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## **Medical Assessment Service in the Czech Republic**

### **1. Social Security System**

Social security is a general name for a system formed by subsystems (or the so called pillars). It is a system of social insurance, system of state social support and system of social assistance. Generally, it can be said that the elementary purpose (and objective) of social security is to help people in difficult life situations that they are not able to handle themselves, or with an assistance of their family or close friends and relatives. These situations are usually accompanied by a drop of or shortfall in an income from gainful activities leading to the loss of funds to provide for basic living needs. In the Act, these situations are described as the so called social events and give rise to an entitlement and payment of benefit. Major social events are the following: sickness, injury, incapacity to work, disability, long-term adverse medical condition, reaching the retirement age, birth, pregnancy, maternity, death, insufficient income and dependent children.

**Social insurance** is a mandatory financial system, through which a person itself (or somebody else for him/her) is insured should the social event occur in the future by setting aside part of his personal consumption as premiums paid to the system. Therefore, the system is financed from premiums collected from the group of payers defined by law (typically employees, employers and self-employed persons). The system covers both sickness insurance and pension insurance.

The pension insurance covers long-term social events, such as old age, disability and death of the breadwinner. Should any of the events given above arise and at the same time legally prescribed conditions are met (e.g. in the event of retirement pension, if the retirement age is reached and the necessary insurance period has lapsed), the entitlement to any of the benefits from pension insurance is established, in particular, it can be old-age pension, disability pension (of the first, second and third level), widow's pension, widower's pension and orphan's pension. The compulsorily insured persons in pension insurance scheme are particularly employees and self-employed persons. The persons who are not policy holders of pension insurance under law (e.g. persons having no income in the Czech Republic), may participate and pay the premiums voluntarily. The pensions are paid by the state through the Czech Social Security Administration (CSSA). In retirement-related matters, an appeal may be lodged against the decision of CSSA, or objections may be filed, within 30 days from the date when the parties to the proceedings are notified of the decision. The objections are again dealt with by the Czech Social Security Administration.

On the contrary, the sickness pension covers short-term social events, such as incapacity to work as a result of sickness, injury, pregnancy or maternity, further the need to attend a member of the household or close person or a drop in income resulting from the transfer of a pregnant employee to different position. The compulsory policy holders of sickness insurance are mostly employees. The following benefits can be paid from the system of sickness insurance: sickness benefit, attendance allowance, maternity benefit and compensatory benefit in pregnancy and maternity. The self-employed persons are an exception as their participation in the sickness insurance is voluntary. If they agree to participate in the sickness insurance, they are entitled to two benefits – the sickness benefit and maternity benefit. The benefits under sickness insurance are paid by the state through district offices of Social Security Administration. An appeal against a decision of the District

Social Security Administration may be filed with the Czech Social Security Administration.

**State social support** is a system of cash benefits that should primarily help the low-income families with dependent children. The benefits where an entitlement is dependent on the income situation of the family and benefits where the entitlement to a benefit is not conditioned by income insufficiency are paid from the system. The first group of the so called “tested benefits” includes child allowance, birth grant and housing allowance; the second group of the so called “untested benefits” includes parental allowance, foster care allowance (fostering grant, foster child allowance, foster parent allowance, motor vehicle grant) and funeral grant. The decisions concerning the benefits under state social support and payments are made by the state through contact points of the Labour Office of the Czech Republic. The Ministry of Labour and Social Affairs of the Czech Republic (MoLSA) has competency over appeals against decisions of the Labour Office of the Czech Republic, the Ministry of Labour and Social Affairs of the Czech Republic (MoLSA). The system of state social support is financed through the state budget.

**Social Assistance** (the original terminology uses a term of social care) is a system also called as the social safety net. It is realised through benefits and services. The aim of cash benefits is to help persons who have not, e.g. due to older age, medical condition or unemployment, sufficient income to pay expenses for living and basic living needs. The benefits under social care are divided in two groups. The first group contains benefits in material need (allowance for living, supplement for housing, extraordinary immediate assistance). The second groups includes benefits for the disabled persons (allowance for special aid, mobility allowance). All above mentioned social care benefits are paid by the state through the Labour Office of the Czech Republic, which shall also take decisions with regard to the benefits. Should a party to the proceedings lodge an appeal against the decision of the Labour Office of the Czech Republic, MoLSA shall take decision in the appeal proceedings. The benefits are financed from the state budget.

