

News Flash

June, 2018



**Long-term family member care leave
in the Czech Republic**

Long-term family member care leave

From June 1st 2018 there was new type of social benefit introduced - Long-term family member care. **Family member care can be provided to a person, who needs long-term care in the home environment.** It is required that the person being treated should have given written consent to the provision of long-term care to the person on the prescribed form, consent may also be withdrawn in written form.

Granted person

Who can be granted with this type of paid leave:

- a) the spouse's or the registered partner (registered partner) of the person being treated,
- b) relatives in direct line with the person being treated or her sibling, mother-in-law, father-in-law, daughter-in-law, son-in-law, niece, nephew,
- c) a spouse, registered partner (registered partner) or cohabitee of the natural person referred to in (b); or
- d) the person (cohabitee) of the person being treated or another natural person living with the treated person in the household.

*If a long-term care according to subparagraph (c) is provided by cohabitee, another condition of entitlement to long-term care should be met – cohabitee and a natural person referred to in point b) have the same place of permanent residence and, in the case of foreigners, the same place of residence in the Czech Republic or similar residence abroad for at least 3 months immediately prior to the date of the need for long-term care or the date of the first taking over of the care.

*If cohabitee or other natural person living with a person treated in the household as referred to in point d) claim to be a long-term care, there is another condition to be met – treated person has the same place of permanent residence as a resident and, in the case of foreigners, the same place of residence in the Czech Republic or similar residence abroad for at least 3 months immediately prior to the occurrence of the need for long-term care or the date of the first taking over of that care.

Treated person

A treated person is a natural person who has experienced a serious health disorder that has required hospitalization for at least 7 consecutive calendar days. Furthermore, it is essential that the health condition of the person being treated after the release from hospital necessarily requires the provision of long-term care for at least 30 calendar days.

Decision on the need

If these conditions are fulfilled, the doctor approves a long-term care need occurred and issues a prescribed **Decision on the need for long-term care (RPDP)** at the request of the person being treated, his / her legal guardian, guardian or persons designated by the person being treated.

First part of Decision is sent to Social insurance office. 2nd and 3rd part of Decision is provided to a person being treated, his / her legal guardian, guardian or persons designated by the person being treated in the moment of release from hospital.

At least once a month, the doctor confirms for the purpose of paying the long-term care allowance the long-term care status on the Confirmation of Duration / Termination of Long-term Care.

The basic condition for entitlement to long-term care allowance is participation in the insurance (for example the duration of the employment), which at the same time lasted for at least 90 calendar days in the last 4 months immediately

preceding the need for long-term care or the date of first taking over.

In the case of long-term care provided to the same person, the long-term care is granted only once and only to one of the eligible or gradually more justified if they are shared in the same need of long-term care. Sharing can also be repeated.

Duration and amount

The duration of the benefit is **not more than 90 calendar days** and begins on the first day of need for long-term care.

The amount of long-term care allowance is **60% of the reduced daily assessment base** per calendar day.

An insured person may be entitled to another long-term care allowance at the earliest 12 months from the date he was last entitled to previous the long-term care benefit.

Application requirements

Long-term care requests will be should be requested by employees on the prescribed form through the employer.

In order to pay a long-term care allowance for a certain period of time, the long-term care duration or the long-term care termination should be documented by confirming from doctor (on prescribed forms).

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