

Long-term care Insurance

Practical Guide



LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG
Ministère de la Santé
et de la Sécurité sociale

Administration d'évaluation et de contrôle
de l'assurance dépendance

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The vocabulary
frequently
used in long-
term care
insurance



Activities of daily living (ADLs) (actes essentiels de la vie - AEV)

This is a fundamental notion in long-term care insurance; these activities fall into the **following five categories**:

- **Personal hygiene**
- **Elimination**
- **Nutrition**
- **Dressing**
- **Mobility**

Care and support in these areas are decisive when it comes to determining whether a person is in need of long-term care insurance within the meaning of the law. The **need for assistance in activities of daily living must represent at least 3½ hours per week**. These 3½ hours per week constitute what is called the **threshold for receiving benefits under the long-term care insurance (seuil d'entrée)**.

State office for Assessment and Monitoring of the long-term care insurance (Administration d'évaluation et de contrôle de l'assurance dépendance - AEC)

The State office for Assessment and Monitoring of the long-term care insurance is under the authority of the **Ministry of Health and Social Security**.

It is tasked with **assessing the level of the applicant's dependency** and **defines the services and benefits** the dependent person is entitled to receive.

It also has the **mission of providing information and advice** as well as **monitoring the quality of the services provided**.

Caregiver (aidant)

A caregiver is a **third person** who provides some or all of the **care and support** for the **dependent person in the home**, without belonging to a care and assistance network.

This third person may be a **relative or friend**, a **person bound by an employment contract**, or a **professional who does not belong to a care and assistance network**.



In its assessment, the **AEC decides whether the person providing care and support may be accepted as a caregiver** within the meaning of the law. If its decision is favourable, it is possible to convert part of the benefit in kind into a **cash benefit**.

Subject to certain conditions, the long-term care insurance pays the **pension insurance contribution** of a caregiver who provides care and support in the home. You can obtain more information from the Social Security Centre (**Centre Commun de la Sécurité sociale - CCSS**): tel. (+352) 40141-1 / website at www.ccss.lu.

National Health Fund (Caisse nationale de santé - CNS)

The CNS is the **management body for the long-term care insurance**.

Applicants send the CNS an application for the services and benefits of long-term care insurance to be granted; the CNS checks that the applicant is affiliated to the Luxembourg social security system and makes sure the application is complete.

The CNS is also the body that makes decisions (following the AEC's opinion), and is responsible for paying benefits. It draws up the budgets of the long-term care insurance and checks expenditure.

Semi-inpatient facility (centre semi-stationnaire)

This is a **facility that receives dependent people during the daytime**. It is often referred to as a **day centre (centre de jour, foyer de jour)**.

Dependent people receive all the **care and support** they need during the time they spend at the facility. They can join in **supervised activities** adapted to their state of health.

Care and assistance network coordinator (coordinateur d'un réseau d'aides et de soins)

A **professional in a care and assistance network** responsible for organising the work of the staff providing



care and assistance in the home. The dependent person may contact this coordinator about anything involving the everyday **actual organisation** of his/her care and support under the long-term care insurance.

Decision

The decision is **made by the CNS on the basis of the opinion of the AEC** and **sent by the National Health Fund (CNS)** to the applicant.

The decision informs the applicant **if he/she has been recognised as being dependent** and indicates **the date on which entitlement to benefits starts**.

With the decision, the applicant receives a **summary of care and assistance (synthèse de prise en charge)**, which provides information on the various benefits to which the dependent person is entitled, on the level of weekly needs in terms of care and support, and on the applicable lump-sum payments (forfaits de payement).

It also explains how to contest the decision if the applicant does not agree with the benefits granted.

Determination of care and support

Once the person's state of dependency has been assessed, the contact person for the case (réfèrent) sets out in summary document the **care and support the dependent person needs and to which he/she is entitled per week**.

This summary also makes it possible to check whether the person concerned has reached the **threshold (seuil d'entrée)** for receiving benefits under the long-term care insurance or not.

Long-term care facility (établissement d'aides et de soins - EAS)

A facility that provides accommodation for dependent people both during the daytime and at night, and provides them with all the **care and support** they need.

There are two types of long-term care facilities:



- long-term care facilities – continuous stay,
- long-term care facilities – intermittent stay.

Long-term care facility – continuous stay (établissement à séjour continu - ESC)

These are facilities where **dependent people live permanently**; they are mainly **for the elderly**.

Long-term care facility – intermittent stay (établissement à séjour intermittent - ESI)

At these facilities, **dependent people alternate between staying in a facility and living at home**. These facilities are exclusively for **handicapped people**.

Assessment (évaluation)

The **assessment of the applicant's degree of dependency** is carried out by a health professional (doctor, nurse, physiotherapist, ergotherapist, psychologist) from the AEC. The assessor is normally the contact person and ensures the follow-up of the dependent person's case.

During the assessment, the contact person **examines the applicant's ability to carry out activities of daily living** and talks to the applicant and **anyone who helps with care and support**.

The assessment is carried out at the applicant's **home**, at the **AEC's premises** or at the **facility** attended by the applicant. The applicant will be informed of the appointment for the assessment by phone and post.

Payment lump-sums (forfaits de paiement)

Both **benefits in kind** and **cash benefits** are paid according to a system of **lump-sums**.

If the dependent person lives in a facility, the lump-sum for benefits in kind is paid directly to the facility.

If the dependent person lives at home and is assisted by a care and assistance network (RAS), the lump-sum for



benefits in kind is paid directly to the RAS. If the person is assisted by an AEC-recognised caregiver, the lump-sum for cash benefits is allocated to the dependent person; it is intended for paying the caregiver.

Weekly care and support needs, or level of dependency (niveau de dépendance)

According to his/her needs in terms of **care and support in activities of daily living (ADLs)**, the dependent person is allocated one of the **fifteen levels** of weekly care and support needs.

Each of these fifteen levels corresponds to a **number of minutes of care covered by the insurance** that the **dependent person is entitled to per week**.

Provider (prestataire)

A **professional service (care and assistance network, semi-inpatient facility or facility)** under contract with the CNS, providing all the care and support the dependent person needs.

Cash benefit (prestation en espèces)

If the dependent person is living at home and has an **AEC-recognised caregiver**, it is **possible to convert part of the benefit in kind** (assistance provided by a care and assistance network (RAS)) **into a cash benefit**.

Only the benefits in kind for activities of daily living and for assistance with household chores can be replaced by a cash benefit.

There are **ten different lump-sums** for cash benefits, depending on the amount of care provided by the caregiver. This **lump-sum is allocated to the dependent person**; it is intended for paying the caregiver who provides care and support.

Cash benefits are payable **from the date of the notification of the decision** if the applicant is recognised as being dependent and if the private individual providing care and support is recognised as a caregiver.



Benefit in kind (prestation en nature)

For the purposes of the long-term care insurance, the assistance provided by a **professional care and assistance service provider (care and assistance network, semi-inpatient facility or facility)** is a benefit in kind.

There are **sixteen different lump-sums**, depending on the amount of care and support needed in carrying out activities of daily living. The CNS pays the lump-sum amount directly to the providers. The cost of the various activities granted is also paid directly to the provider.

Benefits in kind are payable **from the date of the application if the applicant is recognised as being dependent**.

