

## Questionnaire on Rehabilitation scheme that Social Insurance gives for victims of accidents at work and occupational diseases in Austria (AUVA)



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### 1. General regulation of rehabilitation in the Social Insurance

**Do(es) the Accident Insurance carrier(s) of your country provide this?  
Precise the name of the organization(s) responsible for it.**

In Austria, rehabilitation measures after an accident at work or an occupational disease are provided by the statutory accident insurance carriers.

The statutory accident insurance is carried out by three social insurance institutions: the Austrian Worker's Compensation Board (AUVA), the Social Insurance Institution for the Self-Employed (SVS) and the Insurance Company for Public Employees, Railways and Mining (BVAEB).

## Rehabilitation

### **2. What does “Rehabilitation” mean in your country:**

**Does it involve: health care? Social, vocational, medical measures?  
Reintegration? Reeducation of people? Other...**

In Austria, there is medical, vocational and social rehabilitation.

Medical rehabilitation is classified as accident treatment. If appropriate, it is carried out right after acute treatment and/or later. Therapies take place on an inpatient or outpatient basis. Prosthesis, body replacements and aids help to regain mobility.

Vocational rehabilitation supports the reintegration of the disabled person into working life. If possible, the insured person should be able to return to his former job. If this is not possible, there are education and retraining measures.

Social rehabilitation concerns the private sphere of the disabled person's life. This includes, for example, granting of subsidies/loans for the adaptation of living space or a car.

Rehabilitation must be carried out by all appropriate means. However, there is no legal entitlement to a specific occupational or social rehabilitation measure.

### **3. Does the term “rehabilitation” refer to specialized centers dedicated to victims of accidents at work and occupational illnesses? Is it shared with the health insurance scheme?**

The accident insurance carriers operate their own rehabilitation facilities. But as far as capacity is available, other patients (e.g. after a sports accident) are also rehabilitated there and the accident insurance carriers also send their patients to other institutions.

### **4. How is it financed? (Within the general contribution for occupational injuries? Special contributions?..)**

Rehabilitation is financed within the general contribution. It is financed by the general budget of the accident insurance carriers.

### 5. Which cash benefits and benefits in kind are included in the process of rehabilitation?

#### **Benefits in cash:**

During vocational training that takes up most of the day without employment or apprenticeship, the accident insurance institution pays insured persons a “temporary allowance”. The temporary allowance is a cash benefit, so it is not paid as part of assistance in kind for another country!

#### **Benefits in kind:**

The benefits in kind of medical rehabilitation include numerous treatment options. If necessary insured persons are entitled to be provided with body prosthesis (e.g. prosthetic arm), orthopaedic aids (e.g. orthopaedic shoes, crutches) and other aids (e.g. bed pads, diapers, catheters, wheelchairs) that are necessary to ensure the success of the medical treatment or to lighten the consequences of an accident at work or occupational disease. All these aids must be adapted to the personal and professional circumstances of the insured person.

Examples for benefits in kind in the context of vocational rehabilitation are vocational training to regain or increase earning capacity, training for a new occupation, help in finding a job, vocational orientation measures, work trial in a vocational rehabilitation facility, accompanying measures such as tutoring and distance learning. In addition, grants, loans and/or other support measures may be granted to enable the disabled person to continue working. Furthermore, there is the possibility of an employer subsidy. If necessary, travel expenses, training or course costs, costs for learning aids and social security contributions are covered.

In the context of social rehabilitation, e.g. a subsidy and/or loan can be granted for the adaptation of the apartment (including the outdoor area) or the purchase/construction of a disabled-friendly housing facility up to the amount of currently EUR 55.000,-. Further grants and/or loans can be granted, for example, for the purchase or adaptation of a car, for the costs of obtaining a driver’s license, for the purchase of an assistance dog, for the practice of sports for the disabled, for employment in an integrative company or an occupational therapy facility.

It should be noted that the above-mentioned grants and loans, which are granted in the context of vocational and social rehabilitation, are considered to be benefits in kind, since they are linked to the granting of vocational or social rehabilitation!

**6. What do you think is special about rehabilitation in your country?  
(e.g. support in returning to work? Home improvements?  
Special programs? Case manager? D-Artz as in Germany?...)**

In Austria, it is a special feature that all benefits and steps in connection with an accident at work or an occupational disease are granted and controlled by the competent accident insurance institution. Accident treatment as well as rehabilitation, compensation and all the benefits in kind listed above are managed and granted by the competent institution. This responsibility of only one institution is an advantage for the insured person.

**7. What are the latest developments in your country in the  
field of rehabilitation?**

A relatively new development is the “Complex Rehabilitation Care Unit” (CRCU), where rehabilitation is started at an early stage. This inpatient rehabilitation service is aimed at patients who have completed primary trauma treatment and whose medical or nursing care needs go beyond those of the general post-traumatic rehabilitation ward. This may be due to an increased risk of complications and/or special medical needs and/or increased care needs during the rehabilitation.

Another development is “outpatient rehabilitation”. It can take place after trauma surgery treatment or inpatient rehabilitation if the medical conditions are met. The range of benefits offered by outpatient rehabilitation is fully equivalent to the range of benefits offered by inpatient rehabilitation, with the exception of nursing care and the hotel component. Outpatient rehabilitation has the advantage that patients can live at home while the therapy is ongoing and may also be able to practice their profession. Currently, this form of rehabilitation is only possible after certain injuries.

**IMPRINT:**

The European Forum of Insurance against Accident at Work and Occupational Diseases:  
Working Group Communication

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### **8.1. What could be improved in the communication of the provision of rehabilitation measures between the countries?**

An improvement in communication would be good in the following situation: In some cases, the assisting institution grant rehabilitation measures, which are not appropriate in consideration of the condition of the insured (e.g. bicycle is granted despite dizziness). In this case, a thorough medical examination should be carried out to check whether the measure is actually suitable or otherwise consultation with the responsible institution should be held.

Better communication and information are also important in the following situation: An insured person living in a country other than the competent one needs rehabilitation. The institution responsible for providing assistance in kind in the state of residence has to provide rehabilitation measures (if in kind) at the expense of the competent institution in accordance with the legislation of the state of residence. The assisting institution should inform the competent institution if it is not obliged to provide rehabilitation in accordance with this legislation. In this case, it should also inform whether there are other institutions in the country (outside the system of accident insurance) that are obliged to provide rehabilitation measures, e.g. through health insurance or pension insurance. If there is no entitlement to receive rehabilitation measures in a country or to a very limited extent, the competent institution must be put in a position to decide whether it wishes to grant rehabilitation measures at its own expense anyway (e.g. if there is no entitlement to the adaptation of a house, the competent institution can decide to pay for it anyway).

### **8.2. How does it work if a worker insured in a foreign country (EU, EWR, Switzerland) has to be rehabilitated in your country? Competent Institution sends DA002 (Declaration of cost coverage). You are the institution of the place of residence or stay. What can you do?**

Though we received a confirmation of cost coverage (e.g. DA002), the competent institution will be asked again specifically whether the costs for the rehabilitation will be covered. After we have received this confirmation from the competent institution, the chief physician will be asked which rehabilitation measures are required and in which facility it should take place. If vocational and/or social rehabilitation measures are desired, the chief physician decides whether the desired measure is necessary due to the consequences of the accident. We proceed as if it were our own insured person.

We pay the bill for the rehabilitation and invoice the costs to the competent institution and also send all the medical documents we have. ●