GATEWAY TO GLOBAL AGING DATA

g2aging.org

Gateway Policy Explorer: Long-Term Care Series

Sweden

Long-Term Care In-Kind Benefit Plan Details

2002-2024

Authors
Chiara Grigoletti
Giacomo Pasini
Yeeun Lee
David Knapp

Contributors
Maya Fransz-Myers
Jinkook Lee
Drystan Phillips
Kanghong Shao
Marta Szebehely
Gun-Britt Trydegård

Version: 1.0 (November 2024)

This project is funded by the National Institutes of Health, National Institute of Aging, R01 AG030153.

Please cite as "Gateway to Global Aging Data (2024). *Gateway Policy Explorer: Sweden, Long-Term Care In-Kind Benefit Plan Details, 2002-2024*, Version: 1.0 (November 2024), University of Southern California, Los Angeles. https://doi.org/10.25553/gpe.ltc.kb.swe"

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*.

Sweden

In-Kind Benefits

Plan details 2002-2024 * †

Public long-term care (LTC) services in Sweden for older individuals with care needs are provided through in-kind benefits. The Swedish universal LTC system was established in 1982 with the first Social Services Act (SoL 1980), which granted older individuals the legal right to receive support and care, as well as the option to appeal decisions in an administrative court. The second Social Services Act (SoL 2001), implemented in 2002, builds upon the original SoL 1980, maintaining the same legal rights to services and the ability to appeal as outlined in the earlier legislation.

Regulated by the Social Services Act, the LTC system provides a wide range of benefits to older adults with care needs including home care, community care, residential care, and, in some municipalities, reimbursement of informal home care related expenses through the Attendance Allowance [Hemvårdsbidrag]. Although municipalities are not obligated to provide the Attendance Allowance, they are required to offer home-based and residential care services. The system is financed by general tax revenues of the central government and municipalities and beneficiaries are expected to contribute to the cost of their care adjusted to income and level of care. Individuals are eligible for benefits through the LTC system as long as they reside in the municipality where they are applying to receive benefits.

While there have been amendments to the Social Services Act and other minor policy changes, no major reforms have been made to the provision of in-kind LTC benefits in Sweden since 2002.

Key Dates

First law: 1980

Major changes since 1992: 2002

Contents

* 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" + "[".

Chapter 1: Background on long-term care policy prior to 2002

Editor's Note
The universal Long-Term Care (LTC) system currently in place in Sweden is regulated by the Social Services Act [Socialtjänstlag — SoL] of 2001, which was implemented in 2002 and built on the Social Services Act from 1980. The first interview of the Survey on Health and Retirement in Europe (SHARE) for Sweden was in 2004. Given the difficulty in accessing and collecting local policy information before 2002, this chapter deviates from the usual design of the *Gateway Policy Explorer Series* and provides historical background on the evolution of LTC services in Sweden prior to SoL 2001. The background provided in this chapter offers important context for the creation of the Swedish LTC system and subsequent reforms.

Before World War II (1939-1945), the care of older adults in Sweden was mainly based on unpaid family-based home care. Publicly provided paid care services were primarily offered through nursing homes (also referred to as long-term hospitals — långvårdssjukhus) managed by the county councils' health care system and retirement homes (also referred to as old people's home - ålderdomshem), managed by municipalities. In 1950, as the demand for care services increased, the Red Cross in the municipality of Uppsala started to recruit housewives to provide home help services [hemhjälp] for older adults. The implementation of formal home help services was positively received, which decreased the demand for nursing homes. An increasing number of municipalities adopted Uppsala's stay-at-home model by 1955 and full implementation across all municipalities was reached by 1967 (Edebalk, 2016).

In addition to the introduction of home help services in the 1950s, individuals also had the option to receive care either in nursing homes or old people's homes. Old people's homes offered less intensive care than nursing homes, specifically catering to older adults with greater levels of independence. However, as home care services expanded, old people's homes began to provide accommodation for older adults requiring intensive care due to severe health conditions. This shift blurred the distinction between old people's homes and nursing homes, as both began accommodating individuals requiring more intensive care (Edebalk, 2016).

In the early 1960s, a series of social policy reforms were introduced, leading to a significant government commitment to the care of older adults by 1964. This commitment included:

- Providing temporary government loans to support the construction of nursing homes and the improvement of old-people's homes
- Allocating a state grant to cover 35% of municipalities' net costs for home help services

This comprehensive approach increased the number of home help beneficiaries from 129,000 to 160,000 in just two years, and this number nearly doubled by 1974 (Edebalk, 2016).

In the 1970s, service houses were created as an alternative to old people's homes. Funded through government loans, service houses enabled older adults to reside in their own apartments, paying rent (possibly supplemented by housing allowances), and using communal spaces for dining and hobbies, all in a secure environment. As the demand for high-quality home help services increased, the supply of housewives with informal qualifications declined. In response, the state introduced a subsidy in 1975 for formal training to recruit younger care workers who lacked the experience of previous generations. As the needs of home care users grew, so did the demand for skilled workers, although many still lacked specialized healthcare training. Early home care workers, primarily housewives, were compensated only for the hours spent with care recipients. In contrast, the new generation of workers were offered better employment conditions, including payment for travel time, which resulted in increased expenses for municipalities. However, this change did not affect the overall costs for users (Edebalk, 2016). In 1980, the Social Services Act (SoL 1980) was introduced, affirming the rights of older adults to receive care and assistance, and establishing municipalities' responsibility to provide social services for their residents (Sveriges Riksdag, 1980).

In 1991, the New Municipal Act allowed municipalities to outsource care services to private providers as an alternative option (Sveriges Riksdag, 1991; Trydegård, 2003). This initiative eventually led to the introduction of special case managers responsible for evaluating the level of care needed by beneficiaries and determining the appropriate type of care service (Socialstyrelsen, 2006). Additionally, the Older Adult Reform [Ädel Reform] of 1990, which was implemented in 1992, shifted the responsibility of funding and ensuring the quality of nursing homes— previously managed by Swedish county councils — to municipalities (Andersson and Karlberg, 2000; Sveriges Riksdag, 1990). The reform also emphasized the importance of setting a similar system of fees in all types of residential care. Prior to 1992, residents in nursing homes paid much less for their care than residents in old people's homes.

In 2002, the Social Services Act of 2001 (SoL 2001) succeeded SoL 1980. SoL 2001 maintains the same legal rights to care and services established in the earlier legislation and serves as the foundation upon which the current system is structured and continues to change (Sveriges Riksdag, 2001).

Chapter 2: Policy enacted 2002-2024

Policy change in 2002

In 2002, the Social Services Act of 2001 (SoL 2001) succeeded SoL 1980. SoL 2001 shares similarities with its predecessor, SoL 1980, in emphasizing the rights of older adults to receive care and assistance, and in establishing municipalities' responsibility to provide social services for their residents. SoL 2001 expands upon this foundation by introducing limits for user charges (a maximum fee) and individual protections, such as the reserve amount. The reserve amount guarantees a minimum amount to ensure individuals can meet their daily living expenses.

Other reforms during this period:

- The Act on Free Choice Systems, effective 2009, called on municipalities to support older individuals in navigating challenges associated with selecting service providers (Sveriges Riksdag, 2008)
- The Act of 2009 amending the Social Services Act of 2001, effective 2010, required municipalities to create an Individual Care Plan [Individuell Vårdplan] for those who receive both health care and social care services. The plan includes the care benefits needed by the applicant provided by the authorities responsible for each of the care services (Sveriges Riksdag, 2009)
- The creation of the Older Adult Needs at the Center [Äldres Behov I Centrum - ABIC] and Individual Needs at the Center [Individens Behov I Centrum - IBIC] guidelines (Socialstyrelsen, 2016)
  - 2008: the government introduced the ABIC guidelines to provide a common care assessment method
  - 2013: the National Boards of Health and Welfare [Socialstyrelsen] supported ABIC implementation in various municipalities by providing additional guidelines, training for evaluators, and financial resources
  - 2015: Socialstyrelsen transitioned ABIC into the IBIC guidelines, which applies the same guidelines to all adults regardless of disability or age, and provides new evaluating questions and guidelines for relatives supporting older adults

Overview

The Swedish Long-term Care (LTC) system is regulated by the Social Services Act of 2001 (SoL 2001), which was implemented in January 2002. The LTC system is jointly organized by the central government, regions, and municipalities:

- At the national level, the central government establishes policies to organize the system's financing
- At the regional level, 21 county councils (from 2019 called regions) are responsible for health and medical care service provision
- At the municipal level, 290 municipalities are responsible for LTC benefit provision

The system is financed by general tax revenues of the central government, municipalities, and beneficiary out-of-pocket expenses. Individuals are eligible for benefits through the LTC system as long as they reside in the municipality where they are applying to receive benefits. Municipalities provide a wide range of benefits including home care, community care, and residential care services. Reimbursement of home care services provided by informal caregivers is not mandatory for municipalities; however, some municipalities offer a symbolic payment through the Attendance Allowance [Hemvårdsbidrag], and in some municipalities informal carers can be paid a salary as homecare workers for the care they provide. Municipalities conduct care needs assessments using their own guidelines, but, in 2008, the government introduced the Older Adult Needs at the Center [Äldres Behov I Centrum — ABIC] guidelines in an effort to establish a standardized care assessment method. The ABIC guidelines were replaced by the Individual Needs at the Center [Individens Behov I Centrum — IBIC] guidelines in 2015, which apply the same guidelines to all individuals regardless of age or disability. None of the benefits are means-tested or taxed.

