Fixed allowances from healthcare insurance for persons needing care



A sickness or disease often comes with high medical costs. The healthcare insurance provides several fixed allowances for chronic illnesses. In this info sheet, we discuss the 3 most common allowances.

For more specific fixed allowances, see the info sheet "Fixed allowance supplement".

All the amounts shown below are valid as of 1 January 2025.

The care allowance

What?

The care allowance is an annual allowance for the chronically sick who are largely dependent on others. The annual amount varies according to the loss of self-reliance.

Conditions

In order to be eligible for the care allowance, two conditions must be fulfilled: high expenditure for healthcare AND an inability to care for yourself.

1) High expenditure for healthcare

In the current and preceding calendar year, a total of at least 450 euro/year (chronic illness without enhanced reimbursements) or 365 euro/year (chronic illness with enhanced reimbursements) must have been paid out in non-refundable medical expenses.

2) Loss of self-reliance

For the allowance of 383,96 euro, you must be in one of the following situations:

- recognised for at least six months as an eligible person with a severe condition in the context of physiotherapy;
- in the current or preceding calendar year, admission into a general or psychiatric hospital at least six times or for at least 120 days;
- you fulfil the medical conditions that enable access to additional child support for children with a disability or serious condition.

For the allowance of 575,98 euro, you must be in one of the following situations:

- you fulfil the dependence conditions for the allocation of the integration allowance for disabled persons (at least 12 points);
- you fulfil the dependence conditions for the allocation of the support allowance for elderly people with a disability/care budget for elderly people with a care need (at least 12 points);
- you are entitled to an allowance for support from third parties (less able-bodied);
- you are disabled with family expenses, and entitled to an allowance for support from third parties;
- you are disabled without family expenses and entitled to an allowance as a claimant with family expenses due to the need for help from third parties.

• For the allowance of **767,94 euro**: You have at least three months' entitlement to the fixed allowance B or C in the context of home care.

How to submit a request.

The care allowance is allocated automatically. The healthcare insurance fund should have the details and know who fulfils the conditions. You do not have to do anything.

The incontinence allowance for those needing serious care

What?

The 'major' incontinence allowance is an annual allowance of **630,92 euro** to cover the costs of incontinence materials for those needing serious care (see info sheet '<u>Incontinence material</u>').

Conditions

- For at least four of the last twelve months: eligibility for allowance B or C for home care, with a score of 3 or 4 for the criterion 'Incontinence'.
- The last day of the aforementioned four months: not residing in a care home for which the healthcare insurance provides an allowance (general or psychiatric hospital, rest and care homes (RVT), rest home for the elderly (ROB), psychiatric care home (PVT), initiative for sheltered housing or certain rehabilitation centres);
- Being alive on the last day of the reference period of twelve months.

The allowance can be allocated from the age of 3.

How to submit a request.

The request to the healthcare insurance fund is drawn up by the home care nurse. If they do not come to your home and you think you may be eligible for the incontinence allowance, you are advised to contact the Social Work service.

Incontinence allowance for non-dependent persons

What?

Persons with an untreatable form of urinary incontinence (involuntary loss of urine) can request an annual allowance of **205,93 euro** (see also info sheet '<u>Incontinence material</u>').

Conditions

- Suffering from an untreatable form of urinary incontinence;
- No right to a 'major' incontinence allowance because the dependence criterion is not met;
- Not residing in a rest home or care institution for which the healthcare insurance pays an allowance (except in the event of admission to an acute service and admission into a daycare centre);
- In the last twelve months, you have not had an allowance from the RIZIV for selfcatheterisation or other incontinence devices.

The allowance can be allocated from the age of 3.

How to submit a request.

- Have your doctor complete the request form.
- Send the form to the advisory doctor at your regional healthcare insurance fund.

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The allowance for palliative home care

What?

The palliative care allowance is an allowance of **827,99 euro** to cover the costs of medication, care and aids that are needed in order to provide palliative care at home

After this allowance has been paid, you are exempt from the statutory non-refundable medical expenses for home-visits by your doctor and certain claims by the physiotherapist or the home carer.

Conditions

- You are receiving care at home and wish to stay at home for the terminal phase:
- You are suffering from a terminal condition that is evolving unfavourably such that therapies and rehabilitation have no further impact and you are expected to die in a relatively short period;
- You need permanent support and supervision, resources, psychosocial support devices, supervision or daily care by a nurse;
- Not admitted in a care home (general or psychiatric hospital, rest and care home (RVT), rest home for the elderly (ROB), psychiatric care home (PVT), initiative for sheltered housing, certain rehabilitation centres).

How to submit a request.

The doctor will send an application form to the advisory physician at the healthcare insurance fund (the healthcare insurance fund must receive this form before the date of death).

The healthcare insurance fund pays the allowance immediately after notification of the advisory physician. The allowance can be allocated a second time if the patient continues to fulfil the conditions after the first thirty day period has passed.

Handy tip: the palliative care allowance can be combined with the care allowance and with one of the incontinence allowances.

Need more information?

- CM-office nearby: the consultant
 - De Zorglijn (The Care Line), www.cm.be/zorglijn
 - o Tel.: 02 204 32 34
 - Monday to Thursday: 8.30 to 12 o'clock and 13 to 17 o'clock
 - Friday: 8.30 to 12 o'clock and 13 to 16 o'clock
 - E-mail: <u>zorglijn@cm.be</u>

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