

Medical Rehabilitation through German Pension Insurance: Support for People with Chronic Illness



A guide for migrants – available in eight languages



Impressum

Die medizinische Rehabilitation der Deutschen Rentenversicherung:
Hilfe bei chronischen Erkrankungen
Ein Wegweiser für Migranten

Herausgeber – Konzeption, Inhalt, Erstellung:
Ethno-Medizinisches Zentrum e.V.
Königstraße 6
30175 Hannover

Mitarbeit:
Medizinische Hochschule Hannover (MHH)
Klinik für Rehabilitationsmedizin
Carl-Neuberg-Straße 1
30625 Hannover

Redaktion: Prof. Dr. med. Christoph Gutenbrunner, Julia Helmert, Ahmet Kimil,
Klara Markin, Ramazan Salman, Dr. med. Lara-Marie Reißmann, Betje Schwarz
Übersetzung: Dolmetscherdienst – Ethno-Medizinisches Zentrum e.V.
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1. Auflage

Dieser Wegweiser ist erhältlich in folgenden Sprachen: Deutsch, Englisch, Griechisch, Italienisch, Russisch, Serbo-Kroatisch, Spanisch, Türkisch

Stand: April 2016



Wir danken der Deutschen Rentenversicherung für die freundliche Unterstützung bei der Realisierung dieses Wegweisers.

Medical Rehabilitation through German Pension Insurance: Support for People with Chronic Illness

Welcome message

Dear reader,

At their core, people's happiness and wellbeing depend on how healthy they feel. Health is a precious asset, and we are called upon to preserve it.

However, in current surveys, more than a third of the people living in Germany indicate that they suffer from at least one chronic illness, i.e. an illness that persists for a long time, is not entirely curable and requires regular treatment and monitoring. Chronic illness can lead to significant limitations in everyday life and work.

Many of those affected – people with a history of migration in particular – don't know that medical rehabilitation can provide relief and improvement.

Others are unsure whether they are entitled to rehabilitation services. Often, there is also a lack of basic knowledge: how do I submit an application, what exactly happens at the rehabilitation facility, will my personal, cultural and linguistic needs be taken into account?

All of this can mean that people do not take up the offer in time to improve their quality of life and restore their employment capacity through rehabilitation. I am therefore pleased that this guide on the topic of medical rehabilitation is available in several languages. It provides people who have roots in foreign countries with important information for submitting an application and for a successful rehabilitation process. This guide explains the most important terms and offers contact points for obtaining further information.

I thank German Pension Insurance (Deutsche Rentenversicherung) and the Ethno-Medical Centre (Ethno-Medizinisches Zentrum e.V.), who, with the support of experts in medical rehabilitation from the Medical School of Hanover University, have produced this unique guide to rehabilitation. They have closed an important gap and are making a contribution to integration and participation. I would like to see all people in this country benefit from the services offered by our health system. May this guide contribute to this aim!



A handwritten signature in black ink, appearing to read 'Aydan Özoğuz'.

Aydan Özoğuz

Chancellery State Minister and Federal Government Commissioner for Migration,
Refugees and Integration

Welcome message

Dear reader,

when a chronic illness jeopardises and limits someone's earning capacity to a significant degree, the medical rehabilitation programme of German Pension Insurance can provide support. The goal of rehabilitation is to reduce the consequences of illness and their impact on earning capacity. It should enable those affected to continue to participate in employment.

German society has become multicultural. Every fifth citizen has a migration background and this proportion will continue to increase into the future.

Scientific studies have shown that people with a migration background often have an increased need for rehabilitation services. Especially older people suffer more frequently from a particular chronic illness such as diabetes than their peers who do not have a migration background. Early retirement for health reasons is also more common in this group. Still, people with a migration background only rarely access rehabilitation or do so only late. If rehabilitation occurs too late, i.e. when the disease has already become chronic, it is less successful than if it had been initiated in time. This jeopardises the chance of sustainable reintegration into employment after rehabilitation. Because pension insurance fund members with a migration background are, at law, equally entitled to medical rehabilitation services, we suspect that lack of awareness of the rehabilitation services on offer and of the process of accessing them leads to a situation where potentially successful rehabilitation is applied for late or not at all.

I am therefore pleased to present to you this guide for migrants, entitled 'Medical Rehabilitation through German Pension Insurance: Support for People with Chronic Illness'. The authors have succeeded in providing comprehensive and practical information about rehabilitation and to respond to the particular questions and needs of migrants from a range of backgrounds.

I am of the firm belief that this work will make an important contribution to extending equal opportunities for access to rehabilitation services to all those insured with German Pension Insurance, independent of their country of origin.

I would like to take this opportunity to express my heartfelt thanks to all who have contributed to the successful completion of this guide. I am particularly grateful to the staff of the Ethno-Medical Centre and the Medical School of the University of Hanover.



Dr. Ingrid Künzler

Executive Chair of German Pension Insurance North (DRV Nord)



First, the most important points:

- If you suffer from a chronic illness that not only restricts you in your private life, but also at work, then you should think about medical rehabilitation through German Pension Insurance. Do not shy away from submitting an application. German Pension Insurance will check whether you fulfil all necessary eligibility criteria. You can also lodge the application with your health or accident insurance provider.
- Especially important: do not wait until your doctor makes you aware of medical rehabilitation. The deciding factor is this: if you have the feeling that medical rehabilitation could be of assistance to you, take the first step. What can you do? Speak to your doctor or seek further information from the joint rehabilitation service points (Gemeinsame Servicestellen für Rehabilitation). The German Pension Insurance information and advice centres can also help you further, including with filling in application forms.
- Please do not worry. German Pension Insurance covers the largest part of the costs of inpatient medical rehabilitation. At most, you may have to contribute a 10 Euro/day co-payment. Outpatient rehabilitation is completely free of charge to you.
- You would like to go to a particular rehabilitation facility? Your preference will be assessed and considered at German Pension Insurance in the course of processing your application.
- There are now several rehabilitation facilities offering special services for migrants. However, these are not necessarily the providers most suitable for your illness. You can also obtain advice on this matter from the joint rehabilitation service points (Gemeinsame Servicestellen für Rehabilitation) or the German Pension Insurance information and advice centres.

- When your application for medical rehabilitation has been approved and you have been informed of your rehabilitation facility, you can, of course, call or write to the facility at any time, e.g. with questions regarding visiting arrangements, preferred diet, opportunities for prayer or dress code.
- If German Pension Insurance rejects your application for medical rehabilitation, you have the opportunity and the right to lodge an appeal. But do also ask yourself whether you really have exhausted all service options offered by the primary health care system.
- If you are sick, and during medical rehabilitation, you have a right to continuing wage or salary payments from your employer for up to six weeks. Afterwards, you can apply for a type of social security payment called the transition benefit (Übergangsgeld). If you are currently receiving unemployment benefit (Arbeitslosengeld), this will continue to be paid during rehabilitation.
- Accessing medical rehabilitation is, on its own, not a valid reason for an employer to terminate your employment.
- Participating in a course of medical rehabilitation does not affect your ongoing social security contributions as these are covered by German Pension Insurance for the duration of your rehabilitation. It therefore does also not affect the level of your future monthly aged pension.

Contents

Introduction	10
German Pension Insurance (GPI)	11

1. The basics: medical rehabilitation through German Pension Insurance 12

Medical rehabilitation • Where does medical rehabilitation take place? • Who can access medical rehabilitation (eligibility)? • Costs covered and co-payments • Financial support for patients • How does accessing medical rehabilitation affect employment, social security contributions and aged pensions?

2. Before starting medical rehabilitation 20

Submitting an application • Can I be compelled to apply for medical rehabilitation? • Can medical rehabilitation be deferred? • What can I do if my application is rejected?

