

Slovenia adopts the long-awaited Long-Term Care Act

ESPN Flash Report 2022/09

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FEBRUARY 2022

After two decades of discussions and numerous drafts, Slovenia adopted the Long-Term Care Act in December 2021. The Act defines the rights and assessment mechanism for categories of care. It emphasises community care, introducing e-care and some other services. And, importantly, it introduces compulsory long-term care insurance.



Description

Today, 20% of people in Slovenia are older than 65 and – according to projections – this share will increase to 30.8% by 2050. The proportion of people over 80 years of age is predicted to increase from 5.4% in 2019 to 11.2% by 2050 (European Commission, 2021). Population ageing is resulting in increased need for long-term care (LTC).

Before the adoption of the LTC Act (hereafter “the Act”), the various LTC areas were regulated by three acts: the Healthcare and Health Insurance Act, the Pension and Disability Insurance Act, and the Social Assistance Act. This resulted in fragmentation of rights across different regulations, lack of a uniform assessment tool, complex administrative procedures, underdevelopment and insufficient accessibility of community care (services not available 24/7, demand exceeding supply, only certain services provided), and lack of centralised access to information. Consistent legislation was needed to resolve these issues.

After two decades of negotiations, preparations and numerous drafts, the Act was adopted in December 2021. It includes some new features, such as one-stop shops, new services for preserving users’ independence, newly defined care categories and a new assessment tool for evaluating the level of LTC needs. Under the new system, a person’s need for LTC will be evaluated on the basis of eight criteria: mobility in the home environment, cognitive and communication skills, behaviour and mental health, self-care, ability to cope with any disease and treatment, usual activities and social contacts, ability to act outside the home

environment, and household activities. Under the current system, the evaluation is essentially based on medical documentation; similarly, current LTC rights are essentially defined in terms of medical needs, and the “social component” is much less present. While the Act has come into force, certain articles, crucial to the legislation, will only apply at the beginning of 2023 or mid-2024.

The Act defines non-monetary and monetary rights regarding LTC. The non-monetary rights are to residential care, community care and a family carer (a family member with the same residence as the user, who leaves the labour market or unemployment to take care of the user). Each user is free to choose among these options.

There are one-stop shops located at the regional offices of the Health Insurance Institute of Slovenia (HIIS), where a potential LTC user can receive all the necessary information and can apply. The users are classified into five care categories depending on the level of care they need. The Appendix to the Act defines the value of services for which users in each category are eligible. The value ranges from €340 per month for users with the least care needs to €1,870 for those with the greatest care needs. By way of comparison, the 2021 average net monthly pension amounted to €817. An implementation plan of recommended services is prepared for each user. The Act distinguishes between five groups of services: three which already exist (related to help with [instrumental] activities of daily living and nursing care) and two new ones (e-care services and services to strengthen and sustain independence). The user may receive e-care services worth up to €31 per month, and services to strengthen and maintain independence

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worth between €348 and €696 per year. These amounts differ from the current ones, but it is difficult to say what this means for an individual user given that, as explained above, the rights and the assessment mechanism for defining care categories have also changed. The LTC coordinator, designated by the government and employed on a permanent basis, coordinates the provision of services. The HIIS acts as the payer of services to public and private providers and sets the prices of LTC services.

The Act introduces compulsory LTC insurance. Insured persons are all persons aged 18 and over who are included in the compulsory health insurance scheme in Slovenia. All other conditions for LTC insurance, such as contribution rates and a contribution base, will be set out in another act. Until its adoption (presumably in June 2025), 3.8% of funds collected by the HIIS and 2.2% of funds collected by the Pension and Disability Insurance Institute of Slovenia will be used to finance LTC. LTC is also financed through transfers from the state budget.

Outlook and commentary

The Act was highly anticipated as the preparations had been going on since 2002. Still, all stakeholders greeted its adoption with considerable scepticism. The Slovenian Federation of Pensioners Associations (ZDUS) assessed the Act as contextually and legally vague and consequently challenging to implement (Obljuba dela dolg Platform, 2021). The Silver Thread association (2021) found that the Act was utterly incomprehensible to users and did not address some significant

issues, leaving these to either other acts or by-laws. The HIIS warned that transferring funds from compulsory health insurance and pension and disability insurance to finance LTC is inappropriate (Gorenc, 2021).

The Act postpones rather than resolves the main problem that delayed its adoption for so long: how to ensure stable financing of LTC. There are no proper financial assessments and projections. The estimation of the funding needed to finance LTC services is based on the current situation. Neither the costs of services (as defined by the Act) per user nor the number of users resulting from the Act have been taken into account. In addition, the financing details of the LTC system after 2025 (i.e. the contribution rates and the contribution base for LTC insurance) remain unknown.

Slovenia implemented a pilot project, co-funded by the European Commission, to test some proposed solutions (such as one-stop shops, new services for preserving users' independence and a new assessment mechanism for entry into the LTC system) in three pilot environments (Nagode et al., 2020). The recommendations and conclusions of the pilot project have not been fully taken into account in the Act. There are a few controversial issues, such as the fact that there are two parallel needs assessment mechanisms to evaluate eligibility for LTC services (the general assessment mechanism and a transition matrix), which might lead to inequality in entry into the LTC system. Also, the quality assurance is mainly built on close supervision and monitoring by the HIIS and the Ministry of Health, and not on providers' quality systems.

Further reading

European Commission (2021), [The 2021 Ageing Report](#), European Commission, Brussels.

Gorenc, A. (2021), [ZZZS opozarja na prikrito uvajanje novega prispevka v zakonu o dolgotrajni oskrbi](#) [ZZZS draws attention to the covert introduction of a new article in the law on LTC], 24.ur.com, Ljubljana.

Long-Term Care Act [[Zakon o dolgotrajni oskrbi](#)], *Official Gazette of the Republic of Slovenia*, No. 110/2004:

Nagode, M. et al. (2020), *Evalvacija pilotnih projektov s področja dolgotrajne oskrbe, Zaključno poročilo* [Evaluation of pilot projects in long-term care, Final report], Social Protection Institute of the Republic of Slovenia, Ljubljana.

Obljuba dela dolg Platform (2021), [Sprejetje Zakona o dolgotrajni oskrbi](#) [Adoption of the LTC Act], Ljubljana.

Silver Thread (2021), [Zakon o dolgotrajni oskrbi je sprejet. In kaj zdaj?](#) [The LTC Act has been passed. So what now?], Ljubljana.

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Quoting this report: Rupel, V. (2022). *Slovenia adopts the long-awaited Long-Term Care Act*, ESPN Flash Report 2022/09, European Social Policy Network (ESPN), Brussels: European Commission.