Contact person (référent)

A health professional (nurse, psychiatric nurse, physiotherapist, ergotherapist, psychologist) or doctor at the **State Office for Assessment and Monitoring (AEC)** who is more particularly in charge of the dependent person's case.

This is often the person who assesses the dependent person's state of dependency. A dependent person who has any questions about his/her case may **contact this person directly**. The name of the contact person together with contact details are communicated at the time of the assessment on a visit record.

Division of services (répartition des prestations)

If a dependent person remains in his/her home, there is a division of services if **both a care and assistance network (RAS) AND a caregiver** provide the dependent person with care and support. The **division of care and support** between the RAS and the caregiver is **determined by the contact person of the State Office for Assessment and Monitoring (AEC) at the time of the assessment**.



The **payment lump-sums** will depend on this division of services:

- the **lump-sum for benefits in kind** will be paid to the network in exchange for the care it provides;
- the **lump-sum for cash benefits** will be paid to the dependent person in order to compensate the caregiver for the care he/she provides.

Care and assistance network (réseau d'aides et de soins - RAS)

Care and assistance networks are **professional care and assistance service providers** under **contract with the CNS**, providing **care and support to dependent people living at home**.

Entrance threshold, or threshold (seuil d'entrée, seuil)

Term used in long-term care insurance to refer to the **minimum amount of care and support that must be required in order to receive benefits under the long-term care insurance**. This minimum corresponds to **3½ hours per week for activities of daily living (ADLs)**.

Summary of care and assistance (synthèse de prise en charge)

This summary **always accompanies the decision on care and support under the long-term care insurance**.

It provides information on:

- the various benefits to which the dependent person is entitled;
- the level of weekly needs in terms of the amount of care and support;
- detailed descriptions of the care and support to be provided;
- the identification of the caregiver, the division of care and support between the caregiver and any care and assistance network;

- the payment lump-sums;
- any assistive technology or home adaptations to be granted following the assessment.

The summary is **communicated to the dependent person and any provider.**

What is the
purpose of
long-term care
insurance?



The care and support people need when they are no longer able to cope with their daily personal care on a long-term basis are very expensive.

It is difficult for an individual person or even a person's family to bear this financial burden. Moreover, everyone runs the risk of becoming dependent, regardless of age. All these reasons fully justify the community taking responsibility for covering this cost.

Long-term care insurance is part of the social security system on a par with health insurance.

When an insured person becomes dependent, he/she is entitled to receive benefits under the insurance system **regardless of his/her resources and age**. Jointly affiliated family members are entitled to the same benefits if they become dependent.

Long-term care insurance is a branch of compulsory social insurance.

Every person affiliated to the National Health Fund (Caisse nationale de santé - CNS), whether employed or retired, pays a **compulsory contribution of 1.4% of all his/her income** (salary, annuities, pensions, income from property ownership).

This contribution is topped up by **a State's participation (40% of the total expenditure)** and by a **contribution from the electricity sector**.

Long-term care insurance supplements and improves social protection.

Health insurance covers **illness-related costs**: medical treatment, nursing care, medicines.



Long-term care insurance covers **care and support** other than that covered by the health insurance system.

The purpose of long-term care insurance is to compensate at least in part for the cost incurred for care and support in carrying out activities of daily living (ADLs).

These activities fall into the following five categories:

- **Personal hygiene**
- **Elimination**
- **Nutrition**
- **Dressing**
- **Mobility**

For a dependent person living at home, the long-term care insurance system pays for the **care and support** provided by a **care and assistance network (RAS)** or at a **semi-inpatient facility**. Subject to certain conditions, the long-term care insurance system also recognises the assistance provided by a **caregiver** (a friend or relative, a private individual, or a professional not part of an RAS).

For a dependent person living in a long-term care facility, long-term care insurance pays for the **care and support** provided by the **professionals of that facility**.

Long-term care insurance also comes into play, subject to certain conditions, if the dependent person needs **assistive technology** or **home or car adaptations**.

Which needs
for assistance
are covered by
long-term care
insurance?

The long-term care insurance system provides benefits for **different types of need for assistance** for which you may apply.



Need for care and support in carrying out activities of daily living (ADLs)

You have a regular and substantial need for another person (a friend or relative, a private individual, a professional) to help you carry out activities of daily living.

1. The care and support needed in carrying out activities of daily living (ADLs) fall into the following five categories:

- **Personal hygiene**
Assistance with personal hygiene, bodily cleanliness, oral hygiene, shaving and removing facial hair, menstrual hygiene
- **Elimination**
Assistance with elimination, help with changing an ostomy bag or emptying a urine pouch
- **Nutrition**
Assistance with eating and drinking, assistance with enteral feeding
- **Dressing**
Assistance with dressing and undressing, assistance with fitting and removing corrective and compensatory equipment
- **Mobility**
Assistance with transfers, movement indoors, entering and leaving the dependent person's home and changes in level

Long-term care insurance will not come into play if you only need assistance with household chores or preparing meals.

2. The need for assistance must be the consequence of an illness or a physical, mental or psychological handicap.

Assistance may be needed in one or more categories of the ADLs.

The need for assistance may also take **different forms** depending on your state of health:

Carrying out some or all of the activities of daily living for you

Examples:

- A dependent person who has difficulty moving his/her arms or legs may need help with, for example, washing certain parts of the body.
- A dependent person who has difficulty using his/her hands may need help with, for example, cutting up food.

Supervising you or providing support so that you can carry out activities of daily living

Examples:

- A dependent person who has memory problems may forget, for example, to wash regularly or even how to do so, and may need help, for example to remind him/her to wash and to explain the different stages of doing so.
- A dependent person who has mental issues may need support and supervision while dressing and may, for example, need help with choosing what to wear and putting clothes on in the right order and appropriately.

3. The need for assistance in carrying out activities of daily living must be substantial and regular:

It must represent **at least 3½ hours per week**. These 3½ hours per week constitute the **entrance threshold (seuil d'entrée)** for long-term care insurance. The long-term care insurance will not come into play if less than 3½ hours of assistance per week is needed. The amount of assistance needed is assessed during the assessment carried out by appointment in your home or at a facility.

Long-term care insurance will not come into play if you only need assistance not on an irregular basis.

4. The need for assistance must be continuous for a period of at least six months, or be irreversible:

The long-term care insurance system is intended to cover **permanent, final or irreversible dependency**.

Long-term care insurance will not come into play if you only need assistance for a short period of time.

Example:

- If you break your arm, you will be in plaster for a few weeks and during that time you will need help in carrying out activities of daily living. If this is for less than six months, long-term care insurance will not come into play.



Need for assistive technology or home and car adaptations

An application may also be submitted to the long-term care insurance system in respect of a need for assistive technology or home and car adaptations, **irrespective of any need for assistance in carrying out activities of daily living (ADLs).**



Benefits in relation to specific pathologies

Three groups of persons may receive a cash benefit from the long-term care insurance subject to other conditions and **without particularly needing assistance in carrying out activities of daily living:**

- anyone suffering from **reduced visual acuity** or **blindness,**
- anyone who has difficulty communicating because of **impaired hearing or deafness, dysarthria, or aphasia,** and anyone who has had a **laryngectomy,**
- anyone suffering from a **symptomatic form of spina bifida.**

The applicant will normally be examined by an external specialist to check whether the criteria for granting the benefit are met. If so, the applicant receives a **lump-sum cash benefit,** referred to as falling under ‘**special cases**’ (dispositions particulières).