3. During rehabilitation 23

Preparation and travel • Accommodation and meals • House rules at the facility • The rehabilitation team
• The rehabilitation process • Daily routine • Options for prayer • Arrangements for accompanying persons and visitors • Communication problems because of low German language skills • Special services for migrants
• Obligation to cooperate and dropping out of rehabilitation

4. After rehabilitation 30

Rehabilitation exercise programmes, functional training and aftercare • Employment reintegration
• Occupational rehabilitation • Self-help groups and associations

Case studies	32
Frequently asked questions	36
Contact persons, service points and addresses	40
Glossary	42
Acknowledgements	45
Notes	46

Introduction

Almost every second female (42%) and ca. every third male (35%) in Germany suffers from a *chronic** illness – i.e. an illness that persists for a long time and is not entirely curable. Such an illness often restricts those affected to such an extent that they are unable to cope with the demands of everyday life and their quality of life suffers a lot. In these cases, *Medical rehabilitation through German Pension Insurance* can provide assistance.

Medical rehabilitation through German Pension Insurance is an important building block in the German social security system and has one overarching aim. It is designed to prevent affected people from prematurely requiring a pension and therefore leaving employment that is subject to *statutory social security contributions*. Their motto for allocating services is therefore 'rehab before pension'. This means that before paying someone a *disability pension (Erwerbsminderungsrente)*, a rehabilitation intervention should be carried out with the aim of reintegrating the person into paid employment.

The issue, however, is not just getting and remaining well enough for work. Early retirement is also always a life-changing event for the affected person. It often feels like an abrupt disconnection from working life and community. It often means a loss of social connection, not to speak of the financial restrictions. Medical rehabilitation should therefore be, above all, regarded as a chance to learn to live with the chronic illness and to reclaim some joy of life. Participating in medical rehabilitation has nothing to do with weakness. On the contrary: it can mobilise new energy and need not cause embarrassment any more than getting treatment for the common cold should.

You are not alone! One million people access medical rehabilitation as a matter of course each year, women a little more frequently than men. The average age is around 51 years. The most common reasons for rehabilitation interventions are disorders of the musculoskeletal system, followed by cardiovascular diseases and psychiatric disorders. 85% of people successfully complete their rehabilitation and are fit to return to work afterwards.

The path to rehabilitation leads across a mountain of questions. Here, people with a migration background often have an even harder time than their fellow German citizens. For example, they encounter problems with understanding the bureaucratic German language used in information about medical rehabilitation and are faced with additional worries: 'As a person with a migration background, do I even have a right to medical rehabilitation through German Pension Insurance?', 'Do I have to pay for medical rehabilitation myself?', 'Do I lose aged pension entitlements if I access medical rehabilitation?', 'How well do I have to be able to speak German to participate in medical rehabilitation?', 'To what degree can religious or cultural obligations such as prayer times, customary diets or dress codes be accommodated?' This is exactly what this Guide is for. Its aim is to clear away the confusions and fears related to these questions, which commonly arise for people with a migration background who have a chronic illness. It is here to motivate them to become informed early if required and, as the case may be, to submit an application for rehabilitation.

German Pension Insurance (GPI)

This statutory pension insurance fund provides for all its members in old age, as well as in case of *earning incapacity* and death. Its benefits are the *aged pension (Altersrente)* and the disability support pension, the *widower's/widow's pension* as well as medical rehabilitation and *occupational rehabilitation*. German Pension Insurance (or GPI for short) consists of two federally operating pension insurance agencies – the Federal German Pension Insurance Agency (Deutsche Rentenversicherung Bund, with 40% of total pension insurance fund membership) and the German Mines, Rail and Maritime Pension Insurance Agency (Deutsche Rentenversicherung Knappschaft-Bahn-See, 5% of total statutory pension fund membership) – and 14 regional agencies (GPI North, GPI Oldenburg-Bremen, GPI Rhineland-Palatinate, GPI Brunswick-Hanover and others), with 55% of total pension insurance fund membership.

Each of the 57 million insurance fund members of German Pension Insurance is looked after by one of the pension insurance agencies. These are the correct contact points for submitting an application for a pension or for rehabilitation. Every pension insurance fund member is allocated a membership number (Versichertennummer). This number, as well as the name of the pension insurance agency responsible for him or her, is communicated in writing to every newly joining employee. However, it is also possible to enquire about the pension insurance agency responsible for you with the Federal German Pension Insurance Agency by calling its free service line on 0800 1000 4800, or with your statutory health insurance provider.

All those in employment that is subject to statutory social security contributions must make contributions to German Pension Insurance. For recipients of unemployment benefit level I (Arbeitslosengeld I), the federal employment agency (Agentur für Arbeit) pays the monthly contributions. Those who are self-employed can decide whether to make contributions to the statutory German Pension Insurance or make private arrangements for their retirement income. The available choices are limited, however, for self-employed persons earning a living in particular occupations (e.g. teachers and child care workers, nursing and midwifery professionals, artists).

German Pension Insurance is a statutory insurance fund based on the solidarity principle. This means that the working population funds current pensions and the additional benefits provided by the pension insurance agencies (e.g. medical and occupational rehabilitation) through its contributions. Currently, the contribution each member makes is calculated at 18.7 % of their gross income. The employee contributes one half, the employer the other. If, in 2016, a member earns a gross monthly income of more than 6,200.00 € in the old federal states or more than 5,400.00 € in the new federal states, what is called the *contribution threshold* (Beitragsbemessungsgrenze) is exceeded. In such cases, maximum contributions of 1,159.40 € are payable in the old federal states and 1,009.80 € in the new federal states. The exact amount payable can be found on your pay slip (monthly or annual wage or salary statement). The contribution threshold may change from year to year.

1. The basics: medical rehabilitation through German Pension Insurance

Medical rehabilitation

The goal: to restore or improve employment capacity

Medical rehabilitation through German Pension Insurance is for people whose earning capacity is jeopardised

or already diminished by some damage to their health. Its aim is to repair this damage to health through suitable forms of therapy or to alleviate it enough to restore or improve the person's earning capacity. This means averting cases of *partial or total earning incapacity*. In other words: you can work again for a living. For this reason, offering medical rehabilitation services takes precedence over granting a pension. This means that an early pension for health reasons (disability support pension) is only granted if the person's state of health and therefore his or her earning capacity can no longer be improved sufficiently through medical rehabilitation.

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

Persons entitled to medical rehabilitation through German Pension Insurance are, in general, people of working age who have a chronic illness. Medical rehabilitation normally lasts three

weeks. Rehabilitation for mental or *psychosomatic disorders*, however, principally lasts five weeks. In most cases, patients who access medical rehabilitation through German Pension Insurance have chronic illnesses of the muscu-

loskeletal system (e.g. damaged disks, chronic back pain, *rheumatic diseases*) or mental disorders (e.g. *depression, psychoses*). Medical rehabilitation, however, also includes what is called *follow-up treatment* (*Anschlussheilbehandlung*), which directly follows hospitalisation (e.g. for a back operation). It normally also lasts for three weeks, but – just like general medical rehabilitation – it can, 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. In addition, German Pension Insurance offers rehabilitation for members, pensioners and their relatives with cancer as well as rehabilitation for chronically ill children and adolescents. *Addiction* treatment for dependencies on alcohol, illegal or prescription drugs are also part of medical rehabilitation through German Pension Insurance.

As part of medical rehabilitation, the affected person receives a range of interventions and therapies that are tailored to his or her individual health problem and rehabilitation goal. They include *physiotherapy, psychological* group therapy sessions or counselling with a social worker. A rehabilitation team will implement the interventions and supports the patient throughout his or her stay at the rehabilitation facility.

