Task 2017-18 Disability assessment – country report

Country: Romania

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# Part 1 – Main forms of disability assessment

The following forms of disability assessment are currently in use in Romania for a variety of purposes.

Example 1: Assessment of type and level of impairment/Assessment for multiple purposes (access to various disability benefits)

Example 2: Professional assessment for people with disabilities /assessment for inclusion on the labour market - abilities to work

Example 3: Assessment for invalidity pension/access to an invalidity/disability pension

Example 1: Assessment of type and level of impairment/Assessment for multiple purposes (access to various disability benefits)

Policy function: Assessment for multiple purposes (access to various disability benefits).

Benefit: Benefits in cash (e.g. pension). Benefits in kind (e.g. services). Beneficial treatment (e.g. eligibility to apply for quota jobs). Discounts or concessions (e.g. tax allowances).

Specificity: Other.

The disability assessment procedure is designed to link one person with the accurate type and level of impairment - includes relevant data on social, medical, psychological, vocational, educational, and assessment of a person's ability and level of social integration. According to the type and level of impairment, that person will be entitled to social benefits established by law no 448/2016.

Responsible: General Directions for Social Assistance and Child Protection (at county level) through the Comprehensive evaluation service for adults with disabilities.

How to apply: <http://anpd.gov.ro/web/informatii-utile/evaluarea-si-incadrarea-in-grad-de-handicap/comisiile-de-evaluare-a-persoanelor-adulte-cu-handicap/>.

Type of assessment: Functional capacity (test of ability to carry out specified tasks or activity).

Qualifying criteria: The assessment procedure necessarily covers the following areas of expertise: a) social assessment provided by social workers; b) medical evaluation, provided by specialized doctors; c) psychological evaluation, provided by psychologists; d) Vocational assessment or professional skills, provided by psycho-pedagogues, education instructors or rehabilitation pedagogues (NB in Romanian the word psycho – pedagogue/educator means applying methods of experimental psychology in pedagogy, i.e. a combination between psychology and pedagogy); e) evaluation of the level of education provided by psycho-pedagogues, education instructors or recovery pedagogues; f) assessment of skills and level of social integration, provided by psychologists, psycho-pedagogues, recovery pedagogues or social assistants. Based on the qualifications received for each of the above areas of expertise, one person can be linked with the following types and level of impairment/disability: - level of impairment/disability are: light, medium, accentuated and severe. - types of impairment/disability are: physical, visual, auditory, deafblind, somatic, mental, psychological.

Method: Combination of documentary evidence and personal interaction.

Assessor: Medical doctor, Therapist (physical, occupational, etc.). Other rehabilitation specialist, Psychologist, Social worker.

Supporting evidence: Self-assessment (statement or structured questionnaire completed by the individual). A medical note or letter from a doctor who treats the applicant.

Decision maker: The assessment committee for adults with disabilities.

Further details of the assessment: [https://www.dgaspcbacau.ro/organizare/adulti/serviciul‑de‑evaluare‑complexa‑a‑persoanelor-adulte-cu-handicap/](https://www.dgaspcbacau.ro/organizare/adulti/serviciuldeevaluarecomplexaapersoanelor-adulte-cu-handicap/).

Notification of outcome: A certificate (e.g. proof of disability status).

Appeal possible.

The appeal is directed to the Superior Assessment Committee of People with Disability, established at the level of the National Authority for People with Disability (supervised by the Ministry of Labour and Social Justice).

Example 2: Professional assessment for people with disabilities /assessment for inclusion on the labour market - abilities to work

Policy function: Other.

Assessment for inclusion on the labour market - abilities to work.

Benefit: Other.

Job Finding Profile, Action Plan and recommendations for a specialized social service to further identify the appropriate job.

Specificity: The disability assessment is designed for this specific purpose.

Responsible: General Directions for Social Assistance and Child Protection (at county level) through the Comprehensive evaluation service for adults with disabilities.

How to apply: <http://www.anc.edu.ro/uploads/SO/Specialist.evaluare.vocationala.dizabilitati.pdf>.

Type of assessment: Functional capacity (test of ability to carry out specified tasks or activity).

Qualifying criteria: The extended vocational assessment means interviewing the beneficiary, identifying and applying the vocational and exploration tools and recording the results of the evaluation by the specialist. The following tests are used: for the assessment of general skills (Raven Standard Progressive Matrices, BTPAC, Weschler for Adult Intelligence (WAIS), etc.), for General Skills Testing (GATB, Multidimensional Skills (MAB), etc.), for Vocational Interests (Inter Option, Occupational Interest Survey, Jackson (JVIS), etc.), for Personality Assessment (Nonverbal Question of Personality in Five Factors, etc.), to assess the level of education (Literacy, Arithmetic’s, etc.).

Method: Combination of documentary evidence and personal interaction.

Assessor: Other rehabilitation specialist (for example in vocational assessment of people with disabilities).

Supporting evidence: Self-assessment (statement or structured questionnaire completed by the individual). Evidence from someone who knows the applicant’s situation (e.g. a relative, friend, neighbour or colleague). Evidence from a non-medical professional who knows the applicant. A medical note or letter from a doctor who treats the applicant.

Decision maker: the assessment committee for adults with disabilities.

Further details of the assessment: <http://www.anc.edu.ro/uploads/SO/Specialist.evaluare.vocationala.dizabilitati.pdf>.

Notification of outcome: Other.

Job Finding Profile, Action Plan, and recommendation of a specialized social service: training, assisted employment, sheltered employment, or job placement services on the open market.

No appeal possible.

Example 3: Assessment for invalidity pension/access to an invalidity/disability pension

Policy function: Access to a disability pension (invalidity).

Benefit: Benefits in cash (e.g. pension).

