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Gateway Policy Explorer: Long-Term Care Series

Slovenia

Long-Term Care Cash Benefit Plan Details 1992-2024

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Version: 1.0 (August 2024)

This project is funded by the National Institutes of Health, National Institute of Aging, RO1 AG030153.

Please cite as “Gateway to Global Aging Data (2024). *Gateway Policy Explorer: Slovenia, Long-Term Care Cash Benefit Plan Details, 1992-2024*, Version: 1.0 (August 2024), University of Southern California, Los Angeles. <https://doi.org/10.25553/gpe.ltc.cb.svn>”

Preface

This document is intended for researchers who want to understand the evolution of policy or the policy in place at a particular point in time. This document is not intended for financial advice or to aid in decision-making. The authors have made significant effort to identify and collect historical information pertaining to these policies, to accurately represent these policies, and to communicate how policies may interact to determine legal requirements, eligibility for benefits, and/or benefits levels. The policies presented in this document focus on rules applicable to most individuals aged 50 and older from 1992. Many systems include special policies or alternative eligibility rules for specific groups. We encourage all users to complete their own review of literature in this area depending on the research questions they have in mind.

If you have feedback or questions or identify an error, please contact policy@g2aging.org.

Background — Gateway Policy Explorer: Long-Term Care Series

The *Gateway Policy Explorer* (<http://g2aging.org/policy-explorer>) is part of the Gateway to Global Aging Data (<http://g2aging.org>) project. The *Long-Term Care Series* captures historical policy that affects the birth cohorts of respondents in the surveys covered by the Gateway. It was motivated by the rapid evolution of policies affecting older people across the world. As the Health and Retirement Study (HRS) began in 1992 and many of the international network of studies (HRS-INS) cover more than a decade, understanding the policies in place at the time of the survey has become more demanding for researchers.

Why are we tracking past policy? Individuals make choices based on current policies and the outcomes we see today may reflect responses to past policies. When interpreting the survey responses of individuals, an understanding of the policy environment under which those individuals operate is critical. The collection of contextual information in the *Gateway Policy Explorer* aims to support researchers who want to understand or use policy changes in their research and provide context for longitudinal or cross-country differences. Over the period 2023–2026 the *Gateway Policy Explorer* will be expanded to include information on retirement, long-term care, education, and other policies affecting the life cycle.

The key dimensions to the *Gateway Policy Explorer: Long-Term Care Series* are country and time. In the United States, policy is reported at the state level. We prioritize data collection for each country or state based on its first interview wave and are continuing to expand our data collection back in time to 1992, the earliest survey date in the HRS-INS.

A separate document, like this one, is developed for each country or state and each broad category of policies covered in the *Gateway Policy Explorer: Long-Term Care Series*.

Slovenia

Cash Benefits
Plan details 1992-2024 * †

Cash benefits are one of the long-term care (LTC) services provided to older individuals with care needs in Slovenia. Before 2023, Slovenia provided LTC cash benefits through the Pension and Disability Insurance System (ZPIZ). The main LTC cash benefit during this period was the Allowance for Assistance and Services (Dodatek Za Pomoč In Postrežbo). Individuals were eligible for cash benefits through ZPIZ as long as they were a resident of Slovenia, paid their contribution, and were receiving pension benefits.

Key Dates

First law: 1992

Major changes since 1992: 2023

In 2023, the Long-Term Care Insurance (LTCI) system was created. Organized at the national level by the Ministry of Health and the Health Insurance Institute of Slovenia, LTCI is a compulsory system that provides a wide range of LTC benefits to older adults with care needs. Individuals are eligible for cash benefits through LTCI as long as they are a resident of Slovenia, they have been insured for LTC for 24 months in the last 36 months before applying for services, and they pay the LTCI premium. Beneficiaries receive a monthly allowance, which varies depending on their dependence category. The benefit is not means-tested.

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* If you have questions or suggestions, please contact policy@g2aging.org.

† Detailed information and definitions are provided in tables, formulas and a glossary at the end of this document. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: "Alt" + "←"; In Adobe Acrobat on a MAC: "command" + "←"; In Preview on a MAC: "command" + "[".

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Chapter 1: Policy enacted 1992-2022

Overview

During this period, Slovenia provided long-term care (LTC) cash benefits through the Pension and Disability Insurance System.

The Pension and Disability Insurance Act (Zakon o pokojninskem in invalidskem zavarovanju - ZPIZ) is the key Slovenian legislative framework that provides support to pensioners and individuals with disabilities. Organized by the Institute for Pension and Disability Insurance of Slovenia (Zavod za pokojninsko in invalidsko zavarovanje Slovenije), ZPIZ provides a wide range of benefits including LTC cash benefits. During this period, ZPIZ provided a LTC cash benefit known as the Allowance for Assistance and Services (Dodatek Za Pomoč In Postrežbo). In 1999, ZPIZ-1 replaced the old ZPIZ of 1992, increasing the retirement age, among other changes. From 2010 to 2012, the Allowance for Assistance and Services had two rates (lower and higher). In 2013, ZPIZ-2 replaced ZPIZ-1, introducing a third rate to the Allowance for Assistance and Services (Dodatek Za Pomoč In Postrežbo) for individuals requiring continuous nursing care provision. Individuals were eligible for cash benefits through ZPIZ as long as they were a resident of Slovenia, paid their contribution, and were receiving pension benefits. The cash benefit is not means-tested.

This policy period (chapter) provides details on cash benefits covered by the Pension and Disability Insurance Act from 1992 to 2022.