Apart from German Pension Insurance, health and accident insurance providers also offer rehabilitation services. Their services are distinct from those provided by German Pension Insurance, however, in regard to the eligible patient group and treatment goals.

Sometimes in everyday conversations, the German word *'Kur'* is used to talk about rehabilitation. This is an obsolete term for rehabilitation.

Where does medical rehabilitation take place?

In principle, medical rehabilitation can be provided as *inpatient* care or as *outpatient* day-care. It depends on the illness, the rehabilitation goal and the personal preferences and circumstances of the patient. In the first instance, an attempt is made to reach the rehabilitation goal with outpatient rehabilitation interventions. Should this not be possible, the patient is 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 day-care

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

Medical rehabilitation for children and adolescents

German Pension Insurance agencies provide 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.

Paediatric rehabilitation is generally available up to the age of 18 years (under certain conditions even until age 27). Because children and adolescents do not make their own contributions to German Pension Insurance, parents must fulfil certain conditions as contained in the insurance legislation. The staff at the German Pension Insurance information and advice centres and the joint rehabilitation service points (Gemeinsame Servicestellen für Rehabilitation) can provide further information on this topic.

Until the 8th birthday, it is, in principle, possible to accompany children during rehabilitation. If the children are older, they can be accompanied if it is deemed necessary from a medical point of view. German Pension Insurance covers the costs for one accompanying person (travel costs, accommodation and meals as well as lost income where applicable). Until the 15th birthday, the child may be accompanied on their journey to and from rehabilitation. In most cases, employers must grant leave without pay for this purpose. It is essential to talk with your employer beforehand. German Pension Insurance refunds lost income on application.

Rehabilitation normally takes place during school terms. It is of four weeks duration (longer if necessary) and is offered in special paediatric rehabilitation facilities. There, children receive schooling as well as treatment. The teaching staff is a permanent part of such rehabilitation facilities. Schools must release children to attend rehabilitation.



outpatient rehabilitation, patients spend the entire day (including meals) at the facility, but return home overnight.

German Pension Insurance agencies select the facility offering the most suitable treatment for the presenting illness. This way, patients have the best chance of treatment success.

The system is very responsive: You can even influence the choice of rehabilitation facility and its location. This is because, as a beneficiary, you have a 'right to preference and choice' (Wunsch- und Wahlrecht). Taken into consideration are your personal situation, your age, sex, family circumstances as well as your worldview and religious needs. Legitimate preferences

can already be stated at the application stage. An informal letter explaining the reasons is sufficient. Doctors can also name a preferred facility and the reasons for its selection in their diagnostic report. Distance to your ordinary place of residence, the specific services offered, the facility's location and availability at certain times can all play a role. The reasons given should be personal and individually relevant.

TIP:
indicate your preferred rehabilitation facility at the time of lodging your application.

The German Pension Insurance agency will check the information and reasons provided by the member. If a particular course of rehabilitation is more expensive in the preferred location or at the preferred facility, or the level of success that a facility suggested by German Pension Insurance can promise would not be achievable there, the agency can reject the preferred location or facility requested by the member. In turn, a substantiated *appeal* (Widerspruch) against the decision can be lodged with German Pension Insurance.

Full day-care outpatient rehabilitation	Inpatient rehabilitation
<ul style="list-style-type: none"> • therapeutic interventions • meals 	<ul style="list-style-type: none"> • therapeutic interventions • meals • accommodation
<ul style="list-style-type: none"> + rehabilitation near the place of residence + patient is not separated from social circle and relatives, and can involve them in the course of rehabilitation + newly acquired skills can be practiced immediately 	<ul style="list-style-type: none"> + concentrated focus on the health problem over several weeks + no distractions through other responsibilities + in some cases, higher level of specialisation at inpatient rehabilitation facilities

Who can access medical rehabilitation (eligibility)?

To be able to access medical rehabilitation through German Pension Insurance, members must meet conditions regarding insurance law, personal circumstances and immigration law.

To meet the **conditions relating to insurance law**, those affected must:

- have completed the waiting period of 15 years of membership or be currently receiving a disability support pension, or
- have made six months worth of pension 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 application, or
- have been incapacitated or unemployed after being either in employment subject to statutory social security contributions or self-employed, but have made German Pension Insurance contributions for at least one month, or
- have limited earning capacity (or this is to be expected in the foreseeable future) and have fulfilled the general waiting period of five years.

Relating to **personal circumstances**, the affected person meets the conditions if:

- his or her earning capacity is reduced or jeopardised because of a physical, intellectual or psychiatric illness or disability (*rehabilitation need*) and

Right to preference and choice (Wunsch- und Wahlrecht)

What does this mean exactly? – Explanation using a case study

Mrs R has had strong joint pain for a long time so that she has already been unable to work for several months. Her health insurance provider has advised her to submit an application for medical rehabilitation through German Pension Insurance. If she did not, her sickness benefit would be reduced. Mrs R talks about this at the weekly women's meeting at her mosque. There, an acquaintance of hers says that her cousin had 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, her husband and her parents. 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 provider 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 staff member at the centre 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. Mrs R is in luck: a vacancy for rehabilitation is available near where she lives. She can take it as long as she admits herself to the facility within seven days. During her rehabilitation, her husband and children visit her at the weekend. As there are no medical concerns withstanding, she can go to the nearby mosque on an agreed day.

- medical rehabilitation can avert reduced earning capacity or restore, ameliorate or prevent the deterioration of an already existing reduction in earning capacity (positive *rehabilitation prognosis*)
- and if four years have passed since the last rehabilitation intervention (in case of urgent need, a new rehabilitation intervention may also be offered before this four-year waiting period has expired).

In addition, the patient must be fit for rehabilitation (*rehabilitation fitness*). This means she or he must be physically as well as emotionally capable of receiving the treatments involved. This also includes that the patient is able to communicate with the staff and to fill in the application form in German. The patient must also be motivated to participate in rehabilitation (*willingness for rehabilitation*).

A doctor should certify whether a rehabilitation need exists. German Pension Insurance decides whether rehabilitation is actually indicated and whether the required conditions are met.

The affected person meets the **conditions relating to immigration law** if

- he or she has legal residency status in Germany and
- is in employment subject to statutory social security contributions

Asylum seekers and refugees cannot access rehabilitation.

Costs covered and co-payments

German Pension Insurance covers the rehabilitation itself and travel costs to the rehabilitation facility. The member only needs to pay a co-payment of 10 € per day and only for a maximum of 42 days.

This means that he or she carries a maximum cost of 420 €, even if he or she receives treatment for more than 42 days. This includes time spent in hospitals as well. For example, if a person was in hospital for 10 days before rehabilitation, the co-payment only applies to 32 days of the rehabilitation.

! The most you might have to contribute yourself is 10 € per day.

Patients may contribute less or not at all if they are on a low net income and

- they are parenting or
- they themselves need care and are not eligible for care allowance (Pflegegeld) or
- their spouse needs care and is not eligible for care allowance (Pflegegeld).

Exempt from co-payments are:

- children and adolescents under 18 years
- recipients of sickness allowance (Krankengeld) *or* transition allowance (Übergangsgeld)

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 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 commencing rehabilitation, patients with families and children can apply with German Pension Insurance for household assistance and childcare for the duration of rehabilitation. The application can be approved if certain conditions are met.

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. It has to be compatible with the facility and the conditions for household assistance must be met.

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

Who secures the patient's livelihood during medical rehabilitation?

Do not worry. 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 to receive transition allowance (Übergangsgeld) for the duration of medical rehabilitation. It is paid for inpatient as well as outpatient medical rehabilitation.

Your financial security is guaranteed during rehabilitation.

or before any preceding period of inability to work, and have been making pension fund contributions.

