

Questionnaire: Slovenia

1. **There needs to be a careful balance between collective and individual arrangements and responsibilities, which is not easy to achieve. Individuals can be involved in collective arrangements (through co-payments; or personal budgets) while local authorities can help people to cope independently with long-term care.**
 - 1.1 *Is collective funding of long-term care in your country a part of the fiscal taxation or a part of the obligatory care-insurance or both?*

Slovenia does not have special insurance for long-term care. Persons who require assistance and care to carry out their daily activities tasks receive services and benefits from a variety of systems and funds. Long – term services are financed from users, state budget and budgets of municipalities.

In the pension and disability insurance system, adults who have special needs are classified into three categories with regard to the scope of assistance they require. Under this system, they receive a care allowance (cash benefit), which is financed from pension and disability insurance.

In the social welfare system, which is not based on insurance, people have the right to institutional care (old people homes) organised by the state, to a family assistant or to home help, which is organised by municipalities, that fund it to a varying degrees. These forms of service are paid for by the user himself or with the help of his relatives. The state and municipalities co-finance these services if the user does not have sufficient means to pay for them.

Long - term health care services and technical medical appliances and aids (partly) are provided within the compulsory health insurance system (community health visits, treatment and care at home and in nursing homes). In this case, services are financed entirely from the funds of the Health Insurance Institute of Slovenia.

Users of LTC services may also, against payment, obtain a greater range of services than that determined as the national standard.

Children and minors with special needs who are part of regular or special forms of education have the right to long-term care provided by the Ministry of Education and funded by the central government budget and by the Health Insurance Institute of Slovenia.

Pursuant to a special regulation, a special cash benefit for long-term care may also be claimed by disabled persons who are not employable under normal or special conditions; this benefit is also open to the war and military disabled. All these benefits are provided from the central government budget.

Long-term care services and benefits for those entitled to receive them are clearly laid out in national regulations (the most important of these being the Pension and Disability

Insurance Act, the Social Security Act, the Healthcare and Health Insurance Act, and various regulations applying to the welfare of disabled persons).

- 1.2 *Is long-term care the same for everybody (packet / content; cost) or does a possibility exist that someone receives (after assessment) a “better” or “more luxurious” packet of long term care by paying a higher or additional premium?*

Standard long-term care services implemented within the social welfare system (residential institutional care, day care in day centres, home help) are determined by special rules, while healthcare is defined by special Criteria for Determining Healthcare in Old People's Homes issued by the Health Insurance Institute of Slovenia. Within the institutional care system, it is possible to pay a supplement for an additional range of services or a supplement for a higher standard of accommodation; the costs of these are met entirely by the user himself or herself.

- 1.3 *Referring to the system of objective assessment / indication of long-term care: is it common practice to take personal characteristics into account, like age, personal income and / or wealth, to belong to and behave (or not) as a part of a social network of family / friends / neighbours?*

The conditions and procedures for establishing entitlement to services and benefits related to LTC are laid down in primary and secondary legislation. Under this legislation, providers of various forms of long-term care services are obliged to draw up individual care plans, which must be coordinated with the users and their representatives.

Entitlement to a care allowance is determined by a commission at the Pension and Disability Insurance Institute, which establishes the person's actual state of health and his care requirements. This commission then places the person in a suitable category according to the assistance he requires; this is subject to a financial evaluation (care allowance).

Services within the social welfare system are provided under the principles of equal access and free choice of the form of the service for all entitled persons, under conditions laid down by the act. If a person is entitled to social welfare services (meets the necessary conditions), he or she is provided with them regardless of his or her pecuniary status. In principle, every person is obliged to pay for social welfare services (themselves or with the help of their relatives). However, a person may be exempt from payment under special criteria laid down by the government. A person's personal income and that of his or her family is taken into account when deciding on exemptions from payment for social welfare services.

Health services related to LTC are determined by a personal physician.

This determination is made exclusively on the basis of the person's state of health and their healthcare requirements.

Children and minors with special needs who are enrolled in the education system are entitled to receive all long-term care services free of charge.

2. Clear boundaries need to be drawn between long-term care and related schemes like subsidised housing or home-help, so that people are aware of what services they are entitled to and how this is decided.

