

# LTC in Slovenia



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*Análisis comparado de los sistemas de protección a la dependencia en Europa.  
La reforma de la Lapad en España*

*UIMP/IMSERSO*

Santander, 2<sup>nd</sup> of September 2025



**FDV**

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# Presentation outline

1. Country and demographic context
2. Key characteristics of LTC System (pre-reform)(organisation, financing, services)
3. Issues and unmet needs
4. Path towards the reform
5. The 2021/2023 LTC Act (ZDOsk-1)
6. Challenges & implications for families and the state

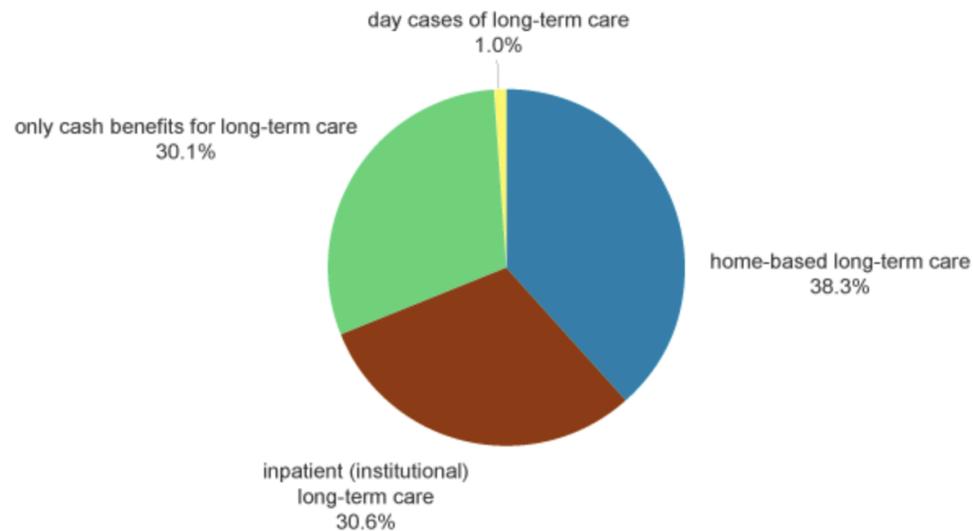
# Country and demographic context

- Population: 2.1 million (super-aged society)
- 2025: 22% aged 65+, 5.9% aged 80+
- 2050: 30% aged 65+, 11% aged 80+
- Old-age dependency ratio: 34.9% → nearly double by 2060
- Life expectancy: 79.5 (men), 84.7 (women) in 2024  
→ By 2070: 86 (men), 90+ (women)
- Shrinking workforce & low fertility
- 76% of women in full-time work
- Pension reform: raising retirement age (62–67)

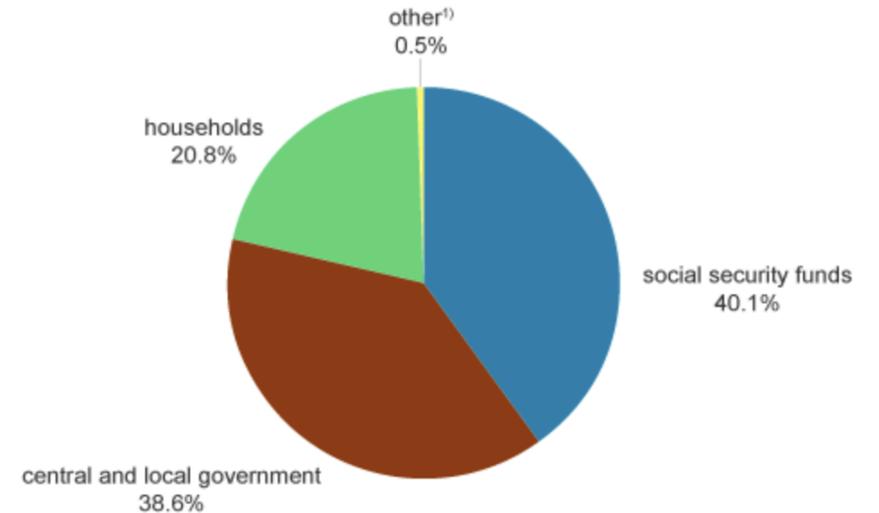
# Key characteristics of LTC System (pre-reform)

