GATEWAY TO GLOBAL AGING DATA

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Gateway Policy Explorer: Long-Term Care Series

Estonia

Long-Term Care In-Kind Benefit Plan Details

1995-2025

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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.

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*.

Estonia

In-Kind Benefits

Plan details 1995-2025 * †

In Estonia, public long-term care (LTC) services for individuals with care needs are provided through in-kind benefits, including home care, community care, and residential care. Before 2003, Estonia provided LTC services through the social welfare system. Individuals were eligible for in-kind benefits through the Act as long as they were a permanent resident of Estonia.

In 2002, the Health Insurance Act was enacted. In 2003, it was amended to extend coverage to home nursing services. In 2004, it was further expanded to include geriatric assessments. Individuals were eligible for in-kind benefits through compulsory health insurance as long as they were permanent residents of Estonia and paid the compulsory health insurance premium.

In 2016, the 1995 Social Welfare Act was replaced by a new Social Welfare Act, which revised the residence requirement, changing it from permanent residency in Estonia to residency within the local government unit where services are requested. The new Act also introduced additional benefits, including social rehabilitation, personal assistants, adult care, and support services.

Key Dates

First law: 1995

Major changes since 1995: 2002, 2016

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: Policy enacted 1995-2001

Overview

During this period, Estonia provided long-term care (LTC) services through the social welfare system. In-kind benefits included home care, community care, and residential care.

The Social Welfare Act [Sotsiaalhoolekande seadus] was the key Estonian legal framework that regulated social welfare benefits. It provided a wide range of services across essential areas such as income support, housing assistance, and LTC. Individuals were eligible for in-kind benefits through the Act as long as they were a permanent resident of Estonia. The Social Welfare Act defined the social services available to eligible individuals, but the specific services provided were determined by local governments. Local governments established the conditions and procedures for delivering these services, which could result in differences in benefits across cities and municipalities. Dependence was determined by factors such as illness, age, disability, basic needs, and social difficulties. There was no statutory form for evaluating dependence. Access to services was determined at the discretion of evaluators, who based their decisions on the information provided by the applicant. Fees were based on the type and cost of the service, as well as the economic circumstances of the individual receiving it. None of the benefits were taxed or means-tested.

This policy period (chapter) provides details on in-kind benefits covered by the social welfare system from 1995 to 2001.

Statutory basis

Social Welfare Act [Sotsiaalhoolekande seadus] (Riigi Teataja [State Gazette], 1995, 2002c)

Act amending the State Subsistence Allowances Act, the Child Benefits Act, the Social Welfare Act and the Social Protection of the Unemployed Act [Riiklike elatusrahade seaduse, lastetoetuste seaduse, sotsiaalhoolekande seaduse ja töötu sotsiaalse kaitse seaduse muutmise seadus] (Riigi Teataja [State Gazette], 1997)

Financing

Source of financing

Social welfare was financed through the state and local government budgets, beneficiary out-of-pocket expenses, and other sources, including endowments, donations, and sponsorships (Riigi Teataja [State Gazette], 1995, 2002c, §§40-44).

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 Welfare Act covered a wide range of care needs, including those related to the basic needs of individuals and families, societal adaptation, and the needs of individuals who required specific assistance. It provided support for individuals and families to prevent, alleviate, or overcome social difficulties (Riigi Teataja [State Gazette], 1995, 2002c, §3).

Eligible population

An individual was eligible for care coverage under the Social Welfare Act if all of the following conditions were satisfied (Riigi Teataja [State Gazette], 1995, 2002c, §4, 1997, §3):

- Citizenship or residence requirement:[1][2] Was a permanent resident of Estonia
- Age requirement: None
- Income or resource requirement: None
- Contribution requirement: None

Benefit

Home care benefit

The Social Welfare Act defined the social services available to eligible individuals, but the specific services provided were determined by local governments. They established the conditions and procedures for delivering these services, which resulted in differences in benefits across cities and municipalities (Rahandusministeerium [Ministry of Finance], 2023).[7] Home care benefits listed in the Social Welfare Act included (Riigi Teataja [State Gazette], 1995, 2002c, §§13, 21):

- Home care [koduteenused]:[8] Services that were provided in the home to help individuals live independently in their environment

Community care

The Social Welfare Act defined the social services available to eligible individuals, but the specific services provided were determined by local governments. They established the conditions and procedures for delivering these services, which resulted in differences in benefits across cities and municipalities (Rahandusministeerium [Ministry of Finance], 2023).[7] Community care benefits listed in the Social Welfare Act included (Riigi Teataja [State Gazette], 1995, 2002c, §§16(1), 16(2), 18, 21):

- Day care [päevane hoolekandeasutus]: Care that was provided during the day in facilities including day care centers or support homes, where individuals received services according to their age and condition, including treatment, nursing, and rehabilitation.
  - Day care center [päevakeskus]: Facilities that provided care during the day
  - Support home [tugikodu]: Facilities that provided care to disabled individuals

Residential care

The Social Welfare Act defined the social services available to eligible individuals, but the specific services provided were determined by local governments. They established the conditions and procedures for delivering these services, which resulted in differences in benefits across cities and municipalities (Rahandusministeerium [Ministry of Finance], 2023).[7] Residential care benefits listed in the Social Welfare Act included (Riigi Teataja [State Gazette], 1995, 2002c, §§16(1), 16(3), 18, 21):

- 24-hour welfare institution [ööpäevane hoolekandeasutus]: Facilities that provided accommodation and 24-hour care for individuals with special needs or those unable to live independently due to their social situation, offering services according to their age and condition, including treatment, nursing, and rehabilitation. There were various types of 24-hour welfare institutions that catered to different populations:
  - Support home [tugikodu]: Facilities that provided care to disabled individuals
  - Shelter [varjupaik]: Facilities that provided temporary assistance, support, and protection
  - General care home [üldhooldekodu]: Facilities that provided care and rehabilitation to older adults and disabled individuals
  - Social rehabilitation center [sotsiaalse rehabilitatsiooni keskus]: Facilities that provided rehabilitation to individuals with special care needs

Other benefits

The Social Welfare Act defined the social services available to eligible individuals, but the specific services provided were determined by local governments. They established the conditions and procedures for delivering these services, which resulted in differences in benefits across cities and municipalities (Rahandusministeerium [Ministry of Finance], 2023).[7] Other care benefits listed in the Social Welfare Act included (Riigi Teataja [State Gazette], 1995, 2002c, §§12, 26(4), 21):

- Prostheses, orthopedic devices, and other aids [proteesid, ortopeedilised ja muud abivahendid]: Prostheses, orthopedic devices, and other aids that were provided by the Social Security Agency to individuals who needed them due to illness, age, or disability, regardless of where they resided
- Transportation services for disabled individuals [invatransporti]: Transportation services that were organized by the rural municipality or city government to ensure equal opportunities for persons with disabilities, support their active participation in social life, and promote their independence

Provision of care

The municipality or city government of the beneficiary's place of residence was responsible for organizing the provision of social services, social benefits, and other assistance (Riigi Teataja [State Gazette], 1995, 2002c, §9).[7]

Benefit eligibility

Qualifying period

None

Minimum level of dependence

The Social Welfare Act did not establish a minimum level of dependence for in-kind benefits provided by the social welfare system (Riigi Teataja [State Gazette], 1995, 2002c, §§29-34). Instead, local governments were responsible for determining the need for assistance for individuals seeking support (Riigi Teataja [State Gazette], 1995, §8).[7] As a result, the minimum levels of dependence for in-kind benefits varied across different cities and municipalities.