Dependency of young children, up to 8 years old

In considering dependency, we are more likely to think of the situation of adults and old people, but the **long-term care insurance covers the risks of dependency at any age.** The definition of dependency and the conditions for being granted the benefits provided for under the long-term care insurance are the same regardless of age.

Since all young children need the assistance of their parents in carrying out activities of daily living (ADLs), the AEC will decide on the **additional need for assistance children may have as a result of their illness or deficiency.**

How to apply
for benefits
under the
long-term care
insurance?



How to obtain the form to apply for benefits under the long-term care insurance?

If you think you may be entitled to benefits under the long-term care insurance, you should apply **to the National Health Fund (Caisse nationale de santé - CNS)**.

There are various ways to obtain the **form to apply for benefits under the long-term care insurance**:

from the State Office for Assessment and Monitoring (Administration d'évaluation et de contrôle - AEC) of the long-term care insurance:

AEC Secretariat Helpline

Telephone: (+352) 247-86060	Opening hours: From Monday to Friday, from 8.30 to 11.30 a.m. and from 1.30 to 4.30 p.m.
E-mail: secretariat@ad.etat.lu	
Fax: (+352) 247-86061	

by downloading the form from the AEC's website:

www.assurance-dependance.lu

from the National Health Fund (Caisse nationale de santé - CNS):

CNS - Long-term care insurance department

Telephone: (+352) 2757-4455	Opening hours: From Monday to Friday, from 8.00 a.m. to 4.30 p.m.
E-mail : assurancedependance@secu.lu	
Fax : (+352) 2757-4619	

The form is available in either **French** or **German**. It is accompanied by an information sheet on the long-term care insurance.



Where to send the application form?

Applications for benefits under the long-term care insurance should be sent to:

Caisse nationale de santé (CNS) - Assurance dépendance
B.P. 1023
L-1010 Luxembourg



How to fill in the application form?

The application to receive benefits is in **two parts**:

- 1. form to be filled in by you**
- 2. R20 medical report to be filled in by your family doctor**

The application form must be **signed by the applicant or his/her legal representative.**

In the medical report, the family doctor provides the long-term care insurance with information on your state of health. The family doctor plays an extremely important role in the process, but is not the person who decides whether you are dependent or not.

Your **application to receive benefits** under the long-term care insurance is **complete only once both parts of the application reach the National Health Fund (Caisse nationale de santé - CNS)** and only from such time.

If you are recognised as being dependent, you will receive benefits in kind (care and support provided by a care and assistance network) from the date of your application.

You will not be charged for the **R20 medical report (rapport médical R20)**: the doctor will receive payment directly from the long-term care insurance system.

The National Health Fund (Caisse nationale de santé - CNS) will send you a **notification of receipt** (accusé de réception) confirming that your application has been received by the long-term care insurance system and that it is complete. This is solely for your information; **you do not need to do anything when you receive this notification.**

What is the
procedure
for assessing
your state of
dependency?



Who carries out the assessment of your state of dependency?

Once you have sent in your application, the National Health Fund (CNS) transfers your application to the **State Office for Assessment and Monitoring** of the long-term care insurance (**Administration d'évaluation et de contrôle de l'assurance dépendance- AEC**).

The AEC is an administrative body under the authority of the **Ministry of Health and Social Security**. Its task is to assess **your state of dependency**; it also defines **the benefits** you are entitled to receive.

The AEC will contact you by phone and by post to inform you of the **date of the appointment to assess** your state of dependency.

The assessment is carried out by a **health professional** or an **AEC doctor**.

This health professional is normally the **contact person (réfèrent) for your case** and ensures follow-up. If you have any questions about your application, you may contact this person directly. You will be given his/her **contact details at the time of the assessment**.



Where is the assessment of your state of dependency carried out?

The assessment can be carried out:

- at the **premises of the State Office for Assessment and Monitoring of the long-term care insurance (Administration d'évaluation et de contrôle de l'assurance dépendance - AEC)**,
- in your **home**,
- at the **long-term care facility** where you live.



How is the assessment of your state of dependency carried out?

The AEC professional **assesses your ability to carry out activities of daily living (ADLs) and identifies your needs in terms of care and support.** He/she also assesses **any needs you may have in terms of assistive technology or home and car adaptations.** If an AEC doctor is responsible for your assessment, he/she will also carry out a thorough clinical examination.



If you are living at home and a private individual, friend or relative provides you with care and support

- This person **must be present at the assessment**, so that the AEC can ask him/her about how dependent you are.
- The AEC also assesses **whether this person is capable of and available to provide you with the care and support** you need. If so, the person can be recognised as your caregiver.
- It is the **AEC professional who decides whether the caregiver is able to provide the care and support alone or if the help of a care and assistance network (RAS) is also necessary.**
- If the help of a care and assistance network is necessary, the AEC professional also determines the **division of the care and support** between the network and the caregiver. **You yourself must choose the care and assistance network** you wish to bring in (see the section entitled 'Contacts and useful links'); you are free to choose any network.
- **Should your caregiver be temporarily unavailable** (if he/she is ill or on holiday, for example), the network may provide all the care and support you need in the interim. The procedure for this should be discussed with the care and assistance network.



If you live at home and receive assistance solely from a care and assistance network (RAS)

If a care and assistance network is needed to provide all the care and support you need, **you yourself must choose the network** you wish to bring in and inform the contact person accordingly. You are free to choose any network.

If you live in a long-term care facility

The AEC also asks the facility about your state of dependency.

A **full list of the various providers** providing care and support (care and assistance networks, integrated centres for the elderly, care homes, holiday beds, supervised accommodation, etc.) can be obtained from the Ministry of Family Affairs, Solidarity, Living Together and Reception of Refugees.

A regularly updated list of services for the elderly can be consulted in the 'Publications' section of the **www.luxsenior.lu** website or requested:

**by phone: Seniores-Telefon: (+352) 247-86000 or
by e-mail: seniores@fm.etat.lu.**

What to do
if you need
something
urgently?



What should you do if you need care and support urgently?

If you have an urgent need of care and support, you may **contact directly a provider of your choosing** (a care and assistance network working in the home or in a facility). The provider may estimate with you what care and support you need.

If you are recognised as being dependent after the assessment carried out by the State Office for Assessment and Monitoring of the long-term care insurance (AEC), the care and support provided by the professional service (**benefits in kind**) **will be due from the date of the date of the application.**



What should you do if you need any assistive technology urgently?

If you have not yet submitted an application to the long-term care insurance

You can obtain certain items of assistive technology from the Ancillary Equipment Service (Service Moyens Accessoires - SMA) **for a period of six months** by asking your doctor for a **medical prescription**. **If you need this assistive technology for more than six months**, you must also **submit an application to the long-term care insurance** to continue to benefit from this assistive technology.

If you have already submitted an application to the long-term care insurance

You can call our **Assistive Technology Helpline** for information:

Telephone: (+352) 247-86060	Opening hours: From Monday to Friday, from 8.30 to 11.30 a.m. and from 1.30 to 4.30 p.m
E-mail: helpline.at.lo@ad.etat.lu	
Fax : (+352) 247-86055	

Some assistive technology can be made available quickly.

For others, it is necessary to assess your situation and your surroundings.

