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# Gateway Policy Explorer: Long-Term Care Series

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**Slovenia**

## **Long-Term Care In-Kind Benefit Plan Details 1992-2024**

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## 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](mailto: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

In-Kind Benefits  
Plan details 1992-2024 \* †

In-kind benefits are one of the long-term care (LTC) services provided to older individuals with care needs in Slovenia. In-kind benefits include home care, semi-residential care, and residential care. Before 2023, Slovenia provided LTC services through the healthcare and social protection systems. Individuals were eligible for benefits under the Social Security System (ZSV) as long as they were a resident of Slovenia. Individuals were eligible for benefits under the Health Insurance System (ZZVZZ) as long as they were a resident of Slovenia and paid their contribution.

## 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 in-kind 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 are entitled to a maximum number of care hours per month, determined by their dependence category and the type of in-kind benefit. Benefits are not taxed or means-tested. LTCI is a system that was established to facilitate a more structured and organized provision of LTC. Hence, it is anticipated that ZSV and ZZVZZ LTC services will transition to being provided by LTCI.

## Contents

<b>Chapter 1: Policy enacted 1992-2022</b>	<b>5</b>
Overview . . . . .	5
Financing . . . . .	5
Coverage . . . . .	6
Benefit . . . . .	6
Benefit eligibility . . . . .	7
Care needs assessment . . . . .	8
Benefit limitations . . . . .	8
User costs . . . . .	9
<b>Chapter 2: Policy enacted 2023-2024</b>	<b>10</b>
Overview . . . . .	10
Financing . . . . .	11
Coverage . . . . .	11
Benefit . . . . .	12
Benefit eligibility . . . . .	14
Care needs assessment . . . . .	15

\* If you have questions or suggestions, please contact [policy@g2aging.org](mailto: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" + "[".

Benefit limitations . . . . .	16
User costs . . . . .	17
<b>Tables and Formulas</b>	<b>18</b>
Table 1: ZZVZZ Contribution Rates (1992 - 2024) . . . . .	18
Box 1: Nursing Care Dependence Categories . . . . .	19
Table 2: Maximum Number of Care Hours (2023-2024) . . . . .	20
Box 2: Evaluation of Dependence Items by Module (Part 1 of 2) . . . . .	21
Box 3: Evaluation of Dependence Items by Module (Part 2 of 2) . . . . .	22
Box 4: Evaluation of Dependence Scales by Module (Part 1 of 2) . . . . .	23
Box 5: Evaluation of Dependence Scales by Module (Part 2 of 2) . . . . .	24
Table 3: Evaluation of Dependence Weighted Points Conversion Table . . . . .	25
Formula 1: LTCI Evaluation of Dependence - Overall Total Weighted Score Calculation . . . . .	26
Box 6: LTCI Evaluation of Dependence Example . . . . .	26
<b>Sources</b>	<b>27</b>
<b>Glossary of terms</b>	<b>28</b>
<b>Notes</b>	<b>29</b>
<b>Version information</b>	<b>29</b>
<b>Additional resources</b>	<b>29</b>

## Chapter 1: Policy enacted 1992-2022

### Overview

During this period, Slovenia provided long-term care (LTC) services through the healthcare and social security systems. In-kind benefits included residential care and home care.

#### ZSV

The Social Security Act (Zakon o socialnem varstvu - ZSV) is a key Slovenian legislative framework that aims to address social challenges. It provides a wide range of services across several essential areas including housing, disability, family support, and LTC. Organized at the national level by the Ministry of Labour, Family, Social Affairs and Equal Opportunities, ZSV covers home care benefits such as personal care and domestic assistance as well as residential care. ZSV defines residential care facilities whereas ZZVZZ outlines the evaluation of dependence and the reimbursement process for nursing care provided in residential care facilities. Individuals are eligible for in-kind benefits through ZSV as long as they are a resident of Slovenia. In 2004, the Social Security Act was amended, which introduced family helper services (services where individuals offer comprehensive assistance in personal care, health care, social care, and domestic assistance) and specified that beneficiaries pay up to 50% of the expenses associated with their home care services while the remaining costs are subsidized by their municipality. There is no statutory form for the evaluation of dependence in the context of home care or residential care. Access to services is determined by a team of evaluators on a discretionary basis. Depending on their income, individuals qualify for either partial or complete exemption from service payments. None of the benefits are taxed.

#### ZZVZZ

The Health Care and Health Insurance Act (Zakon o zdravstvenem varstvu in zdravstvenem zavarovanju - ZZVZZ) is the key legislative framework that organizes the healthcare and health insurance systems. During this period, it also covers LTC. Organized at the national level by the Ministry of Health and the Health Insurance Institute of Slovenia (Zavod za zdravstveno zavarovanje Slovenije - ZZZS), ZZVZZ covers home nursing and residential care. Individuals are eligible for in-kind benefits through ZZVZZ as long as they are a resident of Slovenia and they pay their contribution. Similarly, there is no statutory form for the evaluation of dependence in the context of home nursing or residential care. Access to services is determined by a team of evaluators on a discretionary basis. Depending on their income, individuals qualify for either partial or complete exemption from service payments. None of the benefits are taxed. Individuals may purchase Voluntary Health Insurance (Dopolnilno Zdravstveno Zavarovanje) to cover the costs of care that are not covered by compulsory health insurance. Premium rates for Voluntary Health Insurance are set at a flat rate and are the same for everyone covered by the same insurer. Details of Voluntary Health Insurance are not included in this document.

This policy period (chapter) provides details on in-kind benefits covered by the Slovenian Social Security Act and Health Care and Health Insurance Act from 1992 to 2022.

### Statutory basis

Social Security Act (Zakon o socialnem varstvu - ZSV) ([Government of Slovenia, 1992a](#))

Health Care and Health Insurance Act (Zakon o zdravstvenem varstvu in zdravstvenem zavarovanju - ZZVZZ) ([Government of Slovenia, 1992b](#))

### Financing

#### Source of financing

The source of financing LTC benefits differs by benefit system.

