

Medical Rehabilitation through  
German Pension Insurance:

# Support for People with Chronic Illness



A guide for migrants – available in ten languages

# Impressum

Die Medizinische Rehabilitation der Deutschen Rentenversicherung:  
Hilfe bei chronischen Erkrankungen  
Ein Wegweiser für Migrant\*innen

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2. Auflage

Dieser Wegweiser ist in folgenden Sprachen erhältlich: Arabisch, Englisch, Deutsch, Italienisch, Kurdisch, Polnisch, Russisch, Serbisch/Kroatisch/Bosnisch, Spanisch, Türkisch. Weitere Sprachen auf Anfrage.

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Medical Rehabilitation through  
German Pension Insurance:

# **Support for People with Chronic Illness**

# Welcome message

Dear readers,

we all know that living with a chronic illness can mean an enormous reduction in quality of life for those affected. It can put the earning capacity and therefore the financial situation of employees at risk.

Medical rehabilitation through German Pension Insurance (Deutsche Rentenversicherung) comprehensively supports people with a chronic illness to sustainably reduce the effects of the illness. A large number of rehabilitation facilities exist that specialise in treating specific health conditions using multidisciplinary teams. Outpatient as well as inpatient services are available. This means that as many patients as possible can be individually assisted in dealing with their health conditions. As part of rehabilitation, those affected receive medical treatment interventions, as well as education in how to deal with the effects of their illness in everyday life. Medical rehabilitation offers people a chance to significantly improve their quality of life, and to restore or preserve their ability to work.



Unfortunately, people with migration experiences take up the offer of medical rehabilitation significantly less frequently. It is assumed that this is caused, on the one hand, by a lack of information and awareness of these benefits, and by language difficulties. On the other hand, medical rehabilitation as an institutionalised part of the health system needs to become more transculturally accessible in order to attract linguistically, religiously and culturally diverse groups of patients.

By funding this guide, DRV Berlin Brandenburg would like to contribute to a future where more people take up medical rehabilitation and benefit from its advantages. The fact that it is available in 10 languages is sure to help reach as many of you as possible.

I expressly thank the staff at the Ethno-Medizinisches Zentrum e.V. for their work on this guide, and I hope that it will encourage many who are affected by chronic illness to take up the offer of medical rehabilitation services.

A handwritten signature in black ink that reads "Christian Wolff". The signature is written in a cursive, flowing style.

*Mr Christian Wolff, Managing Director, DRV Berlin-Brandenburg*

# Welcome message

Dear readers,

in this guide, Ethno-Medizinisches Zentrum e.V. answers questions regarding medical rehabilitation services provided by German Pension Insurance (Deutsche Rentenversicherung): What exactly is medical rehabilitation? When is medical rehabilitation an option? What are the eligibility criteria, how and where do you lodge the application, who can answer questions that arise? What happens during medical rehabilitation, and are there special services for migrants?



This guide is based on preparatory work in the form of a research study we conducted with Deutsche Rentenversicherung Nord and Prof. Dr. Christoph Gutenbrunner from the Medizinische Hochschule Hannover. In the name of migrants in Germany, we would like to express our gratitude for this valuable collaboration and their scientific support.

We would like the knowledge we have collected, and presented here in native languages, to make a contribution so that people with migration experiences in their biography – as well as the native population – may be better able to protect their health and have an easier time coping with illness. Medical rehabilitation through German Pension Insurance supports patients with chronic illness to stabilise their physical and mental health, and to increase their capacity to work.

Therapeutic interventions are intensive and individually tailored. In cases where treatment through registered doctors' practices is not sufficient, those affected have access – in the form of medical rehabilitation through German Pension Insurance – to a wide range of services to increase quality of life and individual wellbeing.

To achieve this goal, and together with Deutsche Rentenversicherung Berlin-Brandenburg, we established the MiMi Adult Rehabilitation project and created this guide. It is Deutsche Rentenversicherung Berlin-Brandenburg to whom we therefore owe our deepest appreciation. We received great support and encouragement from its board, management and staff. We are thrilled by the remarkable will and commitment of pension insurance funds in Germany to enable everyone to enjoy good health and wellbeing. This represents an important step for integration and health in our country.

A handwritten signature in black ink, appearing to read 'R. Salman', with a long, sweeping horizontal line extending to the right.

*Mr Ramazan Salman, Managing Director, Ethno-Medizinisches Zentrum e.V.*

# The most important facts first

- If you suffer from a *chronic*<sup>1)</sup> illness, then you should think about *medical rehabilitation through German Pension Insurance* (Deutsche Rentenversicherung). It can reduce the effects of the illness on your work and your private life. Do not shy away from submitting an application. German Pension Insurance will check whether all necessary eligibility criteria have been met. You can also lodge the application with your statutory health insurance fund or statutory accident insurance provider.
- Do not wait for your doctor to mention medical rehabilitation as an option. If you have the feeling that medical rehabilitation could help you, take the first step. Speak to your doctor or seek further information from one of the German Pension Insurance (Deutsche Rentenversicherung) information and advice centres. They can help you further, including with filling in application forms.
- German Pension Insurance (Deutsche Rentenversicherung) covers the majority of the costs of *inpatient* medical rehabilitation. At most, you may have to contribute a 10 euro/day co-payment. *Outpatient* rehabilitation is free of charge.
- You would like to go to a particular rehabilitation facility? Your preference will be assessed and considered by German Pension Insurance (Deutsche Rentenversicherung) in the course of processing your application.
- There are now several rehabilitation facilities offering special services for migrants. However, you should primarily select the facilities most appropriate for your illness. First, seek out information on the internet or obtain advice on this matter from one of the German Pension Insurance (Deutsche Rentenversicherung) information and advice centres.

<sup>1)</sup> Terms in italics are explained in the glossary from page 48 of this guide.

- › When your application for medical rehabilitation is approved, you will be informed of the rehabilitation facility selected for you. You can, of course, call or write to the facility at any time, e.g. with questions regarding visiting arrangements, dietary habits or opportunities for prayer.
- › Should your application for medical rehabilitation be rejected, you have the opportunity and the right to lodge an *appeal*.
- › During medical rehabilitation – as with your ordinary sick leave – you are entitled to continuing salary payments from your employer for up to six weeks. Afterwards, you can apply for a type of social security payment called the *transition allowance* (Übergangsgeld). If you are currently receiving unemployment benefit, this will continue to be paid during rehabilitation.
- › Participating in a course of medical rehabilitation does not affect your ongoing *statutory social security contributions*, as these are covered by German Pension Insurance (Deutsche Rentenversicherung) while you are on a course of rehabilitation. Participating in medical rehabilitation therefore also does not affect the level of your future monthly *aged pension*.





# Contents

**Introduction ..... 8**

**German Pension Insurance (DRV) ..... 9**

**1. Medical rehabilitation through DRV: the basics ..... 10**

‘Reha’ – what actually is it? | Right to preference and choice | Who is entitled to medical rehabilitation? | Costs covered and co-payments | Financial support for patients | Effects on employment, statutory social security contributions and aged pensions

**2. Before starting medical rehabilitation ..... 20**

Submitting an application | Lodging an appeal

**3. During rehabilitation ..... 24**

Preparation and travel | Accommodation and meals | The rehabilitation team | Daily routine during rehabilitation | Communication problems because of low German language skills | Special services for migrants | Obligation to cooperate, and dropping out of rehabilitation

**4. After rehabilitation ..... 32**

Rehabilitation exercise programmes and functional training | Aftercare programmes | Workplace reintegration | Occupational rehabilitation | Self-help groups and associations

**Appendix**

Case studies ..... 36

Frequently asked questions ..... 40

Services directory ..... 44

Glossary ..... 48

# Introduction

Has your doctor suggested that you take up a course of medical rehabilitation (often shortened to 'Reha' in German), and you don't really have a picture of what this means? 'Reha' or 'Kur' – what is the difference? Are you confused about why it is your pension fund that you are supposed to lodge an application with?

With this guide, we would like to assist you to better understand the aim of medical rehabilitation. We would like to encourage you to lodge an application, and to provide you with some handy hints so that your application and your rehabilitation will be successful. 'Reha' is short for 'rehabilitation' and means 'restoration'. Maybe you have already come across the term 'Reha-Klinik' (rehabilitation facility), e.g. in connection with *follow-up treatment* (Anschlussheilbehandlung) after an accident or a stroke. Or you might have heard that someone went on 'Kur'. This is an old and now obsolete German term, but one that is still used frequently in everyday language.

The aim of rehabilitation is to improve your general state of health, so that you can successfully deal with your day-to-day work and private life again. This may become necessary:

- After an accident or an operation
- In case of a physical condition, e.g. *chronic* back pain or asthma
- In case of mental illness, e.g. *chronic* severe depression.

The duration of a course of medical rehabilitation may vary. It may be conducted in *outpatient* or *inpatient* mode. Which type of rehabilitation will be most useful depends on your type of health condition.

Many rehabilitation facilities are specialising in certain conditions in order to offer you the most appropriate therapeutic interventions, conducted by specialist personnel. Restoring your health using a range of treatment approaches (e.g. *physiotherapy*) is the primary consideration.

If this topic is new to you, you will likely have a lot of questions. We would like to assist you with finding your way through the 'bureaucratic jungle' in order to find the facility and therapeutic approach most suited to your needs. Apart from the medical aspects, practical concerns regarding issues of everyday life will also play a role, e.g. whether specific dietary habits or prayer times can be accommodated, or what level of German language skills you must possess in order to participate in medical rehabilitation.

You can find links and contact information to help you select the most suitable rehabilitation facility from page 44 at the end of this guide.

# German Pension Insurance (DRV)

Statutory pension insurance (Gesetzliche Rentenversicherung) is a substantive part of the German statutory social insurance system. It provides an *aged pension* for all its members when they reach retirement. In case of *earning incapacity*, members are entitled to a *disability support pension* (Erwerbsunfähigkeitsrente). In case of death, the *widow's\*widower's pension* (Hinterbliebenenrente) comes into effect.

Medical rehabilitation (medizinische Rehabilitation) and *occupational rehabilitation* (berufliche Rehabilitation) are benefits provided by statutory pension insurance funds. While medical rehabilitation aims to treat health conditions and disorders in order to preserve patients' earning capacity, *occupational rehabilitation* aims to retain employment, e.g. through technical aids, or to assist the employee with a career change through retraining or further education. *Occupational rehabilitation* is therefore also described as 'workforce participation benefits' (Leistungen zur Teilhabe am Arbeitsleben).

German Pension Insurance (Deutsche Rentenversicherung, DRV for short) consists of two federally operating statutory pension insurance funds – the Federal German Pension Insurance Fund (Deutsche Rentenversicherung Bund), with 40% of total pension insurance fund membership, the German Mines, Rail and Maritime Pension Insurance Fund (Deutsche Rentenversicherung Knappschaft-Bahn-See), with 5% of total statutory pension fund membership – and 14 regional funds (e.g. DRV Berlin-Brandenburg, DRV North etc.), with 55% of total pension insurance fund membership.

All statutory insurance fund members are allocated a membership number (Versicherungsnummer). You can find your membership number and your allocated statutory pension insurance fund in your most recent pension fund information letter. If you don't know your membership number, or if you don't know which insurance fund is responsible for you, please call the Federal German Pension Insurance Fund's (Rentenversicherung Bund) free service line on 0800 1000 480 70, or contact your statutory health insurance fund.

All those in employment that is subject to statutory social security insurance must also make statutory pension contributions. For recipients of unemployment benefit I (Arbeitslosengeld I), the federal employment agency (Agentur für Arbeit) pays the monthly contributions. Those who are self-employed can decide whether to pay statutory pension insurance contributions or make their own private arrangements for their retirement income.