Important: You must not buy any assistive technology (e.g. wheelchair, hospital-type bed, walking aids) on your own initiative: **it is essential to wait for approval from the AEC.** The legislation makes no provision for **any retroactive coverage or refund** for any assistive technology bought on your own initiative.

What should you do if you need to adapt your home urgently?

You can call our **Assistive Technology Helpline** for information:



Telephone: (+352) 247-86040	Opening hours: From Monday to Friday, from 8.30 to 11.30 a.m. and from 1.30 to 4.30 p.m.
E-mail: helpline.at.lo@ad.etat.lu	
Fax: (+352) 247-86055	

If you are planning a home adaptation to be subsidised by the long-term care insurance, you must first be very clear that your intention is to **remain in your home**. You must live in the adapted housing for a certain period of time, which may vary according to the amounts invested. **If you move out without good reason before the end of this period,** you will have to pay back the outstanding balance. The AEC contact person will visit your home and provide you with information on all the steps in the procedure and the conditions you must observe.

Important: You must not start work on adapting your home on your own initiative: it **is essential to wait for approval from the AEC**. The legislation makes **no provision for retroactive coverage**.

What should you do if you need to adapt your car urgently?

You can call our **Assistive Technology Helpline** for information:



Telephone: (+352) 247-86040

E-mail: helpline.at.lo@ad.etat.lu

Fax: (+352) 247-86055

Opening hours:

From Monday to Friday,
from 8.30 to 11.30 a.m.
and from 1.30 to 4.30 p.m

Important: You must not start work on adapting your car on your own initiative: it **is essential to wait for approval from the AEC**. The legislation makes **no provision for retroactive coverage**.

What happens
once your
dependency
has been
assessed?



If you are living at home:

Once your dependency has been assessed, the contact person (réfèrent) for your case draws up a summary of the care and support that correspond to your needs and to which you are entitled per week.

This summary also makes it possible to check whether you have reached the **entrance threshold (seuil d'entrée)** for receiving benefits under the long-term care insurance, or not. If you have reached the threshold, you may be granted **other types of benefits**, depending on your needs and your situation.

Depending on your needs in terms of care and support in carrying out activities of daily living (ADLs), you are allocated one of the **fifteen levels of weekly care and support needs** by the long-term care insurance.

Each of these fifteen levels corresponds to a **number of minutes of care covered by the insurance to which you are entitled per week**.



If your caregiver is recognised by the AEC

It is possible to convert part of the benefit in kind (help provided by a care and assistance network) into a **cash benefit**.

Only benefits in kind for **activities of daily living** and for **assistance with household chores** may be replaced by a cash benefit.

There are **ten different lump-sums for cash benefits, depending on the amount of care and support provided** by the caregiver. This lump-sum is received by the dependent person, and should be passed on to the caregiver who provides the care and support. Cash benefits are **due from the date the decision is notified**.



If a care and assistance network is involved or if you attend a semi-inpatient facility

A **lump-sum for benefits in kind** will be paid directly to the network or the facility by the long-term care insurance system.

There are **sixteen different lump-sums, depending on the amount of care and support needed**. The cost, if any, of the **various activities** granted is also paid directly to the care and assistance network (RAS). Benefits in kind are due retroactively, i.e. **starting on the date of the application**.



If you live in a long-term care facility - continuous stay:

Once your dependency has been assessed, the contact person for your case draws up a summary of the care and support that correspond to your needs and to which you are entitled per week. This summary also makes it possible to check whether or not you have reached the entry threshold of the long-term care insurance. If you have reached the threshold, you may be granted **other types of benefits**, according to your needs.

Depending on your needs for care and support in carrying out activities of daily living (ADLs), you are allocated one of the **fifteen levels of weekly care and support needs** by the long-term care insurance.

Each of these fifteen levels corresponds to a **number of minutes of care covered by the insurance to which you are entitled per week**.

The **payment for benefits in kind** is made directly to the facility.

There are **sixteen different lump-sums, depending on the level of care and support needed**. The cost, if any, of the **various activities** granted is also paid directly to the facility.

The **cost of board and lodging** (pension) (comprising room rental and the cost of food and supervision) **is to be entirely borne by you**, regardless of whether you are recognised as being dependent or not.

The charge made for board and lodging is determined freely by the long-term care facilities (continuous stay). Anyone requiring further information on the **contribution to the cost of board and lodging at a facility** may contact the **National Solidarity Fund** (Fonds national de solidarité - tel.: (+352) 491081-1, info@fns.public.lu, website: www.fns.lu).



If you live in a long-term care facility - intermittent stay:

Once your dependency has been assessed, the contact person for your case draws up a summary of the care and support that correspond to your needs and to which you are entitled per week. This summary also makes it possible to check whether or not you have reached the entry threshold of the long-term care insurance. If you have reached the threshold, you may be granted **other types of benefits**, according to your needs.

Depending on your needs for care and support in carrying out activities of daily living (ADLs), you are allocated one of the **fifteen levels of weekly care and support needs** by the long-term care insurance.

Each of these fifteen levels corresponds to a **number of minutes of care covered by the insurance to which you are entitled per week**.

During the time you spend at the facility, you are provided with all **care and support** by the **facility** (lump-sum for benefits in kind).

During the time you spend at home, it is possible to **divide the care and support** you receive between your **caregiver** (lump-sum for cash benefits) and a **care and assistance network** (lump-sum for benefits in kind).

If you do not qualify for the ‘care and support’ benefits provided by the long-term care insurance

It is possible that you may not be able to take advantage of the benefits provided by the long-term care insurance because you do not meet the necessary conditions, even though you need a **minimum amount of assistance with activities of daily living or ordinary everyday activities**.

For **information on the possibility of receiving benefits** and the current provisions, you may contact the **‘Senioren-Telefon’** helpline operated by the Ministry of Family Affairs, Solidarity, Living Together and Reception of Refugees: tel. (+352) 247-86000 / e-mail address: senioren@fm.etat.lu, or a care and assistance network.

However, if you **need any assistive technology or need adaptations to your home or car**, you may apply to the long-term care insurance **even if you do not need assistance in carrying out activities of daily living (ADLs)**.



How is
the decision
communicated?



What does the decision consist of?

The decision is made by the President of the **National Health Fund (Caisse nationale de santé - CNS)** on the basis of the opinion of the State Office for Assessment and Monitoring of the long-term care insurance (AEC).

The decision informs you **whether you have been recognised as being dependent and the date on which your entitlement to benefits begins**. A positive decision is always accompanied by a **summary of care and assistance**.

This summary provides information on:

- the various benefits to which the dependent person is entitled;
- the level of weekly needs in terms of the amount of care and support;
- detailed descriptions of the care and support to be provided;
- the identification of the caregiver, the division of care and support between the caregiver and any care and assistance network;
- the payment lump-sums;
- any assistive technology or home adaptations to be granted following the assessment.

This summary of care and assistance is **sent to the person concerned and to any care and assistance network or facility involved**.



What should you do if you disagree with the decision?

You may contest the decision by **lodging an objection with the Board of Directors (Conseil d'administration) of the National Health Fund (Caisse nationale de santé CNS)**. The procedure to follow is indicated (in French and German) in the decision you will receive.