- LTC expenditure: 1.5% GDP
- Predominantly financed by public sources

Long-term care recipients by mode of provision, Slovenia, 2022

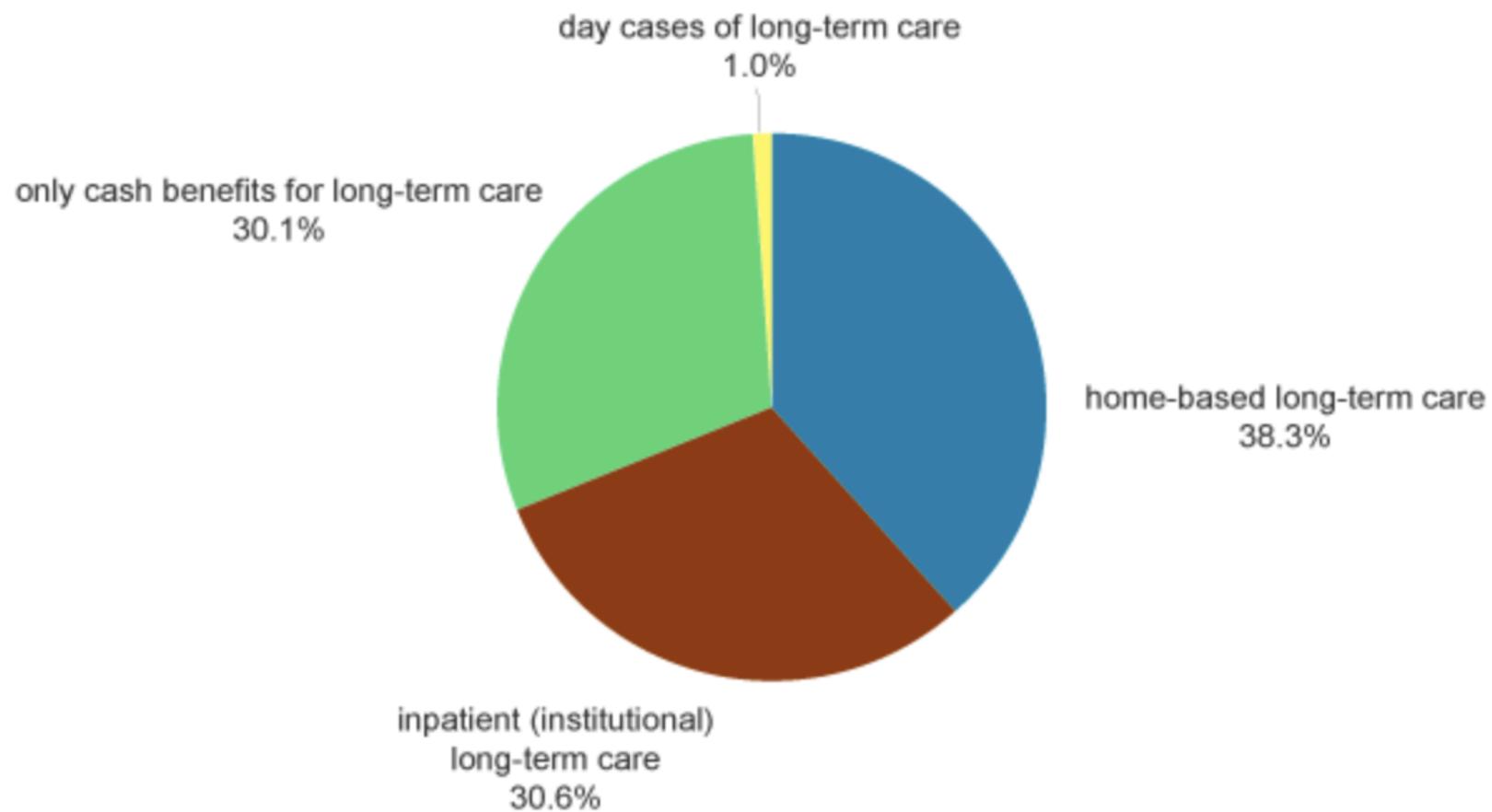


Total long-term care expenditure by sources of funding, Slovenia, 2022



1) Health insurance companies, non-profit institutions serving households and corporations.