#### ZSV

Social welfare under ZSV is financed by various sources, including the budgets of the national government and municipalities. Additionally, funding for these activities is supplemented by service payments, contributions from charitable organizations, self-help groups, and associations for individuals with disabilities, as well as donations from individuals and other sources ([Government of Slovenia, 1992a](#), §97).

#### ZZVZZ

ZZVZZ is mainly financed by funds for compulsory health insurance, which are provided by contributions paid by employees and employers ([Government of Slovenia, 1992b](#), §45). [Table 1](#) lists contribution rates from 1992 to 2024.

## 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.

#### ZSV

ZSV covers care needs that are caused by illness, disability, or old age and are related to [activities of daily living \(ADLs\)](#) ([Government of Slovenia, 1992a, §15-§16](#)).

#### ZZVZZ

ZZVZZ covers care needs related to health promotion, disease prevention, early detection, timely treatment, care, and rehabilitation of the sick and injured ([Government of Slovenia, 1992b, §1](#)).

### Eligible population

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

#### ZSV

An individual is covered under ZSV if all of the following conditions are satisfied ([Government of Slovenia, 1992a, §5](#))—

- Residence requirement: Is a permanent resident of the Republic of Slovenia

#### ZZVZZ

An individual is covered under ZZVZZ if all of the following conditions are satisfied ([Government of Slovenia, 1992b, §15, §15a](#))—

- Residence requirement: Is a permanent resident of the Republic of Slovenia<sup>[1]</sup>
- Contribution requirement: Pays the compulsory health insurance premium (contribution rates from 1992 to 2024 are listed in [Table 1](#))<sup>[2]</sup>

## Benefit

### Home care benefit

LTC home care benefits differ by benefit system.

#### ZSV

Home care benefits include ([Government of Slovenia, 1992a, §11](#))—

- Personal care: help with ADLs such as eating, personal hygiene, dressing, and using the toilet
- Domestic assistance: help with household-related activities such as household chores, buying groceries, and preparing meals
- Family helper: introduced in 2004, family helpers offer comprehensive assistance in personal care, health care, social care, and domestic assistance (usually a family member). Family helpers are entitled to receive compensation for lost income when they leave their paid employment to care for a family member ([Government of Slovenia, n.d.](#)). However, specific details regarding this compensation are not provided in this document.

#### ZZVZZ

Home care benefits include ([Government of Slovenia, 1992b, §23](#))—

- Home nursing: nursing care provided in a home environment through a district nursing service coordinated at the primary care level, initiated upon referral by the beneficiary's primary physician

### Semi-residential care

None

### Residential care

#### ZSV and ZZVZZ

Residential care benefits include ([Government of Slovenia, 1992a, §16, §50](#))—

- Nursing home (Domovi za starejše): facilities that provide accommodation and LTC services including personal care and nursing care

**Other benefits**

None

**Provision of care**

The provision of LTC services differs by benefit system.

ZSV

Home care and residential care are provided by public and private providers such as centers for social work, homes for older adults, institutions for individuals with disabilities, and private organizations ([Prevolnik Rupel, 2010](#)).

ZZVZZ

Home nursing services are provided by nurses who are employed by primary health care institutions or contracted independently by the municipality ([Prevolnik Rupel, 2010](#)). Institutions aim to provide approximately one general practitioner team for every 300 individuals. If the ratio is lower, the general practitioner team operates on a part-time basis ([Community Health Centre Ljubljana, 2021](#)).

**Benefit eligibility****Qualifying period**

None

**Minimum level of dependence**

The minimum level of dependence for LTC benefits differs by benefit system.

ZSV

There is no minimum level of dependence for home care provided under ZSV. Access to services is determined by a team of evaluators on a discretionary basis.

ZZVZZ

There is no minimum level of dependence for home nursing. Access to services is determined by a team of evaluators on a discretionary basis.

However, individuals need to be placed in [Category 1](#) to be reimbursed for nursing care services in residential care settings ([Government of Slovenia, 1992b](#), §34, [Government of Slovenia, 2022](#), §79b, [Prevolnik Rupel, 2010](#)). Category 1 is for individuals who need at least 15 minutes of care per day and at least 2 care services related to that category ([Health Insurance Institute of Slovenia, 2002, 2006, 2014](#), [Official Gazette of the Republic of Slovenia, 2024](#)). [Box 1](#) lists the care services by category. For details about the ZZVZZ categories, please refer to the Evaluation of Dependence subsection.

**Duration of benefit**

Across benefit systems ([ZSV](#) or [ZZVZZ](#)), beneficiaries continue to receive benefits as long as they satisfy the coverage criteria (see Coverage section).

**Means testing**

Across benefit systems ([ZSV](#) or [ZZVZZ](#)), individuals are eligible to receive services regardless of means, but individuals with greater income incur higher user charges. Additional details are provided in the User Charges section.

**Age requirement**

None

## Care needs assessment

### Definition of dependence

The definition of dependence differs by benefit system. These systems only provide general definitions of dependence.

#### ZSV

Dependence is based on disability, old age, and illness ([Government of Slovenia, 1992a](#)).

#### ZZVZZ

Dependence is based on conditions, limitations, and disabilities that require the applicant to rely on nursing care ([Health Insurance Institute of Slovenia, 2001, 2003, 2006, 2014](#)).

### Evaluation of dependence

The evaluation of dependence differs by benefit system.

#### ZSV

There is no statutory form for the evaluation of dependence in the context of home care. Access to services is determined by a team of evaluators on a discretionary basis.

#### ZZVZZ

There is no statutory form for the evaluation of dependence in the context of home care. Access to services is determined by a team of evaluators on a discretionary basis.

However, for residential care, the evaluators place individuals into a category based on their care needs, including factors such as care time and types of services required ([Prevolnik Rupel, 2010](#) and [Health Insurance Institute of Slovenia, 2014](#)). [Box 1](#) describes the categories and lists the services individuals typically need in each category. There are four categories. Category 1 is for individuals with the lowest care needs, which includes individuals who need at least 15 minutes of care per day and at least two services out of the seven outlined in [Box 1](#). Category 4 is for individuals with the highest care needs, which includes individuals that require 24-hour supervision. Evaluators exercise discretion in assigning individuals to categories.