There are 290 Swedish municipalities. We include information on a number of municipalities of various size, including Stockholm, Älvdalen, Linköping, Umeå, and Gävle. As of 2024, Älvdalen is one of the smallest municipalities, with a population of around 7,000, while Stockholm is the largest, with nearly one million residents. The three other municipalities have populations between 100,000 and 167,000. Provision of in-kind LTC benefits in Sweden has not been subject to major reforms since 2002, but to a sequence of laws and amendments to the Social Services Act, which did not substantially alter the system across years.

There are welfare policies targeted towards individuals with care needs and disabilities such as the Social Insurance Act [Socialförsäkringsbalk] and Support and Services for Persons with Specific Functional Impairments [Lagen om stöd och service till vissa funktionshindrade]. Details of these policies are not included because they are organized under Sweden's disability system, rather than the LTC system.

This policy period (chapter) provides details on in-kind benefits of the Swedish LTC system from 2002 to 2024.

Statutory basis

Social Services Act (Socialtjänstlag - SoL) (Sveriges Riksdag, 2001)

Financing

Source of financing

The Swedish LTC system is financed by general tax-revenues of the central government (10%), municipalities (85%), and beneficiary out-of-pocket expenses (5%) (Lorenzoni, 2021). Beneficiary contributions for in-kind LTC services are regulated by each municipality within the limits of the maximum copayment and reservation amount set nationwide. Additional details on beneficiary contributions are provided in the User Charges section.

Regional and municipal tax revenues

The Instrument of Government (Regeringsformen) and the Income Tax Act grant Swedish regions [regioner] and municipalities [kommuner] autonomy in setting tax levels (Sveriges Riksdag, 1974, Ch. 14. §4; Sveriges Riksdag, 1999, Ch. 1. §§3-4). Regions and municipalities set their own rates. Individuals residing within a region pay the same regional tax rate but different municipal rates based on their specific municipality (Statistics Sweden, 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 Social Services Act covers care needs related to physical, functional, or other daily living limitations that hinder full independence and participation in society (Sveriges Riksdag, 2001, Ch. 1. §1, Ch. 4. §1). For example, many individuals pursue LTC for assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), which are fundamental tasks like eating, dressing, preparing meals, and cleaning.

Eligible population

An individual is eligible for care coverage under the Social Services Act if all of the following conditions are satisfied (Sveriges Riksdag, 2001, Ch. 2a. §1):

- Residence requirement: Resides in the municipality where they are applying to receive benefits
- Age requirement: None
- Contribution requirement: None

Benefit

Home care benefit

Under the Social Services Act, individuals who are unable to meet their own care needs are entitled to assistance from the social welfare board in their municipality. However, the Act does not provide specific home care benefits (Sveriges Riksdag, 2001, Ch. 4, Ch. 8. §2(4)). Home care benefits vary depending on the municipality but the following lists some examples of home care services available in Sweden (Stockholm Municipality, 2024b; Linköping Municipality, 2024a; Umeå Municipality, 2024a; Gävle Municipality, 2024a):

- Personal care and domestic assistance [hemtjänst]:[1] assistance with ADLs and IADLs provided at home including eating, dressing, bathing, housekeeping, shopping, and making the bed
- Home nursing [hemsjukvård]:[2] nursing and rehabilitation care provided at home including wound dressing, medication management, and symptom control

Under the SoL 2001, municipalities are required to support informal caregivers starting from 2009. While financial assistance is not mandatory, municipalities typically provide support through relief services, day care, and psycho-social services. Additionally, municipalities have the option to employ family members as caregivers [anhöriganställning] [3] or to reimburse them for home care services through the Attendance Allowance (AA) benefit.[5] This allowance is paid directly to the care recipient (Sveriges Riksdag, 2001, Ch. 4. §1; Boden Municipality, 2020). However, financial support for caregivers has become increasingly restrictive, with only some municipalities choosing to employ caregivers or provide the AA benefit (Brodin, 2017; Socialstyrelsen, 2020).

Authors have identified AA programs in Stockholm, Göteborg, and Borås, and policy may vary by municipality (Stockholm Municipality, 2021; Stockholm Municipality, 2023c; Borås Municipality, 2023; Göteborg Municipality, 2023). In Stockholm, the AA allowance for 2024 ranges from 1,433 SEK to 5,730 SEK (Stockholm Municipality, 2023c). There are four levels of care, determined by the individual's need for care and supervision. Table 1 lists the different care levels, their corresponding supervision and care requirements, and the allowance amounts for each level in 2024. While national estimates are unavailable, as of August 2024, there were 798 older adults receiving AA compared to 14,023 receiving home care services in Stockholm (Stockholm Municipality, 2024g).

Community care

Under the Social Services Act, individuals who are unable to meet their own care needs are entitled to assistance from the social welfare board in their municipality. However, the Act does not provide specific community care benefits (Sveriges Riksdag, 2001, Ch. 4, Ch. 8. §2(5)). Community care benefits vary depending on the municipality, but the following lists some examples of community care services available in Sweden (Stockholm Municipality, 2024c; Linköping Municipality, 2024b; Umeå Municipality, 2024b; Gävle Municipality, 2024b):

- Short-term care [korttidsvård]: short-term stay in a nursing home
- Day activities for older adults [dagverksamhet för dig som är äldre]: provides support and socialization opportunities for older adults
- Day activities for people with dementia [dagverksamhet för personer med demens]: provides support and socialization opportunities for older adults with dementia

Residential care

The Social Services Act (SoL) 2001 mandates that all municipalities provide residential care with 24-hour support, using the term "special housing for older adults" [särskilda boendeformer för äldre] as a single category in the legislation (Sveriges Riksdag, 2001, Ch.5 §5). Therefore, there is no distinction made between nursing homes and service housing within the legal framework. A range of terminology is used among municipalities for these needs-assessed housing options. For instance, Stockholm differentiates between nursing homes and service housing. Although there are no national statistics, in 2021, The Swedish Agency for Health and Care Services Analysis [Vård- och omsorgsanalys] found that at least 95% of the places classified as "special housing" provide 24/7 care and function primarily as nursing homes, while less than 5% are service houses where not all residents require or receive around-the-clock support (Vård- och omsorgsanalys, 2021a). The following lists some examples of residential care services available in Stockholm, Linköping, Umeå, and Gävle (Stockholm Municipality, 2024a, 2024e; Linköping Municipality, 2024c; Umeå Municipality, 2024c; Gävle Municipality, 2024c):

- Stockholm
  - Nursing homes [vård- och omsorgsboende]: facilities that provide accommodation as well as round-the-clock personal and nursing care
  - Service houses [servicehus]: apartments with security alarms that provide LTC benefits according to the beneficiary's level of care needs
  - Nursing homes specializing in physical care [vård- och omsorgsboenden för dig med somatiska (kroppsliga) besvär]: facilities that provide accommodation as well as round-the-clock personal and nursing care specifically for individuals with physical problems
  - Nursing homes specializing in dementia care [vård- och omsorgsboenden för dig med demensdiagnos]: facilities that provide accommodation as well as round-the-clock personal and nursing care specifically for individuals with dementia
- Linköping
  - Nursing homes [vård- och omsorgsboende]: facilities that provide accommodation as well as round-the-clock personal and nursing care
  - Sheltered housing [biståndsbedömt trygghetsboende]: adapted apartments that provide home care benefits to older adults who require assistance with ADLs but are unable to receive adequate support in regular housing
- Umeå
  - Nursing homes [vård- och omsorgsboende]: facilities that provide accommodation as well as round-the-clock personal and nursing care
  - Senior housing [seniorboende]:[4] apartments or houses that are functionally designed to provide care services and activities to support older adults living in a community environment
- Gävle
  - Nursing homes [vård- och omsorgsboende]: facilities that provide accommodation as well as round-the-clock personal and nursing care