### Long-term care recipients by mode of provision, Slovenia, 2022

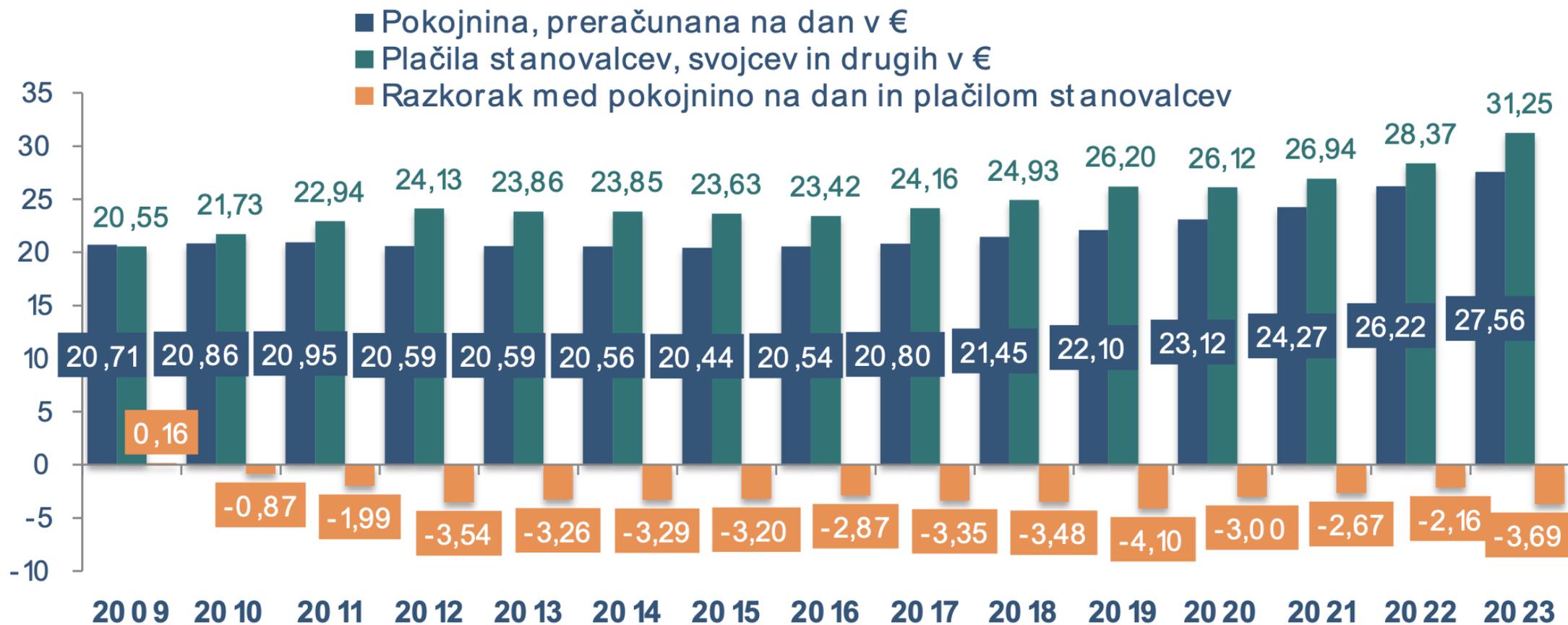


# Fragmentation of the system

Acts regulating the rights	Pension and Disability Insurance Act (ZPIZ)	Health Care and Health Insurance Act (ZZVZZ)	Social Assistance Act (ZSV)	Personal Assistance Act (OA)	Parental Protection and Family Benefit Act (ZSDP-1)	Placement of Children with Special Needs Act
<b>Financed from:</b>	Statutory social security contribution	Compulsory health insurance contributions (ZZS)	Municipal budget (in the case of home care: user co-payments)	State budget & sometimes also co-payment from users	Statutory social security contribution	State budget; municipalities
<b>Benefits</b>	Assistance & attendance allowance (cash allowance)	Home/community nursing; nursing/medical services in residential care	Home care; social care in nursing homes, family assistant	Personal assistance (paid caregiver to support daily activities);	childcare/special care allowances for children with disabilities; provisions for children with severe disabilities	children with LTC needs (among others)
<b>Eligibility</b>	recipients of old-age, early retirement, disability, widow's, or family pensions who have permanent residence in the Republic of Slovenia and <b>require continuous assistance and care from</b> another person for basic daily needs. The amount of the allowance for assistance and care depends on the assessments of medical experts, who are required to examine the applicant.	Persons insured under compulsory health insurance	Home care: People over 65 who, due to old age or age-related conditions, are not able to live completely independently; People with disabilities (under specific conditions) Chronically ill persons and persons with long-term health impairments who are according to the assessment of the competent Centre for Social Work, unable to live independently without occasional help from another person; Seriously ill children or children with severe physical developmental disorders, or severe and profound mental developmental disorders, who are not included in organized forms of care.	Due to a disability, require help with activities related to independent personal and family life, integration into the community, education, and employment; permanent residence in Republic of Slovenia Are between 18 and 65 years old; Live, or wish to live, in an independent or shared household outside of full-time institutional care; and Require assistance for at least 30 hours per week	Parents/caregivers of children with LTC needs;	children with LTC needs

