MINISTÈRE DE LA SÉCURITÉ SOCIALE
Cellule d'évaluation et d'orientation
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LONG-TERM CARE INSURANCE

Practical guide

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Long-Term Care Insurance: questions and answers

Long-Term Care Insurance has been a part of Social Security since 1999.

Many people know about its broad perspective but continue to ask a good number of practical questions.

Since the introduction of long-term care insurance, several of the measures have been adapted to what was originally set out in Luxembourg, so that it may be of use to those who have need of it.

This guide supersedes the first guide, published in 1999, at the time of the introduction of long-term care insurance. This first guide had much success and its re-publication was often requested.

The modifications made to the long-term care insurance law at the beginning of this year give us an opportunity to publish a new guide. This guide does not replace the long term care insurance law and the rules that apply to it. Its objective is to make reading easier.

We try to present long term care insurance in its practical aspects to the public: criteria for benefiting from it, services that one expects of it & procedures to be followed.

The long term care insurance aims to meet the needs for assistance for activities of daily living.

This objective is sometimes not clear for those wishing to see if they are eligible. People who could benefit from long term care insurance do not apply for it because they are unaware that they could do so and are not clear on how they are able to do it.

Other people are far from meeting the eligibility criteria but apply to the long term care insurance. They are refused, then they are disappointed.

The purpose of the practical guide is to inform all and sundry, prevent inappropriate claims being made and ensure all those that qualify receive the right support.

I hope this guide will provide answers to most frequently asked questions.

Mars di Bartolomeo
Minister for Health and Social security

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Glossary of terms used in long term care insurance

Below, you will find a list of words which are frequently used in long term care insurance and also in this booklet.

Activities of daily living: the basic concept of long term care insurance. Activities of daily living are those that include such things as personal hygiene, nutrition and mobility

Informal carer: a member of the social circle (often a family member or a close relation) who helps and cares for the dependent person at home, without belonging to a care network. He/she also may be a professional who does not belong to a formal care network.

Evaluation and Orientation Unit: service of the long term care insurance which ascertains if the person is dependent and determines the help and care to which they have the right. The Evaluation and Orientation Unit also has other functions, such as informing and advising on topics which are linked to matters of personal dependence.

Semi-stationary centre: a centre to which dependent people can go during the day or night. During the time that they are at the centre, the dependent people receive all the help and care which is necessary.

Coordinator: a professional of the care network responsible for organising the work of informal carers, nurses, household cleaning persons who come to look after and help at home. The dependent person can refer to the Coordinator regarding all aspects of his health cover organisation. The network Coordinator contacts the dependent person, when it is required to assign activities under the terms of the insurance cover scheme between the network and informal carer.

Decision: the decision is a document sent by the "Caisse nationale de santé". It informs the dependent person regarding the services to which he/she is a beneficiary on behalf of a network and also about the amount of cash allowance. It advises the date from which the person has the right to benefit from the service and also explains how to contest any decision in the event of disagreement regarding the service.

Care institutions: institutions which accommodate the dependent people day and night and provide them with all the assistance and care which is required by them.

There are two types of care institutions : continuous or intermittent stay.

The care institutions for intermittent stay are centres where everybody alternates between a stay in a centre and a stay at home. These centres cater for handicapped people only.

The institution with continuous stay are those where a person stays permanently.

Evaluator: a professional of the Evaluation and Orientation Unit who ascertains and reports on the personal circumstances of the person who would like to benefit from the long term care insurance.

Division: term used in long term care insurance for discussions to explain the spreading of benefit between the network and informal care. The division allows fixing of the amount which the long term care insurance will pay to the network in exchange for its care and the amount which it will pay to the dependent person for remunerating the informal helper for the care they provide.

Maximum limit: a term used in long term care insurance for referring to the maximum service which one can get.

Care plan: the care plan is the document made out by the Evaluation and Orientation Unit which takes into consideration all the benefits given to the dependent person and also the way in which these are distributed between the services in kind and the services in cash. The care plan is carried out on the basis of the help and care needed. This is also called **the standard statement**. This standard statement takes into consideration all the benefits given to the dependent person, without distinguishing between the services in kind and the services paid in cash.

