

Personal budgets (PGB's) for long term care in the Netherlands

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Demographic key figures in the Netherlands

- Population 2009: 17 mln.
- Inhabitants p/km2: 484
- Households: 7.1 mln →
2.3pp/h
- Life expectancy: 78.6 year
- Fertility rate: 1.76

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Legal structure of health care

Healthcare insurance act (Zvw)

(mandatory) private healthcare insurance:
GP's/therapists/medication/hospital care/specialists/ambulance
transport/audiovisual and ambulant aids

Long-term care insurance act (AWBZ)

(mandatory) public long-term care insurance: nursing homes/elderly
homes/home care/ institutional care for disabled people and
people with chronic psychiatric disorders

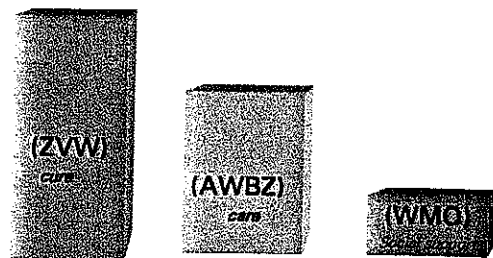
Social Support Act (WMO)

social participation; national government/local authorities

General laws

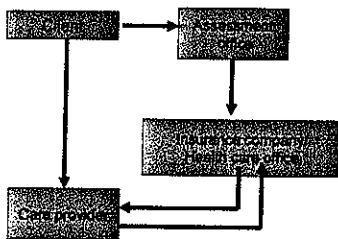
on Price control/Accreditation/Quality/Rights of clients

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Organisational structure



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Clients in long-term care

Clients	Volume
Dementia	72,000
Elderly with physical problems	319,000
Handicapped	
. mentally	87,000
. physically (incl. blindness/deafness)	26,000
Clients with psychiatric problems	84,000
Total	588,000 (3%)

Clients in institutions or home care

Clients	Institution	Home care
Dementia	55,000	17,000
Elderly with physical problems	109,000	210,000
Handicapped - mentally - physically	66,000	47,000
Clients with psychiatric problems	23,000	61,000
Total	253,000	335,000

Costs

	Total costs (billion euro's)	Average amount per client (euro's)
Care in kind:		
• institution	€ 14.8	€ 58,500
• home care	€ 5.9	€ 22,000
Personal budgets (75% cost of care in nature)	€ 1.3	€ 14,500

Source: VWS, CVZ (2008)

There is a whole world outside the long term care.....

- PGB in the long term care
- PGB in the Social Support Act (Wmo) for domestic home help, transport, wheelchairs, adjustment of house (for disabled people)
- PGB for re-integration (finding a job after a period of inability to work)
- PGB for (medical) aids such as hearing aids etc.
- PGB for the cost of psychiatric treatment

Personal budgets long term care

- What is it?
- Who is it for?
- How does it work?
- Facts and figures
- Discussion

What is it?

- Money
- To purchase care, help and support
- You chose your helpers and carers yourself
- You make agreements with them
- You keep control of your own life
- PGB put in the perspective of the Exceptional Medical Expenses Act (AWBZ)
- Budget goes directly to the client
- Client has to account for the budget

Total amount of clients in long-term-care in the Netherlands

- Institutional care receivers: 253.000
- Home care delivered by institutions: 335.000
- Personal budget receivers: 109.000 (31.12.2008)

Who is it for?

- 50% people with physical problems
- 20% disabled people
- 30% people using mental health services

- 40 % < 18 (growing)
- 40 % 18 – 65
- 20 % > 65

Number of PGB users

- | | |
|-----------------|-----------------------|
| • 2000: 22,618 | • € 151 |
| • 2001: 36,525 | • € 266 |
| • 2002: 47,944 | • € 413 |
| • 2003: 62,557 | • € 651 |
| • 2004: 69,506 | • € 726 |
| • 2005: 77,883 | • € 922 |
| • 2006: 94,500 | • € 1,136 |
| • 2007: 90,000 | • € 1,455 |
| • 2008: 109,000 | • € 1,845 (estimated) |

Facts

- Average budget: € 1,800 per year
- Maximum budget: € 300 per day / over € 100.000 per year
- Not used: 'zuinig': 10%

- < € 50,000 per year: 96%
- > € 50,000 per year: 4%

How does it work

- Step 1: You apply to the Care Indication Determination Centre (CIZ) for an indication
- Step 2: The CIZ determines how much care you need
- Step 3: You choose between care in kind and a PGB
- Step 4: The care liaison office grants you a PGB
- Step 5: The care liaison office pays the PGB into your bank account
- Step 6: You purchase care
- Step 7: You account for your expenditure
- Step 8: You pay unspent money back to the care liaison office

PGB 'care functions'

- Personal care, such as help with everyday activities such as getting up, having a shower, getting dressed, eating and drinking, going to the toilet).
- Nursing, such as help with the use of medicines, changing dressings or respiration.
- Support assistance, support with activities indoors and out, such as day care, learning to cope with your disability or problems, to function better personally and to achieve changes, for instance starting to live or work independently.
- Short stays away from home, such as weekend care, holiday care and respite care.

PGB and informal care

- PGB's only restriction is a positive assessment for one or more care functions

- PGB is not restricted to professional or informal carers

- 33% informal
- 33% professional
- 33% mix

Accounting for your PGB

- PGB is no income (no effect on income tax for care taker, but for carer it has)
- Proper accounting needed (on a regular base: the higher the budget, the higher the frequency)
- Care liaison office checks:
 - all accounts (global)
 - at random (intensive)
- If not correct: client needs to pay back (1 to 2%)
- If fraud occurs: end of PGB

Quality and PGB's

- Own responsibility of PGB-holders
- "Per Saldo" (umbrella organisation of PGB-holders) developed an quality instrument
- This instrument has three elements:
 - 1. A set of choices/options
 - 2. An evaluation checklist
 - 3. An instrument to show (non) satisfaction

Fraud



Reports have emerged concerning the fraudulent use of PGBs. For this reason, the North and East Netherlands Supraregional Investigation Service and the Utrecht Fiscal Intelligence and Investigation Service and Economic Investigation Service (FIOD-ECD) undertook an exploratory investigation into PGBs and fraud in 2007/2008. The FIOD recommends amending parts of the PGB scheme, improving the assessment process and tightening up detection and inspection opportunities for care offices. In my letter of 7 January 2009 I announced the actions I intended to set in motion.

The following measures have been put in place to prevent the inappropriate use of the PGB:

- From 1 July 2009, the PGB can only be paid into the account of the adult budget holder or their legal representative.
- At the end of February 2009 the National Care Assessment Centre (CIZ) published a guideline for assessors with instructions on how to act if pressure is exerted by intermediary agencies to award an assessment involving more care than is actually required.
- Per Saldo, the Association of Personal Budget Users, and Stichting de Ombudsman, the Ombudsman Foundation, will be presenting me with a code of conduct in June 2009. This will form a starting point for developing a quality mark for intermediary agencies with a view to preventing clients from falling prey to fraudulent agencies. This code of conduct will prohibit intermediary agencies from providing care themselves and will require them to restrict their activities to administering the PGB (which may not be paid for out of the PGB) and/or liaising between demand and supply (which may be paid for out of the PGB) and/or providing advice (which may not be paid for out of the PGB).

Concluding remarks

- Client satisfaction is extremely high; it serves autonomy very well!
- After a period of public concern, PGB has proven to be successful, trustworthy and safe
- It is a very cost effective instrument
- Fraud is a point of attention