# Issues and unmet needs leading to the reform

<b>Institutional Care (Nursing Homes)</b>	<ul style="list-style-type: none"> <li>- <b>OOP (out-of-pocket) co-payment for all services</b> – residents/families pay for accommodation, meals, additional services; costs often exceed average pension.</li> <li>- <b>Outdated staffing standards and norms</b> – regulations are based on older user profiles, not reflecting today's higher needs (e.g., dementia, intensive care), resulting in staff shortages and overwork.</li> </ul>
<b>Home Care Services</b>	<ul style="list-style-type: none"> <li>- <b>Limited access and capped services</b> – eligibility requires dependency in <math>\geq 2</math> ADLs, capped at 20 hours/week, often only 5–10 hours received; waiting lines due to staff shortage.</li> <li>- <b>Financing burden</b> – municipalities cover <math>\geq 50\%</math> of costs; families pay the rest.</li> <li>- <b>Regional disparities</b> – hourly charges €2–€12, inequities in access; only 1.7% of older adults receive care (target 3%).</li> <li>- <b>Barriers in rural areas</b> – older adults in rural areas face greater access/affordability issues.</li> <li>- <b>Financial inaccessibility</b> – affects high-need, low-income, rural older adults.</li> <li>- <b>Inequalities in availability, adequacy and affordability</b> – social home care workers limited in tasks; quality often questionable.</li> </ul>
<b>Cross-cutting issues</b>	<p><b>Workforce shortages</b> – 88.1% women; low pay, high burnout, undervaluation.</p> <p><b>Fragmented legal and institutional framework</b> – multiple ministries responsible; inefficiencies.</p> <p><b>Unsustainable financing - high out-of-pocket payments</b> and municipal inequalities exacerbate the issues with affordability of LTC services; familialisation and marketization of care</p>



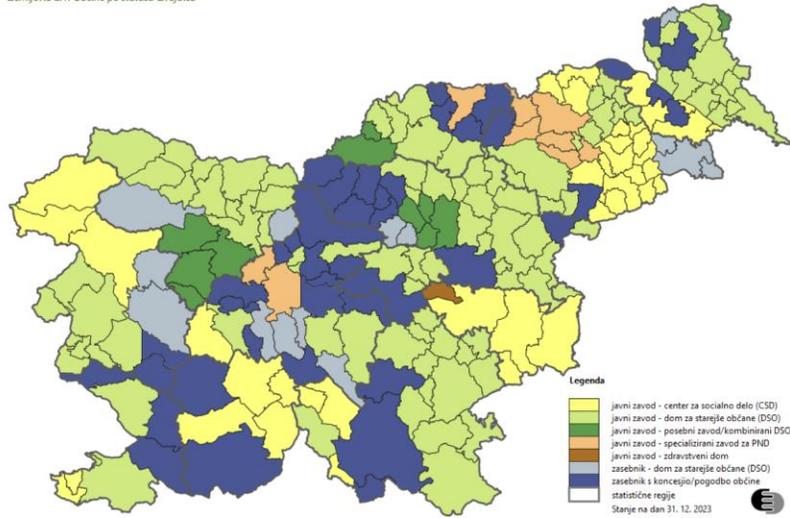
Source: [Association of Social Institutions of Slovenia](#) (2024)