Individuals or their caregivers submit applications directly to their preferred facility. Long waiting times are prevalent due to the shortage of beds in residential care facilities and the absence of a central coordination mechanism, especially affecting individuals in higher need categories ([Kragelj, 2019](#), [Albrecht et al., 2021](#), [Slovenia National Assembly, 2024](#)).

### Evaluators

Evaluators differ by benefit system.

#### ZSV

An evaluation team including a social worker, a general practitioner, and a nurse evaluate dependence for home care ([Meglič et al., 2014](#)).

#### ZZVZZ

An evaluation team including a social worker, a general practitioner, and a nurse evaluate dependence for home nursing ([Meglič et al., 2014](#)). Physicians from both the nursing home where the beneficiary is applying, and the [Health Insurance Institute of Slovenia \(ZZZS\)](#) evaluate dependence for residential care ([Prevolnik Rupel, 2010](#)). Nevertheless, their assessment does not affect how quickly the individual can ultimately access the relevant residential care services.

## Benefit limitations

### Can you mix LTC benefits?

The Social Security Act ([ZSV](#)) and Health Insurance Act ([ZZVZZ](#)) do not specify any restrictions on combining in-kind benefits, suggesting that different in-kind benefits can be combined ([Government of Slovenia, 1992a, 1992b](#)). For example, individuals can receive both home care from ZSV and home nursing from ZZVZZ. However, beneficiaries cannot receive Allowance for Assistance and Service (Dodatek Za Pomoč In Postrežbo) while they are being receiving care in a hospital or any other inpatient institution such as a nursing home for more than 6 months.



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

The Social Security Act ([ZSV](#)) and Health Insurance Act ([ZZVZZ](#)) do not specify whether individuals have to choose between in-kind benefits and cash benefits, suggesting that there is no choice between the two ([Government of Slovenia, 1992a, 1992b](#)).

**Can you receive LTC benefits with other social security benefits?**

The Social Security Act ([ZSV](#)) and Health Insurance Act ([ZZVZZ](#)) do not specify any restrictions on receiving in-kind benefits with other social security benefits ([Government of Slovenia, 1992a, 1992b](#)).

**User costs****User charges**

Across benefit systems, certain individuals are eligible to have service costs partially or fully covered. The Center for Social Work determines whether an individual and, if applicable, their guarantor qualify for partial or full payment exemption based on their ability to pay. Among other factors, the decision regarding the beneficiary's exemption is based on the value of the service, the beneficiary's income, and their service payment contribution. Similarly, the decision for the guarantor's exemption is based on the amount of the beneficiary's exemption and the guarantor's contribution. A guarantor is defined as a non-family member who assumes financial responsibility because they have a legal obligation to support the beneficiary based on marriage and family relation regulations or someone who is legally obligated to cover the costs of the beneficiary's care. If the contributions from the beneficiary and guarantor(s) are insufficient to cover the service costs, the remaining amount is covered by the beneficiary's municipality or the Republic of Slovenia ([Government of Slovenia, 1992a, §100-§101](#) and [Government of Slovenia, 2004b](#)). Details about the user charges conditional on income, including income limits, have not been identified yet.

[ZSV](#)

Before 2004, the legislation states that home care costs are financed by municipal budgets but does not specify the respective shares covered by the municipality and the beneficiary. From 2004, unless fully exempt from payments by the Center for Social Work, beneficiaries usually pay a maximum of 50% of the expenses associated with their home care services, with the remaining costs being subsidized by their municipality ([Government of Slovenia, 1992a, §99](#)). The subsidies for these services vary significantly depending on the municipality ([Community of Social Institutions of Slovenia, 2024](#)). In Ljubljana, the capital, the subsidy is set at 80%, resulting in relatively low user charges for these services ([Municipality of Ljubljana, 2024](#); [Ljubljana Institute for Home Care, 2024](#)).

[ZZVZZ](#)

Nursing care services in home nursing and residential care settings are fully covered by compulsory health insurance ([Government of Slovenia, 1992b, §23](#)). Unless partially or fully exempt from payments by the Center for Social Work, meals, accommodation costs, and additional costs in residential care facilities are paid out-of-pocket by the beneficiary. The monthly allowances that cover these costs vary depending on the location and the care category (categories 1-4, with 4 being the most costly) ([DEOS, 2024](#)). [Box 1](#) describes the categories and lists the services individuals typically need in each category. Beneficiaries usually receive support from family members such as their spouses, children, or grandchildren.

**Taxation of benefits**

The benefits are 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. The government that took office in 2022 contested the 2021 Act and initiated a referendum to repeal the legislative measure. The referendum was approved by the end of 2022 ([Slovenia National Electoral Commission, 2022](#)). 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 \(ZZVS\)](#), LTCI provides in-kind benefits to older adults with care needs. Eligibility, financing, levels of dependence, definitions of dependence, and in-kind benefit hours are defined in the law. Family helper services have been provided from January 1, 2024. Home care, e-care, and services to strengthen and maintain independence (e.g., occupational therapy) will be provided starting on July 1, 2025. Individuals will start to pay the LTCI premium of 1% of gross salary starting on July 1, 2025. Residential care benefits will be provided starting on December 1, 2025. LTCI is a system that was established to facilitate a more structured and organized provision of LTC. Hence, it is anticipated that ZSV and ZZVZZ LTC services will transition to being provided by LTCI.

### Overview

During this period, the Slovenian Long-Term Care (LTC) System provided a wide range of in-kind benefits through home care, semi-residential care, and residential care. Benefits were provided under three systems: the Social Security System, the Healthcare and Health Insurance System, and the Long-Term Care Insurance system. Benefit eligibility was based on care needs.