Other benefits

Under the Social Services Act, individuals who are unable to meet their own care needs are entitled to assistance from the social welfare board in their municipality. However, the Act does not provide specific additional benefits (Sveriges Riksdag, 2001, Ch. 4). Additional care benefits vary depending on the municipality, but the following list includes some examples of additional care services available in Sweden (Stockholm Municipality, 2024f; Linköping Municipality, 2024d; Umeå Municipality, 2024d; Gävle Municipality, 2024d):

- Meal delivery [hemleverans av mat]: delivers meals to the beneficiary's home if they are unable to cook or require a special diet
- Security alarm [trygghetslarm]: personal alarms individuals can use at home for immediate assistance, such as in case of emergencies like falls
- Home adaptation [bostadsanpassning]: service that adjusts the living environment of a person's home to better suit their needs and improve their ability to live independently and safely
- Home repair [fixartjänst]: service that aims to improve home safety and prevent falls (e.g., changing light bulbs, hanging curtains)

Provision of care

In-kind LTC benefits are provided by the public and the private sector, through for-profit and non-profit organizations. Beneficiaries can choose between public providers or private non-profit or for-profit service providers. In 2009, the Act on Free Choice Systems was introduced, which allowed individuals with care needs to select between providers that had been approved by the municipality (Sveriges Riksdag, 2008, §1(2)). Around half of Sweden's municipalities have introduced choice models in older adult care, mainly for home care services. The user fees are the same in publicly and privately provided services (Statens offentliga utredningar, 2022).

Benefit eligibility

Qualifying period

None

Minimum level of dependence

There are no national regulations that have set a minimum level of dependence, including eligibility requirements, standardized assessment instruments, or guidelines for needs assessment (Sveriges Riksdag, 2001, Ch 4. §2a).

Duration of benefit

Beneficiaries continue to receive benefits as long as they satisfy the coverage criteria (see Coverage section).

Means testing

LTC benefits are not means-tested (WHO, 2021). However, factors such as income determine a beneficiary's contribution to the cost of care. See the section on User Charges for more information.

Age requirement

The Social Services Act does not have an age requirement to receive LTC benefits. However, some municipalities have age requirements for certain benefits. For example, in Linköping, individuals must be at least 65 years old to be eligible for sheltered housing (Linköping Municipality, 2024c).

Care needs assessment

Definition of dependence

SoL only provides a general definition of dependence, stating that individuals who are unable to meet their own care needs are entitled to assistance from the social welfare board in their municipality (Sveriges Riksdag, 2001, Ch. 4).

Many municipalities have established levels of care based on their specific care needs assessments. A needs assessor [biståndshandläggare — NA] from the local municipality [6] conducts interviews with the applicant and their family to assess their level of dependence. These classifications are found in the following tables for each municipality:

- Stockholm —Table 7 (2002) and Table 8 (2023)
- Älvdalen —Table 9 (2023-2024)
- Linköping —Table 10 (2023-2024)

- Umeå —Table 11 (2023-2024) for home care and Table 12 for cleaning services (2023-2024)
- Gävle —Table 13 (2023-2024)

Evaluation of dependence

Municipalities conduct the evaluation of dependence using their own assessment frameworks, which are referred to as social service care guidelines [riktlinjer för handläggning inom socialtjänstens äldreomsorg]. Municipal guidelines cannot restrict an individual's right to apply for services, and applicants are entitled to appeal to the court if their requests are denied. In 26% of cases where applicants appeal negative decisions related to nursing home services and in 17% of home care services, the court reverses the local authority's decision (Leijon and Moberg, 2024).

Care needs assessments also differ according to benefit type. For instance, municipalities have the option to provide home care benefits to older adults without conducting a care needs assessment (Sveriges Riksdag, 2001, Ch. 4 §2a). Therefore, while assessments are generally based on the applicant's individual needs, there is no common care needs assessment for benefit qualification. Additionally, there is no evaluation of dependence for senior housing [seniorboende].

In 2008, the government introduced the Older Adult Needs at the Center [Äldres Behov I Centrum — ABIC] guidelines to provide a common care needs assessment method. ABIC provides guidelines for Swedish municipalities to adopt the International Classification of Functioning, Disability and Health (ICF) method. Initially, a few municipalities adopted ABIC as a supplementary tool but continued to use their existing assessment methods as the primary framework. As of 2013, the National Board of Health and Welfare [Socialstyrelsen] tried to facilitate ABIC implementation across municipalities by offering additional guidelines, training for evaluators, and financial resources. In 2015, Socialstyrelsen transitioned ABIC into the Individual Needs at the Center [Individens Behov I Centrum — IBIC] guidelines, which were designed to apply consistent assessment criteria to all adults, regardless of disability or age. IBIC introduced new evaluation questions and guidelines specifically tailored for relatives who support older adults.

As of 2023, 70% of municipalities were using IBIC (Socialstyrelsen, 2023b). While the guidelines aim to standardize the assessment process, implementation varies, with some municipalities choosing not to adopt the model and others applying it differently than intended. Reports indicate that IBIC is time-consuming and does not consistently lead to improvements in quality or user satisfaction. A 2021 report by The Swedish Agency for Health and Care Services Analysis stated, "There are few signs that IBIC has contributed to enhancing quality and operational development at either the municipal or national level. The benefits of IBIC must be weighed against the increased time and effort required for its implementation" (Vård- och omsorgsanalys, 2021b).

The ICF assessment items incorporated into ABIC and IBIC include the following:

- Activity and Participation
  - ◇ Learning and Applying Knowledge, General Tasks and Demands, and Communication (Table 2)
  - ◇ Mobility and Self Care (Table 3)
- Domestic Life
  - ◇ Domestic Life, Interpersonal Interactions, and Relationships (Table 4)
  - ◇ Major Life Areas, Community, and Social Life (Table 5)
- Body Functions, Body Structures, and Environmental Factors (Table 6)

ABIC and IBIC evaluations also consider a range of personal characteristics beyond those specified in the ICF such as behavioral patterns, coping strategies, ethnicity, other skills, gender, lifestyle, personality and character traits, social background, socioeconomic conditions, past and current life experiences, habits, and age.

In general, dependency is evaluated by a needs assessor (NA) from the municipal social welfare board.[6] The NA conducts interviews with the applicant and their family to assess their level of dependency and determine the appropriate care and benefits required.

Since January 2010, municipalities have been required to develop an Individual Care Plan [Individuell Vårdplan] outlining the necessary care benefits for the applicant in those cases where the individual receives both health and social care services. The plan specifies the responsible authority overseeing each service provided (Sveriges Riksdag, 2009).

Evaluators

A needs assessor (NA) from their municipality of residence [6] evaluates dependence (Socialstyrelsen, 2024a; Stockholm Municipality, 2024d). The same needs assessor evaluates the need for home care, community care, and residential care. Medical doctors are not involved in the needs assessment process. Approximately 81% of needs assessors hold a degree in social work

(Socialstyrelsen, 2024b).

Benefit limitations

Can you mix LTC benefits?

The combination of benefits that beneficiaries may receive is determined by the municipality.

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

There is no choice as LTC benefits in Sweden primarily consist of in-kind benefits, with cash benefits available specifically for caregivers in some municipalities (e.g., Attendance Allowance) (Fukushima, 2010; Lorenzoni, 2021).

Can you receive LTC benefits with other social security benefits?

There are no limits on receiving in-kind benefits with other social security benefits.

User costs

User charges

Municipalities determine and regulate user charges for in-kind benefits. However, SoL establishes a national framework that sets both the Maximum Copayment Rate [Högkostnadsskyddet - HK] and the Minimum Amount [Minimibeloppet - MB] that users are expected to need for their living expenses (Sveriges Riksdag, 2001, Ch. 8).