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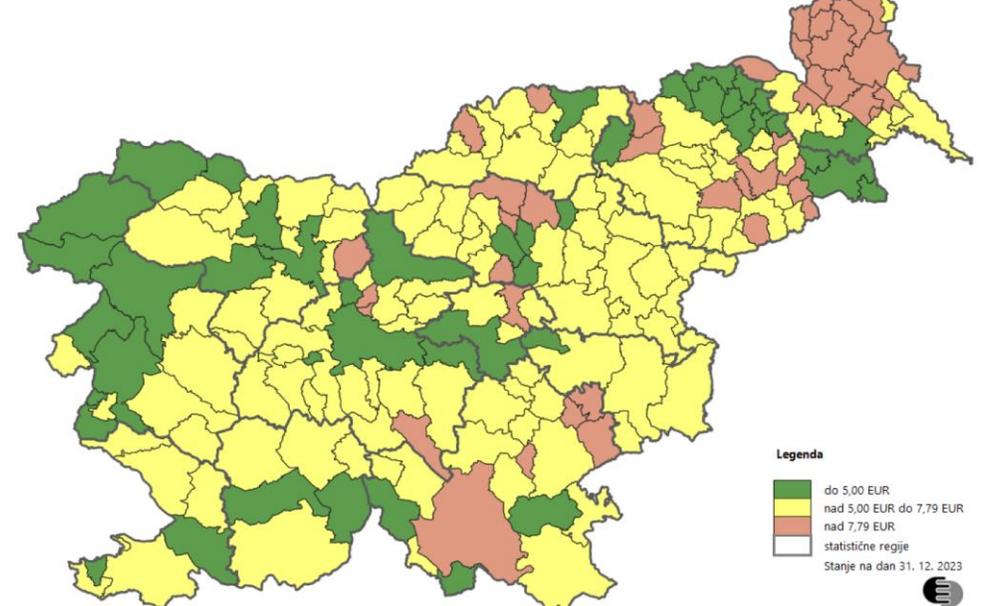
# HOME CARE: REGIONAL INEQUALITIES