The social services are provided to persons who due to adverse medical condition are not self-reliant and are in need of an assistance of another person in order to perform their daily activities. The social services are provided under the agreement between the client and the provider, which must be registered. The registration is provided for by the regional offices. Usually, the services are provided for a fee paid by the client. The state provides the persons who are dependent on care of another natural person and who need the social service, the so called care allowance, again through the Labour Office of the Czech Republic.

The system of health care paid by the general health insurance represents a stand-alone and independent system.

## **2. Role of Medical Assessment Service in the Social Security System**

The Medical Assessment Service is integrated in the organisation structure of the bodies within the competence of the Ministry of Labour and Social Affairs, thus we speak of competence-based assessment service. In 2011, the competence-based medical assessment service had 392 of systemized medical positions filled physically by 433 practitioners.

The medical assessment activities for the purposes of social security system are also conducted outside the competence of MPSV, within the competence of the Ministry of Defence, the Ministry of Interior, The Ministry of Justice and the Ministry of Finance, the so called power departments. The main role of the medical assessment service in the social security is to give opinions concerning the medical conditions and some consequences resulting from this condition. These opinions serve as the basis for decisions concerning some of social

benefits or other allowances provided from each of the systems of social protection, or from other areas, such as transport. The medical assessment activities in social security system has an extensive medical, social, labour-law and economic function. Since the outset of the third millennium, the theory and practice of medical assessment activities has undergone a dramatic shift. The reasons of this phenomenon must be seen in the social and economic development and state social policy bringing new challenges to the medical assessment activities.

### **Medical assessment activities in the competence of MoLSA:**

Medical assessment activities within the competence of MoLSA are conducted by:

- The Ministry of Labour and Social Affairs;
- Advisory Committee of the Ministry of Labour and Social Affairs;
- The Czech Social Security Administration;
- The District Offices of Social Security Administration.

### **Competence of the Ministry of Labour and Social Affairs**

The Ministry of Labour and Social Affairs (MPSV), department of assessment service conducts expert manages and reviews of medical assessment service in social security in the Czech Republic. It unifies the interpretation of legal regulations and takes measures to ensure a single execution of the state administration, prepares a concept of medical condition assessment for the purposes of social protection systems and concept of how the medical assessment service of social security is organised. At the same time, it prepares drafts of subject-matters of laws, cooperates with other central state administration authorities and foreign partners and in accordance with the plan of major inspections tasks, it carries out inspections at individual authorities of medical assessment service.

### **Competence of assessment committees of the Ministry of Labour and Social Affairs**

The assessment committees are established by MoLSA. The assessment committees of MoLSA represent a type of collective assessment body, as conclusions of the assessment concerning the medical condition and capacity to work of the assessed persons for the purposes of defined range of corrective proceedings are taken commissionally. The assessment committees of MoLSA (as an executive second-instance assessment body) conduct medical assessment activity for the purposes of insurance and non-insurance social system. The current offices of assessment committees of MoLSA are located in Prague, Brno, Ostrava, Ústí nad Labem, Hradec Králové, České Budějovice, and Pilsen.

### **Competence of the Czech Social Security Administration**

The Czech Social Security Administration (CSSA) as a central body managing and inspecting the activities of district offices of social security administration has its specific competencies. The section of medical assessment services operates on the level of CSSA, as a bearer of the social insurance. This section manages, coordinates and inspects activities of physicians working at district offices of social security administration in the area of medical condition assessment and capacity to work of persons in individual social security systems and inspection of assessment of temporary incapacity to work, including assessment activities regarding the application area of the social security laws and regulations of the European Communities. It is also involved, in cooperation with MoLSA, on the creation of the whole-national concept of medical assessment service and medical condition assessment. On CSSA level, the physicians give assessments for the purposes of appeal proceedings in cases of further extension of sickness leave and for the purposes of objection proceedings in pension insurance.

### **Competence of District Offices of Social Security Administration (DOoSSA)**

District Offices of Social Security Administration (Prague Office of Social Security Administration) are territorial units of CSSA where the physicians of the so called first-instance assessment service conduct assessment activities for

the purposes of insurance and non-insurance social systems. When conducting activities of medical assessment service at DOoSSA, the combination of medical assessment activities by regular in-house physicians (as employees of the social security administration) and contractual physicians is used.