HK values are adjusted yearly by the central government to protect users from unsustainable charges. Computational formulas to derive an individual's HK for home care, day care, and residential care are detailed in Formula 1. Table 14 provides adjusting values for the HK calculation. In 2012, the HK for home care, community care, and residential care services was 1,760 SEK. In 2024, the HK was 2,575 SEK (Socialstyrelsen, 2023a).

The Price Base Amount [Prisbasbeloppet - PBB] is used in Sweden as a reference value to determine public benefits, and is the base in the HK and MB calculations. The values for PBB across different years are provided in Table 15. The national maximum copayment or HK is determined using the MB, actual housing costs, and income. The same maximum copayment applies to home, community, and residential care. In residential care, the costs for food and housing are paid for separately.

MB is intended to cover the costs of essential items and services such as food, clothing, consumer goods, media, furniture, home insurance, travel, dental treatment, healthcare services, and pharmaceuticals. Housing costs are not taken into account. Computational formulas for the beneficiary's MB are provided in Formula 2 and Table 16 provides the adjusting values needed for the MB calculation. In 2012, the MB amount for single individuals was 4,967 SEK per month and 4,197 SEK for married or cohabiting individuals. In 2024, the corresponding amounts were 7,062 SEK and 5,762 SEK, respectively.

Formula 3 provides the computational formula for the Reservation Amount [Förbehållsbelopp - FB], which represents the amount beneficiaries are entitled to keep for their personal living expenses. FB includes a beneficiary's MB, actual housing costs, and the individual supplement [Individuellt tillägg - IT]. IT is a supplementary benefit individuals can claim if their expenses for essential items and services covered by MB, such as special food, exceed the specified MB amount, or if they incur monthly fixed living expenses of at least 200 SEK. IT increases the individual's MB amount, affecting the final individual contribution for LTC benefits.

Pensions, pension insurance, income from business activities, housing allowance, subsistence allowance, and income from capital (not wealth) are sources of income included in the LTC copayment calculation. Beneficiaries are required to annually submit their income information to their municipality of residence and report any changes. For married or cohabiting couples, income information must be provided by both individuals, even if only one person in the household is receiving LTC benefits. The income of the person receiving LTC benefits is typically calculated as half of their total income. For cohabitants, income is generally calculated separately. If beneficiaries do not provide income information, HK is applied.

The individual's Fee Space [Avgiftsutrymme - FS], is calculated as the difference between the beneficiary's net income and the FB. An individual's copayment cannot exceed the FS. The computational formula for the FS is provided in Formula 4. Examples of LTC benefit copayment calculations are provided in Box 1 and Box 2.

In the municipalities of Älvdalen, Gävle, Linköping, Stockholm and Umeå, the beneficiary's copayment rate is derived according to the level of care needed and the type of service provided. All of these rates are at or below the HK, which represents the highest rate

for care. This is legally mandated, so no municipality can charge a higher fee. Additionally, the same fee applies to both publicly and privately provided services. Lower levels of care or less demanding services typically have lower maximum rates, and users with low income pay a lower fee. The fee can also be entirely exempted. The following tables provide details on care levels and copayments by municipality:

- Älvdalen: Table 9
- Gävle: Table 13
- Linköping: Table 10
- Stockholm: Table 8
- Umeå: Table 11

Taxation of benefits

Not subject to taxation (Sveriges Riksdag, 1999)

Tables and Formulas

Table 1: Attendance Allowance [Hemvårdsbidrag] - Stockholm (2024)

Care Level	Care and Supervision Required	Monthly Allowance Amount
Care Level 1	1 to 2 times a day	1,433 (SEK)
Care Level 2	At least 3 times a day	2,865
Care Level 3	Several times during the day and night	4,298
Care Level 4	Continuous 24-hour care and supervision	5,730

Source: Stockholm Municipality (2021); Stockholm Municipality (2023c)

Table 2: ABIC and IBIC Assessment Methods (2016) - Activity and Participation - A

ICF Code	ICF Category	ABIC	IBIC
d	Activity and participation	Yes	Yes
d1	**Learning and applying knowledge**	**Yes**	**Yes**
d138	Finding information	No	Yes
d155	Acquiring skills	No	Yes
d160	Focusing attention (intentionally focusing on specific stimuli, such as by filtering out distracting noises)	No	Yes
d175	Solving problems	Yes	Yes
d177	Making decisions	Yes	Yes
d2	**General tasks and demands**	**Yes**	**Yes**
d210	Undertaking a single task	No	Yes
d230	Carrying out a daily routine	Yes	Yes
d240	Handling stress and other psychological demands	Yes	Yes
d250	Managing your own behavior	Yes	Yes
d3	**Communication**	**Yes**	**Yes**
d310	Communicating with and receiving spoken messages	Yes	Yes
d315	Communicating with and receiving nonverbal messages	Yes	Yes
d320	Communicating with and receiving formal sign language messages	No	Yes
d325	Communicating with and receiving written messages	Yes	Yes
d330	Speaking	Yes	Yes
d335	Producing nonverbal messages	Yes	Yes
d340	Producing messages in formal sign language	No	Yes
d345	Writing messages	Yes	Yes
d350	Conversation	Yes	Yes
d360	Using communication equipment and techniques	Yes	Yes

Source: World Health Organization (2001); Socialstyrelsen (2016)

Table 3: ABIC and IBIC Assessment Methods (2016) - Activity and Participation - B

ICF Code	ICF Category	ABIC	IBIC
d4	**Mobility**	**Yes**	**Yes**
d410	Changing a basic body position	Yes	Yes
d415	Maintaining a body position	Yes	Yes
d420	Transferring oneself	No	Yes
d430	Lifting and carrying objects	Yes	Yes
d440	Fine hand use	Yes	Yes
d450	Walking	Yes	Yes
d455	Moving around	Yes	Yes
d460	Moving around in different locations	Yes	Yes
d470	Using transportation	Yes	Yes
d5	**Self care**	**Yes**	**Yes**
d510	Washing oneself	Yes	Yes
d520	Caring for body parts	Yes	Yes
d530	Toileting	Yes	Yes
d540	Dressing	Yes	Yes
d550	Eating	Yes	Yes
d560	Drinking	Yes	Yes
d570	Looking after one's health	Yes	Yes
d571	Ensuring one's safety	Yes	Yes

Source: World Health Organization (2001); Socialstyrelsen (2016)

Table 4: ABIC and IBIC Assessment Methods (2016) - Domestic Life - A

ICF Code	ICF Category	ABIC	IBIC
d6	**Domestic life**	**Yes**	**Yes**
d610	Acquiring a place to live	No	Yes
d620	Acquiring goods and services	Yes	Yes
d630	Preparing meals	Yes	Yes
d640	Doing housework	Yes	Yes
d6400	Washing and drying clothes	Yes	Yes
d6401	Cleaning kitchen spaces and utensils	Yes	Yes
d6402	Cleaning the home (including kitchen)	Yes	Yes
d6403	Managing household appliances	Yes	Yes
d6404	Storing supplies for daily life	Yes	Yes
d6405	Removing waste	Yes	Yes
d6408	Washing and drying clothes with household appliances	Yes	Yes
d650	Caring for household objects	Yes	Yes
d660	Assisting others	Yes	Yes
d7	**Interpersonal interactions and relationships**	**Yes**	**Yes**
d730	Relating with strangers	No	Yes
d740	Formal relationships	Yes	Yes
d750	Informal social relationships	Yes	Yes
d760	Family relationships	Yes	Yes
d770	Intimate relationships	No	Yes

Source: World Health Organization (2001); Socialstyrelsen (2016)

Table 5: ABIC and IBIC Assessment Methods (2016) - Domestic Life - B

ICF Code	ICF Category	ABIC	IBIC
d8	**Major life areas**	**Yes**	**Yes**
d839	Education	Yes	Yes
d845	Acquiring, keeping, and terminating a job	No	Yes
d859	Employment	Yes	Yes
d860	Basic economic transactions	Yes	Yes
d865	Complex economic transactions	Yes	Yes
d870	Economic self-sufficiency	No	Yes
d9	**Community and social life**	**Yes**	**Yes**
d910	Community life	Yes	Yes
d920	Recreation and leisure	Yes	Yes
d930	Religion and spirituality	Yes	Yes
d950	Political life and citizenship	Yes	Yes

Source: World Health Organization (2001); Socialstyrelsen (2016)

Table 6: ABIC and IBIC Assessment Methods (2016) - Body Functions, Body Structure, and Environmental Factors

ICF Code	ICF Category	ABIC	IBIC
b	**Body functions - impairment (including psychological functions)**	**Yes**	**Yes**
b1528	Sense of security	Yes	Yes
s	**Body structure - impairment**	**Yes**	**Yes**
e	**Environmental factors**	**Yes**	**Yes**
e398	Personal support from a carer or loved one	Yes	Yes
e598	Service, systems and policies	Yes	Yes

Source: World Health Organization (2001); Socialstyrelsen (2016)

Table 7: Care Levels - Stockholm (2002)

Care Levels	Description
Level 1	Security Alarm
Level 2	Receiving meals or help 2 hours per month
Level 3	Help on weekdays 1 to 2 days per week; day activities 1 to 2 days per week
Level 4	Help 3 or more weekdays per week in the daytime; day activities 3 or more weekdays per week
Level 5	Help all day and/or evenings; day activities every day
Level 6	Help around the clock in your own accommodation; short-term accommodation with round-the-clock care or residential care with round-the-clock care

Source: Insynsverige.se (2002)

Notes: These care levels are for home, community, and residential care benefits. The municipality introduced this classification in 2002.

