Slovenia

Long-term Care

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Key Facts

- Approximately 16.2% of the Slovenian population is over the age of 65 (OECD average 15%) with 3.9% over the age of 80 (OECD average 3.9%).
- According to OECD Health Data (2010), Slovenia spent 1.1% GDP on long-term care in 2008, of which 0.6% was for health related LTC, while 0.4% was for social services of LTC. Most LTC is publicly funded.
- In 2008, 4.8% of the population over the age of 65 received long-term care in the institutional setting. The OECD average was 4.2% (Social Protection Institute, Republic of Slovenia).
- In 2007, Slovenia spent EUR 354.021 million on LTC services; 75% from public funds and 25% from private funds. 31% from public funds is paid in cash. According to 2009 estimates the total public spending on LTC amounted to EUR 279 million, or 0.7% GDP (EUR 263.4 million, or 0.71% GDP in 2008).
- In terms of municipal LTC-services: in 2009 on average 60% of home care services costs was financed by municipalities, 12.4% by the state and 27.6% by clients (or their family members) Social Protection Institute, Republic of Slovenia).

Background

Slovenia is currently lacking an integral system for long-term care (LTC). A draft law is under way, but has not yet passed the legislative process. The new law would aim to provide a national legal basis for a compulsory public insurance based system with both residential and home care, including benefits in kind and in cash. Also plans are in development to install palliative care services.

Long-term care in Slovenia includes benefits in kind (health care and/or social services in a form of residential or home care) and cash benefits. Currently, LTC is regulated by several acts in the field of social security, such as health care and health insurance, pension and disability insurance and social assistance. Cash benefits and residential care are organised centrally whereas home care services are provided on a local level.

Currently, home care services are less developed, and are provided to 2.2% of population over 65 years, with most integral services provided in residential facilities. Furthermore, demand exceeds supply. Estimates are that with 21 000 available residential care places (from which 17 000 places in homes for elderly), the potential additional demand reaches 6 000, and is expected to increase due to the ageing population (Association of care homes of Slovenia). This not only requires additional care facilities, but also stimulates Slovenia to put in place preventive programmes

Benefits and Eligibility Criteria

Benefits in kind are income tested, taking into account recipient, spouse and young adult (children).

There is a mixture of benefits available ranging from hospital settings to financial benefits in the social security system, to contribute to the costs of care. Out of pocket payments depend on the financial ability of a person entitled. In case a person entitled has insufficient financial means municipalities cover expenses of residential or home care services.

Residential care is organised within public nursing home institutions for elderly and disabled adults. Eligible persons are treated according to their individual needs (divided into 4 main categories, with level IV care being designated for persons with “serious and long lasting health and mental problems”) (MISSOC tables, July 2009).

Home care is organized locally, either by social work centres, homes for elderly and special institutions. Services include ADL, IADL, supervision social assistance and medical services. Home health care is organised by community nurses. Furthermore one can think of day centres, transitional accommodation; however this is still much in development and certain (more rural) areas are underserved.

Cash benefits, provided by different Acts are paid directly to a person in need of a care. Insurance based Assistance and Attendance Allowance is granted to pensioners and certain other insured persons with

permanent residence in Slovenia with visual handicap and/or at least 70% (permanently) reduced mobility in and out of house, and inability of ADL-activities. Also other cash benefits are available, based on residence and are financed from the budget: Supplement for Care and Assistance is granted to disabled persons who require a constant care of another person.

There is no unified entry model, eligibility for a service depends on an assessment made by a multidisciplinary team with a doctor, and is linked to the service in question.

Benefits for informal carers (family assistant) are available in a form of a compensation for a loss of income. Benefits are paid by the municipalities and amounted to EUR 565.54 in 2009.

Funding and Coverage

Funding for LTC expenditure comes from several sources. Contributions come from compulsory health insurance premiums with lower rates for pensioners as well as compulsory pension and disability insurance contributions which specifically fund cash-allowances. Funding also comes from tax revenue to help fund special care for persons with disabilities and care for war veterans. Municipalities help finance home care provisions. Out-of-pocket contributions represent the remaining funding for LTC.
Providers guaranteeing different services within the scope of institutional forms of assistance integrate health care and social areas, while the assistance has not been integrated in the context of forms provided in the living environment.

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