The procedure must be carried out within **forty calendar days following the decision**. Your case will be reviewed by the State Office for Assessment and Monitoring of the long-term care insurance (AEC) to **examine whether your objection is justified**, and you will receive a reply from the Board of Directors of the CNS, which deliberates on the basis of the AEC's opinion.

If you still disagree with the decision of the Board of Directors of the CNS further to your objection, you may **appeal to the courts**. The procedure to follow is indicated in the decision you will receive; it must be undertaken within forty days of the date of the decision of the Board of Directors of the CNS..

What should you do if your state of dependency changes?

You may ask for **your situation to be reassessed**. It is normally necessary to wait **one year after the previous decision, unless there is a fundamental change in your circumstances**.



You only need to **re-apply** for benefits under the long-term care insurance system. **If you apply within the one-year period**, your family doctor must indicate on the **R20 medical report** the **reasons for the fundamental change in your circumstances**.

A reassessment may also be requested by a **relative**, the **caregiver**, the **provider**, the **National Health Fund (CNS)** or the **State Office for Assessment and Monitoring of the long-term care insurance (AEC)**.

It is for the AEC to decide whether a dependent person's needs should be reassessed within the one-year period, on the basis of the R20 medical report.

Once you have applied to be reassessed, **your state of dependency will be assessed once again**, and you will be sent a **new decision**.

Sometimes, when you apply for reassessment, the State Office for Assessment and Monitoring of the long-term care insurance (AEC) will ask your **provider** (care and assistance network or facility) to **fill in a 'reassessment document'**. In this case, the AEC will not organise another visit, although it is the AEC that decides on the final summary on the basis of the information obtained from your care and support provider

Which benefits
may you be
entitled to
receive?



Activities of daily living

If you have reached the threshold of 3½ hours per week of care and support in carrying out activities of daily living (ADLs), you may be entitled to **assistance in the various areas of ADLs, whether you live at home or in a facility.**

The care and support needed in carrying out **activities of daily living (ADLs)** fall into the following five categories:

Personal hygiene

- Assistance with washing, washing your hair, and cutting your nails
- Assistance with brushing your teeth / looking after false teeth
- Assistance with shaving your beard or removing facial hair
- Assistance with menstrual hygiene

Elimination

- Assistance with elimination
- Assistance with changing an ostomy bag or emptying a urine pouch

Nutrition

- Assistance with eating and drinking
- Assistance with enteral feeding

Dressing

- Assistance with dressing and undressing
- Assistance with fitting and removing corrective and compensatory equipment (e.g. hearing aid, prosthetic limb, support stockings)

Mobility

- Assistance with transfers (assistance getting out of bed, lying down, sitting)
- Assistance with movement indoors in your home
- Assistance with entering and leaving your home
- Assistance with changes of level (assistance going up and down stairs, using a lift)

Activities and other types of benefits

The long term care insurance may also grant other types of benefits, **according to the needs of the dependent person and according to his/her place of residence** (at home or in a facility).

Different types of activities are aimed at ensuring you are cared for properly and suitably, both for your own benefit and that of your caregiver. These activities may also help provide support and respite for your caregiver if you continue to live at home.

Cover for these activities may only be granted if the person has been recognised as being dependent, i.e. has reached the **entrance threshold of 3½ hours of care and support in carrying out activities of daily living**.

However, this threshold requirement does not apply to certain activities or benefits: these include training in the use of assistive technology, payment of the cost of assistive technology, and adaptations to the dependent person's home or car.

Activities in support of independence - in the home or at a facility

These are **specialised activities** connected with carrying out activities of daily living. Their aim is to boost the





dependent person's **motor, cognitive and mental abilities** by maintaining or improving remaining abilities or preventing their decline. Such activities may be provided individually in the home or in a group at a day centre.

These activities are granted pursuant to a weekly lump-sum of 5 hours per week if the activities are carried out individually in the person's home, or 20 hours per week if they are carried out in a group.

Activities to help dependent people stay in their home

Individual supervision in the person's home

This involves daytime supervision of a dependent person while the usual caregiver is absent for a short period. The supervision is on an individual basis, in the dependent person's home.

Individual supervision is granted pursuant to a weekly lump-sum of 7 hours per week. If the caregiver is manifestly overworked, it is possible to grant an increased weekly lump-sum of 14 hours per week.

Group supervision at a semi-inpatient facility (day centre)

This involves daytime supervision of a dependent person who should not be left alone for prolonged periods; it is provided on a group basis, at a day centre.

Group supervision is granted pursuant to a weekly lump-sum of 40 hours per week. For people who need specific, personalised care and sustained supervision, there is an increased lump-sum of 56 hours per week of group supervision activities.

If the dependent person so wishes, he/she may convert part of this group supervision into individual supervision or outside activities (being accompanied while shopping, for example), with a maximum time of 4 hours per week being granted for such outside activities. To do this, the person should contact his/her provider.

Night-time supervision

This involves night-time supervision of a dependent person who needs the constant presence of another person, 24 hours a day. Night-time supervision makes it possible to replace the caregiver if he/she is absent.

This involves an annual lump-sum of 10 nights.

Training for caregivers

This is training to support caregivers so that they are better able to assist the dependent person in carrying out activities of daily living (ADLs).

The caregiver training is granted pursuant to an annual lump-sum of 6 hours.

Training in the use of assistive technology (no threshold condition)

This is training for the dependent person or his/her caregiver to enable them to make better use of assistive technology.

The assistive technology training is granted pursuant to an annual lump-sum of 2 hours.

Assistance with household chores

This involves assisting the dependent person to clean his/her accommodation (bedroom, bathroom, toilet, kitchen, living room, dining room). The activity may also be used to do the dependent person's laundry or shopping.

This involves a lump-sum of 3 hours per week, granted to each dependent person living at home.

Support activities in long-term care facilities

This involves daytime supervision of a dependent person living in a long-term care facility and not able to be left alone for prolonged periods. The supervision takes the form of **occupational or social activities, which take place in a group.**



This is a basic lump-sum of 4 hours per week, granted to each dependent person living in a facility. For people who need specific, personalised care and sustained supervision, there is an increased lump-sum of 10 hours per week.

In practice, these lump-sums in hours represent a monetary budget and not actual hours of supervision provided individually to the beneficiary. This monetary budget is allocated to the facilities to enable them to cover the cost of providing supervision for dependent people.



Contribution to the cost of incontinence products

A **dependent person living at home** who is incontinent may, subject to certain conditions, receive a **monthly lump-sum allowance** for the purchase of the incontinence products he/she needs.

A dependent person living in a facility does not receive this sum; the **facility** receives it directly from the long-term care insurance. The facility may not claim a supplement from the dependent person for incontinence products.



Payment of a caregiver's pension insurance contributions

The long-term care insurance may, under certain conditions, pay pension contributions for the caregiver who provides you with care and support in your home and has been recognised as being capable of and available to assist you in carrying out activities of daily living.

You can declare your caregiver to the pension system if he/she is not entitled to a personal pension. This is voluntary; there is no obligation to do so. **You may even declare a relative who serves as your (unpaid) caregiver.**

To declare the caregiver to the pension system, the Social Security Centre (**Centre commun de la sécurité sociale**) provides a form on which you must indicate your identity (employer identification number (matricule employeur)) and that of the person you wish to affiliate (insured person's

identification number (matricule assuré)). The pension system contributions for your caregiver are then paid by the long-term care insurance system.