Statutory basis

Pension and Disability Insurance Act (Zakon o pokojninskem in invalidskem zavarovanju - ZPIZ) ([Government of Slovenia, 1992](#))

Pension and Disability Insurance Act (Zakon o pokojninskem in invalidskem zavarovanju - ZPIZ-1) ([Government of Slovenia, 1999](#))

Pension and Disability Insurance Act (Zakon o pokojninskem in invalidskem zavarovanju - ZPIZ-2) ([Government of Slovenia, 2012](#))

Financing

Source of financing

During this period, Slovenia did not have a LTC system, resulting in the delivery of LTC services, including cash benefits, through the Pension and Disability Insurance System. Pension and Disability Insurance is financed by contributions made by employees, employers, and government budget allocations ([Government of Slovenia, 1999](#), §9 and [Government of Slovenia, 2012](#), §8). From 1992 to 1995, both the employer and employee contributed 15.5% of gross salary ([Novak, 2010](#)). In 1996, the employer contributed 12.85% of gross salary and the employee contributed 15.5% of gross salary ([Government of Slovenia, 1996](#), §8). From 1997 to 2022, the employer contributed 8.85% of gross salary and the employee contributed 15.5% of gross salary ([Slovenska Poslovna Točka, n.d.](#)).

Coverage

This section discusses the scope of risks covered and the requirements to be eligible for benefits when the need for care arises. Dependence requirements are discussed in the later section on *Benefit Eligibility*.

Risk covered definition

Pension and Disability Insurance covers a wide range of care needs, including those stemming from old age, disability, physical impairment, and the need for permanent assistance ([Government of Slovenia, 1992](#), §2, [Government of Slovenia, 1999](#), §3, [Government of Slovenia, 2012](#), §4).

Eligible population

An individual is covered under Pension and Disability Insurance if all of the following conditions are satisfied:

- Residence requirement: Is a permanent resident of the Republic of Slovenia ([Government of Slovenia, 1992](#), Section 1, [Government of Slovenia, 1999](#), §137, [Government of Slovenia, 2012](#), §99)
- Contribution requirement: Pays the Pension and Disability Insurance contribution ([Government of Slovenia, 1992](#), §5, [Government of Slovenia, 1999](#), §9, [Government of Slovenia, 2012](#), §8)
 - 15.5% of gross salary from 1992 to 2022 ([Slovenska Poslovna Točka, n.d.](#))
- Other requirements: Beneficiary of a pension system (old-age, disability, widow's or family) ([Government of Slovenia, 1992](#), §146, [Government of Slovenia, 1999](#), §137, [Government of Slovenia, 2012](#), §99)

Benefit

Cash Benefit

Allowance for Assistance and Services (Dodatek Za Pomoč In Postrežbo) is a monthly allowance paid to eligible beneficiaries.

From 1992 to 2012, there were two rates: a lower rate and a higher rate. The higher rate was at least 70% of the [minimum pension](#) for the full pension period. The lower rate was half the amount of the higher rate. Some individuals were eligible for allowances that are higher than the higher rate (referred to as most severely affected) ([Government of Slovenia, 1992, §150](#), [Government of Slovenia, 1999, §141](#)). The minimum pension is 35% of the [minimum pension base](#) ([Government of Slovenia, 1992, §53](#), [Government of Slovenia, 1999, §48, §150a, §150b](#)).

From 2013 to 2022, there were three rates: a lower rate, a higher rate, and a rate for individuals who need continuous provision of nursing care. The higher rate was 53% of the [minimum pension base](#) and the lower rate was half the amount of the higher rate. The rate for individuals who need continuous provision of nursing care is 76% of the minimum pension base ([Government of Slovenia, 2012, §103](#), [Government of Slovenia, 2012, §36](#)). [Table 1](#) provides Allowance for Assistance and Services amounts from 2004 to 2024.

Discretionary Use

The Pension and Disability Insurance Act does not specify how the cash benefit should be used nor does it mandate its use for purchasing care, suggesting that discretionary use is allowed.^[2]

Provision of care

The [Institute for Pension and Disability Insurance of Slovenia](#) deposits the allowance into the beneficiary's bank account ([Government of Slovenia, 2012, §120a](#)).

Benefit Eligibility

Qualifying period

None

Minimum level of dependence

To be eligible for the lower rate, individuals must demonstrate a need for constant assistance and supervision to fulfill most basic life needs or they must be visually impaired ([Government of Slovenia, 1992, §148-§150](#), [Government of Slovenia, 1999, §140](#), [Government of Slovenia, 2012, §103](#)).

Duration of benefit

Beneficiaries continue to receive benefits as long as they satisfy the coverage criteria (see Coverage section) and the minimum level of dependence (see Benefit Eligibility section).

Means testing

None

Age requirement

None

Care Needs Assessment

Definition of dependence

Dependence in the lower rate is defined as needing constant assistance and supervision to fulfill most basic life needs or being visually impaired. Dependence in the higher rate is defined as needing constant assistance and supervision to fulfill all basic life needs or being blind and immobile (ability to move is reduced by 70%). Difficulty in meeting basic life needs is defined as the inability to attend to one's care needs due to permanent health changes or conditions, despite personal efforts and assistance from orthopedic aids. Tasks such as moving inside and outside of the home, eating, dressing, personal hygiene, and other essential life activities become challenging or impossible to perform ([Government of Slovenia, 1992, §148](#), [Government of Slovenia, 1999, §139-§141](#) and [Government of Slovenia, 2012, §100-§103](#)). Before 2013, some individuals were eligible for allowances that are higher than the higher rate (referred to as most severely affected) ([Government of Slovenia, 1992, §150](#), [Government of Slovenia, 1999, §141](#)). Details have not yet been identified regarding the conditions to be considered as most severely affected. The continuous

nursing care rate was introduced in 2013. Continuous nursing care is defined as needing 24-hour supervision and mandatory professional assistance.