Provider: a professional service (network or institutions) which has a contract with long term care insurance and which provides all the assistance and care necessary for the dependent person.

Benefits in cash: in the long term care insurance system, it is possible to replace a part of the assistance and care to which one has the right by an amount of money which is meant to enable the person to gain the assistance and care from an informal carer. When we refer to this amount of money, we are in fact talking about the services paid for in cash.

Benefits in kind: in the long term care insurance system, when we speak about assistance provided by a professional service (a provider), be it a residential institution or a care network or a semi-stationary centre, we are talking about service in kind.

Key Worker: a professional of the Evaluation and Orientation Unit who deals more specifically with the dossier of the dependent person. When the dependent person encounters a problem with his dossier he can contact the key worker directly. The name of the key worker is given in the sheet given by the evaluator during evaluation.

Care network: the professional services which have a contract with long term care insurance and provide assistance and care to the home-based dependent person.

Threshold of entry or Threshold: it is used in long term care insurance to refer to the minimum of assistance and care required in order to benefit from the services of long term care insurance. This minimum correspond to a help for 3,5 hours per week for the activities of daily living.

"Caisse nationale de santé" (CNS): the administrative body of long term care insurance. Requests for services come to the "Caisse nationale de santé" which supervises the affiliation process.

The "Caisse nationale de santé" is also the organisation which takes the decisions. It draws up the budgets and controls the expenditure of long term care insurance.

What you need to know

The long term care insurance

The assistance which must be provided to a person when they can no longer carry out their **daily personal care (for the activities of daily living)** is very expensive and can rarely be paid by private means, those of a person or a family.

For this reason, it is essential to call upon the solidarity of all. It is the function of long term **care insurance**.

Long term care insurance is a branch of **mandatory** Social Security.

Everyone (active or retired) pays a special contribution of 1, 4% of all their incomes (wages, revenue, pensions, income from an inheritance).

This is supplemented by a State contribution (140 million Euros) as well as by a contribution from the electricity sector.

Long term care insurance does not replace health insurance. Health insurance covers the expenses related to illness: medical treatment, nursing, drugs.

Long term care insurance covers assistance and personal care different to those which are covered by health insurance.

For a **home-based** dependent person, the long term care insurance will pay for the help and care given by a **care network or by a semi-stationary centre**. The long term care insurance also acknowledges the assistance provided by an **informal carer (anyone who is not linked to a care network)**.

For a dependent person within **a care institution**, the long term care insurance pays for the assistance and the care given by this institution

The definition of the care network, of the semi-stationary centre and of the care institution is included earlier in this booklet.

Who is entitled to long term care insurance?

All those affiliated to the Luxembourg "Caisse nationale de santé" and members of their families have the right to benefit from the Long term care insurance. There are no conditions of income.

To be dependent means…

- To be in **need of the assistance of another person** be it a professional or a close relation, for **carrying out the activities of daily living**.

  The activities of daily living relate to:

  - **Personal hygiene:** washing brushing teeth, hairwashing, caring for the skin, beard and nails and going to the toilet
  - **Nutrition:** to eat and drink
  - **Mobility:** to get dressed, to undress, to get up, to lie down, to sit down, move around in the house, to get into and go out of the house; to climb up and go down the stairs.

- This need for assistance must persist for at least a period of **six months** or be definitive. The insurance will not be relevant in the case of a person who requires assistance for only a short period of time.

- This need for assistance must be important: it must account for at least 3, 5 hours per week. If the need for assistance is lower than 3, 5 hours per week, the insurance will not be appropriate. 3, 5 hours, called usually the threshold, are measured in a precise way (cfr. § on the duration of assistance and care).

- This need for assistance must be a consequence of a disease or a physical, psychic or mental handicap.

> **!** Not to be able to go to the toilet, to get out of bed or to eat without assistance, means being dependent.
>
> When one cannot perform household tasks anymore without assistance, but one is able to carry out the activities of daily living, one is not deemed to be dependent within the meaning of the law.

