Sitran selvityksiä 37

Hollannin malli: henkilökohtainen budjetti sosiaali- ja terveyspalveluissa

- Suomenkielinen tiivistelmä KPMG:n laatimasta raportista
- "Description of the Dutch Personal Budget System" -raportti kokonaisuudessaan englanniksi

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Tiivistelmä KPMG:n laatimasta raportista: "HOLLANNIN MALLI: HENKILÖKOHTAINEN BUDJETTI SOSIAALI- JA TERVEYSPALVELUISSA"

1 HENKILÖKOHTAISEN BUDJETIN TAUSTAA

Henkilökohtaisella budjetilla tarkoitetaan tarpeenarvioinnin avulla määriteltyä rahasummaa, joka myönnetään henkilön käytettäväksi hoidon, hoivan tai apuvälineiden hankintaan.

Henkilökohtaisen budjetin tavoitteena on tarjota asiakkaalle vapaus valita oman terveytensä hoitamiseen liittyviä sosiaali- ja terveyspalveluja. Asiakkaat voivat hankkia palvelut sieltä mistä itse haluavat ja silloin kun heidän omaan aikatauluunsa parhaiten sopii. He voivat myös valinnallaan vaikuttaa hoidon ja palveluiden sisältöön. Palveluita voi hankkia paitsi ulkopuolisilta palveluntuottajilta myös omalta perheeltä, omaisilta tai ystäviltä. Asiakkaan valta ja oman elämän hallinta ovat olleet keskeinen periaate henkilökohtaisen budjetin järjestelmää suunniteltaessa.

Toimintaa ohjaava lainsäädäntö

Hollannissa henkilökohtaisen budjetin järjestelmää hallinnoidaan kahden eri lain avulla, jotka määrittelevät millä perusteilla henkilön on mahdollista hakea henkilökohtaista budjettia terveys- ja sosiaalipalveluista. Kaikille pakollisen terveysvakuutuksen lisäksi kansalaiset kuuluvat lakisääteisesti pitkäaikaissairaanhoidon sekä erityisen kalliit hoitokustannukset kattavan terveysvakuutuksen piiriin (Exceptional Medical Expences Act, AWBZ).

Sosiaalipalveluiden osalta henkilökohtainen budjetti toteutuu sosiaalihuoltolain (Wmo eli Social Support Act) mukaisesti ja se toteutetaan kunnallisesti. Asiakas voi hakea henkilökohtaista budjettia kotipalveluihin (lähinnä siivouspalveluun), liikkumisen apuvälineiden (esimerkiksi pyörätuolin tai sähkömopon) hankintaan sekä kodin muuntamiseen omia tarpeita vastaavaksi.

Lainsäädäntö perustuu siihen, että yksilöllä tulee olla henkilökohtainen vastuu omasta hyvinvoinnistaan ja vapaus valita tarvitsemansa ja haluamansa hoito. Sekä AWBZ:n että Wmo:n alaiselle toiminnalle on myönnetty melko suuri vapaus luoda omaa politiikkaa ja omia toimintatapoja, jotta henkilökohtaisen budjetin toteuttaminen on paikallisesti mahdollista.

Rahoitus

Terveydenhuollon lain vakuutusjärjestelmän piiriin kuuluvat palvelut katetaan verovaroin. Henkilökohtaisten budjettien rahoitus tulee siihen osoitetuista kansallisista määrärahoista, joita hallinnoi terveysvakuutuslautakunta. Lautakunta valvoo varojen käyttöä, palveluiden laatua, saatavuutta ja hintatasoa.

Rahoitus ohjataan edelleen paikallisen tason hallintokeskuksille, jotka keräävät myös asiakkaille maksettavaksi jäävän omavastuuosuuden.

Terveydenhoitolain mukaisesti kansalaisten on otettava terveysvakuutus. Vain vakuutettu henkilö on oikeutettu hakemaan henkilökohtaista budjettia paikallisista hallintokeskuksista. Keskukset neuvottelevat palveluita tuottavien osapuolien kanssa asiakkaille tarjottavan hoidon määrästä, hinnasta ja laadusta.

Historia ja lähtökohdat

Henkilökohtaista budjettia edelsi 1990 alkupuolella toteutettu asiakasbudjettikokeilu. Se oli tarkoitettu kodeissa annettuun hoitoon tai hoivaan sekä vammaisten palveluihin. Vuonna 1995 terveysministeri esitteli uuden suunnitelman kansallisesta henkilökohtaisen budjetin järjestelmästä. Kaikkien henkilökohtaisen budjetin käyttäjien tuli liittyä määrärahoja hallinnoiviin edunvalvontajärjestöihin (Per Saldo tai Naar Keuze), joilla oli kaksi tehtävää: ne toimivat sekä edunvalvojina että toimeenpanevina organisaatioina.

Vaikka järjestelmä oli aluksi monimutkainen ja vaati useiden eri osapuolten osallistumista, oli se kuitenkin hyvin suosittu. Ministeriön päätöksellä määrärahojen hallinnointi siirrettiin liitoilta sosiaalivakuutuspankille (Social Insurance Bank), joka on vastuussa myös kansallisen vakuutusjärjestelmän toteuttamisesta.

Nykyjärjestelmä on vuodelta 2005. Sen mukaan asiakkaalle myönnetty budjetti maksetaan suoraan asiakkaan tilille ennakkoon. Asiakkaat ovat tilinpitovelvollisia saamastaan määrärahasta. Vuonna 2007 voimaan tullut uusi lainsäädäntö velvoittaa kunnat tarjoamaan henkilökohtaista budjettia kaikkien niiden palveluiden osalta, joita ne rahoittavat.

Esimerkki: Ankie

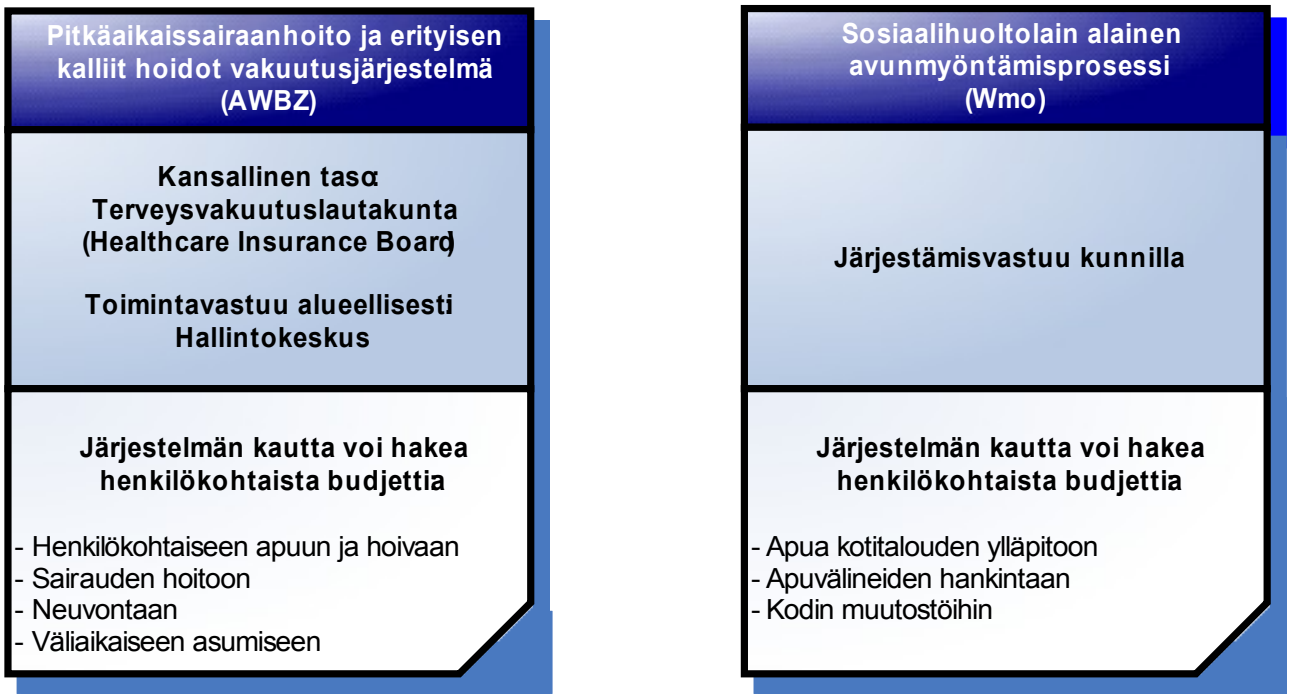
Ankie Schoutenilla diagnosoitiin MS-tauti hänen ollessaan 28-vuotias. Hän asuu lähellä veljeään, joka säännöllisesti auttaa Ankieta arjen sujumiseksi. Viisi vuotta sitten Ankie joutui turvautumaan liikkumisessa kokonaan pyörätuoliin. Sosiaalipalveluiden mukaisesti hänelle myönnettiin pyörätuoli kunnan toimesta. Pyörätuoliin myönnetyn henkilökohtaisen budjetin hän on käyttänyt hankkiakseen pyörätuolien ”Rolls Roycen”. Tämän saadakseen hän on käyttänyt myös omia varojaan, sillä henkilökohtainen budjetti olisi kattanut vain hyvän ja perustasoisen pyörätuolin. Myös Ankien koti on muutettu hänen elämäntilanteeseensa sopivaksi. Tähänkin on käytetty hänen henkilökohtaista budjettiaan. Kunta myönsi hänelle henkilökohtaisen budjetin sosiaalihuoltolain mukaisesti. Tämän avulla hän on voinut valita mieleisensä materiaalit sekä muutostyötä vaativat kohteet. Tällainen on ollut esimerkiksi keittiön työtason korkeuden säätäminen niin, että hän voi tehdä itse ruokaa kotonaan.

Esimerkkejä henkilökohtaisen budjetin käytöstä on enemmän tämän tiivistelmän lopussa.

2 MITEN JÄRJESTELMÄ TOIMII?

Henkilökohtainen budjetti voidaan myöntää asiakkaalle kahden eri lainsäädännön perusteella riippuen siitä, hakeeko asiakas tukea sosiaali- vai terveyspalveluiden järjestämiseen. Terveyspalveluita haetaan terveysvakuutuslain alaisen pitkäaikaissairaanhoidon sekä erityisen kalliit hoitokustannukset kattavan terveysvakuutusjärjestelmän (Exceptional Medical Expences Act, AWBZ) ja sosiaalipalveluiden osalta henkilökohtaista budjettia haetaan sosiaalihuoltolain (Wmo eli Social Support Act) mukaisesti.

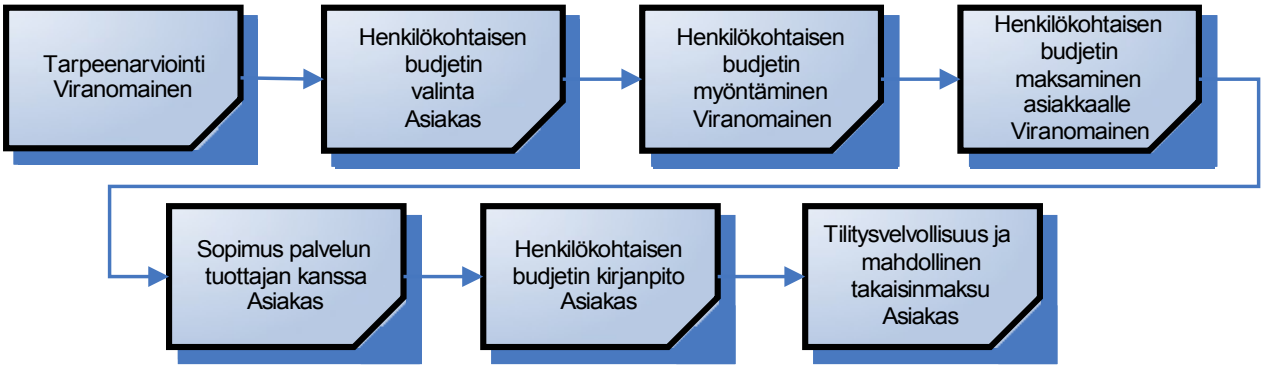
Seuraavassa on kuvattu järjestelmien pääpiirteet:



Kuva 1: AWBZ:n ja Wmo:n järjestelmien pääpiirteet

Asiakkaan näkökulma

Henkilökohtaisen budjetin hakeminen pitkäaikaissairaanhoidon ja erityisen kalliiden hoitojen kattavan terveysvakuutuksen (AWBZ) järjestelmästä eroaa jonkin verran kuntien toteuttamasta sosiaalihuoltolain alaisesta myöntämisprosesseista (Wmo). AWBZ:n ja Wmo:n menettelytavat henkilökohtaisen budjetin myöntämisessä ovat kuitenkin hyvin samankaltaisia. Wmo:n paikallisen toteuttamisen vuoksi saattaa joillakin alueilla olla seuraavassa esitetystä mallista poikkeava oma käytäntö. Alla oleva kaavio kuvaa henkilökohtaisen budjetin asiakasprosessia AWBZ:n järjestelmässä ja useimmissa tapauksissa myös Wmo:n järjestelmässä:



Kuva 2: Henkilökohtaisen budjetin asiakasprosessi

Tarpeenarviointi

Lähes aina asiakas pyytää itse sosiaali- ja terveydenhuollon tarpeenarviointia siihen erikoistuneesta arviointikeskuksesta. Joissain tapauksissa aloite tarpeenarviointiin voi tulla esimerkiksi asiakasta hoitaneelta lääkäriltä. Arviointikeskukset ovat riippumattomia ja arvioivat objektiivisesti asiakkaan hoidon tarpeen. Arviointikeskusten perustamista ja toimintaa ohjaa oma kansallinen lainsäädäntö. Tarvittaessa arviointikeskukset voivat konsultoida arvion tekemiseksi asiakasta hoitanutta lääkäriä. Lopputuloksena on hoidon määrä, johon asiakas on oikeutettu. Hoitotarve määritellään eri luokkien mukaan tunneissa siten, että hoidolle on päätetty tietyt vähimmäis- ja enimmäismäärät.

Tarpeenarvioinnin tulos voi olla oikeus hoitolaitoksessa annettavaan hoitoon tai asiakkaan kotona tapahtuvaan hoitoon. Mikäli päädytään hoitolaitoksessa annettavaan hoitoon, määritellään hoidon määrä. Hoitopaketti koostuu tällöin pysyvästä määrärahasta, joka maksetaan suoraan siihen hoitolaitokseen, jossa asiakas saa hoidon. Budjetti lasketaan arvioinnissa määritellyn hoidon määrän ja luokituksen mukaisesti.

Asiakas valitsee hoidon ja tuen järjestämisen tavasta

Tarpeen arvioinnin yhteydessä asiakkaalle kerrotaan millaiseen hoitoon ja palveluihin hänellä on oikeus. Hänen on valittava joko henkilökohtainen budjetti tai hänelle nimetty palveluntuottaja. Asiakkaan tulee valita seuraavista vaihtoehdoista:

1. Käyttääkö hän viranomaisen hänelle osoittaman palveluntuottajan palveluita

2. Hankkiiko hän itse tarpeen arvioinnissa määritellyt palvelut ja apuvälineet parhaaksi katsomaltaan taholta henkilökohtaisella budjetilla vai

3. Yhdistääkö hän edelliset vaihtoehdot eli saa käyttöönsä osan henkilökohtaisesta budjetista rahana tiettyjen palveluiden tai hoidon hankintaa varten ja osan palveluista arviointikeskuksen osoittamalta palveluntuottajalta.