Zemljevid 2.1: Občine po statusu izvajalca

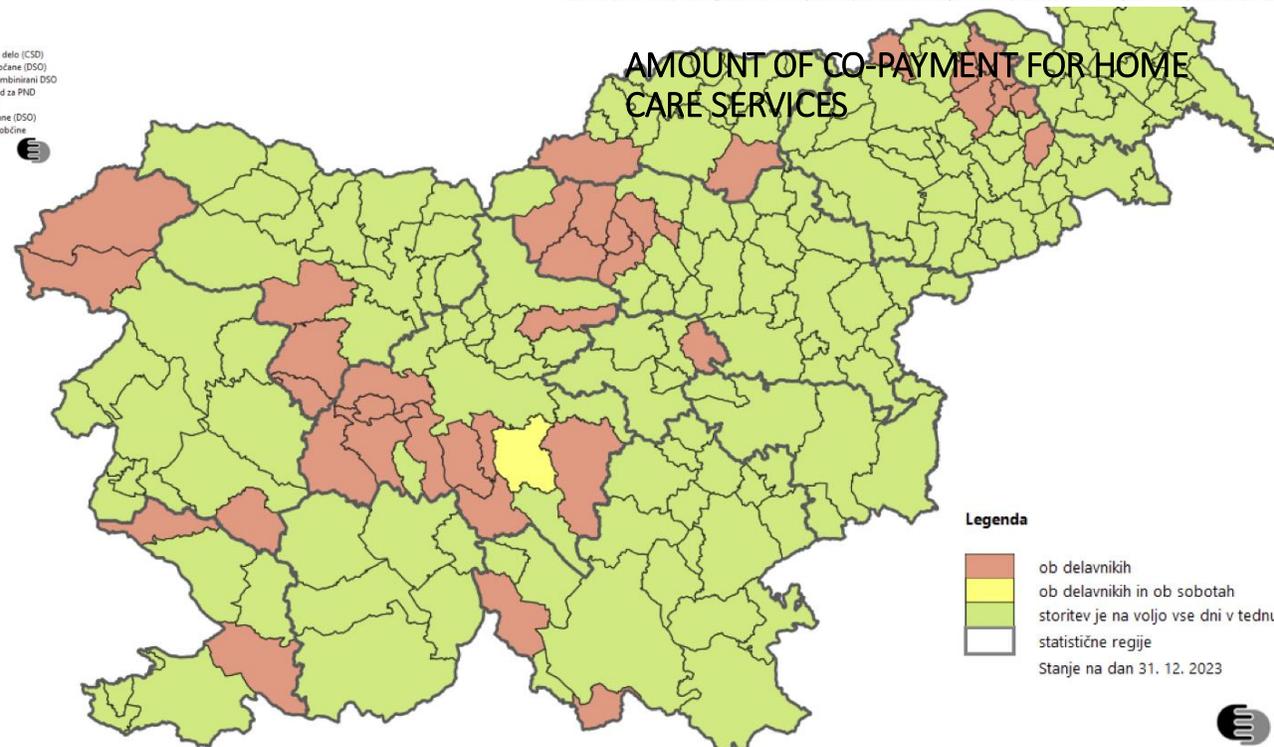


## PROVIDERS

1: Časovna dostopnost storitve PND



## AMOUNT OF CO-PAYMENT FOR HOME CARE SERVICES



## TEMPORAL AVAILABILITY OF SERVICES

# Path to the reform

**From 2006-2017 – 6 propositions of LTC Act from different actors:**

- **Act on Long-Term Care and Long-Term Care Insurance** (proposals by the Ministry of Labour, Family and Social Affairs, 2006; 2010; Association of Pensioners' Societies of Slovenia, 2011)
- **Act on Long-Term Care and Personal Assistance** (proposal by the Community of Social Institutions of Slovenia, 2011)
- **Act on Long-Term Care, Personal Assistance, and Long-Term Care Insurance** (proposal by the Ministry of Labour, Family, Social Affairs and Equal Opportunities, 2015)
- **Act on Long-Term Care** (proposals by the Ministry of Health, 2017)

# Path to the reform

## 2 PILOT PROJECTS (supervision of the Ministry of Health):

- **Pilot 1: 2018–2020** — **Implementation of pilot projects that will support the transition to the implementation of the systemic long-term care law** (to test integrated LTC delivery models; 3 municipalities: urban (Celje), semi-rural (Dravograd), and rural (Krško))
- **Pilot 2: 2020–2022** — **Restructuring existing networks and the entry of new providers to offer community services and programs for the elderly** (focused on refining and expanding the tested models)
- Monograph: "[Long-Term Care: A Challenge and an Opportunity for a Better Tomorrow](#)"

# Adoption of the LTC Act (ZDOsk)

- 2021 (right wing government)
- post-COVID Recovery and Resilience Plan
- 2022: change of government
- Postponed the implementation
- Adopted LTC Act (ZDOsk-1) 2023
- Gradual roll out of rights

## Start Date

1. January 2024

1. July 2025

1. December 2025

LTC Act (ZDOsk-1; 2023)

# FINANCING

- **COMPULSORY LONG TERM CARE INSURANCE**
- **STATE BUDGET (up to 190 million €/year)**

*\*From 2028 onwards **POTENTIAL CONTRIBUTIONS FROM USERS** - the Act also states that if resources gathered from LTC insurance and states budget will prove insufficient, there is a mechanism from 2028 onwards that would allow **co-payments of 10–20% by users.***

# LTC insurance

- Collected from 1. July 2025 → by the **Health Insurance Institute of Slovenia (ZZZS)** into a special **long-term care fund**, which covers *benefits, operation of the long-term care system, care costs of service providers*

**Contributions rate:**

**Employees: 1% of gross salary**

**Employers: 1% of employee's gross salary**

**Pensioners: 1% of net pension**

**Self-Employed & Farmers: 2% of salary**

# ELIGIBILITY

- A person insured for long-term care (**older than 18 years of age**) can exercise the right to long-term care if, they are dependent for a longer period (**at least 3 months**) or permanently depend on the assistance of others in performing ADL and IADL.
- Eligibility criteria:
  - **insured for long-term care for 24 months within the last 36 months prior to claiming long-term care rights.**
  - permanent or temporary **residence** in the Republic of Slovenia.
  - **categorized into one of the five categories of needs under the new LTC eligibility Assessment scale**
  - **is not receiving comparable benefits**, such as an assistance and attendance allowance, institutional care under the Social Assistance Act, or personal assistance (unless otherwise stipulated by the Personal Assistance Act).

# Eligibility assessment process

- **Application:** An individual with LTC needs applies for services at a *single entry point*, 16 regional Centres for Social Work.
- **Home Visit:** A social worker from the single entry point visits the applicant.
- **Assessment:** Based on the visit, the social worker assesses the individual's needs using the official **Eligibility Assessment Scale**.
- **Categorization:** Based on the assessment, the individual is placed into **one of five categories of LTC needs**.
- **Decision:** To be placed in the first category, a person must score at least 12.5 points. The category of long-term care into which the insured person is placed is stated in the decision issued by the Centre for Social Work (CSD). The decision also includes the assessment and a plan of recommended services.

# STANDARDISED ELIGIBILITY ASSESSMENT

Eligibility assessment scale (is based on the German model) contains eight categories used to assess the level of LTC needs; contribute different % to the score:

1. Mobility within the applicant's living environment
2. Cognitive and communication abilities,
3. Behavior and mental health,
4. **Ability to perform self-care in the home environment (up to 40%)**
5. Ability to manage illness and treatment,
6. Daily routines and social interactions,
7. Ability to engage in activities outside the home,
8. Ability to perform household tasks.