German Pension Insurance (DRV) is a statutory insurance fund based on the solidarity principle. This means that, through its monthly contributions, the working population funds current pensions and the additional benefits provided by statutory pension insurance funds (e.g. medical and *occupational rehabilitation*). Currently, the contribution each member makes is calculated at 18.7% of their gross income. One half is paid by the employee, the other by the employer. You can find the exact amount you are currently paying on your pay slip.

# 1. Medical rehabilitation through DRV: the basics

## **‘Reha’ – what actually is it?**

The term ‘Reha’ is used with different meanings in different contexts, and is not always used consistently. This often creates confusion and uncertainty: What exactly are we talking about?

*Medical rehabilitation through German Pension Insurance* (Deutsche Rentenversicherung) is for people whose earning capacity is jeopardised or already reduced because of a health condition. Medical rehabilitation aims to remove or reduce any health-related limitations through suitable therapeutic approaches. This is intended to restore or improve earning capacity and avert partial or total *earning incapacity* (Erwerbsminderung or Erwerbsunfähigkeit). Medical rehabilitation benefits take precedence over pension benefits. An early pension for health reasons (*disability support pension*, Erwerbsminderungsrente) is only granted if the person's state of health can no longer be improved sufficiently through medical rehabilitation.

**The goal: to restore or improve the capacity to work**

Entitled to *medical rehabilitation through German Pension Insurance* (DRV) are, in general, people of working age who have a *chronic* illness. In case of physical health conditions, a course of medical rehabilitation normally lasts for three weeks. In case of mental or *psychosomatic* disorders, however, it often lasts for five weeks. If the need arises, it is possible to extend a course of rehabilitation. In most cases, patients who access *medical rehabilitation through German Pension Insurance* have *chronic* conditions of the musculoskeletal system (e.g. damaged disks, *chronic* back pain, *rheumatic diseases*) or mental disorders (e.g. *depression*, *psychoses*). Medical rehabilitation, however, also includes *follow-up rehabilitation* (Anschlussrehabilitation, also known as *follow-up treatment*, Anschlussheilbehandlung), which directly follows hospitalisation (e.g. for an operation). It normally also lasts for three weeks, but may, depending on the *diagnosis*, be shortened or extended. The application is normally submitted while still in hospital. Patients can access support for submitting an application from the hospital's social services.

Additional German Pension Insurance benefits are directed towards people with cancer, people with *addictions* (such as dependencies on alcohol, illegal or prescription drugs), as well as children and adolescents<sup>2)</sup> with a *chronic* illness.

<sup>2)</sup> A separate guide exists on the topic of medical rehabilitation for children and adolescents. It is available for order from the EMZ via [www.mimi-bestellportal.de](http://www.mimi-bestellportal.de). You can find further information at [www.mimi-reha-kids.de](http://www.mimi-reha-kids.de).

**In general, those eligible for medical rehabilitation through German Pension Insurance (Deutsche Rentenversicherung) are people of working age with a chronic illness.**

As part of medical rehabilitation, those affected receive a range of therapeutic interventions and treatments that are tailored to their individual health condition and rehabilitation goal. These may include *physiotherapy*, *psychological* group therapy sessions or counselling with a social worker. A rehabilitation team leads the therapeutic interventions and supports patients throughout their stay at the rehabilitation facility.

Apart from German Pension Insurance (DRV), statutory health insurance (Gesetzliche Krankenversicherung) and statutory accident insurance (Gesetzliche Unfallversicherung) funds also offer rehabilitation services. However, these are distinct from those provided by German Pension Insurance with regard to the eligible patient group and the overall treatment goals. In general, German Pension Insurance is the responsible agency if there is a risk of *earning incapacity*. In case of a workplace accident or occupational health condition, statutory accident insurance is responsible. If you are entitled to benefits according to the Federal Compensation Act (Bundesversorgungsgesetz), e.g. as a victim of war or violent crime, the cost of rehabilitation is covered by the office for compensation and/or social affairs (Versorgungsamt). If none of these agencies is responsible, the costs for rehabilitation are covered by statutory health insurance.

## **Holistic approach**

Medical rehabilitation aims for a holistic perspective of the person to be treated. Its goal is to improve physical and mental health, and, apart from improving earning capacity, to promote social participation in the first instance. The aim of a holistic perspective is to assist the patient with learning how to manage the illness well, with developing strategies to better cope with it day-to-day, and with finding ways to preserve participation in many areas of life.

In addition to medical care, patients and their relatives are also advised with respect to independent living in the long term, e.g. by trying out and being prescribed medical aids, or through being trained in the use of self-help strategies and the control of certain parameters. In the case of employed patients, the focus is on assessing the socio-medical situation, and to plan for assistance as required in order to continue in employment. In contrast, geriatric rehabilitation revolves around the preservation of the greatest possible level of independent living and avoiding the need for care.

**The holistic principle: health complaints are examined from a range of perspectives in order to obtain the best possible result**

**Where does medical rehabilitation take place?**

In principle, medical rehabilitation can be provided as *inpatient* care or as *outpatient* day care. The care mode depends on the health condition, the rehabilitation goal and the patient’s personal preferences and circumstances. Preferably, an attempt is made to reach the rehabilitation goal using *outpatient* rehabilitation interventions. If this is not possible, patients are referred to a rehabilitation facility. For *inpatient* rehabilitation, patients are housed in a rehabilitation facility and receive, apart from therapeutic services, their meals and accommodation there as well. In *outpatient* day care rehabilitation, patients spend the entire day (including meals) at the facility, but return home overnight.

**Medical rehabilitation can be provided as outpatient day care or as inpatient care.**

**Right to preference and choice**

German Pension Insurance (Deutsche Rentenversicherung) funds select the facility offering the most suitable treatment for the presenting illness. This way, patients have the best chance of treatment success.

Regarding the location and the rehabilitation facility itself, patient preferences are taken into account where possible. As a beneficiary, you have a ‘right to preference and choice’ (Wunsch- und Wahlrecht). Taken into consideration are your personal situation, your age and your family circumstances, as well as your worldview and religious needs. Legitimate preferences can already be stated at the application stage. An informal letter containing your (plausible) reasons is sufficient. Doctors can also name a preferred facility and the reasons for its selection in their *diagnostic report*. Travel distance to your ordinary place of residence, the specific services offered, or whether your native language is spoken by the staff can all play a role. The reasons given should be personal and individually relevant.

Outpatient day care rehabilitation	Inpatient rehabilitation
<ul style="list-style-type: none"><li>• Therapeutic interventions</li><li>• Meals</li></ul>	<ul style="list-style-type: none"><li>• Therapeutic interventions</li><li>• Meals</li><li>• Accommodation</li><li>• Co-payment</li></ul>
<ul style="list-style-type: none"><li>+ Rehabilitation near the place of residence</li><li>+ Patients are not separated from their social circle and relatives, and can involve them in the rehabilitation process.</li><li>+ Newly acquired skills can be practiced immediately.</li></ul>	<ul style="list-style-type: none"><li>+ Complete focus on the health problem over several weeks</li><li>+ No stress or distraction through other responsibilities</li><li>+ Medical care around the clock</li></ul>

The ‘+’ symbol marks the advantages of the different rehabilitation modes.

**TIP:** indicate your preferred rehabilitation facility at the time of lodging your application, and state your personal reasons. Support your argument by also mentioning the medical suitability or advantages of the facility. What is most helpful to the patient will always take precedence!

The German Pension Insurance fund will check the information and reasons provided by the member. It can reject the preferred location or facility requested by the member if the desired rehabilitation goal cannot be achieved there, or if the facility is too expensive. In turn, a substantiated *appeal* against the decision can be lodged with German Pension Insurance.

### **Right to preference and choice (Wunsch- und Wahlrecht)**

#### **What does this mean exactly? – Here is a case study:**

Mrs R has had strong joint pain for a long time and already been unable to work for several months. Her statutory health insurance fund asks her to submit an application for medical rehabilitation through German Pension Insurance (Deutsche Rentenversicherung). Mrs R talks about this at the weekly women's meeting at her mosque. There, an acquaintance says that her cousin also accessed medical rehabilitation and had to spend three weeks at a rehabilitation clinic that was 350 km away. This is out of the question for Mrs R. She cannot imagine being in strange surroundings this far away from her two children and her husband. In addition, regular prayer and women's meetings at the mosque are an integral part of her life. Mrs R therefore approaches her health insurance fund in order to describe her situation and to ask about the available options. The health insurance staff member explains to Mrs R that she should contact a German Pension Insurance information and advice centre, and gives her an address near where she lives. Mrs R goes there immediately. The centre's staff member advising her tells her that she has a 'right to preference and choice', and that she can even name her preferred rehabilitation facility when submitting the application for rehabilitation. The staff member assists Mrs R with completing the application form. In a separate letter, she names her preferences and describes the reasons for wishing to have the treatment near her home. She leaves the staff member at the centre to forward the application and the letter. After waiting for four weeks, Mrs R receives a letter from German Pension Insurance (DRV). Mrs R is in luck: a vacancy for outpatient day care rehabilitation is available near where she lives. On weekdays, she can participate in her therapeutic interventions during the day, while spending the evenings with her husband and children. There are no treatment interventions scheduled at weekends, so she can continue to go to the mosque.

## Who is entitled to medical rehabilitation?

In order to access *medical rehabilitation through German Pension Insurance* (Deutsche Rentenversicherung, DRV), members must meet eligibility criteria regarding insurance law, and personal eligibility criteria.

To meet the eligibility criteria relating to insurance law, the person must:

- › Have completed the waiting period of 5 or 15 years of statutory pension fund membership (depending on the rehabilitation benefit applied for), or be currently receiving the *disability support pension* (Erwerbsminderungsrente), or
- › Have made six months worth of statutory pension insurance contributions during the two years before lodging the application, or
- › Have taken up employment that is subject to *statutory social security contributions*, or begun self-employment within two years of completing vocational education, and continued in that employment until the time of lodging the application, or
- › Have been incapacitated or unemployed after being either in employment subject to *statutory social security contributions* or self-employed, but have made statutory pension insurance contributions for at least one month, or
- › Have reduced earning capacity now or are likely to in the foreseeable future, and have fulfilled the general waiting period of five years, or
- › Be entitled to a major *widow's/widower's pension* (Große Witwen- oder Witwerrente) on the basis of reduced earning capacity.

The affected person meets the personal eligibility criteria if:

- › Earning capacity is reduced or jeopardised because of a physical, intellectual or mental illness or disability (*rehabilitation need*), and
- › Medical rehabilitation has the potential to avert partial *earning incapacity*, or restore, ameliorate or prevent the deterioration of an already existing reduction in earning capacity (positive *rehabilitation prognosis*), or
- › Employment can be preserved through medical rehabilitation, and four years have passed since the last course of rehabilitation (in case of urgent need, another course of rehabilitation may also be offered before the end of this four-year waiting period).

In addition, patients must be fit for rehabilitation (*rehabilitation fitness*). This means they must be physically as well as emotionally capable of participating in the therapeutic interventions concerned. This also includes that patients are able to communicate with the staff, and able to fill in the application form in German. In particular, patients must be motivated to participate in rehabilitation (*willingness for rehabilitation*).

A doctor should certify whether a *rehabilitation need* exists. German Pension Insurance (DRV) will decide whether rehabilitation is actually necessary, and whether the eligibility criteria are met.

German public officials (Beamt\*innen) can apply for cost-coverage through the health allowance agency (Beihilfestelle), the institution responsible for their access to health care.