The condition is that you, being the pension fund member, were in employment immediately before the start of medical rehabilitation

The transition allowance for German Pension Insurance fund members without children amounts to ca. 68%, for members with children to 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 of the preceding calendar year for which contributions were made to German Pension Insurance.

If the member has been receiving unemployment benefit I (Arbeitslosengeld I), he or she will, under certain conditions, receive transition allowance (Übergangsgeld) at the level of the benefit received from the employment office to date. If she or he has been receiving unemployment benefit II before medical rehabilitation, he or she will, during rehabilitation, continue to receive it, but through social security instead.

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



How does accessing medical rehabilitation affect employment, 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 an employer can terminate the employment of an employee.

Before the employer terminates employment, he must first initiate meetings regarding what is called *Workplace Integration Management* (Betriebliches Eingliederungsmanagement or BEM). He is obliged to do so for any employee who has been certified by a doctor to be unfit for work uninterruptedly or repeatedly for a total duration of six weeks. During such a BEM meeting, all options for preventing inability to work and preserving employment are discussed.

In case of a rehabilitation intervention, the affected persons should be enabled to continue to work for a living. This is also in the interest of the employer. Termination of employment

on the basis of accessing rehabilitation is, therefore, in the first instance, prohibited. This means that employment cannot be terminated for the sole reason of accessing rehabilitation. If, however, the employee has a temporary employment contract, it is possible that it expires during the period of illness or during rehabilitation and is not renewed.

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 patients make contact with their employer even before beginning rehabilitation, explain the situation and think together about how to continue after rehabilitation.

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

While receiving transition allowance (Übergangsgeld), the patient remains insured. German Pension Insurance covers statutory contributions to health insurance, care insurance, accident insurance, pension insurance and unemployment insurance.

Because German Pension Insurance covers pension fund contributions during rehabilitation, it has no negative effect on the level of the future aged pension. Even when rehabilitation is accessed several times, this does not reduce claims to an aged pension. The prerequisite for receiving an aged pension is that at least 60 months of contributions (the *allgemeine Wartezeit* – general waiting period) have been made to statutory German Pension Insurance. This also applies to migrants returning to their homeland at 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 contributions refunded if they have reached the statutory pension age and have contributed to statutory German Pension Insurance for less than 60 months (general waiting period – *allgemeine Wartezeit*). Persons without German citizenship have, under certain conditions,

Rehabilitation does not affect the aged pension.

the right to a refund of their contributions, even if they have contributed for more than 60 months. If an affected person meets the criteria for a refund, he or she 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 are refunded. This means that a person who has, for example, received medical rehabilitation through German Pension Insurance, will only be refunded pension fund contributions made after that rehabilitation.

The staff at the 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? – Explanation using a case study

Mr S has worked continuously in a furniture factory in Germany for 32 years. 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 so that he could eventually return to his workplace. Now, a few months before his well-deserved aged pension (from November 2014), Mr S is planning to return to Turkey with his wife to enjoy his retirement there. He is contemplating to have his pension contributions refunded. Together with his son, he attends his nearest German Pension Insurance office 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 pension fund contribution. In addition, he can only be refunded the pension 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:	20/11/2016
German Pension Insurance contribution period:	01/11/1982 – 31/10/2014
Application for medical rehabilitation lodged:	03/03/2003
Application for medical rehabilitation approved:	31/03/2003
Medical rehabilitation received:	07/04/2003 – 25/04/2003
Refundable contribution period:	01/04/2003 – 31/10/2014

Mr S did not expect this. He asked 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. However, his son calms him down. He says it is much more important that his father is in better health because of the medical rehabilitation. He also has a right to his aged pension so that 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 on rehabilitation from the regional agencies of German Pension Insurance, from the Federal German Pension Insurance Agency, from the German Pension Insurance information and advice centres, from statutory health insurance providers and at the joint rehabilitation service points. There, you can also obtain all necessary application forms.

TIP:
Talk to your doctor about medical rehabilitation.

Your first port of call, however, is always your treating doctor. This can be your general practitioner, specialist or the workplace physician. It is

best if it is the doctor who knows the patient's condition very well. The doctor will, if he also sees a medical need for rehabilitation, write a report that reflects this fact. This *doctor's diagnostic report* is an important component of an application for medical rehabilitation. It contains important data and test results about the patient's state of health, especially about his illnesses, functional limitations, fitness for work and *risk factors* as well as the types of therapy administered so far. The doctor decides whether the patient has a need and the capacity for rehabilitation and what the rehabilitation prognosis is like for this patient. This is why the doctor's diagnostic report is very important. When the doctor has provided the reasons for the medical need, an application for medical rehabilitation can be lodged with German Pension Insurance.

Some German Pension Insurance agencies request an additional medical examination after an application has been lodged. A consulting doctor contracted by the pension fund carries out this examination. As opposed to a doctor's 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 carry a number. This number is composed of the letter 'G', followed by three digits (for example, the general application form with the number G100 'Application for access to benefits by members'). The application form for rehabilitation with the number G100 is divided into 21 sections and covers seven pages. However, most pages consist of questions with tick-boxes and filling in the 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.

Staff at the German Pension Insurance information and advice centres, as well as at joint rehabilitation service points, offer advice and support with filling in the application form in person or over the telephone. By the way, application forms can be lodged with any rehabilitation provider – including German Pension Insurance agencies as well as statutory health and accident insurance providers. Insurance providers then determine the correct jurisdiction and forward the application to

! You can lodge the application with a German Pension Insurance agency, health or accident insurance provider.

the responsible agencies. There, it is assessed for eligibility regarding the insurance law and personal conditions to be met by the applicant. This may take several weeks.

Can I be compelled to apply for medical rehabilitation?

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

If a German Pension Insurance fund member is receiving sickness benefit (Krankengeld), the health insurance provider can compel him or her to lodge an application for medical or occupational rehabilitation. If the member does not comply, his or her sickness benefit may be reduced. The employment agency can also make it obligatory to lodge an application for rehabilitation.

Can medical rehabilitation be deferred?

If the patient receives a notice from German Pension Insurance that rehabilitation has been approved, it is usually valid for six months. In general, patients should commence rehabilitation on the date notified by the rehabilitation facility. Deferring the starting date of rehabilitation is possible only in special

TIP:

Start rehabilitation as soon as possible and only postpone it in exceptional circumstances.

cases. To do this, patients can contact the rehabilitation facility, explain their reasons and ask for a new starting date. However, it will still be uncertain at that stage whether the commencement of rehabilitation can actually be postponed. It is also important that the new date falls within the six-month validity of the approval of the application. If the pension fund member is receiving sickness benefit (Krankengeld), his or her statutory health insurance provider must approve the postponement of the starting date for rehabilitation.

It is also important to note that using the person's state of health as a reason for deferring rehabilitation can lead to a renewed assessment of the need for rehabilitation. It must also be considered whether the patient is fit or unfit for work at that point in time. If a person is fit for work, it is easier to get agreement to defer, but it is more difficult in case of inability to work. You must not forget: the goal of rehabilitation through German Pension Insurance is to return the patient to the workplace as quickly as possible.

What can I do if my application is rejected?

If the application for rehabilitation is rejected, the applicant has several options.

Appeal

An appeal can be lodged if an application has been rejected. The appeal must reach German Pension Insurance in writing within one month. Members can obtain support for writing an appeal from the German Pension Insurance information and advice centres, the joint rehabilitation service points, a range of counselling and referral services, social service providers and their general practitioner. In an appeal, the

member must describe, in as dispassionate a manner as possible, disease progression and treatments as well as their success or failure. Any psychological distress as a result or consequence of the physical complaint or vice versa should be mentioned. The appeal deadline of one month must be kept under all circumstances.

TIP:
Provide personal and comprehensive reasons for the appeal.