Evaluation of dependence

Details of the evaluation of dependence have not been identified yet.

Evaluators

The evaluation of dependence is conducted by a disability commission or experts from the [Institute for Pension and Disability Insurance of Slovenia](#) ([Government of Slovenia, 1992, §140](#), [Government of Slovenia, 1999, §140](#), [Government of Slovenia, 2012, §102](#)).

Benefit limitations

Can you mix LTC benefits?

Cash and in-kind benefits can be combined. However, the beneficiary cannot receive Allowance for Assistance and Services (Dodatek Za Pomoč In Postrežbo) while they are being receiving care in an inpatient institution such as a nursing home for more than 6 months ([Government of Slovenia, 1992, §179](#), [Government of Slovenia, 1999, §169](#), [Government of Slovenia, 2012, §128](#)).

Is there free choice between cash and benefits in-kind?

There is no choice between in-kind services and cash benefits.

Can you receive LTC benefits with other social security benefits?

The beneficiary cannot receive Allowance for Assistance and Services (Dodatek Za Pomoč In Postrežbo) while they are being receiving care in a hospital for more than 6 months ([Government of Slovenia, 1992, §179](#), [Government of Slovenia, 1999, §169](#), [Government of Slovenia, 2012, §128](#)).

User costs

User charges

None

Taxation of benefits

The benefit is not subject to taxation.

Chapter 2: Policy enacted 2023-2024

Policy change in 2023

In 2021, Slovenia introduced the Long-Term Care Insurance Act (ZDOsk) as part of its efforts to organize the provision of long-term care services. However, the act was not implemented. In 2023, Slovenia introduced a new Long-Term Care Act (ZDOsk-1), replacing the previous 2021 Act. This new legislation builds upon the 2021 Act and establishes a comprehensive legislative framework for Long-Term Care Insurance (LTCI). Organized at the national level by the Ministry of Health and the [Health Insurance Institute of Slovenia \(ZZZS\)](#), LTCI is a universal program that provides cash benefits as an alternative to in-kind care for older adults with care needs. Eligibility, financing, levels of dependence, definitions of dependence, and cash benefit amounts are defined in the law. Individuals will start to pay the LTCI premium of 1% of gross salary starting on July 1, 2025. LTCI cash benefits will be provided starting on December 1, 2025.

Overview

During this period, the Slovenian Long-Term Care (LTC) System provided cash benefits as an alternative to in-kind benefits. There were two cash benefits for older adults requiring help with their care needs: Allowance for Assistance and Services (Dodatek Za Pomoč In Postrežbo) and the LTCI cash benefit. Both cash benefits were targeted based on care need.

[ZPIZ](#)

The Pension and Disability Insurance Act (Zakon o pokojninskem in invalidskem zavarovanju - ZPIZ) is the key Slovenian legislative framework that aims to support pensioners and individuals with disabilities. Organized by the [Institute for Pension and Disability Insurance of Slovenia](#), ZPIZ provides a wide range of benefits including LTC cash benefits. During this period, ZPIZ provides a LTC cash benefit known as the Allowance for Assistance and Services (Dodatek Za Pomoč In Postrežbo). Individuals are eligible for cash benefits through ZPIZ as long as they are a resident of Slovenia, pay their contribution, and are receiving pension benefits. The cash benefit is not means-tested.

[LTCI](#)

The Long-Term Care Insurance (LTCI) program, which is regulated by the Long-Term Care Act (Zakon o dolgotrajni oskrbi - ZDOsk-1), was created in 2023. Organized at the national level by the Ministry of Health and the [Health Insurance Institute of Slovenia \(ZZZS\)](#), LTCI is a universal program that covers a wide range of long-term care services for older adults with care needs. Individuals are eligible for cash benefits through LTCI as long as they are a resident of Slovenia, they have been insured for 24 months in the last 36 months before applying for any LTC services, and they pay the LTC premium (1% of gross salary). LTCI beneficiaries choose between cash and in-kind benefits. The cash benefit is a monthly allowance that varies depending on the beneficiary's dependence category. Dependency is evaluated through a 75-item scale that covers, among many other areas, physical function, cognitive function, behavioral problems and mental health, self-care, and nursing care needs. There are five levels of dependence. The cash benefit is not means-tested.

This policy period (chapter) provides details on the Slovenian LTC systems that have been created and are currently providing cash benefits for LTC needs or that individuals can expect to provide these benefits in the near future.

Statutory basis

Pension and Disability Insurance Act (Zakon o pokojninskem in invalidskem zavarovanju - ZPIZ-2) ([Government of Slovenia, 2012](#))

Long-Term Care Act (Zakon o dolgotrajni oskrbi-1 - ZDOsk-1) ([Government of Slovenia, 2023](#))

Financing

Source of financing

The source of financing LTC benefits differs by benefit system.

[ZPIZ](#)

Pension and Disability Insurance is financed by contributions made by employees, employers, and government budget allocations ([Government of Slovenia, 1999, §9](#) and [Government of Slovenia, 2012, §8](#)). In 2023 and 2024, the employer contributes 8.85% of gross salary, while the insured person contributes 15.5% of gross salary ([Slovenska Poslovna Točka, n.d.](#)).