## Legal barriers to access

- Access is problematic for self-employed persons who are not members of statutory pension insurance (Gesetzliche Rentenversicherung) nor covered by statutory health insurance. Private health insurance funds do not always cover medical rehabilitation. Depending on individual income and assets, co-payments may apply.
- For the 18 months during which they are covered by the Asylum Seeker Benefits Act (Asylbewerberleistungsgesetz), refugees are excluded from rehabilitation benefits. Afterwards, they are covered by statutory health insurance, and therefore formally entitled to medical rehabilitation.

## Costs covered and co-payments

German Pension Insurance (Deutsche Rentenversicherung) covers the costs of rehabilitation itself and travel costs to the rehabilitation facility. Members only need to pay a co-payment of 10 € per day, and for no more than 42 days. This means they only ever need to cover a maximum cost of 420 €, even if the course of rehabilitation lasts for more than 42 days. This includes

time spent in hospitals as well. For example, if a person is in hospital for 10 days before starting their course of rehabilitation, the co-payment only applies to 32 days of the overall duration of rehabilitation.

**The most you might have to contribute yourself is 10 € per day, and no more than 420 € in total.**

Partly exempt from co-payments are persons

- Who are parenting a child eligible for child benefit (Kindergeld)
- Who are in need of care and are not eligible for care allowance (Pflegegeld), or
- Whose spouse needs care and is not eligible for care allowance
- Whose monthly net income is between 1275 € and 1911 € (co-payments are scaled from 5 – 9 € per day).

## Medical rehabilitation for children and adolescents

German Pension Insurance (Deutsche Rentenversicherung) provides rehabilitation services for children and adolescents who suffer from an illness (e.g. a respiratory, skin or cardiovascular disease) that could severely affect their physical and mental development, and significantly restrict their performance and earning capacity in the long term. The aim is to treat children and adolescents in a timely fashion in order to give them the opportunity to integrate into school, everyday life, and, later, into the labour market.

Exempt from co-payments are

- › Children and adolescents under 18 years
- › Recipients of sickness allowance (Krankengeld) or *transition allowance* (Übergangsgeld)
- › Recipients of *occupational rehabilitation*
- › Persons whose monthly net income is below 1275 €.

Unemployment benefit II (Arbeitslosengeld II) recipients and persons on a minimum benefit (Grundsicherung), e.g. the social security benefit (Sozialhilfe), can apply with German Pension Insurance (DRV) for a waiver of the co-payment.

By the way, *outpatient* rehabilitation is free from co-payments!

## Financial support for patients

### Household assistance and childcare

Before starting a course of rehabilitation, patients with families and children can apply with German Pension Insurance (Deutsche Rentenversicherung) for household assistance and childcare for the duration of rehabilitation. The application can be approved if certain conditions are met. For example, if at least one child living in the joint household is under 12 years old, or has a disability and relies on assistance.

There is also an opportunity to bring a child along to the rehabilitation facility, as long as this is possible from a medical point of view and compatible with the facility.

The staff at German Pension Insurance (DRV) information and advice centres can help with questions regarding household assistance and childcare during rehabilitation.



## Who secures the patient's livelihood during medical rehabilitation?

In case of illness, and for the duration of rehabilitation, employees are entitled to their wage or salary for a period of up to six weeks. After that, members can apply with German Pension Insurance (Deutsche Rentenversicherung) to receive *transition allowance* (Übergangsgeld) for the duration of medical rehabilitation. It is paid for *inpatient* as well as *outpatient* medical rehabilitation. The condition is that you, being the pension fund member, were in employment immediately before the start of medical rehabilitation, or before any preceding period of being unfit for work, and have been making statutory pension insurance contributions.

### Your financial security is guaranteed during rehabilitation.

The *transition allowance* for German Pension Insurance (DRV) fund members without children is set at ca. 68%, for members with children at around 75% of the last monthly net wage or salary. For voluntarily insured persons, the *transition allowance* is calculated at 80% of the average monthly income during the preceding calendar year for which statutory pension insurance contributions were made.

Members who have been receiving unemployment benefit I (Arbeitslosengeld I) may, under certain conditions, receive *transition allowance* at the level of the unemployment benefit payments received from the employment office up to that point in time. If they have been receiving unemployment benefit II before medical rehabilitation, they will, during rehabilitation, continue to

receive it, but it will be paid by social security instead.

In case the calculated amount of *transition allowance* is below the poverty line, those affected can apply with the responsible social security provider for additional social security benefits in order to reach the minimum income.

## Effects on employment, statutory social security contributions and aged pensions

### Can I lose my job if I go to rehabilitation?

In workplaces with more than 10 employees, the Unfair Dismissal Act (Kündigungsschutzgesetz) applies. It prescribes the circumstances under which employers can terminate the employment of an employee. In principle, employers are asked to avoid terminations, and to avert incapacity to work or prevent it from recurring.

Before a termination of employment can come into effect, a *Workplace Integration Management* (Betriebliches Eingliederungsmanagement or BEM) meeting must take place. Employers are obliged to arrange BEM for any employee who has been certified by a doctor to be unfit for work for a total duration of more than six weeks (continuously or cumulatively). During such a BEM meeting, all options for preventing incapacity to work and preserving employment are discussed, as legislated in § 167 of Book IX of the German Social Code (SGB IX).

Rehabilitation is intended to assist people to continue to work for a living. It is also in the interest of employers. This is why terminating the employment of someone who is participating in rehabilitation is prohibited in principle. This means that your employment cannot be terminated for the sole reason of accessing rehabilitation. But if you are on a temporary employment contract, and it expires during the period of illness or during the course of rehabilitation, it is possible that it will not be renewed. In this case, please contact the employment agency (Agentur für Arbeit) as soon as possible.

**Medical rehabilitation alone is no valid reason for dismissal.**

In smaller workplaces with fewer than ten employees, the Unfair Dismissal Act (Kündigungsschutzgesetz) does not apply. It is important that you try to talk with your employer, even before beginning your course of rehabilitation. This way you can explain the situation and think together about how to proceed afterwards.

**How does rehabilitation affect statutory social security contributions and the aged pension?**

While receiving *transition allowance*, patients remain covered by statutory social insurance. German Pension Insurance (Deutsche Rentenversicherung) covers statutory contributions to health insurance, care insurance, accident insurance, pension insurance and unemployment insurance.

Because pension fund contributions are covered during rehabilitation, there is no negative effect on the level of the future *aged pension*. Even if someone accesses rehabilitation several times, this does not reduce their entitlement to an *aged pension*. The prerequisite for receiving an *aged pension* is that at least 60 months of statutory pension insurance contributions (allgemeine Wartezeit – the general waiting period) have been made. This also applies to migrants returning to their homeland after they have reached the pension age.

**Contribution refund in place of an aged pension**

Under certain circumstances, pension insurance fund contributions can be refunded. Persons with German citizenship can only have their contributions refunded if they have reached the statutory pension age and have made statutory pension insurance contributions for less than 60 months (the general waiting period – allgemeine Wartezeit). Persons without German citizenship are, under certain conditions, entitled to a refund of their contributions even if they have contributed for more than 60 months. If a person meets the criteria for a refund, they must consider the following:

- Applications for a refund of pension contributions can, at the earliest, be lodged 24 months after the end of the employment that was subject to *statutory social security contributions*. The person must not be in receipt of the *aged pension* during this time.
- Only contributions made after accessing a benefit provided by German Pension Insurance (Deutsche Rentenversicherung) are refunded. This means that a person

who has, for example, received *medical rehabilitation through German Pension Insurance* (DRV), will only be refunded pension fund contributions made after that course of rehabilitation.

The staff at German Pension Insurance information and advice centres provide individual advice in each case.

## **The impact of rehabilitation on aged pensions for people without German citizenship**

### **What does this mean exactly? – Here is a case study:**

Mr S has worked in Germany continuously for 32 years, in a furniture factory. Eleven years ago, he suffered a slipped disk because of the physically hard labour. After receiving treatment for the slipped disk, he accessed medical rehabilitation through German Pension Insurance (Deutsche Rentenversicherung) so that he could eventually return to his workplace. Now, a few months before becoming eligible for his well-deserved aged pension (from November 2020), Mr S is planning to return to Turkey with his wife to enjoy his retirement there. He is contemplating the option of having his statutory pension contributions refunded. Together with his son, he attends an information and advice centre nearby to apply for the refund, and to have the sum that is to be refunded calculated for him. However, he finds out that he can only lodge the application 24 months after his last statutory pension insurance contribution. In addition, he can only be refunded contributions he made after his medical rehabilitation. The refundable contribution periods for Mr S are therefore calculated as follows:

Expected lodgement date of refund application: 20/11/2020

German Pension Insurance contribution period: 01/11/1988 – 31/10/2020

Application for medical rehabilitation lodged: 03/03/2010

Application for medical rehabilitation approved: 31/03/2010

Medical rehabilitation received: 07/04/2010 – 25/04/2010

Refundable contribution period: 01/04/2010 – 31/10/2020

Mr S did not expect this. Now he is asking himself whether he should have forgone medical rehabilitation. Then he could have been refunded the pension fund contributions for all of his 32 years of employment. But his son calms him down. He says it is much more important that his father is in better health because of participating in medical rehabilitation. He now also has a right to his aged pension, which means he can enjoy his retirement without having to worry about finances. Mr S decides to apply for the aged pension.

## 2. Before starting medical rehabilitation

### Submitting an application

You can obtain information about rehabilitation from regional German Pension Insurance (Deutsche Rentenversicherung) funds, from the Federal German Pension Insurance Fund (Deutsche Rentenversicherung Bund), from the German Pension Insurance (DRV) information and advice centres, and from your statutory health insurance fund. You can also obtain all necessary application forms there.

In addition, you can download or print all application forms from the internet at [www.deutsche-rentenversicherung.de/SharedDocs/Formulare/DE/Formularpakete/01\\_versicherte/reha/\\_DRV\\_Paket\\_Rehabilitation\\_Med\\_Rehabilitation.html](http://www.deutsche-rentenversicherung.de/SharedDocs/Formulare/DE/Formularpakete/01_versicherte/reha/_DRV_Paket_Rehabilitation_Med_Rehabilitation.html). Applications can also be filled in and lodged electronically (e-Antrag).

Your first port of call, however, is always your treating doctor. This can be your general practitioner, a medical specialist, or the occupational health physician. It is best if you choose someone who knows your health issues very well. If a need for medical rehabilitation exists, doctors will write a *diagnostic report* that reflects this fact. This *diagnostic report* is an important component of the application for medical rehabilitation. It contains important data and test results about your state of health, especially about your illnesses, functional limitations, fitness for work and *risk factors*, as well as the treat-

ments received so far. The doctor decides whether *rehabilitation need* and *rehabilitation fitness* exist, and what your *rehabilitation prognosis* is like. This is why the *diagnostic report* is very important. When the doctor has provided these medical reasons, an application for medical rehabilitation can be lodged with German Pension Insurance.<sup>3)</sup>

**TIP: Talk to your doctor about medical rehabilitation.**

Some German Pension Insurance funds request an additional medical examination after an application has been lodged. It is carried out by a doctor contracted by the pension fund to perform this assessment. As opposed to a *diagnostic report*, the document produced in this case is a medical certificate.

### Application forms

All application forms for applying for rehabilitation benefits through German Pension Insurance (Deutsche Rentenversicherung) carry a number. This number is composed of the letter 'G', followed by four digits (for example, the general application form with the number G0100 'Application for access to benefits by members'). The application form for rehabilitation with the number G0100 is divided into 16 sections and covers ten pages. However, most pages consist of questions with tickboxes, and filling in the

<sup>3)</sup> The Ethno-Medical Center provides an application manual (Ausfüllhilfe) that guides applicants through the application form step by step. This makes filling in the application form much easier. We distribute this manual to participants during our information sessions.

form generally takes no more than 20 minutes. Depending on the goal and personal preferences for rehabilitation, additional attachments or forms may have to be filled in.

