

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



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### Author and Institution:

German Social Accident Insurance (DGUV)

#### 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.**

Yes, the German social accident insurance institutions are responsible for rehabilitation for victims of accidents at work and occupational diseases “using all suitable means” (“mit allen geeigneten Mitteln”) i.e. coordinating and financing the rehabilitation measures. In Germany, there are 9 social accident insurance institutions for trade and industry and 24 social accident insurance institutions for the public sector. The German Social Accident Insurance (DGUV) is the umbrella organization and provides a platform for common guidelines and contracts with service-providers based on legal and structural principles.

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

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

For the German social accident insurance rehabilitation refers to the process of and measures aimed at strengthening the physical, mental, social and occupational abilities as well as self-determination and equal participation in all areas of life. This applies to people with existing or impending disabilities. It includes medical, therapeutic, nursing, social, vocational, educational or technical services, including the adaptation of the person's environment. Rehabilitation is understood as a planned, multi-professional and interdisciplinary process geared towards individual participation goals. The social security code distinguishes between medical, vocational and social rehabilitation. While medical rehabilitation aims at restoring health and functionality and the prevention, reduction or compensation of disabilities, vocational rehabilitation focuses on measures to enable individuals with disabilities to participate in working-life. Social rehabilitation addresses broader social aspects to support the individual's overall integration into society.

### **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?**

In Germany, depending on the individual circumstances, different social insurance branches as well as tax-funded social security authorities are responsible for the provision of rehabilitation benefits and services. The German accident insurance institutions operate own clinics (“BG Hospitals”) that provide curative treatment as well as medical rehabilitation especially for victims of accidents at work and occupational diseases. However, there is a broad range of rehabilitation facilities such as rehabilitation clinics, outpatient medical rehabilitation centres, vocational rehabilitation centres and other organizations in Germany that provide for persons covered under various social security schemes including health insurance and pension insurance.

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

The German social accident insurance is financed through contributions provided by employers. There are no special contributions for rehabilitation. Preventive measures, rehabilitation and compensation are funded in full by employer contributions.

Accident insurance costs falling within the responsibility of the accident insurance fund of the Federal government and the accident insurance institutions responsible for the regional and local authorities are borne by the relevant incorporated bodies responsible for the regions concerned and financed essentially through tax revenues.

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

**Benefits in cash include, but are not limited to:**

- temporary disability benefits while the person is unable to work
- transitional allowances paid during vocational re-training
- re-imbusement of travel expenses
- financial supports for disabled-friendly adaptation of housing
- financial supports to maintain mobility (e.g. conversion or purchase of specially equipped vehicles)
- integration subsidies for employers
- grants for self-employment

**Benefits in kind include but are not limited to:**

- medical and dental treatment
- pharmaceuticals
- treatments, including physiotherapy, speech therapy and occupational therapy
- psychotherapy
- prostheses, orthopaedic and other aids
- home nursing
- treatment in rehabilitation clinics and outpatient rehabilitation centres
- assistance in retaining or finding a workplace
- assistive devices, adaptations of the workplace
- assistance for employer and employee by rehabilitation advisors
- job preparation, placement, application training
- individual company-specific qualification, occupational adjustment, further training
- counseling, social educational and psychosocial assistance
- housekeeping support
- rehabilitation sports

Most benefits in kind provided in the process of rehabilitation can also be provided as cash payments (so called "Personal Budget").

**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-Arzt as in Germany?...)**

In the rehabilitation scheme of the German accident insurance, the following elements are particularly noteworthy:

- **The comprehensive mandate to provide rehabilitation “with all suitable means”**

In the event of an occupational accident or recognized occupational disease, the accident insurance institution covers the cost of all necessary benefits and services during the rehabilitation process. This includes acute medical care as well as medical, vocational and social rehabilitation measures. To return the accident victim to working life and secure social participation, use is made of the most comprehensive and effective therapeutic treatment and rehabilitation possible.

- **The network of accident insurance consultants (D-Arzt-Verfahren)**

Following an occupational accident, medical care and rehabilitation is delivered “from a single source” under the social accident insurance system. Approximately 4,200 accident insurance consultants (both in hospitals and outpatient care) provide patients with the necessary treatment, determine the need for subsequent therapy and coordinate and supervise the rehabilitation process. The consultants, who are surgeons or orthopaedic specialists with expertise in occupational medicine, have skilled personnel and the latest medical equipment at their disposal.

- **The deployment of case-managers in severe and complex cases**

After serious injuries but also in cases with additional contextual factors that threaten return to work, insured persons are supported by skilled case managers employed by the accident insurance institutions. Rehab Management includes individualized counselling and advice, the systematic planning of the rehabilitation process together with doctors and therapists, the coordination of all necessary measures as well as supporting insured persons and employers with re-integration in the workplace.

- **Integrated rehabilitation in BG Hospitals**

The German accident insurance operates specialised institutions qualified in the care of workplace accident and injury as well as occupational disease. These institutions are the BG Hospitals. BG Hospitals are specialised in the treatment of acute care and the holistic rehabilitation of victims of severe work-related injury. Rehabilitation starts immediately and monitors patients throughout all phases of their treatment. Their work does not end with the release of a patient, but with their complete reintegration into professional and everyday life.

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

There have been several changes in the legal and policy framework aimed at aligning the German rehabilitation system with the United Nations Convention on the Rights of Persons with Disabilities. Most importantly, the Federal Participation Act from 2018 (Bundesteilhabegesetz). The act strengthens the focus on individualized benefits and services and the goals of inclusion and self-determined participation in society. Social security bodies competent for rehabilitation are now obliged to cooperate more closely and provide services as from a single source.

Recent developments in service provision and medical treatment include the increased utilization of digital tools in the rehabilitation process, technological advances in prosthetics and orthosis (e.g. myoelectric prosthesis and exoskeletons) and the growing significance placed upon early psychological interventions as well as pain treatment after traumatic injuries.

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

**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?**

If the German accident insurance institution receives the DA002 certificate, the person concerned will be treated as if they were insured under the German accident insurance scheme.

Two main aspects would improve the cross-border provision of interim benefits in kind:

1. if the migrant worker always carries the required certificates: in particular EHIC + A1.
2. if the DA002 request is answered more quickly in order to obtain immediate certainty about the type of reimbursement. ●

### **IMPRINT:**

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