



DEPENDENCY

How to request the reimbursement of some care and support costs, in case you partly lose your autonomy (temporarily or permanently)

USEFUL INFORMATION

ON REIMBURSEMENT PROVIDED BY JSIS

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SEPTEMBER 2022

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1. CARERS

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.

1.1 Procedure to be followed

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 online or on paper and attach a **detailed invoice**.

Send everything to your settlements office in case you will follow the paper procedure.

1.2 Conditions for reimbursement

(See [guidelines Nursing attendance](#)) - 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 point 2 **medical auxiliary**.

1.3 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 % TBA
 - degree of dependence 2 and 1 : 100% of the basic salary of an official in grade AST 2/1 - 10 % TBA
- 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).

1.4 Not reimbursable

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

2. MEDICAL AUXILIARIES

Treatments by medical auxiliaries/nurses (e.g. washing, wound dressings, injections) prescribed by a medical practitioner and provided by a person legally authorised to exercise the profession.

2.1 Procedure to be followed

Claim reimbursement

Fill in a standard request for reimbursement and attach the **medical prescription** and the **detailed bill**.

Send everything to your settlements office in case you will follow the paper procedure.

Attention! If the insured person is receiving home care, [prior authorisation](#) is required for additional skilled treatments such as injections or complicated dressings, which cannot legally be provided by the carer.

Rates of reimbursement

The fees for treatment by medical auxiliaries are reimbursed at the rate of 80% (or 100% in the case of serious illness).

3. NURSING AND CONVALESCENT HOMES

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

3.1 Procedure to be followed

Step 1 : request prior authorisation

The [dependence evaluation form](#) 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.

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](#) .

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**.

3.2 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

3.3 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.

4. CONVALESCENT AND POST-OPERATIVE CARE

The joint sickness insurance scheme (JSIS) covers the costs of convalescent and post-operative care, provided they commence within three months of the illness or operation in relation to which they have been prescribed.

4.1 Procedures to be followed

Step 1 : request prior authorisation

Within a period of three months prior to the treatment, scan the doctor's **prescription and a detailed medical report** explaining why the treatment is necessary into [JSIS online](#) along with your request for prior authorisation.

If you don't have access to [JSIS online](#), please follow the traditional procedure. Fill in a [request for prior authorisation](#). 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 the authorisation has been granted, you may commence the treatment. Fill in a request for reimbursement. Attach the **detailed invoice** and a **medical report** (in a sealed envelope marked 'confidential'), which should be drawn up when the treatment is finished by the medical practitioner from the convalescent home or rehabilitation centre. The treatments undergone should be described in detail.

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

4.2 Conditions for reimbursement

Convalescent and post-operative cures qualify for reimbursement subject to prior authorisation on condition that :

- they are carried out under medical supervision in convalescent centres with an appropriate medical and paramedical infrastructure; all other types of centre are excluded
- they begin within three months of the operation or illness in respect of which they have been prescribed, except where there is a medical contra-indication duly justified in the report accompanying the medical prescription and accepted by the Medical Officer.

The authorisation may be renewed in the event of a relapse or a new illness.

4.3 Rates of reimbursement

- accommodation costs : are reimbursed at the rate of 80% for a maximum period of 28 days per annum, with a ceiling of €36 per day (in the case of serious illness : 100% with a ceiling of 45€ per day)
- costs of care : are reimbursed separately according to the type of care
- costs of stay for accompanying person : In exceptional circumstances, the accommodation costs of an accompanying person may be reimbursed at the rate of 85%, with a ceiling of €40 per day, subject to presentation of a medical prescription and with prior authorisation, in the following cases :
 - for a family member staying in the same room, or within the establishment offering the cure, if the person following the cure is under the age of 14 or requires special assistance because of the nature of the condition or on other duly substantiated medical grounds
 - for a child who is being breastfed and has to accompany its mother on the cure.

In all other cases the accommodation costs of an accompanying person are not reimbursed.

Not reimbursable

Travel expenses are not reimbursed.

5. DISABILITY: MEDICAL COSTS

The medical expenses related to a disability may be reimbursed by the health insurance (JSIS).