Specificity: The disability assessment is designed for this specific purpose.

Responsible: National/County Pension House.

How to apply: <https://www.spitalspiridon.ro/docs/ord_1418_2010.pdf>.

Type of assessment: Diagnosis of a named medical condition.

Qualifying criteria: Based on the medical record of the disability pensioner, the level of invalidity (I, II or III) will be linked with the pensioner. The medical record will include: a) the request for the examination of the level of impairment/disability; b) medical documents supporting clinical diagnosis and functional diagnosis (clinical form and evolutionary stage of the disease); c) the opinion of the chief doctor; d) the documents stipulated by the law for determining the cause of the invalidity ( work-related accidents, tuberculosis, neoplasms, AIDS, etc.); e) the document proving the date of the occurrence of the invalidity; f) the report of the medical expertise of the work capacity; g) medical decision on work capacity.

Method: Combination of documentary evidence and personal interaction.

Assessor: Medical doctor.

Supporting evidence: Self-assessment (statement or structured questionnaire completed by the individual). A medical note or letter from a doctor who treats the applicant. Medical records automatically retrieved from health care system (e-health).

Decision maker: County Pension House.

Further details of the assessment: <https://www.spitalspiridon.ro/docs/ord_1418_2010.pdf>.

Notification of outcome: A certificate (e.g. proof of disability status).

Appeal possible. <https://www.spitalspiridon.ro/docs/ord_1418_2010.pdf>.

# Part 2 – Analysis and evaluation of specific assessments

This part of the report provides more in-depth analyses of three selected case studies of assessment procedure, their suitability and effectiveness.

Please use the EU MISSOC tables (similar to DOTCOM) providing country specific information on specific types of benefits as a starting point, <http://www.missoc.org/INFORMATIONBASE/COMPARATIVETABLES/MISSOCDATABASE/comparativeTableSearch.jsp>.

The cases are selected to enable systematic comparison between countries and to focus on areas of policy priority and development.

## Case study 1: Assessment of type and level of impairment/multiple purposes

(admission to a general register or status of disabled person(s) or comprehensive assessment for multiple purposes)

An outline of the key features of this assessment process is provided in Part 1 of this report (see **Example 1**).

Detailed description of the assessment process

The main stages of the process, from application to decision, and appeal against decision, detailing the types of professionals involved and their responsibilities. Please also describe the administrative arrangements and the roles of the different institutions involved in the process. Please indicate what role the person being assessed plays in the procedure.

This process described below is in relation to a disability certificate based on which one can claim benefits or get access to services/allowances. If you do not have the disability certificate, you are not entitled to any kind of social benefit or service designed especially for disabled people. There is no register, per se, but a status for the disabled people which gives access to benefits and services. The specialized areas where the assessment is done are mentioned below – social, medical, phycological, vocational, etc. There are sets of criteria established for each area – most of them related to medical issues but also to the abilities (to walk, to speak, to eat, etc).

According to the *Ministry of Labour, Family and Social Protection’s Decision no. 2298/2012*, the assessment procedure of type and level of impairment/disability necessarily covers the following specialized areas:

a) social assessment provided by social workers;

b) medical assessment, provided by specialized doctors;

c) psychological assessment, provided by psychologists;

d) vocational assessment or professional skills, provided by psycho-pedagogues, educational instructors or rehabilitation pedagogues;[[1]](#footnote-1)

e) assessment of the level of education provided by psycho - pedagogues, instructors of education or recovery pedagogues;

f) assessing the skills and level of social integration provided by psychologists, psycho-pedagogues, recovery pedagogues or social workers.

The institution responsible for the assessment/re-evaluation of adults with disabilities is the Comprehensive Evaluation Service for Disabled Persons (SECPAH).[[2]](#footnote-2) SECPAH is the local assessment committee for adults with disabilities and is part of the General Directions for Social Assistance and Child Protection (DGASPC) which are under the authority of one of the 42 County Councils (i.e. not under the Government). The assessment committee for adults with disabilities mentioned in Part 1 is established at the level of the Ministry of Labour with the aim of dealing with complaints or other problems arising at local level.

SECPAH has the following main tasks:

a) carries out the complex assessment / re-evaluation of the disabled adult at its own headquarter or at the person's home;

b) draws up the complex assessment report for each person;

(c) recommends or advises not to classify or maintain classification in level and type of disability for a person, as well as the individual program of social rehabilitation and social integration;

d) endorses the individual disability service plan drawn up by the case manager;[[3]](#footnote-3)

e) assesses whether an applicant qualifies for personal assistance and draws up the complex assessment report and brings recommendations for the evaluation committee for adults with disabilities;

f) recommends measures for the protection of the disabled adult, according to the law.

The necessary documents for the assessment are filed by the applicant or his/her legal representative at the registry office of the city of residence / registered office or at the DGASPC registry. The files submitted to the DGASPC registry shall be transmitted to SECPAH within 24 hours after registration. The file is sent to DGASPC by the City Hall where the filing was made, within 5 working days from registration.

SECPAH checks and analyses the applicant's file, which must contain all the documents provided by the law and within 5 working days, communicates to the person the scheduled date at which it is due to be present for the assessment; in the case of an incomplete file, SECPAH requests that the file be filled in with the required documents.

The complex assessment of adults is made within 60 days from the date of registration of the application and the documents at SECPAH, with due respect to the medical and psychosocial criteria based on which level of disability is being established. In the case of non-replaceable persons, the complex assessment will be made at the domicile / residence of the person concerned, based on the medical letter and the social investigation.