The District Offices of Social Security Administration assess the medical condition and capacity to work of natural persons; in particular they assess:

- Disability and the change of disability level,
- Long-term adverse medical condition of a child,
- Dependence levels of a natural person for the purposes of care allowance and for the purposes of proceedings to grant the card of a disabled person,
- Disability of a person for the purposes of allowance for special tools.

### **Role of Medical Assessment Service in Social Security:**

**1. Preventive role** – Every verdict concerning the capacity or incapacity to work or disability is a serious therapeutic-preventive measure, as it eliminates or allows to continue to operate the impacts of work processes and work environment on the assessed natural person;

**2. Medical role** – Every assessment represents a complex examination of medical condition, evaluation of all information on medical condition, “assessment“ diagnostics, drawing relevant assessment conclusions and prognosis, that is an analogy to clinical procedure of the physician, but without subsequent treatment;

**3. Labour role** – The medical assessment activity directly affects numbers of economically active population. It means that up to some point it has an impact on the numbers of incapacitated or disabled persons;

**4. Economic role** - The Medical assessment service, through both its inspection and assessment activities, has an impact on the costs paid to individual social security systems for benefits conditioned by long-term adverse medical condition;

**5. Social role** – is expressed by indirect participation in social inclusion, participation in the solution of adequate social situation of the applicant for the benefit conditioned by the long-term adverse medical condition by the fact that the assessment service evaluates whether the assessment-medical conditions of for entitlements to relevant benefits allowing their recipients higher social independence and participations are met;

**6. Legal role** – The medical assessment service ensures professional/expert materials to take infallible decisions regarding the entitlements to benefits conditioned by the long-term adverse medical condition.

### **3. Assessment of Medical Condition for the Purposes of Sickness Insurance**

#### **Legal regulation**

The Act No. 187/2006 Coll., on Sickness Insurance, as amended by the Act No. 470/2011 Coll. regulates sickness insurance in case of temporary incapacity to work, ordered quarantine, pregnancy and maternity an attendance of a member of the household or care for such member and organisation and execution of the insurance. The execution of insurance also means the assessment of medical condition for the purposes of sickness insurance. The aim of the sickness insurance is to secure the insured with any of the benefits under the sickness insurance when a defined medical-social event occurs (incapacity to work, while the reasons for incapacity may be various), if he/she meets the conditions for the entitlement to the benefit (in particular, the participation in the insurance, the prescribed duration of insurance and health condition).

**Types of benefits of sickness insurance:**

- a) Sickness benefit,
- b) Maternity benefit,
- c) Attendance allowance,
- d) Compensatory benefit in pregnancy and maternity.

**Assessment of medical condition for the purposes of sickness insurance includes the assessment of:**

- a) Temporary incapacity to work,
- b) Incapacity to work after the expiry of sickness leave,
- c) The medical condition for the purposes of provision of maternity benefit, attendance allowance and compensatory benefit in pregnancy and maternity.

**Temporary incapacity to work (TIW)**

Temporary incapacity to work means the condition, which for health disorder or other reasons of given in the Act on sickness insurance, does not allow the insured to

- a) conduct the current insured activity and, should the health disorder last longer than 180 calendar days, other than current insured activity,
- b) fulfil obligations of a job seeker (within the meaning of the employment act), of TIW occurred in the protection period, or of TIW continues to exist after the expiry of the current insured activity, even if the insured is not a job seeker.

**Sickness leave**

Sickness leave is a period, for which the benefit under the Act on sickness insurance shall be paid.

### **Protection period**

A protection period is a period from the date when the insurance was terminated, and for which the insured is still protected, that is insured as part of the sickness insurance.

### **Physician**

For the purposes of the Act on the sickness insurance, a physician is a medical facility providing the insured or other assessed person, through its physicians, out-patient, in-patient or balneal treatment, and facility of company preventive care for treatment of the insured as part of the first aid, if such facility is authorised to provide medical treatment. Facilities of rescue service and medical emergency services are not considered to be physicians.

### **Role of Medical Assessment Service**

The first-instance medical assessment service of the social security administration (District Office of Social Security Administration) in the system of sickness insurance primarily carries out inspections of medical condition assessments by physicians and inspections of how the obligations of physicians prescribed by the Act on sickness insurance are complied with. The medical assessors inspect the correctness of medical condition examinations of temporary incapacity to work and the need for attendance. At the same time, they inspect if accurate and complete medical documentation is maintained

during the process of assessment. The inspection is carried out at the premises of the physician or at other location determined by the medical assessor, usually in attendance of the insured. The medical assessor may determine, in which cases the presence of the assessed person is not required. For inspection upon request of the medical assessor, the insured must be summoned by the attending physician. The insured is obliged to turn up on the specified date to prove his/her identity and submit to medical assessor any and all documents required for medical condition assessment and temporary incapacity to work. If it is established by the medical assessor that there are reasons to terminate temporary incapacity to work and that the incapacity have not been terminated by the physician, he/she shall terminate incapacity to work on the prescribed form. An appeal can be lodged against the termination of temporary incapacity to work. The medical assessors also assess capacity to work following the expiry of sickness leave.

### **Role of attending physicians**

In recent years, legal regulations have changed conditions for TIW assessments. Following the change in the payment of benefits, on the basis of which the sick person is not entitled to any compensation during the first three days of TIW and during first 21 days a compensation for salary is provided by the employer, the number of issued confirmations of TIW has dropped. The confirmation of TIW is not issued to patients who are not participants in insured activities, e. g. for students or persons registered at the Labour Office. The attending physicians may assess the medical condition for the purposes of sickness insurance only within the scope of their professional qualification.

The confirmation of TIW is not only issued by the practitioner, but by any physician, out-patient or hospital specialist who shall see such need given the medical condition examined. For the entire period of TIW, the attending physician is obliged to assess whether the incapacity to work still exists or whether the capacity to work has been re-established.

Following the expiry of 180 calendar days of TIW, the attending physician together with competent physician of the sickness insurance authority shall examine the capacity of the insured individual to work, not only in relation to the current insured activity, but generally with regard to possibility to conduct other insured activities. If, after the expiry of 180 days of TIW, it is established, that the medical condition of the insured is stabilized and the insured may also conduct other than current insured activity then the attending physician shall terminate this TIW.

The Act on sickness insurance shall specify a set of obligations of attending physicians in the field of sickness insurance relating to the assessment of medical condition of the insured in connection with TIW. The of sickness insurance authority shall be given an authorisation with regard to any breach (non-fulfilment) of obligations of attending physicians connected with medical condition assessments for the purposes of sickness insurance. At the same time, the act lays down rights and obligations of the insured. The regime of the insured in TIW is determined by the attending physician when taking a decision concerning the existence of or according to the development of a clinical state during TIW. He/she also takes decision whether or not the patient may go out for walks. The insured is obliged to adhere to the regimen of a temporarily incapacitated person.

## **4. Assessment of Medical Condition for the Purposes of Pension Insurance**

### **Legal regulation**

The Act No. 155/1995 Coll., on Pension Insurance, as amended, regulates pension insurance for old-age, disablement and death of the breadwinner, assessment-decisive circumstances to grant disability and three-level system of disability and disability pensions. The implementing regulation to the Act on pension insurance, the Decree No. 359/2009 Coll., establishing percentage of a deterioration in capacity to work and requirements for disability assessment and regulates assessments of capacity to work for disability purposes (the Decree on disability assessment), regulates disability assessment in more detail.

### **Types of pensions**

Under the insurance, the following pensions are provided:

- a) Old-age,
- b) Disability pension according to the disability level (disability of the first, second and third level)
- d) Widow's and widowers,
- e) Orphan's.

The necessary conditions for the grant and payment of the relevant type of pension are: participation in the pension insurance, meeting the required insurance period and meeting the defined social event (age, old-age, death, disability). The disability pensions are provided in three benefit ranges, according to the disability granted (disability of the first, second and third level). Therefore, the granting of disability is important for granting of amount of benefit of disability pension.

### **Disability pension**

For entitlement to disability pension, two basic conditions must be met, the required insurance period (the so called wait period) and the grant of disability. We distinguish a disability pension of the first, second and third level. The insured is entitled to a disability pension if he/she has not reached 65 years of age.

### **Disability**

Disability as an assessment-medical category of the system of pension insurance is a multi-dimensional category, as it includes medical, labour, social, legal and economic circumstances. The basic and underlying reason for disability is a physical handicap having a character of long-term adverse medical condition.

### **Role of medical assessment service**

The assessment of medical condition, deterioration of capacity to work and disability level is carried out by the District Office of Social Security Administration (medical assessor) in connection with the proceedings concerning the request for disability pension during assessment medical examinations, for the use of an authority taking a decision on the entitlement to disability pension or during inspection medical examinations when the existence of long-term adverse medical condition and its impact on the capacity to work are examined.

The medical assessment service of the social security – physician of District Office of SSA (assessment committee of MoLSA for the purposes of court proceedings) shall assess whether it is a disability of the first, second, or third level.

### **Role of attending physicians**

The attending physician, and most frequently the general practitioner, is usually the closest advisor to the insured, assessing the application for or requesting the disability pension. The attending physician has knowledge of the medical condition of the insured, of functional limitations resulting from his/her illness and its prognosis. Upon request of the District Office of SSA, the physician carries out an assessment of medical condition during assessment and inspection medical examinations. The practitioner shall fill out the form according to the current medical condition of the insured where he/she shall include personal and social history, subjective difficulties of the sick person, objective findings, current therapy, and diagnostic summary and general description of functional limitations caused by the medical condition. Finally,

he/she shall attach currently available expert findings from the medical documentation and shall give names and addresses of other physicians treating the applicant. The physician will append signature, completion date and seal of the medical facility in the form and will attach an invoice with identification of the medical procedure and the fee.

The findings of attending physician represent a key material for decisions of medical assessor when assessing the disability and other social benefits. The general practitioner shall support his/her conclusions by relevant findings of cooperating specialists that are available in the documentation or on request for the purposes of assessment evaluation.

**The insured is disabled if the percentage deterioration in his/her capacity to work has dropped by**

- a) By 35 %, at minimum, however by 49 % at maximum, it is the first disability level,
- b) By 50 % at minimum, however by 69 % at maximum, it is the second disability level,
- c) By 70 % at minimum, it is third disability level.

**The assessment of long-term adverse medical condition**

For the purposes of the Act on pension insurance, the long-term adverse medical condition means medical condition limiting physical, sensory or

mental abilities of the insured person that are significant for his capacity to work, should such medical condition last longer than 1 year or if according to lege artis it may be expected that it shall longer than 1 year.

### **Capacity to work**

The capacity to work is expressed by the relationship of two variables: working potential and job requirements.

### **Deterioration in capacity to work**

When assessing the disability, the deterioration in capacity to work resulting from the limitations of physical, sensory and mental abilities as compared to the condition of the insured prior to the occurrence of long-term adverse medical condition.

### **Method and ways of how to establish the limits of deterioration of capacity to work**

The percentage rate of the deterioration of capacity to work according to the type of disability is given in the Annex to the Decree No. 359/2009 Coll. If the disability giving rise to the long-term incapacity to work is not specified in the Annex, the percentage rate of the deterioration in capacity to work is set according to such disability specified in the Annex, which is by its functional impact the most corresponding one. When determining the deterioration of capacity to work, the assessment is based on the medical condition of the insured supported by result of functional examinations. At the same time, the

fact whether it is the disability having a permanent impact on the capacity to work, or if it is a stabilized medical condition is taken into consideration, whether the insured is adapted to his/her disability, the ability to undergo requalification to other type of gainful activity the previously conducted by the insured and the ability to make use of the preserved capacity to work.

### **Stabilization of the medical condition**

By positive stabilization we mean stabilization of medical condition on a certain stable level, while its maintenance may depend on the adherence to a specific treatment regimen, use of medication and work limitations. For instance, it is the stabilization of diabetes, asthma, stabilization of the condition following the oncological treatment and so on.

### **Adaptation to disability**

By adaptation to disability we mean the acquisition or re-acquisition of skills and abilities that together with preserved physical, sensory and mental abilities enable to perform gainful activities. It is mostly post-injury conditions (loss of limbs) when as a result of treatment, rehabilitation and by use of compensatory aids the individual is adapted to his/her disability in such a way that he/she may perform gainful activities.

## **5. Assessment of Medical Condition for the Purposes of Social Services**

The Act No. 108/2006 Coll., on Social Services, as amended, lays down the conditions for providing assistance and support to natural persons in unfavourable social situation through social services and care allowance, conditions for the issuance of authorisations to provide social services, the execution of public administration in the area of social services, inspection of the provision of social services and preconditions for the conduct of activities in the field of social services and assumption for the practice of profession of a social worker. The conditions for an entitlement to the care allowance are specified in the provisions of Section 7 of the Act. The care allowance (Hereinafter only the “Allowance“) is provided to persons dependent on the assistance of other natural person. Through this Allowance the state, in cooperation with others, intends to secure social services or other forms of assistance under this Act to take care of basic living needs of people. The costs for allowance are paid from the state budget. A person who for a reason of long-term adverse medical conditions is in need of another natural person to take care of his/her basic living needs in the scope defined by the dependency level under Section 8 is entitled to receive the allowance; it is not decisive whether the assistance, attendance or extraordinary care is provided by a close person, social care assistant or a provider of social services. A person younger than 1 year is not entitled to the allowance. The regional branch of the Labour Office shall take decision on and pay the allowance (as a cashless allowance). The amount of the care allowance is dependent not only on the dependency level, but also on the age, that is whether a person older or younger than 18 years of age is concerned.

When assessing the dependency level, the following abilities to take care of basic living needs are evaluated:

1. Mobility,
2. Orientation,
3. Communication,
4. Eating habits,
5. Putting on clothes and shoes,
6. Body hygiene,
7. Practice of physiological needs,
8. Taking care of his/her health,
9. Personal activities,
10. Taking care of household.

The ability to take care of basic living need consisting in the care for household is not evaluated for a person who has not yet reached 18 years of age. The ability to take care of the basic living need consisting in the care of person's health is evaluated with regard to individual disability and regimen prescribed by the attending physician. When evaluating the ability to take care of one's basic living needs, the functional impact of long-term adverse medical condition on the ability to take care of basic living needs is assessed; and the assistance, attendance or care not resulting from the functional impact of the long-term, adverse medical conditions is not taken into account. In order to recognize dependency with regard to relevant basic living need, a causal connection between the disorder of functional abilities resulting from the adverse medical condition and inability to take care of the living need in

acceptable standard is assessed. The functional abilities are evaluated by using preserved potential and competencies of a natural person and by using readily available tools, facilities, of items of daily use or equipment of the household, public space or by using medical equipment.

**Person younger than 18 years of age is not considered to be dependent on the assistance of another natural person in**

- a) Level I (light dependence) if he/she is not able as a result of long-term adverse medical condition to take care of 3 basic living needs,
- b) Level II (medium dependence) if he/she is not able as a result of long-term adverse medical condition to take care of 4 or 5 basic living needs,
- c) Level III (serious dependence) if he/she is not able as a result of long-term adverse medical condition to take care of 6 or 7 basic living needs,
- d) Level IV (full dependence) if he/she is not able as a result of long-term adverse medical condition to take care of 8 or 9 basic living needs, and requires daily special care of another natural person.

For persons younger than 18 years of age when assessing the ability to take care of basic living needs under Section 9 (1) of the Act on social services and when assessing the need for special care, the scope, intensity and demands that need to be devoted to the assessed disabled person are compared with care that needs to be devoted to healthy natural person of the same age. When determining the dependence level for a person younger than 18 years of age, the need for care resulting from the age of the person and corresponding biopsychosocial

development are not taken into account. Special care means care that, by its scope, intensity or demands significantly exceed the care for a person of the same age.

**A person older than 18 years of age is considered to be dependent on the assistance of another natural person in**

- a) Level I (light dependence) if he/she is not able as a result of long-term adverse medical condition to take care of 3 or 4 basic living needs,
- b) Level II (medium dependence) if he/she is not able as a result of long-term adverse medical condition to take care of 5 or 6 basic living needs,
- c) Level III (serious dependence) if he/she is not able as a result of long-term adverse medical condition to take care of 7 or 8 basic living needs,
- d) Level IV (full dependence) if he/she is not able as a result of long-term adverse medical condition to take care of 9 or 10 basic living needs, and requires daily assistance, attendance or care of another natural person.

**METHOD OF EVALUATION OF THE ABILITY TO TAKE CARE OF ONE'S BASIC LIVING NEEDS**

Ability of a person to take care of his/basic living needs is, for the purposes of determining the dependence level, assessed according to the activities that are

defined for each of the basic living needs in the Annex to the Decree No. 505/2006 Coll., implementing certain provisions of the Act on social services.

The ability of a person to take care of basic living needs for the purposes of determining the dependence level is assessed in natural social environment taking into account the age of the natural person.

**When assessing the ability of a person to take care of basic living needs, the following is assessed:**

- a) body structure, and
- b) physical, mental, sensory, circulatory, respiratory, haematological, immunological, endocrinological, metabolic, digestive, excretory, neuromuscular bodily functions, including fine and gross motor skills, and voice functions, speech and skin, relating to the extent and severity of the disorder of functional abilities.

When assessing the ability to take care of one's basic living needs it is evaluated whether due to the long-term adverse medical condition the extent of intellectual, mental, physical and sensory functional abilities is sufficient to regularly take care of one's basic living needs and whether the natural person is able to recognize, carry out and check that the basic living need has been taken care of correctly. At the same time the fact whether it is a disability having a permanent impact on functional abilities, knowledge, result of rehabilitation and adaptation to disability are taken into account. For persons whose health condition deteriorates and improves constantly, the monitored period decisive for the assessment of the dependence should usually take a year; in such a case

the functional ability to take care of one's basic living need will be determined so that it would correspond to the prevailing extent of the ability over the monitored period.

Inability to take care of one's basic living needs is a state when the disorder of functional abilities reaches the level of full or serious disorder, and when despite making of all preserved potential and competencies of a natural person and using commonly available tools, aids, instruments and items of daily use or household equipment, public places or using of medical equipment the basic living needs cannot be taken care of in an acceptable standard. Inability to take care of one's basic living needs is also a state when the regimen ordered by the physician providing specialist medical services do not allow to take care of one's basic living needs in an acceptable standard.

**When assessing the medical condition and dependence level, the District Office of SSA cooperates with regional branch the Labour Office of the Czech Republic and evaluates:**

a) whether facts established by social investigation are in causal connection with the disorder of functional abilities due to the long-term adverse medical condition.

b) other details of a natural person that are important for the preparation of the assessment.

If the person is not able, due to the long-term adverse medical condition, to take care of at least one of activities defined for the ability to take care of basic

living needs in the Annex to the Decree, he/she is not able to take care of such living need.

The assessment of the dependence level is carried out by the District Office of SA (medical assessor) upon request of the competent regional branch of the Labour Office of the Czech Republic (administrative body), which shall take a decision in the case. The assessment of the medical condition and dependence level are carried out by written assessment.

## **6. Assessment of Medical Condition for the Purposes of Benefits to Disabled Person**

### **Legal regulation**

The Act No. 329/2011 Coll. on the of benefits to disabled persons and on certain changes of relating acts, regulates the provision of benefits to disabled persons intended to alleviate the social consequences of their disability and to support their social inclusion, and card of the disabled person. Decisions concerning the benefits are taken by the Labour Office of the Czech Republic – regional branches and branch for the capital city of Prague and appeals against their decision are brought before the Ministry of Labour and Social Affairs.

### **Types of benefits:**

- a) mobility allowance,
- b) allowance for special aid.

### **Role of the medical assessment service**

The medical assessor (district office of SSA) shall assess:

- 1) Abilities to take care of basic living needs in the area of mobility and orientation for the purposes of mobility allowance,
- 2) Abilities to take care of basic living needs in the area of mobility and orientation and dependence level for the purposes of granting a card of a disabled person,
- 3) If it is a person with serious defect of supporting or locomotive organs or with serious hearing defect or with serious defect of vision or with serious or intense mental retardation for the purposes of allowance for special aid, and whether the medical condition does not exclude the provision of allowance for a special aid.

### **Entitlement to mobility allowance**

A person older than 1 year who is not able to take care of basic living needs in the area of mobility or orientation, has to be repeatedly transported in a calendar month by himself/herself or others and is not provided with social services during stays at facilities under the Act on social services in homes for disabled persons, in senior homes, in special purposes homes or in medical facility for hospital treatment is entitled to receive the allowance. The amount of allowance is CZK 400 for calendar month.

### **Assessment of Medical Condition**

Ability to take care of one's basic living needs in the area of mobility or orientation is, for the purposes of mobility allowance, considered pursuant to the Act on social services, in the same manner as for the purposes of the care allowance.

If the medical condition of the applicant for the mobility allowance has already been assessed for the purposes of care allowance pursuant to the Act on social services, the regional branch of the Labour Office, when taking decision with regard to mobility allowance, basis its decision on this assessment. In other cases, the regional branch of the Labour Office shall ask the District Office of SSA to assess the ability to take care of one's basic living needs in the area of mobility or orientation.

### **Entitlement to allowance for special aid**

A person with serious defect of supporting or locomotive organs or with serious hearing defect or with serious defect of vision or with serious or intense mental retardation for the purposes of allowance for special aid, and whether the medical condition does not exclude the provision of allowance for a special aid, is entitled to the special aid. A person having a serious defect of supportive or locomotive organs or serious or with intense mental retardation having a character of long-term adverse medical condition and whose medical condition does not exclude the provision of this allowance, is entitled to the allowance for special aid intended to purchase a motor vehicle.

For the purposes of this Act, the long-term adverse medical condition means adverse medical condition that last or should last, according to lege artis more than a year.

### **Assessment of medical condition**

The medical condition having a character of long-term adverse medical condition justifying the grant of allowance for special aid and medication conditions excluding its grant are given in the Annex to the Act.

### **Card of the disabled person**

Persons who were under the Act on social services granted the care allowance and persons who were granted the mobility allowance or the allowance for special aid, are issued a social system card, which shall simultaneously serve in cases specified by the Act as a card of a person with serious disability (TP card) or a card of a person with severe disability (ZTP card) or a card of a person with severe disability in a need of an assistant (ZTP/P card). A person older than 1 year who, due to the long-term adverse medical condition, is not able to take care of his/her basic living needs in the area of mobility or orientation and who is recognized to be dependent on the assistance of another person under the Act on social services is also entitled to receive the card of a person with disability.

When assessing the medical condition for the purposes of a card of a person with disability, the following rule is applied. The inability to take care of one's

basic living need in the area of mobility or orientation always gives rise to an entitlement to ZTP/P card, irrespective of the dependence level.

Person older than 18 years of age who are not able to take care of their basic living needs in the area of orientation for full or practical deafness entitled to ZTP card are the only exception. It follows from the above that the assessment of mobility or orientation has priority over the result of the assessment of dependence level. That means that if the person is unable to take care of his/her basic living needs in the area of mobility or orientation, he/she shall have be automatically entitled to ZTP/P card, irrespective of the recognized a(or unrecognized) dependence level.

The Decree No. 388/2011 Coll., implementing certain provisions of the Act on the provision of benefits to disabled persons specifies in its Annex No. 1 a list of types and categories of special aids, for the purchase of which the allowance for special aid is provided.

In the Annex No. 2 the Decree defines the skill of the guide-dog. The work of the guide-dog includes 35 skills.

## **7. Training of Medical Assessors**

The postgraduate training of physicians is regulated by the Act No. 95/2004 Coll., establishing conditions for obtaining and recognizing qualifications and specialist qualifications to perform medical profession and chemist, as amended. The implementing decree to the Act - the Decree No. 185/2009 Coll., on the fields of study of specialist training of physicians, dentists and

chemists and fields of study of certified courses - categorises the fields of study of specialist training of physicians, dentist and chemists in two groups: fields of study of specialist training, the so called elementary fields of study and fields of study of certified courses, the so called extension studies. The medical assessment falls in the certified courses - extension -with minimum training duration of 2 years following up on all fields of study of specialist training with the exception of hygiene and epidemiology, clinical biochemistry, medical genetics, medical microbiology, nuclear medicine, pathology, radiology and display methods. Under the current legal regulation, the specialist training is undergone by physicians at the accredited facility while the accreditation conditions are also regulated by the Act N. 95/2004 Coll. The training programmes concerning the medical assessment shall be determined by the Ministry of Health in cooperation with the Ministry of Labour and Social Affairs. Current training programme of the field of study of medical assessment, which is published in the Journal of the Ministry of Health of the Czech republic, year 2010, volume 1, is arranged pursuant to the Decree No.185/2009 Coll. for the total training period of 2 years.