Henkilökohtaisen budjetin myöntäminen

Henkilökohtaisen budjetin määrä lasketaan tarpeenarvioinnin pohjalta. Lain mukaisesti määritellään vuosittaiset korvausmäärät eri hoidolle niiden vaativuusluokitusten mukaisesti. Näistä summista muodostetaan bruttomääräinen henkilökohtainen budjetti, josta vähennetään asiakkaan omavastuuosuus. Tästä saadaan asiakkaalle myönnettävä nettobudjetti.

Arviointikeskus pyytää budjetin määrittämistä varten veroviranomaiselta tiedon asiakkaan tuloista. Käytännössä budjetti määritellään kahden vuoden takaisten verotustietojen mukaisesti. Tietojen hankkiminen saattaa kestää ja siksi arviointikeskus määrittää usein väliaikaisen tuen, jonka määrä oikaistaan kunhan asianmukaiset tiedot on saatu.

Henkilökohtaisen budjetin käyttö lopetetaan arviointikeskuksen tekemän päätöksen mukaisesti tai seuraavissa tapauksissa:

- Asiakas kuolee

- Asiakas on ollut hoitolaitoksessa tai sairaalassa kaksi kuukautta tai kauemmin

- Asiakas on ilmoittanut, että hän haluaa lopettaa henkilökohtaisen budjetin käytön

- Asiakas on hoitanut henkilökohtaiseen budjettiin liittyvät velvoitteet huonosti tai budjettia ei ole käytetty tarkoitettuun palveluun tai hoitoon. Tämä johtaa siihen, että hänelle ei enää myönnetä mahdollisuutta hakea henkilökohtaista budjettia.

Henkilökohtaisen budjetin maksaminen

Henkilökohtaisen budjetin avulla saatua rahoitusta ei katsota asiakkaan tuloksi, koska sillä voidaan hankkia vain määriteltyjä terveydenhuollon palveluita. Näin ollen se ei kuulu verotuksen piiriin.

Määritelty budjetti maksetaan asiakkaalle etukäteen joko yhdessä tai useammassa erässä riippuen budjetin koosta.

Taulukossa on esitetty budjetin maksu asiakkaalle:

Määrä	Maksetaan asiakkaalle
<EUR 2.500,00	Kerran vuodessa
EUR 2.500,00 – 5.000,00	Puolen vuoden välein
EUR 5.000,00 – 25.000,00	Kolmen kuukauden välein
>EUR 25.000,00	Kuukausittain

Väärinkäytösten estämiseksi budjetti siirretään aina asiakkaan tilille tai hänen vanhemmilleen, huoltajalle tai viranomaisen hyväksymälle edustajalle. Rahaa ei koskaan siirretä kolmannelle osapuolelle, esimerkiksi palveluja välittäville yrityksille.

Järjestelyt palvelun tuottajan kanssa

Asiakas voi periaatteessa ostaa määritellyn hoidon ja avun miltä tahansa palvelun tuottajalta. Palvelun tuottaja voi olla esimerkiksi ammattimainen kotipalveluja tarjoava yritys tai perheen jäsen, tuttava tai naapuri. Ehtona on, että hoidosta on tehty asianmukainen sopimus asiakkaan ja tuottajan välille.

Sosiaalivakuutuspankki (Social Insurance Bank) on viime vuosina tehnyt asiakkaiden tueksi ja käyttöön malleja sopimuksista. Sopimuksia on neljää eri tyyppiä:

1. Sopimus, jossa hoitoa antaa perheenjäsen tai valtuutettu:

- Hoitoa antaa joku perheenjäsenistä eli lapsi, puoliso tai sisarukset, jotka asuvat samassa taloudessa. Myös laillisesti valtuutettu edustaja voi tulla kyseeseen. Hoidon tuottaja voi toimia vapaana ammatinharjoittajana tai olla työntekijä.

2. Sopimus, jossa palvelun tuottaa hoito-organisaatio tai –laitos:

- Hoidon ja avun tarjoaa jokin säännöllisesti palveluita tuottava organisaatio.

3. Sopimus, jossa hoidonantaja työskentelee yrityksestä käsin ja hänellä on useita eri asiakkaita:

- Esimerkiksi freelance palveluntuottajat tai palveluita tuottava organisaatio.

4. Työsopimusmalli

- Kaikissa edellisissä budjetin haltija toimii päämiehenä, mutta tässä tapauksessa hän toimii työnantajana. Tällöin budjetin haltijan on hoidettava lain mukaiset työnantajan velvoitteet ja maksut.

Henkilökohtaisen budjetin hallinta ja kirjanpito

Asiakkaan tulee pitää rekisteriä budjetilla hankkimistaan palveluista. Jos asiakas tekee sopimuksen palveluiden ostamisesta useampana kuin kolmena päivänä viikossa, tulee hänen pitää palkkarekisteriä sekä maksaa työstä lainmukaiset verot.

Asiakkaille tarjotaan mahdollisuutta antaa kirjanpito sosiaalivakuutuspankin (SVB) hoidettavaksi. SVB tarjoaa muitakin palveluita ja neuvoja henkilökohtaisen budjetin käyttäjille. Monet pankin peruspalvelut ovat asiakkaille ilmaisia. Niitä ovat esimerkiksi:

- Apu palkanlaskentaan liittyen.

- Neuvonta vahingonteon tai erimielisyyksien selvittämisessä.

- Henkilökohtainen neuvonta monien käytännön asioiden osalta.

Myös budjetin käyttäjien edunvalvontajärjestöt tarjoavat jäsenilleen neuvoa ja apua monenlaisissa kysymyksissä.

Tilitysvelvollisuus ja takaisinmaksu

Budjetin käyttäjä on tilivelvollinen viranomaiselle eli paikalliselle hallintokeskukselle (care administration office). Asiakkaan on osoitettava, että hän on käyttänyt varat terveydenhoitoon. Mikäli myönnetty budjetti on suurempi kuin 2 500 euroa, on sen käytöstä raportoitava kaksi kertaa vuodessa. Tätä varten asiakkaalle lähetetään lomake, jonka hän täyttää ja palauttaa keskukseen. Asiakkaan ei tarvitse liittää kuitteja mukaan selvitykseen, mutta ne on säilytettävä mahdollista tilintarkastusta varten. Tilintarkastus koskee noin viittä prosenttia asiakkaista, jotka kokevat tarkastuksen varsin työlääksi hallinnolliseksi taakaksi.

Asiakkaan on lisäksi muistettava tehdä kaikista palveluntuottajille suoritetuista maksuista ilmoitus veroviranomaiselle.

Kaikki henkilökohtaisen budjetin käyttö, jolle ei ole osoittaa selitystä, on maksettava takaisin. Kuitenkin pieni osa eli 1,5 prosenttia budjetista (250 – 1.250 €) on vapaasti asiakkaan käytettävissä. Tämän summan asiakas voi käyttää esimerkiksi järjestelmän hallinnoinnin kuluihin.

3 KOKEMUKSIA JÄRJESTELMÄSTÄ

Terveydenhuollon kustannusten kehittyminen

Vuodelle 2010 budjetoitiin Hollannissa terveydenhuollon menoihin 59,3 miljardia euroa. Tämä sisältää sekä kansallisen pitkäaikaissairaanhoidon että terveysvakuutuksen menot. Esimerkiksi AWBZ:n hallinnoimat pitkäaikaissairaanhoidon menot ovat kaksinkertaistuneet vuosien 2000 – 2009 aikana noin 10,8 miljardista eurosta noin 20,6 miljardiin euroon.

Henkilökohtaisen budjetin osalta on vuodelle 2010 budjetoitu 2,1 miljardia euroa. Tämän odotetaan ylittyvän noin 15 prosentilla, josta syystä terveys-, hyvinvointi- ja urheiluministeriö ilmoitti jäädyttävänsä budjettien myöntämisen. Parlamentin alahuoneen kovasta painostuksesta johtuen ehdotus ei mennyt läpi ja myöntämistä jatketaan toistaiseksi. Tähän asti määrärahoja on nostettu vuosittain, sillä järjestelmä on ollut suosittu. Kaikille järjestelmän piiriin haluaville on haluttu antaa siihen mahdollisuus.

Verrattuna terveydenhoidon yksiköiden tuottaman hoidon menoihin, jotka nekin lähes kaksinkertaistuivat vuosien 2000 – 2007 aikana, on henkilökohtaisen budjetin suosio huomattava.

Asiakkailta jää säännönmukaisesti käyttämättä noin 10 prosenttia myönnettyjen henkilökohtaisten budjettien määrästä. Tämän on arveltu johtuvan esimerkiksi siitä, että hoidon järjestämiseen kuluu aikaa tai sitten asiakkaat jättävät tietoisesti osan budjetista käyttämättä ja varautuvat näin oman terveydentilan mahdollisiin äkillisiin muutoksiin.

Henkilökohtainen budjetti myönnettiin vuonna 2000 noin 22 000 henkilölle. Vuonna 2010 se on jo yli 120 000 henkilön käytössä.

Vaikutukset talouteen

Tieteellistä tutkimusta henkilökohtaisen budjetin vaikutuksista talouteen ei ole saatavilla. Tätä selvitystä varten tehdyistä haastatteluista ilmeni kuitenkin seuraavia sosiaali- ja terveydenhuollon talouden kehitykseen liittyviä havaintoja:

- Henkilökohtainen budjetti on kasvattanut suosiotaan koko ajan. Tämän katsotaan olevan syy siihen, että määrärahat ovat ylittyneet. Suosion vuoksi jotkut tahot ovat sitä mieltä, että sosiaali- ja terveydenhuollon kulut kasvavat Hollannissa sitä mukaa kun ihmiset eivät enää valitse perinteistä hoito- ja hoivamallia.

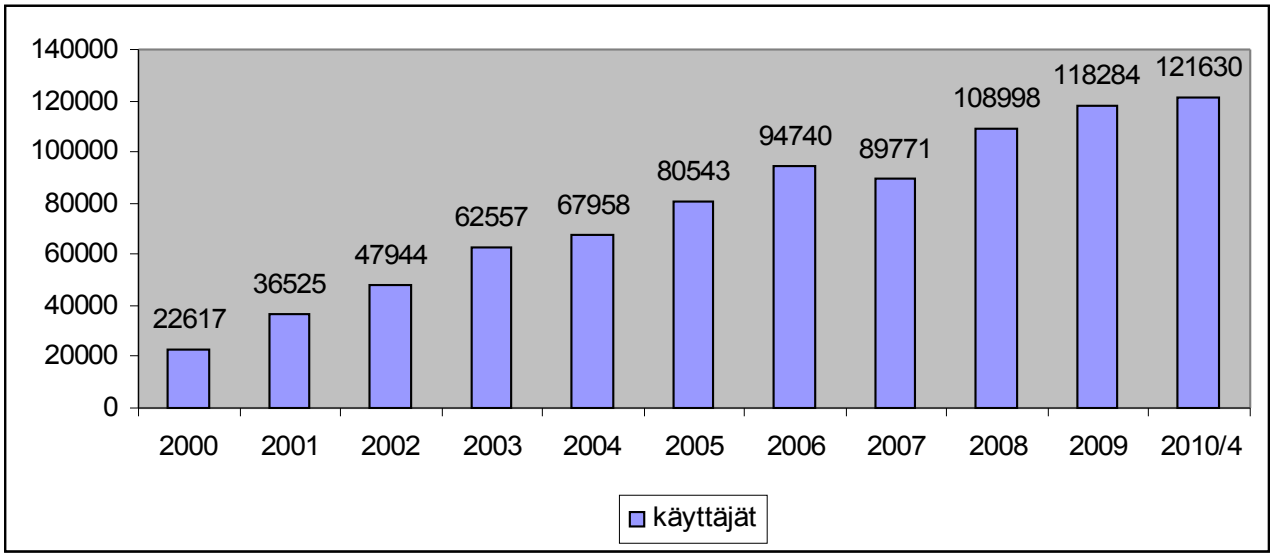
- Henkilökohtaisen budjetin järjestelmä aiheuttaa terveysvakuutusyhtiöille ja kunnille huomattavasti enemmän hallinnollista työtä kuin perinteinen malli. Tämä tarkoittaa hallinnollisen työn lisääntyessä suurempia kustannuksia.

- Terveysvakuutuksen (AWBZ) alaisen henkilökohtaisen budjetin korvaukset asetettiin 75 prosenttiin perinteisen mallin korkeimmista hoitohinnoista. Henkilökohtaisella budjetilla järjestetyn yksittäisen hoidon hinta on edullisempi kuin perinteisen mallin.

- Osa henkilökohtaisen budjetin palveluntuottajista ei muutoin osallistuisi aktiivisesti työmarkkinoille, mutta järjestelmän avulla he voivat osallistua työelämään lähellä kotiaan.

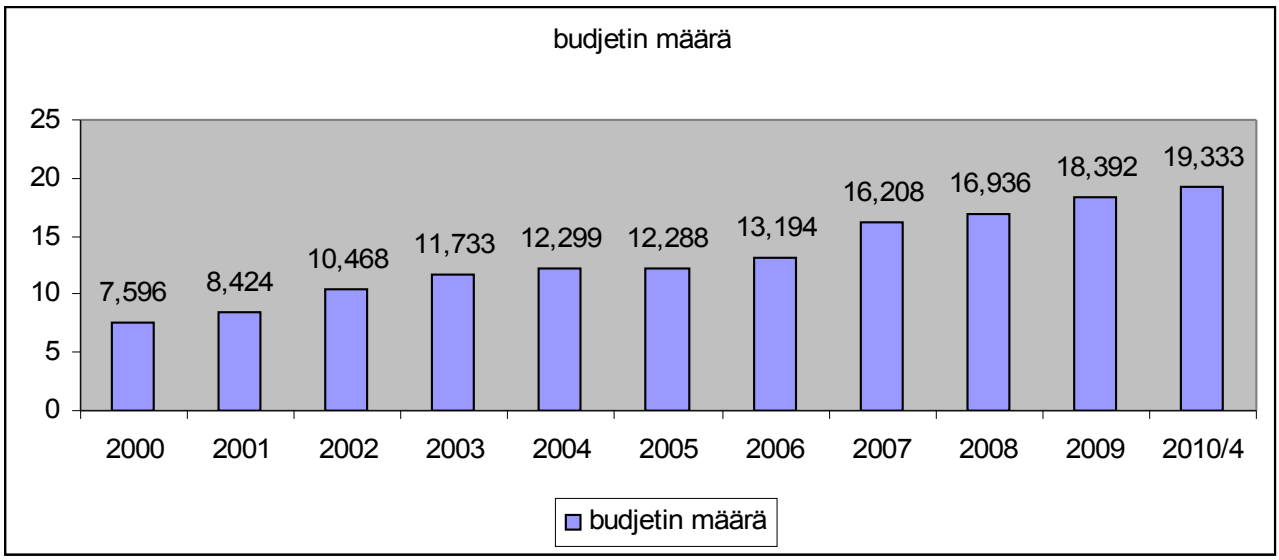
- Asiakkaalle on haluttu turvata mahdollisuus valita kumpi järjestelmä tahansa hänen taloudellisesta tilanteestaan riippumatta. Tämä turvataan mm. pitämällä palveluiden asiakasmaksut (omavastuuosuus) sekä perinteisellä mallilla tuotetuissa että henkilökohtaisella budjetilla hankituissa palveluissa samansuuruisina.