The assessment/re-evaluation procedure involves the following steps:

a) the SECPAH coordinator allocates the files to different multi-disciplinary team to undertake the assessment;

b) the analysis of the file, which involves checking the documents that must contain relevant information for the detection of the impairment functionality, severity, type and estimated duration, dependency, activity limitation, and participation restrictions. At this stage, the team identifies any additional needs/documents for the assessment process;

c) appointment of the person for assessment; communication of the date, place and additional documents requested;

d) the multidisciplinary team performs the assessment / re-evaluation of the applicant, where applicable, in the presence of the legal representative. At this stage, the information existing in the file will be correlated with those resulted after the person's assessment;

e) elaboration of the complex assessment report, with proposals on the classification / non-classification of level and type of disability.

SECPAH also prepares the proposal on the Individual Rehabilitation and Social Integration Program, following discussions with the assessed person or with his/her legal representative. (This plan is not relevant in assessing the type and level of disability; it is meant to help the person in his/her rehabilitation after deciding on the type and level of disability.)

The types of disability are:

1. Physical;
2. Somatic;
3. Auditive;
4. Visual;
5. Mental;
6. Psychological;
7. Associated (i.e. 2 or more disabilities);
8. HIV-AIDS;
9. Rare diseases;
10. Deafblind.

The levels/degree of disability are:

1. Mild;
2. Medium;
3. Accentuated;
4. Severe.

A person’s type of disability is made based on medical evidence combined with an assessment of their abilities. The medical evidence is provided by a specialist doctor for each affection/impairment – e.g.: ophthalmologist for visual impairments, neurologist for mental impairments. The SECPAH team takes into consideration the medical evidence provided by the specialist doctor when making its own assessment based on their indicators, most of them related to the social assistance and psychology field.

The file of the assessed person and the complex evaluation report shall be forwarded to the secretariat of the Evaluation Committee for Adults with Disabilities who register them, and which ensures their transmission to the evaluation committee, in view of determining the classification / non-classification in level and type of disability. If the evaluation committee for adults with disabilities notes that the information contained in the submitted documents is insufficient to decide, it will forward them to SECPAH for reconsideration and eventual completion. If the file is complete, the committee will issue the disability certificate (mentioning type and level of disability). In summary, SECPAH collect all the data on an applicant, carry out an assessment of the type and level of disability and then pass this to the Evaluation Committee who make the final decision and issue a disability certificate.

The disability certificate may be valid for a period of 12 or 24 months or may be undefined (possibly for life). For the periodical revision of the disability type and degree, it is necessary to draw up another file with requested updated documents.

The appeal process is directed to the Court, since June 30, 2017 when the law 448/2006 has been amended in this respect.

Sources: Ministry Decision no 2298/2012 - <http://www.dasiasi.ro/ordin-2298-2012--dtl-165023.html>.

Sources of official guidance and assessment protocols

Details of the guidance provided to assessors, methodology used, questionnaires, assessment scales, pro-forma used in the process, etc, with links to sources where available.

The assessment methodology and scales are provided within the *Ministry Decision no 762/2007* (available here: <http://anpd.gov.ro/web/wp-content/uploads/2016/02/O762-1992-2007.pdf> ) regarding the medical and psychosocial criteria based on which assessment of level and type of disability is being established.[[4]](#footnote-4) This act states the indicators to be assessed, the guidance provided to assessors to make the classification of a type or level of disability and the values to be linked with the indicators. Such indicators and guidance are provided for the following categories:

Chapter 1: Mental functions:

1. Assessment of the level and type of disability for persons with incomplete development of mental and psychosocial functions.
2. Evaluation of the disability due to deterioration of intellectual functions.
3. Evaluation of the disability for persons with disorders of personality.
4. Evaluation of the disability for persons with mood disorders and major psychiatric disorders.

Chapter 2: Sensory functions:

1. Evaluation of the disability when impaired vision functions.
2. Evaluation of the disability when impaired hearing functions.
3. Evaluation of the disability when impaired vestibular functions.

Chapter 3: Functional and verbal communication functions:

1. Evaluation of the disability when impaired voice functions.

Chapter 4: Functions of the cardiovascular, haematological, immunity and breathing system:

1. Cardiovascular system’s functions.
2. Haematological system’s functions.
3. Immunity system’s functions.
4. Breathing system’s functions.

Chapter 5: Functions of the digestive, metabolic and endocrine system.

Chapter 6: Urogenital functions.

Chapter 7: Neuro-muscular-skeleton functions and muscles related.

Chapter 8: Skin functions.

For each type of impairment specific medical and psychological indicators allow for the type and level of disability to be established. For example, for mental impairments such as learning difficulty IQ scores are used to determine severity of disability, the highest level being equivalent to an IQ of less than 21.

Implementation and outcomes

Evidence of the practical implementation, including where possible the number of persons assessed, average waiting times, and the assessment outcomes.

At national level, the cases of disabled people are increasing from one year to another. Please see the following national statistics showing the total number of disabled people in Romania.

|  |  |  |
| --- | --- | --- |
| **2000** | **2001** | **2002** |
| 402.275 | 425.847 | 423.393 |
| **2014** | **2015** | **2016** | **September 2017** |
| 737.885 | 766.153 | 786.546 | 791.761 |

Source: <http://anpd.gov.ro/web/transparenta/statistici/trimestriale/>.

Below you may find the number of new disability certificates allocated per year:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2017 to Sept.** | **2016** | **2015** | **2014** | **2013** | **2012** | **2009** | **2008** | **2007** | **2006** | **2001** |
| 5.215 | 20.393 | 28.268 | 28.669 | 12.047 | 7.593 | 50.359 | 63.657 | 79.488 | 28.502 | 23.572 |

Source: <http://anpd.gov.ro/web/transparenta/statistici/trimestriale/>.

On average, the waiting period for the disability certificate is over 45 days after registering the file with necessary documents. The certificates are allocated for a period of 12 or 24 months or permanent, in cases of severely disability.