#### ZSV

The Social Security Act (Zakon o socialnem varstvu - ZSV) is a key Slovenian legislative framework that aims to address social challenges. It provides a wide range of services across several essential areas including housing, disability, family support, and LTC. Organized at the national level by the Ministry of Labour, Family, Social Affairs and Equal Opportunities, ZSV covers home care benefits such as personal care and domestic assistance as well as residential care. ZSV defines residential care facilities whereas ZZVZZ outlines the evaluation of dependence and the reimbursement process for nursing care provided in residential care facilities. Individuals are eligible for in-kind benefits through ZSV as long as they are a resident of Slovenia. There is no statutory form for the evaluation of dependence in the context of home care or residential care. Access to services is determined by a team of evaluators on a discretionary basis. Depending on their income, individuals qualify for either partial or complete exemption from service payments. None of the benefits are taxed.

#### ZZVZZ

The Health Care and Health Insurance Act (Zakon o zdravstvenem varstvu in zdravstvenem zavarovanju - ZZVZZ) is a key legislative framework that organizes the healthcare and health insurance systems. Organized at the national level by the Ministry of Health and the Health Insurance Institute of Slovenia (Zavod za zdravstveno zavarovanje Slovenije - ZZVS), ZZVZZ covers home nursing and residential care. ZSV defines residential care facilities whereas ZZVZZ outlines the evaluation of dependence and the reimbursement process for nursing care provided in residential care facilities. Individuals are eligible for in-kind benefits through ZZVZZ as long as they are a resident of Slovenia and they pay their contribution. Similarly, there is no statutory form for the evaluation of dependence in the context of home nursing or residential care. Access to services is determined by a team of evaluators on a discretionary basis. Depending on their income, individuals qualify for either partial or complete exemption from service payments. None of the benefits are taxed. Individuals may purchase Voluntary Health Insurance (Dopolnilno Zdravstveno Zavarovanje) to cover the costs of care that are not covered by compulsory health insurance. Premium rates for Voluntary Health Insurance are set at a flat rate and are the same for everyone covered by the same insurer. Details of Voluntary Health Insurance are not included in this document.

#### LTCI

Long-Term Care Insurance (LTCI) is a universal program that covers a wide range of long-term care services for older adults with care needs. It is organized at the national level by the Ministry of Health and the Health Insurance Institute of Slovenia (Zavod za zdravstveno zavarovanje Slovenije - ZZVS). Individuals are eligible for in-kind 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. The LTCI premium rate is set at 1% of gross salary. Beneficiaries are entitled to a maximum number of care hours per month, determined by their dependence category and the type of in-kind benefit they receive. 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. Depending on their income, individuals qualify for either partial or complete exemption from service payments. None of the benefits are taxed. LTCI is a system that was established to facilitate a more structured and organized

provision of LTC. Hence, it is anticipated that ZSV and ZZVZZ LTC services will transition to being provided by LTCI.

This policy period (chapter) provides details on in-kind benefits covered by the Slovenian LTC System from 2023 to 2024.

### Statutory basis

Social Security Act (Zakon o socialnem varstvu - ZSV) ([Government of Slovenia, 1992a](#))

Health Care and Health Insurance Act (Zakon o zdravstvenem varstvu in zdravstvenem zavarovanju - ZZVZZ) ([Government of Slovenia, 1992b](#))

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.

#### ZSV

Social welfare under ZSV is financed by various sources, including the budgets of the national government and municipalities. Additionally, funding for these activities is supplemented by service payments, contributions from charitable organizations, self-help groups, and associations for individuals with disabilities, as well as donations from individuals and other sources ([Government of Slovenia, 1992a, §97](#)).

#### ZZVZZ

ZZVZZ is mainly financed by funds for compulsory health insurance, which are provided by contributions paid by employees and employers ([Government of Slovenia, 1992b, §45](#)). From 2023-2024, the employer contributes 6.56% of gross salary and the employee contributes 6.36% of gross salary ([Government of Slovenia, 1996b, §11-§12](#)). The employer contributes an additional 0.53% to cover workplace-related injuries and occupational diseases. Hence, the total employer contribution is 7.09% of gross salary ([Albrecht et al., 2021](#)). [Table 1](#) lists contribution rates from 1992 to 2024.

#### 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](#)).<sup>[3]</sup>

## 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.

#### ZSV

ZSV covers care needs that are caused by illness, disability, or old age and are related to [activities of daily living \(ADLs\)](#) ([Government of Slovenia, 1992a, §15b](#)).

#### ZZVZZ

ZZVZZ covers care needs related to health promotion, disease prevention, early detection, timely treatment, care, and rehabilitation of the sick and injured ([Government of Slovenia, 1992b, §1](#)).

#### 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.

### ZSV

An individual is covered under ZSV if all of the following conditions are satisfied ([Government of Slovenia, 1992a, §5](#))—

- Residence requirement: Is a permanent resident of the Republic of Slovenia

### ZZVZZ

An individual is covered under ZZVZZ if all of the following conditions are satisfied ([Government of Slovenia, 1992b, §15, §15a](#))—

- Residence requirement: Is a permanent resident of the Republic of Slovenia<sup>[1]</sup>
- Contribution requirement: Pays the compulsory health insurance premium (contribution rates from 1992 to 2024 are listed in [Table 1](#))<sup>[2]</sup>

### LTCI

An individual is covered under LTCI if all of the following conditions are satisfied ([Government of Slovenia, 2023, §11\(1\)](#))—

- Residence requirement: Is a permanent or temporary resident of the Republic of Slovenia
- Membership requirement: Has been insured for LTC for 24 months in the last 36 months before applying for any LTC services
- Contribution requirement: Pays the LTC premium if over the age of 18 (1% of gross salary from 2023 to 2024)<sup>[3]</sup>

## Benefit

### Home care benefit

LTC home care benefits differ by benefit system.

### ZSV

Home care benefits include ([Government of Slovenia, 1992a, §11](#))—

- Personal care: help with ADLs such as eating, personal hygiene, dressing, and using the toilet
- Domestic assistance: help with household-related activities such as household chores, buying groceries, and preparing meals
- Family helper: an individual that offers comprehensive assistance in personal care, health care, social care, and domestic assistance (usually a family member). Family helpers are entitled to receive compensation for lost income when they leave their paid employment to care for a family member ([Government of Slovenia, n.d.](#)). However, specific details regarding this compensation are not provided in this document.