Taulukossa henkilökohtaisen budjetin käyttäjien määrän kehittyminen vuosina 2000 - 2010:



Kuva 3: Budjetin käyttäjien määrän kehittyminen 2000 - 2010

Taulukossa henkilökohtaisen budjetin summan kehittyminen vuosina 2000 - 2010:



Kuva 4: Budjetin summan kehittyminen 2000 – 2010 (€)

Seuraavaan taulukkoon on koottu henkilökohtaisen budjetin tuomia hyötyjä talouden kokonaistasolla:

Yksilöllisten ja luovien hoitotapojen ja –menetelmien syntyminen	Järjestelmä on auttanut kehittämään uusia hoitomuotoja asiakkaiden yksilöllisten tarpeiden mukaisesti. Tällaisia ovat esimerkiksi asumispalveluprojektit, joiden elinympäristö ja hoitojärjestelyt vastaavat täysin asiakkaan toiveita.
Palvelun laadun ja sisällön kehittyminen	Järjestelmä on vaikuttanut terveydenhuoltoyksiköihin mm. siten, että niiden on asiakkaiden kysyntään vastatakseen täytynyt uudistaa omaa palvelutuotantoaan yhä räätälöidympien palveluiden suuntaan.
Henkilökohtaisen budjetin hinnat ovat alhaisempia kuin terveydenhuoltoyksiköissä tuotetun hoidon	Tämän on katsottu johtuvan siitä, että palvelun tuottajilla ei ole samanlainen kustannusrakenne kuin hoitoyksiköillä on. Monet kunnat laskevatkin henkilökohtaisen budjetin arvoksi 75 prosenttia hoitoyksiköiden hinnoista.
Työmarkkinoiden kehittyminen	Huomattava osa henkilökohtaisen budjetin käyttäjistä hankkii palvelut läheltä itseään. Palveluiden tuottajat taas ovat usein henkilöitä, jotka eivät ole muutoin aktiivisesti työelämässä. Henkilökohtainen budjetti mahdollistaa heille kotia lähellä tapahtuvan työskentelyn ja aktiivisen roolin yhteisössään. Henkilökohtaisen budjetin myötä myös terveydenhoitoyksiköissä työskentelevät henkilöt ovat voineet siirtyä ehkä raskaaksi kokemastaan organisaatiosta työskentelemään lähemmäs asiakkaita. Osa onkin jättänyt työnsä hoitoyksikössä ja siirtynyt tarjoamaan palveluita henkilökohtaisen budjetin kautta asiakkailleen.
Hallinto- ja välittäjätoimistojen syntyminen	Järjestelmän myötä on perustettu toimistoja, jotka avustavat budjetin hakemisessa, palveluiden hankinnassa sekä henkilökohtaisen budjetin hallinnassa.
Riippumaton tarpeenarviointi	Mahdollistaa terveydenhuollon palvelujen tarjoamisen henkilökohtaisen budjetin kautta arvioimalla asiakkaan hoidon tarpeen budjetin määrittelyä varten. Tarpeenarvioinnin avulla hoidon kustannuksia on mahdollista seurata ja niiden tasoon voidaan vaikuttaa.

Henkilökohtaisen budjetin käyttäjät

Tehtyjen haastatteluiden mukaan noin 40 prosentilla käyttäjistä on mielenterveyden ongelmia, 25 prosenttia kärsii fyysisistä vammoista ja noin 20 prosenttia on vammaisia. Tämä on merkittävä havainto, sillä alkujaan järjestelmää käyttivät eniten fyysistä vammoista kärsivät ja kroonisesti sairaat henkilöt.

Pitkäaikaissairaanhoidon vakuutusjärjestelmän (AWBZ) kautta henkilökohtaisen budjetin saavat ovat oikeutettuja hankkimaan hyvin monenlaista hoitoa ja tukea. Eniten käytettyjä olivat neuvontapalvelut, henkilökohtainen apu ja hoiva sekä väliaikainen asumispalvelu. Suhteellisen vähän käytettiin sairaanhoitoa.

Haastattelujen perusteella näyttää siltä, että keskimäärin suurimmat budjetit ovat niillä, jotka kärsivät vanhuuteen liittyvistä psykiatrisista vaivoista. Pienimmät budjetit ovat puolestaan erilaisista aistivammoista kärsivillä henkilöillä.

Seuraavaan taulukkoon on kerätty henkilökohtaisen budjetin asiakkaalle tuomia hyötyjä:

Valinnan vapaus ja oman elämän hallinta	Asiakkaat saavat valita palveluntuottajan, palvelun ajankohdan sekä vaikuttaa hoidon sisältöön. Tämä lisää oman elämän hallintaa ja mahdollistaa aktiiviseen roolin itseä koskevissa asioissa.
Asiakkaan aseman parantuminen	Käyttäessään oikeuttaan hankkia palvelut henkilökohtaisella budjetilla, kokevat asiakkaat tulevansa kohdelluksi paremmin kuin valitessaan heille nimetyn terveydenhoitoyksikön palvelut.
Perheenjäsenet voivat hoitaa toisiaan	Järjestelmä tarjoaa perheille mahdollisuuden hoitaa lapsiaan tai muita perheen jäseniä. Vanhemmat tuntevat lastensa hoitotarpeen, jolloin hoito voidaan suunnitella alusta asti täysin lapsen tarpeen mukaan.

Järjestelmässä tunnistettuja kehittämiskohteita

Järjestelmän kehittäminen on jatkuvaa, sillä kustannusten kasvaminen, väestön vanheneminen ja valinnanvapaus luovat haasteellisen yhtälön. Seuraavassa on lueteltu tunnistettuja kehittämiskohteita.

Talouden kokonaistaso

- Järjestelmän arvioidaan lisäävän hoidon kysyntää asiakkaiden hyödyntäessä sekä terveydenhoitoyksikön että vapaaehtoistyön palveluita.

- Vapaaehtoisauttamisen muuttuminen vastikkeelliseksi toiminnaksi; aiemmin perheenjäsenet auttoivat toisiaan vastikkeetta, järjestelmän myötä auttaminen on muuttunut vastikkeelliseksi ja näin hoitokustannuksia lisääväksi toiminnaksi.

- Asiakkaan tulosidonnainen maksuosuus budjetista; maksuosuuden määrän laskeminen tulojen perusteella tekee budjetin hallinnan ja maksamisen työlääksi.

Henkilökohtaisen budjetin myöntäjät

- Hallinnollisten kulujen ja toimeenpanokulujen kasvaminen, joka johtuu yksilöllisistä budjettihakemuksista, myöntämiskäytännöistä ja tarkastustehtävistä.

- Alueelliset erot toimeenpanomalleissa eri myöntäjätahojen välillä; paikalliset eroavaisuudet mm. palveluiden kattavuudessa ja käytännön toteuttamisessa aiheuttavat asiakkaille epätietoisuutta. Esimerkiksi asiakkaan muuttaessa toiselle paikkakunnalle saattavat budjetteja hallinnoivat ja myöntävät keskukset painottaa eri asioita asiakkaan vastuiden osalta. Keskuksilla voi olla erilaisia toimintamalleja esimerkiksi väärin myönnetyn budjetin tapauksessa.

- Henkilökohtaisen budjetin väärinkäyttö; kaikki asiakkaat ovat oikeutettuja periaatteessa hakemaan henkilökohtaista budjettia. Hakijoita ei tarkasteta etukäteen, mikä johtaa toisinaan budjetin väärinkäytöstapauksiin.

- Järjestelmän myötä syntyneiden erilaisten hallinto- ja välittäjäorganisaatioiden toiminnassa on havaittu jonkin verran henkilökohtaisten budjettien väärinkäyttöä. Budjetti on voitu esimerkiksi maksaa tällaisen toimiston tilille, josta asiakas ei ole enää niitä käyttöönsä saanut. Toimistot ovat myös saattaneet värvätä kadulta asiakkaita hakemaan budjettia itselleen ja sitten käyttäneet varat itse. Asiaan on puututtu mm. säädöksellä, joka velvoittaa asiakkaan itse allekirjoittamaan sekä hakemuksen että budjetin vastaanottamisen. Budjetti maksetaan myös aina suoraan asiakkaan tilille. Haastateltavat arvioivat, että noin 10 – 15 prosenttia asiakkaista on hyödyntänyt tällaisten toimistojen apua.

- Terveysvakuutusyhtiöille ei ole annettu selkeitä ohjeistuksia siitä, mitä terveydenhoidon tuottajat voivat veloittaa henkilökohtaisella budjetilla maksettavasta hoidosta. Hintojen pitäisi olla lähellä markkinahintoja.

Asiakkaan näkökulma

- Henkilökohtaisen budjetin hallinnolliset kustannukset ovat korkeammat kuin terveydenhoitoyksiköstä vastaanotetun hoidon. Myös hakuprosessi on monimutkaisempi. Asiakkaalla on vastuu maksaa hoidosta tuottajalle ja hänen tulee myös pitää kirjaa käytetystä budjetista.

- Asiakkaasta tulee palveluntuottajan työnantaja, mikäli hän hankkii palveluita monena päivänä viikossa. Tällöin hänen on huolehdittava myös erilaisista työnantajavelvollisuuksista, kuten työnantajamaksuista.

- Sekä kunnat että vakuutusyhtiöt ovat säätäneet terveydenhoitoyksiköiden tuottamien palveluiden hoidon laadulle vaatimuksia. Tällaisia vaatimuksia ei kuitenkaan ole säädetty henkilökohtaisella budjetilla hankituille palveluille.

- Asiakkaan hoidontarpeen muutokset on helpompi huomata ja ne on helpompi järjestää hänen tarpeidensa mukaisesti silloin, jos hoito on hoitoyksiköstä hankittua.

- Terveydenhoitoyksiköt tarjoavat asiakkaalle parempaa hoidon jatkuvuutta esimerkiksi palveluntuottajan loman tai sairauden aikana.

- Asiakkaiden hallinnollista työtä voisi helpottaa erilaisten tietoteknisten sovellusten käyttöönotto, joita voitaisiin käyttää niin budjetin hakuprosessissa kuin raportoinnissakin.

4 Esimerkkejä henkilökohtaisen budjetin käytöstä

Seuraavat esimerkit on kerätty haastattelujen avulla ja henkilökohtaisen budjetin käyttäjien omista järjestöistä.

Esimerkki 1: Erwin

36-vuotias Erwin Hout elää varsin kiireistä ja työntäyteistä elämää. Hän toimii markkinointijohtajana kongressitekniikkaa tuottavassa yhtiössä. Myös hänen perhe-elämänsä on aktiivista; kolme lasta pitävät huolen siitä, ettei Erwinin ja hänen vaimonsa arki ole työpäivän jälkeenkään tylsää.

Erwinin ollessa 19-vuotias sattui hänelle uidessa onnettomuus, jonka johdosta hän halvaantui niskasta alaspäin. Vamma ei ole koskaan lannistanut häntä. Yliopistotutkinnon jälkeen hän on menestynyt työelämässäkin varsin hyvin.

Hänelle on myönnetty henkilökohtainen budjetti sekä sosiaalihuoltolain että terveysvakuutuslain mukaisesti. Kaikkiaan 28 henkilöä avustaa häntä hänen arkensa sujumisessa. Henkilökohtaisen budjetin avulla hän pystyy elämään mahdollisimman itsenäistä ja täyttä elämää. Järjestelmä mahdollistaa oman elämän hallinnan; hoidon silloin kun sitä tarvitsee ja sieltä mistä sen haluaa. Samaan aikaan hän pystyy myös huolehtimaan omasta urastaan ja perheensä hyvinvoinnista.

Erwin on käyttänyt henkilökohtaista budjettia yli 11 vuotta. Aiemmin esimerkiksi nukkumisapua tultiin antamaan hänelle kello 10 illalla siinäkin tapauksessa, että perheellä oli vieraita iltaa viettämässä. Nyt hän valitsee itse milloin avun tarvitsee ja voi juhlia vaikkapa kello kahteen aamuyöllä. Tämä joustavuus ja omaan hyvinvointiin liittyvä itsemääräämisoikeus ovat lisänneet myös hoidon jatkuvuutta; aiemmin hoitajat ja avustajat saattoivat vaihtua viikoittain. Siihen Erwin ei aina ollut tyytyväinen.

Erwin näkee järjestelmässä myös tiettyjä heikkouksia ja kehittämiskohteita. Esimerkiksi järjestelmän hallinnosta ja kirjanpidosta tulee iso osa asiakkaan hoidettavaksi. Erwinille tämä ei ole ongelma hänen koulutuksensa ja kokemuksensa vuoksi. Hän kuitenkin ehdottaa, että arviointikeskukset tarjoaisivat asiakkailleen mahdollisuuden käyttää nettipohjaisia työvälineitä lomakkeiden täyttämiseen ja muuta hallintoa avustaakseen.

Esimerkki 2: Christel

Christelin tilanne on melko hankala. Hän on joutunut sairauksiensa vuoksi täysin vuoteen omaksi. Hän haki henkilökohtaista budjettia vuonna 2002 ja hänelle myös myönnettiin sekä terveysvakuutuslain että sosiaalihuoltolain mukaisesti budjetti. Perusteena henkilökohtaisen budjetin piiriin pääsylle oli mm. se, että hänen tilansa

on niin vaativa, ettei siihen löydy perinteisistä tuki- ja hoitomalleista riittävästi apua. Christel näkeekin mallin merkittävänä etuna sen, että henkilökohtaisen budjetin avulla hän saa tarvitsemansa avun heti. Nyt hän ei joudu odottamaan, että perinteinen tuki- ja hoitopuoli määrittää hänen tilaansa parhaiten sopivan hoitoyhdistelmän ja -ratkaisun.

Christelin elämän hallinta on siis tiukasti hänen omissa käsissään. Malli on hänen mielestään myös tehokas, sillä hän hankkii itselleen vain sen avun mikä on tarpeellista.

Toisaalta hän kokee haastavana sen, että hän on samalla sekä asiakas että työnantaja. ”Olen hyvin riippuvainen saamastani hoidosta. Niinpä joudun joskus antamaan palautetta, kun asiat eivät suju odotetusti tai jokin asia tehdään väärin.” hän sanoo ja kertoo esimerkkinä hoitajien myöhästymisen sovitusta aikataulusta. Christel ehdottaa, että henkilökohtaisen budjetin käyttäjille tarjottaisiin koulutusta työnantajana toimimisesta.

Esimerkki 3: Fien

Fien van Wamel kärsii hermostollisesta lihassairaudesta, joka aiheuttaa hänelle melkoisen määrän fyysisiä rajoitteita. 72-vuotias Fien ei kuitenkaan tunne itseään kyvyttömäksi tai hyödyttömäksi. Hän asuu omassa talossaan seuranaan suloinen kumppani Xara-palvelukoira, josta hän ei luovu mistään hinnasta.