Table 8: Care Levels - Stockholm (2023)

Care Levels	Description	Maximum Copay (2023)	Maximum Copay (2024)
Level 1	Security alarm	157 SEK per month	171 SEK per month
Level 2	1-4.5 hours of home care or relief 17-20.5 hours per month (one or both options)	543	592
Level 3	5-10.5 hours home care, relief 21-26.5 hours per month or day activities 1-2 days per week (one or more options)	989	1,079
Level 4	11-25.5 hours home care, relief 27-41.5 hours per month or day activities 3-4 days per week (one or more options)	1,317	1,437
Level 5	26-40.5 hours home care, relief 42-56.5 hours per month or day activities 5 days per week (one or more options)	1,820	1,986
Level 6	41-55.5 hours home care, relief 57 hours and above per month or day activities 6-7 days per week (one or more options)	2,065	2,254
Level 7	More than 56 hours of home care per month. Short-term care and residential care homes with 24-hour care	2,359	2,575

Source: Stockholm Municipality (2023b)
Notes: These care levels are for home, community, and residential care benefits. The municipality introduced this classification in 2010. Maximum copayment rates are provided for 2023 and 2024. Relief for informal carers up to 16 hours per month is free of charge.

Table 9: Care Levels - Älvdalen (2023-2024)

Care Levels	Monthly Care Hours	Maximum Copay (2023)	Maximum Copay (2024)
Level 1	Up to 1	525 SEK per month	573 SEK per month
Level 2	Up to 2	1,050	1,146
Level 3	Up to 3	1,575	1,719
Level 4	Up to 4	2,100	2,292
Level 5	Over 4	2,359	2,575

Source: Älvdalen Municipality (2023)
Notes: These care levels are for home, community, and residential care benefits. Maximum copayment rates are provided for 2023 and 2024.

Table 10: Care Levels - Linköping (2023-2024)

Care Levels	Monthly Care/Service Hours	Maximum Copay (2023)	Maximum Copay (2024)
Level 1 (Personal Care)	1-8		1,339 SEK per month
Level 2 (Personal Care)	9-15		1,545
Level 3 (Personal Care)	16-30		1,751
Level 4 (Personal Care)	31-60		1,957
Level 5 (Personal Care)	61 or more		2,163
Level 1 (Domestic Assistance)	1-4	307 SEK per hour	335 SEK per hour
Domestic Assistance for users with Personal Care			103 SEK per hour
Level 2 (Domestic Assistance)	5 or more	377	412 SEK per hour
Residential Care with Personal Care			2,575 SEK per month

Source: Linköping Municipality (2023)
Notes: The municipality introduced this classification in 2022. Maximum monthly copayment rates are provided for 2023 and 2024. Personal care rates for 2023 have not been identified yet.

Table 11: Home Care Benefits Care Levels - Umeå (2022-2024)

Care Levels	Monthly Care Hours	Maximum Copay (2023)	Maximum Copay (2024)
Level 1	Up to 15	472 SEK per month	515 SEK per month
Level 2	Between 15 and 35	1,416	1,545
Level 3	More than 35	2,359	2,575

Source: Umeå Municipality (2021, 2022, 2023b)
Notes: These care levels are only for home care benefits. The municipality introduced this classification in 2022. The copayment depends on how much help is needed. Maximum copayment rates are provided for 2023 and 2024.

Table 12: Cleaning Service Care Levels - Umeå (2023-2024)

Care Levels	Description	Maximum Copay (2023)	Maximum Copay (2024)
Level 1	Cleaning once per month	496 SEK per month	540 SEK per month
Level 2	Cleaning every three weeks	730	798
Level 3	Cleaning every two weeks	966	1,056
Level 4	Cleaning once a week	1,202	1,312

Source: Umeå Municipality (2021, 2022, 2023b)
Notes: These care levels are only for cleaning service. Maximum copayment rates are provided for 2023 and 2024.

Table 13: Care Levels - Gävle (2017-2024)

Care Levels	Monthly Care Hours	Maximum Copay (2023)	Maximum Copay (2024)
Level 1	Up to six	418 SEK per hour	456 SEK per hour
Level 2	More than six	2,100 SEK per month	2,575 SEK per month

Source: Gävle Municipality (2015, 2022)
Notes: These care levels are for home and residential care benefits. The municipality introduced this classification in 2017. Copayment rates are provided for 2023 and 2024.

Formula 1: Maximum Monthly Copayment for Home, Day, and Residential Care Services

$$HK_{i,t} = \frac{AV_t}{12} \times PBB_t$$

- $HK_{i,t}$ = Individual i's maximum monthly copayment rate for home, day, and residential care benefit at time t
- PBB_t = Price base amount (*Prisbasbelopp* - *PBB*) at time t, —PBB_t values are provided in Table 15
- AV_t = Adjusting values for maximum monthly copayment at time t —AV_t values are provided in Table 14

Source: Älvdalen Municipality (2023b); Sveriges Riksdag (2001)

Table 14: Adjusting Values for Maximum Copayment

Period	Home and Day Care	Residential Care
2001-2015	0.48	0.50
2016-2024	0.5392	0.5539

Source: Lagboken.se (2001, 2015); Lagen.nu (2001)

Table 15: Price Base Amount [Prisbasbeloppet]

Year	SEK
2001	36,900
2002	37,900
2003	38,600
2004	39,300
2005	39,400
2006	39,700
2007	40,300
2008	41,000
2009	42,800
2010	42,400
2011	42,800
2012	44,000
2013	44,500
2014	44,400
2015	44,500
2016	44,300
2017	44,800
2018	45,500
2019	46,500
2020	47,300
2021	47,600
2022	48,300
2023	52,500
2024	57,300

Source: Statistikmyndigheten (2024)
Notes: Price base amounts are annual.

Formula 2: Minimum Monthly Amount for Single, Married, and Cohabiting Individuals

$$MB_{i,t} = \frac{AV_t}{12} \times PBB_t$$

- $MB_{i,t}$ = Individual i's minimum monthly amount to support living expenses at time t
- AV_t = Adjusting values for minimum monthly amount at time t —AV_t values are provided in Table 16
- PBB_t = Price base amount (*Prisbasbelopp* - *PBB*) at time t, —PBB_t values are provided in Table 15

Source: Älvdalen Municipality (2023b); Sveriges Riksdag (2001)

Table 16: Adjusting Values for Minimum Amount [Minimibeloppet]

Year	Single	Married and Cohabiting Individuals
July 2002-2008	1.294	1.084
2009-2021	1.3546	1.1446
2022 - July 2022	1.4044	1.1694
August 2022-2024	1.4789	1.2066

Source: Ch. 8 §7 of Lagboken.se (2001, 2008, 2009, 2017, 2018, 2021, 2022a, 2022b); Regeringskansliet (2024)

Formula 3: Monthly Reservation Amount [Förbehållsbelopp]

$$RA_{i,t} = AHC_{i,t} + MB_{i,t} + IS_{i,t}$$

- $RA_{i,t}$ = Individual i's monthly reservation amount (förbehållsbelopp) at time t
- $AHC_{i,t}$ = Individual i's actual monthly housing costs at time t
- $MB_{i,t}$ = Individual i's minimum monthly amount (minimibeloppet) at time t
- $IS_{i,t}$ = Individual i's monthly supplement amount (individuellt tillägg) at time t

Source: Älvdalen Municipality (2023b); Sveriges Riksdag (2001)

Formula 4: Individual's Monthly Fee Space Amount [Avgiftsutrymme]

$$C_{i,t} = Y_{i,t} - RA_{i,t}$$

- $C_{i,t}$ = Individual i's monthly fee space amount at time t
- $Y_{i,t}$ = Individual i's net monthly income at time t
- $RA_{i,t}$ = Individual i's monthly reservation amount (förbehållsbelopp) at time t —$RA_{i,t}$ computational formula is provided by Formula 3

Source: Älvdalen Municipality (2023b)
Notes: An individual's copayment cannot exceed the fee space amount.