You can obtain more information from the Social Security Centre (Centre commun de la sécurité sociale): tel. (+352) 40141-1, ccss@secu.lu, website at www.ccss.lu.



Coverage for assistive technology, car and home adaptations (with no threshold condition)

An application may be made to the long-term care insurance if you need assistive technology, or if you need to adapt your home or your car, **irrespective of whether you need assistance with activities of daily living**. In other words, you do not need to reach the threshold of 3½ hours of assistance with activities of daily living per week to receive the benefit of assistive technology or adaptations to your home or your car.

Your need for assistive technology or your need to adapt your home or your car must, however, be justified. The State Office for Assessment and Monitoring (AEC) assesses your needs and decides on the aids you are entitled to according to the conditions in force at the time.

You must not purchase assistive technology (such as a wheelchair, a hospital-type bed, walking aids) or start work on adapting your home or your car on your own initiative: **it is essential to wait for approval from the AEC. The legislation makes no provision for retroactive coverage.**



Assistive technology

The long-term care insurance may grant you assistive technology. This is made available to you, often on a rental basis, **free of charge** - i.e. you do not need to pay anything yourself. Items of assistive technology allocated to you may not always be brand-new, but they will always have been overhauled and sterilised.

The amount the system will cover may not exceed 35 000

euros per item of assistive technology.

Examples of assistive technology:

- walking frame
- raised toilet seat
- shower chair
- bath board

The long-term care insurance system may also cover the cost for **guide dogs for the blind**, subject to certain conditions.



Adapting your car for your own personal use

The long-term care insurance system may pay up to 35 000 euros for adaptations to your car for your personal use.

Examples of car adaptations:

- adaptation of the driver's controls (corresponding to the restrictions indicated on your driving licence)
- getting the applicant into the car and installed
- getting the applicant into the car and installed while sitting in a wheelchair
- loading and transport of the applicant's wheelchair

Regarding the restrictions indicated on your driving licence, please contact the Ministry of Mobility and Public Works (**Ministère de la Mobilité et des Travaux Publics**), Department of mobility and transports, Road traffic and safety – Medical commission: info@mt.public.lu.



Adapting your home

Subject to certain conditions, the long-term care insurance system may also contribute up to 35 000 euros to the cost of adapting your home.

Examples of home adaptations:

- installing a walk-in shower
- widening a doorway to allow the passage of a wheelchair

If you are planning a home adaptation to be subsidised by

the long-term care insurance system, **you must first be very clear that your intention is to remain in your home.** You must live in the adapted home for a certain period of time, which may vary according to the amounts invested. If you move out without good reason before the end of this period, you will have to pay back the outstanding balance. The AEC contact person will visit your home and provide you with information on all the steps in the procedure and the conditions you must observe.

If the person is living in a rented accommodation that is not adapted to their needs, long-term care insurance may help to cover the **additional costs of rent** incurred by moving to adapted or adaptable accommodation. The maximum amount of this contribution is 450 euros per month. The monthly contribution to the rent ends when the total amount of 35 000 euros has been reached.

For any information on assistive technology, home adaptation and car adaptation:

Assistive Technology Helpline:

Telephone: (+352) 247-86040	Opening hours: From Monday to Friday, from 8.30 to 11.30 a.m. and from 1.30 to 4.30 p.m
E-mail: helpline.at.lo@ad.etat.lu	
Fax: (+352) 247-86055	

If you have already applied to the long-term care insurance or if you are already receiving benefits under the system, you can also contact the Helpline **if you need a basic piece of equipment urgently** (e.g. a walking frame, wheelchair or hospital-type bed).



What does
the long-term
care insurance
system cover
if you live at
home or in a
facility?



Coverage for benefits in kind provided in the home or in a facility

The long term care insurance system covers the cost of the care and support received by the dependent person by means of **benefits in kind**.

The term “benefits in kind” is used if the care and support you need is provided by a **professional care and assistance service provider**:

- care and assistance network (RAS) in the dependent person’s home
- semi-inpatient facility
- long-term care facility (integrated centre for the elderly or care home)
- long-term care facility - intermittent stay (accommodation structures for handicapped people)

Benefits in kind are **due retroactively**, i.e. from the date of the application if you are recognised as being dependent.



If you live at home

If you live at home and if you have the benefit of the action of a **care and assistance network** (RAS) or if you attend a **semi-inpatient facility**, the cost of the **care and support for carrying out activities of daily living** is covered by a system of **lump-sums for benefits in kind**. These lump-sums are **paid directly to the providers by the long-term care insurance**. You do not have to pay the provider yourself for the activities listed in your summary of care and assistance.

The **cost relating to the various activities** (individual supervision, group supervision, night-time supervision, activities in support of independence, assistance with household chores, training for caregivers, training in the use of assistive technology) that have been granted to you are also **paid directly to the provider**.

A dependent person who attends a **semi-inpatient facility** (day centre) nevertheless still has to pay the **cost for general services** (e.g. meals and snacks) **and psycho-geriatric support that are provided.**

If you need information on the possibility of a **contribution to these costs**, you may contact the ‘**Senioren-Telefon**’ hotline operated by the Ministry of Family Affairs, Solidarity, Living Together and Reception of Refugees : tel. (+352) 247-86000 / e-mail address: senioren@fm.etat.lu.



If you live in a facility for the elderly or for handicapped people

If you live in a facility, you have the benefit of **the care and support provided for you by the staff of the facility.**

The cost of care and support in carrying out activities of daily living is covered in accordance with a **system of lump-sums for benefits in kind**. These lump-sums are **paid directly to the facility by the long-term care insurance system.**

The **cost of the various activities** (activities in support of independence, support activities at the facility) that have been granted to you are also **paid directly to the facility.**

A dependent person who lives in a long-term care facility still has to bear the full cost of his/her board and lodging (which includes rent for a room and the cost of meals and supervision), irrespective of whether the person is recognised as being dependent. The charge made for board and lodging is determined freely by each facility, and varies from one facility to another.



If you need information on the possibility of a **contribution to the cost of board and lodging** ('accueil gériatrique' supplement) **in a facility**, please contact the National Solidarity Fund (Fonds national de solidarité): tel. (+352) 49 10 81-1, info@fns.public.lu, website at www.fns.lu.

Coverage of cash benefits in the home and for a caregiver

Replacement of a benefit in kind by a cash benefit

If you are dependent, you live at home and you have an AEC-recognised caregiver, it is **possible to replace part of the benefit in kind** (help provided by a care and assistance network) by a **benefit in cash** (a sum of money for the assistance provided by your caregiver).

You may not replace all the assistance provided by the network by a sum of money:

- you may only replace the assistance you receive in carrying out activities of daily living and assistance with household chores.

There are **ten different lump-sums for cash benefits, depending on the amount of care provided by the caregiver.**

- This sum of money must be used to obtain the care and support you need. The lump-sum for cash benefits is granted to the dependent person and is intended to pay the caregiver who provides care and support.
- Cash benefits are due **from the date of notification of the decision** if you are recognised as being dependent and if your caregiver was recognised at the time of your AEC assessment as being capable of and available to help you.



Available, capable caregivers

The legislation provides that **a person who provides you with care and support on a regular basis**, at least once a week, may, under certain conditions, be accepted as a caregiver. This caregiver may be **a professional who is not part of a care and assistance network, a friend or relative, or a private individual.**

Benefits in kind (help provided by a care and assistance network) may only be replaced by a cash benefit (sum of money) if the caregiver has been **identified and assessed**.