Three groups of persons can benefit from long term care insurance without meeting these conditions:

- People suffering from complete blindness;
- People having difficulties in communicating because of serious problems of hearing, dysarthria and persons having undergone a laryngectomy;
- People suffering from spina bifida.

When the diagnosis has been made by a specialist physician of the relevant field, marked on a list drawn up by the Evaluation and Orientation Unit, the person receive benefits in cash.

Dependence of young children (until eight years of age)

Everyone knows that all young children need the assistance of their parents for the activities of daily living. Some children, because of an illness or a handicap, need more help than others.

When long term care insurance is requested for ill or handicapped children, it considers only the need for additional help for these children as compared to children of the same age and in good health.

Request for Long-Term Care Insurance

Request for long term care insurance

If you think you can benefit from long term care insurance you must make a request to the "Caisse nationale de santé" (CNS).

- The **application form** for the services of long term care insurance is available:
  - At the Evaluation and Guidance Unit;
  - At the "Caisse nationale de santé"
  - At the Ministry for Social Security.

You can also find it on the website of the Ministry for Social Security (www.mss.public.lu).

It is available in French or German. At the same time as you receive the application form, you will also receive a note explaining long term care insurance. This explanation is available in **four** languages: French, German, Portuguese and English. You can ask for it in the language which suits you best.

> **!** The application form must be signed by the person who is to benefit from the requested services. It can also be signed by his legal representative or by a person who has the right to represent the applicant at the district courts if the person is unable to sign for themself.

- You must attach **the attending physician report** to the application form. The format for this report will be given to you with the application form.

The request must be accompanied by a report drawn up by the attending physician. The document on which the attending physician will write his report will be received with the application form.

In this report, the attending physician gives information on the health condition of the person who is requesting the long term care insurance. The role of the attending physician is very important but **he does not decide if you are dependent**.

! The attending physician will fill out this document without any charge to the person who is requesting the services. The doctor will be paid directly by the long term care insurance

From the moment when these **two** forms, duly completed, arrive at the "Caisse nationale de santé", the person becomes entitled to the services if they are eligible. This means that thereafter, you are recognised as dependent; you will receive the services starting **from the date when the two forms reach the "Caisse nationale de santé"**.

- In the meantime if you need assistance and care, you can call upon a care network or a care institution. It is not necessary to wait for the decision.

! If you are recognised dependent, the long term care insurance will pay the bills for your services, starting from the date of your request.

If you are not accepted as dependent, these bills will be at your expense.

Evaluation

Evaluation

Your level of dependence is recorded in the standard statement. Evaluation is done by the Evaluation and Orientation Unit. The Evaluation and Orientation Unit is a public service responsible for recording the level of dependence and assessing its gravity.

- **How is the evaluation done?**
  - The "Caisse nationale de santé" forwards your request for services and your doctor's report to the Evaluation and Orientation Unit.
  - You will then be contacted for a medical examination by a doctor of the Evaluation and Orientation Unit. He will carry out an examination based on the indications given in the report of the attending physician.
  - You will also be contacted by a health professional from the Evaluation and Orientation Unit who will ask you questions on your ability to carry out the activities of daily living.
  - This health professional can also contact a member of your family or support network that knows you very well
  - If you are already in a care institutions, he will ask these questions of a nurse looking after you.
  - Sometimes the evaluation of the doctor or that of the health professional is enough so that the Evaluation and Orientation Unit can get an idea of your needs. You will then be contacted by one person, either a doctor, or a health professional.
  - In certain cases, your dossier could be brought to a close without a visit of the Evaluation and Orientation Unit

    For example:

    - If your need for assistance does not last 6 months;
    - If you need assistance only for household tasks.
- **Where is the evaluation done?**
  - When the Evaluation and Orientation Unit contacts you by telephone or by post, you will be informed of the date, hour and place where the evaluation will occur.

That can be…

- In the offices of the Evaluation and Orientation Unit, at the Office of Social Security,
- 125, route d'Esch, Luxembourg;
- In the care institution where you live.