**You can lodge the application with German Pension Insurance or with your statutory health or accident insurance fund.**

### **Can I be compelled to apply for medical rehabilitation?**

If your treating doctor suggests you apply for medical rehabilitation, you do not necessarily have to do so. You decide whether medical rehabilitation is a sensible option for you. There is no need to be afraid of negative consequences. Even when it is already being processed, it is possible to retract an application for rehabilitation without stating reasons.

If you are receiving sickness benefit (Krankengeld), your statutory health insurance fund can compel you to lodge an application for medical or *occupational rehabilitation* within 10 weeks. If you do not comply, your sickness benefit may be reduced. If you are receiving unemployment benefit, the employment agency may also ask you to lodge an application for rehabilitation. The agency for employment (Arbeitsagentur) will inform you about your *obligation to cooperate* and the applicable deadlines.

### **Can medical rehabilitation be postponed?**

If you receive a notice from German Pension Insurance (Deutsche Rentenversicherung) that rehabilitation has been approved, it is usually valid for six months. The rehabilitation facility will inform you of the starting date for your course of rehabilitation. Generally speaking, you should try to keep to this date.

Postponing the starting date of rehabilitation is possible only in special cases. Contact the rehabilitation facility to do this, explain your reasons, and ask for a new starting date. However, there is no guarantee that the start of rehabilitation can actually be postponed. It is also important that the new starting date falls within the six-month validity period of the approval of your application. If you are receiving sickness benefit (Krankengeld), your statutory health insurance fund must approve the postponement.

**TIP: Start rehabilitation as soon as possible, and only postpone it in exceptional circumstances.**

It is also important to note that using state of health as a reason for postponing rehabilitation can lead to a renewed assessment of *rehabilitation need*. This may then lead to the application being rejected. Whether you are fit or unfit for work at that point in time will also be taken into consideration. If a person is fit for work, it is easier to get agreement to postpone the start of rehabilitation, but it is more difficult in case of incapacity to work. You must not forget: the goal of rehabilitation through German Pension Insurance is to return you to the workplace as quickly as possible.

## Lodging an appeal

### What can I do if my application is rejected?

An *appeal* can be lodged if an application has been rejected. The *appeal* must reach the German Pension Insurance (Deutsche Rentenversicherung) fund responsible for you in writing within one month. Members can obtain support for writing an *appeal* from German Pension Insurance information and advice centres, a range of counselling and referral services, social service providers, and their general practitioner. In an *appeal*, members must describe – in as dispassionate a manner as possible – disease progression and treatment received to date, as well as its success or failure. Any *psychological* distress related to the physical complaint should also be mentioned. The stated *appeal* deadline must be kept under all circumstances. Should it not be possible for you to clearly demonstrate your reasons by the end of this period, you should lodge





an informal letter of *appeal* first. In this letter, you indicate that a supplementary document will be lodged later. If you prefer, you can also attend a German Pension Insurance office in person and describe your problem. In addition, the treating doctor can attest to the need for medical rehabilitation in an additional *diagnostic report*. In general, however, your own reasons are sufficient.

**TIP: Provide personal and comprehensive reasons for your appeal.**

Important: you can respond to any notice from German Pension Insurance with an *appeal*. In an *appeals* process, an assessment is made whether the existing *diagnosis* is sufficient for access to *medical rehabilitation through German Pension Insurance*, and whether available *outpatient* service options (e.g. *psychotherapy*, *physiotherapy*) have already been exhausted. If a member's *appeal* is assessed as valid, they receive a *remedial notice* (Abhilfebescheid). The *remedial notice* means that the *appeal* was granted and that rehabilitation is approved. If the *appeal* is rejected, you may consider lodging a legal complaint with the social law court (Sozialgericht). The *appeal* and social law court procedures are free of charge for statutory pension insurance members. If members engage a lawyer, they must in some cases bear the costs.

## **Alternatives to medical rehabilitation**

If the application is rejected, it may be beneficial to consider whether the health complaint can be alleviated through other measures, as *medical rehabilitation through German Pension Insurance* (Deutsche Rentenversicherung) is not always necessary from a medical point of view at the time of submitting the application.

For example, there are numerous *outpatient* options, such as different forms of *psychotherapy* and *physiotherapy*. As a German Pension Insurance (DRV) fund member, you should definitely find out more information from your treating doctor. You can also gather information from statutory health insurance funds and other providers about preventive and health promoting services (e.g. back pain exercise classes, nutritional advice), and use these where appropriate. German Pension Insurance offers all working members practice-oriented prevention services to manage everyday life and increasing personal demands (at work or at home) without becoming *chronically* ill.

Further information is available at [www.deutsche-rentenversicherung.de/DRV/DE/Praevention/praevention\\_node.html](http://www.deutsche-rentenversicherung.de/DRV/DE/Praevention/praevention_node.html).

# 3. During rehabilitation

## Preparation and travel

After approval by German Pension Insurance (Deutsche Rentenversicherung), benefit recipients are notified of the rehabilitation facility that has been selected for them. This notification contains information about when and where the course of rehabilitation will take place. Notification of approval of the application and the start of rehabilitation are, in most cases, received only a few weeks apart. Being well prepared – especially for *inpatient* rehabilitation – can make getting started with rehabilitation easier. It is recommended to make contact with the facility concerned before beginning rehabilitation, to clarify any questions.

**TIP: Being well prepared makes getting started with rehabilitation easier.**

**Make contact with the rehabilitation facility to clarify any last questions.**

Make sure not to forget to take the following items to the facility with you:

- Indoor and outdoor clothing (weatherproof clothing)
- Sportswear
- Sports shoes
- Bathing costume (bathers or bathing suit, bath slippers, bathrobe)
- Towels
- Sporting equipment if applicable (e.g. Nordic walking poles)
- Doctor's reports and test results

- If you have allergies: allergy identification card
- If you have diabetes: diabetes identification card
- If you have a pacemaker: pacemaker identification card
- X-ray images if applicable
- Health insurance card
- Medicines
- Any assistive technology required (e.g. crutches, hearing aids)
- Books, CDs, games ...
- Electronic devices and chargers

If you need to follow a certain dress code for religious reasons, please discuss this with the doctor at the rehabilitation facility. In some facilities, the use of the swimming pool, for example, is reserved for women at certain times.

Travel to the facility must be organised by the patients or their relatives themselves. Information is contained in the approval notification received from German Pension Insurance (DRV). German Pension Insurance covers the full cost of second-class rail travel and public transport to the facility and back home again. For travel by car, 20 cents per kilometre are reimbursed (current 2019). This amount is capped at 130.00 € for *inpatient* rehabilitation. For *outpatient* rehabilitation, public transport costs are reimbursed as necessary. The reimbursable amount changes from year to year. Details are available from German Pension Insurance. By the

way – many *outpatient* rehabilitation facilities offer a free transport service. Patients can travel to and from *outpatient* rehabilitation using a patient taxi service if their mobility is limited. For *inpatient* rehabilitation, two additional pieces of luggage can be sent by post. Travel cost reimbursements must be applied for with German Pension Insurance. If travelling by rail or public transport, tickets must be submitted.

**German Pension Insurance covers most travel costs to and from the rehabilitation facility.**

## Accommodation and meals

In *inpatient* rehabilitation facilities, patients are accommodated in single or shared rooms. In most cases, self-catering is not possible, as there is no kitchen for use by patients. Some facilities, however, have a kitchenette with an electric kettle.

In most rehabilitation facilities, meals that are adapted to specific religious dietary rules are not available. However, most facilities offer varied vegetarian meal options. Nutritionists are also available to develop a meal plan with you, taking your specific requests into consideration. If you would like to keep the Ramadan fast, it is possible in most facilities to keep meals aside and reheat them in the evening. If you are following a specific diet, you should clarify with the facility ahead of time whether it can be continued during rehabilitation. Of course, you can also gather information on the internet or by telephoning the different

facilities, and then request a specific facility in your application for rehabilitation.

**TIP: Discuss your preferred diet.**

In general, there is no problem with relatives bringing food when they visit. However, this should definitely be discussed with the facility. Easily spoiled food should be kept in a refrigerator. If no refrigerated storage is available, only long-life foods should be brought in. Especially if you are put on a special diet as part of your treatment, you should let your relatives and friends know. It can be detrimental to the rehabilitation outcome if you are in the process of changing your diet and then consume fatty foods or sweets.

## House rules at the facility

Depending on the facility, there are different rules to be followed. In general, anything that is detrimental to the rehabilitation process is not welcome. In many facilities, consuming alcohol is unwelcome and using drugs is prohibited.

Every rehabilitation facility follows a set daily routine, which should be respected by all patients as much as possible. This includes meal times, quiet periods for rest and sleep, as well as visiting hours. Patients should generally follow the rules of the facility and the rehabilitation team's instructions.

## The rehabilitation team

Today, we know that the development and persistence of *chronic* diseases is linked to many factors: apart from medical factors, social and *psychological* factors always play a role, too. This is why medical rehabilitation today is an intervention made up of a range of individual therapeutic components such as *physiotherapy*, physical exercise, training courses, *psychological* group counselling and social work counselling sessions. Depending on the presenting illness and the limitations it causes, patients will come into contact with experts from different professional groups.

**During medical rehabilitation, you will receive care from different professional groups.**

**Doctors** take care of overall medical treatment and coordinate the rehabilitation process. They write prescriptions for medicines, therapeutic interventions, and any assistive technology required. In addition, they will assess patient's capacity to perform at work, and also talk with patients about the steps to take after rehabilitation.

During the rehabilitation process, **psychologists and psychotherapists** offer, among other interventions, individual or group counselling sessions, as well as performing *psychological diagnostics*.

**Social workers, social education workers and social services** support and advise patients regarding social issues (e.g. advice regarding being looking after at home, financial issues, occupation and employment).

**Physiotherapists and exercise therapists** develop physical exercise programmes, which take place both in the gym and outdoors. Depending on the illness, they also offer special, individualised treatment.

**Occupational therapists** provide support for coping with everyday life and for employment reintegration. They provide advice regarding assistive technology and practice with patients the specific tasks they will also need to accomplish during their daily work routine. This can be very important when movement sequences have to be learnt, e.g. after a stroke.

**Carers and nurses** also provide health care and generally support the patients. Their tasks include distributing medications according to doctors' prescriptions, wound care and interventions to promote and preserve mobility.

**Nutritionists** develop meal plans and help with changing or adjusting diets, e.g. to a low-fat diet or tube feeding. They also provide support with putting dietary changes into practice through cooking classes.

**Other specific professional groups such as speech therapists** can assist with language, speech or swallowing problems.

Cleaners and kitchen personnel also work in a rehabilitation facility.

## Daily routine during rehabilitation

### Medical admission

During the medical admission consultation at the beginning of the course of rehabilitation, patients are asked in detail about their situation. Existing test results are also reviewed and discussed. In most cases, several medical examinations follow this consultation. It depends on the illness whether it is necessary for other members of the rehabilitation team to also conduct an initial consultation or examinations. This may be the case with social workers or psychologists. It is important that you answer all questions honestly. Only then can doctors and the rehabilitation team form a comprehensive view of your health status and possible influencing factors. Of course, you are always allowed to ask your own questions, too. Based on these first examinations and discussions, rehabilitation goals are decided jointly, and a treatment plan is put together accordingly.