That is why it is compulsory for the **person who is involved with your care and support to be present at the appointment for the assessment** of your state of dependency.

The **AEC contact person assesses whether this person is capable of and available to provide you with the necessary care and support**. It is for the contact person to decide whether the person may be accepted as your caregiver:

- **If that person cannot be accepted as your caregiver**, all the benefits will be granted in kind, i.e. all the care and support must be provided to you by a care and assistance network, in which case the payment of a cash benefit is not possible.
- **If that person is accepted as your caregiver**, that person undertakes to provide the care and support either alone or in collaboration with a care and assistance network.

It is also the AEC contact person who determines whether the caregiver is capable of providing all the care and support alone or if he/she needs to be assisted by a care and assistance network:

- **If the caregiver provides all the care and support alone**, a lump-sum for cash benefits is granted to the dependent person and is intended to pay the caregiver. There are ten different lump-sums for cash benefits, depending on the amount of care and support the caregiver provides.



- **If the caregiver is assisted by a care and assistance network in providing the care**, the AEC contact person divides the care and support to be provided between your caregiver and the care and assistance network.

The division of these activities also makes it possible to determine the **payment lump-sums** that apply:

- the **lump-sum for benefits in kind**, paid to the network for the care and support it provides;
- the **lump-sum for the cash benefits** paid to the dependent person in order to compensate the caregiver for the care and support he/she provides.

If your caregiver is recognised by the AEC, you must fill in and sign an **information sheet** about him/her. His/her identity will be indicated on the summary of care and assistance accompanying the decision reached by the long-term care insurance. **The accepted caregiver must also sign this information sheet and undertake to provide the care and support listed.**

If your caregiver becomes unavailable (as a result of illness or holidays, for example), you always have the possibility of bringing in a care and assistance network (RAS) of your choice to ensure that you continue to receive the care to which you are entitled. Contact the care and assistance network directly for information on how this works.

The long-term care insurance system may, under certain conditions, pay **pension contributions for the caregiver** who provides you with care in your home and has been recognised by the AEC as being capable of and available to help you.



You can declare your caregiver to the pension system if he/she is not entitled to a personal pension. This is voluntary; there is no obligation to do so. You may even declare a relative who serves as your (unpaid) caregiver.

To declare the caregiver to the pension system, the Social Security Centre (Centre commun de la sécurité) provides a form on which you must indicate your identity (employer identification number (matricule employeur)) and that of the person you wish to affiliate (insured person's identification number (matricule assuré)). The **pension system contributions for your caregiver are then paid by the long-term care insurance system.**

You can obtain more information from the **Social Security Centre** (Centre commun de la sécurité sociale): tel. (+352) 40141-1, ccss@secu.lu, website at www.ccss.lu.

Which providers are involved in the context of the long-term care insurance?



The providers involved in the long-term care insurance are the **professional care and assistance service providers** that provide all the care and support a dependent person needs. These providers have **a contract with the National Health Fund (Caisse nationale de santé - CNS)**.

In the context of the long-term care insurance, there are **four types of providers**:

- **Care and assistance networks (réseaux d'aides et de soins - RAS)** provide care and support in your home.
- **Semi-inpatient facilities (centres semi-stationnaires - CSS)** (day centres) are places where you can spend some time during the day although you live at home. Some semi-inpatient facilities are primarily for people suffering from geriatric pathologies, while others are mainly for handicapped people (young people as well as adults).
- **Long-term care facilities - continuous stay (établissements d'aides et de soins à séjour continu - ESC)** are facilities where the dependent person lives permanently; they are mainly for elderly people.
- **Long-term care facilities - intermittent stay (établissements d'aides et de soins à séjour intermittent - ESI)** are facilities where the dependent person alternates between staying at the facility and living at home, either regularly or occasionally (at the weekend or during holiday periods, for example). These facilities are exclusively for handicapped people (young people as well as adults).



You may obtain a **full list of the different providers** supplying this care and support from:

Ministry of Family Affairs, Solidarity, Living Together and Reception of Refugees

Website: www.luxsenior.lu

A regularly updated list of services for the elderly may be consulted in the 'Publications' section or requested by phoning:

Senioren-Telefon: (+352) 247-86000

or sending an e-mail to senioren@fm.etat.lu

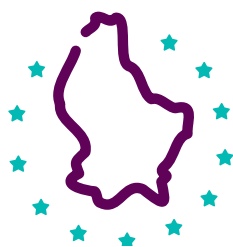
Info-Handicap

For any information on the handicap sector, please contact Info-Handicap, which is the national disability information and meeting centre in the Grand Duchy:

Website: www.info-handicap.lu

Telephone: (352) 366 466

To which
benefits are you
entitled if you are
affiliated to the
CNS and are not
resident in the
Grand Duchy of
Luxembourg?



Benefits in the international context

You should remember that:

- There is always only one country where you are covered by social security (normally the country where you work and where you pay your social contributions).
- There is always only one country where you are resident.
- For some people these two countries are the same; for others, they are not (see the examples below).

Cash benefits are payable by the country where you are covered by social security and may be exported to another country in the European Union.

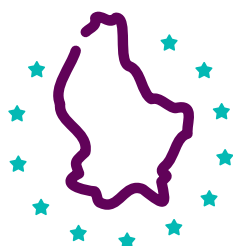
Benefits in kind are to be provided by your country of residence in accordance with that country's rules.

With regard to the long-term care insurance system:

- The care and support in carrying out activities of daily living provided by a network of health professionals in a dependent person's home are **benefits in kind**.
- The care and support in carrying out activities of daily living provided by a network of health professionals in a long-term care facility (integrated centre for the elderly or retirement home, care home) are **benefits in kind**.

If you are looked after by a caregiver in your home, you may replace your benefit in kind by a **cash benefit**. This means you will receive a certain amount of money, intended for paying your caregiver.

The **assistive technology, home adaptations and car adaptations** referred to in the Grand-Ducal Regulation of 22 December 2006, as amended, laying down: 1. the methods and limits for the long-term care insurance system covering the cost of assistive technology; 2. the methods and limits for the long-term care insurance system covering the cost of home adaptations; 3. the products necessary for care and support are **benefits in kind**.



If you are insured under the Luxembourg system and live in another country of the European Union

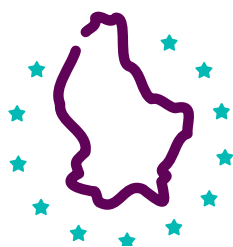
- This is the case of a cross-border worker who works in the Grand Duchy and lives in another EU country.
- This is the case of a retired Luxembourger who lives in a long-term care facility in another EU country.

Who is responsible for:	Luxembourg	Country of residence
Benefits in kind - activities of daily living	No	Yes
Cash benefits - activities of daily living	Yes	No
Assistive technology / Home adaptations / Car adaptations	No	Yes
Lump-sum allowance for incontinence products	No	Yes

- In other words, the cross-border worker who works in the Grand Duchy and lives in another EU country may receive a cash benefit from the Luxembourg system if he/she is looked after by a caregiver in his/her home.
- In other words, the retired person covered by the Luxembourg social security system who lives in a long-term care facility in another EU country must apply to the authorities of his/her place of residence in that country to cover the cost of benefits in kind.