# BENEFITS

- MONETARY RIGHT (cash for care)
- NON-MONETARY RIGHT (in-kind services)
  - LTC in institution
  - day care
  - LTC at home (combines help with ADL, IADL, nursing care)
  - caregiver family member

## ADDITIONAL RIGHTS

- e-care
- services for strengthening and maintaining independence

# In-kind services

Category	Points	Category Description	LTC at Home	Full-time day LTC in an institution	Day care at the LTC providers	The right to caregiver family member
1st Category	from 12,50 to 26,99	Mild limitation of independence or self-care ability	20 hrs	20 hrs	7 hrs	
2nd Category	from 27,00 to 47,49	Moderate limitation of independence or self-care ability	40 hrs	40 hrs	14 hrs	
3rd Category	from 47,50 to 69,99	Severe limitation of independence or self-care ability	60 hrs	60 hrs	21 hrs	
4th Category	from 70,00 to 89,99	Very severe limitation of independence or self-care ability	80 hrs	80 hrs	27 hrs	CFM
5th Category	from 90,00 to 100,00	Most severe limitation of independence or self-care ability	110 hrs	110 hrs	37 hrs	CFM

\*hours per month

# LTC at home

- In effect since 1st of July 2025
- Integrated services - ADL, IADL, nursing
- Municipalities are responsible for signing a contract with at least one LTC provider and to monitor the delivery of the LTC at home
- It can be combined with **daily institutional care** (day care services 7-34 hours per month) as well as **services that support maintaining and improving independence**, according to their assessed eligibility category, as well as access to **e-care services**.

# LTC in the institution

- In effect from 1st of December 2025
- LTC insurance covers the health and social care components of nursing home costs, while residents need to pay for accommodation and meals (OPP)
- The amendment to the Long-Term Care Act, adopted in June 2025, also stipulates that from 1 December 2025, **no nursing home OPP will exceed the guaranteed pension.**