**TIP: Answer doctors' questions honestly to receive the best possible treatment.**

## Therapeutic services

Types of treatment range from movement and physical exercise programmes to relaxation activities and nutritional advice. Here is a small selection:

- *Occupational therapy* (e.g. *functional training*, *ergonomics training*, *assistive technology training*), *physiotherapy*, physical and movement exercise therapy (e.g. remedial exercises, water exercises, back pain exercise classes, strength and gym equipment training, Nordic walking)
- Counselling through social services (e.g. legal counselling, career counselling)
- *Psychological* individual and group counselling sessions
- Relaxation exercises
- Creative activities (dance, theatre, crafts, music therapy)
- Massages, baths, spa treatments
- Special interventions (e.g. language and speech exercises, dietary advice)
- Health education about *risk factors* (e.g. overweight, smoking, alcohol consumption)

Nobody can be forced to participate in a therapeutic intervention. But please consider that you are obliged to contribute to rehabilitation so that it can be successful. This also means that certain forms of treatment cannot be skipped or substituted. If you can't participate in certain interventions on religious grounds, or based on your personal worldview, please talk to your doctor or the respective therapist. There is bound to be an alternative therapeutic option. It is, however, always advisable to make use of all scheduled therapeutic interventions so that your health status improves as soon as possible. Especially when it comes to

rehabilitation for the treatment of *psychosomatic* illness, you need to be aware from the beginning that there will be group counselling (including mixed-gender groups) and movement exercise sessions. This group approach is very helpful. You must therefore be prepared to participate in such group therapies.

Another medical examination takes place during the course of rehabilitation in order to check progress, and, if necessary, to introduce additional interventions or assess the need for extending the duration of rehabilitation. Another medical consultation concludes the course of rehabilitation. At that time, doctors will provide you with information about possible *aftercare* (Nachsorge) services and *rehabilitation exercise programmes*. A discharge report is sent to German Pension Insurance (Deutsche Rentenversicherung) and, if the patient wishes, also to the family doctor.

## Daily routine

Treatments take up between four and six hours per day. Normally, therapeutic interventions are not scheduled in the evenings or at weekends.

In *outpatient* rehabilitation centres, patients normally also receive lunch. In most cases, rooms are also available for rest and relaxation, and can be used during treatment-free periods.

In *inpatient* rehabilitation, patients are housed at the facility and receive all meals there. During leisure time, most facilities offer additional activities such as book readings, dances, and excursions. Patients interested in these activities should enquire

directly at the facility about possible costs and prerequisites for participating.

### Options for prayer

Depending on the facility, there will be rooms set aside for quiet contemplation and prayer. Of course, you can also use your own room to pray. You can obtain information about each facility on the internet or by telephone. A suitable facility can then be requested accordingly during the application process.

### Arrangements for accompanying persons and visitors

Relatives and friends should only visit during treatment-free periods in order not to negatively affect the rehabilitation process. You will receive information about visiting times at reception or on the facility's website. In rehabilitation facilities for *psychosomatic* illnesses, you may not be permitted visitors at the beginning of and during your treatment. This is so that you are able to get enough distance in order to focus on yourself and the healing process. Please obtain information about such rules ahead of time.

**TIP: Talk to the rehabilitation facility about when you are permitted to receive visitors.**



If it is necessary from a medical or therapeutic perspective, partners may be able to participate in rehabilitation together with patients. German Pension Insurance (Deutsche Rentenversicherung) then covers the costs of accommodation, meals, and, where applicable, lost income. However, these are only paid for if the intervention cannot take place at the patient's place of residence. If it is not necessary from a medical perspective, accompanying persons can still join patients in some facilities. This information is available from each facility. The costs, however, must then be borne by the accompanying person.

## Communication problems because of low German language skills

Doctors can ask an interpreter to assist during the initial medical examination or consultation if communication would otherwise not be possible. German Pension Insurance (Deutsche Rentenversicherung) covers the cost. This only applies to the initial medical consultation. No interpreting services are provided for later therapeutic interventions unless patients themselves cover the costs and accommodation for the interpreter. If you have low German language skills and are concerned that you may not be able to follow the therapeutic interventions because of it, you can mention this in your application for rehabilitation, to be taken into account when a rehabilitation facility is selected for you. It is also recommended to enquire beforehand about rehabilitation facilities with native speakers on staff, and to request a facility accordingly when lodging the application.

**Interpreters may be asked to assist during the initial medical consultation.**

## Special services for migrants

Special services for migrants have been established in some rehabilitation facilities. While patients receive the same care and treatment as in any other rehabilitation facility, the difference is that their cultural and religious needs are taken into account especially, and that language problems are reduced through the use of interpreters and/or native speakers among the personnel. Migrant-friendly services may include single-sex accommodation, separate prayer rooms, transport services to the mosque, and therapeutic interventions conducted by persons of the same sex. However, it is important to take note of the fact that not every rehabilitation facility offers such services, and that not every specific cultural or religious request can be accommodated. It should also be considered that, depending on the illness, a rehabilitation facility offering services specifically for migrants might not necessarily be the best choice for the patient. A rehabilitation facility specialising in the illness concerned might, in some circumstances, offer significantly better treatment, even if it does not provide specific services for migrants.

**TIP: Choose a facility that offers the best treatment for your illness.**



## Obligation to cooperate, and dropping out of rehabilitation

Patients' cooperation is of crucial importance for successful medical rehabilitation. There is even a special term for it: the *obligation to cooperate* (Mitwirkungspflicht). Patients should adhere to all agreed therapeutic interventions if possible, actively engage with the services offered, and transfer new insights and experiences into their everyday life. They will receive support for this from the entire rehabilitation team. If the *obligation to cooperate* is not complied with, and the success of the rehabilitation process is jeopardised as a result, it can affect future access to social insurance benefits. However, this is not something that anyone wants, and it happens only in very exceptional cases. If a patient is receiving sickness benefit, and was compelled by statutory health insurance to attend rehabilitation, the sickness benefit may also be reduced.

**As a patient, you are obliged to actively participate in the rehabilitation process.**

It is possible that you may want to drop out of rehabilitation, e.g. for unexpected family reasons. However, you should carefully weigh up whether or not to quit a course of rehabilitation before making such a decision, because the goal of rehabilitation is to improve your health and wellbeing. Rehabilitation goals may not be reached if you drop out early. If leaving a course of rehabilitation early is unavoidable, you should consult the treating doctors at the rehabilitation facility. The doctors will then issue a certificate confirming that there are no reasons against stopping early. If this certificate is not issued, it is possible that social security benefits, such as sickness benefit, may be reduced. You should contact German Pension Insurance (Deutsche Rentenversicherung) after leaving the rehabilitation facility and explain the reasons for stopping early.

If you are receiving *transition allowance* through German Pension Insurance (DRV), you must repay it for the unused portion of the rehabilitation period.

Dropping out of a course of rehabilitation could influence future access to rehabilitation benefits. The reasons for dropping out of a course of rehabilitation will be examined closely when a subsequent application is being assessed.

## 4. After rehabilitation

The interventions described below are intended for the time after a course of medical rehabilitation is completed. According to individual need, they may be either recommended and/or organised by doctors, or taken up by the patients themselves.

To consolidate the success of rehabilitation and to transfer newly learnt skills to everyday living, *rehabilitation exercise programmes*, *functional training* or a German Pension Insurance (Deutsche Rentenversicherung) *aftercare* programme can be accessed following medical rehabilitation. The doctors at the rehabilitation facility will make the decision whether this is necessary. They will issue a prescription and explain it to patients during the concluding medical consultation. It is important to keep in mind that these services must be accessed within three months after the end of the course of rehabilitation, otherwise the prescription will lapse. The relevant deadline is stated in the fact sheet handed out with the prescription.

**There is a range of options to further consolidate your state of health after rehabilitation.**

### Rehabilitation exercise programmes and functional training

*Rehabilitation exercise programmes* and *functional training* offer therapeutic movement exercises in groups and under professional instruction. *Rehabilitation exercise programmes* and *functional training* normally run for six months. They are offered near patients' place of residence so that participants have the opportunity to return to employment. *Rehabilitation exercise programmes* are a good option in cases of musculoskeletal illness, cardiovascular diseases, and for certain types of cancer and respiratory illness. There are also special cardiac health programmes (Herzgruppen) for people with cardiovascular disease.

*Functional training* – generally in the form of physical (aquatic) exercise classes – is used to treat *rheumatic* disorders. Some gyms also offer *outpatient rehabilitation exercise programmes*, which promote more long-term and regular physical activity.

## Aftercare programmes

There are a range of *aftercare* programmes. Some consist of a combination of different therapeutic interventions (multi-mode), some focus on one particular therapeutic intervention (single mode). For multi-mode *aftercare* programmes, an individual treatment plan made up of different modules is put together. The plan may, for example, complement exercise programmes with training courses and counselling interventions. The goal is to further reduce patients' limitations following rehabilitation. Personal and social skills are promoted further, and the lifestyle changes initiated during rehabilitation are consolidated. Such structured *aftercare* programmes take place in groups, and, depending on the service provider, run full-time or in parallel with employment. *Aftercare* services offered parallel to employment are scheduled so that they fit in with ordinary working hours. The number of appointments and the therapeutic interventions are different for each programme.

One example of a multi-mode *aftercare* programme is IRENA (Intensivierte Rehabilitations-Nachsorge, intensified rehabilitation *aftercare*). It offers a holistic *aftercare* programme made up of interventions combining a range of therapeutic approaches. It consists of up to 24 weekly treatment appointments of 90 minutes each (up to 36 units for neurologic diseases), which intensively support the consolidation of new behaviours, the reduction of functional and/or cognitive limitations, and employment reintegration.

Single-mode *aftercare* programmes, on the other hand, consist of one therapeutic approach only. Examples are Psy-RENA (Psychosomatische Rehabilitations-Nachsorge, *psychosomatic* rehabilitation *aftercare*) and T-RENA (Trainingstherapeutische Rehabilitations-Nachsorge, exercise-therapeutic rehabilitation *aftercare*). The former is intended to support the implementation of behaviours and strategies learned during rehabilitation in everyday life and employment. The latter is a physical exercise programme using gym equipment, and is intended to restore physical performance after rehabilitation. This programme is often also called 'Muskelaufbautraining' (muscle building training), 'Medizinische Trainingstherapie' (medical exercise therapy) or 'Krafttraining an medizinischen Geräten' (medically-based strength training).

Patients can select a suitable *aftercare* programme at [www.nachderreha.de/de/Navigation/10\\_Nachsorge-finden/10\\_Nachsorge-finden\\_node.html](http://www.nachderreha.de/de/Navigation/10_Nachsorge-finden/10_Nachsorge-finden_node.html)

## Workplace reintegration

After an extended period of work incapacity, it is often not easy to return to the previous workplace. Workplace demands must be introduced carefully.

If you had a sickness certificate – meaning you were unfit for work – for more than six weeks in total (cumulatively) within one year, the employer is obliged to offer you *workplace integration management* (Betriebliches Eingliederungsmanagement, BEM). You can decide whether to participate or not. As part of a BEM meeting, you, your employer, and – if you agree – additional experts (e.g. employee council, disability advocate etc.), together develop a programme of interventions to make it possible for you to work again. Such a programme may include a reduction in weekly working hours, or step-by-step reintegration (the so-called ‘Hamburg-model’). Step-by-step reintegration means that you only work a few hours at first, with those hours then being gradually increased.

**TIP: Talk with your employer about how you can best return to work.**

If returning to the previous workplace is no longer possible, you may be able to transfer to another department.

## Occupational rehabilitation

If reintegration to the previous workplace cannot be achieved through medical rehabilitation, German Pension Insurance (Deutsche Rentenversicherung), under certain circumstances, offers members *occupational rehabilitation* services. These also serve to avoid *earning incapacity*, and can be accessed whether or not you participated in medical rehabilitation.

The following services are part of *occupational rehabilitation*:

- › Workplace adaptations (such as ramps, height adjustable desks and chairs, or special computer screens)
- › Occupational assistance for a maximum of three years (occupational assistance helps with workplace demands, e.g. an assistant working alongside the person concerned, reading texts aloud or writing for them)
- › Training, professional development or retraining
- › Start-up grant to become self-employed
- › Alterations to make the home wheelchair accessible if this means that the workplace also becomes accessible
- › Grants for obtaining a drivers’ licence
- › Grants for converting a car to accommodate the driver’s disability
- › Public transport tickets or a transport service.

In case of severe disability, working in an *enterprise for people with a disability* is an option.

## Self-help groups and associations

Self-help groups and associations can also provide valuable support. They help patients and/or their relatives to cope with the illness, and offer advice and practical help. Those affected can also meet there to share experiences. Persons who are newly diagnosed can benefit from others' experiences. There are between 70,000 and 100,000 self-help groups in Germany. Most cities have self-help centres and contact points.



# Case studies

To illustrate how and under which conditions members can use the medical rehabilitation benefits provided through German Pension Insurance (Deutsche Rentenversicherung), and what a course of rehabilitation involves, we have included the following fictional case studies.

## **Accessing medical rehabilitation through the German Health Insurance Medical Service (Medizinischer Dienst der Krankenkassen, MDK)**

Mr K (52 years old, from Russia) suffered a stroke. Initially, he is completely paralysed on the right side of his body. After being given acute medical care, Mr K receives early and continuing rehabilitation interventions in hospital, where he learns again to use his arm for the tasks of day-to-day living. However, he is unable to move his leg in the way he used to. The hospital social worker suggests three weeks of *follow-up treatment* after he is discharged from hospital. But Mr K rejects this because he would like to return home to his familiar surroundings after having already spent several weeks in hospital.

A few weeks later – Mr K has been certified unfit to work for longer than six weeks by now – he receives a phone call from the German Health Insurance Medical Service (Medizinischer Dienst der Krankenkassen, MDK). The MDK staff member recommends to submit an application for medical rehabilitation with German Pension Insurance (Deutsche Rentenversicherung): otherwise his sickness benefit may be cut. At first,

Mr K is shocked. He had already been worrying for weeks about his leg and his future employment. It means a lot to him to go to work and provide for his family.

He therefore decides to submit an application for rehabilitation with German Pension Insurance (DRV). For this purpose, he contacts his statutory health insurance fund. The health insurance staff member explains everything to him and reassures him that she will forward his application to German Pension Insurance. Mr K also forwards his doctor's *diagnostic report*.

He receives the approval notice three weeks later. Having arrived at the rehabilitation facility, his health status is assessed. Because his blood pressure is still too high after his stroke, Mr K and the doctor discuss adjusting his blood pressure medication in order to prevent another stroke. In addition, he receives *occupational and physiotherapy* to build his muscles and to relearn everyday movements, with the goal of being able to walk again after rehabilitation. Other interventions include relaxation exercises, dietary education and group exercise classes.

The course of rehabilitation has helped Mr K a lot. He now feels more secure on his feet, and he believes that, by doing his regular exercises, he can further improve his performance. The doctor has recommended that he also access *physiotherapy and rehabilitation exercise programmes* near his home, and has issued a prescription for him.

At this time, Mr K has still not returned to his job. However, he has already made contact with his employer and enquired about the options of continuing to work for the company. His employer has reassured him that he will meet with him after his return to the company to look for a solution together.

### **Accessing medical rehabilitation through family doctors**

Mr Ö (56 years old, from Turkey) has had a heart operation. At home, his family doctor cares for Mr Ö quite intensively. Because he has to increase his activities slowly after such a big operation, the doctor suggests to Mr Ö to apply for *medical rehabilitation through German Pension Insurance* (Deutsche Rentenversicherung). This makes Mr Ö a little nervous, as he has never done anything like this since he arrived in Germany more than twenty years ago. He consults his daughter, who is generally providing him with support. She organises an application form for him from the regional pension insurance fund. There, she finds out that her father can get assistance with filling in the application form at a German Pension Insurance information and advice centre – in person or by telephone. Mr Ö and his daughter go to the advice centre the next day. The staff member at the centre explains the application form and fills it in together with Mr Ö. Mr Ö then takes the filled-in application back to his family doctor. The doctor writes the *diagnostic report*. Mr Ö's daughter then lodges the completed application at the regional pension insurance fund office.

After several weeks of waiting, Mr Ö enters a rehabilitation facility that specialises in cardiovascular diseases. At the beginning of his stay, Mr Ö receives a medical examination. The doctor then also discusses the rehabilitation treatment plan with Mr Ö.

Mr Ö had been a little concerned before his course of rehabilitation began: what would it be like? Would he feel comfortable? And, above all, would he be able to perform his prayers regularly? Religion is very important to Mr Ö. On the ward, he asks a health worker whether there is a special prayer room. The staff member regrets having to tell him no. However, Mr Ö can pray in his own room at any time.

The rehabilitation facility offers Mr Ö many options. Because he is a heavy smoker, he participates in a quit smoking course first of all. Over time, he will be able to reduce his weight to normal by changing his diet and attending cooking classes. In a special stress management workshop, Mr Ö learns how to better deal with stress at work. During his rehabilitation, Mr Ö also participates in a lot of sports and movement therapies.

Overall, Mr Ö's health status has improved markedly by the end of his course of rehabilitation, and he is again able to pursue his work and leisure activities. Mr Ö participates in a German Pension Insurance (DRV) *aftercare* programme in his home town for another twelve months.

## Accessing medical rehabilitation through the employment agency

Mrs P (47 years old, from Kazakhstan) has enjoyed working as an aged care assistant. However, she has been suffering from bad back pain for years, to the extent that she lost her job because of her frequent absences on account of being certified unfit for work. Being unemployed is very hard for her. Her attempts to find a new job have been unsuccessful. At the same time, Mrs P realises that she is no longer able to cope with the physical demands of working as an aged care assistant. She discusses this with her caseworker at the employment agency, whom she is obliged to see regularly. The caseworker makes her aware of the option of *medical rehabilitation through German Pension Insurance* (Deutsche Rentenversicherung). Mrs P had never heard of it before. Where can she find out about it? Her caseworker looks up the address of the nearest German Pension Insurance information and advice centre. Mrs P goes there with some trepidation. However, her worries turn out to be unfounded. The rehabilitation advisor takes time to talk to her and answers all her questions. Then they fill in the application for medical rehabilitation together. Mrs P then forwards her treating doctor's *diagnostic report*, stating the need for rehabilitation.

After five weeks, German Pension Insurance (DRV) notifies Mrs P of a start date for her course of rehabilitation. As it is *outpatient* rehabilitation, Mrs P takes the bus to attend the different treatment appointments. After a comprehensive consultation with the doctor, the individual therapeutic interventions begin. They include back pain exercise classes to avoid strains on the spine, medical exercise therapy to strengthen muscles and

improve endurance, as well as *physiotherapy* for pain relief and to improve mobility. In addition, she attends presentations on healthy eating and participates in relaxation classes.

To strengthen her back and maintain her mobility, Mrs P receives a training plan for the time following her course of rehabilitation.

Mrs P got a lot out of rehabilitation. However, for health reasons, Mrs P is not sure whether she can continue working as an aged care assistant. Her therapist at the rehabilitation facility has made an assessment and noted this in the discharge report. She also recommended *occupational rehabilitation* to Mrs P. Mrs P is determined to find out about it during her next appointment with her caseworker at the employment agency.

## Accessing medical rehabilitation at one's own initiative

Mrs S (36 years old, from Turkey) has been living in Germany for eleven years. She works full-time in a department store and takes care of the household and her three children in the evenings. For about eight years, Mrs S has been plagued by bad stomach aches. Over the last few years, Mrs S has been to see countless doctors, but despite all the tests, no cause could be found for her pain. A few months ago, her family doctor finally realised that Mrs S's health complaints were *psychosomatic*. But despite Mrs S receiving treatment accordingly, her pain levels have not yet improved.



Both at work and in her private life, Mrs S feels less and less up to the daily challenges facing her. Her best friend can no longer bear to watch her suffer. She searches the internet to find out what else can be done in such cases. In an online forum, she comes across the option of medical rehabilitation and finds out that it is also available for *psychosomatic* illness. She immediately calls Mrs S on the phone and offers her to look for further information on the German Pension Insurance (Deutsche Rentenversicherung) website together. Although Mrs S feels some trepidation, she agrees – at her friend’s gentle insistence – to submit an application for medical rehabilitation. As a next step, she makes an appointment with her family doctor, who writes the required *diagnostic report* and sends it to German Pension Insurance (DRV).

At first, the application is rejected because not all locally accessible treatment options had been exhausted. Mrs S feels that she does not have the strength to fight for her medical rehabilitation on top of all her other responsibilities. But her friend doesn’t abandon her. She calls German Pension Insurance and finds that every rejection notice can be appealed. She takes action and, together with Mrs S, she writes a comprehensive explanation why medical rehabilitation is needed. Mrs S submits it to German Pension Insurance, together with a new *diagnostic report* from her treating doctor. After a short time, Mrs S receives approval for five weeks of *inpatient* rehabilitation.

Mrs S very much likes being at the rehabilitation facility. She receives a range of therapeutic interventions to improve her health, such as breathing and relaxation exercises, and physical exercise therapy. In the individual *psychotherapy* and group counselling sessions, she learns how she can deal with her pain, and about the role it plays in her everyday life.

She misses her family very much, and is glad that her husband and children visit her at the weekend.

After being discharged, Mrs S feels much better. She has learned to cope with everyday life despite the pain. She is glad to be able to return to her job.

# Frequently asked questions

## General questions:

### 1. When am I entitled to medical rehabilitation?

You are entitled to *medical rehabilitation through German Pension Insurance* (Deutsche Rentenversicherung) if you suffer from a *chronic* illness that impacts on your earning capacity, and if you meet the personal eligibility criteria and the eligibility criteria relating to insurance law. This also applies if you receive *follow-up treatment* (Anschlussheilbehandlung) directly after being discharged from a hospital. People on a *disability support pension* (Erwerbsminderungsrente) and their dependents with cancer, as well as *chronically* ill children and adolescents are also entitled to rehabilitation through German Pension Insurance (DRV). If treatment for *addictions* (e.g. to alcohol, illegal or prescription drugs) is required, German Pension Insurance also covers it as a medical rehabilitation benefit.

### 2. Who are my contact persons?

Your primary contacts are your doctor (or your Betriebsarzt, the company or occupational physician), the Federal German Pension Insurance Fund (Deutsche Rentenversicherung Bund), your statutory health insurance fund (Krankenkasse) and the German Pension Insurance (Deutsche Rentenversicherung) information and advice centres. If you believe that you need rehabilitation, please contact one of these agencies. You can find details in the services directory.

### 3. Do I have to go to rehabilitation if I don't want to?

Yes and no. If your doctor recommends medical rehabilitation to you, you are not obliged to lodge an application. However, should you be receiving sickness benefit, then the statutory health insurance fund can ask you to lodge an application for rehabilitation. If you do not comply, your sickness benefit may be reduced. The employment agency or Jobcenter can also ask you to apply for rehabilitation.

### 4. Should I receive outpatient or inpatient rehabilitation?

On the one hand, this depends on your expectations and preferences, and, on the other hand, on the treatment success that may be expected for each mode of rehabilitation. For example, there are special rehabilitation facilities for rare diseases that only offer services in the *inpatient* mode.

## Application and appeal:

### 5. Can my application for rehabilitation be rejected because I have small children or relatives who need my care?

There is no relationship between your application for rehabilitation or *rehabilitation need* and your family situation. If you have children that no one can look after while you are participating in rehabilitation, you can apply with German Pension Insurance (Deutsche Rentenversicherung) to receive financial support for household assistance and/or childcare. If you meet the criteria, German Pension Insurance (DRV) covers the costs.

### 6. Is the application form available in languages other than German?

No, the application form is only available in the German language.

### 7. Can I get help with filling in the application form?

Staff at the Federal German Pension Insurance Fund (Deutsche Rentenversicherung Bund), regional German Pension Insurance funds, German Pension Insurance information and advice centres, and statutory health insurance funds are there to assist you. You can also get help from your doctor.

### 8. Can the application be rejected if I fill in the form incorrectly?

If you obviously and intentionally make false statements or leave out required information, it is highly likely that your application will be rejected. However, should you have made an innocent mistake, or not supplied all the required documentation, you will be asked to submit the missing paperwork or clarify particular points.

### 9. What do I do if my application is rejected?

On the one hand, you can *appeal* against the decision. On the other hand, you can – if *medical rehabilitation through German Pension Insurance* (Deutsche Rentenversicherung) is not medically indicated at the time – find out about prevention and health promotion services near you (also through your statutory health insurance fund) and access those.

### 10. Can I appeal against the allocated location for rehabilitation?

Yes. However, there is no guarantee that you will be able to receive rehabilitation in your preferred location.

## Questions regarding income and costs:

### 11. Who covers the costs of rehabilitation?

If you receive *medical rehabilitation through German Pension Insurance* (Deutsche Rentenversicherung), they will cover the costs. If rehabilitation takes place at an *inpatient* facility, as a pension fund member you must pay a co-payment of 10 € per day, but only for a maximum of 42 days per year (including any hospital *inpatient* stays). Depending on your income level, this co-payment may be reduced or waived. The co-payment is waived for those receiving *transition allowance* (Übergangsgeld). There are no co-payments for *outpatient* rehabilitation.

**12. Do I continue to receive my wage/salary during rehabilitation?**

For the period of your *inpatient* rehabilitation (and in case you are ill), employers will continue to pay your wage or salary for up to six weeks. After these six weeks, you can apply with German Pension Insurance (Deutsche Rentenversicherung) to receive *transition allowance* (Übergangsgeld) for the duration of your course of rehabilitation.

**13. Can I become unemployed because of rehabilitation?**

You cannot become unemployed just because you are accessing medical rehabilitation. Normally, rehabilitation is desirable for employers because it prevents early retirement or work incapacity. This is also in the interest of your employer. However, should your temporary contract end during a course of *inpatient* rehabilitation, it may not be extended. In this case, please obtain timely advice from the employment agency.

**14. Does rehabilitation impact my future aged pension?**

Medical rehabilitation does not impact your future monthly *aged pension*. However, should you wish to have your statutory pension insurance contributions refunded as a lump sum, and you meet the criteria for this, you should consider the following: if you have already received a benefit (e.g. medical rehabilitation) from German Pension Insurance (Deutsche Rentenversicherung), you will only be refunded the contributions you have made afterwards.

## Rehabilitation intervention and facility:

**15. Can I choose the location for my rehabilitation?**

Pension fund members have a right to preference and choice (Wunsch- und Wahlrecht). This means you can indicate your preferences regarding the rehabilitation facility as part of the application. The German Pension Insurance (Deutsche Rentenversicherung) fund will assess applicants' requests and reasons, and take them into consideration if possible.

**16. Do I have to take care of travel arrangements myself?**

Yes. You will be notified where and when your rehabilitation starts. German Pension Insurance (Deutsche Rentenversicherung) will cover the costs of 2nd class rail travel and public transport. If you travel by car, you are reimbursed 20 cents per kilometre for your journeys to and from *inpatient* rehabilitation, up to a maximum of 130 €. For *outpatient* rehabilitation, travel costs are reimbursed as necessary. You can obtain further details from German Pension Insurance (DRV).

**17. Are there special rehabilitation services for migrants?**

Yes. Some facilities offer special services for migrants. You can obtain information about these facilities from the Federal German Pension Insurance Fund (Deutsche Rentenversicherung Bund), regional German Pension Insurance funds, German Pension Insurance information and advice centres, and statutory health insurance funds (Krankenkassen). You can also enquire with the rehabilitation facilities directly to find out whether they offer special rehabilitation services for migrants.

**18. Will I be provided with an interpreter?**

On request by the doctors concerned, an interpreter is provided for the initial medical consultation at the rehabilitation facility, during which you discuss, for example, the treatment plan with your doctor, but not for the treatment itself.

**19. Do I have to participate in all therapeutic interventions, even if I don't want to?**

You do not have to participate in all treatments if you don't want to. You can discuss alternative therapeutic interventions with your doctor. However, you are generally obliged to cooperate in order to reach the rehabilitation goal that has been set. This also means that there are certain therapeutic interventions that cannot be skipped or substituted.

**20. Can I perform my prayers at the rehabilitation facility?**

Yes, many rehabilitation facilities have prayer and quiet rooms. Of course, you can also pray in your own room.

**21. Is there a specific diet I have to follow?**

It depends on the reasons for your rehabilitation. If you suffer, for example, from a diabetic illness, you have to follow a diet in order not to jeopardise the rehabilitation results. This may not be the case for other illnesses.

## Household and family:

**22. Who looks after my family while I am in inpatient rehabilitation?**

See also Question 5: if necessary, the costs of household assistance and/or childcare for your family are covered by German Pension Insurance (Deutsche Rentenversicherung) upon application, and if certain criteria are met. It is also possible to take a child to the rehabilitation facility with you – if this is possible from a medical perspective and compatible with the facility.

**23. Can I bring my partner?**

In most cases, no – unless you need a carer, e.g. if you are disabled. However, your partner may be able to accompany you at your own expense.

# Services directory

## **National and regional German Pension Insurance (Deutsche Rentenversicherung) agencies**

**Deutsche Rentenversicherung Bund**  
Ruhrstraße 2 · 10709 Berlin  
Ph.: 030 8650 · Fax: 030 86527240  
Email: drv@drv-bund.de

**Deutsche Rentenversicherung Knappschaft-Bahn-See**  
Pieperstraße 14–28 · 44789 Bochum  
Ph.: 0234 3040 · Fax: 0234 30466050  
Email: zentrale@kbs.de

**Deutsche Rentenversicherung Berlin-Brandenburg**  
Bertha-von-Suttner-Straße 1  
15236 Frankfurt (Oder)  
Ph.: 0335 5510 · Fax: 0335 5511295  
Email: post@drv-berlin-brandenburg.de

## **German Pension Insurance (Deutsche Rentenversicherung) information and advice centres**

You can find German Pension Insurance information and advice centres near you at

[www.deutsche-rentenversicherung.de/DRV/DE/Beratung-und-Kontakt/beratung-und-kontakt\\_node.html](http://www.deutsche-rentenversicherung.de/DRV/DE/Beratung-und-Kontakt/beratung-und-kontakt_node.html)  
Searches are possible by postcode or town.

## **Internet addresses**

[www.deutsche-rentenversicherung.de](http://www.deutsche-rentenversicherung.de)  
Information about the aged pension as well as medical and occupational rehabilitation can be found on the German Pension Insurance internet pages. You can also find the information and advice centres listed there.

[www.bmas.de/DE/Themen/Teilhabe-Inklusion/Rehabilitation-und-Teilhabe/rehabilitation-und-teilhabe.html](http://www.bmas.de/DE/Themen/Teilhabe-Inklusion/Rehabilitation-und-Teilhabe/rehabilitation-und-teilhabe.html)  
Rehabilitation and participation of people with disabilities are a focus topic of the Bundesministerium für Arbeit und Soziales (BMAS, Federal Ministry of Labour and Social Affairs).

[www.bmg.bund.de](http://www.bmg.bund.de)  
The Internet pages of the Bundesgesundheitsministerium (Federal Ministry of Health) offer information about social service providers and the services they offer.

## Looking for suitable rehabilitation facilities

You can search for a suitable rehabilitation facility via the following links:

[www.deutsche-rentenversicherung.de/DRV/DE/Reha/Reha-Einrichtungen/reha-einrichtungen\\_node\\_functional.html](http://www.deutsche-rentenversicherung.de/DRV/DE/Reha/Reha-Einrichtungen/reha-einrichtungen_node_functional.html)

[www.rehakliniken.de](http://www.rehakliniken.de)

[www.kurklinikverzeichnis.de](http://www.kurklinikverzeichnis.de)

[www.qualitaetskliniken.de/reha/](http://www.qualitaetskliniken.de/reha/)

[www.kurkliniken.de](http://www.kurkliniken.de)

[www.medfuehrer.de/Reha-Kliniksuche](http://www.medfuehrer.de/Reha-Kliniksuche)

## A selection of rehabilitation facilities in Berlin

### Zentrum für ambulante Rehabilitation (ZAR)

Outpatient rehabilitation facility for orthopaedics, uro-oncology, neurology, psychosomatics

### Rehazentrum Bergmannstraße

[www.reha-bergmann.de](http://www.reha-bergmann.de)

### Herzhaus Berlin

Cardiology day clinic  
<https://herzhausberlin.de>

### Outpatient health centres in different city districts

[www.vental.de](http://www.vental.de)

## Selection of facilities and information centres with services in languages other than German

### Klinik am Vogelsang

Culturally sensitive therapeutic approach, Turkish and Kurdish-speaking doctors and therapists

[www.klinik-am-vogelsang.de](http://www.klinik-am-vogelsang.de)

### Reha Klinik Kandertal

Psychosomatic disorders and depression related to migration issues

[www.rehaklinik-kandertal.de](http://www.rehaklinik-kandertal.de)

### Segeberger Klinik

Psychosomatic therapy and psychotherapy with Turkish-speaking doctors and therapists

[www.segebergerkliniken.de/tuerkische-migranten.html](http://www.segebergerkliniken.de/tuerkische-migranten.html)

### Parkland Klinik

Psychosomatic therapy and psychotherapy with therapeutic services in Greek and Turkish

[www.parkland-klinik.de/klinik/zahlen-und-fakten](http://www.parkland-klinik.de/klinik/zahlen-und-fakten)

### Klinik Brilon-Wald

Clinic for dependency disorders with Turkish-speaking doctors and therapists

[www.klinik-brilon-wald.de/index.php?id=672](http://www.klinik-brilon-wald.de/index.php?id=672)

### Paracelsus Wittekindklinik

Psychosomatic facility with therapeutic services in Russian

[www.paracelsus-kliniken.de/de/wittekindklinik](http://www.paracelsus-kliniken.de/de/wittekindklinik)

**Polnischer Sozialrat e.V.**

Offers rehabilitation advice in Polish  
<https://polskarada.de/>

**Russischsprachige Rheuma- und Schmerzgruppe**

[www.selbsthilfe-treffpunkt.de](http://www.selbsthilfe-treffpunkt.de)

**Notdienst für Suchtmittelgefährdete und -abhängige Berlin e.V.**

Counselling service for addiction disorders,  
with interpreting service for Arabic, Farsi,  
Turkish and other languages  
<https://drogennotdienst.de/>

**Beratungstelefon zur Glücksspielsucht BzgA**

Telephone counselling also available  
in Turkish  
[www.bzga.de/presse/pressemitteilungen/  
2018-02-02-angebot-an-online-gluecksspielen-  
waechst-bzga-informiert-ueber-risiken/](http://www.bzga.de/presse/pressemitteilungen/2018-02-02-angebot-an-online-gluecksspielen-waechst-bzga-informiert-ueber-risiken/)

**Drogen- und Suchtberatung Marzahn-Hellersdorf**

Counselling and other services  
also available in Russian  
[https://vistaberlin.de/einrichtungen/  
drogen-und-suchtberatung-marzahn-  
hellersdorf/](https://vistaberlin.de/einrichtungen/drogen-und-suchtberatung-marzahn-hellersdorf/)



## Notes

# Glossary

<b>Addiction (disorder)</b> (Suchterkrankung)	Illness characterised by an uncontrollable desire for certain substances (such as alcohol or drugs) or for certain activities (e.g. gaming or shopping addiction).
<b>Aftercare, socio-medical</b> (sozialmedizinische Nachsorge)	An intervention immediately following hospitalisation or inpatient rehabilitation; aftercare serves to shorten or avoid hospitalisation and to consolidate rehabilitation treatment successes.
<b>Aged pension (Altersrente)</b>	The pension that employees are paid after having left paid employment and upon reaching the pension age.
<b>Appeal (Widerspruch)</b>	A legal remedy against administrative decisions (i.e. taking action against the decision of a public authority). Appellants must always keep to the appeal deadline stated in the notice of rejection of an application. This means that, if your application for rehabilitation has been rejected, you receive a rejection notice. You can lodge an appeal against this rejection notice within a certain period.
<b>Assistive technology training</b> (Hilfsmitteltraining)	Learning to use assistive technology (e.g. a prosthesis) in preparation for everyday life.
<b>Chronic (chronisch)</b>	Of extended duration or developing slowly.
<b>Depression (Depression)</b>	A mental illness characterised by an emotional state of low mood.
<b>Diagnosis (Diagnose)</b>	Identification of an illness.
<b>Diagnostic report</b> (Befundbericht, ärztlicher)	A letter from a doctor that contains a description of the patient's health status.
<b>Diagnostics (Diagnostik)</b>	Methods/procedures used to arrive at a diagnosis.
<b>Disability support pension</b> (Erwerbsminderungsrente)	A pension that German Pension Insurance fund members receive if they have partial or total earning incapacity because of a psychological disorder or physical illness.
<b>Earning incapacity, partial or total</b> (Erwerbsminderung/Erwerbsunfähigkeit)	Earning capacity is reduced if a person can work only partially or not at all because of psychological or physical impairment.

<b>Enterprise for people with a disability</b> (Werkstatt für behinderte Menschen)	A facility where people with disabilities are able to work.
<b>Ergonomics training</b> (Arbeitsplatztraining)	Interventions and exercises to help reduce stress at the workplace (e.g. learning body postures that protect the back).
<b>Follow-up treatment/ follow-up rehabilitation</b> (Anschlussheilbehandlung/ Anschlussrehabilitation, AHB)	Treatment that immediately follows hospitalisation (e.g. after an operation) or begins less than 14 days after discharge from hospital, even later in some cases.
<b>Functional training</b> (Funktionstraining)	Special therapeutic exercises aiming to strengthen muscles and keep joints mobile.
<b>Inpatient (stationär)</b>	Patients are accommodated in a hospital or rehabilitation facility. They stay at the facility overnight and receive all meals there.
<b>‘Kur’</b>	An obsolete German expression for rehabilitation.
<b>Medical certificate</b> (medizinisches Gutachten)	In the context of applications for medical rehabilitation: a certificate written by a doctor, containing the results of a medical assessment.
<b>Medical rehabilitation through German Pension Insurance</b> (Medizinische Rehabilitation der Deutschen Rentenversicherung)	A type of rehabilitation aiming to mitigate health defects that are threatening earning capacity and therefore avoid partial or total earning incapacity. It can be offered as outpatient or inpatient treatment.
<b>Obligation to cooperate</b> (Mitwirkungspflicht)	Obligation to become actively involved. For example, the patient is obliged to actively participate in rehabilitation in order to reach the rehabilitation goal.
<b>Occupational rehabilitation, services to increase employment participation</b> (berufliche Rehabilitation, Leistungen zur Teilhabe am Arbeitsleben)	An intervention to help preserve or obtain employment, or assist with vocational retraining or further education if the affected person can no longer perform their work in a previous occupation to the same level as before the illness.
<b>Occupational therapy</b> (Ergotherapie)	A type of therapy that enables people to perform everyday tasks.

<b>Outpatient/outpatient treatment (ambulant, ambulante Therapie)</b>	Treatment where patients do not stay overnight, but can return home on the same day. Some of these types of treatment are also available while the patient continues to go to work.
<b>Physiotherapy (Physiotherapie, Krankengymnastik)</b>	Treatment that restores, improves or maintains mobility and functional abilities.
<b>Psychological (psychisch)</b>	Concerning the mind (psyche).
<b>Psychosis (Psychose)</b>	A mental disorder (involving a loss of contact with reality).
<b>Psychosomatic (psychosomatisch)</b>	Interaction between body and mind, i.e. physical complaints that have psychological causes.
<b>Psychotherapy (Psychotherapie)</b>	Treatment of mental disorders or psychological consequences of physical illness.
<b>Rehabilitation exercise programmes (Rehabilitationssport, Reha-Sport)</b>	A service of German Pension Insurance offered following successful rehabilitation. The results of rehabilitation are consolidated through movement exercises.
<b>Rehabilitation fitness (Rehabilitationsfähigkeit)</b>	A person must be physically and mentally capable of participating in rehabilitation; an important personal eligibility criterion for accessing rehabilitation.
<b>Rehabilitation need (Rehabilitationsbedarf)</b>	An important personal eligibility criterion for access to rehabilitation, demonstrating that a person actually needs rehabilitation.
<b>Rehabilitation prognosis (Rehabilitationsprognose)</b>	Forecast/prediction regarding the success to be expected from rehabilitation.
<b>Remedial notice (Abhilfebescheid)</b>	A notice issued by a public administration office or authority that has rejected an application. It states that the appeal against the decision has been granted. This means that you can, if your application for rehabilitation has been rejected, appeal against this decision within a certain period. If the appeal is granted, you will receive a remedial notice. The remedial notice documents a decision in favour of the German Pension Insurance fund member and the approval of rehabilitation.
<b>Rheumatic diseases (Rheuma, rheumatisch)</b>	Types of illness with pain in the musculoskeletal system (rheumatism).

<b>Risk factors (Risikofaktoren)</b>	Factors (e.g. certain behaviours) that increase the probability of developing an illness.
<b>Statutory social security contributions (Sozialversicherungsbeiträge)</b>	Contributions to statutory social insurance made by all those employed in jobs subject by law to statutory social insurance.
<b>Transition allowance (Übergangsgeld)</b>	Financial benefit paid by the social insurance provider for a limited period (e.g. during rehabilitation).
<b>Widow's*Widower's pension (Hinterbliebenenrente)</b>	Widow's*widower's pension, orphan's pension and parental pension. This type of pension is paid under certain circumstances to a spouse, registered partner, or children in case of the death of the pension fund member.
<b>Willingness/motivation for rehabilitation (Rehabilitationswilligkeit/Rehabilitationsmotivation)</b>	The patient must be motivated to participate in rehabilitation; an important personal eligibility criterion for accessing rehabilitation.
<b>Workplace Integration Management (Betriebliches Eingliederungsmanagement or BEM)</b>	A management responsibility of the employer that aims to overcome the work incapacity of an employee and to preserve their employment.

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- › Dr. Ulrich Eggens (Deutsche Rentenversicherung Berlin-Brandenburg)
- › Dr. Betje Schwarz (Deutsche Rentenversicherung Berlin-Brandenburg)
- › Gitta Kowalski (Deutsche Rentenversicherung Berlin-Brandenburg)
- › Dr. Nathalie Glaser-Möller (Deutsche Rentenversicherung Nord)
- › Karin Fleischer (Deutsche Rentenversicherung Nord)
- › Gabriele Meyer (Deutsche Rentenversicherung Nord)
- › Roland Schreiber (Deutsche Rentenversicherung Nord)
- › Sabine Erbstößer (Deutsche Rentenversicherung Bund)
- › Ralf Weisenburger (Deutsche Rentenversicherung Rheinland-Pfalz)
- › Prof. Dr. Hans-Peter Waldhoff (Ethno-Medical Centre Inc.)
- › Soner Tuna (Ethno-Medical Centre Inc.)
- › Dr. Claudia Martini (German Federal Chancellery, Working Group of the Federal Government Commissioner for Migration, Refugees and Integration)
- › Prof. Dr. med. Hajo Zeeb (Leibniz Institute for Prevention Research and Epidemiology – BIPS Pty. Ltd., Department of Prevention and Evaluation)
- › Prof. Dr. med. Christoph Gutenbrunner (Senior Consultant and Head of Department at the Clinic for Rehabilitation Medicine, Hannover Medical School)
- › Prof. Dr. Jan Ilhan Kizilhan (Course Coordinator for Social Work with Patients with Mental Illness and Addiction – Faculty of Social Sciences of the Duale Hochschule Baden-Württemberg, Villingen-Schwenningen)
- › Dr. med. Eva Renckly-Senel (medical specialist in general medicine and social medicine, medical psychotherapist, medical consultant to the DRV Knappschaft-Bahn-See with a focus on migrants)
- › Dr. Alfons Schröer (university lecturer)

The Ethno-Medical Centre Inc. (Ethno-Medizinische Zentrum e.V.) offers additional native language brochures on a range of health topics. You can download these at [www.mimi-bestellportal.de](http://www.mimi-bestellportal.de) or order them directly from the centre:

- › Health for all – a guide to the German health care system
- › Guide to filling in the application for benefits regarding participation – Application for Medical Rehabilitation (G0100)
- › Medical rehabilitation through German Pension Insurance: Support for children and adolescents with chronic illness
- › SARS-CoV-2 Coronavirus – Information and practical advice
- › Health guide for asylum seekers in Germany
- › Trauma induced disorders and Post-Traumatic Stress Disorder (PTSD)
- › Depression (editions for Bavaria and Lower Saxony)
- › Guide to computer, internet and gambling addiction (editions for Schleswig-Holstein and Lower Saxony)
- › Addiction is an illness – a guide for interested individuals, those affected and their loved ones
- › AIDS and HIV – Current Knowledge, Protection and Treatment
- › Protective Vaccination – A Multilingual Guide
- › Maternal Health – Information and contact points
- › Diabetes: Inform – Prevent – Act
- › Hospice and Palliative Care – Available services and making provisions for the future
- › Violence protection for women in Germany
- › Violence protection in Germany – A guide for male refugees and new arrivals

## Medical Rehabilitation through German Pension Insurance:

# Support for People with Chronic Illness

With this guide, you receive important information on the topic of medical rehabilitation through German Pension Insurance, about submitting an application, how the costs of rehabilitation are covered, and about the process of rehabilitation itself. In addition, it lists referral contacts for further information.

- › What is medical rehabilitation and who can access it?
- › How are the costs of medical rehabilitation covered?
- › Does medical rehabilitation affect my employment?
- › How and where do I apply for medical rehabilitation?
- › What happens during and after rehabilitation?

Maybe you are contemplating these questions or know someone who is looking for answers ...

This guide can be downloaded from [www.mimi-bestellportal.de](http://www.mimi-bestellportal.de) and is available in the following languages: Arabic, English, German, Italian, Kurdish, Polish, Russian, Serbian/Croatian/Bosnian, Spanish and Turkish

For more information, please also visit our project website at [www.mimi-reha.de](http://www.mimi-reha.de)

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