### ZZVZZ

Home care benefits include ([Government of Slovenia, 1992b, §44c](#))—

- Home nursing: nursing care provided in a home environment through a district nursing service coordinated at the primary care level, initiated upon referral by the beneficiary's primary physician

### LTCI

Home care benefits include ([Government of Slovenia, 2023, §14](#))—

- Personal care: help with ADLs such as eating, personal hygiene, dressing, and using the toilet
- Domestic assistance: help with household-related activities such as household chores, buying groceries, and preparing meals
- Home nursing: nursing care provided in a home environment
- Family helper: an individual that offers comprehensive assistance in personal care, health care, social care, and domestic assistance (usually a family member). Family helpers are entitled to receive compensation for lost income when they leave their paid employment to care for a family member. However, specific details regarding this compensation are not provided in this document.

Individuals are entitled to a maximum number of care hours per month, which varies depending on their dependence category and type of in-kind benefit ([Government of Slovenia, 2023, §16](#)). [Table 2](#) lists the maximum monthly care hours by dependence category and type of benefit.

### Semi-residential care

LTC semi-residential care benefits differ by benefit system.

[ZSV](#) and [ZZVZZ](#)

None

[LTCI](#)

Semi-residential care benefits include ([Government of Slovenia, 2023, §14, §121](#))—

- Day care center: facilities that provide LTC services including personal care and nursing during the day but do not provide accommodation

Individuals are entitled to a maximum number of care hours per month, which varies depending on their dependence category and type of in-kind benefit ([Government of Slovenia, 2023, §16](#)). [Table 2](#) lists the maximum monthly care hours by dependence category and type of benefit.

### Residential care

LTC residential care benefits differ by benefit system.

[ZSV](#) and [ZZVZZ](#)

Residential care benefits include ([Government of Slovenia, 1992a, §16, §50](#))—

- Nursing home (Domovi za starejše): facilities that provide accommodation and LTC services including personal care and nursing care

[LTCI](#)

Residential care benefits include ([Government of Slovenia, 2023, §14-§15, §59](#))—

- Nursing home (Domovi za starejše): facilities that provide accommodation and LTC services including personal care, nursing, medical services, occupational therapy, and physiotherapy services

Individuals are entitled to a maximum number of care hours per month, which varies depending on their dependence category and type of in-kind benefit ([Government of Slovenia, 2023, §16](#)). [Table 2](#) lists the maximum monthly care hours by dependence category and type of benefit.

### Other benefits

Other LTC benefits differ by benefit system.

[ZSV](#) and [ZZVZZ](#)

None

[LTCI](#)

Other benefits include ([Government of Slovenia, 2023, §33, Annex](#))—

- E-care services: a telecare service that supports older adults by enabling them to stay more independent at home. With 24-hour accessibility, it allows quick assistance calls for falls or sudden accidents, preventing premature institutional care and optimizing social security resources.
- Services for strengthening and maintaining independence: services provided by social workers, occupational therapists, physiotherapists, and social gerontologists that aim to prevent the deterioration of the beneficiary's condition and include psychosocial support services, post-diagnostic support services for persons with dementia, and counseling services

Individuals are entitled to a maximum number of hours per year for services for strengthening and maintaining independence, which varies depending on their dependence category ([Government of Slovenia, 2023, §16](#)). [Table 2](#) lists the maximum yearly care hours by dependence category for services for strengthening and maintaining independence.

### Provision of care

The provision of LTC services differs by benefit system.

[ZSV](#)

Home care and residential care are provided by public and private providers such as centers for social work, homes for older adults, institutions for individuals with disabilities, and private organizations ([Prevolnik Rupel, 2010](#)).

[ZZVZZ](#)

Home nursing services are provided by nurses who are employed by primary health care institutions or contracted independently by the municipality ([Prevolnik Rupel, 2010](#)). Institutions aim to provide one general practitioner for every 250 individuals. If the ratio is lower, the general practitioner operates on a part-time basis ([Uradni list Republike Slovenije, 2024, §10](#)).

#### LTCI

Services are organized by regional offices of the [Health Insurance Institute of Slovenia \(ZZZS\)](#) and provided by public and private providers ([Prevolnik Rupel, 2022](#)).

## Benefit eligibility

### Qualifying period

The qualifying period for LTC benefits differs by benefit system.

#### ZSV and ZZVZZ

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 for LTC benefits differs by benefit system.

#### ZSV

There is no minimum level of dependence for home care provided under ZSV. Access to services is determined by a team of evaluators on a discretionary basis.

#### ZZVZZ

There is no minimum level of dependence for home nursing. Access to services is determined by a team of evaluators on a discretionary basis.

However, individuals need to be placed in [Category 1](#) to be reimbursed for nursing care services in residential care settings ([Government of Slovenia, 1992b, §34, Government of Slovenia, 2022, §79b, Prevolnik Rupel, 2010](#)). Category 1 is for individuals who need at least 15 minutes of care per day and at least 2 care services related to that category ([Health Insurance Institute of Slovenia, 2002, 2006, 2014, Official Gazette of the Republic of Slovenia, 2024](#)). [Box 1](#) lists the care services by category. For details about the ZZVZZ categories, please refer to the Evaluation of Dependence subsection.

#### 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.

#### ZSV and ZZVZZ

Across benefit systems, beneficiaries continue to receive benefits as long as they satisfy the coverage criteria (see Coverage 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

During this period, Slovenia provided in-kind benefits through three systems: [ZSV](#), [ZZVZZ](#) and [LTCI](#). Across benefit systems, individuals are eligible to receive services regardless of means, but individuals with greater income incur higher user charges. Additional details are provided in the User Charges section.

### Age requirement

None

### Care needs assessment

#### Definition of dependence

The definition of dependence differs by benefit system. ZSV and ZZVZZ only provide general definitions of dependence.

##### [ZSV](#)

Dependence is based on disability, old age, and illness ([Government of Slovenia, 1992a](#)).

##### [ZZVZZ](#)

Dependence is based on conditions, limitations, and disabilities that require the applicant to rely on nursing care ([Health Insurance Institute of Slovenia, 2001, 2003, 2006, 2014](#)).