[LTCI](#)

LTCI is financed by LTCI premiums (obveznega zavarovanja za DO), government budget funds, and out-of-pocket payments by beneficiaries ([Government of Slovenia, 2023, §48](#)). The LTCI premium rate is set at 1% of gross salary ([Government of Slovenia, 2023, §56](#)).^[1]

Coverage

This section discusses the scope of risks covered and the requirements to be eligible for benefits when the need for care arises. Dependence requirements are discussed in the later section on *Benefit Eligibility*.

Risk covered definition

The LTC risks covered differ by benefit system.

ZPIZ

Pension and Disability Insurance covers a wide range of care needs, including those stemming from old age, disability, physical impairment, and the need for permanent assistance ([Government of Slovenia, 2012, §4](#)).

LTCI

LTCI covers a wide range of care needs, including those stemming from illness, age-related limitations, injuries, disabilities, a sustained lack or decline in intellectual abilities lasting over three months, and permanent dependence in conducting essential daily tasks ([Government of Slovenia, 2023, §52\(2\)](#)). This includes limitations in [activities of daily living \(ADL\)](#) and [instrumental activities of daily living \(IADL\)](#).

Eligible population

The requirements to be eligible for LTC benefits when care needs arise differ by benefit system.

ZPIZ

An individual is covered under Pension and Disability Insurance if all of the following conditions are satisfied:

- Residence requirement: Is a permanent resident of the Republic of Slovenia ([Government of Slovenia, 2012, §99](#))
- Contribution requirement: Pays the Pension and Disability Insurance contribution ([Government of Slovenia, 2012, §8](#))
 - 15.5% of gross salary from 2023 to 2024 ([Slovenska Poslovna Točka, n.d.](#))
- Other requirements: Beneficiary of a pension system (old-age, disability, widow's or family) ([Government of Slovenia, 2012, §99](#))

LTCI

An individual is covered under LTCI if all of the following conditions are satisfied:

- Residence requirement: Is a permanent resident of the Republic of Slovenia ([Government of Slovenia, 2023, §11\(1\)](#))
- Membership requirement: Has been insured for LTC for 24 months in the last 36 months before applying for any LTC services ([Government of Slovenia, 2023, §11\(1\)](#))
- Contribution requirement: Pays the LTC premium if over the age of 18 (1% of gross salary from 2023) ([Government of Slovenia, 2023, §11\(1\)](#))^[1]

Benefit

Cash Benefit

LTC cash benefits differ by benefit system.

ZPIZ

Allowance for Assistance and Services (Dodatek Za Pomoč In Postrežbo) is a monthly allowance paid to eligible beneficiaries. It has three rates: a lower rate, a higher rate, and a rate for individuals who need continuous provision of nursing care. The higher rate was 53% of the [minimum pension base](#) and the lower rate was half the amount of the higher rate. The rate for individuals who need continuous provision of nursing care is 76% of the minimum pension base ([Government of Slovenia, 2012, §103](#), [Government of Slovenia, 2012, §36](#)). [Table 1](#) provides Allowance for Assistance and Services amounts from 2004 to 2024.

LTCI

A monthly allowance is paid to eligible beneficiaries. The amount is determined by an individual's level of dependence ([Government of Slovenia, 2023, §17](#)). The following lists the monthly allowance amounts from 2023 to 2024:

- Category 1: 89€
- Category 2: 179€
- Category 3: 268€
- Category 4: 357€
- Category 5: 491€

Discretionary Use

Discretionary use of the cash benefit differs by benefit system.

ZPIZ

The Pension and Disability Insurance Act does not specify how the cash benefit should be used nor does it mandate its use for purchasing care, suggesting that discretionary use is allowed.^[2]

LTCI

The LTC Act does not specify how the cash benefit should be used nor does it mandate its use for purchasing care, suggesting that discretionary use is allowed.

Provision of care

The provision of the cash benefit differs by benefit system.

ZPIZ

The [Institute for Pension and Disability Insurance of Slovenia](#) deposits the allowance into the beneficiary's bank account ([Government of Slovenia, 2012](#), §120a).

LTCI

The [ZZSZ](#) deposits the allowance into the beneficiary's bank account ([Government of Slovenia, 2023](#), §97).

Benefit Eligibility

Qualifying period

The qualifying period for LTC benefits differs by benefit system.

ZPIZ

None

LTCI

Individuals must be insured for LTC for 24 months in the last 36 months before applying for any LTC services ([Government of Slovenia, 2023](#), §11(1)).

Minimum level of dependence

The minimum level of dependence differs by benefit system.

ZPIZ

To be eligible for the lower rate, individuals must demonstrate a need for constant assistance and supervision to fulfill most basic life needs or they must be visually impaired ([Government of Slovenia, 2012](#), §103).

LTCI

The minimum level of dependence is [Category 1](#), which is for individuals who scored between 12.5 and 26.99 weighted points in their evaluation of dependence. Individuals in Category 1 have mild limitations in their ability to care for themselves and be independent ([Government of Slovenia, 2023](#), §12).

Duration of benefit

The duration of LTC benefits differs by benefit system.

ZPIZ

Beneficiaries continue to receive benefits as long as they satisfy the coverage criteria (see Coverage section) and the minimum level of dependence (see Benefit Eligibility section).

LTCI

The benefits last as long as the beneficiary is eligible. However, an evaluator from the [ZZZS](#) visits the beneficiary to ensure that they are receiving services according to their care needs. The number of visits varies by dependence category ([Government of Slovenia, 2023, §65\(4\)](#)):

- Category 1: 1 visit per 6 month period
- Categories 2 and 3: 1 visit per quarter period (every 3 months)
- Categories 4 and 5: 1 visit per month

Means testing

None

Age requirement

None

Care Needs Assessment**Definition of dependence**

The definition of dependence differs by benefit system.