After the Evaluation

1. You live at home

- When your needs have been assessed, a nurse and a doctor will make a report to show the assistance and care which best match your needs. The nurse and the doctor also decide the frequency of care provided in a day and over a week.
- At home, you can also divide the assistance and care between what will be done by a person of your social support, an *informal carer*, and by a professional service professional, a *care network*.
- If you choose to share the assistance and care, the Evaluation and Orientation Unit will send you a copy of the standard statement in which you will find all the benefits you can be entitled. It will send the same statement to the care network that you have chosen.
- The care network will contact you to arrange this task sharing with you and your informal carer.
- The document in which you state how you wish to divide the services amongst the various carers must be signed by you and the care network coordinator. This document is sent back to the key worker at the Evaluation and Orientation Unit. His name will be stated on the document.
- The Evaluation and Orientation Unit will be able to set up an care plan, taking into account all the services to which you have a right, by dividing them if necessary, between the network and the informal carer
- For the health care which will be provided by a carer you will receive the funds to enable you to pay the person in cash, while the network who provides you with services will be paid direct by the long term care insurance.

2. You are in a care institution for continuous stay

- When your needs have been assessed, a standard statement is done by a nurse and a doctor to list the assistance and care which best meets your needs. The nurse and the doctor also decide the frequency of when care must be provided in a day and over a week.
- The Evaluation and Orientation Unit will be able to establish an care plan displaying all the services to which you are entitled.

3. You are in an institution of intermittent stay

- It means that you stay in a centre for handicapped persons but that you alternate regularly or irregularly with a stay at your own residence.
- When your need has been assessed, a standard statement is done by a nurse and a doctor to list the assistance and care which best meets your needs. The nurse and the doctor also decide the frequency of when care must be provided in a day and over a week.
- During the time when you are in such a place, assistance and care are provided to you entirely by the institution.
- During the time that you are staying at home, you can divide the assistance and care between what a carer of your social circle will provide, and what will be done by a professional service or care network.

  a) If you are home-based on a regular basis you can do this division before the services are provided to you by the network or informal caregiver.

  b) If you are home-based on an irregular basis this division will be made after the services will have been provided to you.
- The Evaluation and Orientation Unit will adapt the care plan and take into account the situation in which you are.

Decision

Decision

- Who takes the decision?

The decision is made by the President of the "Caisse nationale de santé" on the basis of advice of the Evaluation and Orientation Unit. The decision is sent with the care plan.

This care plan is also sent to the care network that you have chosen or to the person in charge of the institution, if you are in a care institution.

- If you are not in agreement with the decision which has been communicated to you…

You can contest it by filing an appeal to the Administrative Council of the "Caisse nationale de santé".

The procedure to be followed will be explained in the written confirmation of the decision that you receive.

When you make an appeal you will receive a new decision. If you do not agree with this new decision, you will be able to make an appeal to the courts. The procedure is explained in the decision that you will receive.

If your state of dependence changes

You can request a re-examination of your services.

This request can be made by

- You;
- A member of your family;
- The care network;
- The semi-stationary centre;
- The care institutions with continuous/ intermittent stay;
- The "Caisse nationale de santé";
- The Evaluation and Orientation Unit

A new evaluation will then be carried out.

The Evaluation and Orientation Unit might ask your provider to fill in a re-evaluation form. There will not be a new visit of the Evaluation and Orientation Unit. However, the Evaluation and Orientation Unit will evaluate the assistance and care you need and finalise the care plan.

You will then receive a new decision. If you are not in agreement with this decision, you will be able to contest it. The procedure will be explained in the decision that you will receive.

! To ask for a revision of the care plan, it is necessary to wait six months after having received the decision, except in the event of a basic change in your health condition. A doctor from the Evaluation and Orientation verifies if there is a basic change in your health condition and then decides if your request for the change in service is admissible.

Services of long Term Care Insurance

What services are you entitled to?

If you are a recognised dependent, you can be entitled to assistance for activities of daily living.

The activities of daily living are the ones which relate to personal hygiene, nutrition or mobility.