2.1 *Are residential or living arrangements part of long-term care, (a) in the current legal / financial system and / or (b) in the practice of care delivery?*

Residential institutional care is implemented within the social welfare and education system for various categories of user (the over-65s, children and young people with special needs). Pursuant to the definitions in the act and the relevant secondary legislation, a constituent part of this service is, in addition to social care and healthcare, the provision of basic care, which includes residence, organised meals, technical assistance and transport services.

A uniform price (value of the service) is formed for the user; this price covers basic and social care. The (adult) user must pay this himself or with the help of his relatives, although he may apply for exemption from payment.

2.2 *Is medical treatment ("cure") part of long-term care, (a) in the current legal / financial system and / or (b) in the practice of care delivery?*

For persons included in the institutional care system, healthcare, rehabilitation and treatment are provided entirely within an institution, except in cases involving certain forms of health and specialist treatment. In cases of acute illness or the worsening of a chronic illness, treatment is provided in a hospital or outpatients' department, unless it is provided within an old people's home. As stated earlier, these services are funded entirely by the Health Insurance Institute.

In cases where long-term care services are provided to a person at home, healthcare and social care providers are separate. It cannot be said that they work in concert, and there are a certain number of deficiencies arising from this fact. Community services provide healthcare at home; these services are financed entirely by the Health Insurance Institute of Slovenia, via the compulsory health insurance system.

In both cases (institutional care and treatment at home), the legislation provides for entirely free-of-charge healthcare as part of compulsory health insurance, while social services are generally payable.

- 2.3 *Is there a separation between residential (intramural) care and ambulant (extramural) care concerning (a) the current legal / financial system and / or (b) the actual organisation of the care system?*

Both in the financial and organisational sense, there are significant differences between services performed in institutions and those performed at home or in a domestic environment.

The provision of long-term care in so called Institutional care (old people homes and nursing homes) is more complex and has a wider scope. Without doubt, the reason for this lies in the team-based approach and the accessibility of users as well as providers of long-term care. Care carried out in those facilities is also cheaper.

The new Long-Term Care Insurance Act, which will systematically regulate the entire field, will also help to remove deficiencies between institutional care and care in domestic environment and ensure equal treatment.

- 2.4 *Do you observe (or expect) that clear boundaries between long-term care and related schemes will improve or complicate an integrated and client-oriented approach (traject management, case management, chain management)?*

We are anticipating that an appropriate new act mentioned above and secondary legislation will set clear boundaries and introduce an integrated approach.

The basic purpose of the new legal regulations applying to long-term care is introduction of new compulsory insurance for LTC (based on solidarity) and the comprehensive regulation of the field in such a way as to integrate healthcare and social services, enable equal access to services across the entire country, ensure permanent and stable financial sources, promote care in the home environment, and introduce suitable regulation of the areas of prevention, rehabilitation and the use of communications and technical appliances and aids.

- 3. Qualified personnel are as important as funding being available, while balancing supply and demand needs to take account of demographic and labour market factors.**

- 3.1 *Is the availability of sufficient personnel a worrisome item for long-term care, (a) now and (b) in the coming decennia?*

Ensuring sufficient personnel for long-term care is a current problem primarily in larger urban areas; this problem will intensify with the number of users of long-term care services increasing significantly after 2010.

- 3.2 *Do you expect that long term care, as a branch, will be able to compete with other branches in terms of a tight labour market? Do you expect that branches within the public sector (like education) will challenge long-term care in this respect in the future or do you expect more competition from the side of trade and industry branches?*

The provision of a sufficient number of employees (providers) in the area of long-term care depends on a number of circumstances. Given the fact that the need for providers will grow significantly as a result of the aging of the population, it will likely be necessary to place greater emphasis on informal forms of assistance and non-professional providers, and the use of modern information technologies and preventive work that will be capable of reducing the need for professional staff.

- 3.3 *Are there programmes or initiatives to make schooling and training of future personnel in long-term care enough attractive and large-scale so that sufficient supply of personnel can be guaranteed in the future?*

The education of long-term care providers currently takes place within the regular school system; this applies to young people as well as adults. A qualifications certificate may also be obtained within the national vocational qualifications system. A large number of private providers offer education and training programmes for work with specific groups of long-term care users (Alzheimer disease and related conditions).

Slovenia does not currently have a comprehensive strategy for securing a suitable number of long-term care providers in the long term.