Box 1: Example of Double Accommodation Costs (2023)

In 2023, suppose Ebba had recently moved into a nursing home but had not yet vacated her previous residence or ended the lease, which had a monthly rent fee of 4,800 SEK. Her nursing home housing cost (rent) was 4,700 SEK per month. Based on Formula 1, the maximum copayment rate (HK) set by law was 2,423 SEK per month (0.5539 / 12 x 52,500). In this situation, both the expenses for the nursing home and the previous residence were factored into the calculation of the reservation amount (FB). Municipalities permit this practice during a transitional period of three months.

Ebba was single and had a monthly net income of 15,600 SEK. Therefore, her minimum amount (MB) was 6,470 SEK per month based on Formula 2 (1.4789 / 12 x 52,500). Her total housing costs were 9,500 SEK per month, derived as the sum of both the nursing home and previous residence fees (4,700 + 4,800 SEK). Ebba's total housing costs were summed together with her MB to determine her monthly FB:

FB = 9,500 + 6,470 = 15,970 SEK

Ebba's so called fee space (FS) was the difference between her net income and the reservation amount:

FS = 15,600 - 15,970 = - 370 SEK

In this example, Ebba's fee space was negative, which means that she was exempt from nursing home fees for 3 months. After 3 months, Ebba's monthly copayment was calculated as follows:

Ebba's net income: 15,600 SEK
MB: 6,470 SEK
Total actual housing costs (nursing home): 4,700 SEK
FB: 6,470 + 4,700 = 11,170 SEK

Beneficiary's FS: 15,600 - 11,170 = 4,430 SEK

Given that Ebba's FS exceeded the legally established HK of 2,359 SEK per month, her final copayment was set to be equal to the HK.

Source: Author's interpretation of Socialstyrelsen (2023a)

Box 2: Example of Copayment Calculation in Älvdalen Municipality (2023)

In 2022, suppose Björn lived in Älvdalen Municipality. He was assigned to Care Level 4 and was charged 1,932 SEK for 4 hours of LTC home benefits per month. His monthly net income was 8,500 SEK and his actual housing costs were 2,100 SEK per month. Since Björn was single, his minimum amount (MB) was 5,953 SEK per month based on Formula 2 (1.4789 / 12 x 48,300).

His total housing costs were summed with the MB to determine his monthly reservation amount (FB):

FB = 2,100 + 5,953 = 8,053 SEK

His fee space (FS), was the difference between his net income and the FB:

FS: 8,500 - 8,053 = 447 SEK

The municipality set the individual's copayment for Care Level 4 equal to 1,932 SEK per month, which was higher than Björn's FS of 447 SEK calculated according to (SoL). The municipality cannot charge care fees that exceed the calculated FS. Therefore, Björn's monthly copayment was 447 SEK instead of 1,932 SEK.

Source: Älvdalen Municipality (2023b)
Notes: Each municipality has its own fee system, while the MB, HK, and FB are determined at the national level.

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).

Älvdalen Municipality (2023a). Avgifter och taxor för stöd och omsorg [Fees and charges for support and care]. Available in Swedish. As of October 21, 2024. [Link]

Älvdalen Municipality (2023b). Maxtaxa, minimibelopp och beräkning av din avgift [Maximum rate, minimum amount and calculation of your fee]. Available in Swedish. As of October 21, 2024. [Link]

Andersson, G. and Karlberg, I. (2000). Integrated care for the elderly - The background and effects of the reform of Swedish care of the elderly. Available in English. As of October 21, 2024. [Link]

Boden Municipality (2020). Riktlinje Hemvårdsbidrag [Guideline Home Care Allowance]. Available in Swedish. As of October 21, 2024. [Link]

Borås Municipality (2023). Riktlinjer för vård- och omsorgsboende, hemtjänst, korttidsboende och hemvårdsbidrag samt regler för hemvårdsbidrag och förenklat beslutsfattande [Guidelines for nursing home, home care, short-term accommodation and home care allowance as well as rules for home care allowance and simplified decision-making]. Available in Swedish. As of October 21, 2024. [Link]

Brodin, H. (2017). At the intersection of market, diversity and migration: the transformation of relative positions in elderly care in Sweden. Available in English. As of October 21, 2024. [Link]

Edebalk, P.G. (2016). Den "nya äldreomsorgen" i Sverige: Om framväxten 1965-1993 [The "new elderly care" in Sweden: On the emergence 1965-1993]. Available in Swedish. As of October 21, 2024. [Link]

Fukushima N. et al. (2010). The Swedish Long-Term Care System. Available in English. As of October 21, 2024. [Link]

Gävle Municipality (2015). Maxtaxa 2015Vård- och omsorgsboende [Max tax 2015 Care and care accommodation]. Available in Swedish. As of October 21, 2024. [Link]

Gävle Municipality (2022). Omvårdnadsavgift och maxtaxa [Care fee and maximum rate]. Available in Swedish. As of October 21, 2024. [Link]

Gävle Municipality (2023). Omvårdnadsavgift och maxtaxa [Care fee and maximum rate]. Available in Swedish. As of October 21, 2024. [Link]

Gävle Municipality (2024a). Så här fungerar hemtjänst [This is how home care works]. Available in Swedish. As of October 21, 2024. [Link]

Gävle Municipality (2024b). Stöd för dig som bor hemma [Support for those who live at home]. Available in Swedish. As of October 21, 2024. [Link]

Gävle Municipality (2024c). Så fungerar det på ett vård- och omsorgsboende [This is how it works in a nursing home]. Available in Swedish. As of October 21, 2024. [Link]

Gävle Municipality (2024d). Hjälp att få ett tryggare hem [Help get a safer home]. Available in Swedish. As of October 21, 2024. [Link]

Göteborg Municipality (2023). Ansök om hemvårdsbidrag för personer över 65 år [Apply for home care allowance for people over 65]. Available in Swedish. As of October 21, 2024. [Link]

Insynsverige.se (2002). Förslag till nytt avgiftssystem för äldreomsorg [Proposal for a new fee system for elderly care]. Available in Swedish. As of October 21, 2024. [Link]

Lagboken.se (2001). SFS 2001:847 Lag om ändring i socialtjänstlagen (2001:453) [SFS 2001:847 Act amending the Social Services Act (2001:453)]. Available in Swedish. As As of October 21, 2024. [Link]

Lagboken.se (2008). SFS 2008:1424 Lag om ändring i socialtjänstlagen (2001:453) [SFS 2008:1424 Act amending the Social Services Act (2001:453)]. Available in Swedish. As of October 21, 2024. [Link]

Lagboken.se (2009). SFS 2009:1233 Lag om ändring i socialtjänstlagen (2001:453) [SFS 2009:1233 Act amending the Social Services Act (2001:453)]. Available in Swedish. As of October 21, 2024. [Link]

Lagboken.se (2015). SFS 2015:967 Lag om ändring i socialtjänstlagen (2001:453) [SFS 2015:967 Act amending the Social Services Act (2001:453)]. Available in Swedish. As of October 21, 2024. [Link]

Lagboken.se (2017). SFS 2017:47 Lag om ändring i socialtjänstlagen (2001:453) [SFS 2017:47 Act amending the Social Services Act (2001:453)]. Available in Swedish. As of October 21, 2024. [Link]

Lagboken.se (2018). SFS 2018:1894 Lag om ändring i socialtjänstlagen (2001:453) [SFS 2018:1894 Act amending the Social Services Act (2001:453)]. Available in Swedish. As of October 21, 2024. [Link]

Lagboken.se (2021). SFS 2021:1314 Lag om ändring i socialtjänstlagen (2001:453) [SFS 2021:1314 Act amending the Social Services Act (2001:453)]. Available in Swedish. As of October 21, 2024. [Link]