Unfortunately, there have been many scandals throughout the country, related to the fact that many people have benefited from disability benefits even though they would not have this right. There were doctors who issued documents to the blind, but the patient had a driving license. In Prahova County, for instance, there is ongoing a research that started in 2013. There is a continuous process, there are a lot of files that have been taken to the Prosecutor's Office attached to the Court of Appeal and, periodically, people are called and re-evaluated. Faced with evidence showing that they had broken the law, they had to give the money back.[[5]](#footnote-5)

Evaluation – fitness for purpose

Analysis of the strengths and weaknesses of the assessment method, including where possible evidence from official or independent evaluations, studies etc. For example, the balance of medical and non-medical input, cost-effectiveness, administrative burden, claimant experience, compatibility with the CRPD. Please indicate if there is a regular evaluation of the assessment method and, if so, who carries that out. Please include references to evaluations which have been carried out.

The assessment procedure has been recently amended as the disabled people organizations have brought to public authorities’ attention some of the weaknesses of this method. For example: the period for re-evaluation was too short thus the Ministry changed the periods from 6 to 12 months and from 12 to 24 months.[[6]](#footnote-6)

In 2016, the Government adopted a decision which changed the organization and functioning methodology of the Evaluation Commission for Disabled Adults. The Labour Ministry specified that the purposes of the changes were:

* to ensure continuity in granting rights, avoiding situations where the deadline for the evaluation committee to issue disability certificates cannot be met due to the high volume of work;
* simplification and streamlining the commission's work; ensuring confidentiality of data, which will eliminate discrimination in employment or enrolment in various training programmes;
* increasing the period for re-assessment to update the disability certificate thus making people with disabilities’ lives easier;
* facilitating the lives of people with disabilities who were in the situation of completing a (when the certificate was allocated for six months);
* reducing the administrative effort and costs of both beneficiaries and the public administration.

The National Agency for Payments and Social Inspection[[7]](#footnote-7) undertook a supervisory and control activity at the level of Constanta County, during March - April 2017, regarding specific persons’ eligibility for a disability certificate. As a result, it turned out that most of the irregularities were administrative in nature for example files received and verified by SECPAH were not complete, with no attachments to social investigations prepared by the Public Service for Social Assistance at the level of the city hall. Issues related to the beneficiary - for example, the beneficiaries have moved their residence and did not announce the change in their situation. As a major deficiency, the perpetuation of fraud (i.e. the allocation of disability certificates to persons who did not have in fact any disability) was found, since the social investigations drawn up by the SPAS were not carried out at the home of the disabled persons but based on the data provided in the beneficiary's identity documents or not at all. Also, the social inspectors have checked the compatibility of the existing data in the files of the 40 selected beneficiaries with the reality from their home. The conclusion of the on-the-spot checks was that 34 beneficiaries were correctly classified as disabled based on the actual data provided, while for 6 beneficiaries there were inconsistencies within the files as well as between the data in the files and the real situation on the field. With regards to the assessment of adults regarding type and level of disability, it has been found that the assessment is in line with the legal provisions, except for one beneficiary, for which there was a discrepancy between the proposal of the SECPAH specialists on the degree of disability with the one that CEPAH actually granted.

(Source: <http://constanta.mmanpis.ro/wp-content/uploads/2016/06/Raport-Tematic-Judetean-Beneficiari-cu-Handicap-2017.pdf>).

In 2010, the same agency undertook the national campaign to identify fraudulent claims for a disability certificate for over 88.319 persons out of which 18.962 files had deficiencies such as:

* 2.317 people graded accentuated and severely disabled, by type of visual disability, held driving licenses issued after issuing the disability certificate even though their disability mean that they could not qualify for a driving license;
* in 3.032 cases, following the field assessment of the beneficiaries' situation, were found inconsistencies between their condition and officially registered disability;
* 1.397 persons graded accentuated and severely disabled could not be located at the addresses given on their applications;
* 12.033 disability classification cases were incomplete (the files did not have the documentation required);
* 183 files were not found at DGASPC Suceava (40 files) and DGASPC Botosani (143 files).[[8]](#footnote-8)

In 2015, information was publicly made available on the situation of many parents from Cluj County which collected the disability benefits for their children based on false documents regarding diagnosis. Thus, the Commission for Children with Disabilities within the Child Protection Department of Cluj has notified the Cluj Police that several medical papers brought by parents were falsified under the diagnosis box. Bronchial asthma is the most common diagnosis by doctors who want to deceive the system because it cannot be detected by doctors who are part of the assessment disability committees. The list of diseases that could be invoked also included the flat foot or oesophageal reflux. A statistic made for the years 2012-2013 shows how the number of disability files for children has increased from 387 cases in January 2012 by 523 cases in January 2013. The same can be said about the amounts paid from the state budget for these cases. In January 2012, the state budget paid LEI 505.493, while in January 2013 the amount reached LEI 824.745.

(Source: <http://evz.ro/copii-sanatosi-tun-inscrisi-ca-persoane-cu-handicap-prin-fratie-intre-parinti-si-medici.html>).

Promising practice

If the case study includes examples of good practice, of interest to the EU and other countries, then identify and explain the most promising elements. Please indicate if disabled peoples’ organisations have been involved in developing or evaluating the assessment method.

One promising element is that the person applying for a disability certificate will be assessed not only on the degree of functionality or impairment of the functions, but also on their wider social needs (activities, limitations, social integration) where this is possible. Another promising element is referring to the fact that the file should not be personally registered, but also by a person empowered to file the documents. The evaluation is not limited to medical aspects thus the applicant must be involved in the assessment, which consists of a complex/multi-disciplinary approach such as: social assessment, medical assessment, psychological assessment, vocational assessment, assessment of the level of education, assessment of the skills and level of social integration. There is a mobile team that moves to the person's home to undertake the assessment when the person cannot come to the institution’s premises. The period for re-evaluation has been increased to 12 or 24 months.