ZPIZ

Dependence in the lower rate is defined as needing constant assistance and supervision to fulfill most basic life needs or being visually impaired. Dependence in the higher rate is defined as needing constant assistance and supervision to fulfill all basic life needs or being blind and immobile (ability to move is reduced by 70%). Difficulty in meeting basic life needs is defined as the inability to attend to one's care needs due to permanent health changes or conditions, despite personal efforts and assistance from orthopedic aids. Tasks such as moving inside and outside of the home, eating, dressing, personal hygiene, and other essential life activities become challenging or impossible to perform ([Government of Slovenia, 2012, §100-§103](#)). Continuous nursing care is defined as needing 24-hour supervision and mandatory professional assistance.

LTCI

Dependence is defined based on five categories with Category 1 indicating the lowest level of care needs and Category 5 indicating the highest level of care needs. The following lists the categories by weighted points ([Government of Slovenia, 2023, §12\(2\)](#)):

- Category 1: 12.5 and 26.99 (mild limitation)
- Category 2: 27 and 47.49 (moderate limitation)
- Category 3: 47.5 and 69.99 (severe limitation)
- Category 4: 70 and 89.99 (more severe limitation)
- Category 5: 90 and 100 (most severe limitation)

Evaluation of dependence

The evaluation of dependence differs by benefit system.

ZPIZ

Details of the evaluation of dependence have not been identified yet.

LTCI

The evaluation of dependence is based on 75 items across 8 modules ([Government of Slovenia, 2023, §36\(2\)](#)):

- Module 1: the ability to move in their environment (5 items)
- Module 2: cognitive and communication skills (11 items)
- Module 3: behavior and mental health (13 items)
- Module 4: self-care abilities in their environment (14 items)
- Module 5: the ability to cope with disease and treatment-related demands and burdens (11 items)
- Module 6: their daily life and social contacts (6 items)
- Module 7: the ability to be active outside of their home environment (7 items)
- Module 8: the ability to perform household chores in their environment (8 items)

[Box 1](#) and [Box 2](#) list the items in each module. Each module has a different scale and some modules have different scales for certain items. A total unweighted score is calculated for each module by adding up the scores of each individual item within that module. [Box 3](#) and [Box 4](#) list the scales by module. For each module, the unweighted score is converted to a weighted score based on a table

listed in the LTC Act. [Table 2](#) lists the table used to convert the unweighted scores to weighted scores. The overall total weighted score is based on a weighted sum of the module weighted scores. [Formula 1](#) provides detailed information on how to calculate the overall total weighted score. The overall total weighted score is used to place individuals into a dependence category ([Government of Slovenia, 2024](#), §3 and Annex 1 and 2). [Box 5](#) provides an example of the evaluation of dependence.

Evaluators

Evaluators differ by benefit system.

ZPIZ

The evaluation of dependence is conducted by a disability commission or experts from the Institute for Pension and Disability Insurance of Slovenia (Zavod za pokojninsko in invalidsko zavarovanje Slovenije) ([Government of Slovenia, 2012](#), §102).

LTCI

The evaluation of dependence is conducted by an evaluator from the ZZZS ([Government of Slovenia, 2023](#), §36(1)).

Benefit limitations

Can you mix LTC benefits?

The regulations on mixing LTC benefits differ by benefit system.

ZPIZ

Individuals cannot receive an Allowance for Assistance and Services and LTCI in-kind benefits simultaneously ([Government of Slovenia, 2023](#), §11). Similarly, they cannot receive the Allowance while they are being receiving care in an inpatient institution such as a nursing home for more than 6 months ([Government of Slovenia, 1992](#), §179, [Government of Slovenia, 1999](#), §169, [Government of Slovenia, 2012](#), §128).

LTCI

Individuals cannot receive cash benefits and in-kind benefits provided by the LTC Act simultaneously ([Government of Slovenia, 2023](#), §10). Individuals cannot simultaneously receive cash benefits provided by the LTC Act and an Allowance for Assistance and Services (Dodatek Za Pomoč In Postrežbo) ([Government of Slovenia, 2023](#), §11).

Is there free choice between cash and benefits in-kind?

The regulations on choosing between cash and in-kind benefits differs by benefit system.

ZPIZ

There is no choice between in-kind services and cash benefits.

LTCI

Individuals can choose to receive care in-kind or through cash benefits ([Government of Slovenia, 2023](#), §10).

Can you receive LTC benefits with other social security benefits?

The regulations on accumulating LTC benefits with other social security benefits differs by system.

ZPIZ

The beneficiary cannot receive Allowance for Assistance and Services (Dodatek Za Pomoč In Postrežbo) while they are being receiving care in a hospital for more than 6 months ([Government of Slovenia, 2012](#), §128).

LTCI

The beneficiary cannot receive cash benefits provided by the LTC system while they are being treated in a hospital or any other institution that is covered by compulsory health insurance ([Government of Slovenia, 2023](#), §13(2)).

User costs**User charges**

None

Taxation of benefits

The benefits are not subject to taxation.