Ammatiltaan Fien on opettaja, mutta hän joutui luopumaan työstään sairautensa vuoksi. Kodin ylläpito ja hoitaminen kävi myös vaikeaksi. Jo ennen kuin hän pääsi henkilökohtaisen budjetin piiriin, kävi hänen luonaan ystävällisiä ja osaavia ammattilaisia. Fienistä tuntui kuitenkin hankalalta antaa toisten kertoa hänelle se, miten hänen tulisi elämänsä järjestää: milloin hoitoa ja apua olisi tarjolla, kuka tulisi hoitamaan, milloin voisi mennä suihkuun, milloin talossa siivottaisiin? Mitään ei voinut tehdä hetken mielijohteesta. Ei voinut kutsua ystäviä yhtäkkiselle vierailulle tai lähteä itse kaupungille omiin menoihin.

Kun hänelle myönnettiin henkilökohtainen budjetti , muuttui hänen elämänsä täysin. Nykyään Fien päättää itse mikä on hänelle tärkeää. Hän on aloittanut opettajan tehtävässä uudestaan ja voi jälleen päättää omista aikatauluistaan ja tekemisistään. Fien on mm. kehittänyt uuden metodin, jolla lukihäiriöisten luku- ja kirjoitustaidot kehittyvät nopeammin. Vaikka hän on vähentänyt opetustaan kahteen tuntiin päivässä neljänä päivänä viikossa, nauttii hän edelleen joka hetkestä töissä sekä oppilaidensa ilosta.

Fienillä on selvä kanta henkilökohtaisen budjetin tarjoamista mahdollisuuksista: Ilman sitä hänen tilanteensa olisi hyvin toisenlainen. ”Olen nyt onnellinen nainen, joka on aktiivinen yhteisön jäsen ja mukana elämän menossa”, sanoo Fien van Wamel haastattelun päätteeksi.

Esimerkki 4: Aafke

Aafke Halman perheessä on neljä lasta. Vanhin poika Peter on autistinen ja jäänyt kehityksestä jälkeen. Hän asuu tällä hetkellä hoitolaitoksessa. Arjenilla on sama oireyhtymä, mutta hän on hyvin älykäs. Wilbert-veljellä on todettu aspergerin oireyhtymä ja ADHD. Myös hän on hyvin älykäs. Nuorimmainen Jan Waatze on tavallinen lapsi, joka käy peruskoulua. Aafken miehellä todettiin hiljattain samat

oireyhtymät kuin Peterillä ja Arjenilla. Aafkella itsellään on todettu ADHD noin kolme vuotta sitten.

Arjenille ja Wilbertille on myönnetty henkilökohtainen budjetti muutama vuosi sitten. Veljekset valmistautuvat yliopiston aloittamiseen, mutta matkan varrella on ollut monia ongelmia. Heidän sairautensa vaikuttaa erilaisten tehtävien suunnitteluun ja motivaation säilymiseen silloinkin, kun tehtävät eivät ole heidän mielestään kiinnostavia. Sairaus vaikuttaa myös yhteistyöhön muiden opiskelijoiden kanssa sekä kotitöiden tekemiseen. Äiti saa olla koko ajan ohjaamassa ja neuvomassa, pitämässä yllä järjestystä ja hänen on muutenkin yritettävä jatkuvasti selvitä arjen tehtävistä. Aafkelle tämä on kuin kokopäivätyö nuorison kanssa.

Henkilökohtaisen budjetin avulla keskimmäisille pojille on voitu palkata omat opiskeluohjaajat. He ovat poikien kanssa kahtena iltana ja huolehtivat, että nämä tekevät kotitehtävänsä ja muut kotityöt. Aafkelle tämä antaa mahdollisuuden omaan aikaan ja vaikkapa illanviettoon ulkona.

Vanhimmalle pojalle on myös haettu henkilökohtaista budjettia. Sen avulla hän voisi siirtyä tuetun asumisen piiriin. Sitä ennen hän tulee kuitenkin kotiin asumaan puoleksi vuodeksi. Tänä aikana budjettia käytetään sosiaalityöntekijän hankkimiseen. Tämän avun tavoitteena on, että Peter oppisi pitämään itse itsestään huolta.

Kun keskimmäiset pojat lähtevät opiskelemaan, voidaan henkilökohtaista budjettia käyttää avun ja tuen hankkimiseen myös kodin ulkopuolelle hankittaviin palveluihin. Tämä vähentää vanhempien huolta nuorten pärjäämisestä ja tukee muutosta yhä itsenäisemmän elämän suuntaan.

Esimerkki 5: Van Vuure

Skitsofrenia, autismi ja krooninen psykoottisuus. Näistä ja vielä muistakin ongelmista kärsivä Van Vuure on 57-vuotias ja kykenemätön huolehtimaan itsestään. Aiemmin hän sai apua ja hoitoa perinteisen mallin mukaisesti sekä apua äidiltään. Kun äidillä todettiin alzheimer, otti hänen sisarensa hoitovastuuta veljestään. Sisar haki henkilökohtaista budjettia veljelleen pääasiassa siksi, että perinteiseen malliin sisältyy hyvin rajoitetusti kotihoitoa ja –apua. Van Vuure ei pysty sairauksiensa vuoksi ohjaamaan kotihoidon työntekijöitä ja siksi hän viettikin usein iltapäivät sängyssään pesemättömänä ja vaihtamattomissa vaipoissa. Toisinaan kävi myös niin, että kotihoidon työntekijät eivät tulleet ollenkaan eikä siivouspalvelu toiminut sovitusti.

Van Vuuren sisar haki siis henkilökohtaista budjettia veljensä ja itse asiassa myös äitinsä hoidon järjestämiseen. Van Vuurelle myönnettiin henkilökohtainen budjetti sekä terveysvakuutuksen että sosiaalihuoltolain puolesta. Hän on jonossa tuetun asumisen palveluun. Siihen asti hänen sisarensa järjestää hoidon hänelle. Budjetti käytetään hoidon ja avun järjestämiseen seitsemänä päivänä viikossa.

Tässä tapauksessa hoitoa ja apua tarvitaan monesta eri paikasta. Kolme kertaa viikossa hänen luonaan käy kotihoidon työntekijä. Hän huolehtii Van Vuuren henkilökohtaisesta hygieniasta, pukeutumisesta sekä siitä, että hän syö säännöllisesti. Kodinhoitoa varten käy Van Vuuren luona päivittäin oma henkilö, joka myös aktivoi Van Vuurea antamalla hänelle pieniä kodinhoitoon liittyviä

tehtäviä. Van Vuuren sisar käy muina aikoina ja huolehtii, että kaikki sujuu sovitusti. Lisäksi Van Vuure käy päivittäin psykiatrisella asemalla päiväkerhossa ja saa siellä myös ruoan.

Henkilökohtaisen budjetin edut ovat selvät: hoitoa ja hoivaa annetaan jatkuvasti ja hänen perheensä voi myös vaikuttaa siihen. Van Vuuren elämä on huomattavasti säännöllisempää ja hänen perusasiansa ovat kunnossa.

Description of the Dutch Personal Budget System

September 2010

1 Summary and conclusions

In late 2009, a delegation from the Finnish Innovation Fund visited the Netherlands. During their visit, the personal budget [*persoonsgebonden budget*, pgb] caught their attention. KPMG was asked to carry out research into the functioning of the personal budget system. In this chapter, we answer the defined research questions. These answers are substantiated in more detail in the subsequent chapters.

1. How does a personal budget system work in practice from the perspective of the different parties involved?

- Personal budgets increase clients' freedom of choice and allow them to be in control of their own life. Because clients have the power to buy their own care, they can decide the timing and the content of the care they receive. This was also one of the main advantages highlighted during the political discussion that led to the introduction of the personal budget system.

- The personal budget seems to be popular in the Netherlands; clients are increasingly using it.

- For the providers of personal budgets (healthcare insurers and municipalities), providing a personal budget costs considerably more time than providing clients with care in kind.

- Personal budget users also have to invest a great deal of time. They must buy their care themselves and must account for their spending. In addition, in some cases budget users must also comply with statutory employer's obligations.

2. How is the client's personal budget calculated?

In the Netherlands, clients can apply for a personal budget under one of two schemes: either under the Exceptional Medical Expenses Act [*Algemene Wet Bijzondere Ziektekosten*, AWBZ], or under the Social Support Act [*Wet maatschappelijke ondersteuning*, Wmo]. The Wmo is implemented at the municipal level and the procedures for applying for a personal budget under the Wmo vary between the different municipalities. The procedure for the granting of personal budgets under the AWBZ, which is subject to nationwide regulation, is as follows (in general, the procedures for granting personal budgets are very similar):

- The client requests a healthcare needs assessment from the Centre for Needs Assessment [*Centrum Indicatiestellingen Zorg*, CIZ]. The outcome is a needs assessment listing the functions (types of care) and the amount of care to which the client is entitled. This amount is specified by means of classes, with a minimum and maximum amount in terms of hours.

- The client can opt for a personal budget or care in kind or a combination of both.

- The amount of the client's personal budget is calculated on the basis of the needs assessment. The personal budget amount to which clients are entitled are specified by a statutory regulation.

- The client's own contribution is calculated on the basis of the client's income, the details of which are obtained from the tax authorities. The net personal budget paid to the client is arrived at by deducting the own contribution from the granted gross personal budget.

- The personal budget granted by the care administration office ends on the termination date of the needs assessment decision.

- The personal budget is paid in advance in a single instalment or in multiple instalments, with the timing of the payments depending on the amount of the personal budget.

- Budget users purchase their care themselves. This may buy their care from a professional domestic care provider or a family member, acquaintance or neighbour. However, this is subject to the condition that an agreement has been concluded to confirm the arrangements made.

- Budget users are obliged to maintain records in order to account for their expenditure in respect of the personal budget. Budget users can opt to have their accounting performed by the Social Insurance Bank [*Sociale Verzekeringsbank*, SVB].

- All clients receiving a personal budget under the AWBZ must account for their expenditure at least once a year. Budget users must demonstrate that the money they spent was used to pay for healthcare. For the accounting of the budget, the budget user is sent a standard form. In addition, clients can be subjected to an in-depth audit, which takes place in 5% of cases.

3. What are the effects of the personal budget system and how are the effects measured?

In the Netherlands the Ministry of Health Welfare and Sport and the Committee for National Health Insurance are monitoring the system of the personal budgets.

3.1 Effects on the economy

- Thanks to the introduction of the personal budget system, unique, creative forms of care have emerged in the Netherlands that would not have otherwise been developed.

- The introduction of the personal budget has resulted not only in innovation outside of the regular healthcare system, but has also impacted major care providers.

- The personal budget system broaches a latent demand for care, which may lead to an increase in healthcare costs.

- There has been a sharp increase in the number of personal budget users and the costs of personal budgets during the period from 2000 to 2010.

* On 31 December 2000, 22,617 clients had a personal budget; on 1 April 2010, this number had increased more than four-fold to 121,630.

* On 31 December 2000, the total cost of the awarded personal budgets was EUR 172 million; on 1 April 2010 this amount had increased more than twelve-fold to EUR 2,352 million.

* As a comparison: expenditure on care in kind nearly doubled during the period from 2000 to 2010.

- The rates applicable to personal budgets are lower than the rates for care in kind; on average, personal budget rates are awarded at 75% of the rates for care in kind.

- The personal budget attracts particular segments of the labour market. Many of the caregivers engaged by budget users were previously not actively participating in the labour market.

- The introduction of the personal budget system has led to the emergence of administrative and intermediary agencies, which has helped to make personal budgets a viable option for more clients.

3.2 Effects on the insurance company

- The introduction of the personal budget system has led to an increase in the administrative expenses and implementation costs incurred by healthcare insurers, particularly in respect of the individual application and award procedure and the retrospective audit activities.

- Given that the system is based on the principle that everyone is entitled to a personal budget, personal budget providers can be faced with the mismanagement of personal budgets by clients. There is no preliminary investigation of the applicant's (financial) situation.

- Personal budget providers operating under the AWBZ scheme have a certain degree of policy freedom. As a result, there may be differences in practical implementation between the various providers. Such differences relate to:

* Procedures

* Definition of care that is covered

* Maximum rates that care providers may charge

3.3 Effects on the client

- For clients, the main effect of the personal budget is that it allows them to choose their caregiver and to be in control of their healthcare expenditure. All the cases and interviews included show that the clients very much appreciate that they can be in control of the care they receive.

* Clients who opt to use their personal budget to purchase care from existing care providers feel that they are being treated more in line with the 'client comes first' principle.

* Personal budgets offer parents or family members the possibility of caring for their own child or another family member, allowing them to tailor the care to the needs of the family member.

- The disadvantages for clients are that the administrative expenses are higher due to the complexity of the application process, that they themselves are responsible for the payment of the care provided, and that they are subsequently accountable for their spending.

- In certain cases, personal budget users are deemed to be employers and must therefore comply with the ensuing obligations.

- Responsibility for the quality of the care rests with the client.

- The bodies which provide personal budgets have not imposed quality requirements with respect to care providers.

- Caregivers who are engaged by means of personal budgets may have less direct access to other expertise.

- It may also be the case that such caregivers provide less continuity of care than major healthcare institutions.

4. What are the experiences of the system and what are the potential points for improvement?

- The system of independent needs assessment is an important part of the framework that has been established in the Netherlands to enable the provision of healthcare by means of personal budgets. In practice, however, there is room for improvement in the needs assessment of people who request a personal budget. A more critical approach should be adopted, focusing more on whether people are able to independently buy, manage and account for their care.

- The introduction of the personal budget system has led to the emergence of administrative and intermediary agencies. In practice, the emergence of such agencies has led to fraud with personal budget funds, as well as agencies actively recruiting clients to apply for a personal budget. Such recruitment activities are in principle not illegal, but they do unnecessarily increase the number of personal budget applicants. This could be restricted by having an effective, independent needs assessment procedure in place.

- In some cases, the personal budget system leads to paid voluntary care. While this has its advantages, paid voluntary care does lead to an increase in personal budget spending and it is debatable whether this is desirable.

- The Dutch healthcare system employs an income-related contribution for care that also applies to clients with a personal budget. The fact that the contribution is related to income makes the administration and payment of personal budgets unnecessarily complex. It often takes the tax authorities a long time to determine the client's income. Since the AWBZ contribution is already related to income, there are doubts about the added value of an income-related own contribution.

- There are differences between the implementation practices of the providers of personal budgets under the AWBZ, which may lead to differences in the interpretation of the term 'insured care'.

- Budget users are expected to keep records so that they can account for their expenditure in respect of the personal budget. This is often experienced as an administrative burden. We often heard that the accounting for the personal budget ought to be simplified, for example by means of IT applications.

Sample case

Erwin Hout is a 36-year-old marketing director for a firm specialised in fitting out presentation and conference rooms. Erwin had a swimming accident when he was nineteen. Ever since then, Erwin has been a paraplegic; he is paralysed from the neck down. Erwin has never let his handicap get him down; he went to university and now has an important job – not to mention a family life with three children to care for together with his wife.