Disabled peoples’ organisations have nowadays been more and more involved in amending or developing correspondent legislation/procedures. It was through their voice that in 2016 the disability certificate validity has raised from 6 to 12 or 24 months.

## Case study 2: Assessment for invalidity pension/access to an invalidity/disability pension

(eligibility for invalidity pension, as defined by MISSOC)

An outline of the key features of this assessment process is provided in Part 1 of this report (see **Example 3**).

Detailed description of the assessment process

The main stages of the process, from application to decision, and appeal against decision, detailing the types of professionals involved and their responsibilities. Please also describe the administrative arrangements and the roles of the different institutions involved in the process. Please indicate what role the person being assessed plays in the procedure.

People who have lost total or at least half of their labour capacity are entitled to an invalidity pension, according to the Ministry of Labour, Family and Social Protection’s Decision no 1418/2010. The National Institute of Medical Expertise and Recovery of Labour Capacity, as well as the Territorial/Local Pensions Houses are responsible in this field. Among other things the National Institute assesses the work capacity of applicants for an invalidity pension or for invalidity pensioners who are subject to a medical examination at the request of social security experts in the territorial pension houses or at the request of the Institute itself. Territorial/Local Pensions Houses are public institutions responsible for setting and payment of pensions and other social security rights, keep taxpayers' records on the public pension system, ensures social security rights and obligations and medical expertise.

The law no 263/2010 stipulates that the invalidity pension is due to people who have lost total or at least half of their work capacity due to:

a) accidents at work and occupational diseases, according to the law;

b) neoplasia, schizophrenia and AIDS;

c) common illnesses and not work-related accidents.

Pupils, apprentices and students who have lost total or at least half of their working capacity as a result of accidents at work or occupational diseases occurring during and as a result of professional practice are entitled to a invalidity pension.

There are 3 levels of invalidity (which determine the level of benefit):

a) level I, characterized by total loss of work capacity and self-care capacity;

b) level II, characterized by total loss of work capacity, while maintaining self-care capacity;

c) level III, characterized by the loss of at least half of the work capacity, the person being able to perform a professional activity corresponding to at most half of the normal working time.

Although levels of invalidity incorporate judgements about work capacity and self-care capacity, it is primarily an assessment based on medical diagnosis.

A person requesting invalidity pension will submit a request for medical assessment of the labour capacity at the Territorial Pension House. The approval of the classification into levels of invalidity is made after reviewing medical documentation and clinical examination of the patient by a doctor from the Medical Expertise Service and only if he/she is found to have reduced at least half of his/her labour capacity. For inconclusive cases, a doctor from the Medical Expertise Service (within the Territorial/Local Pensions Houses) may request additional medical documentation with paraclinical investigations, additional medical analyses, specialized examinations or reports from the National Institute of Medical Expertise and Recovery of Labour Capacity. For psychiatric patients or other cases, the social assistant in the Medical Expertise Service collects all possible information related to the person’s social situation (family, economic situation, relatives, place of residence, working conditions, etc.). The invalidity assessment is done towards the end of the sick leave period for temporary incapacity of work and after the rehabilitation programs.

The doctor from the Medical Expertise Service draws up a report based on medical expertise of the labour capacity of the claimant and issues the medical decision on labour capacity. The medical decision on labour capacity shall be issued within 45 days from the date of submission of the request for expertise. (Practically, the doctor guides the decision to be taken by the evaluation committee, the doctor makes a recommendation which will be approved or not by the evaluation committee.) Along with the medical decision on the person's invalidity, the recovery plan is also provided. The recovery plan is compulsory for the person concerned and for the competent person to apply it.

The medical decision on the labour capacity may be appealed, within 30 days of communication, to the Medical Appeals Commissions or to the Central Medical-Military Expertise Commissions of the Ministry of National Defence, the Ministry of Administration and Interior or the Romanian Intelligence Service.

The Medical Appeals Commissions are operational within the Regional Centres of Medical Expertise on Labour Capacity and the National Institute for Medical Expertise and Recovery of Labour Capacity. The appeal shall be heard within 45 days of registration. Their decisions may be appealed to the competent courts within 30 days of communication.

Recipients of invalidity pension are subject to periodic medical check-ups, depending on the condition, at intervals between one and three years, up to the age of standard retirement.

Recipients of invalidity pension in the first level of invalidity are entitled, in addition to the retirement, to an allowance in the fixed amount for an attendant. The amount of the allowance for the attendant depends on the value of the pension of the recipient.

Sources of official guidance and assessment protocols

Details of the guidance provided to assessors, methodology used, questionnaires, assessment scales, pro-forma used in the process, etc, with links to sources where available.

The *Government Decision no. 155/2011 on criteria and rules for clinical diagnosis, functional diagnosis and assessment of work capacity based on the invalidity levels I, II and III* provides guidance, methodology and criteria to classify levels of invalidity or eligibility for it.

The assessment of work capacity consists of a mixture of medical and social methodology/tools. The specific aims of this assessment are focused on the prevention of invalidity and recovery of the work capacity/social and professional reintegration of the persons affected by diseases or accidents. The invalidity assessment does not depend on different levels of disability, the criteria based on which the invalidity assessment is undertaken are strictly related to medical factors. There is no association in the legislation between different levels of disability and the invalidity pension. There is no identity between the concept of invalidity and the concept of disability, which is regulated separately, being determined by different specialized bodies under different conditions and offering to the persons concerned statutes and different rights.