Tables and Formulas

Table 1: Allowance for Assistance and Services (2004-2024)

Year	Lower Rate (SIT or €)	Higher Rate (SIT or €)	Most Severely Affected / Continuous Nursing Care Rates (SIT or €)
2004-2005	29,689.43 (on average)	59,378.94 (on average)	84,827.05 (on average)
2006	30,990.94 (on average)	61,981.89 (on average)	88,545.53 (on average)
2007	129.32 (on average)	258.65 (on average)	369.49 (on average)
2009	141.08 (on average)	282.15 (on average)	403.05 (on average)
2010	143.54 (on average)	287.07 (on average)	410.10 (on average)
2011	144.74 (on average)	289.47 (on average)	413.52 (on average)
2012	145.08 (on average)	290.15 (on average)	414.50 (on average)
2013-2018	146.06	292.11	418.88
2019	150	300	430.19
2022	157.35	314.7	451.27
2024	180.85	361.69	518.66

Source: [Institute for Pension and Disability Insurance of Slovenia \(2005-2024\)](#)

Notes: Prior to 2007, Slovenia used the tolar (SIT) as its currency. However, after joining the European Union in 2007, Slovenia transitioned to using the euro. Therefore, the rates from 2004 to 2006 are in tolar and the rates from 2007 to 2024 are in euros. The rates from 2004 to 2012 are on average due to how the rates are calculated those years. For more details, refer to the Cash Benefits section of Chapter 1 (Policy Period 1992-2022). Before 2012, certain individuals qualified for allowances exceeding the standard higher rate, known as the "most severely affected" group. This category is referred to as the continuous nursing care rate from 2013. Rates for years prior to 2004, as well as for 2008, 2020, 2021, and 2023, have not been identified yet.

Box 1: Evaluation of Dependence Items by Module (Part 1 of 2)**Module 1: the ability to move in their environment (5 items)**

- 1.1 Getting in and out of bed
- 1.2 Sitting
- 1.3 Transferring (e.g., bed to wheelchair)
- 1.4 Moving around the house
- 1.5 Taking the stairs

Module 2: cognitive and communication skills (11 items)

- 2.1 Recognizing people in familiar environments
- 2.2 Orientation in space
- 2.3 Orientation in time
- 2.4 Recalling important events or observations
- 2.5 Ability to perform daily activities
- 2.6 Making decisions in everyday life
- 2.7 Understanding facts and information
- 2.8 Identification of risks and hazards
- 2.9 Expressing needs
- 2.10 Understanding instructions
- 2.11 Participation in conversations

Module 3: behavior and mental health (13 items)

- 3.1 Motor abnormality
- 3.2 Restlessness at night
- 3.3 Aggressive behavior
- 3.4 Damaging objects
- 3.5 Physical aggression towards others
- 3.6 Verbal aggression
- 3.7 Has prominent vocal characteristics
- 3.8 Refuses assistance
- 3.9 Delusions and hallucinations
- 3.10 Fear and anxiety
- 3.11 Lack of motivation due to depression
- 3.12 Socially unacceptable behavior
- 3.13 Other inappropriate behavior

Module 4: self-care abilities in their environment (14 items)

- 4.1 Washing the upper body
- 4.2 Head care
- 4.3 Perineal care
- 4.4 Washing the lower body
- 4.5 Showering or bathing, including hair washing
- 4.6 Dressing (upper body)
- 4.7 Dressing (lower body)
- 4.8 Meal preparation
- 4.9 Eating
- 4.10 Drinking
- 4.11 Using the toilet
- 4.12 Using incontinence devices
- 4.13 Managing fecal incontinence and stoma care
- 4.14 Tube feeding

Source: Annex 1 of [Government of Slovenia \(2024\)](#)

Box 2: Evaluation of Dependence Items by Module (Part 2 of 2)**Module 5: the ability to cope with disease and treatment-related demands and burdens (11 items)**

- 5.1 Taking medication
- 5.2 Administering injections
- 5.3 Airway aspiration and oxygen therapy
- 5.4 Prescribed ointments and cold or warm compresses
- 5.5 Measurements and understanding of measured body parameters
- 5.6 Use of medical devices
- 5.7 Maintenance of artificial body openings
- 5.8 Intermittent catheterization of the urinary bladder and the use of methods for defecation
- 5.9 Visits to doctors, medical or other therapeutic institutions (up to three hours)
- 5.10 Visits to doctors, medical or other therapeutic institutions (over three hours)
- 5.11 Adherence to the diet and other instructions of the doctor or therapist

Module 6: their daily life and social contacts (6 items)

- 6.1 Planning their day and adapting to changes
- 6.2 Rest and sleep
- 6.3 Self-employment
- 6.4 Planning for the future
- 6.5 Direct contact with others
- 6.6 Maintaining contact with people

Module 7: the ability to be active outside of their home environment (7 items)

- 7.1 Leaving their home
- 7.2 Moving outside
- 7.3 Using public transportation
- 7.4 Using private transportation
- 7.5 Participating in events
- 7.6 Visiting other institutions
- 7.7 Participating in other leisurely activities

Module 8: the ability to perform household chores in their environment (8 items)

- 8.1 Shopping
- 8.2 Preparing hot meals
- 8.3 Less demanding cleaning and organizing activities
- 8.4 More demanding cleaning and organizing activities such as laundry
- 8.5 Using different services
- 8.6 Managing their finances
- 8.7 Managing official responsibilities
- 8.8 Using the telephone and other communication devices

Source: Annex 1 of [Government of Slovenia \(2024\)](#)

Box 3: Evaluation of Dependence Scales by Module (Part 1 of 2)**Module 1 - same scale for all items**

- 0 points = Independent
- 1 points = Mostly independent
- 2 points = Mostly dependent
- 3 points = Totally dependent

Module 2 - same scale for all items

- 0 points = Completely capable
- 1 points = Mostly capable
- 2 points = Not capable for the most part (can only do part of the activity with the use of various aids)
- 3 points = Not capable

Module 3 - same scale for all items

- 0 points = Never or very rarely
- 1 points = Rarely
- 3 points = Often
- 5 points = Daily