If you pay social contributions in the Grand Duchy and live abroad

- As a rule, your dependency will be assessed by the competent authorities of your place of residence abroad.



If you are insured in another country of the European Union and live in the Grand Duchy

- This is the case of people who have never paid any contributions in the Grand Duchy and are covered by the social insurance system of another European Union country, who come to live in the Grand Duchy.

Who is responsible for:	Luxembourg	Country of residence
Benefits in kind - activities of daily living	Yes	No
Cash benefits - activities of daily living	No	Yes
Assistive technology / Home adaptations / Car adaptations	Yes	No
Lump-sum allowance for incontinence products	Yes	No

In other words, a person who is covered by the social security system of another European Union country and lives in the Grand Duchy may receive a benefit in kind under the Luxembourg system if he/she is cared for by a care and assistance network in his/her home or if he/she is looked after in a long-term care facility.

CNS - Long-term care insurance department

For any information on benefits provided abroad, please contact the Long-term care insurance department

(Département Assurance dépendance) of the National Health Fund (Caisse nationale de santé - CNS):

adetra.cns@secu.lu

Since 2009, the rights of individuals at the end of their life have been set out in a law, which defines inter alia the entitlement to receive palliative care if they so wish.

Entitlement to palliative care



If you wish to receive palliative care benefits, **you do not need to submit a long-term care insurance application or be assessed by the AEC.** You must, however, ask your doctor to send an **application for palliative care to the Social Security Medical Board (Contrôle médical de la sécurité sociale).**

- A person who is entitled to palliative care further to a decision made by the Social Security Medical Board is entitled to the full range of benefits of the long-term care insurance except home adaptations. It is covered on the basis of a **lump-sum corresponding to 780 minutes of assistance with carrying out activities of daily living (ADLs).** The medical acts carried out under the health insurance system are covered in accordance with the rules set out in the Statutes of the National Health Fund.
- If at the time of admission to palliative care a person is already receiving benefits under the long-term care insurance and is receiving a cash benefit, he/she may keep this benefit.
- Your family doctor is the best person to answer your questions, according to your personal situation. For more information, you can also consult the website of the Ministry of Health and Social Security (www.sante.lu). The CNS is also available to provide any further information you may require (www.cns.lu / 'Authorisations - Palliative care' department; tel.: (+352) 2757- 4513, fax (+352) 2757- 4525

Contacts and useful links



Contacts and useful links

State office for assessment and monitoring of the long-term care insurance (Administration d'évaluation et de contrôle de l'assurance dépendance - AEC)

4, rue Mercier

L- 2144 Luxembourg

L- 2974 Luxembourg (postal address)

secretariat@ad.etat.lu

For all general information:

AEC Secretariat Helpline

Telephone: (+352) 247-86060

From Monday to Friday: from 8.30 to 11.30 a.m.
and from 1.30 to 4.30 p.m.

Fax: (+352) 247-86061

secretariat@ad.etat.lu

For information about assistive technology, home adaptation or car adaptation:

AEC Assistive Technology Helpline

Telephone: (+352) 247-86040

From Monday to Friday: from 8.30 to 11.30 a.m.
and from 1.30 to 4.30 p.m.

Fax : (+352) 247-86055

helpline.at.lo@ad.etat.lu

www.assurance-dependance.lu



National Health Fund (Caisse Nationale de Santé - CNS) - Long-Term Care Insurance Department

4, rue Mercier

L- 2144 Luxembourg

B. P. 1023, L-1010 Luxembourg (postal address)

Telephone: (+352) 2757- 4455

Fax: (+352) 2757 - 4619

assurancedependance@secu.lu

adespeces.cns@secu.lu (information concerning the invoicing and the payment of the cash benefits)

adetra.cns@secu.lu (information on the international aspect)

www.cns.lu

Ministry of Family Affairs, Solidarity, Living Together and Reception of Refugees

13c, rue de Bitbourg

L-1273 Luxembourg

Information service for the elderly and list of services available for the elderly (care homes, short-stay beds, day centres, care and assistance networks, etc.)

Senioren-Telefon : (+352) 247-86000

senioren@fm.etat.lu

www.luxsenior.lu



Ministry of Health and Social Security

1, rue Charles Darwin
L-1433 Luxembourg
L-2935 Luxembourg (postal address)
Telephone: (+352) 247-85500
Fax : (+352) 247 - 467963

Portal: www.sante.lu

Ministry of Mobility and Public Works

Mobility and Transport Department
Traffic and road safety - Medical commission

4, Place de l'Europe
L - 1499 Luxembourg-Kirchberg
L-2938 Luxembourg (postal address)
Telephone: (+352) 247-84400
(+352) 247-84931
Fax : (+352) 26 47 89 48
info@mt.public.lu
www.transports.lu



Social Security Centre

Affiliation of a caregiver to the pension insurance system

4, rue Mercier

L- 2144 Luxembourg

L-2975 Luxembourg (postal address)

Telephone: (+352) 40 141-1

ccss@secu.lu

www.ccss.lu

National Solidarity Fund (Fonds National de Solidarité - FNS)

Information on contribution to the cost of board and lodging at long-term care facilities

8-10, rue de la Fonderie

L-1531 Luxembourg

B.P. 2411, L-1024 Luxembourg (postal address)

Telephone: (+352) 491081-1

info@fns.public.lu

www.fns.lu

Info - Handicap

National disability information and meeting centre

65, avenue de la Gare

L-1611 Luxembourg

Telephone: (+352) 366 466

Fax : (+352) 360 885

info@iha.lu

www.info-handicap.lu

Directory listing most of the services and facilities in the 'Réseau social au Luxembourg' network

www.resolux.lu



Ancillary Equipment Service (Service Moyens Accessoires - SMA)

20-22, rue Geespelt
L- 3378 Livange
Telephone: (+352) 40 57 33-1
contact@sma.lu
www.sma.lu

Adapth

National Competence Centre for Building Accessibility
36, route de Longwy
L-8080 Bertrange
Telephone: (+352) 43 95 58 – 1
Fax : (+352) 43 95 58 – 99
www.adapth.lu

National Childhood Agency (Office National de L'enfance - ONE)

Measures to help children and families
33, Rives de Clausen
L-2165 Luxembourg
L-2926 Luxembourg (postal address)
Telephone: (+352) 247-73696
Helpline : (+352) 8002-9393
one@one.etat.lu
www.officenationalenfance.lu



Children's Future Fund (Caisse pour l'Avenir des Enfants)

6, Bd. Royal
L-2449 Luxembourg
B.P. 394, L-2013 Luxembourg (postal address)
Telephone: (+352) 47 71 53-1
Site internet : www.cae.lu

Legislation in the Field of Social Security

www.secu.lu

Directory of Institutions and Ministries

www.etat.lu

Information and News from the Luxembourg Government

www.gouvernement.lu

State office for assessment and monitoring of the long-term care insurance (Administration d'évaluation et de contrôle de l'assurance dépendance - AEC)

Telephone: (+352) 247-86060	Postal address: L-2974 Luxembourg
E-mail: secretariat@ad.etat.lu	
Fax: (+352) 247-86061	
www.assurance-dependance.lu	



LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG
Ministère de la Santé
et de la Sécurité sociale

Administration d'évaluation et de contrôle
de l'assurance dépendance