Duration of benefit

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

Means testing

There was no means test to determine eligibility for benefits. However, local governments could have required income-related copayments.

Age requirement

None

Care needs assessment

Definition of dependence

The Social Welfare Act only provided a general definition of dependence. Dependence was determined by factors such as illness, age, disability, basic needs, the ability to adapt to societal norms, the specific needs of individuals with special requirements, and social difficulties (Riigi Teataja [State Gazette], 1995, 2002c, §3, Chapter 3). For services provided by local governments, the definition of dependence could have varied across different cities and municipalities, as the Act did not establish a standardized approach for evaluating care needs in relation to in-kind benefits provided by the social welfare system (Riigi Teataja [State Gazette], 1995, §8).[7]

Evaluation of dependence

The Social Welfare Act stipulated that access to services was determined at the discretion of evaluators, who made decisions based on the information provided by the applicant. In addressing social welfare issues, the individual's views had to be considered. The Act did not establish a statutory form for evaluating care needs for in-kind benefits provided by the social welfare system (Riigi Teataja [State Gazette], 1995, 2002c, §§29-34). Instead, local governments were responsible for determining the need for assistance for individuals seeking support through their services (Riigi Teataja [State Gazette], 1995, §8).[7] As a result, the care needs assessments for in-kind benefits covered by local governments could have varied across different cities and municipalities.

Evaluators

Local government officials typically assessed dependence. However, the applicant could have requested that a committee within their local government conduct the evaluation instead (Riigi Teataja [State Gazette], 1995, 2002c, §33).

Benefit limitations

Can you mix LTC benefits?

The Social Welfare Act did not specify any restrictions on combining in-kind benefits, suggesting that different in-kind benefits could be combined (Riigi Teataja [State Gazette], 1995, 2002c).

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

There were no LTC cash benefits.

Can you receive LTC benefits with other social security benefits?

The Social Welfare Act did not specify any restrictions on receiving in-kind benefits with other social security benefits (Riigi Teataja [State Gazette], 1995, 2002c).

User costs

User charges

Fees were based on the type and cost of the service, which varied by local government, as well as the economic circumstances of the individual receiving it.[7] The decision to charge a fee was typically made by the service provider. The Ministry of Social Affairs established the maximum fees, although the specific rates during this period have not been identified yet (Riigi Teataja [State Gazette], 1995, 2002c, §45).

Taxation of benefits

The benefits were not subject to taxation.

Chapter 2: Policy enacted 2002-2015

Policy change in 2002

The Health Insurance Act was enacted on June 19, 2002, and came into effect on October 1, 2002 (Riigi Teataja [State Gazette], 2002a). It regulates compulsory health insurance, provided through the Estonian Health Insurance Fund (EHIF). The system covers a wide range of care needs, including disease prevention and treatment, and aims to deliver high-quality, timely healthcare services that address individual needs while promoting equal access to care. On February 1, 2003, the act was expanded to include coverage for home nursing services (Riigi Teataja [State Gazette], 2002b, 2003).

Other reforms during this period include:

- Regulation RT I 2003, 80, 535, effective January 2004, expanded the list of healthcare services covered by the EHIF to include geriatric assessments (Riigi Teataja [State Gazette], 2004a).
- During this period, following Estonia's accession to the European Union (EU) in 2004, EU structural funds were allocated to improve the country's health and long-term care system. This included a €28 million investment from the European Regional Development Fund (ERDF) to support the development of nursing care facilities (Kasekamp, K. et al., 2023).

Overview

During this period, Estonia provided long-term care (LTC) services through the social welfare and compulsory health insurance systems. In-kind benefits included home care, community care, and residential care.

Social Welfare

The Social Welfare Act [Sotsiaalhoolekande seadus] was the key Estonian legal framework that regulated social welfare benefits. It provided a wide range of services across essential areas such as income support, housing assistance, and LTC. Individuals were eligible for in-kind benefits through the Act as long as they were a permanent resident of Estonia. The Social Welfare Act defined the social services available to eligible individuals, but the specific services provided were determined by local governments. Local governments established the conditions and procedures for delivering these services, which could result in differences in benefits across cities and municipalities. Dependence was determined by factors such as illness, age, disability, basic needs, and social difficulties. There was no statutory form for evaluating dependence. Access to services was determined at the discretion of evaluators, who based their decisions on the information provided by the applicant. Fees were based on the type and cost of the service, as well as the economic circumstances of the individual receiving it. None of the benefits were taxed or means-tested.

Rehabilitation services were introduced in 2005, and since 2009, individuals applying for these services had to provide a medical certificate confirming the presence of a mental disorder. In 2009, additional services including daily living support, supported living services, community living services, and 24-hour special care services were also introduced. These services were available only to individuals who had a mental disorder (Riigi Teataja [State Gazette], 1995, 2004b, 2009b). Details of these benefits are not included, as they are solely provided to individuals with a mental disorder.

Compulsory Health Insurance

Compulsory health insurance was regulated by several laws and regulations, including the Health Insurance Act [Ravikindlustuse seadus], the Estonian Health Insurance Fund Act [Eesti Haigekassa seadus], and the Health Care Services Organization Act [Tervishoiuteenuste korraldamise seadus]. It covered a wide range of care needs, including disease prevention and treatment. Individuals were eligible for in-kind benefits through compulsory health insurance if they were permanent residents of Estonia and either paid the health insurance premium or were entitled to coverage as defined by the state (e.g., children, pensioners). Dependence was determined through a medical assessment and access to services was determined at the discretion of healthcare workers based on defined clinical need. Beneficiaries were subject to a copayment for home nursing services, which varied over time. None of the benefits were taxed or means-tested.

This policy period (chapter) provides details on in-kind benefits covered by the social welfare and compulsory health insurance systems from 2002 to 2015.

Statutory basis

Social Welfare Act [Sotsiaalhoolekande seadus] (Riigi Teataja [State Gazette], 1995, 2015e)

Estonian Health Insurance Fund Act [Eesti Haigekassa seadus] (Riigi Teataja [State Gazette], 2000a, 2014a)

Social Tax Act [Sotsiaalmaksuseadus] (Riigi Teataja [State Gazette], 2000b, 2015d)

Health Care Services Organization Act [Tervishoiuteenuste korraldamise seadus] (Riigi Teataja [State Gazette], 2001a, 2015c)

Health Insurance Act [Ravikindlustuse seadus] (Riigi Teataja [State Gazette], 2002a, 2015b)

List of Estonian Health Insurance Fund healthcare services [Eesti Haigekassa tervishoiuteenuste loetelu] (Riigi Teataja [State Gazette], 2002b, 2003, 2004a, 2005, 2006, 2007a, 2007b, 2008, 2009a, 2011a, 2012, 2013a, 2014b, 2015a)

Financing

Source of financing

The source of financing LTC benefits differed by benefit system.

Social Welfare

Social welfare was financed through the state and local government budgets, beneficiary out-of-pocket expenses, and other sources, including endowments, donations, and sponsorships (Riigi Teataja [State Gazette], 1995, 2015e, §§40-44).

Compulsory Health Insurance

Estonia's compulsory health insurance system was primarily financed through state budget transfers and health insurance contributions, which were collected via earmarked payroll taxes (Jesse et al., 2004; Riigi Teataja [State Gazette], 2000a, 2014a, §§35, 36, 2002a, 2015b, §5). The compulsory health insurance contribution was 13% of the gross salary, applicable to both employees and self-employed individuals.[4] This rate has remained unchanged since the introduction of the system. For employees, the employer covered the full contribution on their behalf (Kasekamp, K. et al., 2023; Sotsiaalministeerium [Ministry of Social Affairs], 2022; Riigi Teataja [State Gazette], 2000b, 2015d, §§2, 10).

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 differed by benefit system.

Social Welfare

The Social Welfare Act covered a wide range of care needs, including those related to the basic needs of individuals and families, societal adaptation, and the needs of individuals who required specific assistance. It provided support for individuals and families to prevent, alleviate, or overcome social difficulties (Riigi Teataja [State Gazette], 1995, 2015e, §3).

Compulsory Health Insurance

Compulsory health insurance, which was administered through the Estonian Health Insurance Fund (EHIF), covered a wide range of care needs, including disease prevention, treatment, and the purchase of medicines and medical aids. It aimed to provide high-quality, timely healthcare services that met individual needs while promoting equal access to care (Riigi Teataja [State Gazette], 2002a, 2015b, §§2, 25).

Eligible population

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

Social Welfare

An individual was eligible for care coverage under the Social Welfare Act if all of the following conditions were satisfied (Riigi Teataja [State Gazette], 1995, 2015e, §4):

- Citizenship or residence requirement:[2][3] Was a permanent resident of Estonia
- Age requirement: None
- Income or resource requirement: None
- Contribution requirement: None

Compulsory Health Insurance

An individual was eligible for care coverage under the Health Insurance Act if all of the following conditions were satisfied (Riigi Teataja [State Gazette], 2000b, 2015d, §§2, 10, 2002a, 2015b, §5):

- Citizenship or residence requirement: Was a permanent resident of Estonia
- Age requirement: None
- Income or resource requirement: None
- Contribution requirement:[4] Paid the compulsory health insurance premium (13% of gross salary)

Benefit

Home care benefit

LTC home care benefits differed by benefit system.

Social Welfare

The Social Welfare Act defined the social services available to eligible individuals, but the specific services provided were determined by local governments. They established the conditions and procedures for delivering these services, which resulted in differences in benefits across cities and municipalities (Rahandusministeerium [Ministry of Finance], 2023).[7] Home care benefits listed in the Social Welfare Act included (Riigi Teataja [State Gazette], 1995, 2015e, §§13, 21):

- Home care [koduteenused]:[8] Services that were provided in the home to help individuals live independently in their environment

Compulsory Health Insurance

Home care benefits included (Riigi Teataja [State Gazette], 2001a, 2015c, §§24-26, 2002b-2004a, §5, 2005-2008, §6, 2009a-2015a, §7):

- Home nursing [koduõendus-hooldusteenus] (from 2003):[5] Nursing care that was provided in a home environment

Community care

LTC community care benefits differed by benefit system.

Social Welfare

The Social Welfare Act defined the social services available to eligible individuals, but the specific services provided were determined by local governments. They established the conditions and procedures for delivering these services, which resulted in differences in benefits across cities and municipalities (Rahandusministeerium [Ministry of Finance], 2023).[7] Community care benefits listed in the Social Welfare Act included (Riigi Teataja [State Gazette], 1995, 2015e, §§16(1), 16(2), 18, 21):

- Day care [päevane hoolekandeasutus]: Care that was provided during the day in facilities including day care centers or support homes, where individuals received services according to their age and condition, including treatment, nursing, and rehabilitation.
  - Day care center [päevakeskus]: Facilities that provided care during the day
  - Support home [tugikodu]: Facilities that provided care to disabled individuals

Compulsory Health Insurance

None

Residential care

LTC residential care benefits differed by benefit system.

Social Welfare

The Social Welfare Act defined the social services available to eligible individuals, but the specific services provided were determined by local governments. They established the conditions and procedures for delivering these services, which resulted in differences in benefits across cities and municipalities (Rahandusministeerium [Ministry of Finance], 2023).[7] Residential care benefits listed in the Social Welfare Act included (Riigi Teataja [State Gazette], 1995, 2015e, §§16(1), 16(3), 18, 21):

- 24-hour welfare institution [ööpäevane hoolekandeasutus]: Facilities that provided accommodation and 24-hour care for individuals with special needs or those unable to live independently due to their social situation, offering services according to their age and condition, including treatment, nursing, and rehabilitation. There were various types of 24-hour welfare institutions that catered to different populations:
  - Support home [tugikodu]: Facilities that provided care to disabled individuals
  - Shelter [varjupaik]: Facilities that provided temporary assistance, support, and protection
  - General care home [üldhooldekodu]: Facilities that provided care and rehabilitation to older adults and disabled individuals

- ◇ Social rehabilitation center [sotsiaalse rehabilitatsiooni keskus]: Facilities that provided rehabilitation to individuals with special care needs

Compulsory Health Insurance

None

Other benefits

Other LTC benefits differed by benefit system.

Social Welfare

The Social Welfare Act defined the social services available to eligible individuals, but the specific services provided were determined by local governments. They established the conditions and procedures for delivering these services, which resulted in differences in benefits across cities and municipalities (Rahandusministeerium [Ministry of Finance], 2023).[7] Other care benefits listed in the Social Welfare Act included (Riigi Teataja [State Gazette], 1995, 2015e, §§11.1, 11.2, 21):

- Prostheses, orthopedic devices, and other aids [proteesid, ortopeedilised ja muud abivahendid]: Prostheses, orthopedic devices, and other aids that were provided by the Social Security Agency to individuals who needed them due to illness, age, or disability, regardless of where they resided
- Transportation services for disabled individuals [invatransporti]: Transportation services that were organized by the rural municipality or city government to ensure equal opportunities for persons with disabilities, support their active participation in social life, and promote their independence

Compulsory Health Insurance

Other care benefits included (Estonian Institute for Health Development, 2012; Riigi Teataja [State Gazette], 2004a, §5, 2005-2008, §6, 2009a-2015a, §7):

- Geriatric assessment [geriaatrilise seisundi hindamine] (from 2004):[6] Evaluation of the health, functional, and social status of an adult with multiple needs, such as a geriatric patient, followed by the development and implementation of an individualized care plan

Provision of care

The provision of LTC services differed by benefit system.

Social Welfare

The municipality or city government of the beneficiary's place of residence was responsible for organizing the provision of social services, social benefits, and other assistance (Riigi Teataja [State Gazette], 1995, 2015e, §9).[7]

Compulsory Health Insurance

The EHIF was responsible for contracting healthcare providers (Jesse et al., 2004). Nurses provided home nursing services both independently and in collaboration with family doctors or specialists. Long-term nursing care was provided by inpatient healthcare providers and hospitals (Riigi Teataja [State Gazette], 2001a, 2015c, §§24-26). Geriatric assessments were carried out by a collaborative team that included a physician, nurse, social worker, and other specialists as needed (Estonian Institute for Health Development, 2012; Riigi Teataja [State Gazette], 2004a, §5, 2005-2008, §6, 2009a-2015a, §7).

Benefit eligibility

Qualifying period

None

Minimum level of dependence

The minimum level of dependence varied by benefit system.

Social Welfare

The Social Welfare Act did not establish a minimum level of dependence for in-kind benefits provided by the social welfare system (Riigi Teataja [State Gazette], 1995, 2015e, §§29-34). Instead, local governments were responsible for determining the need for assistance for individuals seeking support (Riigi Teataja [State Gazette], 1995, §8).[7] As a result, the minimum levels of dependence for in-kind benefits varied across different cities and municipalities.

Compulsory Health Insurance

There was no minimum level of dependence for in-kind benefits provided by the compulsory health insurance system (Riigi Teataja [State Gazette], 2002a, 2015b, §40).

Duration of benefit

Regardless of the benefit system, beneficiaries continued to receive benefits as long as they satisfied the coverage criteria (see Coverage section).

Means testing

Means testing varied by benefit system.

Social Welfare

There was no means test to determine eligibility for benefits. However, local governments could have required income-related copayments.

Compulsory Health Insurance

None

Age requirement

None

Care needs assessment

Definition of dependence

The definition of dependence varied by benefit system.

Social Welfare

The Social Welfare Act only provided a general definition of dependence. Dependence was determined by factors such as illness, age, disability, basic needs, the ability to adapt to societal norms, the specific needs of individuals with special requirements, and social difficulties (Riigi Teataja [State Gazette], 1995, 2015e, §3, Chapter 3). For services provided by local governments, the definition of dependence could have varied across different cities and municipalities, as the Act did not establish a standardized approach for evaluating care needs in relation to in-kind benefits provided by the social welfare system (Riigi Teataja [State Gazette], 1995, §8).[7]

Compulsory Health Insurance

The compulsory health insurance system only provided a general definition of dependence or need for services. Dependence was determined through a medical assessment (Riigi Teataja [State Gazette], 2002a, 2015b, §§2, 25).

Evaluation of dependence

The evaluation of dependence varied by benefit system.

Social Welfare

The Social Welfare Act stipulated that access to services was determined at the discretion of evaluators, who made decisions based on the information provided by the applicant. In addressing social welfare issues, the individual's views had to be considered. The Act did not establish a statutory form for evaluating care needs for in-kind benefits provided by the social welfare system (Riigi Teataja [State Gazette], 1995, 2015e, §§29-34). Instead, local governments were responsible for determining the need for assistance for individuals seeking support through their services (Riigi Teataja [State Gazette], 1995, §8).[7] As a result, the care needs assessments for in-kind benefits covered by local governments could have varied across different cities and municipalities. Box 1 provides examples of care needs assessments for home care in Vastseliina Municipality (2013-2016) and Palupera Municipality (2014-2016), which were the same.

Compulsory Health Insurance

There was no statutory form for evaluating dependence. Access to services was determined at the discretion of healthcare workers based on defined clinical need (Riigi Teataja [State Gazette], 2002a, 2015b, §40).

Evaluators

Evaluators varied by benefit system.

Social Welfare

Local government officials typically assessed dependence. However, the applicant could have requested that a committee within their local government conduct the evaluation instead (Riigi Teataja [State Gazette], 1995, 2015e, §33).

Compulsory Health Insurance

Healthcare workers evaluated dependence (Riigi Teataja [State Gazette], 2002a, 2015b, §§40(1), 40(2)).

Benefit limitations

Can you mix LTC benefits?

Restrictions on combining benefits varied depending on the benefit system.

Social Welfare

The Social Welfare Act did not specify any restrictions on combining in-kind benefits, suggesting that different in-kind benefits could be combined (Riigi Teataja [State Gazette], 1995, 2015e).

Compulsory Health Insurance

The laws regulating compulsory health insurance did not specify any restrictions on combining in-kind benefits, suggesting that different in-kind benefits could be combined (Riigi Teataja [State Gazette], 2000a, 2001a, 2002a, 2014a, 2015b, 2015c).

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

There were no LTC cash benefits.

Can you receive LTC benefits with other social security benefits?

The rules regarding the accumulation of benefits with other social security benefits varied depending on the benefit system.

Social Welfare

The Social Welfare Act did not specify any restrictions on receiving in-kind benefits with other social security benefits (Riigi Teataja [State Gazette], 1995, 2015e).

Compulsory Health Insurance

The laws regulating compulsory health insurance did not specify any restrictions on receiving in-kind benefits with other social security benefits (Riigi Teataja [State Gazette], 2000a, 2001a, 2002a, 2014a, 2015b, 2015c).

User costs

User charges

User charges varied depending on the benefit system.

Social Welfare

Fees were based on the type and cost of the service, which varied by local government, as well as the economic circumstances of the individual receiving it.[7] The decision to charge a fee was typically made by the service provider. The Ministry of Social Affairs established the maximum fees, although the specific rates during this period have not been identified yet (Riigi Teataja [State Gazette], 1995, 2015e, §45). Box 2 provides examples of fees for social services in Vastseliina Municipality, Värska Municipality, and Jõgeva.

Compulsory Health Insurance

Individuals were required to pay a copayment for home nursing, which varied over time. Welfare institutions were recognized as residents' homes, just as private residences were considered homes for the rest of the population who required home nursing. Table 1 lists copayment rates for home nursing from 2003 to 2025 as well as groups who were either fully exempt from copayments or eligible for reduced rates (Riigi Teataja [State Gazette], 2002a, 2015b, §§69-72).

Taxation of benefits

The benefits were not subject to taxation.

Chapter 3: Policy enacted 2016-2025

Policy change in 2016

The Social Welfare Act of 1995 was replaced by a new Social Welfare Act, which was enacted on December 9, 2015, and took effect on January 1, 2016 (Riigi Teataja [State Gazette], 2015f). The new Act revised the residence requirement, changing it from permanent residency in Estonia to residency within the local government unit where services are requested. While the previous Act defined community and residential care benefits, such as day care, support homes, and general care homes, the new Act replaces these with general care services provided outside the home [väljaspool kodu osutatav üldhooldusteenus]. These services are organized by local governments to assist adults who are unable to live independently due to health issues, functional limitations, or living circumstances. Within this framework, local governments offer community and residential care services. Additionally, the new Act introduced new benefits including social rehabilitation, personal assistants, adult care, and support services. Unlike the social rehabilitation centers defined in the 1995 Social Welfare Act as facilities for rehabilitating individuals with special care needs, the new Act defines social rehabilitation as state-funded services that help individuals with disabilities or limited working capacity adapt to daily challenges and live more independently. The new Act also classifies prostheses, orthopedic devices, and other aids as state-funded services.

Other reforms during this period include:

- Regulation RT I, 27.11.2018, 2, effective January 2019, specified that individuals receiving 24-hour general care services outside the home are ineligible for state-funded aids if the aid is directly related to the care service itself or the building used to provide the service (Riigi Teataja [State Gazette], 2015f, 2018c).
- Regulation RT I, 22.12.2022, 3, effective December 2022, changed the financing of 24-hour general care service. Starting in July 2023, local governments contributed to the financing of these services for all individuals in need, covering specific costs such as labor, equipment, and training and supervision expenses, resulting in reduced fees for beneficiaries (Riigi Teataja [State Gazette], 2022e).
- Since 2018, the EHIF has developed contract terms and payment incentives for multidisciplinary primary healthcare (PHC) group practice centers offering home nursing services. In 2019, it introduced financing requirements for providers affiliated with larger PHC centers but operating in separate regions. This allows affiliated practices to collaborate with PHC group centers, aiming to promote PHC networks and improve access, particularly in rural areas. These changes reflect a service delivery reform to enhance coordination and access to care. As home nurses and physiotherapists became mandatory members of multidisciplinary PHC teams, access to home nursing and rehabilitation services increased (Kasekamp, K. et al., 2023).

Overview

During this period, Estonia provided long-term care (LTC) services through the social welfare and compulsory health insurance systems. In-kind benefits included home care, community care, and residential care.

Social Welfare

The Social Welfare Act [Sotsiaalhoolekande seadus] is the key Estonian legal framework that regulates social welfare benefits. It provides a wide range of services across essential areas such as income support, housing assistance, and LTC. Individuals are eligible for in-kind benefits through the Act as long as they are a resident of the local government unit (city or municipality) where they are applying to receive services. The Social Welfare Act defines the social services available to eligible individuals, but the specific services provided are determined by local governments. Local governments establish the conditions and procedures for delivering these services, which can result in differences in benefits across cities and municipalities. Dependence is determined by factors such as illness, age, disability, basic needs, and social difficulties. There is no statutory form for evaluating dependence. Access to services is determined at the discretion of evaluators, who base their decisions on the information provided by the applicant. Fees vary by local government and are based on the type and cost of the service, as well as the economic circumstances of the individual receiving it. None of the benefits are taxed or means-tested.

The Social Welfare Act provides special care benefits such as daily living support, supported living services, community living services, and 24-hour special care services during this period. Details about these services are not included as they are provided solely to individuals with a mental disorder.

Compulsory Health Insurance

Compulsory health insurance is regulated by several laws and regulations, including the Health Insurance Act [Ravikindlustuse seadus], the Estonian Health Insurance Fund Act [Eesti Haigekassa seadus], and the Health Care Services Organization Act [Tervishoiuteenuste

korraldamise seadus]. It covers a wide range of care needs, including disease prevention and treatment. Individuals are eligible for in-kind benefits through compulsory health insurance if they are permanent residents of Estonia and either pay the health insurance premium or are entitled to coverage as defined by the state (e.g., children, pensioners). Dependence is determined through a medical assessment and access to services is determined at the discretion of healthcare workers based on defined clinical need. Beneficiaries are subject to a copayment of 5€ for home nursing services. None of the benefits are taxed or means-tested.

This policy period (chapter) provides details on in-kind benefits covered by the social welfare and compulsory health insurance systems from 2016 to 2025.

Statutory basis

Social Welfare Act [Sotsiaalhoolekande seadus] (Riigi Teataja [State Gazette], 2015f, 2025a)

Estonian Health Insurance Fund Act [Eesti Haigekassa seadus] (Riigi Teataja [State Gazette], 2000a, 2014a, 2024a, 2025h)

Social Tax Act [Sotsiaalmaksuseadus] (Riigi Teataja [State Gazette], 2000b, 2016a), 2024b, 2025i)

Health Care Services Organization Act [Tervishoiuteenuste korraldamise seadus] (Riigi Teataja [State Gazette], 2001a, 2016b, 2025b)

Health Insurance Act [Ravikindlustuse seadus] (Riigi Teataja [State Gazette], 2002a, 2016c, 2025c)

List of Estonian Health Insurance Fund healthcare services [Eesti Haigekassa tervishoiuteenuste loetelu] (Riigi Teataja [State Gazette], 2016d, 2017e, 2017f, 2018d, 2018e, 2019c, 2019d, 2019e, 2020d,2021b, 2021c, 2022c, 2022d, 2023c, 2023d, 2023e, 2024f, 2024g, 2024h, 2025g)

Financing

Source of financing

The source of financing LTC benefits differs by benefit system.

Social Welfare

Social welfare is financed through the state and local government budgets, as well as beneficiary out-of-pocket expenses (Riigi Teataja [State Gazette], 2015f, §156, 2025a, §§11, 156).

Compulsory Health Insurance

Estonia's compulsory health insurance system is primarily financed through state budget transfers and health insurance contributions, which are collected via earmarked payroll taxes (Kasekamp, K. et al., 2023; Riigi Teataja [State Gazette], 2000a, 2014a, 2025h, §§35, 36, 2002a, 2016c, 2025c, §5). The compulsory health insurance contribution is 13% of the gross salary, applicable to both employees and self-employed individuals.[4] For employees, the employer covers the full contribution on their behalf (Kasekamp, K. et al., 2023; Sotsiaalministeerium [Ministry of Social Affairs], 2022; Riigi Teataja [State Gazette], 2000b, 2016a), 2024b, 2025i, §§2, 10).

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.

Social Welfare

The Social Welfare Act addresses a wide range of care needs, including those related to individuals' basic needs and their ability to live independently. It provides support to individuals and families to help prevent social difficulties (Riigi Teataja [State Gazette], 2015f, 2025a, §§3, 4).

Compulsory Health Insurance

Compulsory health insurance, which is administered through the Estonian Health Insurance Fund (EHIF), covers a wide range of care needs, including disease prevention, treatment, and the purchase of medicines and medical aids. It aims to provide high-quality, timely healthcare services that meet individual needs while promoting equal access to care (Riigi Teataja [State Gazette], 2002a, 2016c, 2025c, §§2, 25).

Eligible population

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

Social Welfare

An individual is eligible for care coverage under the Social Welfare Act if all of the following conditions are satisfied (Rahandusministeerium [Ministry of Finance], 2023; Riigi Teataja [State Gazette], 2015f, 2025a, §5):

- Citizenship or residence requirement:[7] Is a resident of the local government unit where they are applying to receive services
- Age requirement: None
- Income or resource requirement: None
- Contribution requirement: None

Compulsory Health Insurance

An individual is eligible for care coverage under the Health Insurance Act if all of the following conditions are satisfied (Riigi Teataja [State Gazette], 2000b, 2016a), 2024b, 2025i, §§2, 10, 2002a, 2016c, 2025c, §5):

- Citizenship or residence requirement: Is a permanent resident of Estonia
- Age requirement: None
- Income or resource requirement: None
- Contribution requirement:[4] Pays the compulsory health insurance premium (13% of gross salary)

Benefit

Home care benefit

LTC home care benefits differ by benefit system.

Social Welfare

The Social Welfare Act defines the social services available to eligible individuals, but the specific services provided are determined by local governments. They establish the conditions and procedures for delivering these services, which can result in differences in benefits across cities and municipalities (Rahandusministeerium [Ministry of Finance], 2023).[7] Home care benefits listed in the Social Welfare Act include (Riigi Teataja [State Gazette], 2015f, 2025a, §§17-19):

- Home care [koduteenused]:[8] Help with services that individuals cannot perform due to their health status, functional ability, or living environment, but which are necessary for home living, such as heating, cooking, and tidying, with the aim of ensuring independence, safety, and improving quality of life

Compulsory Health Insurance

Home care benefits include (Riigi Teataja [State Gazette], 2001a, 2016b, 2025b, §§24-26, 2016d-2019c, §7, 2020d, §9, 2021b, §11, 2022c-2024f, §10, 2025g, §9):

- Home nursing [koduõendus-hooldusteenus]:[5] Nursing care provided in a home environment

Community care

LTC community care benefits differ by benefit system.

Social Welfare

The Social Welfare Act defines the social services available to eligible individuals, but the specific services provided are determined by local governments. They establish the conditions and procedures for delivering these services, which can result in differences in benefits across cities and municipalities (Rahandusministeerium [Ministry of Finance], 2023).[7] Although the Act does not specifically mention community care services such as day care, it does outline general care services provided outside the home (Riigi Teataja [State Gazette], 2015f, 2025a, §§20-22). As part of general care services provided outside the home, some local governments offer community care services (Riigi Teataja [State Gazette], 2017a, 2020a, 2024c, 2025d).

- General care services provided outside the home [väljaspool kodu osutatav üldhooldusteenus]: Services organized by local governments that aim to ensure a safe environment and provide support for adults who, due to health issues, functional limitations, or living circumstances, are temporarily or permanently unable to live independently at home

- ◇ Day care center [päevakeskus]: A service offered by some local governments as part of general care options outside the home, with the specific definition varying across cities and municipalities
  - Tallinn: Facilities that support adults with daily life, offering social counseling, essential services, and opportunities for social interaction and meaningful, age-appropriate activities
  - Viljandi Municipality: Facilities that provide temporary daily general care services in a welfare institution
  - Haapsalu and Ridala Municipality: Facilities offering temporary daily care services (e.g., dressing, hygiene, medication, meals) outside the home for 2 to 12 hours, for individuals who manage independently at night or receive informal care, or when family members are unable to provide care during the day

Compulsory Health Insurance

None

Residential care

LTC residential care benefits differ by benefit system.

Social Welfare

The Social Welfare Act defines the social services available to eligible individuals, but the specific services provided are determined by local governments. They establish the conditions and procedures for delivering these services, which can result in differences in benefits across cities and municipalities (Rahandusministeerium [Ministry of Finance], 2023).[7] Although the Act does not specifically mention residential care services, it does outline general care services provided outside the home (Riigi Teataja [State Gazette], 2015f, 2025a, §§20-22). As part of general care services provided outside the home, some local governments offer residential care services (Riigi Teataja [State Gazette], 2017a, 2020a, 2024c, 2025d).

- General care services provided outside the home [väljaspool kodu osutatav üldhooldusteenus]: Services organized by local governments that aim to ensure a safe environment and provide support for adults who, due to health issues, functional limitations, or living circumstances, are temporarily or permanently unable to live independently at home
  - ◇ 24-hour general care service provided outside the home [väljaspool kodu osutatav ööpäevane üldhooldusteenus]: A service offered by some local governments as part of general care options outside the home, with the specific definition varying across cities and municipalities
    - Tallinn: Facilities that provide general care services as well as accommodation
    - Viljandi Municipality: Facilities that provide 24-hour care, supervision, and nursing in a welfare institution
  - ◇ Interval care service [intervallhooldusteenus]: A service offered by some local governments as part of general care options outside the home, with the specific definition varying across cities and municipalities
    - Haapsalu: Facilities offering temporary 24-hour general care services and accommodation for individuals with fluctuating chronic conditions, or for those unable to be cared for at home due to temporary circumstances (e.g., family illness, work commitments, or caregiver need for a break)
    - Ridala Municipality: Temporary 24-hour general care services provided outside the home

Compulsory Health Insurance

None

Other benefits

Other LTC benefits differ by benefit system.

Social Welfare

The Social Welfare Act defines the social services available to eligible individuals, but the specific services provided are determined by local governments. They establish the conditions and procedures for delivering these services, which can result in differences in benefits across cities and municipalities (Rahandusministeerium [Ministry of Finance], 2023).[7] Other care benefits listed in the Social Welfare Act include (Riigi Portaal [State Portal], 2024; Riigi Teataja [State Gazette], 2015f, 2025a, §§23-29, 38-40, 46-48, 56-60):

- Support services [tugiisikuteenus]: Services aimed at promoting independence by offering guidance, motivation, and support to individuals facing social, economic, psychological, or health challenges
- Adult care [täisealise isiku hooldus]: Assistance provided to individuals with mental or physical disabilities who require support
- Personal assistant services [isikliku abistaja teenus]: Assistance with activities of daily living, like eating and dressing, aimed at promoting independence and participation for adults with disabilities, as defined in the Social Benefits for Persons with Disabilities Act, and reducing the burden on caregivers

- Transportation services [sotsiaaltransporditeenus]: Transportation services are provided to individuals with disabilities, as defined in the Social Benefits for Persons with Disabilities Act, to assist with travel to work, public services, or educational institutions

The Social Welfare Act also defines state-funded social services available to eligible individuals, which are provided either free of charge or at a subsidized rate by the government, regardless of where the individual resides.

- Prostheses, orthopedic devices, and other aids [proteesid, ortopeedilised ja muud abivahendid]: Prostheses, orthopedic devices, and other aids are provided to eligible individuals who require them due to illness, age, or disability
- Social rehabilitation [sotsiaalse rehabilitatsiooni]: Services that support individuals with disabilities or limited working capacity in adapting to daily challenges by enhancing life skills, promoting social participation, and improving work capacity through a collaborative approach involving specialists from multiple fields

Compulsory Health Insurance

Other care benefits include (Estonian Institute for Health Development, 2012; Riigi Teataja [State Gazette], 2016d-2019c, §7, 2020d, §9, 2021b, §11, 2022c-2024f, §10, 2025g, §9):

- Geriatric assessment [geriaatrilise seisundi hindamine]:[6] Evaluation of the health, functional, and social status of an adult with multiple needs, such as a geriatric patient, followed by the development and implementation of an individualized care plan

Provision of care

The provision of LTC services differs by benefit system.

Social Welfare

The municipality or city government of the beneficiary's place of residence is responsible for organizing the provision of social services and benefits, and other assistance (Riigi Teataja [State Gazette], 2015f, 2025a, §§14, 15).[7]

Compulsory Health Insurance

The EHIF is responsible for contracting healthcare providers (Kasekamp, K. et al., 2023). Nurses provide home nursing services both independently and in collaboration with family doctors or specialists. Long-term nursing care is provided by inpatient healthcare providers and hospitals (Riigi Teataja [State Gazette], 2001a, 2016b, 2025b, §§24-26). Geriatric assessments are carried out by a collaborative team that includes a physician, nurse, social worker, and other specialists as needed (Estonian Institute for Health Development, 2012; Riigi Teataja [State Gazette], 2016d-2019c, §7, 2020d, §9, 2021b, §11, 2022c-2024f, §10, 2025g, §9).

Benefit eligibility

Qualifying period

None

Minimum level of dependence

The minimum level of dependence varies by benefit system.

Social Welfare

The Social Welfare Act does not establish a minimum level of dependence for in-kind benefits provided by the social welfare system. Instead, local governments are responsible for determining the need for assistance for individuals seeking support (Riigi Teataja [State Gazette], 2015f, 2025a, §§14, 15).[7] As a result, the minimum levels of dependence for in-kind benefits may vary across different cities and municipalities.

For state-funded social rehabilitation services, the Social Insurance Board evaluates care needs. One of the following goals must be achievable through social rehabilitation (Riigi Teataja [State Gazette], 2015f, 2025a, §62):

- Daily Life: Supporting the individual in living independently by increasing motivation and willingness to engage in community activities according to their abilities, developing cognitive and physical skills, and acquiring essential daily life skills
- Learning: Acquiring education based on one's abilities or developing additional skills required for employment by providing the necessary support throughout the learning process
- Communication and Leisure: Participating in social life according to one's abilities by increasing self-awareness, developing self-regulation, and strengthening communication and cooperation skills
- Work: Developing the ability to engage in work that aligns with one's abilities

Compulsory Health Insurance

There is no minimum level of dependence for in-kind benefits provided by the compulsory health insurance system (Riigi Teataja [State Gazette], 2002a, 2016c, 2025c, §40).

Duration of benefit

Regardless of the benefit system, beneficiaries continue to receive benefits as long as they satisfy the coverage criteria (see Coverage section).

Means testing

Means testing varies by benefit system.

Social Welfare

There is no means test to determine eligibility for benefits. However, local governments may require income-related copayments.

Compulsory Health Insurance

None

Age requirement

None

Care needs assessment

Definition of dependence

The definition of dependence varies by benefit system.

Social Welfare

The Social Welfare Act provides a general definition of dependence, which is based on factors such as basic needs, the ability to live independently, and social difficulties (Riigi Teataja [State Gazette], 2015f, 2025a, §§3, 4). For services provided by local governments, the definition of dependence may vary across different cities and municipalities, as the Act does not establish a standardized approach for evaluating care needs in relation to in-kind benefits provided by the social welfare system (Riigi Teataja [State Gazette], 2015f, 2025a, §§14, 15).[7] For state-funded social rehabilitation services, dependence is defined based on several criteria: the individual's need for social rehabilitation services, their ability to cope, act, and participate, as well as their overall health status (Riigi Teataja [State Gazette], 2015f, 2025a, §62).

Compulsory Health Insurance

The compulsory health insurance system provides only a general definition of dependence or need for services. Dependence is determined through a medical assessment (Riigi Teataja [State Gazette], 2002a, 2016c, 2025c, §§2, 25).

Evaluation of dependence

The evaluation of dependence varies by benefit system.

Social Welfare

The Social Welfare Act stipulates that when assessing the need for assistance, a holistic approach must be taken, considering the individual's overall circumstances and the factors that impact their ability to cope and participate in social life. This includes factors related to the person's personal capacity to act, as well as those related to their physical and social environment. When evaluating the needs of individuals with disabilities, appropriate assistance must be provided. This includes arranging necessary support services or translation services to minimize or eliminate obstacles caused by their need for assistance. The Act does not establish a statutory form for evaluating care needs for in-kind benefits provided by the social welfare system. Instead, local governments are responsible for determining the need for assistance for individuals seeking support through their services (Riigi Teataja [State Gazette], 2015f, 2025a, §§14, 15).[7] As a result, the care needs assessments for in-kind benefits covered by local governments may vary across different cities and municipalities. Box 3, Box 4, Table 2, Table 3, Table 4, and Table 5 describe the care needs assessment for social services in Haapsalu (2017-2023).

For state-funded social rehabilitation services, the Social Insurance Board assesses dependence based on several criteria: the individual's need for social rehabilitation services, their ability to cope, act, and participate, as well as their overall health status. One of the following goals must be achievable through social rehabilitation (Riigi Teataja [State Gazette], 2015f, 2025a, §62):

- Daily Life: Supporting the individual in living independently by increasing motivation and willingness to engage in community activities according to their abilities, developing cognitive and physical skills, and acquiring essential daily life skills

- Learning: Acquiring education based on one's abilities or developing additional skills required for employment by providing the necessary support throughout the learning process
- Communication and Leisure: Participating in social life according to one's abilities by increasing self-awareness, developing self-regulation, and strengthening communication and cooperation skills
- Work: Developing the ability to engage in work that aligns with one's abilities

Compulsory Health Insurance

There is no statutory form for evaluating dependence. Access to services is determined at the discretion of healthcare workers based on defined clinical need (Riigi Teataja [State Gazette], 2002a, 2016c, 2025c, §40).

Evaluators

Evaluators vary by benefit system.

Social Welfare

Local government officials assess dependence for most social services (Riigi Teataja [State Gazette], 2015f, 2025a, §§14, 15).[7] The Social Insurance Board evaluates dependence for state-funded services such social rehabilitation (Riigi Teataja [State Gazette], 2015f, 2025a, §§47, 62).

Compulsory Health Insurance

Healthcare workers evaluate dependence (Riigi Teataja [State Gazette], 2002a, 2016c, 2025c, §§40(1), 40(2)).

Benefit limitations

Can you mix LTC benefits?

Restrictions on combining benefits vary depending on the benefit system.

Social Welfare

The Social Welfare Act does not specify restrictions on combining other in-kind benefits, suggesting that different in-kind benefits can generally be combined (Riigi Teataja [State Gazette], 2015f, 2025a). Since 2019, the Act has specified that individuals receiving 24-hour general care services outside the home are ineligible for state-funded aids if the aid is directly related to the care service itself or the building used to provide the service (Riigi Teataja [State Gazette], 2015f, 2018c).

Compulsory Health Insurance

The laws regulating compulsory health insurance do not specify any restrictions on combining in-kind benefits, suggesting that different in-kind benefits can be combined (Riigi Teataja [State Gazette], 2000a, 2001a, 2002a, 2014a, 2016b, 2016c, 2024a, 2025b, 2025c, 2025h).

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

There are no LTC cash benefits in either system.

Can you receive LTC benefits with other social security benefits?

The rules regarding the accumulation of benefits with other social security benefits vary depending on the benefit system.

Social Welfare

The Social Welfare Act does not specify any restrictions on receiving in-kind benefits with other social security benefits (Riigi Teataja [State Gazette], 2015f, 2025a).

Compulsory Health Insurance

The laws regulating compulsory health insurance do not specify any restrictions on receiving in-kind benefits with other social security benefits (Riigi Teataja [State Gazette], 2000a, 2001a, 2002a, 2014a, 2016b, 2016c, 2024a, 2025b, 2025c, 2025h).

User costs

User charges

User charges vary depending on the benefit system.

Social Welfare

For LTC services provided by local governments, fees are based on the type and cost of the service, as well as the economic circumstances of the individual receiving it. The local government unit is responsible for setting the conditions and the amount of the fee for the social services it provides. The decision to charge a fee is typically made by the service provider (Riigi Teataja [State Gazette], 2015f, 2025a, §16). Box 5 provides examples of fees for social services in Tallinn and Võnnu Municipality. Starting in July 2023, local governments contributed to the financing of 24-hour general care services for all individuals in need, covering specific costs such as labor, equipment, and training and supervision expenses, resulting in reduced fees for recipients (Riigi Teataja [State Gazette], 2022e).

In addition to the LTC services provided by local governments, the state also offers certain services, including aids and social rehabilitation. Box 6 lists the individuals for whom the state covers the cost of aids and social rehabilitation. For aids, the fee is the difference between the cost of the aid and the state contribution, with a minimum fee of 7€. The fee may be reduced to 5% of the total cost of the aid if the individual's financial situation prevents them from paying the required contribution, if having an aid leads to substantial additional expenses, or if there are other justified circumstances that make it impossible for the individual to pay the full contribution (Riigi Teataja [State Gazette], 2015f, 2025a, §50). Table 6 lists maximum state contributions, cost limits for the purchase or rental of aids, and fees from 2016 to 2025. For social rehabilitation, the state covers service costs up to a specified limit (Riigi Teataja [State Gazette], 2015f, 2025a, §§46-50, 56-60). Any costs exceeding this threshold must be covered by the individual. Table 7 lists maximum fee limits for state-funded social rehabilitation services from 2016 to 2025.

Compulsory Health Insurance

Individuals are required to pay a copayment for home nursing, which varies over time. Welfare institutions are recognized as residents' homes, similar to how private residences are considered homes for the rest of the population who may require home nursing. Table 1 lists copayment rates for home nursing from 2003 to 2025 as well as groups who are either fully exempt from copayments or eligible for reduced rates (Riigi Teataja [State Gazette], 2002a, 2015b, §§69-72).