Module 4: 4 scales

- Items 4.1-4.8, 4.12, and 4.13
 - 0 points = Independent
 - 1 points = Mostly independent
 - 2 points = Mostly dependent
 - 3 points = Totally dependent
- Item 4.9
 - 0 points = Independent
 - 3 points = Mostly independent
 - 6 points = Mostly dependent
 - 9 points = Totally dependent
- Item 4.10 and 4.11
 - 0 points = Independent
 - 2 points = Mostly independent
 - 4 points = Mostly dependent
 - 6 points = Totally dependent
- Item 4.14
 - 0 points = Independent
 - 0 points = Neither daily nor constant
 - 3 points = Exclusively or almost exclusively
 - 6 points = Daily as a dietary supplement by mouth

Source: Annex 1 of [Government of Slovenia \(2024\)](#)

Box 4: Evaluation of Dependence Scales by Module (Part 2 of 2)**Module 5: 5 scales**

- Items 5.1-5.6
 - 0 points = No action or less than once per day
 - 1 point = 1 to 3 times a day
 - 2 points = 3 to 8 times a day
 - 3 points = More than 8 times a day
- Items 5.7 and 5.8
 - 0 points = No action or less than once per day
 - 1 point = Once or several times per week
 - 2 points = Once or twice per day
 - 3 points = At least 3 times a day
- Item 5.9
 - 0 = Not help needed or independent
 - Points = Frequency of need for help per month multiplied by 1
 - Points = Frequency of need for help per week multiplied by 4.3
- Item 5.10
 - 0 = Not help needed or independent
 - Points = Frequency of need for help per month multiplied by 2
 - Points = Frequency of need for help per week multiplied by 8.6
- Item 5.11
 - 0 points = Independent
 - 1 point = Mostly independent
 - 2 points = Mostly dependent
 - 3 points = Totally dependent

Module 6 - same scale for all items

- 0 points = Independent
- 1 point = Mostly independent
- 2 points = Mostly dependent
- 3 points = Totally dependent

Module 7 - same scale for all items

- 0 points = No need/want, does not want to perform the activity
- 0 points = Independent
- 1 point = Can do the activity with an aid
- 2 points = Can do the activity with the help of another person
- 3 points = Cannot do the activity

Module 8 - same scale for all items

- 0 points = Independent
- 1 point = Mostly independent
- 2 points = Mostly dependent
- 3 points = Totally dependent

Source: Annex 1 of [Government of Slovenia \(2024\)](#)

Table 2: Evaluation of Dependence Weighted Points Conversion Table

Module						
Module 1	Unweighted points	0-1	2-3	4-5	6-9	10-15
	Weighted points	0	2.5	5	7.5	10
Module 2	Unweighted points	0-1	2-5	6-10	11-16	17-33
	Weighted points	0	3.75	7.5	11.25	15
Module 3	Unweighted points	0	1-2	3-4	5-6	7-65
	Weighted points	0	3.75	7.5	11.25	15
Module 4	Unweighted points	0-2	3-7	8-18	19-36	37-57
	Weighted points	0	10	20	30	40
Module 5	Unweighted points	0	1	2-3	4-5	6-12
	Weighted points	0	3.75	7.5	11.25	15
Module 6	Unweighted points	0	1-3	4-6	7-11	12-18
	Weighted points	0	2.5	5	7.5	10
Module 7	Unweighted points	0-6	7-10	11-14	15-17	18-21
	Weighted points	0	2.5	5	7.5	10
Module 8	Unweighted points	0-6	7-8	9-11	12-14	15-24
	Weighted points	0	2.5	5	7.5	10

Source: Annex 2 of [Government of Slovenia \(2024\)](#)

Formula 1: LTCI Evaluation of Dependence - Overall Total Weighted Score Calculation

$$OWS_{i,t} = .10(A_{i,t}) + .15(B_{i,t}) + .40(C_{i,t}) + .15(D_{i,t}) + .10(E_{i,t}) + .10(F_{i,t})$$

- $OWS_{i,t}$ = Individual's i 's overall weighted score at time t
- $A_{i,t}$ = Individual's i 's module 1 weighted score at time t
- $B_{i,t}$ = Individual's i 's higher weighted score between module 2 and 3 at time t
- $C_{i,t}$ = Individual's i 's module 4 weighted score at time t
- $D_{i,t}$ = Individual's i 's module 5 weighted score at time t
- $E_{i,t}$ = Individual's i 's higher weighted score between module 6 and 7 at time t
- $F_{i,t}$ = Individual's i 's module 8 weighted score at time t

Source: §3 and Annex 1 and 2 of [Government of Slovenia \(2024\)](#)

Notes: The overall total weighted score is based on a weighted sum of the module weighted scores.

Box 5: LTCI Evaluation of Dependence Example

Suppose Janez scored 7 points in Module 1 (5 items), 8 points in Module 2 (11 items), 3 points in Module 3 (13 items), 10 points in Module 4 (14 items), 4 points in Module 5 (11 items), 8 points in Module 6 (6 items), 10 points in Module 7 (7 items), and 10 points in Module 8 (8 items). For each module, the unweighted score is converted to a weighted score based on a table listed in the LTC Act. [Table 2](#) lists the table used to convert the unweighted scores to weighted scores.