- Help with personal hygiene, i.e. help in
  - Bathing;
  - brushing your teeth;
  - washing your hair;
  - shaving your face;
  - cutting your nails;
  - going to the toilet;
- Help with food, i.e. help with
  - eating;
  - drinking;
  - preparing the food by cutting them up so that they can be eaten without difficulty.
- Help for mobility, i.e. a helper
  - To help you get dress and undress
  - To put on prosthesis (hearing aid, support hose, splint...)
  - To move you;
  - To help you get up from bed, to put you to bed, to help you sit up;
  - To position you comfortably in the armchair or in bed;
  - To help you climb and go down the stairs;
  - To help you leave your house and to come back in;

The long term care insurance can also help you with house-hold tasks in particular…

- For daily maintenance of the house;
- For the up keep of linen and clothing;
- For doing the shopping;
- For washing up

The long term care insurance can provide you help in the following ways…

- A home-based personal nurse;
- A professional to accompany you on errands or to do them for you
- A help adapted to your situation for one or the other areas of activities of daily living
- Getting care within the set up of a semi-stationary centre;
- Getting care by a group within the set up of a care institution

The long term care insurance can give advice to you, or to your informal carer

- To show you how to do the activities of daily living or to show you how to use certain technical aids;
- To show the informal carer how they can help you better;

The long term care insurance can grant you technical assistance

- Some examples of technical aids:
  - adaptable bed,
  - Wheelchair,
  - Hoist,
  - Walking frame
- Any technical aids which you may need are made available free of charge as long as they have been authorised by the Evaluation and Orientation Unit.

! To be eligible for technical aid, it is not necessary to reach the 3,5 hours threshold per week.

It is necessary however that the need for technical aid is justified. The Evaluation and Orientation Unit makes an evaluation to see whether the granting of technical assistance is possible and which of the technical aids are best suited to your need(s).

No technical aid is paid for by the long term care insurance if it has not been approved by prior notice of the Evaluation and Orientation Unit.

There are two ways to obtain technical aid urgently

- You can ask your doctor to write a medical prescription that you will forward to the Service des Moyens Accessoires (SMA). You will then be able to receive direct certain technical aids, for example a wheelchair or a walking frame

- You can also telephone 247 86040, a dedicated number for urgent technical aids requests, for example a medical bed, a bedside commode

Long term care insurance can also help in financing a modification to your home

- Some examples of housing adaptation
  - The installation of a shower on one level;
  - Widening of a door in order to allow the passage of a wheelchair;

! To be eligible for an adaptation of your home it is not necessary to meet the threshold for assistance (3,5 hours per week) for the activities of daily living.

The Evaluation and Orientation Unit makes an evaluation to see whether the adaptation of your house is justified.

No house adaptation is paid for by the long term care insurance if it has not been approved by prior notice of the Evaluation and Orientation Unit.

Long term care insurance can also grant you products needed for assistance and care

If you are at home and are incontinent you can receive a fixed monthly sum to enable you to purchase the personal items you require for your condition

If you are in an institution you will not receive this sum as it is received directly from the long term care insurance. The care institution cannot claim an additional payment for incontinence pads.

The long term care insurance pays the pension contribution insurance of your informal carer

- You can claim for your informal carer to have their pension contribution insurance to be paid only if they do not benefit from a personal pension.
- Just telephone the Social Security Common Centre and say that you want to claim for your informal carer for pension insurance.
- The Social Security Common Centre will send you a form for you to complete and return to them giving your full details and those of your carer
- The pension contribution insurance of your informal carer will then be paid by the long term care insurance.

To what extent can the long term care insurance intervene?

To indicate the cut-off point as regards the thresholds of long term care insurance it is a question of the maximum limit which is different according to the service provided.

- The activities of daily living are taken care of up to a limit of twenty-four and a half hours per week.
- When the person is living in a private home, you can add a fixed allowance of two and a half hours per week for household tasks. This allowance can be raised by an hour and a half in the case of a need for a frequent change of bed linen, or more frequent washes. This additional amount can also be granted to people who stayed in a care institution, for the same reason.
- Support activities are paid for a maximum of fourteen hours per week.
- Counselling activities are set up in the initial care plan. It is not a recurrent service.
- For adapting the house to your needs, long term care insurance can help up to a limit of 26.000 EUR.
- Technical aids are made available free of charge, more often by hiring suitable equipment. The technical aids which are loaned to you are not always new. However, they have always been checked and sterilised.

