

# Slovak Republic

## Long-term Care

18 May 2011

### Key Facts

- In 2009, the percentage of people aged 65 years old and over was 12.2% of the total population, and by 2020 this number is expected to reach 16.6% (OECD Population Projections)
- In the Slovak Republic, in 2007, there were 47.4 beds in long-term care institutions per 1 000 population aged 65 years old and over (OECD Health data).
- In 2009, there were 32 547 recipients of long-term care in-kind services in institutions, which correspond to 3.3% of those aged 65 years old and over. Also, a total of 82 108 people were receiving home care (OECD Health Data 2010).
- In 2009, there were 200 230 recipients of financial allowances for severe-disability compensation and 52 161 recipients of care allowance (OECD Health Data 2010).
- In 2006, LTC expenditure (institutional and formal home care) was 0.2% of GDP (OECD Total LTC Expenditures)

### Background

The legislation and supervision of long-term care (LTC) in the Slovak Republic falls under the joint responsibility of the Ministry of Labour, Social Affairs and Family and the Ministry of Health. Municipalities and self-governing regions provide social services, including long-term care. They organize home-care services and services in nursing homes and homes for seniors, while regional governments are responsible for specialized facilities, rehabilitation centres and the organisation of supported living arrangements. If a municipal authority cannot directly provide this service, it has an obligation to secure provision by contracting with other social-service providers, such as private providers.

### Long-term care provision

Formal long-term care in Slovakia is provided by professional LTC workers, either in the user's home or in an institution. However, care for dependent elderly or disabled people is still mainly performed by informal carers.

Institutionalised care includes pensioners' homes, pensioner nursing homes, social-services homes and sheltered housing facilities. In addition, personal assistance provides severely disabled persons with financial assistance described below, to help with mobility, communication, personal and domestic tasks. There are also community-based services such as community-based rehabilitation, aimed at supporting independent living of the persons in need.

### Benefits and Eligibility Criteria

People who are dependent on ADL support and receive an invalidity or retirement pension are also granted as a supplement a general social benefit (part of the Act on Social Insurance). This cash benefit is not means tested and varies according to the degree of the client's dependency (I. degree: EUR 10; II. Degree: EUR 16.6; III. Degree: EUR 23.2). The degree of dependency is assessed by doctors who are part of an Assessment Committee of the Social Insurance. Since 2001 this kind of social benefit is not available for new clients.

Moreover, different cash payments are provided to eligible disabled people of high severity, as part of the 2009 "Act on Direct Payments for Compensation of Severe Disability". Severely disabled individuals are those whose level of functional impairment is at least 50 %. One of these payments is an income-related cash allowance for personal assistance. The cash benefit is paid to the care recipient and it can be used only for hiring a personal assistant. The amount of benefit depends on the number of hours of personal assistance (maximum 20 hours daily), and corresponds to EUR 2.5 per hour. This is higher than the minimum hourly wage (EUR 1.85), but lower than the average hourly wage (EUR 4.79). This cash

# Slovak Republic

## Long-term Care

18 May 2011

---

allowance can be combined with other payments, such as compensation for mobility and invalidity pension. Counselling is also provided free of charge. Under the same Act, other direct payments can be granted to disabled people, including payments for the purchase of assistive devices, transport, dwelling adaptation, dietary meals, clothes and household equipment.

In order to receive these LTC services, the degree of dependency in terms of ADL acts as an eligibility criterion, and has to be equal to at least degree level II. This needs' assessment is conducted by doctors and social workers in municipalities' and regional offices.

### Funding

Social services, including long-term care and cash benefits, are financed from different sources. The cash benefits are financed from the state budget, while the social services are funded by regional and municipal taxes.

In addition, user charges are levied on publicly-funded long-term care services. They are determined by the municipalities or regional governments based on income levels and hence they vary across cities, municipalities or regions. In private long term care services user charges are set directly by providers. Cost-sharing is applied to every social service, with a few exceptions, such as counselling, social rehabilitation and ergotherapy.

### Caregivers

Support for informal care is primarily given through another care allowance granted under the Act on Direct Payments for Severe Disability Compensation to the carers of eligible disabled children and adults. Both retired informal carers and those in productive age but with an income of less than EUR 370.38 per month) receive the care allowance. The allowance is equal to EUR 80-110 per month for the retired carers and to EUR 200-266 per month for the carers in productive age. A dependent person who receives LTC assistance in the form of care allowance may also receive a retirement or an invalidity pension.

Respite care is available for carers receiving a cash allowance under the Act on Direct Payments for Severe Disability Compensation. The respite service is provided for 30 days per year and is organised by municipal authorities.

### References

Ministry of Social Welfare-Ministry of Health and Prevention (2008), *National Report on Strategies for Social Protection and Social Inclusion 2008-2010 – Slovak Republic*, European Commission

OECD 2009-2010 Questionnaire on Long-Term Care Workforce and Financing

OECD (2010) *Health Data 2011*, Paris

OECD Social and Labour Demographics Database 2010