However, disability does not automatically rule out invalidity. Thus, according to the law, a person who is classified as disabled can be retired for invalidity if the invalidity is found by the doctor specialized in the medical expertise of the work capacity of Territorial/Local Pensions Houses. In this case, the invalidity pension will be granted to people with disabilities who have not reached retirement age but who have lost their working capacity due to common illnesses or accidents that are unrelated to work and are included in level I or II of invalidity, even if they have never worked.

Functional deficiency is the consequence of various morphological or functional disorders (diseases, accidents, genetic abnormalities); it is quantifiable by standard clinical and functional evaluations and is found in the functional diagnosis formulation. It correlates with adaptive incapacity and level of invalidity. For example, in ischaemic heart disease, functional deficiency is established according to: (a) symptoms (including the nature of chest pain, the frequency of anginal seizures for example), (b) severity of myocardial ischaemia / coronary stenosis measured for example by ECG or ultrasound, and (c) severity of ventricular systolic dysfunction.

Adaptive incapacity is generated by various morphological and functional disorders and expresses the person's limits in the effort to adapt to the natural and social environment. It is expressed as a percentage within a quantified system of normal adaptive capacity (see further explanation and table below).

The work capacity is defined by the possibility of undertaking an activity/labour. The labour capacity is expressed as a ratio of the individual biological possibilities (measured strictly from a medical point of view) and the requirements of certain jobs (whether including social, physical, intellectual or visual factors). It is determined by the physical and intellectual abilities (that can have a genetic origin), and by the level of socio-professional integration, which is based on training and experience.

The relationship "functional deficiency - adaptive incapacity – level of invalidity" is represented on a negative scale, which expresses the functional loss with repercussions on the fulfilment of the activities/relations according to the age and the existing socio-cultural factors:

* without functional impairment (adaptive incapacity 0-19%) - expresses the broad limits of normal;
* slight deficiency (adaptive incapacity 20-49%) - insignificantly affects daily and professional activities; professional contraindications / workplace change recommendations may occur; work capacity is preserved;
* Medium deficiency (adaptive incapacity of 50-69%) - Limits the adaptive capacity to the professional environment regarding the program or the workplace; work capacity is reduced by at least half the standard – **level III of invalidity;**
* Accentuated deficiency (adaptive incapacity of 70-90%) - prevents the carrying out of a professional activity in the organized work system; the work capacity is totally lost – **level II of invalidity;**
* Severe deficiency (adaptive incapacity of 90-100%) - loses, in addition to working capacity, of self-care – **level I of invalidity.**

The table below summarises the relationship between functional deficiency, adaptive incapacity and level of invalidity.

|  |  |  |
| --- | --- | --- |
| Functional deficiency | Adaptive incapacity | Level of invalidity |
| Without functional impairment | 90 – 19% | No invalidity |
| Slight deficiency | 20 – 49% | No invalidity |
| Medium deficiency | 50 – 69% | Level III of invalidity |
| Accentuated deficiency | 70 – 90% | Level II of invalidity |
| Severe deficiency | 90 – 100% | Level I of invalidity |

Implementation and outcomes

Evidence of the practical implementation, including where possible the number of persons assessed, average waiting times and the assessment outcomes.

In December 2017, according to official statistics available at: <https://www.cnpp.ro/indicatori-statistici-pilon-i>, **563.695 persons were entitled to invalidity pension: level I – 47.613 persons, level II – 235.609 persons and level III – 280.473 persons.**

Average waiting time according to the law should be 45 days. In practice, 2-3 months is common because there are many files to be processed.

Evaluation – fitness for purpose

Analysis of the strengths and weaknesses of the assessment method, including where possible evidence from official or independent evaluations, studies etc. For example, the balance of medical and non-medical input, cost-effectiveness, administrative burden, claimant experience, compatibility with the CRPD. Please indicate if there is a regular evaluation of the assessment method and, if so, who carries that out. Please include references to evaluations which have been carried out.

The invalidity assessment is carried out by a doctor, with expertise on labour capacity/incapacity and adaptation to environmental/working conditions, based on medical records and analyses. Invalidity pension turns into old-age pension at the age of standard pensioning. The invalidity pension does not exclude other benefits allocated based on disability, for example. By the decision of the Constitutional Court (680/2012) and the Law 37/2013 amending the Pensions Law (263/2010), the disabled people with only the social benefit (monthly allowance + monthly supplementary personal budget) which are eligible for invalidity pension, can receive, in addition to the social benefit and the monthly allowance (if they have opted instead of the personal assistant), the invalidity pension, regardless of the length of the contribution, even if he/she has never worked.

Invalidity pension – level II, characterized by total loss of work capacity and maintenance of self-care capacity – is not payable when a person also has an income from employment.

Unfortunately, there have been some situations when the persons were not eligible for invalidity pension although they received the classification as invalid person. One investigation started in 2014 following a complaint from the General Anticorruption Directorate (DGA) officers who found that people who had never stepped into hospital had retired on sickness after being fictitiously admitted to a reputed hospital in Bucharest (<http://adevarul.ro/news/eveniment/exclusiv-Spagi-rate-pensionari-fictive-1_57825a675ab6550cb8ba9c39/index.html>). Another case of fraud has been discovered in Caras Severin County (<http://evz.ro/premiera-bolnavii-inchipuiti-au-pierdut-pensiile-luate-pe-spaga.html>).

12% out of all retirees in Romania are represented by recipients of invalidity pension (in December 2017). This evidence collated with the fraud cases show that the assessment process could be subject of improvements and further strengths and weaknesses evaluations. The assessment is strictly a medical one, which can easily be subject to fraud or errors (for example because doctors can be bribed), thus the assessment distorted. There is no regular evaluation of the assessment method.