Erwin receives personal budgets under the Social Support Act [Wmo] and Exceptional Medical Expenses Act [AWBZ]. These allow Erwin to lead the life that he leads today. He is in charge of when he receives care. 'Let's say I have a wedding to attend and that I get home at two in the morning; I can always arrange to have someone come and help me. That is not so easy with standard home care services.' Erwin pays for his own care, which enables him to get exactly what he needs from his care providers. Since he is the man in charge of the money, he decides which services to use, when and from which provider.

Erwin has a total of 28 different people who help him, and he schedules in the whole team himself. Apart from purchasing care from a major home care provider, he also has separate arrangements with a total of 17 people whom he knows and whom he can pay to provide care. He sometimes uses his personal budget to pay his own wife, who is a physician. 'Because she cares for me, my wife is forced to work fewer hours at her surgery, so it is only logical that she should get paid for helping out.'

Erwin has had a personal budget for more than eleven years now. Before that time, he had different people caring for him every week, and he was not always satisfied with their work. It was also difficult to make arrangements with them for special needs. 'Sometimes they used to show up at 10 p.m. to bring me to bed while we still had company; today I'm the one who decides when that should happen.' The personal budget was initially quite a job with all the extra paper work for contracts, record-keeping, etc. Things are better now that so much information is available.

The personal budget involves a lot of paperwork. 'Because of my training and background, I'm a whiz at bookkeeping.' Yet he still thinks some areas could stand improvement. 'The Care Agencies could make things easier for us by offering a completely computerised system for keeping a personal budget, e.g. on their website.'

A personal budget lets Erwin be as free and independent as he can while working on his career and looking after his own family. Thanks to his personal budget, he receives care when and just the way he likes it.

2 Introduction

2,1 Problem definition

In late 2009, a delegation from the Finnish Innovation Fund visited the Netherlands. During their visit, the personal budget [*persoonsgebonden budget*, pgb] caught their attention. KPMG was asked to prepare a report that clarifies the Dutch personal budget system. For this purpose, we looked into the following questions:

1. How does a personal budget system work in practice from the perspective of the different parties involved?

2. How is a personal budget calculated for the client?

3. What are the effects of the personal budget system and how are the effects measured?

4. Effects on the client (control over their own life and freedom of choice)?

5. Effects on the economy (cost-benefit analysis)?

6. Effects on the insurance company (major actors on the market)?

7. What are the experiences of the system and what are the potential points for improvement?

2,2 Research approach

We performed a documentation review, on the basis of which we outlined the functioning of the Dutch personal budget system.

We conducted interviews with representatives of various organisations and personal budget recipients. In the interviews, we ascertained the effect of the personal budget system (1) at the macro level, (2) on the providers of personal budgets and (3) on the recipient/client. A list of the persons we talked with, including representatives and personal budget recipients, is included in Appendix A.

2,3 How to use

The following section includes general information regarding the personal budget. We discuss the aim of the personal budget, its statutory framework and its origins. Section 4 discusses the functioning of the personal budget from the client's perspective. Section 5 discusses costs, the number of personal budgets in the Netherlands relative to total healthcare expenditure, and several characteristics of

personal budget users. Finally, section 6 discusses experiences that have been made with the personal budget in day-to-day practice. After discussing the advantages of the personal budget system, we discuss the areas where the system shows room for improvement. We conclude this section with several examples from day-to-day practice.

In the grey text boxes, we have included case descriptions regarding personal budget users. A number of cases emerged from the interview we conducted. With the permission of Per Saldo, the association representing the interests of personal budget users, we have also included a number of descriptions of actual cases.

Sample case

Christel is 44 and suffers from a number of disorders. She is completely bedridden as a result. Christel receives a personal budget under the Exceptional Medical Expenses Act and the Social Support Act for home care. She purchases her care from domiciliary care provider Buurtzorg and freelancers, mainly orderlies and students. They have all received detailed instructions on how to care for Christel.

Christel opted for a personal budget from around 2003 because her complex situation did not mesh with standard healthcare offerings. The main advantage is that she receives the care she needs rather than having to wait for the supply side to come up with a solution. She remains in control of her own life. Her care is tailored to her personal situation. 'A personal budget lets me run my life as I see fit. It is also more efficient, as I purchase only what I need.'

'One disadvantage of a personal budget is that it makes me both a client and an employer. I depend on the care I receive, but I also have to give people a talking to when things go wrong, for example if they show up late. Christel thinks it would be good to offer people with a personal budget a course on how to be a proper employer. They also have the same restrictions as an employer when making their 'staff' redundant. But that is unrealistic. Christel herself has had to dismiss three people in the past years.

When asked at the end of the interview if she has anything else to add, Christel says, 'The personal budget has to stay!'.

3 General information regarding the personal budget

This section discusses the aim of the personal budget, the statutory regulations under which persons are entitled to a personal budget, and the origins and history of the personal budget.

"A personal budget is an amount determined through needs assessment that is granted to persons with healthcare requirements to enable them to purchase care, aids or facilities."

3,1 Aim of the personal budget

The primary aim of the personal budget is to enable clients to take charge of the healthcare provided to them. Personal budgets enable clients to purchase their healthcare, allowing them to choose their healthcare providers and schedule the dates and times at which they receive care. Under the personal budget system, clients are also allowed to purchase healthcare from acquaintances and family members. It is also possible for parents to provide care to their disabled minor or adult child by means of a personal budget.

However, for clients to be able to benefit from the personal budget system[1]:

- They must personally make arrangements with their caregiver;

- The care to be received under the personal budget has to be covered by an insurance scheme;

- They must personally maintain records regarding their personal budget;

- They must account for the expenses they charge to their personal budget.

[1] Website of Healthcare Insurance Board [*College voor Zorgverzekeraars*] (2010): www.cvz.nl

3,2 Statutory regulations

In the Netherlands, applications for personal budgets are in principle governed by two statutory regulations:

1. Exceptional Medical Expenses Act [*Algemene Wet Bijzondere Ziektekosten*, AWBZ]

2. Social Support Act [*Wet maatschappelijke ondersteuning*, Wmo]

Exceptional Medical Expenses Act	Social Support Act
Responsibility on state level: Healthcare Insurance Board Responsibility on regional level: care administration offices	Responsibility of municipals
Under the AWBZ, personal budget can be claimed for: • Personal care • Nursing care • Counselling • Temporary accommodation	Under the Wmo, personal budget can be claimed for: • Help in the household • Mobility aids such as wheelchairs and mobility scooters. • Home modifications

Figure 3.1: Main characteristics of statutory regulations

In addition, an experimental scheme governed by the Health Insurance Act [*Zorgverzekeringswet*] was recently introduced under which personal budgets are granted for psychological care[2]. The Health Insurance Act primarily regulates medical care, such as healthcare provided by hospitals and general practitioners. The statutory regulations explicitly governing the granting of personal budgets are the Exceptional Medical Expenses Act [AWBZ] and the Social Support Act [Wmo].

[2] PSY (2009); the healthcare insurer UVIT offers personal budgets for primary psychologial care.

Exceptional Medical Expenses Act [AWBZ]

The AWBZ is a national insurance scheme; it covers all Dutch residents by operation of law. The income-related AWBZ contributions are collected by the Dutch tax authorities[3]. The AWBZ regulates entitlement to care for long-term and thus expensive care, such as care of the disabled, nursing home care and domestic care. Under the AWBZ, care can be claimed for five types of care (functions):

1. Personal care

2. Nursing care

3. Counselling

4. Treatment

5. Accommodation

Please refer to Appendix I for an explanation of these care claims. Personal budgets can be obtained for all the above functions except treatment. Personal budgets for accommodation can be obtained only for short stays (stays of no more than two days a week).

Financing

The AWBZ contributions collected by the tax authorities are administered by the Healthcare Insurance Board [*College voor Zorgverzekeringen*, CVZ]. CVZ is an advisory and administrative body responsible for the statutory health insurance schemes. It plays an important role in protecting the quality, accessibility and affordability of healthcare in the Netherlands[4].

The Central Administration Office [*Centraal Administratie Kantoor*, CAK] is responsible for effecting the payment of healthcare benefits to the care administration offices [*zorgkantoren*], with payments being subject to the conditions prescribed by the Healthcare Insurance Board. The Central Administration Office also calculates and collects the personal contributions in respect of the AWBZ and the Wmo. In addition, it is responsible for payments under a number of special schemes[5].

The care administration offices are responsible for implementing the AWBZ at the regional level. Care administration offices are each attached to a healthcare insurer operating in their region (usually the largest healthcare insurer in their region). In practice this means that insured persons must refer to the care administration office in their region to obtain healthcare benefits under the AWBZ. The care administration offices are responsible for negotiating with the parties providing care under the AWBZ to determine the amount, pricing and quality of care to be purchased. The respective performance agreements relate to intramural and extramural care provided 'in kind' [*in natura*]. The care administration offices

[3] Klabber, Th.G.M (2008*), Praktische informatie over Sociale Zekerheid*
[4] http://www.cvz.nl/hetcvz
[5] http://www.hetcak.nl/

are allocated a maximum contracting amount [*maximum contracteerruimte*] by the Dutch Healthcare Authority [*Nederlandse zorgautoriteit*, NZa]. This means that the care administration office has a limit for how much care it's allowed to contract for a year.

The personal budgets are charged to a separate nationwide grant scheme administered by the Healthcare Insurance Board. This grant scheme is subject to a ceiling. The grant ceiling is annually determined and is separate from the maximum contracting amount. In addition to providing care in kind, under the AWBZ care administration offices can also provide personal budgets, if required by insured persons who wish to purchase their care directly from a provider[6].

Social Support Act [Wet maatschappelijke ondersteuning, Wmo]

The Social Support Act, in effect as of 2007, is the statutory framework for the provision of social support[7]. It is implemented at the municipal level. As of 1 January 2010, the Netherlands has 431 municipalities[8]. The Social Support Act is based on the principle that citizens should accept a high degree of personal responsibility. Municipalities have been granted significant freedom of policy-making regarding their implementation of the Social Support Act. Unlike the AWBZ and the Health Insurance Act, the Wmo is not a national insurance scheme that provides health insurance benefits. The Wmo is based on the principle of reimbursement under which there is a reimbursement obligation to citizens.

Under the Wmo, personal budgets can be obtained on the basis of a number of grant schemes and schemes for the provision of specific aids to help people with a disability or chronic psychiatric or psychosocial problem to retain their personal autonomy or participate in society.

Services and products for which personal budgets can be granted by virtue of the Wmo include:

1. Help in the household; this mainly concerns cleaning

2. Mobility aids such as wheelchairs and mobility scooters.

3. Home modifications.

Recently, there was a discussion whether to transfer more healthcare provision from the ABWZ to the Wmo.

Financing

For the financing of the provision of care under the Wmo, municipalities rely mostly on the payments they receive from the Municipalities Fund [*Gemeentefonds*]. In addition, they are free to use income they raise themselves,

[6]. Social and Economic Council of the Netherlands (2008), *Langdurige zorg verzekerd: Over de toekomst van de AWBZ*

[7] Per Saldo (2006), *De Wmo en het pgb, Handreiking voor gemeenten*

[8] Statistics Netherlands (2010), municipalities as of 1 January 2010
Go to: http://www.cbs.nl/nl-NL/menu/methoden/classificaties/overzicht/gemeentelijke-indeling/2010/default.htm

for example municipal tax revenues. The distribution of funds from the Municipalities Fund is subject to a distribution model.

By virtue of the Wmo, municipalities are obliged to offer personal budgets for all provision of care that is deemed to be of an individual nature. However, this does not include certain types of individual care where making collective arrangements produces significant benefits. This includes travel by taxi for people with disabilities where several people travel together. If this was covered by the personal budget, budget users might arrange such travel individually, which would make it impossible to arrange a group contract.

The Netherlands Institute for Social Research [*Sociaal en Cultureel Planbureau*] calculated that out of the total budget of EUR 1,288.6 million for help in the household under the Wmo, EUR 241.9 million (19%) was spent on personal budgets[9]. In the municipality of Amsterdam, 23,000 clients receive help in the household, 3,000 of which receive a personal budget[10]. The number of personal budgets provided for other types of care was considerably lower.

3,3 Origins and history of the personal budget

In the Netherlands, the first experimental schemes with personal budgets (initially referred to as 'client budgets') were launched in the early 1990s for domestic care and for the care of people with mental disabilities[11]. Evaluations revealed that virtually everyone involved was very pleased with the freedom offered by the personal budget. They also showed that although many budgets had not been fully spent, clients had nonetheless received all the care they required

In 1995, Erica Terpstra (VVD), then the State Secretary for Health, introduced a nationwide personal budget scheme. At the time, politicians worried that personal budgets would pose certain risks, such as non-payment of national insurance contributions or of taxation payable on the provided care. Initially, grant budget users were allowed to spend about EUR 90 at their discretion. They were entitled to withdraw the remainder. All budget users were required to join a budget users association (either Per Saldo or Naar Keuze). These associations administered the funds and thus had two roles; they acted as interest groups and as implementing bodies[12]. Per Saldo engaged KPMG to provide assistance regarding many of the implementing tasks, especially the administration of the funds of budget users.

The personal budget schemes were complicated and involved many parties. Nonetheless they were very popular. Thousands of people applied, which resulted in waiting lists. In response, state secretary Terpstra announced that the administration of the budgets would be reassigned from the budget users association to the Social Insurance Bank [*Sociale Verzekeringsbank*, SVB]. The

[9] Netherlands Institute for Social Research (2010), *Voorlopig advies over het Wmo budget huishoudelijke hulp voor 2010*

[10] Municipality of Amsterdam, Dienst Wonen, Zorg en Samenleven (2010), *De Staat van de Wmo de Amsterdamse Wmo Kwalitatief en cijfermatig in Beeld 2009*.

[11] Per Saldo, Frans van der Pas (2010), *Historie van het pgb*

[12] Per Saldo (2000), Lustrumkrant

SVB is the body responsible for implementing the Dutch national insurance schemes[13].

The present personal budget scheme dates from 2005. Under the current scheme, the drawing right has been replaced by a system of paying advances directly to the account of the clients. The budget users are accountable for the received budget.

In 2007, the scope of personal budgets was extended. New legislation was enacted that obliges municipalities to provide a personal budget for each individual item of care for which they provide funding.

Sample case

At the age of 28, Ankie Schouten was diagnosed with multiple sclerosis. Today she is 36 and lives near her brother, who regularly lends a helping hand.

Five years after diagnosis she is confined to an electric wheelchair. Ankie is keen to take her own decisions and wants a wheelchair which is tailored to her unique needs.

So Ankie used a personal budget under the Social Support Act to put together her own wheelchair. 'It naturally does not cover the full amount. After all, the standard model which they usually give us is run of the mill – which I can understand. It's just like with a car. But I want the Rolls Royce of wheelchairs.' Ankie decided to contribute some of her own funds so she could get exactly the wheelchair she needed. 'I organise the repair work myself and I receive a yearly sum of money from the city to keep my wheelchair in proper running order.'

The same goes for modifications to her house. The city gave her a personal budget under the Social Support Act for that as well, which allowed her to choose her own materials and have her brother's firm do the work. Everything was done to meet Ankie's own personal needs, such as raising the working top in the kitchen so she can get her wheelchair under it and prepare her own meals.