Benefits in kind and cash

- Benefits in kind

Within the scope of long term care insurance, when assistance is provided by a professional service, be it an care home, a care network or a semi-stationary centre, then one speaks of services in kind.

When you receive services in kind, the long term care insurance pays direct to your care home, the network which helps you or the semi-stationary centre that you go to.

You do not pay anything to your service provider yourself.

- Benefits in cash

1. If you are home-based and if somebody in your caring circle helps you with the activities of daily living, you can receive an amount of money. This amount of money is referred to as benefit in cash.
2. This amount of money must be used to procure the assistance and care which you need.
3. If the Evaluation and Orientation Unit sees that this sum of money is not used to get the assistance and care that you need, it can demand to withdraw the cash and ask that you have the assistance of a care network instead.
4. You cannot replace all the help of a network by a sum of money:
   - You can only receive cash for assistance with the activities of daily living or the domestic tasks.

Can be paid for	**Cannot be paid for**
Activities of daily living	Support activities
Domestic tasks	Counselling activities

- If your care plan gives you the right to assistance and care for the activities of daily living or domestic tasks, for between three and a half hours and seven hours per week, you can replace all of it by an amount of money;

- If your care plan gives you the right to assistance and care for the activities of daily living or domestic tasks, for between seven and fourteen hours per week, you can receive payment for up to seven hours plus half of the hours between seven and fourteen;

- If your care plan gives you the right to assistance and care for the he activities of daily living or domestic tasks for more than fourteen hours per week, you can replace all of it up to seven hours plus half of the hours between seven and fourteen and nothing above fourteen hours.

What the Evaluation and Orientation Unit grants to you	**What you can receive payment for in cash**
The Evaluation and Orientation Unit grants you up to 7 hours	You can receive payment for it all
The Evaluation and Orientation Unit grants you between 7 and 14 hours	- You can receive payment for the first 7 hours - You can receive payment forhalf of the hours between 7 and 14 hours

The Evaluation and Orientation Unit grants you more 14 hours	- You can receive payment for the first 7 hours - You can receive payment for half of the hours between 7 and 14 hours - You do not receive any payment for anything above 14 hours

! 10,5 hours per week is the maximum that you can receive in the form of service in cash

- Some examples:

Mr Joseph Delapetrus has a care plan in which there are 4 hours of service for the activities of daily living and 2,5 hours for domestic tasks. The total of these services represents 6,5 hours per week. Mr Delapetrus can then receive payment for the whole of his care plan to pay for services in cash.

Mrs Virginia Mousel has a care plan in which 10,5 hours of services are for the activities of daily living and 2,5 hours for domestic tasks. The total of these services amounts to 13 hours per week.

Mrs Mousel can receive payment in cash for the first 7 hours. There will be 6 hours (13 -7) of which she will be able to receive payment for half, that is 3 hours. On the whole of Mrs Mousel's care plan, she will be able to convert 10 hours into services in cash.

Mr Giacomo Deltevere has a care plan in which there are15 hours of services for the activities of daily living and 2,5 hours for domestic tasks, giving a total of 17,5 hours.

Mr Deltevere can receive full payment for the first 7 hours. Between 7 and 14 hours, he can receive payment for half, that is to say 3,5 hours. The maximum which he can convert represents 10,5 hours. For the remaining balance (7 hours), he can choose to receive the services of a care network.

- Combined services

If you are home-based, you can ask for the assistance of one

informal carer and of a care network at the same time. This means you will receive services in kind (assistance of a service) and services in cash (assistance in the form of an amount of money).

Example:

Mr Giacomo Deltevere has a care plan with 15 hours of services for the activities of daily living and 2,5 hours for domestic tasks, that is to say a total of 17,5 hours.