A study from 2012 shows that Romania needs stricter conditions for eligibility within the invalidity pensions. This is because more and more people who only have a few years until retirement prefer to sign up for getting an early retirement pension, with drastic reductions in the amount pension or - if they do not have a pre-retirement pension - to try, by various means, to obtain a retirement pension for invalidity reasons. As objectives for a public policy are mentioned:

* reviewing the medical criteria underpinning retirement invalidity; and
* the establishment of a mechanism for the control of invalidity retirement pensions, so that possible abuses are eliminated or, at least, kept under strict control.

Source: [http://www.cnp.ro/inovatie/docs/conferinta‑finalizare‑studii‑28‑05‑2012/Rezumat%20studiu%20Sistem%20de%20pensii.pdf](http://www.cnp.ro/inovatie/docs/conferintafinalizarestudii28052012/Rezumat%20studiu%20Sistem%20de%20pensii.pdf).

For the time being, the system of invalidity assessment should be restricted and more accurately monitored as to avoid frauds like the ones that have happened during the past years.

Promising practice

If the case study includes examples of good practice, of interest to the EU and other countries, then identify and explain the most promising elements. Please indicate if disabled peoples’ organisations have been involved in developing or evaluating the assessment method.

No example of good practice could be identified.

## Case study 3: Vocational assessment

(eligibility for long-term care benefits as defined in MISSOC)

An outline of the key features of this assessment process.

Both procedures above descripted are referring to eligibility for long-term benefits such as invalidity pensions or disability allowances. Therefore, there is no other type of assessment in Romania on which to grant long-term care benefits. There are other types of benefits which are granted according to the assessments described above. The vocational/professional assessment for people with disabilities does not grant benefits but access to the labour market. Actually, for this kind of evaluation there is no law/ministry decision into force but only an occupational standard of the vocational assessor which mentions the required tests for disabled people. Details about this procedure of vocational assessment are set out below.

Detailed description of the assessment process

The main stages of the process, from application to decision, and appeal against decision, detailing the types of professionals involved and their responsibilities. Please also describe the administrative arrangements and the roles of the different institutions involved in the process. Please indicate what role the person being assessed plays in the procedure.

The vocational assessment specialist assesses/explores the potential of the person with disabilities with regards to specific jobs/tasks, develops the Job-Finding Profile, the Action Plan with perspective to finding a workplace and, based on the results of the vocational assessment and exploration, recommends a specialized social service as: vocational training, assisted employment, sheltered employment or job placement services in the free market.

The occupation of a vocational assessment specialist is an autonomous occupation[[9]](#footnote-9) in which specialists use knowledge of social assistance, psychology, law, vocational assessment and exploration techniques and tools to support people with disabilities in finding a job.

Vocational assessment steps:

1. planning activities, establishing specific activities;
2. identifying the communication skills of the person with disabilities, making communication and using feed-back for positive interrelationships;
3. establishing common objectives;
4. Analysing the results of the individual evaluation for the best service recommendation, including, for example, vocational training, assisted employment, sheltered employment or free labour market placement services;
5. Informing the person with disabilities about the best service recommendation; signing the social services contract;
6. Applying tools for the broader Vocational Assessment of the person with disabilities;
7. Identifying the appropriate social service.

The results of the initial individual assessment include:

* personalized recommendations: actions identified with the beneficiary according to the results of the assessment;
* recommendation of a service: a recommendation resulting from the initial vocational assessment of a specialized social service as appropriate: extensive assessment, training, assisted employment, sheltered employment or job placement services on the open market;
* the action plan: elaborated by the Vocational Assessment Specialist, establishing the necessary actions to be taken by the person with disability for the next steps of the job search process.

Sources of official guidance and assessment protocols

Details of the guidance provided to assessors, methodology used, questionnaires, assessment scales, pro-forma used in the process, etc, with links to sources where available.

The following set of tests is used for the vocational assessment:

* for the assessment of general skills (Raven Standard Progressive Matrices,[[10]](#footnote-10) Cognitive Psychological Tests[[11]](#footnote-11) (BTPAC), Weschler for Adult Intelligence[[12]](#footnote-12) (WAIS), etc.);
* for General Skills Testing (Generic Skills Test Battery, Multidimensional Skills (MAB), etc.);
* to evaluate Vocational Interests (InterOption, Occupational Interest Survey, Jackson (JVIS), etc.);
* for Personality Assessment (Nonverbal Questionnaire of Personality in Five Factors)[[13]](#footnote-13) etc.);
* for the level of education (Literacy, Arithmetic skills, etc.).

The following indicators and instruments are used:

* Health and body exploring: Control movements, lifting and transporting things, kneeling and knee flexion, stretching, finger dexterity / fine-motor control, manual dexterity, eye-to-hand coordination.
* Cognitive Aspects: Sort by numbers / words; distinguishing colours, planning and organization, complying with written, oral and demonstration instructions, self-assessment of quality, Good time control and anticipated action planning, Attention to details, making decisions, analysing and solving problems, assigning more tasks and distributing attention, finding information, learning skills.
* Social Skills and Communication: Accepting criticism, Face-to-face communication, communication by phone, written communication, managing deadlines and working in stressful situations, working with a partner, teamwork, managing complaints, resistance to repetitive work.
* Occupational / professional: Occupational awareness, taking notes, sending messages, copying, making calculations, compilation, planning other people's activities, teaching another person to perform a task, ability to work independently, handling tools.

The assessment includes also simulated work activities:

* carried out within the evaluation service (work samples for jobs involving: manipulation of objects, weights, measurement of different objects, packaging of different objects, assembling of different wooden and metal objects, handling of letters, housework, cleaning, etc.);
* carried out at the headquarter of different employers who provide a simulated work for people with disabilities.