[13] http://www.svb.nl/int/nl/index.jsp

4 Functioning of the personal budget

4,1 Functioning from the client's perspective

In this section we explain the functioning of the personal budget system from the client's perspective. We describe the entire procedure, from the application to the accounting for and, if necessary, repayment of the budget[14]. Our explanation is based on personal budgets provided under the AWBZ, not the Wmo. This is because under the Wmo, which is implemented at the municipal level, municipalities have significant freedom of policy-making. Because of this, there are considerable differences between the procedures in different municipalities for the application of a personal budget under the Wmo. Nonetheless, such procedures are often similar to the procedure under the AWBZ.

The figure below shows the main outlines of the procedure from the client's perspective (according to the AWBZ procedure).

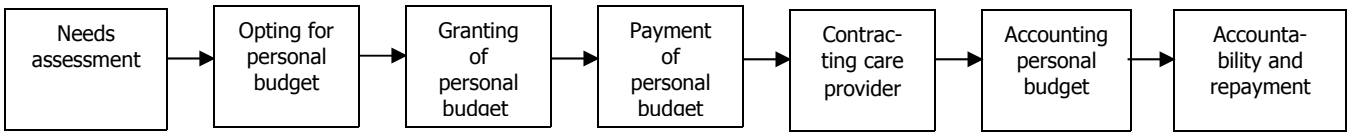


Figure 4.1: Process outline for personal budget

[14] Committee for National Health Insurance (2010), *Persoonsgebonden budget, Zelf zorginkopen in 8 stappen*.

Sample case

Fien van Wamel is a 72-year-old single woman. She has mitochondrial myopathy, a neuromuscular disease. While she has quite a few physical limitations, she does not at all feel incapacitated or pathetic. She lives alone in a somewhat modified home. She does have a very sweet companion, though: Xara, her service dog. She would not, and could not, give her up for all the tea in China.

She was unable to continue her job as a teacher. Housekeeping had also become increasingly difficult. 'The people they sent to help me out were certainly nice enough. But I still found it hard to let others tell me how to run my life, e.g. at what time of the day care would be provided, who would come, how often I could take a shower, when my house would get a cleaning. It was impossible to do anything at the spur of the moment: friends could not just pop by, nor could I go into town at my leisure. Everything had to be arranged around my standard care schedule.'

In 1995, she was told she qualified for a personal budget. 'A lot has changed since then. Today I'm the one who decides what is important for me and my home. I can teach again, go out, let the dog out and do my grocery shopping when I see fit.'

She recently developed a new method to speed up the reading and writing process for people with dyslexia. She still enjoys teaching, although she limits that to eight hours a week (two hours a day on four days). 'It warms my heart every time I see my pupils smile. This situation would not be possible without a personal budget. Today I am a happy woman, one who is really involved in society.'

Source: Per Saldo website (adapted)

Sample case

Aafke Halma, wife and mother of four. Her eldest, Peter, has an autism-related disorder, is retarded and lives in an institution. Arjen has the same disorder and is highly intelligent. Wilbert has Asperger's and ADHD and is highly intelligent. Jan Waatze is a regular child and attends primary school. Her husband was recently diagnosed with the same disorder as Peter and Arjen; Afke herself was diagnosed with ADHD three years ago.

She has had a personal budget for Arjen and Wilbert, the two children in the middle, for the past two and a half years. They are both preparing for university, but it has been rough going. Wherever they turn, they are faced with their handicap: in planning and organising their homework, interpreting homework assignments, working with other pupils, keeping their diary, doing research and trying to find the motivation to do certain subjects which do not appeal to them. And apart from trying to keep in touch with friends, mum has to spend a lot of time at home creating structure and teaching them to keep their things neat and tidy and use their free time wisely. For Aafke it is like having an extra full-time job.

The personal budget enabled them to get two homework tutors, one for each boy. That gives Aafke two evenings off so she can get back to doing some of the things she has not done for years, such as a nice evening out.

Now they are applying for their third personal budget, for their eldest son. He will be going into assisted living. Until then, however, he will come back to live at home for half a year, during which time they will use his personal budget to engage the services of a social worker. This means he will have his own room and that someone will be there a few times a week to show him how to look after himself properly.

She hopes to continue benefiting from the arrangement as long as the boys are still living at home. And she will also have some peace of mind for when the boys go off to university as the personal budgets can be used to purchase away-from-home care so that they boys can lead an increasingly independent life – without mum having to look after them.
Source: Per Saldo website (adapted)

4,2 Needs assessment

The client requests a healthcare needs assessment from the Centre for Needs Assessment [*Centrum Indicatiestelling Zorg*, CIZ]. The CIZ is an autonomous body that independently and objectively assesses clients' healthcare needs. If necessary, the CIZ consults the doctor treating the client.

The outcome is a needs assessment listing the functions (types of care) and the amount of care to which the client is entitled. This amount of care is specified by means of classes, with a minimum and maximum amount in terms of hours.

When the outcome of the needs assessment is an entitlement to intramural care, a care intensity package [*zorgzwaartepakket*, zzp] is determined. A care intensity package comprises a fixed amount, based on the intensity of care required, that is paid to the institution where the client is cared for. The care administration office calculates the gross personal budget by translating the care intensity package specified by the needs assessment into functions (types of care) and classes and adding up the amounts granted in respect of these.

4,3 Opting for care in kind or a personal budget

When clients obtain their needs assessment, they are informed of the care they are entitled to. Clients then have to choose one of the following options:

1. Receiving all their care 'in kind'; clients select an authorised care provider from whom they receive the care specified by the needs assessment.

2. Purchasing all their care by means of a personal budget; all the care specified by the needs assessment is translated into a personal budget with which the client can buy care.

3. Combining a personal budget with receiving care in kind; clients may choose to receive a personal budget for only some of the functions (types of care) specified by the needs assessment, and have the other functions provided by means of care in kind.

Sample case

Mrs. De Vries fell down the stairs and broke her hip. Her wound must be attended to daily, and she requires help getting dressed and undressed. While her granddaughter is glad to help out with the latter, attending to the wound itself is best left to a nurse from a domiciliary care provider. CIZ, the Dutch agency responsible for assessing care needs, has determined that she qualifies for 'personal care' and nursing. The wound will be attended to by someone from home care. Mrs. De Vries will receive a personal budget to pay her granddaughter.

4,4 Granting of a personal budget by the care administration office

The amount of the personal budget of individual clients is calculated on the basis of their needs assessment. Under the regulation concerning grants under the AWBZ, the amounts for the various functions and classes are established on an annual basis. Please refer to the appendix for the applicable amounts. These amounts comprise the gross personal budget, from which an income-related own contribution is deducted. The gross personal budget less the own contribution equals the net personal budget.

If a budget user stays abroad for more than six weeks, during which he/she hires caregivers who are not subject to Dutch taxation and social security charges, a deduction is made from the personal budget in line with the level of prices in the country in question. Clients residing abroad are not eligible for a personal budget.

To determine the own contribution, the care administration office requests the Central Care Administration Office [CAK] to determine the client's income. The CAK requests the tax authorities to provide the details of the client's income, and passes these on to the care administration office. In principle, the client's income is determined on the basis of the income of two calendar years ago. However, obtaining these details can take quite some time, and therefore the care administration office often determines a provisional own contribution, which is subsequently settled.

The personal budget granted by the care administration office ends on the termination date of the needs assessment decision. It also ends if[15]:

- The client dies;

- The client has been staying in a healthcare institution or hospital for two months or longer;

- The client has made it known that he/she wishes to terminate the personal budget;

- The personal budget is not properly managed or spent.

[15] Regulation concerning grants under the AWBZ [*Regeling subsidies AWBZ*], Article 2.6.12

4,5 Payment of the personal budget

The personal budget is not regarded as income from employment as it is only paid for the purpose of purchasing healthcare. It is therefore not subject to taxation.

The personal budget is paid in advance in a single instalment or in multiple instalments, with the timing of the payments depending on the amount of the personal budget. The following table shows the timing of the personal budget payment:

Amount	**Timing of payment**
< EUR 2,500	Once a year
EUR 2,500 – EUR 5,000	Half-yearly
EUR 5,000 – EUR 25,000	Quarterly
> EUR 25,000	Monthly

The aim of paying the personal budget in instalments is to encourage the budget user to spend it properly.

To prevent fraud, the personal budget is transferred only to the account of clients, or their parents, guardian, administrator or curator. The personal budget is never transferred to other parties, such as an intermediary agency.

Sample case

Erik Verhees calls himself a 'citizen with various functional limitations'. His physical limitations are the result of a progressive neuromuscular disease. He is permanently confined to an electric wheelchair and has a 'close relationship' with his respirator. Erik can hardly do a single thing on his own and requires a lot of nursing and personal care. By definition, living on a respirator involves quite a few special procedures, many of which most people are not able or allowed to perform by law.

Erik lives with his parents and leads an active life. He is often out and about as a university student, member of the city council and a volunteer board member for various organisations; he also leads a busy social life. He requires help and support for all of these activities. Meetings and get-togethers are often held at the oddest times, so Erik really has his hands full with organising his carers. He starts each week off by putting together a 'care programme'.

Erik has had a personal budget for one year now, which he uses to purchase services from three regular carers. Two of them were trained in a hospital's respiratory ward; the other one has a general nursing background. It was not easy to find people with the right qualifications. Before Erik had a personal budget, he had carers and all kinds of different people who came to lend a helping hand. The main difference is that Erik today feels less dependent on the kindness of others. 'They always had to find the time to come and help me. In the past, all I could give them was – at most – a small token of my appreciation; I was rarely ever able to pay them. I was always uncomfortable with that situation. Something about it was just not right. It's actually quite simple: if one's physical limitations are such that an extra pair of strong hands is needed to lead a daily life, that deserves payment.

'In hindsight, I wish I had applied for it earlier. I have certainly become more independent, which has boosted my sense of self-esteem. At the end of the day it's all about equal opportunities. Not that I would expect to get exactly the same opportunities as everyone else, but that's life. Yet a personal budget gives me a financial basis for being somebody, and that is a major step forward.'

Source: Per Saldo website (adapted)

4,6 Making arrangements with the care provider

In principle, the budget user is free to purchase care from any care provider. This may be a professional domestic care provider or a family member, acquaintance or neighbour. However, this is subject to the condition that an agreement has been concluded to confirm the arrangements made. Most of the health insurers and municipals have lists for approved providers they recommend. Although there is no standard approval system in the Netherlands for approving providers for home care recommendation lists are based on long existing organizations, which have special certifications e.g. for quality, and they have proven they are organizations with a good quality of care.

To this end, the Social Insurance Bank [SVB] has in recent years made available model agreements, which many budget users are happy to make use of.

There are four different model contracts made by the Social Insurance Bank [Sociale Verzekeringsbank, SVB] in case if the care provider is:

1. A child or husband/wife or brother/sister who is living in the same house and/or is a legal representative.

This is contract where the care giver is family or a legal representative. There is a possibility that the care giver works as a freelancer or an employee.

2. A regular care provider

This is a contract among the budget holder (principal) and the care giver, e.g. organization for home care (agent).

3. A freelancer

This is a contract among the budgetholder (principal) and the care giver (agent). A freelancer is some one who is working for his own company and who works for different costumers.

4. Not like above mentioned (all other circumstances), contract for employment

This is an contract for employment between the budget holder (employer) and caregiver (employee).

The reason of the differences in contracts is because of the Dutch regulations for employment and tax.

4,7 Managing and accounting for the personal budget

Budget users are obliged to maintain records in order to account for their expenditure in respect of the personal budget. If budget users make arrangements with someone to do work for more than three days a week, they must also maintain salary records and pay wage tax.

Budget users can opt to have their accounting performed by the Social Insurance Bank [SVB]. The SVB offers the following services to all budget users under the AWBZ scheme[16]: The regular services of the Social Insurance Bank are free of charge.

- Assistance with salary accounting;

- Continued payment of wages when the caregiver falls ill. When a caregiver falls ill, the budget user is obliged to keep paying wages. The SVB reimburses the budget user for the continued wages, so that he/she can afford a substitute caregiver;

- Individual advice to budget users on a range of issues;

- Assistance in the event of damage or disputes. The SVB has concluded group insurance for legal aid and statutory liability.

Furthermore, budget users who receive a personal budget under the Wmo can also make use of the SVB's services if the municipality has concluded an agreement with the SVB. However, not all municipalities have concluded such agreements.

Per Saldo, the interest group for personal budget users also offers its members advice and assistance with respect to a wide range of issues.

4,8 Accountability and repayment

Every budget user who receives a personal budget under the AWBZ is accountable to the care administration office. Budget users must demonstrate that the money spent was used to pay for their care. Budget users may spend their personal budget at their own discretion on the various functions specified by the AWBZ. If the personal budget is less than EUR 2,500, the budget user must account for it once a year. If the personal budget exceeds EUR 2,500, the budget user must account for it twice a year or more.

For the accounting of the budget, the budget user is sent a standard form. In addition, the care administration offices can perform a so-called 'in-depth audit' [*dieptecontrole*], during which all underlying invoices are reviewed. This takes

[16] http://www.svb.nl/int/nl/ssp/wat_kan_ssp_doen/hulp_regelen_zorg/index.jsp

place in 5% of cases. Budget users experience such an audit as a considerable administrative burden.

In addition, budget users must inform the tax authorities of all their payments to care providers for the year.

Any expenditure that cannot be accounted for must be repaid. It should be noted that 1.5% of the personal budget is freely disposable (between a minimum of EUR 250 and a maximum of EUR 1,250). This small amount can be used e.g. for costs for administration or a small gift for a care provider

Sample case

It all began about ten years ago when Patricia, daughter of Bob van der Haas, turned eighteen. Bob was told that Patricia had reached the age at which she would have to leave her foster home. Try and try as he might to find a new location for his daughter, Bob was unable to find the right place. So he and a couple of other parents in the same boat went in search of an alternative.

At the end of the day they realised they would have to set up a parents' initiative where they would rent a property from a housing corporation and use a personal budget to source the necessary care.

After more than nine years of groundwork, the housing initiative was finally opened by the mayor of Amsterdam on 3 November 2007. The home is in a new housing estate in Amsterdam. A total of six women live there.

To Bob, the main advantage is that parents themselves decide whom to take on the payroll. Today they have nine people on the staff, one of which is responsible for coordination. Many of the staff used to work for a regular care provider and left out of dissatisfaction. Things are quiet during the day after everyone has been collected to go to their work/daily activities. In fact, their daily activity is the only thing that falls outside of the personal budget.

The tenants receive benefits for disabled youths, which they use to pay for rent and food, etc. They also receive a personal budget under the Social Support Act for domestic help and a personal budget under the Exceptional Medical Expenses Act. The Eigenwijs Foundation sends them a monthly invoice for the care services rendered so that they can account for their expenses with the city and the care agency.

5 Costs and characteristics of the personal budget system

The section discusses the costs of providing healthcare in kind (section 5.2), the costs of personal budgets, also in relation to the costs of care under the AWBZ (section 5.2), and a number of characteristics of personal budget users.

5,1 Cost of healthcare in kind

For 2010, the cost of healthcare in kind was budgeted at EUR 24 billion for the care provided under the AWBZ and EUR 35.5 billion for the care provided under the Health Insurance Act [*Zorgverzekeringswet*]; the total budgeted expenditure for healthcare in kind (exclusive of the costs under the Wmo) comes to EUR 59.3 billion.