- Module 1: 7 points (unweighted score) → 7.5 points (weighted score)
- Module 2: 8 points (unweighted score) → 7.5 points (weighted score)
- Module 3: 3 points (unweighted score) → 7.5 points (weighted score)
- Module 4: 10 points (unweighted score) → 20 points (weighted score)
- Module 5: 4 points (unweighted score) → 11.25 points (weighted score)
- Module 6: 8 points (unweighted score) → 7.5 points (weighted score)
- Module 7: 10 points (unweighted score) → 5 points (weighted score)
- Module 8: 10 points (unweighted score) → 5 points (weighted score)

The overall total weighted score is based on a weighted sum of the module weighted scores and is calculated as follows: $.10(\text{module 1 weighted score}) + .15(\text{higher weighted score between module 2 and 3}) + .40(\text{module 4 weighted score}) + .15(\text{module 5 weighted score}) + .10(\text{higher weighted score between module 6 and 7}) + .10(\text{module 8 weighted score})$. Using Janez's weighted scores, his total weighted score is calculated as follows: $.10(7.5) + .15(7.5) + .40(20) + .15(11.25) + .10(7.5) + .10(5) = 12.8125$. Based on his overall total weighted score of 12.8125, Janez would be placed in dependence category 1, which is for those who scored between 12.5 and 26.99 points.

Source: Author's interpretation of Annex 1 of [Government of Slovenia \(2024\)](#)

Sources

This section records key sources consulted when we collected the institutional details reported in this document. Archived versions of these sources are available at the Gateway Policy Explorer website (<http://g2aging.org/policy-explorer>).

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Government of Slovenia (1996). Zakon o prispevkih za socialno varnost (ZPSV) [Social Security Contributions Act (ZPSV)]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)

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Glossary of terms

This section summarizes key definitions from the main text. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: "Alt" + "←"; In Adobe Acrobat on a MAC: "command" + "←"; In Preview on a MAC: "command" + "[".

Activities of daily living (ADL): A common set of activities related to personal care used to assess independence, including bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating.

Category - ZZVZZ : Individuals are reimbursed for services provided by ZZVZZ based on the category they are placed in. These categories range from Category 1, which is for individuals with the lowest care needs, to Category 4, which is for individuals with the highest care needs.

Category - LTCI : Beneficiaries are entitled to a maximum number of care hours per month for LTC services provided by LTCI. The number of hours is determined by the beneficiary's dependence category. These categories range from Category 1, which is for individuals with the lowest care needs, to Category 4, which is for individuals with the highest care needs.

Health Insurance Institute of Slovenia (Zavod za zdravstveno zavarovanje Slovenije - ZZZS): The Health Insurance Institute of Slovenia manages mandatory health insurance, ensuring access to essential healthcare. It operates under the Ministry of Health and collects contributions, manages funds, and collaborates with providers to deliver quality services.

Institute for Pension and Disability Insurance of Slovenia (Zavod za pokojninsko in invalidsko zavarovanje Slovenije): The Pension and Disability Insurance Institute manages the mandatory pension and disability insurance system in Slovenia. For example, it advises insured individuals, resolves claims, maintains records of beneficiaries, and distributes pensions and benefits.

Instrumental activities of daily living (IADL): A set of activities that are used to assess independence but are not essential for functional living, including preparing meals, shopping, managing finances, and taking medications.

Long-Term Care System (Zakon o dolgotrajni oskrbi): The Slovenian Long Term Care System (ZDOsk) aims to provide comprehensive care and support for individuals who require assistance with daily activities due to illness, disability, or old age. It provides various services such as home care, residential care, and institutional care.

Minimum pension: Before 2013, the minimum pension is 35

Minimum pension base: From 1992 to 1998, the minimum pension base in Slovenia was 64 percent of the average employee monthly salary, adjusted for taxes and contributions. From 1999 to 2012, the minimum pension base was established by the Institute for Pension

and Disability Insurance of Slovenia and adjusted every year according to the average salary of the previous year. From 2013, the minimum pension base in Slovenia was 76.5 percent of the average employee monthly salary, adjusted for taxes and contributions.

Pension and Disability Insurance System (Zakon o pokojninskem in invalidskem zavarovanju - ZPIZ): The Slovenian Pension and Disability Insurance System (ZPIZ) provides financial support to individuals who have retired or are unable to work due to disabilities. It operates through contributions from both employers and employees, ensuring a social safety net for retirement and disability benefits.

Notes

This section reports notes from the main text. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: “Alt” + “←”; In Adobe Acrobat on a MAC: “command” + “←”; In Preview on a MAC: “command” + “[”.

1. Individuals will start to pay the LTCI premium of 1 percent of gross salary starting on July 1, 2025.
2. The ambiguous guidelines on cash benefit discretionary use within the Pension and Disability Insurance Act highlight a lack of market regulation. Often, these benefits do not cover the full costs charged by service providers, prompting municipalities to subsidize services.

Version information

Current Version: 1.0 (August 2024)

Version History

- 1.0 (August 2024): First version.

Additional resources

The following resources provide additional details for the interested reader:

Government of Slovenia. Available in Slovenian. As of February 10, 2024.

Available at: <http://www.pisrs.si/Pis.web/>

Features: Provides current and historical versions of Slovenia’s LTC laws

Government of Slovenia. Available in Slovenian. As of February 10, 2024.

Available at: <https://www.gov.si/zbirke/projekti-in-programi/dolgotrajna-oskrba/>

Features: Provides an overview of the Long-Term Care System in Slovenia including services, eligibility, dependence categories, and financing

Prevolnik Rupel, V. et al (2010). ENEPRI Research Reports. Available in English. As of February 10, 2024.

Available at: <https://www.files.ethz.ch/isn/122423/Slovenia.pdf>

Features: Report that provides an overview of the Long-Term Care System in Slovenia before the creation of the Long-Term Care Insurance program in 2021