

### Key Facts

- Approximately 17.3% of Austria's population is over the age of 65 (OECD average 15%) and 4.6% of the population over the age of 80 (OECD average 4%).
- Austria spends 0.6% of GDP towards health related long term care and 0.7% of GDP for social services associated with long term care (2008). In 2008, Austria reported that 24% of the population over the age of 65 received long-term care at home.
- In 2009, 5,3% of the population (435 000 people) received a cash allowance (*Pflegegeld*). About 0,9% of the population (70 000 people) received care in an institution, 1,4% (115 000 people) received care at home while about 3% (250 000 people) received informal care at home (Federal Ministry of Labour, Social Affairs and Consumer Protection -Division IV/Department 10; OECD Health Data 2010).
- In 2006, there were 16,7 LTC workers per 1000 of population aged 65 and over, providing care in institutions; and 11.8 LTC workers per 1000 of population aged 65 and over, providing home care (Nemeth et al, 2006).

### Background

The 1993 LTC law eliminated pre-existing regional inconsistencies within the Austrian LTC system and put in place a national LTC system. While the federal government is predominantly responsible for designing and providing benefits, each *Länder* also takes part in setting benefit levels. Present LTC allowances help individuals with the purchase of LTC such that LTC is largely affordable. Recognising the prevalence of informal LTC provision, the recent 2007 Home Care Law is focused on creating better regulation of informal care provision (see below 24 hour care).

### Benefits and eligibility criteria

#### **Benefits in cash**

Generally, in Austria, all LTC users regardless of their age are eligible to the LTC cash benefits. The main LTC cash benefits include:

Federal cash benefits (no option for benefits in kind). Tax-free entitlements come in 7 different levels based on the assessment of need. Eligibility is assessed on ADL grounds by a doctor, who is often accompanied by other experts. The minimum-requirement (level 1 benefit) is a monthly need of care for 60 hours and an expected duration of the need that exceeds 6 months. The allowance, which varies from EUR 154.20 (level 1) to EUR 1,655.80 (level 7) per month (2011), is provided regardless of income and assets. Those not eligible for Bundespflegegeld are entitled to *Landespflegegeld*. About 60% of the population over the age of 80 years and 10% aged between 60 and 80 years receive cash benefits (Pflegegeld) (Österreichischer Pflegevorsorge-Bericht 2009, Federal Ministry of Labour, Social Affairs and Consumer Protection).

Respite care benefit. These benefits are intended for the primary informal carer and provided on an annual, tax-free basis. Depending on the assessed level of *Pflegegeld*, the benefit can amount to EUR 1 200 (level 1 - 3), EUR 1 400 (level 4); EUR 1 600 (level 5); EUR 2 000 (level 6) and EUR 2 200 (level 7) (OMC Austria Strategic national report 2008-2010).

Any further expenditure on care above and beyond the cash-benefits is tax-deductable.

24 hour care: Additional subsidies are available for those that arrange 24-hour care. The prerequisite is at least level 3 *Pflegegeld*. Monthly grants vary according to whether the person is a hired employee (EUR 550) or an independent worker (EUR 275). The grant, on top of any cash-allowance – is dependent on household income and on the number of dependent people in the household.

### **Benefits in kind**

The use of in-kind benefits is primarily the responsibility of the individual. There is a variety of services available, including, but not exclusive of:

- *Mobile services*: domiciliary care, home helpers, transitional care, family assistance, 24-hour care, meals on wheels, visiting service, and emergency hotlines
- *Outreach services*: outreach therapeutic services and regional advisory or counselling centres
- *Semi-institutional services*: day centres, day centres for people with mental/physical disabilities
- *In-patient/institutional services*: short-term care, transitional care, care during the holidays of the carer; nursing homes/residential homes/senior citizens residences
- *Services for persons with disabilities*: transport service, personal assistance, occupational therapy, and homes for people with disabilities

In-kind services can be bought, using the *Pflegegeld* to cover costs. According to local, *Länder arrangements*, the beneficiary may opt for benefits in kind if they are better suited for care needs.

### **Benefits for carers**

For working carers there is paid and unpaid leave, flexible working arrangements and pension credits. All carers are entitled to respite care, counselling, training and education. Other provisions which may vary for individuals include LTC phone services and legal counselling for disabled people (MISSOC-tables, July 2009)

### **Funding and coverage**

In 2008, Austria allocated about EUR 3.75 Billion (cash and benefits in kind) on LTC, which represents about 1.3% of its GDP. Of the total public expenditure, 60% take the form of cash benefits (BMSK, 2008; Mühlberger et al, 2008).

Funding for needs'-tested universal cash benefits in 2009 was composed of Federal contributions (EUR 2 billion) and Länder or municipality contributions (EUR 0.36 billion).

As per in-kind benefits, the expenditure of EUR 1.5 billion (2010) was funded predominantly by local budgets<sup>1</sup> and *Länder* (social assistance). Moreover, long-term care facilities may receive direct grants from government budgets. In-kind and nursing home care benefits are voluntary and often require income and asset dependent co-payments, according to care needs. Often both a basic amount as well as a *Zuschlag* is required, depending on need for care. *Pflegegeld* will be charged as the additional amount, but if this does not cover costs, Social Services may provide further supplements in which case 20% of income and EUR 44.30 (per month 2011) is guaranteed for personal use. Amounts may differ between Länder and facility. In some states family members are required to contribute to LTC costs<sup>2</sup>. Estimates from the *Länder* show a wide variation in the proportion of private co-payments for home care and residential care but total private contributions for LTC are not known.

### **Delivery**

In 2007, legislation was implemented to formalise the LTC workforce and by December 3<sup>rd</sup> 2010, about 31 500 people were registered as 'personal carer', including each of the 6 000 cases requiring 2 personal carers (for 24-hours care). 70% of all funding beneficiaries of 24-hours-care require 2 personal carers.

There are both public and private long-stay services. Provision of long-stay services can be both public and private.

<sup>1</sup> See note **Error! Bookmark not defined.**, p 64

<sup>2</sup> <http://www.pflegedaheim.at/cms/pflege/dokument.html?channel=CH0700&document=CMS1153219713920>

### References

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