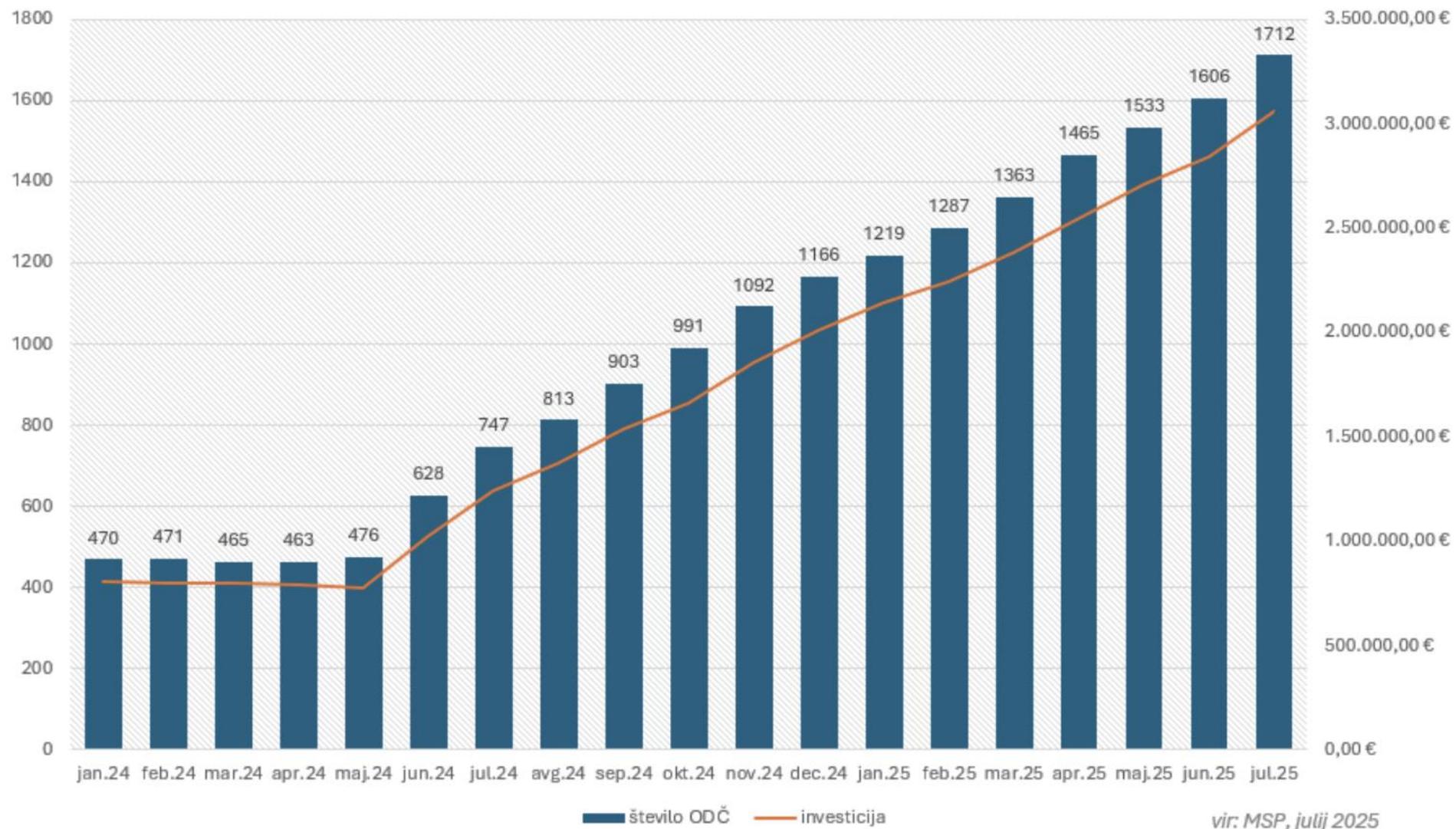
# The right to caregiver family member

- Individuals with LTC needs that are categorized into 4th or 5th category has the right to caregiver family member

A caregiver family member may be an adult who meets the following characteristics or conditions:

- is **psychophysically capable** of performing the tasks of a family member caregiver,
  - is a family member of the beneficiary and ***has a registered permanent or temporary residence at the same address*** as the beneficiary and actually lives there,
  - from the criminal record it follows that they have **not been convicted** of a criminal offense against life and body, a criminal offense against sexual integrity, or a criminal offense against property,
  - has **completed basic training for performing long-term care** or completes it no later than one year after the personal plan has been agreed
- 
- Must leave the labour market (or partially leave the labour market if care recipient has 2 CFM)
  - Since July 1st pensioners can also become CFM

Rast števila ODČ in investicije v pravico



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# Monetary right: Cash-for-care benefit (available from 1st December 2025)

\*no regulation on its use

\*risk: familisation of care; marketization

\*if in-kind services are not available – possibility to take cash benefit (negotiations)

Category	Monthly Cash Benefit (€)
1st Category	89 €
2nd Category	179 €
3rd Category	268 €
4th Category	357 €
5th Category	491 €

# Additional rights

Category	Category Description	Services to Strengthen and Maintain Independence	E-Care
1st Category	Mild limitation of independence or self-care ability	12 hrs	<p>€31 per month until 31 December 2027 (or €0.80 per day per eligible user starting from 1 January 2028) &amp; one-time cost of €50 for the installation of equipment and the establishment of a connection for the provision of e-care services at their place of residence.</p> <p>For persons aged 80 years or more, the e-care service is an independent right.</p>
2nd Category	Moderate limitation of independence or self-care ability	24 hrs	
3rd Category	Severe limitation of independence or self-care ability	48 hrs	
4th Category	Very severe limitation of independence or self-care ability	30 hrs	
5th Category	Most severe limitation of independence or self-care ability	24 hrs	

\*the amount of hours for Services to strengthen and maintain independence is per year

# Gradual implementation of Rights (ZDOsk-1)

Start Date	Right / Service	Notes on Applications
1. January 2024	Right to family-member carer	December 2023
1. July 2025	Right to long-term home care, e-care, and services for maintaining and improving independence	Applications can be submitted from 1 June 2025
1. December 2025	Right to long-term institutional care and cash allowance (including the option of substitute care under the family-member carer right)	Applications can be submitted from 1 November 2025

# Challenges

## Workforce challenges:

- 88.1% of LTC workers are women
- Low pay and high burnout prevalent
- Workforce shortages and undervaluation hinder service expansion
- Major barrier to effective defamilialisation

Local inequalities in implementation

Financing

# Conclusion

- Rethinking of values

Success depends on:

- Capabilities to implement **progressive mechanisms**
- Expanding & supporting the workforce

Support for both:

- **Care recipients**
- **Care providers (formal & informal carers)**

THANK YOU FOR YOUR ATTENTION

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