##### [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.

##### [ZSV](#)

There is no statutory form for the evaluation of dependence in the context of home care. Access to services is determined by a team of evaluators on a discretionary basis.

##### [ZZVZZ](#)

There is no statutory form for the evaluation of dependence in the context of home care. Access to services is determined by a team of evaluators on a discretionary basis.

However, for residential care, the evaluators place individuals into a category based on their care needs, including factors such as care time and types of services required ([Prevolnik Rupel, 2010](#) and [Health Insurance Institute of Slovenia, 2014](#)). [Box 1](#) describes the categories and lists the services individuals typically need in each category. There are four categories. [Category 1](#) is for individuals with the lowest care needs, which includes individuals who need at least 15 minutes of care per day and at least two services out of the seven outlined in [Box 1](#). [Category 4](#) is for individuals with the highest care needs, which includes individuals that require 24-hour supervision. Evaluators exercise discretion in assigning individuals to categories.

Individuals or their caregivers submit applications directly to their preferred facility. Long waiting times are prevalent due to the shortage of beds in residential care facilities and the absence of a central coordination mechanism, especially affecting individuals in higher need categories ([Kragelj, 2019](#), [Albrecht et al., 2021](#), [Slovenia National Assembly, 2024](#)).

##### [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 2](#) and [Box 3](#) 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 4](#) and [Box 5](#) 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 3](#) 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 6](#) provides an example of the evaluation of dependence.

## Evaluators

Evaluators differ by benefit system.

### [ZSV](#)

An evaluation team including a social worker, a general practitioner, and a nurse evaluate dependence for home care ([Meglič et al., 2014](#)).

### [ZZVZZ](#)

An evaluation team including a social worker, a general practitioner, and a nurse evaluate dependence for home nursing ([Meglič et al., 2014](#)). Physicians from both the nursing home where the beneficiary is applying, and the [Health Insurance Institute of Slovenia \(ZZZS\)](#) evaluate dependence for residential care ([Prevolnik Rupel, 2010](#)). Nevertheless, their assessment does not affect how quickly the individual can ultimately access the relevant residential care services.

### [LTCI](#)

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

## Benefit limitations

### Can you mix LTC benefits?

The regulations on mixing LTC benefits differ by benefit system.

Individuals cannot receive in-kind benefits provided by the LTC Act and in-kind benefits provided by either [ZSV](#) or [ZZVZZ](#) ([Government of Slovenia, 2023](#), §11). The Social Security and Health Insurance Acts do not specify any restrictions on combining in-kind benefits provided by these systems, suggesting that individuals can receive home care benefits from ZSV and home nursing from ZZVZZ simultaneously ([Government of Slovenia, 1992a, 1992b](#)).

### [ZSV](#) and [ZZVZZ](#)

Beneficiaries cannot receive Allowance for Assistance and Service (Dodatek Za Pomoč In Postrežbo) while they are being receiving care in a hospital or any other inpatient institution such as a nursing home for more than 6 months.

### [LTCI](#)

LTCI cash and in-kind benefits cannot be combined ([Government of Slovenia, 2023](#), §10). Additionally, individuals cannot receive in-kind benefits provided by the LTC Act and benefits from another regulation that provide comparable services (e.g., Allowance for Assistance and Services) ([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.

### [ZSV](#) and [ZZVZZ](#)

The Social Security Act (ZSV) and Health Insurance Act (ZZVZZ) do not specify whether individuals have to choose between in-kind benefits and cash benefits, suggesting that there is no choice between the two ([Government of Slovenia, 1992a, 1992b](#)).

### [LTCI](#)



Individuals can choose to receive either care in-kind or through cash benefits under the LTC Act ([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.

#### [ZSV](#) and [ZZVZZ](#)

The Social Security Act (ZSV) and Health Insurance Act (ZZVZZ) do not specify any restrictions on receiving in-kind benefits with other social security benefits ([Government of Slovenia, 1992a, 1992b](#)).

#### [LTCI](#)

The beneficiary cannot receive in-kind 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\(1\)](#)).

## User costs

### User charges

Regardless of the benefit system, certain individuals are eligible to have service costs partially or fully covered. The Center for Social Work determines whether an individual and, if applicable, their guarantor qualify for partial or full payment exemption based on their ability to pay. Among other factors, the decision regarding the beneficiary's exemption is based on the value of the service, the beneficiary's income, and their service payment contribution. Similarly, the decision for the guarantor's exemption is based on the amount of the beneficiary's exemption and the guarantor's contribution. A guarantor is defined as a non-family member who assumes financial responsibility in cases where there is a legal obligation to support the beneficiary based on marriage and family relation regulations or someone who is legally obligated to cover the costs of the beneficiary's care. If the contributions from the beneficiary and guarantor(s) are insufficient to cover the service costs, the remaining amount is covered by the beneficiary's municipality or the Republic of Slovenia ([Government of Slovenia, 1992a, §100-§101](#), [Government of Slovenia, 2004b](#), [Government of Slovenia, 2023, §10\(4\)](#)). Details about the user charges conditional on income, including income limits, have not been identified yet.

#### [ZSV](#)

Unless fully exempt from payments by the Center for Social Work, beneficiaries usually pay a maximum of 50% of the expenses associated with their home care services, with the remaining costs being subsidized by their municipality ([Government of Slovenia, 1992a, §99](#)). The subsidies for these services vary significantly depending on the municipality ([Community of Social Institutions of Slovenia](#)). In Ljubljana, the capital, the subsidy is set at 80%, resulting in relatively low user charges for these services ([Municipality of Ljubljana, 2024](#); [Ljubljana Institute for Home Care, 2024](#)).

#### [ZZVZZ](#)

Nursing care services in home nursing and residential care settings are fully covered by compulsory health insurance ([Government of Slovenia, 1992b, §23](#)). Unless partially or fully exempt from payments by the Center for Social Work, meals, accommodation costs, and additional costs in residential care facilities are paid out-of-pocket by the beneficiary. The monthly allowances that cover these costs vary depending on the location and the care category (categories 1-4, with 4 being the most costly) ([DEOS, 2024](#)). [Box 1](#) describes the categories and lists the services individuals typically need in each category. Beneficiaries usually receive support from family members such as their spouses, children, or grandchildren.