Mr Deltevere can opt for the help of his daughter for 7 hours per week for which he will receive services in cash and can ask for the assistance of a network for 10,5 hours per week.

If you choose this solution, then you are dividing the services available for you between what will be done by your informal carer and what will be done by the care network. Thus, it can be referred to as a shared care plan.

Practically, how does it work?

- You choose your network;
- You receive the complete standard statement which the Evaluation and Orientation Unit has retained for you;
- The care network that you choose also receives this statement;
- The network contacts you and together you establish the shared care plan;
- When the network and you are in agreement about the distribution of tasks between your informal carer and the network; both of you sign the shared care plan;

- The network returns the shared care plan to the Evaluation and Orientation Unit which can then finalise the final care plan and submit it for a final decision to the “Caisse nationale de santé”.

Your rights to the services if you do not reside in the Grand Duchy of Luxembourg

If you pay health insurance in Luxembourg, you are entitled to the services of the long term care insurance, even if you do not reside in Luxembourg:

- Either you are entitled to the services in kind which are provided for in the country where you reside. Their cost will be refunded toyou by the Social Security office of Luxembourg;
- Or you are entitled to services in cash. The amount is paid direct by the Social Security office of Luxembourg.

Providers of
Long term care insurance

Providers of long term care insurance

Providers of the benefits of long term care insurance are professionals who provide you with assistance and care.

Within the scope of long term care insurance, there are four types of providers:

- *The semi-stationary centres* are the ones where you can go temporarily for several hours during the day or maybe during the night. There are semi-stationary centres which cater for those suffering from geriatric pathologies. Others cater more particularly to young people or handicapped adults.
- *The Care Networks* provide help and care for you in your home.
- *The care institutions with continuous stay* are those where you live on a permanent basis. There is a distinction usually between the integrated old age homes and health-care clinics. For long term care insurance, all are regarded as care institutions.
- *The care institutions of assistance and care with intermittent stay* are those where you live for several days of the week. On other days, you return to your own residence. These centres cater only to the young and handicapped adults.
- To know the various providers of assistance and care, you can consult the site: www.luxsenior.lu or ask for a list from the Ministry for the Family and Social integration

Useful addresses

Cellule d'évaluation et d'orientation (Evaluation and Orientation Unit)
125, Route d'Esch
L-2974 Luxembourg
Telephone: (352) 247-86060
Email: secretariat@igss.etat.lu

Caisse nationale de santé
125, Route d'Esch,
L-2947 Luxembourg
Telephone: (352) 2757-1

Ministère de la Famille et de l'Intégration sociale
12-14, avenue Emile Reuter
L-2420 Luxembourg
Telephone: (352) 247 86500

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(352) 247 86000

Ministère de la Santé
Allée Marconi - Villa Louvigny
L-2935 Luxembourg
Telephone: (352) 247 85505
Email: MINISTERE-SANTE@mss.etat.lu

Ministère de la Sécurité sociale
26, Rue Zithe,
L-2763 Luxembourg
Telephone: (352) 247 86314

Fonds national de la Solidarité
8-10, Rue de la Fonderie - BP 2411
L-1024 Luxembourg
Telephone: (352) 491081-1

Service des moyens accessoires (SMA)

25A, rue du Fort Wedell,

L-2718 Luxembourg

Telephone: (352) 40 57 33-1

Email: contact@smaasbl.lu

Centre commun de la sécurité sociale

125, Route d'Esch,

L-1471 Luxembourg

Telephone: (352) 40141-1

Useful Internet sites

www.mss.public.lu: *Site of the Ministry for Social Security*

www.luxsenior.lu: *Details of care providers as regards old age people*

www.resolux.lu: *Data bank on the social network of Luxembourg*

www.info.handicap.lu: *Information regarding handicapped persons*

www.secu.lu: *Legislation regarding Social Security*

www.etat.lu: *General directory of Internet sites*

www.ccss.lu: *Social Security Common Centre*

www.cns.lu: *Caisse nationale de santé*

www.gouvernement.lu: *Information and news regarding the Luxembourg Government*