- **Serious illness**
- **Invalidity**

*(**Disabled children**)_Social assistance and health insurance (more info in Myintracomm)

5.1 Serious illness

Medical expenses for the treatment of an illness recognised as ‘serious’ may be reimbursed at a higher rate. This is the procedure you have to follow to have the illness recognised.

Note: this page is only about the sickness insurance. Don't forget to tell you Medical Service if you are unable to go to work.

5.1.1 Recognition of a serious illness

You can apply for recognition of a serious illness if your illness involve, to varying degrees, the **following 4 elements**:

- a shortened life expectancy
- an illness which is likely to be drawn-out
- the need for aggressive diagnostic and/or therapeutic procedures
- the presence or risk of a serious handicap.

** These cumulative criteria must be subject to an overall assessment of the seriousness of the consequences of the illness in question. Given the way in which they may be interlinked, the assessment of one of the criteria is likely to influence the assessment of the other criteria, particularly as regards cases of serious disability. The examination of one criterion in the light of the assessment of the other criteria may lead to the conclusion that the criterion in question, in particular the criterion relating to shortened life expectancy, has been fulfilled.*

* EUROPEAN COMMISSION Brussels, 12.5.2020 C(2020) 3002 final COMMISSION DECISION of 12.5.2020 amending the Decision of 2 July 2007 laying down general implementing provisions for the reimbursement of medical expenses

Step 1: get a medical report

Your doctor writes a detailed medical report including the following information:

- the exact diagnosis
- the date of the diagnosis
- what stage the illness is at
- any complications
- the treatment required.

Scan this medical report onto your computer (formats supported: PDF, JPEG, TIFF, BMP, GIF).

Step 2: send your application

You can apply for recognition of a serious illness via [JSIS online](#) , which you can access using your ECAS password.

Once in the application, click on ‘Create new request’ then follow on screen instructions. Read the user guide "[How to request recognition of a serious illness?](#)"

If you don't have access to the software [JSIS online](#) (e.g. you are retired), simply fill in the [form: recognition of a serious illness](#) . Don't forget to attach all the original supporting documents (keep a copy). Send everything to your settlements office (the correct address is on the form).

Step 3: ask for an extension

If your illness has been recognised as a serious illness, the medical expenses resulting from the serious illness will be covered at a higher rate (subject to the ceilings in force). Recognition of a serious illness is always subject to a time limit (which varies depending on the circumstances). When the time limit expires you can ask for an extension, for which you must supply a medical report setting out:

- how the illness has developed
- the treatment and/or care still required.

Submit this request for an extension via JSIS online (see Step 2). **Important:** in the case of a new serious illness you must submit a separate request for recognition.

5.1.2 Reimbursement rate

Medical expenses directly linked to the serious illness are reimbursed at a higher rate, up to the ceilings in force and subject to a favourable opinion by the Medical Officer.

The various types of treatment are directly linked to their respective ceilings.

5.1.3 Backdating

As a rule, 100% cover is granted only from the date of the medical certificate supporting the application for recognition of serious illness.

However, on the basis of a reasoned request from the member indicating the treatment in question as entered on his or her account statements, the 100% cover may be backdated, after consulting the Medical Officer.

The backdating may not, however, extend beyond the time limit for reimbursement laid down in Article 32 of the joint rules.

5.2 Invalidity

Invalidity refers to where the Invalidity Committee has issued a decision stating that a staff member covered by the Staff Regulations is incapacitated and cannot perform his/her duties.

The invalidity Committee (made up of three doctors) meets either:

- at the request of the person concerned; or
- at the request of the Appointing Authority, if the person's absences over the past three years have reached a total of one year.

The Medical Service manages the initial stages of the procedure and informs the administration of the Invalidity Committee's conclusions. The Pensions Department pays the invalidity pension.

Forms summary:

Medical questionnaire for the evaluation of the degree of dependence:

[ENGLISH VERSION](#)

[ITALIAN VERSION](#)

[Declaration Form](#) (request for complementary financial assistance for Carer/s – Convalescent or nursing home)

[Request Form](#) for prior authorisation or extension of prior authorisation

Application for recognition or extension of recognition of a serious illness:

[ENGLISH VERSION](#)

[ITALIAN VERSION](#)

[Request Form](#) for direct billing of costs of care in a convalescent or nursing home or equivalent establishment

For all the above information, you can consult the official source in MyIntracomm