Should it not be possible for the affected person to clearly state his or her reasons by the end of this period, he or she should first lodge an informal appeal letter. In this letter, the affected person indicates

that he or she will lodge a supplementary document later. The affected person can, if he or she prefers, also attend an office of German Pension Insurance in person and describe the problem. In addition, the treating doctor can attest to the need for medical rehabilitation in an additional diagnostic report. In general, however, the reasons stated by the person are sufficient.

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, he or she receives what is called a *remedial notice* (Abhilfebescheid). The remedial notice means that the member's appeal was granted and that rehabilitation is approved. If the appeal is rejected, a legal complaint to the social law court (Sozialgericht) may be considered. The

appeal and social law court procedures are free of charge for the member. If the member contracts a lawyer, he or she 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. Medical rehabilitation through German Pension Insurance is not always medically indicated at the time of submitting the application.

In the area of outpatient services, for example, numerous options are available, such as different forms of psychotherapy or physiotherapy. In any case, it is advisable for the German Pension Insurance fund member to also find out more from his or her treating doctor and to gather information from private as well as statutory health insurance providers about preventive and health promoting services (e.g. fitness classes, back pain exercise classes, nutritional advice) and to use these where appropriate.

3. During rehabilitation

Preparation and travel

After approval by German Pension Insurance, the service recipient is notified of the rehabilitation facility that has been selected. The notice contains information about when and

where rehabilitation will start. Notification of approval of the application and the start of rehabilitation are, in most cases, only a few weeks apart. Being well prepared – especially for inpatient rehabilitation – can make getting started with rehabilitation easier. Before beginning rehabilitation,

TIP:
Being well prepared makes getting started with rehabilitation easier. Make contact with the rehabilitation facility to clarify any last questions.

it is advisable to make contact with the facility concerned to clarify any questions that may have arisen.

Patients should make sure not to forget to take the following items:

- indoor and outdoor clothing (weather proof clothing)
- tracksuit or sports clothes
- 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
- in case of allergies: allergy identification card
- in case of diabetes: diabetes identification card

- if you have a pacemaker: pacemaker identification card
- x-ray images if applicable
- insurance card
- medicines
- assistive technology needed (e.g. forearm crutches, hearing aids)
- list of important telephone numbers
- books, CDs, games, ...

If the patient needs to follow a certain dress code for religious reasons (e.g. no close-fitting garments, burquini), this should be discussed with the doctor at the rehabilitation facility.

Travel to the facility must be organised by the patient or his/her relatives themselves. Information is contained in the approval notice from German Pension Insurance. German Pension Insurance covers the full cost of second-class rail travel and public transport to the facility and back home again. In 2015 for example, 20 cents per kilometre were reimbursed for travel by car – capped, however, at 130.00 € return 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 the rehabilitation facility using a patient taxi service if their mobility is limited. For inpatient rehabilitation, two additional pieces of luggage can be sent by post.

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

Travel cost reimbursements must be applied for with German Pension Insurance (if traveling by rail or public transport, tickets must be submitted).

Accommodation and meals

In inpatient rehabilitation facilities, patients are accommodated in single or shared rooms. Self-catering is in most cases not possible in such facilities, as there is no kitchen for patient use. Sometimes, the facility has 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 a varied vegetarian diet. Nutritionists with whom you can jointly develop a meal plan and who can be made aware of specific requests are also available at any time. If a patient would like to keep the Ramadan fast, it is possible in most facilities to keep meals aside and reheat them in the evening. Patients following specific customary diets should clarify with the facility ahead of time whether these can be continued during rehabilitation. Of course, patients can also gather information on the internet or by telephoning the different

TIP: facilities and then request a specific facility in their application for rehabilitation.
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 the refrigerator. If there is no storage available, only long-life foods should be brought in. Especially when patients are on special diets, they should advise their relatives and friends. It can be detrimental to the rehabilitation process 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, different rules must be followed. In general, anything that is detrimental to the rehabilitation process is not welcome. Consuming alcohol or drugs is prohibited in all facilities.

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

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 emotional factors always play a role, too. This is why medical rehabilitation today is an intervention made up of a range of individual therapeutic

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

components such as physiotherapy, exercise, training, psychological group counselling and social work counselling. Depending on the presenting illness and its limiting effects, patients will come into contact with different professional groups.

The **doctor** takes care of overall medical treatment and coordinates the rehabilitation process. He writes prescriptions for medicines, therapeutic interventions and any assistive technology required. In addition, he will assess work performance ability and also talks with the affected person about the time after rehabilitation.

During the rehabilitation process, **Psychologists** and **psychotherapists** offer, among other interventions, individual or group counselling sessions and perform psychological *diagnostics*.

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



Physiotherapists and **exercise therapists** develop exercise programmes taking 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 employment reintegration. They provide advice regarding assistive technology and practice with the patient the specific tasks he or she also needs to accomplish during their daily work routine.

Carers and **nurses** also provide health care and support patients in coping with everyday life. Their tasks include, among others, distributing medications according to doctors' prescriptions, wound care and measures 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 courses.

Other specific professional groups such as **speech therapists** assist if language, speech or swallowing problems are present.

Cleaners and kitchen personnel also work in a rehabilitation facility.

The rehabilitation process

At the beginning of rehabilitation, every patient is asked in detail about his or her problems in what is called a medical admission interview. Already existing test results are reviewed and discussed with the patient. Generally, a few medical examinations follow the interview. It depends on the illness whether it is necessary that other members of the rehabilitation team, such as a psychologist or social

TIP:

Answer the doctor's questions honestly to receive the best possible treatment.

worker, also conduct such admission interviews or examinations. It is important that all questions are answered honestly. Only then can the doctor and his or her rehabilitation team form a comprehensive view of health status

and possible influencing factors. Of course, questions are always permitted. Based on these first examinations and discussions, and together with the patient, rehabilitation goals are set and a therapy plan is put together accordingly.

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

- *Occupational therapy* (e.g. *functional training, ergonomics training, assistive technology training*), physiotherapy, sports and 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)
- Individual and group psychological counselling
- Relaxation exercises
- Creative activities (dance, theatre, crafts, music therapy)
- Massages, baths, spa treatments
- Special interventions (e.g. language and speech training, dietary advice)
- Health education about risk factors (e.g. overweight, smoking, alcohol consumption)

Nevertheless, nobody can be forced to participate in a therapeutic intervention. However, it needs to be considered that the patient is obliged to contribute

to rehabilitation so that it can be completed successfully. This also means that certain forms of treatment cannot be cancelled or exchanged. This is why patients, if they reject certain interventions on religious grounds or based on their personal

worldview, should talk to their doctor or the respective therapist. Maybe there is another option for making good use of the daily treatment time. It is, however, always advisable to make use of all scheduled treatment so that

TIP:

Talk to the doctor about any therapeutic interventions you do not want to participate in and about the alternatives available.

health status improves as soon as possible. Especially in rehabilitation for the treatment of psychosomatic illness, patients 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. Patients 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, introduce additional interventions or assess the need for extending the rehabilitation period. To conclude rehabilitation, a consultation with the doctor takes place. He or she will provide information about possible *aftercare* services and *rehabilitation exercise programmes*. The discharge report will be sent to German Pension Insurance 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 evening or at the weekend.

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 therapy-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 or excursions. Patients interested in these activities should enquire directly at the facility about potential costs and prerequisites for participating.

Options for prayer

Depending on the facility, there will be special rooms for quiet contemplation and prayer. Of course, patients can also use their own rooms for prayer. You can find out on the internet or by telephone. Accordingly, the desired facility can be requested during the application process.