The figure below shows the costs of healthcare in kind under the AWBZ for the period from 2000 to 2009.

Figure 5.1 Cost of healthcare in kind under the AWBZ for 2009 to 2009 (x EUR 1,000,000)[17]

[17] Committee for National Health Insurance (2007 and 2009*), Zorgcijfers Kwartaalbericht 3e Kwartaal 2009* and *Zorgcijfers Kwartaalbericht 4e kwartaal 2007*.

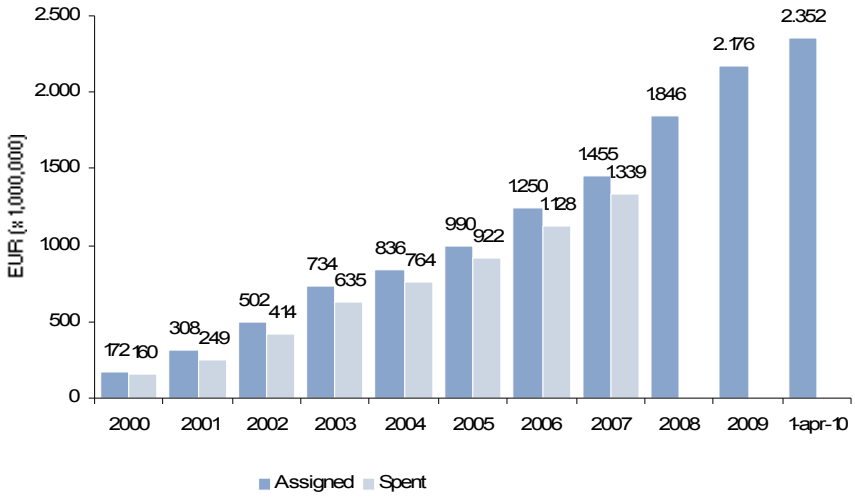
5,2 Cost of the personal budgets

The total amount available in 2010 for personal budgets under the AWBZ is EUR 2,113 million. On 25 June 2010, the Minister of Health, Welfare and Sport announced a freeze on the granting of personal budgets as spending on personal budgets was expected to exceed the amount available in 2010 by EUR 300 million (15%).[18]

However, under pressure of the Lower House, the minister has postponed this freeze for the time being. In the past it was decided on several occasions, in response to the popularity of the personal budget, to raise the grant ceiling during the year so that all eligible persons applying for a personal budget could receive one.

The figure below shows the costs of personal budgets under the AWBZ granted and spent from 2000 to 2007. The costs shown are only the costs of the provided care; they do not include implementation costs.

Figure 5.2 Costs of personal budgets under the AWBZ from 2000 to 2010 (x EUR 1,000,000)[19]



The figure shows a sharp increase in the costs of personal budgets during the period from 2000 to 2010. In 2007, expenditure on personal budgets was more than seven times higher than in 2000. The grants years 2008, 2009 and 2010 have not yet been settled with the care administration offices, and therefore the final costs are not yet known. However, it is expected that these will amount to about 90% of the granted amounts. The figure shows that the amount awarded in

[18] Minister of Health, Welfare and Sport (2010), *Handhaving subsidieplafond pgb's per 1 juli 2010* [Upholding the grant ceiling for personal budgets as of 1 July 2010]. Letter to the Lower House of the Dutch Parliament.

[19] Committee for National Health Insurance (2009), *Kwantitatieve gegevens pgb-AWBZ* [quantitative data for personal budgets under the AWBZ], letter to the State Secretary of Health

personal budgets rose very sharply during the period from 2000 to 2010. As a comparison: expenditure on care in kind nearly doubled during the period from 2000 to 2007. Figure 5.3 shows the cost of personal budgets as a percentage of the cost of care in kind.

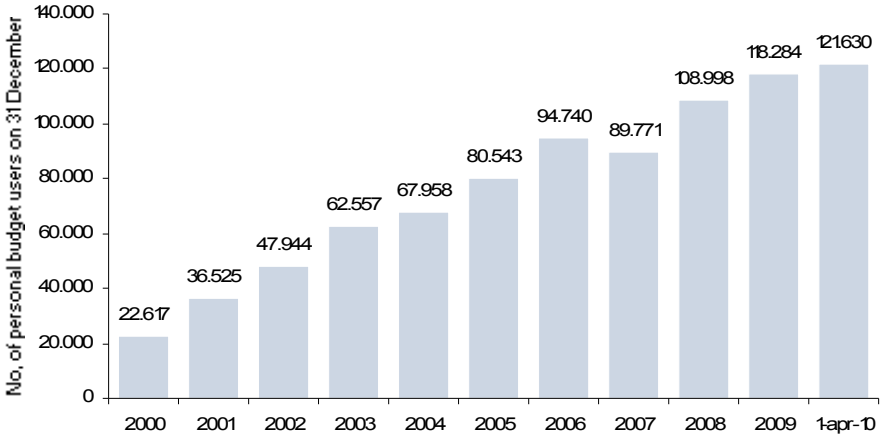
Table 5.3 Average cost of personal budgets per budget user from 2000 to 2009[20]

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
personal budgets granted as % of care in kind	2%	2%	3%	4%	4%	5%	6%	7%	9%	11,00%
personal budgets spent as % of care in kind	1%	2%	2%	3%	4%	5%	5%	6%	Not known	Not known

Figure 5.2 also shows that the granted personal budgets consistently exceed the amount actually spent by budget users, although only by a small margin. The persons we interviewed estimated that budget users on average leave about 10% of their budget unspent. This might be explained by the fact that it takes some time to arrange for care, so that the personal budget is initially not fully used. Another explanation might be that budget users consciously set side an amount so that it is available if their health situation deteriorates. This would be in line with the trend for care in kind under the AWBZ, where the granted amount, based on the performed needs assessment, consistently exceeds actual expenditure by a small margin.

[20] Committee for National Health Insurance (2009), *Kwantitatieve gegevens pgb-AWBZ* [quantitative data for personal budgets under the AWBZ], letter to the State Secretary of Health

Figure 5.3 Number of budget users from 2000 to 2010[21]



The figure shows a sharp increase in the number of budget users during the period from 2000 to 2010. In 2010, the number of personal budget users is more than four times higher than in 2000. The letter from the Minister of Sport, Welfare and Health to the Lower House states the number of budget users in 2010 at 120,000[22]. The table below shows the average cost per budget user, which has also increased.

Table 5.4 Average cost of personal budgets per budget user from 2000 to 2010[23]

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	1 April 2010
Granted per personal budget user	7,596	8,424	10,468	11,733	12,299	12,288	13,194	16,208	16,936	18,392	19,333
Spent per personal budget. user	7,092	6,817	8,625	10,146	11,248	11,445	11,908	14,911			

[21] Committee for National Health Insurance (2009), *Kwantitatieve gegevens pgb-AWBZ* [quatitative data for personal budgets under the AWBZ], letter to the State Secretary of Health. Balance as at 31 December.

[22] Minister of Health, Welfare and Sport (2010), *Handhaving subsidieplafond pgb's per 1 juli 2010* [Upholding the grant ceiling for personal budgets as of 1 July 2010]. Letter to the Lower House of the Dutch Parliament.

[23] Committee for National Health Insurance (2009), *Kwantitatieve gegevens pgb-AWBZ* [quantitative data for personal budgets under the AWBZ], letter to the State Secretary of Health

5,3 Characteristics of personal budget users

From the interviews we held in 2010, the following emerged:

- Budget users have following types of healthcare problems: somatic, pscyhogeriatric or psychiatric problems or physical, mental or sensory disabilities. The interviewed persons indicated that at present most of the clients (about 40%) have psychiatric problems. About 25 % of the clients have somatic problems and about 20% have a mental disability. This is remarkable because initially personal budgets were mainly used by people with a physical disability or chronic illness.

- Under the AWBZ, budget users are entitled to make use of various functions (types of care). The function used most is counselling, followed by personal care and temporary accommodation. Relatively little use is made of nursing care.

- The average amount granted under the personal budget varies per type of healthcare problem. The interviewees indicated that on average clients with psychogeriatric problems receive the highest amount and clients with sensory disabilities the lowest.

5,4 Effects on the economy

At the moment there is not a scientific research what the effects of the personal budget is on the economy. From the interviews we held in 2010, the following emerged:

- The reason for exceeding the amount available is because of the popularity of the personal budget. Because of the popularity of the personal budget some parties involved think costs of healthcare in the Netherland rises. Because some people only like to have a personal budget instead of care in kind.

- For the providers of personal budgets (healthcare insurers and municipalities), providing a personal budget costs considerably more time than providing clients with care in kind. This means more costs for employees spending time on administration.

- Under the AWBZ, when the personal budget was introduced, rates were set at 75% of the maximum rates then applicable for care in kind. The costs for personal budgets are lower then care in kind.

- The caregivers for personal budget holders are often people who do not actively participate in the labour market. Thanks the availability of the personal budget, they can work close to home and be socially active.

6 Experiences with the personal budget system

This section discusses how the various parties involved have experienced the personal budget system. This is based on interviews we conducted with policymakers at the Ministry of Health Welfare and Sport and the Committee for National Health Insurance, with parties providing personal budgets, including the municipality of Amsterdam and Zorgverzekeraars Nederland [the sector organisation representing the Dutch healthcare insurers], and with several clients.

6,1 Advantages of the personal budget system

At the macro level

Emergence of unique, creative forms of care

- Thanks to the introduction of the personal budget system, forms of care have emerged in the Netherlands that would not have otherwise been developed. There is now a wide range of unique projects, each tailored to the requirements of specific clients. This includes small–scale accommodation projects that enable parents to provide children with disabilities or other healthcare problems with living environments and care arrangements that are entirely in line with their own wishes. According to the persons we interviewed, the most appealing of these unique forms of care is the 'care farm'. 'Care farms' are farms where people with a chronic illness or disability are provided with occupational therapy and in some cases also accommodation. The natural setting offered to the clients working and living on these farms is regarded as having a beneficial effect. These forms of care are also believed to have educational value, thanks to activities such as organising visits by local residents.

Innovation at healthcare institutions

- The interviews we conducted reveal that the introduction of the personal budget has resulted not only in innovation outside of the regular healthcare system, but has also impacted major care providers. We also heard that as a result of the personal budget these care providers feel they need to provide more tailor-made forms of assistance and care to avoid clients seeking better arrangements elsewhere.

Rates for personal budgets lower than rates for care in kind

- In general, the personal budget rates under the AWBZ and the Wmo are lower than the rates for care in kind. Under the AWBZ, when the personal budget was introduced, rates were set at 75% of the maximum rates then applicable for care in kind. At the time, it was thought that personal budget users purchase care from caregivers who, unlike the major care providers, have no or almost no overhead

costs. For this reason, the municipality of Amsterdam awards personal budget rates at 75% of the rates applicable to care in kind. We believe that most municipalities in the Netherlands have adopted a similar policy. Please note, however, that in recent years there have been a number of changes to the rates applicable to kind in care under the AWBZ. The applicable rates are no longer maximum amounts. Instead, they are negotiable and discounts have been implemented for several forms of care. As a consequence, the personal budget rates may in practice exceed the rates applicable to care in kind. The Ministry of Health, Welfare and Sport is therefore considering reviewing and if necessary lowering personal budget rates.

Attracting particular segments of the labour market

This aspect relates to two developments:

- A considerable number of budget users buy their care from caregivers who live nearby. These caregivers are often people who do not actively participate in the labour market. Thanks the availability of the personal budget, they can work close to home and be socially active.

- Personal budgets have also created opportunities for employees of healthcare institutions who are frustrated with their current role, for example because they no longer feel at home in the organisation and the structures of the institution. Thanks to the personal budget system, they can keep working without having to be part of a large organisation. In practice, such caregivers have in some cases left the employment of the healthcare institution and taken their clients with them.

Emergence of administrative and intermediary agencies

- Personal budgets require considerable self-reliance on the part of the budget user. Applying for, purchasing and accounting for care are not simple matters. Personal budgets may therefore not be suitable for certain types of clients, such as elderly persons with Alzheimer's or psychiatric patients. Since the introduction of personal budgets, administration businesses have been established that assist budget users with the management of their personal budget. This has helped to make personal budgets a viable option for more clients. However, some of these agencies have been dishonest; we will discuss this in more detail when addressing the disadvantages of the personal budget.

Independent needs assessment

- The system of independent needs assessment is an important part of the framework that has been established in the Netherlands to enable the provision of healthcare by means of personal budgets. Clients request the Centre for Needs Assessment [*Centrum Indicatiestellingen Zorg*, CIZ], to provide a needs assessment [*indicatie*] regarding the amount of care they are entitled to. By means of this assessment, the CIZ (or, for young people, the Youth Care Office [*Bureau Jeugdzorg*]) monitors access to the AWBZ and helps to limit the costs of care, also with respect to care provided by means of personal budgets. However, the needs assessment process does not always function optimally, especially with respect to clients with personal budgets. The problem is caused by the increasing

pressure on costs exerted at the CIZ. We will discuss this in more detail when we address the disadvantages.

Client

Having freedom of choice and being in control

- For clients, the main advantage of the personal budget is that it allows them to choose their caregiver and to be in control of their healthcare expenditure. As clients are in control of their own healthcare, they can make arrangements to receive the care in their own environment and they can control the timing and content of the care. In section 6.3, we include a number of illustrative cases to further explain these advantages.

With a personal budget, the client comes first

- There are clients who opt to use their personal budget to make their purchases at healthcare institutions where they could also purchase care in kind. The interviewees indicate that clients feel that in this way they are treated more according to the 'client comes first' principle.

Family members can take care of one another

- Personal budgets offer parents or family members the possibility of caring for their own child. With their personal budget, the child or family member hire their own parent or family member as a care provider. Parents often know exactly what their child needs so that the care is geared entirely to the needs of the child. In the interviews it is pointed out, however, that this is not necessarily always the most desirable solution. Sometimes the child is at an age that care by a professional care provider is better suited to the care requirement, but this is not easy to organise in practice because the parent has become dependent upon the child for their livelihood.

Sample case

Mr. Van Vuure is a 57-year-old psychiatric patient. He is schizophrenic, autistic and chronically psychotic. Mr. Van Vuure is also incontinent and does not look after himself at all. In the past, Mr. Van Vuure received care in kind and from his mother. Since his mother was diagnosed with Alzheimer's, his sister, Mrs. Van Vuure, has been caring for him instead. One of the main reasons for applying for a personal budget was that care in kind provided for no or only limited domiciliary care. Since Mr. Van Vuure is unable due to his condition to give home care workers instructions, he regularly spent the afternoon in bed unwashed and in soiled nappies. Home care frequently failed to show up or give the house a proper cleaning, with Mr. Van Vuure left to sit in the filth. That is why Mrs. Van Vuure applied for a personal budget for her brother – actually not only for him but also for her mother.

Mr. Van Vuure has a personal budget for domestic help (Social Support Act) and personal care and support (Exceptional Medical Expenses Act). Mr. Van Vuure is on a waiting list for assisted living, until which time his sister will arrange for his care.

