

## ENIL Personal Assistance Template

Country: Netherlands

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Contact Person: ms Jose Smits, [jcsmits@dds.nl](mailto:jcsmits@dds.nl)

ENIL Contact Person: Jamie Bolling – [jamie.bolling@enil.eu](mailto:jamie.bolling@enil.eu)

<p>Background of the legislation for PA services</p>	<p>There is no legal right for personal assistance in the Netherlands. There is a right to receive care and support based on two Acts: the 1967 General Act on Extraordinary Healthcare Costs (AWBZ)<sup>1</sup> and the 2006 Social Support Act (WMO)<sup>2</sup>. Both acts serve people with all kinds of disability and chronic illness.</p> <p>The General Act on Extraordinary Healthcare Costs is meant to provide care for people with more severe disabilities who are regarded as being dependent on residential care, whereas the Social Support Act is meant to provide for people with less severe disabilities who live in society. This distinction is not formal. People with severe disabilities can receive support based on both acts and can choose to live outside residential settings.</p> <p>The Social Support Act provides personal assistance for people who would need a few hours of assistance per week.</p> <p>Anyone who is entitled to receive care based on AWBZ can opt for a direct payment. The payment will roughly equal the amount of money care providers would receive to provide direct care (so that would be the budget without costs for housing, overhead costs etcetera).</p> <p>The AWBZ budgets are based on the assumption people with disabilities live in residential group homes, catering for 6-10 people living together and sharing costs. People who choose to live independently and who would use their direct payment for personal assistance can do so but they will have to make do with the budget based on group living and sharing costs for assistance.</p> <p>The system for direct payments, called Personal Care Budgets (Dutch acronym PGB), have been introduced in the Netherlands in 1996. The direct payment system, although it is widely used, is not based on a legal right but is granted based on a subsidy regulation. Plans are to introduce a legal right as part of a new act on long term</p>
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<sup>1</sup> 1967: Algemene Wet Bijzondere Ziektekosten AWBZ <http://wetten.overheid.nl/BWBR0002614>

<sup>2</sup> 2006, Wet Maatschappelijke Ondersteuning: <http://wetten.overheid.nl/BWBR0020031>

	<p>care as of 2015.</p> <p>In 1995, the introduction in the Netherlands of personal budgets<sup>3</sup> has proven itself to be the main instrument that extends the choice to people with disabilities to choose their own living arrangements. Although the budgets are based on the assumption of group living, a budget does allow for more flexibility in spending, in tariffs and in choice of personnel. The more innovative independent living arrangements and smaller group homes are usually financed with personal budgets.</p> <p>Since 1996 the number of people opting for direct payments have grown rapidly. In 2002 13.000 people opted for direct payments. In 2012 the number was 130.000 receiving a total sum of 2,2 billion. There are two reasons for this rapid growth. One is that initially 30% of direct payment holders were people refusing to use institutional care. Before direct payment was available, family members would provide informal care). The second reason is that large care providers started offering services to people receiving direct payments in order to increase their turnover and to avoid national budget caps.</p> <p>Dutch government aims to reduce the number to the original 13.000 and uses budget cuts and stricter regulations to do so. Moreover, the plan is to transform direct payment into a voucher system as of 2014. These restrictions elicited some debate on the right for independent living for people with a disability. In this debate not much weight is given to people and organisations (Per Saldo<sup>4</sup>, Inclusion Netherlands<sup>5</sup>) that stress the need for independent living. Care providers, care insurers and national government stress the need for budget control and the need to reduce fraud and are in favour of reducing self controlled care budgets. There is one other option for people with disabilities (physical disabilities only) to live independently in so called Fokus projects. In these projects people live in a cluster of apartments for which assistance on call is provided.</p>
Type of legislation	There is no legislation on personal assistance. The right to care and support is based on the General Act on Extraordinary Healthcare Costs (AWBZ) <sup>6</sup> and the 2006

<sup>3</sup> Persoonsgebonden Budget PGB: see Schoonheim, J. (2009) *ANED country report on the implementation of policies supporting independent living*. Academic Network of European Disability Experts (ANED).

<sup>4</sup> [www.pgb.nl](http://www.pgb.nl)

<sup>5</sup> [www.inclusienederland.nl](http://www.inclusienederland.nl)

<sup>6</sup> 1967: Algemene Wet Bijzondere Ziektekosten AWBZ <http://wetten.overheid.nl/BWBR0002614>

	Social Support Act (WMO) <sup>7</sup> . Both acts serve people with all kinds of disability and chronic illness. The rough distinction between the two acts is that the AWBZ provides care/support for people with intensive needs and the social Support Act for ambulatory support at home for a few hours per week only.
Administrator of PA services	If people receive direct payment they are administrator. The plan is to change direct payment into a voucher system for which a national agency will be appointed administrator.
Funder of services	Support based on the General Act on Extraordinary Healthcare Costs (AWBZ) , including direct payments based on AWBZ, falls under the administrative authority of care insurers , a national system for which all workers pay social contributions. Support based on the Social Support Act is provided by municipalities.
Disabilities covered	All kinds of disability and chronic illness are covered by the AWBZ and social Support Act. An independent agency assesses the severity of the need for care and support.
Amount of hours per day/week possible	An extensive set of criteria is involved in assessing the need for care and support. The maximum number of hours is, in general, based on traditional ways of supporting people in group homes. If people are considered to harm themselves or others by living in groups, they can receive extra hours without maximum, but only on a temporary basis and on request through a special procedure. In incidental cases brought before court, families with young children with disabilities were granted extra hours above the maximum in order to enable them to live at home with their parents. These cases are exceptional.
Assessment of needs: tool and how often	An independent agency assessed the needs of persons with a disability based on diagnose, the type of disability, the voluntary assistance family members. For people with more severe disabilities an extensive table is used that describes the usual hours of support given in group homes. These tables are used as maximum.
Hourly rate funded	Hourly rates funded in the General Act on Extraordinary Healthcare Costs (AWBZ) vary from 50 to 85 euro for care with higher hourly rates for specialized support and care. <sup>8</sup> The maximum hourly rate that receivers of direct payment are allowed to pay per hour is 62 euro <sup>9</sup> .

<sup>7</sup> 2006, Wet Maatschappelijke Ondersteuning: <http://wetten.overheid.nl/BWBR0020031>

<sup>8</sup> Beleidsregel NZA 2014 <http://www.nza.nl/137706/142055/567517/CA-300-584.pdf>

<sup>9</sup> College van zorgverzekeringen [www.cvz.nl](http://www.cvz.nl)

	Direct payment holders pay on average <sup>10</sup> around 30 euro per hour.
Age requirement	No age requirement
Total of Registered Users in the country	130.000 direct payment budget holders

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<sup>10</sup> Wat betalen budgethouders voor zorg? report drs. Louise Pansier-Mast HHM , mei 2012