Arrangements for accompanying persons and visitors

Relatives and friends should only visit during treatment-free periods in order not to impact the rehabilitation process negatively. Patients will receive information about visiting times at reception or on the website of the respective facility. In rehabilitation facilities for psychosomatic illnesses, it may be the case that patients are not permitted to have visitors at the beginning of and during treatment. In this case, it is important to become informed in 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, patients may be able to participate in rehabilitation together with their partner. German Pension Insurance 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 must be found out from each facility. The costs, however, must be born by the accompanying person.

If the patient is a child under 8 years of age, one parent or other accompanying person can stay with the child during rehabilitation. Older children can be accompanied if it is necessary from a medical perspective. German Pension Insurance covers the resulting costs: travel, accommodation and meals. Up to age 15, children can be accompanied on their journeys to and from rehabilitation. If the accompanying persons are employed, they can take unpaid leave. German Pension Insurance reimburses lost income upon application.

Communication problems because of low German language skills

The doctor can ask an interpreter to assist during a medical consultation or the medical admission interview if communication would otherwise not be possible. German Pension Insurance covers the cost. This only applies to the medical admission interview. No interpreting services are provided for additional therapeutic interventions unless the patient himself covers the costs and accommodation for the interpreter. Low German language skills can be mentioned in the application for rehabilitation in order to influence the choice of rehabilitation facility. It is also advisable to enquire beforehand about rehabilitation facilities with native speakers on staff and to request a facility accordingly when lodging the application.

! An interpreter may be asked to assist during the medical admission interview.

Special services for migrants

Special services for migrants have been established in some rehabilitation facilities. There, 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. Services include single-sex wards, separate prayer rooms, transport services to the mosque or treatment 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 culturally or religiously specific request can be accommodated. It should also be considered that, depending on the illness, a rehabilitation



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

facility offering services specifically for migrants might not be the best choice. A rehabilitation facility specialising in the illness concerned might, in some circumstances, offer

significantly better treatment even if it does not have specific services for migrants.

Obligation to cooperate and dropping out of rehabilitation

The patient's 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 therapeutic agreements 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. In case a patient does not comply with

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

the obligation to cooperate and the success of the rehabilitation process is jeopardised as a result, German Pension Insurance can reduce or even completely stop social security benefits. However, this is

not desired and is absolutely the exception. If the patient is receiving sickness benefit, and the statutory health insurance provider has obliged them to attend rehabilitation, the sickness benefit may also be reduced.

There are many reasons why a patient might want to drop out of rehabilitation. However, whether or not to quit rehabilitation should be weighed up carefully before making a decision, because the goal of rehabilitation is to improve

the patient's health and wellbeing. Rehabilitation goals may not be reached if dropping out of rehabilitation before time. If quitting rehabilitation is unavoidable, the patient should consult the treating doctor at the rehabilitation facility. The doctor will then issue a certificate confirming that there are no reasons not to stop. If this certificate is not issued, it is possible that social security benefits such as sickness benefit may be reduced. The patient should contact German Pension Insurance after leaving the rehabilitation facility and explain the reasons for dropping out.

If the person concerned is receiving transition benefit from German Pension Insurance, this must be repaid for the unused portion of the rehabilitation period. However, a patient who drops out of rehabilitation need not pay for the rehabilitation as a whole.

Everyone should be aware that dropping out of rehabilitation could influence future applications for rehabilitation. Especially the reasons for dropping out of rehabilitation previously will be examined.

4. After rehabilitation

The interventions described below, intended for the time after medical rehabilitation is completed, can be either recommended, taken up and/or organised according to individual need.

Rehabilitation exercise programmes, functional training and aftercare

To consolidate the success of rehabilitation and to transfer newly learnt skills to everyday living, rehabilitation exercise programmes, functional

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

training or a German Pension Insurance aftercare programme can be accessed following medical rehabilitation. The doctor at the rehabilitation facility

will make the decision whether this is necessary. The doctor will issue a prescription and explain it to the patient during the final medical consultation. It is important to keep in mind that these services must be accessed within six weeks or three months after the end of rehabilitation respectively, or the prescription will lapse. The relevant deadline is stated in the fact sheet provided with the prescription.

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 the home so that participants have the opportu-

nity to re-enter employment. Rehabilitation exercise programmes are a good option in case of musculoskeletal illness, cardiovascular diseases and certain types of cancer and respiratory illnesses. There are also special 'cardiac programmes' for people with cardiovascular disease. Functional training – generally in the form of physical (water) exercise – however, is used to treat rheumatic disorders.

Aftercare programmes

In aftercare programmes, training and counselling complement exercise therapies. The goal is to further improve the limited capacities of the patient 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 in parallel with employment. The number of appointments and the interventions carried out are different for each programme.

Employment reintegration

After an extended period of inability to work, it is often not easy to return to the previous workplace. Work demands must be increased carefully.

If the employee had a sickness certificate – meaning he or she was unable to work – for more than six weeks in total (uninterrupted or repeatedly) within one year, the employer is obliged to offer what is called workplace integration management (Betriebliches Eingliederungsmanagement, BEM). Here, the employee decides for himself or herself whether to par-

TIP:
Talk with your employer about how you can best take up your work again.

icipate. As part of a BEM meeting, employer and employee as well as – if the employee agrees – additional experts (e.g. works council, human resources committee, disability advo-

cate, workplace physician, staff member of the joint rehabilitation service points, integration authority) together develop a programme of interventions to assist the employee to be able to be employed again in the company. Such a programme may include a reduction in weekly working hours or step-by-step reintegration. Step-by-step reintegration means that the employee at first only works a few hours at the company, with those hours being gradually increased.

If returning to the previous workplace is no longer possible, the employee 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, under certain circumstances, offers members *occupational rehabilitation* services. These also serve to avoid loss of earning capacity and can be accessed with or without prior 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 period of three years (occupational assistance helps with workplace demands, e.g. by working alongside the person concerned, reading texts out loud or writing for them)
- Training, professional development or re-training
- Start-up grant to become self-employed
- Alterations to make the home wheelchair accessible if this means that the workplace also becomes accessible
- Getting a drivers licence
- Grants for converting cars to accommodate a driver's disability
- Public transport tickets or a transport service.

In case of severe disability, there is the option of working in a *disability enterprise*.

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 with questions. Those affected can also meet there to share experiences. Those newly diagnosed can benefit from the experience of others. 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 services of German Pension Insurance and what a course of rehabilitation involves, we have included the following fictional case studies.

Accessing medical rehabilitation via German Health Insurance Medical Service (Medizinischer Dienst der Krankenkassen, MDK)

Mr K (52 years old, from Russia) suffered a stroke. At first, he is completely paralysed on the right side of his body. During his hospitalisation, he learns to use his arm again in everyday life. 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 being discharged from hospital. But Mr K rejects this because he would like to return home to familiar surroundings after spending several weeks in hospital.

A few weeks later – Mr K has been unable to work for longer than six weeks by now – he receives a phone call from German Health Insurance Medical Service (MDK). The staff member recommends that he submit an application for medical rehabilitation with German Pension Insurance. 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 because 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. To do this, he contacts his statutory

health insurance provider. The staff member explains it all to him and reassures him that she will forward his application to German Pension Insurance. In addition, Mr K forwards his doctor's diagnostic report.

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

The rehabilitation has helped Mr K a lot. He now feels more secure on his feet and believes that he can further improve his capacity with the help of the regular exercises. 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 the family doctor

Mr Ö (56 years old, from Turkey) has had a heart operation. At home, his family doctor cares for Mr Ö 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 with German Pension Insurance. 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 therefore consults his daughter, who generally provides him with support. She organises an application form for him from the regional German Pension Insurance agency. There, she finds out that her father can get assistance with filling in the application form from the German Pension Insurance information and advice centre, in person or by telephone. She goes to the advice centre with her father the next day. The staff member explains the application form and fills it in together with Mr Ö. Mr Ö takes the filled-in application back to his family doctor. The doctor writes the diagnostic report. The daughter then lodges the completed application at the regional German Pension Insurance agency.