#### [LTCI](#)

Nursing care in home and residential care settings is fully covered by compulsory health insurance. Medical services in residential care settings are fully covered by compulsory health insurance at the level of one general practitioner for every 250 individuals ([Uradni list Republike Slovenije, 2024, §10](#)). Unless partially or fully exempt from payments by the Center for Social Work, expenses related to accommodation costs and meals are paid out-of-pocket by the beneficiary ([Government of Slovenia, 2023, §10\(4\)](#)). From 2028, beneficiaries will be responsible for covering 10% of the overall expenses incurred for their care services ([Government of Slovenia, 2023, §57, §150](#)). Beneficiaries pay 25€ per month for e-care services and a one-time payment of 50€ for the installation of equipment of e-care services ([Government of Slovenia, 2023, §33](#)).

### Taxation of benefits

The benefits are not subject to taxation.

## Tables and Formulas

**Table 1: ZZVZZ Contribution Rates (1992 - 2024)**

Year	Employee (%)	Employer (%)	Total
1992			18.25
February 1993	6.60	7.20	13.80
March 1993	6.36	6.89	13.25
1994	6.14	6.64	12.78
1995	6.10	6.60	12.70
1996-2001	6.36	6.89	13.25
2002-2024	6.36	7.09	13.45

**Source:** §11-§12 of [Government of Slovenia \(1996a, 1996b, 2001\)](#), [Albreht \(2011\)](#), [Albreht et al. \(2021\)](#)

**Notes:** The exact employer and employee contributions from 1992 have not yet been identified. Since 1996, 0.53% of the employer contribution has been allocated to cover costs related to workplace injuries and occupational diseases. All contributions are calculated as a percentage of the gross salary.

**Box 1: Nursing Care Dependence Categories****Category 1**

- Individuals in this category require at least 15 minutes of care per day and at least 2 services out of the following list:
  - Small dressing (5x5cm)
  - Preparation, distribution, and application of medicines
  - Observation of health status
  - Suppository application, subcutaneous or intramuscular injection
  - Nebulization
  - Maintenance of urine bags, urinal application
  - Measurement of vital functions

**Category 2**

- Individuals in this category require at least 30 minutes of care per day and at least 2 services out of the following list:
  - Enema applications
  - Medium size dressing (10x10cm)
  - Collection of material for laboratory tests
  - Catheterization
  - Application of larger compresses to intact skin
  - Application of drugs to the skin in chronic dermatoses and prevention of decubitus
  - Application of oxygen or therapeutic inhalation
  - Application of intravenous injection
  - Assistance in getting up and walking, assistance in maintaining daily activities in the event of worsening health conditions
  - Therapeutic positioning
  - Control of excretion, application of laxatives, and observation of secretions
  - Management and control of a patient with uncontrolled diabetes on insulin therapy
  - Aspiration of secretions from the mouth and throat

**Category 3**

- The number of services and care time required are not specified. This category is for individuals who are immobile and depend on medical staff due to their physical or mental problems.

**Category 4**

- The number of services and care time required are not specified. This category is for individuals with behavioral or personality disorders. These individuals are totally dependent in some life functions because they are often isolated and need 24-hour individual supervision of their physical and mental status.

**Source:** [Health Insurance Institute of Slovenia \(2001, 2003, 2006, 2014\)](#) and [Official Gazette of the Republic of Slovenia \(2024\)](#)

**Notes:** The care category descriptions provided are applicable for the period from 2003 to 2024. For the year 2001, the descriptions remain unchanged, except for the exclusion of the item "Aspiration of secretions from the mouth and throat" in Category 2. Descriptions for care dependence categories before 2001 and for the year 2002 have not been identified yet.

**Table 2: Maximum Number of Care Hours (2023-2024)**

Dependence Category	Home Care (monthly)	Residential Care (monthly)	Day Care (monthly)	Strengthening Services (yearly)
1	20 hours	20 hours	7 hours	12 hours
2	40 hours	40 hours	14 hours	24 hours
3	60 hours	60 hours	21 hours	48 hours
4	80 hours	80 hours	27 hours	30 hours
5	110 hours	110 hours	37 hours	24 hours

**Source:** [Government of Slovenia \(2023\)](#) and [Government of Slovenia \(n.d.\)](#)

**Notes:** Individuals who opt for residential care cannot receive home care or day care. Home care and day care may be combined and if a beneficiary chooses to receive care from both, the number of day care hours is deducted from the maximum number of home care hours. For example, if someone in Category 1 wants to receive 6 hours of day care per month, they can receive up to 14 hours of home care per month. Strengthening services hours are provided independently of other benefits. Regardless of the amount of care received, individuals in home care, day care, and residential care can receive strengthening service hours. Services for strengthening and maintaining independence are services provided by social workers, occupational therapists, physiotherapists, and social gerontologists. These services aim to prevent the deterioration of the beneficiary's condition and include psychosocial support services, post-diagnostic support services for persons with dementia, and counseling services for adaptation of the living environment.

**Box 2: 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 3: 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 4: 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 5: 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 3: 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 6: 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 3](#) 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>).