His personal budget is used for organising care seven days a week. A home carer – from a regular healthcare provider – comes three times a week. Home care instructs Mr. Van Vuure (take a shower, get dressed, make a sandwich). Someone else comes in to do two hours of housekeeping a day and keep Mr. Van Vuure active by giving him some tidying-up chores to do. In addition, Mrs. Van Vuure uses the personal budget to provide her own care and sort out odds and ends for her brother. During the day, Mr. Van Vuure goes to a psychiatric hospital in the neighbourhood where he joins in a daily activity (painting) and enjoys a cooked meal.

For Mr. Van Vuure, the main advantage of the personal budget is that care is always provided and that his family have a say in it. The basics are sorted: Mr. Van Vuure receives a daily fresh change of clothes, takes a shower on his own, has a clean house, gets enough to eat and goes to bed at the end of the day..

6,2 Disadvantages and points for improvement

At the macro level

Increased demand for care as a result of personal budgets

- The type of client that makes use of a personal budget is different from the type that buys care from a healthcare provider. This client is more articulate and wants to maintain control over the care. The question is whether this group of clients, if there was no personal budget system, would make use of the regular care available or would possibly rely on (unpaid) voluntary caregivers (see also: monetisation of voluntary care). Several interviewees indicate that the personal budget system broaches a latent demand for care.

Monetisation of voluntary care

- The personal budget system makes it possible to buy care in the immediate vicinity, such as from family members, friends, acquaintances or neighbours (the example of the parent who cares for their own child was already mentioned). In many cases, before the introduction of the personal budget system, such people from the immediate vicinity already provided voluntary care. Voluntary care is understood to be long-term unpaid care for next of kin. The personal budget system in fact leads to paid voluntary care. While this has its advantages, paid voluntary care does lead to an increase in personal budget spending. It has emerged from a study into the nature and scope of paid and unpaid voluntary care that a large proportion of the personal budget users continue to make use of unpaid voluntary care besides paid care. [24].

Income-related contribution

- The Dutch healthcare system employs an income-related own contribution for care covered by the Exceptional Medical Expenses Act [AWBZ] and the Social Support Act [Wmo]. This implies that clients with a personal budget must pay a contribution for care. The own contribution is deducted from their personal budget. The care administration office determines the amount of the gross personal budget. The Central Administration Office calculates the amount of the own contribution. The gross personal budget less the contribution is the net personal budget that is paid to the client by the care administration office. The fact that the own contribution is related to income makes the administration and payment of personal budgets unnecessarily complex. This is because the aggregate income is not yet known when the personal budget is provided and therefore a provisional own contribution must first be calculated before the final amount can be determined. Since the AWBZ contribution is already related to income, it emerges from the interviews that there are doubts about the added value of an income-related own contribution.

[24] Persoonsgebonden budget en mantelzorg. Onderzoek naar de aard en omvang van de betaalde en onbetaalde mantelzorg (2005) ITS Nijmegen

Providers of personal budgets

More administrative expenses and higher implementation costs for providers

- For a provider, the administrative expenses incurred for personal budgets are greater than for care in kind that is purchased in bulk. One interviewed provider therefore set a minimum amount of EUR 1,600 for personal budgets. Although there is no exact insight into the cost of processing a personal budget from the initial care requirement to the final settlement, it is clear that the administrative expenses are high due to:

* The individual application and award procedure;

* The audit activities.

Differences in implementation practices

There are differences in implementation practices that may be either negative or positive for the providers, but are in any case experienced as negative by clients. Providers often have to reinvent the wheel and clients are faced with an implementation practice that depends upon the region where they live.

- Personal budgets granted under the AWBZ are provided by regional offices of healthcare insurers. In total, 32 different care administration offices are involved. The care administration offices have a certain degree of policy freedom with regard to the provision of personal budgets. As a result, differences in practical implementation may arise. The differences arise, for example, in procedures with respect to wrongly issued personal budgets and the speed of assessing applications but also in the interpretation of the term 'insured care'.

- Personal budgets granted under the Wmo are characterised by an even greater degree of discretion by municipalities. Every municipality is free to implement personal budgets as they see fit. Differences in practical implementation therefore arise between municipalities. Differences arise, for example, regarding the extent to which personal budgets must be accounted for. Some municipalities attach considerable value to accountability, while other municipalities consider accountability to be less important. This may have unpleasant consequences, especially when budget users move to another municipality.

Mismanagement of the personal budget by the client

- The principle of the personal budget system is that everyone is entitled to a personal budget. There is no preliminary investigation of the applicant's (financial) situation. Once mismanagement by a budget user has been identified, this person will never again qualify for a personal budget. There is some discussion about people who are not officially without legal capacity to act but who belong to a risk group when it comes to mismanagement of their personal budget, such as drug addicts or people who receive help with debt problems. The Ministry of Health, Welfare and Sport is therefore making plans regarding selecting at the gate, but no specific statements have yet been made about this.

Misuse of personal budgets by administrative and intermediary agencies

- The emergence of administrative and intermediary agencies was already referred to under the advantages. The interviewees estimate that about 10 to 15% of clients currently make use of an intermediary agency. In practice, the emergence of these agencies, which make it possible for a larger group to apply for a personal budget, sometimes leads to fraud with personal budget funds.

- One example of this is that the client's personal budget is paid into the account of a fraudulent administrative agency and can no longer be spent by the client. Another example are agencies that 'recruit' (or press-gang) clients on the street and encourage them to apply for a personal budget that can be spent at the same agency. In the latter case, such activities are in principle not illegal. It is unclear whether the independent needs assessment process within the current procedure is able to detect these cases.

- In response to misuse by these agencies, the regulations with respect to the application and receipt of a personal budget are more strictly organised. Thus, the accountability form must now always be signed by the budget user and the personal budget may only be paid into an account in the name of the client. There is also a code of conduct for intermediary agencies that states, for example, that an agency must only focus on one of the following three matters: (1) matching supply and demand, (2) administrative support and (3) provision of care. Offices are, however, not obliged to comply with the code of conduct. Policymakers and patient organisations are currently working on a new personal budget scheme, as outlined in the report *Op weg naar een solide pgb*. ['Towards a solid personal budget system']. This scheme will include control measures to counter fraud.

No clear guideline regarding rates

- There is no clear guideline for health insurers about the level of rates that healthcare providers may charge for care that is covered by the personal budget system. The scheme states that these rates must reflect market prices, but this is susceptible to several interpretations.

Client

Practical examples and the advantages for a number of individual clients are discussed in more detail in section 3.

More administrative expenses

- The provision of care by means of a personal budget is also accompanied by higher administrative expenses for the client than care in kind. The application process is more complex, the responsibility for the payment of the care provided lies with the client and the spending of the budget must be subsequently accounted for.

Client can become employer

- If the client concludes a contract of employment with a healthcare provider for the provision of work/care several days a week, then the client is an employer and must comply with the ensuing obligations, such as the payment of employer's charges. For personal budgets under the AWBZ, clients can receive support from the payroll accounts department of the Social Insurance Bank [SVB].

Fewer rules regarding the quality of care

- The providers of personal budgets (municipalities and health insurers) have imposed requirements to guarantee the quality of care in institutions. Such requirements have not been imposed with respect to personal budget systems. Employees attached to a healthcare institution will comply with the quality standards and protocols employed by the healthcare institution. The promotion of expertise will also be organised by the healthcare institution. An employee who provides care and is not attached to an institution does not have to adhere to these rules. There is a risk that the employee hired with a personal budget works according to other or lower quality standards.

Care institutions may be able to identify a deterioration in the situation of a client sooner

- Clients who use a municipal personal budget for help in the household often choose a healthcare provider who is not attached to a healthcare institution. An employee attached to a healthcare institution has easier access to expertise within the institution. If the situation of a client deteriorates, so that another type of care or more care is required, a healthcare institution will probably observe this sooner.

Healthcare institution offers more continuity of care

- During the holidays of the healthcare provider, the client must organise a replacement. In the case of illness, the salary of the employee continues to be paid by the Social Insurance Bank, but the client must organise the replacement care. With a personal budget, there are fewer guarantees of continuity of care.

6,3 Practical examples elaborated

Table 6.1. Summary of cases

	(1) Parent initiative	(2) Psychiatry	(3) Physical limitation	(4) Physical limitation
Description	Small-scale residential care facilities where the care is (partly) funded by the residents' personal budgets.	Person with severe psychiatric problems and a personal budget for help in the household, personal care and support.	Person with paraplegia receiving help in the household, personal care, nursing and support.	Person with different complex physical disorders receiving help in the household, personal care, nursing and support.
Benefits	• Involvement in choice of residents and staff • Residents have a lot of contact with each other and the surroundings • Living and housing situation is similar to the home environment • Parents have a lot of control over the care • Healthcare providers are more involved with the residents because the care is provided in close consultation between parents and healthcare providers	• As a client or family member you determine that care is always available: if no care is provided, it will therefore not be paid. This contrasts with care in kind. • As a client or family member you decide on the care content. In this case, it involves ensuring that the client receives basic care: daily showers, a clean home and enough to eat.	• Maintain control over one's own life by deciding when care is provided and what its content is. • Decide oneself who performs the care	• Demand for care leading, not the supply • There is almost no regular supply for the complex demand for care. The personal budget enables the budget user to organise the care. • You can decide for yourself who performs the care.

	(1) Parent initiative	(2) Psychiatry	(3) Physical limitation	(4) Physical limitation
Disadvantages and points for improvement	• Uncertainty about the future of the personal budget and the amount of the personal budget. • It takes a lot of time and cooperation from many parties before a parent initiative is established.	• It is necessary that you have a network in order to find good providers of care. • Although there are rulings by the court that there is no question of employment but merely an assignment, employer's charges are paid. These amount to almost 20% of the personal budget (and 7% if a family member is hired.) • The care cannot be immediately started with a personal budget. Because of the needs assessment process, this takes about six to eight weeks. With care in kind, indexing is applied retrospectively in such cases, but with the personal budget this is not the case. You therefore have to organise the care yourself during the first six to eight weeks.	• Accountability and particularly the 'in-depth audit' impose a considerable administrative burden. Healthcare offices would be able to better facilitate this, for example by means of a website where you can perform the administration and digitally submit the accounts • It is important that model agreements are available from the very start in order to contract care providers.	• As a budget user you must satisfy the same demands as a normal employer. This is not always in line with practice. As a budget user, you should actually be able to follow a course in order to properly perform all tasks as an employer.
Source:	Interview	Interview	Interview	Interview

Appendix A: List of discussion partners

- Ms. A. Hommel, Policy assistant, Municipality of Amsterdam, Dienst Wonen, Zorg en Samenleven

- Mr. J. de Lange, Project assistant, Municipality of Amsterdam, Dienst Wonen, Zorg en Samenleven

- Mr. J. Knollema, Insurance implementation advisor, College voor Zorgverzekeringen

- Mr. T. Slippens, Policy coordinator for personal budget systems, Ministry of Health, Welfare and Sport

- Ms. M. Meijer, Policy advisor, Zorgverzekeraars Nederland

- Mr. F. van der Pas, collective representation of interests and information assistant, Per Saldo

- Ms. I. van Vuure, budget manager

- Mr. E. van Houts, budget user

- Ms. C. 't Hart, budget user

- Mr. B. van der Haas, father of a budget user

- Mr. E. Hout, budget user

Appendix B: Exceptional Medical Expenses Act [AWBZ] care claims

The claims under the Exceptional Medical Expenses Act are governed by the decree concerning care claims under the Exceptional Medical Expenses Act [*Besluit zorgaanspraken AWBZ*]. The claims comprise the following five functions:

1 Personal care

Includes support with or taking over of activities in the field of personal care associated with a somatic, psychogeriatric or psychiatric condition or limitation, or a mental, physical or sensory disability, directed towards ending the inability to do things independently, to be provided by an institution.

2 Nursing care

Includes nursing in connection with a somatic or psychogeriatric disorder or limitation, or a physical disability, directed towards restoring or preventing the condition, limitation or disability from deteriorating, to be provided by an institution.

3 Treatment

Includes treatment for specific medical, specific behavioural or specific paramedical complaints provided by an institution directed towards recovery from or preventing aggravation of a somatic or psychogeriatric condition or limitation or of a mental, physical or sensory disability, including preventing an exacerbation of behavioural problems associated with such a condition, limitation or disability.

4 Counselling

Counselling includes activities provided by an institution to insured persons with a somatic, psychogeriatric or psychiatric condition or limitation, or a mental, physical or sensory disability who have moderate to severe limitations in the areas of:

a. self-reliance;
b. moving and getting from place to place;
c. psychological functioning;
d. memory and orientation; or
e. moderate or severe problem behaviour.

The activities are directed towards encouraging, maintaining or compensating the insured person's self-reliance and are aimed at preventing admission to an institution or neglect of the insured person. These activities comprise:

a. support with or practicing skills or actions;
b. support with or practicing the introduction of structure or exercising control;
c. taking over supervision of the insured person.

5 Accommodation

Includes accommodation in an institution that necessarily involves providing a protective residential environment, a therapeutic living environment or permanent supervision to an ensured person with a somatic, psychogeriatric or psychiatric condition or limitation, or a mental, physical and sensory disability.

The spouse of a person with a somatic or psychogeriatric condition or limitation who is accommodated in an institution on the basis of an assessment report under the decree concerning needs assessment, is entitled to stay in this institution. He/she maintains the right to stay in that institution after the death of the spouse or after the departure of the spouse to another institution.

Appendix C: Level of personal budget rates

The maximum gross personal budget in 2010 for[25]:

personal care	
1st class	€ 1 495
2nd class	€ 4 487
3rd class	€ 8 223
4th class	€ 12 710
5th class	€ 17 195
6th class	€ 21 681
7th class	€ 26 913
8th class	€ 33 641
9th class	the amount specified in Class 8, plus an amount equal to the product of the number of hours with which the indicated number of hours exceeds the upper limit of Class 8 and an amount of EUR 1,495

[25] Regulation concerning grants under the AWBZ [*Regeling subsidies AWBZ*], Section 2.6.6

nursing care	
1st class	€ 1 290
2nd class	€ 3 850
3rd class	€ 7 696
4th class	€ 14 107
5th class	€ 21 806
6th class	€ 29 499
7th class	€ 37 196
8th class	€ 46 175
9th class	the amount specified in Class 7, plus an amount equal to the product of the number of hours with which the indicated number of hours exceeds the upper limit of Class 7 and an amount of EUR 2,571

Counselling in hours	
1st class	€ 2 452
2nd class	€ 4 905
3rd class	€ 7 357
4th class	€ 9 811
5th class	€ 12 263
6th class	€ 14 715
7th class	€ 17 168
8th class	€ 19 621
9th class	€ 22 073
10th class	the amount specified in Class 9, plus an amount equal to the product of the number of daily sessions with which the indicated number of hours exceeds the upper limit of Class 9 and an amount of EUR 2,452

Counselling in daily sessions	
1st class	€ 2 746
2nd class	€ 5 492
3rd class	€ 8 239
4th class	€ 10 982
5th class	€ 13 732
6th class	€ 16 184
7th class	€ 18 637
8th class	€ 21 090
9th class	€ 23 542
10th class	the amount specified in Class 9, plus an amount equal to the product of the number of daily sessions with which the indicated number of hours exceeds the upper limit of Class 9 and an amount of EUR 2,452

Short-term accommodation	
Per day	€ 102