evaluation form, as in the table below (only degrees 1 to 4 are reimbursed) :

Score	Degree of dependence
91 - 100	5
75 - 90	4
50 - 74	3
25 - 49	2
0 - 24	1

Reimbursement rates

All of the costs of care and accommodation are reimbursable at the rate of 85%, or 100% in the case of serious illness, with a ceiling of €36 per day for accommodation costs.

If all items are aggregated on the invoice so that it is not possible to separate the costs of care from the accommodation costs, the costs will be divided according to the degree of dependence in the proportions given in the following table :

Degree of dependence	Costs of care	Accommodation costs
4	30 %	70 %
3	50%	50%
2	60%	40%
1	70%	30%

For continuous residence and care in a rehabilitation or functional re-education establishment, psychiatric hospital, psychiatric home or drug rehabilitation centre, the costs will be divided according to the degree of dependence 1.

For stays and care in a non-hospital drug rehabilitation centre, or equivalent establishment, reimbursement is limited to a total stay of 6 months in a 12-month period.

Exception : day centre

For daytime attendance only at a convalescent or nursing home for the elderly or a neurological or psychiatric day centre, the ceiling for accommodation costs is lowered to 18€ per day.

Attendance at a child guidance clinic : care only is reimbursable as provided for in the relevant provisions.

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



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



REQUEST FOR DIRECT BILLING OF COSTS OF CARE IN A CONVALESCENT OR NURSING HOME OR EQUIVALENT ESTABLISHMENT

For beneficiaries of primary cover under the JSIS (*)

In accordance with the provisions of Chapter 4 of Title III of the General Implementing Provisions

To be returned to the Joint Sickness Insurance Scheme Settlements Office – **see details overleaf** ↴

Name and first name of member: Pers./ Pension No:.....
 Institution and place of employment: Office address:Tel.:
 Private address if you are retired:
 Date of termination of employment / date of end of contract: (for temporary staff or contract staff)

Request for direct billing of costs of care in respect of ¹ :
 member of the Scheme spouse or recognised partner child person treated as a dependent child
 Name and first name: Date of birth:

Residing in a convalescent or nursing home or equivalent ¹ :

Total monthly costs ² :
 of which monthly care costs:
 monthly accommodation costs:

Start date:
 Reference number of decision (authorisation) ³ :

NAME AND ADDRESS OF CONVALESCENT OR NURSING HOME OR EQUIVALENT:

Name:
 Address:
 Town/city and country:
 Tel. no: Fax no:
 E-mail address:

I the undersigned solemnly declare : ¹⁺⁴

- I do not have any complementary insurance giving rise to extra reimbursements.
- I will receive a reimbursement ofEUR from my complementary insurance or I will let you know the amount of such reimburse once I know how much it is.

N.B.:

A new request for direct billing must be introduced if you change establishment or type of establishment.

I am aware of and undertake to comply with the conditions and the rules in force (see overleaf)

Date Member¹
 Signature of applicant Legal representative ¹:
 Name and forename:

¹ Please tick the appropriate box
² It is essential to attach a copy of the invoice
³ It is essential to mention the reference n° of the prior authorisation granted
⁴ Essential information without which the letter of direct billing will not be issued

Reimbursement – Convalescent and nursing homes – (Chapter 3 of Title II of the General Implementing Provisions)

The request for prior authorisation must be accompanied by a medical report justifying the need for residence in the home and specifying the nature of the care required by the patient, and by the two forms [in the Annexes to Chapter 3], duly completed by the patient's doctor.

Authorisations are granted for a maximum of 12 months and are renewable.

All of the costs of care and accommodation are reimbursable at the rate of 85%, or 100% in the case of serious illness, with a ceiling of €36 per day for accommodation costs.

If all items are aggregated on the invoice so that it is not possible to separate the costs of care from the accommodation costs, the costs will be divided according to the degree of dependence in the proportions given in the following table:

Degree of dependence	Costs of care	Accommodation costs
4	30 %	70 %
3	50 %	50 %
2	60 %	40 %
1	70 %	30 %

In such cases the accommodation costs will be subject to the same ceiling of €36 per day.

Direct billing

If the costs of care and accommodation are invoiced separately, the direct billing will correspond to the amount relating to the costs of care, and the invoice you receive from the home will correspond to the accommodation costs.

If all items are aggregated on the invoice, the direct billing will correspond to the percentage for the costs of care given in the table above, the invoice you receive from the home must show the full price and the amount deducted for direct billing, and the difference will correspond to the percentage for accommodation costs.

Our direct billing system also covers all medical expenses not included in the flat-rate charge for care, such as consultations with a medical practitioner, pharmaceutical products, analyses and tests, and ambulance costs (based on supporting documents enclosed with the invoice). The advance must be settled in principle within 3 years **at the latest** counting from the date of the granting of the advance. (Art. 30 of the Sickness Rules).

Excessive costs (JOINT RULES, Article 20§2)

In the case of benefits for which no reimbursement ceiling has been set, the proportion of the costs deemed excessive by comparison with normal costs in the country where the costs have been incurred shall not be reimbursed. The portion of the costs deemed excessive shall be determined on a case-by-case basis by the Settlements Office after consulting the Medical Officer.

(*) Special provisions for beneficiaries of top-up cover - (Chapter 3 of Title III of the General Implementing Provisions)

Beneficiaries of top-up cover must first apply to their primary national social security scheme for reimbursement of medical expenses, as the JSIS acts only as a top-up scheme.

However, expenditure related to treatment that is not reimbursed by the primary scheme may be reimbursed by the JSIS provided it is covered by the Scheme. In such cases, the JSIS effectively acts as the primary insurer.

If, as a result of the freedom to choose the healthcare provider, especially for expenditure on healthcare received abroad, no reimbursement from the primary scheme is possible, the JSIS may also step in to cover treatment which it reimburses, provided the necessary documentation is provided showing that the procedures and rules of the primary scheme have been respected. In such cases the JSIS becomes the primary scheme for the treatment concerned.

Beneficiaries of top-up cover who depend on a national health service may only be reimbursed for expenditure incurred in the private sector for the treatments listed below if they can show that there are obvious failings in the public system (e.g. long waiting lists, or if the treatment is not available):

- hospitalisation and operations,
- treatment and tests in hospitals,
- convalescent and nursing homes,
- home carers,
- thermal cures and convalescence.

Prior authorisation is required.

Other treatment not included in the list above may be reimbursed by the JSIS provided it covers such treatment.

Restrictions on freedom of choice do not apply either to the member or to dependent children with top-up cover.

Addresses of the JSIS Settlements Offices

Brussels Settlements Office European Commission Bureau SC27 3/04 B-1049 Brussels Tel.: +32-2-295.98.56 Fax: +32-2-295.97.01 pmo-rcam-bru-prise-en-charge@ec.europa.eu	Ispra Settlements Office European Commission PMO/06 - TP 730 Via E. Fermi, 2749 I-21027 Ispra Tel.: +39-0332-789966 Fax: +39-0332-789423 pmo-ispra-prise-en-charge@ec.europa.eu	Luxemburg Settlements Office European Commission DRB - B1/073 L-2920 Luxembourg Tel.: +352-4301.36103/36406 Fax: +352-4301.36019
---	--	---

PMO-CONTACT - <https://ec.europa.eu/pmo/contact/en> + 32 (0)2 29 **97777**

I am aware of and undertake to comply with the conditions and rules in force :

Date

Signature of applicant

Member¹

Legal representative ¹ :

Name and forename :.....