Implementation and outcomes

Evidence of the practical implementation, including where possible the number of persons assessed, average waiting times and the assessment outcomes.

The duration of the extended vocational assessment process varies between one week and six months. There is no data available regarding the number of persons assessed, the average waiting times or the assessment outcomes.

Co-participation of the person with disabilities in the assessment process is vital as the outcome of the assessment is significantly influenced by the degree of co-participation and motivation of the person with disabilities.

Evaluation – fitness for purpose

Analysis of the strengths and weaknesses of the assessment method, including where possible evidence from official or independent evaluations, studies etc. For example, the balance of medical and non-medical input, cost-effectiveness, administrative burden, claimant experience, compatibility with the CRPD. Please indicate if there is a regular evaluation of the assessment method and, if so, who carries that out. Please include references to evaluations which have been carried out.

This type of assessment is not provided as a tool for benefits classification but as an occupational standard. There is no regular evaluation of the assessment method. People with disabilities get help in finding a job through this vocational assessment specialist. The occupational standard was approved in 2011.

Promising practice

If the case study includes examples of good practice, of interest to the EU and other countries, then identify and explain the most promising elements. Please indicate if disabled peoples’ organisations have been involved in developing or evaluating the assessment method.

This occupational standard was developed because of people with disabilities’ needs to help them get a job. People with disabilities need help in finding work in the free market place. Employers in the open labour market require a proper evaluation of their skills and abilities.

# Summary and conclusion

Taking an overview of national approaches to disability assessment and including any recommendations. Considering the range of examples identified in Part 1, and the analysis of selected cases in Part 2, please reflect on the extent to which these various assessment systems are integrated (or not). For instance, to what extent are similar application processes, similar assessment methodology, or similar administrative processes used to determine eligibility for different benefits? How could the system in your country become more integrated, cost-effective, or result in an easier applicant journey through the processes? Please also indicate any explicit references to the CRPD in the assessment procedure or whether the CRPD has been taken into account in determining the assessment procedure to be used.

The national system of disability assessment responds to the need to involve the concerned person in the process thus having a classification of disability (type and level of impairment) or invalidity according to both medical evidence and face-to-face evaluation. Thus, the classification of disability is based on a multi-disciplinary assessment of individual needs and abilities (as the CRPD mentions) in comparison with the classification of invalidity which is mainly based on a medical perspective.

There are similarities regarding the application processes and administrative tools between the two types of assessment (disability and invalidity). The assessment methodology is different as the one for disability includes the social, vocational, educational perspective (multi-disciplinary approach).

The assessment system in Romania needs to improve in terms of avoiding frauds and fake claims for long-term care benefits which are disability allowances and invalidity pensions. This is also a need for it to become more cost-effective. The process has been consolidated during the past years in terms of making it easier for concern persons (see the measures adopted to raise the validity of disability certificates thus the disabled people). The assessment process for invalidity pensions should become more restrictive in criteria and methods used to allocate the admissions. The system could become more integrated and cost-efficient by:

* simplification,
* avoiding bureaucracy,
* investing in social/adapted services (in all fields of life: education, culture, entertainment, etc.) for people with disabilities instead of only granting them money,
* using concrete, restrictive, objective criteria and instruments in classification of disability/invalidity.
1. As explained in Part 1 the word psycho – pedagogue/educator means applying methods of experimental psychology in pedagogy, i.e. a combination between psychology and pedagogy. [↑](#footnote-ref-1)
2. Established under Art. 88 of the *Law no. 448/2006 on the protection and promotion of the rights of persons with disabilities*. [↑](#footnote-ref-2)
3. The case manager coordinates the activities of social assistance, aiming at the development and implementation of a social assistance intervention for each disabled person guided by the individualized service plan. The case manager ensures the involvement and collaboration of a team of specialists active in multi-disciplinary areas and/or interinstitutional approach throughout the case management of each person. They work at the DGASPC, at local level. [↑](#footnote-ref-3)
4. The document of medical – psychological – social criteria is 87 pages long so cannot be reproduced here. [↑](#footnote-ref-4)
5. Source: <http://adevarul.ro/locale/ploiesti/cum-obtine-gradul-handicap-romania-mecanismul-complex-explicat-director-asistenta-sociala-1_59da139b5ab6550cb8eeef01/index.html>. [↑](#footnote-ref-5)
6. Source: <http://www.mediafax.ro/social/perioada-de-valabilitate-a-certificatului-de-handicap-majorata-pana-la-doi-ani-16021821>. [↑](#footnote-ref-6)
7. The National Agency for Payments and Social Inspection was set up in order to achieve a unitary management of the benefits of social assistance and social security assessment, monitoring and control. In the field of social assistance benefits, the Agency aims to establish, pay and manage the amounts granted under this title from the state budget, the amounts intended to support social services as well as the evaluation, monitoring and control of compliance with specific legislation. [↑](#footnote-ref-7)
8. Source: <http://www.mmuncii.ro/pub/imagemanager/images/file/Domenii/Inspectia%20Sociala/raport%20handicap%202010.pdf>. [↑](#footnote-ref-8)
9. Vocational assessment specialists require a specialist qualification respect to be allowed to do this job. They can have a background in any field, as long as they graduate from the professional training programme for vocational assessment specialist. [↑](#footnote-ref-9)
10. <https://en.wikipedia.org/wiki/Raven%27s_Progressive_Matrices>. [↑](#footnote-ref-10)
11. <https://www.ncbi.nlm.nih.gov/books/NBK305230/>. [↑](#footnote-ref-11)
12. <https://wechslertest.com/>. [↑](#footnote-ref-12)
13. <http://www.sigmaassessmentsystems.com/assessments/five-factor-nonverbal-personality-questionnaire/>. [↑](#footnote-ref-13)