After several weeks of waiting, Mr Ö enters a rehabilitation facility that specialises in cardiovascular diseases. At the beginning of his stay, Mr Ö is examined. The doctor talks through the rehabilitation treatment plan with Mr Ö.

Mr Ö had been a little concerned before rehabilitation: what would it be like? Would he feel comfortable? And, above all, would he be able to perform the prayers regularly? Religion is very important to Mr Ö. On the ward, he asks a health worker and nurse whether there is a special prayer room. The nurse regrets having

to say 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 initially participates in a quit smoking course. Over time, he will be able to reduce his weight to normal by changing his diet and attending cooking courses. 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 rehabilitation and he is again able to pursue his work and leisure activities. Mr Ö participates in a follow-up treatment programme in his 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 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. He makes her aware of the option of medical rehabilitation through German Pension Insurance. Mrs P had never heard of it before. Where can she find out about it? Her caseworker looks up the address of the nearest joint rehabilitation service point. Mrs P goes there with some trepidation. However, her worries are 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 the diagnostic report of her treating doctor, stating the need for rehabilitation.

After five weeks, German Pension Insurance notifies Mrs P of a start date for her 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 exercises.

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

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 advised Mrs P that she might be eligible for occupational rehabilitation. Mrs P is determined to find out about it soon at the joint rehabilitation service point.

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 evening. For about eight years, bad stomach aches have plagued Mrs S. 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 complaint. A few months ago, her family doctor finally realised that Mrs S's complaints were psychosomatic. But despite Mrs S receiving treatment accordingly, her complaints 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. On an online forum, she comes across the option of medical rehabilitation and finds out that it is also offered for psychosomatic illnesses. She immediately calls Mrs S on the phone and offers her to look for further information on the website of German Pension Insurance 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.

At first, the application is rejected for the reason that 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 does not 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 it at the rehabilitation facility. She receives a range of therapeutic interventions to improve her health, such as breathing and relaxation exercises, and exercise therapy. In the group sessions and individual psychotherapy 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 one of the weekends.

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 if you suffer from a chronic illness that impacts on your earning capacity and you meet the conditions relating to insurance law, personal circumstances and immigration law. This also applies if you receive follow-up treatment directly after being discharged from a hospital. Apart from these rehabilitation services, German Pension Insurance fund members, pensioners and their dependents with cancer as well as chronically ill children and adolescents are also entitled to medical rehabilitation. If treatment for addictions (e.g. to alcohol, illegal or prescription drugs) is required, German Pension Insurance also covers it as a medical rehabilitation service.

2. Who is my contact person?

Your primary contacts are your doctor (or your company/worksite physician), the Federal German Pension Insurance Agency, your statutory health insurance provider, the joint rehabilitation service points and the German Pension Insurance information and advice centres. If you believe that you need rehabilitation, please contact one of these agencies. You can find details in the address list.

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 apply for it. However, should you be on the sickness benefit, then the statutory health insurance provider can ask you to lodge an application for rehabilitation. If you do not comply, your sickness benefit may be reduced.

The employment agency can also ask you to apply for rehabilitation.

4. Is outpatient or inpatient rehabilitation an option in my case?

It depends on one hand 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 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 in rehabilitation, you can apply with German Pension Insurance to receive financial support for household assistance and/or childcare. If you meet the criteria, German Pension Insurance 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 Agency, regional agencies of German Pension Insurance, joint rehabilitation service points, German Pension Insurance information and advice centres and statutory health insurance providers 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 is not medically indicated at the time – find out about prevention and health promotion services near you (also through your statutory health insurance provider) and access those.

10. Can I object to the allocated location for rehabilitation?

Yes. However, there is no guarantee that you will be able to start 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, they will cover the costs. If rehabilitation takes place at an inpatient facility, members 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 benefit (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), your employer will continue to pay your wage or salary for up to six weeks. After these six weeks, you can apply with German Pension Insurance to receive transition benefit for the period 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 inability to work. This is also in the interests of your employer. However, should your contract end during inpatient rehabilitation, it is possible that it will not be extended.

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 aged pension 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 from German Pension Insurance (e.g. medical rehabilitation), you will only be refunded the contributions you have made afterwards.

Rehabilitation intervention and facility:

15. Can I choose the location for my rehabilitation?

German Pension Insurance fund members have a right to preference and choice. This means that they can indicate their preferences regarding the rehabilitation facility as part of the application. The German Pension Insurance agency will assess the applicant's requests and reasons, and consider them 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 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, to a maximum of 130 €. For outpatient rehabilitation, travel costs are reimbursed as necessary. You can obtain further details from German Pension Insurance.

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 Agency, regional German Pension Insurance agencies, the joint rehabilitation service points, the German Pension Insurance information and advice centres, and statutory health insurance providers. 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 doctor, an interpreter is provided for the medical admission interview 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 do not 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 treatments that cannot be cancelled or replaced.

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 success of the rehabilitation. This may not be the case for other illnesses.

Household and family:

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

If necessary, the costs of household assistance and/or childcare for your family are covered by German Pension Insurance on application, and if certain criteria are met.

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.

Contact persons, service points and addresses

National and regional German Pension Insurance agencies

Deutsche Rentenversicherung Bund (Federal German Pension Insurance Agency)

Ruhrstraße 2 · 10709 Berlin
Ph.: 030/8650 · Fax: 030/86527240
Email: drv@drv-bund.de

Deutsche Rentenversicherung Knappschaft-Bahn-See (German Pension Mines, Rail and Maritime Pension Insurance Agency)

Pieperstraße 14–28 · 44789 Bochum
Ph.: 0234/304 0 · Fax: 0234/30466050
Email: zentrale@kbs.de

Deutsche Rentenversicherung Baden-Württemberg

Gartenstraße 105 · 76135 Karlsruhe
Ph.: 0721/825 0 · Fax: 0721/825 21229
Email: post@drv-bw.de

Deutsche Rentenversicherung Bayern Süd

Am Alten Viehmarkt 2 · 84028 Landshut
Ph.: 0871/81 0 · Fax: 0871/81 2140
Email: service@drv-bayernsued.de

Deutsche Rentenversicherung Berlin-Brandenburg

Bertha-von-Suttner-Straße 1
15236 Frankfurt (Oder)
Ph.: 0335/551 0 · Fax: 0335/551 1295
Email: post@drv-berlin-brandenburg.de

Deutsche Rentenversicherung Braunschweig-Hannover

Lange Weihe 2 · 30880 Laatzen
Ph.: 0511/829 0 · Fax: 0511/829 2635
Email: info@drv-bsh.de

Deutsche Rentenversicherung Hessen

Städelstraße 28 · 60596 Frankfurt/Main
Ph.: 069/6052 0 · Fax: 069/6052 1600
Email: kundenservice-in-hessen@drv-hessen.de

Deutsche Rentenversicherung Mitteldeutschland

Georg-Schumann-Straße 146 · 04159 Leipzig
Ph.: 0341/550 55 · Fax: 0341/550 5900
Email: service@drv-md.de

Deutsche Rentenversicherung Nord

Ziegelstraße 150 · 23556 Lübeck
Ph.: 0451/485 0 · Fax: 0451/485 15333
Email: info@drv-nord.de

Deutsche Rentenversicherung Nordbayern

Wittelsbacherring 11 · 95440 Bayreuth
Ph.: 0921/607 0 · Fax: 0921/607 2398
Email: info@drv-nordbayern.de

Deutsche Rentenversicherung Oldenburg-Bremen

Huntestraße 11 · 26135 Oldenburg
Ph.: 0441/9270 · Fax: 0441/9272563
Email: presse@drv-oldenburg-bremen.de

