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 must be duly completed by the practitioner, as well as a **detailed medical report** precising 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. 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 attendence) - 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.
- **nursing care in hospitals (except in public institutions where there is insufficient health infrastructure, but prior authorisation is required)**