- Albreht, T. (2011). Slovenian health care in transition: Studies on the changes in the Slovenian health care system from 1985 until 2010. Available in English. As of January 13, 2024. [\[Link\]](#)
- Albreht, T. et al. (2016). Slovenia Health system review. Available in English. As of January 13, 2024. [\[Link\]](#)
- Albreht, T. et al. (2021). Slovenia Health system review. Available in English. As of January 13, 2024. [\[Link\]](#)
- Community Health Centre Ljubljana (2021). Finančni načrt 2021 Zdravstveni dom Ljubljana [Financial Plan 2021 Health Center Ljubljana]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Community of Social Institutions of Slovenia (2024). Odobrene cene socialno varstvenih storitev s soglasjem MSP [Approved prices of social welfare services with the consent of SMEs]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- DEOS (2024). CENIK OSKRBNEGA DNE [SERVICE DAY PRICE LIST]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Government of Slovenia (n.d.). Long-term care. Available in English. As of January 13, 2024. [\[Link\]](#)
- Government of Slovenia (n.d.). Pravice in storitve dolgotrajne oskrbe [Long-term care rights and services]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Government of Slovenia (1992a). Zakon o socialnem varstvu [Social Security Act]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Government of Slovenia (1992b). Zakon o zdravstvenem varstvu in zdravstvenem zavarovanju [Health Care and Health Insurance Act]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Government of Slovenia (1996a). Zakon o prispevkih za socialno varnost (ZPSV) [Social Security Contributions Act (ZPSV)]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Government of Slovenia (1996b). Zakon o prispevkih za socialno varnost (ZPSV) [Social Security Contributions Act (ZPSV)]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Government of Slovenia (1997). Zakon o prispevkih za socialno varnost (ZPSV) [Social Security Contributions Act (ZPSV)]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Government of Slovenia (2001). Zakon o prispevkih za socialno varnost (ZPSV) [Social Security Contributions Act (ZPSV)]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Government of Slovenia (2004a). Zakon o socialnem varstvu [Social Security Act]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Government of Slovenia (2004b). Uredba o merilih za določanje oprostitev pri plačilih socialno varstvenih storitev [Regulation on the criteria for determining exemptions in the payment of social welfare services]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Government of Slovenia (2022). Zakon o zdravstvenem varstvu in zdravstvenem zavarovanju [Health Care and Health Insurance Act]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Government of Slovenia (2023). Zakon o dolgotrajni oskrbi [Long-Term Care Act]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Government of Slovenia (2024). Pravilnik o ocenjevalni lestvici za oceno upravičenosti do dolgotrajne oskrbe ± [Rules on the rating scale for assessing eligibility for long-term care ±]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Government of Slovenia (n.d.). Družinski pomočnik [Family Assistant]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Healthcare Insurance Institute of Slovenia (2002). Podroèni dogovor za bolnišnice za pogodbeno leto 2001 [Regional agreement for hospitals for the 2001 contract year]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Healthcare Insurance Institute of Slovenia (2003). Podroèni dogovor za bolnišnice za pogodbeno leto 2003 [Regional agreement for hospitals for the 2003 contract year]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)

- Healthcare Insurance Institute of Slovenia (2006). Podrošni dogovor za bolnišnice za pogodbeno leto 2006 [Regional agreement for hospitals for the 2006 contract year]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Healthcare Insurance Institute of Slovenia (2014). SPLOŠNI DOGOVOR ZA POGODBENO LETO 2014 [GENERAL AGREEMENT FOR CONTRACT YEAR 2014]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Kragelj, K. (2019). Dolge čakalne vrste za sprejem v domove za stare ljudi na območju občine Tolmin: odraz izbire ali nuje [Support for independent living in home environment and long-term care]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Ljubljana Institute for Home Care (2024). SOCIALNA OSKRBA NA DOMU [SOCIAL CARE AT HOME]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Meglič, A.C. et al. (2014). Podpora samostojnemu bivanju v domačem okolju in dolgotrajna oskrba [Long waiting lines for admission to homes for the elderly in the area of Tolmin municipality: a reflection of choice or necessity]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Municipality of Ljubljana (2024). Pomoč družini na domu [Helping the family at home]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Slovenia National Assembly (2024). REPUBLIKA SLOVENIJA DRŽAVNI ZBOR 61. izredna seja (26. januar 2024) [REPUBLIC OF SLOVENIA NATIONAL ASSEMBLY 61st extraordinary session (January 26, 2024)]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Slovenia National Electoral Commission (2022). REFERENDUMI - VLADA, DOLGOTRAJNA OSKRBA IN RTV 2022 [REFERENDUMS - GOVERNMENT, LONG-TERM CARE AND RTV 2022]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- OECD (2011). Slovenia Long-term Care. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Official Gazette of the Republic of Slovenia (2024). Merila za razvrščanje oskrbovancev po zahtevnosti zdravstvene nege [Criteria for classifying care recipients according to complexity nursing care]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)
- Prevolnik Rupel, V. (2010). Long-term Care System in Slovenia. Available in English. As of January 13, 2024. [\[Link\]](#)
- Prevolnik Rupel, V. (2022). Slovenia adopts the long-awaited Long-Term Care Act. European Social Policy Network Report. Available in English. As of January 13, 2024. [\[Link\]](#)
- Uradni list Republike Slovenije (2024). U R E D B O o programih storitev obveznega zdravstvenega zavarovanja, zmogljivostih, potrebnih za njegovo izvajanje, in obsegu sredstev za leto 2024 [EDITORIAL on programs of compulsory health care services insurance, capacity, necessary for its implementation, and scope funds for 2024]. Available in Slovenian. As of January 13, 2024. [\[Link\]](#)

## 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.

**E-care Services:** A telecare service that supports older adults by enabling them to stay more independent at home. With 24-hour

accessibility, it allows quick assistance calls for falls or sudden accidents, preventing premature institutional care and optimizing social security resources.

**Health Care and Health Insurance Act (Zakon o zdravstvenem varstvu in zdravstvenem zavarovanju - ZZVZZ):** The Slovenian Health Insurance System (ZZVZZ) is designed to provide comprehensive healthcare coverage to all residents, funded through mandatory contributions from both employees and employers. It ensures access to a wide range of medical services, including hospital care, outpatient treatment, and preventive measures, aiming to promote public health and well-being. It also provides some LTC benefits such as home nursing and residential care.

**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.

**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.

**Social Security Act (Zakon o socialnem varstvu - ZSV):** The Slovenian Social Security Act (ZSV) serves as the legal framework for providing social security benefits and services to individuals in need, covering areas such as healthcare, unemployment benefits, family support, and pensions. It covers some LTC benefits such as home care and residential care.

## 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. Residence is typically required unless specified otherwise in a bilateral agreement.
2. Spouses, children, and in certain cases, other extended family members are covered under compulsory health insurance as dependents of another insured individual.
3. Individuals will start to pay the LTCI premium of 1 percent of gross salary starting on July 1, 2025.

## 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