Deutsche Rentenversicherung Rheinland

Königsallee 71 · 40194 Düsseldorf
Ph.: 0211/937 0 · Fax: 0211/937 3096
Email: post@drv-rheinland.de

Deutsche Rentenversicherung Rheinland-Pfalz

Eichendorffstraße 4–6 · 67346 Speyer
Ph.: 06232/17 0 · Fax: 06232/17 2589
Email: service@drv-rlp.de

Deutsche Rentenversicherung Saarland

Martin-Luther-Straße 2–4 · 66111 Saarbrücken

Ph.: 0681/3093 0 · Fax: 0681/3093 199

Email: service@drv-saarland.de

Deutsche Rentenversicherung Schwaben

Dieselstraße 9 · 86154 Augsburg

Ph.: 0821/500 0 · Fax: 0821/500 1000

Email: info@drv-schwaben.de

Deutsche Rentenversicherung Westfalen

Gartenstraße 194 · 48147 Münster

Ph.: 0251/238 0 · Fax: 0251/238 2960

Email: kontakt@drv-westfalen.de

German Pension Insurance information and advice centres

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

http://www.deutsche-rentenversicherung.de/Allgemein/de/Navigation/5_Services/01_kontakt_und_beratung/02_beratung/01_beratung_vor_ort/01_servicezentren_beratungsstellen_node.html

Searches are possible by postcode or town.

Joint rehabilitation service points

You can find joint rehabilitation service points near you at:

www.reha-servicestellen.de

Searches are possible by agency, federal state and town.

Internet addresses

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-behinderter-Menschen/Rehabilitation-und-Teilhabe/inhalt.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

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/Bund/de/Navigation/2_Rente_Reha/02_reha/04_reha_einrichtungen/med_rehaeinrichtungen/standorte_indikationen_node.html

www.meine-gesundheit.de/rehakliniken-suche

www.kurklinikverzeichnis.de/erweitert-suchen

<http://reha.qualitaetskliniken.de/>

www.kurkliniken.de/cgi-bin/kliniken/kliniken_form.cgi

www.medfuehrer.de/Reha-Kliniksuche

www.gelbeseiten.de/branchenbuch/reha-klinik

www.krankenhaus.net/klinikrehasuche.php

Glossary

Addictions	Illnesses characterised by an uncontrollable desire for certain substances (such as alcohol or drugs) or for certain activities (e.g. gaming or shopping addiction).
(Socio-medical) aftercare	An intervention immediately following hospitalisation or inpatient rehabilitation; aftercare serves to shorten or avoid hospitalisation and to consolidate rehabilitation treatment successes.
Aged pension	The pension that an employee is paid after having left paid employment and upon reaching the pension age.
Appeal	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.
Assistive technology training	Learning to use assistive technology (e.g. a prosthesis) in preparation for everyday life.
Chronic	Of extended duration or developing slowly.
Contribution threshold (Beitragsbemessungsgrenze)	Amount of gross income on the basis of which e.g. maximum statutory social insurance contributions are calculated.
Depression	A mental illness characterised by an emotional state of low spirits.
Diagnosis	Identification of an illness.
Diagnostics	Methods/procedures to arrive at a diagnosis.
Disability enterprise (sheltered workshop)	A facility where people with disabilities can work.
Disability pension (Erwerbsminderungsrente)	A pension that German Pension Insurance fund members receive if they have partial or total earning incapacity because of a psychological or physical disorder.
Doctor's diagnostic report	A letter from a doctor that contains a description of the health status of a patient.
Ergonomics training	Interventions and exercises to help reduce stresses at the workplace (e.g. learning body postures that protect the back).
Follow-up treatment/ follow-up rehabilitation (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.

Functional training	Special therapeutic exercises aiming to strengthen muscles and keep joints mobile.
Inpatient	The patient is accommodated in a hospital or rehabilitation facility. He or she stays in the facility overnight and receives all meals.
‘Kur’	An obsolete German expression for rehabilitation.
Medical certificate	In the context of applications for medical rehabilitation: a certificate written by a doctor, containing the results of a medical assessment.
Medical rehabilitation through German Pension Insurance	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.
Obligation to cooperate	Obligation to become actively involved in what is happening. For example, the patient is obliged to actively participate in rehabilitation in order to reach the rehabilitation goal.
Occupational rehabilitation (services to increase employment participation)	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.
Occupational therapy	A type of therapy that enables people to perform everyday tasks.
Outpatient (outpatient treatment)	Treatment where the patient does not stay overnight, but returns home on the same day. Some of these types of treatment are also available while the patient continues to go to work.
Partial/total earning incapacity (Erwerbsminderung/ Erwerbsunfähigkeit)	Earning capacity is reduced if a person can work only partially or not at all because of psychological or physical impairment.
Physiotherapy	Therapy that restores, improves or maintains mobility and functional abilities.
Psychological	Concerning the mind (psyche).
Psychosis	A mental disorder (involving a loss of contact with reality).
Psychosomatic	Interaction between body and mind, i.e. physical complaints that have psychological causes.
Psychotherapy	Therapy for the treatment of mental disorders or psychological consequences of physical illness.
Rehabilitation exercise programmes	A service of German Pension Insurance offered following successful rehabilitation. The results of rehabilitation are consolidated through movement exercises.

Rehabilitation fitness	A person must be physically and mentally capable of participating in rehabilitation; an important personal prerequisite for accessing rehabilitation.
Rehabilitation need	An important prerequisite for access to rehabilitation that indicates whether a person actually needs rehabilitation.
Rehabilitation prognosis	Forecast/prediction regarding the success to be expected from rehabilitation.
Remedial Notice	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.
Rheumatic diseases	Illnesses with pain in the musculoskeletal system (rheumatism).
Risk factors	Factors (e.g. certain behaviours) that increase the probability of contracting an illness.
Statutory social security contributions	Contributions to statutory social insurance made by all those employed in jobs subject to statutory social insurance.
Transition allowance	Financial benefit paid by the social insurance provider for a limited period (e.g. during rehabilitation).
Widow's/ Widower's pension	Widow's or 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.
Willingness/motivation for rehabilitation	The patient must be motivated to participate in rehabilitation; an important prerequisite for accessing rehabilitation.
Workplace Integration Management (Betriebliches Eingliederungsmanagement or BEM)	A management responsibility of the employer that aims to overcome the inability to work of an employee and to preserve their employment.

Acknowledgements

We thank the following experts who, on account of their specialised knowledge, have contributed significantly to the development of this guide:

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)

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. Jan İlhan 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)

Responsible for translations of this guide into the various languages were the following specialists:

Dr. Nilgün Kimil, Dr. Engin M. Erdoğan, Tatjana Pankratz-Milstein, Elena Görzen, Matthias Wentzlaff-Eggebert, Photini Kaiser, Javier Arola, Francesca Parenti, Miloš Petković

The Ethno-Medizinisches Zentrum e. V. (Ethno-Medical Centre Inc.) offers additional native language brochures on a range of health topics. You can download these at www.ethnomed.com or order them directly from the centre:

- Hand in Hand to Health – The German Health System
- Health Guide for asylum seekers in Germany
- Diabetes – Inform, Prevent, Act
- Protective Vaccination
- Depression – Recognise, Understand, Help
- Computer, Internet and Gaming Addiction – Causes, Prevention, Treatment
- Trauma induced disorders and Post-Traumatic Stress Disorder (PTSD)
- Healthy Living – Staying Healthy

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.

The 'Medical Rehabilitation through German Pension Insurance: Support for People with Chronic Illness' guide can be downloaded from www.ethnomed.com.

- Multilingual guide
- 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 has been received from: