

SECTION FIVE:

Housing Grants and Schemes



Housing Adaptation Grant Scheme for Older People and People with a Disability.

A Housing Adaptation Grant for Older People and People with a Disability is available from local authorities if you need to make changes to a home to make it more suitable for a person with a physical, sensory or intellectual disability or mental health difficulty.

The grant can help you to make changes and adaptations to your home, for example, making it wheelchair-accessible, extending it to create more space, adding a ground-floor bathroom or toilet or a stair-lift. In some cases, the provision of heating can be included but only under certain conditions.

If you only require minor work, you can apply for the means-tested Mobility Aids Grant Scheme instead.

Housing Aid for Older People Scheme

The Housing Aid for Older People Scheme is used to improve the condition of an older person's home. In general, it is aimed at people 66 years of age and older, who are living in poor housing conditions. However, in cases of genuine hardship, the local authority may assist people under age 66.

If you have a disability and your home needs to be adapted to make it more accessible, the Housing Adaptation Grant for People with a Disability or the Mobility Aids Grant Scheme may be more suitable for you.

The European Health Insurance Card

This document explains how to apply for a European Health Insurance Card (EHIC) if you are living in Ireland or living in another EU/EEA State and are linked to the Irish Social Security System. If you live in Ireland but you are linked to another EU/EEA State's Social Security System, contact the health authorities in that country for more information.

If you are an EU/EEA national and are travelling or staying temporarily in another state of the European Economic Area (EEA) or Switzerland, you are entitled to receive medical care if you become ill or have an accident.

Ireland and the UK have a reciprocal health agreement under the Common Travel Area. It gives Irish and British citizens who live, work or visit the other state access to healthcare.

If you are a student or a seconded worker, or if you are entitled to a social security pension in that state, you will be entitled to healthcare beyond the immediate treatment. Further information about student's entitlements to healthcare is available from the European Commission.

The European Health Insurance Card (EHIC) replaced the E111 form and a number of other 'E' forms including the E128, making it easier for you to get medical care quickly and easily when you are travelling in Europe. It is evidence that you are part of a health insurance scheme administered by another state in the EEA/Switzerland. To get healthcare with the card, you can go to the nearest public system doctor, public hospital, or other public treatment centre and present your card.



ELIGIBILITY CRITERIA:

You can only apply for a European Health Insurance Card from the Irish health authorities if you are:

- ✓ Ordinarily resident in Ireland and you are not receiving a social insurance payment from another EU state or paying another EU state's social insurance, or you are not the dependant of such a person.
- ✓ **Resident in another EU State** and you are receiving an Irish Social Insurance payment or paying Irish Social Insurance, or you are a dependant of such a person (you must get this BER to qualify for the SEAI grant)

The European Health Insurance Card only entitles you to the state-funded healthcare scheme in the country you are staying. It will not cover any of the costs involved in transporting you back to Ireland.

Every individual member of a family or group will need their own card.

Rates

There is no fee for the European Health Insurance Card or for a Temporary Replacement Certificate.

Renewing a European Health Insurance Card is also free.

APPLICATION PROCESS:



Applying for a European Health Insurance Card for the first time.

If you are travelling to an EU/EEA country or Switzerland, you should apply for a European Health Insurance Card (or Temporary Replacement Certificate) in advance of your travel.

You can apply online for your **European Health Insurance Card** if you are currently resident in Ireland and you already have either a Medical Card or a Drugs Payment Scheme (DPS) card. Your online application will be forwarded to the HSE Primary Care Reimbursement Service for processing. Your card or certificate will then be posted out to you.

Alternatively, you can download a **European Health Insurance Card application form (pdf)**. You should send the completed form to your Local Health Office at least one month before you leave Ireland. Copies of the application form for a European Health Insurance Card are also available from your Local Health Office.

The European Health Insurance Card (EHIC) entitles you to healthcare through the public system if you become ill or injured while on a temporary stay. In some states, you may have to make some payment towards the cost of the services you receive, just as residents in that state do. Such payments are non-refundable. If you avail of private healthcare, no refund is paid.

You may be entitled to a refund if you were charged because you did not present a valid EHIC or you were charged in error by the health service provider in the other state.

You should apply for a refund to your HSE Local Health Office. You should bring any receipts you have. The HSE will send an E126 form to the health authorities in the other state to establish:

- If you availed of a public health service
- The level of refund that is due to you.

On return of the completed E126 form from the other state, the HSE should be able to determine if a refund is due or not.

Cross Border Healthcare Directive

If you are entitled to public health services in Ireland, you may opt to access those services in another member state of the European Union (EU) or European Economic Area (EEA), which also includes Iceland, Liechtenstein and Norway, and be repaid the cost if you meet the requirements.

This is provided for by the [Cross Border Healthcare Directive](#) (EU Directive 2011/24/EU).

You can no longer use the Cross Border Healthcare Directive to access healthcare in the UK.

The Northern Ireland Planned Healthcare Scheme is a temporary scheme that allows you to receive healthcare in Northern Ireland in a similar way to the Cross Border Healthcare Directive. The healthcare must be publicly available in Ireland. You must pay for the healthcare and then claim the cost from the HSE.

The amount that will be repaid is the cost of the public healthcare treatment in Ireland or the cost of your treatment abroad, if that is less. It does not include other costs such as travel.

Treatments that qualify for the Treatment Abroad Scheme are not covered under the Cross Border Healthcare Directive. In general, the Treatment Abroad Scheme covers treatments that are not available in Ireland while the Cross Border Healthcare Directive only covers treatments that are publicly funded and available in Ireland.

ELIGIBILITY CRITERIA:



Funding will only be reimbursed for healthcare that is publicly funded and available in Ireland but the referral may be to a public or private health service in the other country. You pay the costs of treatment and then apply for a refund when you return to Ireland.

Examples of healthcare that is available under the scheme include:

- Day, in-patient and out-patient care in acute hospital services, including psychiatric services
- Community-based out-patient care
- Dental and orthodontic services (with some exceptions, such as dental screening services in schools)

- Speech and language services
- Occupational therapy services (with some exceptions, such as assessment for aids at home)
- Psychology services
- Physiotherapy services
- Disability services
- Ophthalmic services
- Mental health services
- Methadone programme
- Addiction care (following the process to access addiction care abroad)

Some health services are not included, for example, organ transplantation and long-term care such as nursing home care.



APPLICATION PROCESS:

To use health services in another country and be refunded under the Cross Border Healthcare Directive, you must:

- Be referred to the health service abroad
- Get prior authorisation if it is required for your treatment
- Apply for a refund of your costs.

Referral to healthcare abroad

In the same way that you would be referred to public health services in Ireland, you must be referred to the health service you require abroad. This may be, for example, by your GP (family doctor) or public hospital consultant. In the case of some community-based services, the appropriate referral could be by a Health Service Executive (HSE) professional such as a public health nurse, community dentist or HSE orthodontist.

Make sure that the service you are seeking to access abroad is covered by the Cross Border Healthcare Directive. Your referring clinician can advise you about this but if you are in doubt, you can contact the National Contact Point in Ireland to check.

Prior authorisation

If the treatment involves an overnight stay in hospital, then it will need to be authorised in advance by the HSE. For other treatment, it is advisable to check whether prior authorisation is required by contacting the National Contact Point.

Applying for a refund of costs

To get a refund of the costs that you pay for your treatment, you and your healthcare provider abroad must complete the HSE **Cross Border Healthcare Directive Pro-Forma Invoice (pdf)** and submit it with the invoice from the healthcare provider and receipt.

The refund will only be made to the patient (or to the parents of a child patient). The HSE has published the refund amounts for different treatments. Treatments are listed according to a code – you can get the code for your treatment from the healthcare professional who has referred you. If you prefer, or if your treatment is not listed, you can get details of the refund rates from the National Contact Point.

The maximum you can be repaid for an outpatient consultation in a hospital abroad is €178. But if your consultation took place before 01/03/2021, the maximum is €130. Outpatient care is healthcare that does not involve an overnight hospital stay.

For in-patient treatment, the charges for public in-patients in public hospitals in Ireland will apply. These charges will be deducted from the amount of the refund.

Appeals

If your application is refused, you can appeal to the Assistant National Director of the Contracts Department of the HSE – contact the National Contact Point.

HSE Cross Border Directive

National Contact Point
St. Canice's Hospital Complex
Dublin Road
Kilkenny

Tel: (056) 778 4546 or (056) 772 0551

Email: crossborderdirective@hse.ie

Treatment Abroad Scheme

If you are a public healthcare patient and require treatment that is not available to you in Ireland, you may be able to use the Treatment Abroad Scheme to get

the treatment in another country in the European Union (EU), the European Economic Area (the EEA also includes Iceland, Liechtenstein and Norway) or Switzerland.

On 30/12/2020, the EU and the UK signed the Trade and Cooperation Agreement. This provides a framework for access to healthcare to continue for people resident in Ireland who are working, visiting or residing in the UK from 01/01/21. This includes planned treatment and necessary healthcare.

ELIGIBILITY CRITERIA:



To qualify for the Treatment Abroad Scheme, you must need medical treatment that is:

- ✓ Not available in Ireland or
- ✓ Not available within the time normally necessary to get it in Ireland, taking into account your current health and the likely course of your condition or disease.

It must be a treatment that is within Irish law. Unproven, experimental or test treatments are not covered.

The treatment you have abroad must be in public healthcare under a registered medical practitioner in a recognised hospital or other institution that accepts form S2 (also known as E112). Form S2 authorises treatment abroad so that the patient does not have to make any payment to the healthcare provider.

You must provide confirmation of every appointment you are due to attend so that the Health Service Executive (HSE) can issue an S2 form that will cover the cost of your visit. If you do not have the document at your appointment, you may be charged and not be refunded.

Additional treatments or associated examinations or consultations, which may arise while you are abroad but have not been pre-approved, will not be covered. The Treatment Abroad Scheme may provide assistance with reasonable fares for air or sea travel for you and a travelling companion, where appropriate. For more information, see the Treatment Abroad Scheme policy on travel expenses (pdf).

Private patients

If you are a private patient, you cannot be referred for the scheme by a private hospital consultant. If you have applied to a private health insurance provider to fund your treatment abroad, you can apply to the Treatment Abroad Scheme if your health insurer refuses your application and you have exhausted its appeals process.



APPLICATION PROCESS:

You must be referred for treatment abroad by an Irish-based consultant who is treating you as a public patient. You cannot refer yourself or be referred by a GP.

You and your referring consultant must complete an application form and include a copy of your referral letter. The HSE has produced a guide for consultants referring patients for funding under the Treatment Abroad Scheme (pdf).

Your application must be approved by the HSE before you travel or start treatment abroad. You will get a decision on your application by letter, usually within 15 to 20 working days. If your application is not approved, you will be told the reasons and given information on how to appeal the decision.

Download an application form for the Treatment Abroad Scheme or contact the Treatment Abroad Scheme Office.