Lagboken.se (2022a). SFS 2022:935 Lag om ändring i socialtjänstlagen (2001:453) [SFS 2022:935 Act amending the Social Services Act (2001:453)]. Available in Swedish. As of October 21, 2024. [Link]

Lagboken.se (2022b). SFS 2022:1034 Lag om ändring i socialtjänstlagen (2001:453) [SFS 2022:1034 Act amending the Social Services Act (2001:453)]. Available in Swedish. As of October 21, 2024. [Link]

Lagen.nu (2000). Prop. 2000/01:149 Avgifter inom äldre- och handikappomsorg [Prop. 2000/01:149 Fees in elderly and disabled care]. Available in Swedish. As of October 21, 2024. [Link]

Lagen.nu (2001). Socialtjänstlag (2001:453) [Social Services Act (2001:453)]. Available in Swedish. As of October 21, 2024. [Link]

Leijon, K. and Moberg, L. (2024). Limiting bureaucratic discretion? Analyzing the design and exercise of administrativejudicial review in the welfare sector. Available in English. As of October 21, 2024. [Link]

Linköping Municipality (2009). Justering av avgifter för kost m m inom äldreomsorgen [Adjustment of fees for food, etc. in care for the elderly]. Available in Swedish. As of October 21, 2024. [Link]

Linköping Municipality (2020). Avgifter för kost och boende vid insatser med stöd av LSS och SoL [Fees for board and accommodation during interventions with support of LSS and SoL]. Available in Swedish. As of October 21, 2024. [Link]

Linköping Municipality (2023). Avgifter för vard och omsorg [Fees for care and support]. Available in Swedish. As of October 21, 2024. [Link]

Linköping Municipality (2024a). Hemsjukvård och rehabilitering [Home healthcare and rehabilitation]. Available in Swedish. As of October 21, 2024. [Link]

Linköping Municipality (2024b). Dagverksamhet för äldre [Day activities for the elderly]. Available in Swedish. As of October 21, 2024. [Link]

Linköping Municipality (2024c). Biståndsbedömt trygghetsboende [Assistance-assessed sheltered accommodation]. Available in Swedish. As of October 21, 2024. [Link]

Linköping Municipality (2024d). Hjälp i hemmet för äldre [Help in the home for the elderly]. Available in Swedish. As of October 21, 2024. [Link]

Lorenzoni, L. (2021). Pricing long-term care for older persons - Case Study Sweden. Available in English. As of October 21, 2024. [Link]

Regeringskansliet (2024). SFS-nummer · 2001:453 [SFS number · 2001:453]. Available in Swedish. As of October 21, 2024. [Link]

Socialstyrelsen (2006). Socialt arbete med äldre [Social work with the elderly]. Available only in Swedish, As of October 21, 2024. [Link]

Socialstyrelsen (2011a). Bostad i särskilt boende är den enskildes hem [Housing in special accommodation is the individual's home]. Available only in Swedish, As of October 21, 2024. [Link]

Socialstyrelsen (2011b). Valfrihetssystem ur ett befolkningsoch patientperspektiv [Freedom of choice system from a population and patient perspective]. Available only in Swedish, As of October 21, 2024. [Link]

Socialstyrelsen (2016). Från Äldres behov i centrum till Individens behov i centrum [From the needs of the elderly in the centre to the needs of the individual at the center methods]. Available in Swedish. As of October 21, 2024. [Link]

Socialstyrelsen (2020). Anhöriga som vårdar eller stödjer närstående äldre personer Underlag till en nationell strategi [Relatives who care or supports relatives elderly people Basis for a national strategy]. Available only in Swedish, As of October 21, 2024. [Link]

Socialstyrelsen (2023a). Uppgifter för beräkning av avgifter inom äldre- och funktionshinderomsorgen år 2023 [Data for calculating fees in elderly and disability care in 2023]. Available in Swedish. As of October 21, 2024. [Link]

Socialstyrelsen (2023b). Individens behov i centrum, IBIC Samlad bild av lägesavstämning för införandet december 2023 [The needs of the individual at the center, IBIC Aggregate view of location reconciliation for introduction December 2023]. Available only in Swedish, As of October 21, 2024. [Link]

Socialstyrelsen (2024a). Bistånd enligt socialtjänstlagen för äldre personer [Assistance according to the Social Services Act for older persons]. Available in Swedish. As of October 21, 2024. [Link]

Socialstyrelsen (2024b). Öppna jämförelser av äldreomsorg [Open comparisons of elderly care]. Available only in Swedish, As of October 21, 2024. [Link]

Statens offentliga utredningar (2022). Kommuners och regioners kostnader för valfrihetssystem – ett kunskapsunderlag [Municipalities and regions costs of freedom of choice systems – a knowledge base]. Available in Swedish. As of October 17, 2024. [Link]

Statistics Sweden (2024). Local tax rates. Year 2000 - 2024. Available in English. As of October 21, 2024. [Link]

Statistikmyndigheten (2023). Prisbasbelopp [Price Base Amount]. Available in Swedish. As of October 21, 2024. [Link]

Stockholm Municipality (2007). Äldrenämndens budget för år 2008 och inriktning för 2009 och 2010 [The Board of Elders' budget for 2008 and direction for 2009 and 2010]. Available in Swedish. As of October 21, 2024. [Link]

Stockholm Municipality (2021). Riktlinjer för handläggning inom socialtjänstens äldreomsorg [Guidelines for processing within the social service's care for the elderly]. Available in Swedish. As of October 21, 2024. [Link]

Stockholm Municipality (2023a). Stöd till dig som är anhörig [Support for you as a relative]. Available in Swedish. As of October 21, 2024. [Link]

Stockholm Municipality (2023b). Avgifter för äldreomsorg [Fees for elderly care]. Available in Swedish. As of October 21, 2024. [Link]

Stockholm Municipality (2023c). Hemtjänst och hemvårdsbidrag [Home service and home care allowance]. Available in Swedish. As of October 21, 2024. [Link]

Stockholm Municipality (2024a). Servicehus [Service house]. Available in Swedish. As of October 21, 2024. [Link]

Stockholm Municipality (2024b). Hjälp i hemmet för äldre [Help in the home for the elderly]. Available in Swedish. As of October 21, 2024. [Link]

Stockholm Municipality (2024c). Korttidsvård [Short-term care]. Available in Swedish. As of October 21, 2024. [Link]

Stockholm Municipality (2024d). Ansök om äldreomsorg [Apply for elderly care]. Available in Swedish. As of October 21, 2024. [Link]

Stockholm Municipality (2024e). Vård- och omsorgsboende [Nursing home]. Available in Swedish. As of October 21, 2024. [Link]

Stockholm Municipality (2024f). Trygghetslarm [Security Alarm]. Available in Swedish. As of October 21, 2024. [Link]

Stockholm Municipality (2024g). Index över tabellnummer [Index of table numbers]. Available in Swedish. As of October 21, 2024. [Link]

Sveriges Riksdag (1974). Regeringsform [Instrument of Government]. Available only in Swedish, As of October 21, 2024. [Link]

Sveriges Riksdag (1975). Regeringens proposition 1975/76:187om kommunal demokrati, ny kommunallag m. m.; beslutad den 20 maj 1976. [The government's bill 1975/76:187 about municipal democracy, new municipal law, etc.; decided on 20 May 1976.]. Available

in Swedish. As of October 21, 2024. [Link]

Sveriges Riksdag (1980). Social Services Act (1980:620) [Social Services Act (1980:620)]. Available only in Swedish, As of October 21, 2024. [Link]

Sveriges Riksdag (1990). Regeringens proposition 1990/91:14 om ansvaret för service och vård till äldre och handikappade m. m. [Government bill 1990/91:14 about the responsibility for service and care for the elderly and disabled, etc]. Available in Swedish. As of October 21, 2024. [Link]

Sveriges Riksdag (1991). Kommunallag (1991:900) [Municipal Act (1991:900)]. Available in Swedish. As of October 21, 2024. [Link]

Sveriges Riksdag (1993). Lag (1993:387) om stöd och service till vissa funktionshindrade [Act concerning Support and Services for Persons with Specific Functional Impairments]. Available in Swedish. As of October 21, 2024. [Link]

Sveriges Riksdag (1999). Inkomstskattelag (1999:1229) [Income Tax Act (1999:1229)]. Available only in Swedish, As of October 21, 2024. [Link]

Sveriges Riksdag (2000). Regeringens proposition 2000/01:149 Avgifter inom äldre- och handikappomsorg [The government's bill 2000/01:149 Fees in elderly and disabled care]. Available in Swedish. As of October 21, 2024. [Link]

Sveriges Riksdag (2001). Social Services Act (2001:453) [Socialtjänstlag (2001:453)]. Available only in Swedish, As of October 21, 2024. [Link]

Sveriges Riksdag (2008). Lag (2008:962) om valfrihetssystem [Act on Free Choice Systems (2008:962)]. Available in Swedish. As of October 21, 2024. [Link]

Sveriges Riksdag (2009). SFS 2009:981 Lag om ändring i socialtjänstlagen (2001:453) [SFS 2009:981 Act amending the Social Services Act (2001:453)]. Available in Swedish. As of October 21, 2024. [Link]

Trydegård, G.B. (2003). Swedish Care Reforms in the 1990s. A First Evaluation of their Consequences for the Elderly People. Available in English. As of October 21, 2024. [Link]

Umeå Municipality (2021). Avgifter för hjälp i hemmet samt hälsooch sjukvård [Fees for help in the home and health care]. Available in Swedish. As of October 21, 2024. [Link]

Umeå Municipality (2022). Avgifter för hjälp i hemmet samt hälsooch sjukvård [Fees for help in the home and health care]. Available in Swedish. As of October 21, 2024. [Link]

Umeå Municipality (2023a). Avgift för vård- och omsorgsboende [Fee for nursing home]. Available in Swedish. As of October 21, 2024. [Link]

Umeå Municipality (2023b). Avgift för hemtjänst [Fee for home care]. Available in Swedish. As of October 21, 2024. [Link]

Umeå Municipality (2024a). Hemleverans av mat [Home delivery of food]. Available in Swedish. As of October 21, 2024. [Link]

Umeå Municipality (2024b). Dagverksamhet [Daytime activities]. Available in Swedish. As of October 21, 2024. [Link]

Umeå Municipality (2024c). Seniorboende, trygghetsboende [Senior housing, security housing]. Available in Swedish.As of October 21, 2024. [Link]

Umeå Municipality (2024d). Bostadsanpassning [Home adaptation]. Available in Swedish. As of October 21, 2024. [Link]

Vård- och omsorgsanalys (2021a). Den nordiska äldreomsorgen En jämförande kartläggning av struktur, organisation och innehåll [The Nordic care for the elderly A comparative survey of structure, organization and content]. Available in Swedish. As of October 21, 2024. [Link]

Vård- och omsorgsanalys (2021b). Effekten av IBIC [The effect of IBIC]. Available in Swedish. As of October 21, 2024. [Link]

World Health Organization (2001). International Classification of Functioning, Disability and Health. Available in English. As of October 21, 2024. [Link]

World Health Organization (2021). Ageing in place: how Sweden provides and pays for universal and comprehensive long-term care for older persons. Available in English. As of October 21, 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.

Attendance Allowance (AA) (Hemvårdsbidrag): A cash benefit that acknowledges home care services provided by informal caregivers (e.g., family members or friends). Paid directly to the care recipient, AA is provided at the discretion of each municipality.

Fee Space (FS) (Avgiftsutrymme): Calculated as the difference between the beneficiary's net income and the reservation amount (förbehållsbelopp). The care fee cannot exceed the individual's fee space.

Individual Needs at the Center (Individens Behov I Centrum - IBIC): Guidelines that replaced the ABIC guidelines in 2015 that apply the same framework to all adults regardless of age or disability.

Individual Supplement (IT) (Individuellt Tillägg): A supplementary benefit that individuals can claim if their expenses for essential items and services such as food, clothing, and consumer goods, exceed the specified minimum amount (minimibeloppet - MB), or if they incur monthly fixed living expenses of at least 200 SEK.

Instrumental activities of daily living (IADL): Tasks related to independent living including preparing meals, managing money, shopping for groceries, performing housework, and using a telephone.

International Classification of Functioning, Disability and Health (ICF) Method: A WHO framework that organizes information about functioning and disability. It establishes a standardized language and conceptual groundwork for defining and assessing health and disability.

Maximum Copayment (HK) (Högkostnadsskyddet): Maximum copayment rate for LTC benefits set every year by the central government.

Minimum Amount (MB) (Minimibeloppet): Minimum amount is set by the government and is intended to cover the costs of essential items and services such as food, clothing, consumer goods, media, furniture, home insurance, travel, dental treatment, healthcare services, and pharmaceuticals.

Need Assessor (NA) (Biståndshandläggare): A municipal expert responsible for conducting care assessments for LTC benefits, including conducting interviews with applicants and their families to evaluate their level of dependency and determine the necessary care and benefits.

Older Adult Needs at the Center (Äldres Behov I Centrum - ABIC): In 2008, Sweden implemented the ABIC guidelines based on the International Classification of Functioning, Disability, and Health (ICF) to establish a standardized care assessment method across municipalities.

Price Base Amount (PBB) (Prisbasbeloppet): Reference amount commonly used in Sweden to determine public benefits.

Reservation Amount (FB) (Förbehållsbelopp): The monthly amount individuals are entitled to keep to support their living. It includes a beneficiary's minimum amount (minimibeloppet - MB), actual housing costs, and the individual supplement (individuellt tillägg - IT).

Socialtjänstlag (SoL): Term in Swedish for "Social Services Act", which regulates LTC benefits provision as of 2002 (revised from the first Act implemented 1982).

Socialstyrelsen: Term in Swedish for the National Board of Health and Welfare, which is the Swedish authority that supports and develops healthcare and social services.

Special Housing for Older Adults (Särskilda boendeformer för äldre): The Social Services Act mandates that all municipalities provide residential care with 24/7 support, using the term "special housing" (särskilda boendeformer för äldre) as a single category in the legislation since 1992. There is no distinction made between different types of residential care facilities such as nursing homes (vård- och omsorgsboende) or service housing (servicehus) within the legal framework. A range of terminology is used among municipalities for these needs-assessed housing options.

The Swedish Agency for Health and Care Services Analysis (Vård- och omsorgsanalys): The Swedish Agency for Health and Care Services Analysis focuses on evaluating health and social care services to enhance patient and citizen engagement. Established in 2011, the agency conducts independent analyses and provides reports with insights and recommendations for improving service quality.

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. Referred to as home service in Sweden.
2. Referred to as home healthcare in Sweden.
3. While some municipalities employ informal carers as home helpers, this practice was much more common in the 1970s.
4. There is no evaluation of dependence for senior housing (seniorboende).
5. Since care is reimbursed, it is categorized as an in-kind benefit rather than a cash benefit.
6. Referred to as a region instead of a county council since 2019.

Version information

Current Version: 1.0 (November 2024)

Version History

- 1.0 (November 2024): First version.

Additional resources

The following resources provide additional details for the interested reader:

Lagen.nu. Socialtjänstlag (2001:453) [Social Services Act (2001:453)] Available in Swedish. As of July 9, 2024.
Available at: https://lagen.nu/2001:453#K8
Features: Provides current and amended versions of the Social Services Act in Sweden.

Lorenzoni (2021). Pricing long-term care for older persons - Case Study Sweden. Available in English. As of July 9, 2024.
Available at: https://extranet.who.int/kobe_centre/sites/default/files/OECD_2021_Sweden.pdf
Features: Report that offers a thorough overview of Sweden's long-term care (LTC) system, focusing specifically on its financing structure.

Socialstyrelsen (2023). Individens behov i centrum, IBIC [The needs of the individual at the center, IBIC], National Board of Health and Welfare official website. Available in Swedish. As of July 9, 2024.
Available at: https://www.socialstyrelsen.se/kunskapsstod-och-regler/omraden/individens-behov-i-centrum-ibic/
Features: Provides details on the IBIC framework, which was implemented in 2008 to establish a standardized care assessment method across Swedish municipalities.

Sveriges Kommuner och Regioner (2023). Kartläggning av socialtjänstens insatser [Mapping of the efforts of social services], SKR official website. Available in Swedish. As of July 9, 2024.

Available at: https://skr.se/skr/integrationsocialomsorg/socialomsorg/nationellkunskapsstyrningsocialtjanst/kartlaggningavsocialtjanste
57173.html
Features: Details social service interventions implemented across municipalities in Sweden.

Sveriges Riksdag. Available in Swedish. As of July 9, 2024.
Available at: https://www.riksdagen.se/en/
Features: Offers access to laws and regulations in Sweden.