Taxation of benefits

The benefits are not subject to taxation.

Tables and Formulas

Box 1: Examples of Care Needs Assessments for Social Services - Social Welfare Act (2003-2015)

The assessments asked about the individual's living situation, such as who they lived with, how often visitors came, and what help they provided. They also covered the individual's financial situation, including monthly income and expenses. The assessments included details about the home environment, such as heating, the ability to perform household tasks, and the distance from neighbors. There was also a section about physical ability. Eleven items were scored on a scale from 1 to 3, where 1 meant the person could manage independently, 2 meant they needed some help, and 3 meant they could not manage alone. The items included:

- Food storage
- Cooking
- Washing dishes
- Personal hygiene
- Household chores (cleaning, laundry, heating)
- Managing finances
- Managing administrative tasks
- Medication administration
- Using the phone
- Outdoor exercise
- Shopping

Additionally, the assessment also asked about the use of aids and assistive devices. A separate section was dedicated to assessing mental state and disruptive factors, with six items scored on a scale from 1 to 3: 1 indicated "no," 2 represented "partly," and 3 signified "yes." The items included:

- Memory problems
- Anxiety and panic attacks
- Pain
- Dizziness
- Falls
- Other disruptive factors (fears, conflicts)

Finally, the assessment asked about the individual's preferences and expectations regarding the assistance they might receive, as well as any additional notes and observations from the social worker. While the items were scored, no specific threshold was established for determining eligibility for benefits.

Source: Riigi Teataja [State Gazette] (2013b, 2014c)
Notes: This box describes the care needs assessment used in both Vastseliina Municipality (2013-2016) and Palupera Municipality (2014-2016), which were identical.

Box 2: Examples of Fees for Social Services - Social Welfare Act (2003-2015)

- Vastseliina Municipality (2013-2016) and Palupera Municipality (2014-2016)
  - Assistance once a week, an average of 1.5 hours per session - price: 23€ per month
  - Assistance twice a week, an average of 1.5 hours per session - price: 46€ per month
  - Assistance three times a week, an average of 1.5 hours per session - price: 69€ per month
  - Assistance includes housework (e.g., cleaning, buying groceries), buying medicine, arranging local medical services
- Värska Municipality (2011-2014)
  - Basic Services: shopping, cleaning and housework, help with laundry - price: 0.96€ per hour
  - Support Services: paying bills and applying for benefits, arranging medical care, organizing repair and maintenance work, assisting with one-time administrative matters - price: 0.96€ per task
  - Transportation: Free within the Värska municipality. For destinations outside the municipality, a fee of 0.13€ per kilometer applied.
- Jõgeva (2009-2016)
  - Home care was free

Source: Riigi Teataja [State Gazette] (2009c, 2011b, 2013b, 2014c)

Table 1: Copayments for Home Nursing - Compulsory Health Insurance (2003-2025)

Year	Copayment Per Visit
2003-2010	50 EEK
2011-2012	3.2€
2013-2025	5€

Source: Kasekamp, K. et al. (2023); Riigi Teataja [State Gazette] (2002a, 2010, 2011c, 2013c, 2015b, 2016c, 2025c, §§69-72)
Notes: Copayments from 2003 to 2010 are listed in Estonian kroons (EEK), as Estonia used the kroon as its currency until the adoption of the euro in 2011. Prices from 2011 onward are in euros. The following groups are either fully exempt from copayments or eligible for reduced rates: children under two years of age, pregnant women, patients referred by another specialist within the same provider, and individuals receiving emergency care that leads to inpatient treatment.

Box 3: Haapsalu Care Needs Assessments for Social Services - Social Welfare Act (2016-2025) (Part 1 of 6)

The care needs assessment in Haapsalu covers a wide range of areas, including the types and severity of illnesses and disabilities. It also takes into account the household, including close networks (e.g., children and grandchildren) and formal networks (e.g., doctors and social workers). Other factors considered are the individual's type of home, living conditions, transportation use, and personal goals. Additionally, the assessment evaluates their finances and sources of income. The assessment then identifies the need for services based on five activities, each with related sub-activities. Each sub-activity is scored on a scale from 1 to 4, where 1 indicates the individual can perform the activity independently, 2 means they need some help, 3 indicates they need significant help, and 4 means they are unable to do it on their own. The activities and sub-activities include:

- Motor skills and walking
  - Outdoor movement (e.g., to the doctor, grocery store)
  - Indoor movement
  - Movement from one destination to another
  - Movement with an assistive device
  - Writing
- Hygiene
  - Washing (including skin and nail care)
  - Dressing
  - Using the toilet
  - Urine and stool control
- Shopping, cooking, and eating
  - Making purchases
  - Cooking
  - Heating prepared food
  - Eating
  - Handling money
  - Taking medication
  - Caring for dependents

Source: Riigi Teataja [State Gazette] (2017d, 2021a)
Notes: This box describes the care needs assessment used in Haapsalu (2017-2023).

Box 4: Haapsalu Care Needs Assessments for Social Services - Social Welfare Act (2016-2025) (Part 2 of 6)

- Housework
  - Heating
  - Housekeeping
  - Chopping and bringing in firewood
  - Doing laundry
  - Washing dishes
  - Taking out the trash
  - Window cleaning, changing curtains
  - Using the phone
  - Other
- Sensations, memory, and mental state
  - Memory problems
  - Orientation problems
  - Vision problems
  - Communication (speech) problems
  - Anxiety (panic attacks, fears, etc.)
  - Pain
  - Dizziness
  - Falls

Although the items are scored, no specific threshold is set to determine benefit eligibility. The evaluator reviews a list of services at the end of this section to assess the need for specific benefits (e.g., home care, nursing home). If the initial assessment does not provide enough information to determine the need for home care services, a separate, more detailed evaluation is conducted. This evaluation includes nine key activities, each with specific sub-activities. Each sub-activity is accompanied by descriptions and corresponding point values, which vary based on the level of assistance required. Table 2, Table 3, Table 4, and Table 5 list the activities, sub-activities, and points. Individuals who score 13 points or more are eligible for home care services. s

Source: Riigi Teataja [State Gazette] (2017d, 2021a)
Notes: This box describes the care needs assessment used in Haapsalu (2017-2023).

Table 2: Haapsalu Care Needs Assessments for Social Services - Social Welfare Act (2016-2025) (Part 3 of 6)

Items	Points
8.1 Motor skills and behavior	
Outdoor Mobility:	
Moves without assistance	0
Moves with an aid (excluding a wheelchair)	4
Moves in a wheelchair	6
Moves with assistance	8
Does not move	10
Indoor Mobility:	
Moves without assistance	0
Moves with an aid (excluding a wheelchair)	4
Moves in a wheelchair	6
Moves with assistance	8
Does not move	10
8.2 Hygiene and dressing	
Defecation:	
Normal, without correction	0
Chronic constipation	2
Problem-free colostomy	3
Occasional incontinence	5
Constant incontinence	10
Problematic colostomy	10
Urination:	
Normal	0
Temporary bothersome incontinence	3
Retention, catheter-based emptying	8
Constant incontinence (diapers)	10
Permanent catheter	10

Source: Riigi Teataja [State Gazette] (2017d, 2021a)

Notes: An initial assessment for social services is outlined in Box 3 and Box 4. If this assessment does not provide sufficient information to determine the need for home care services, a separate, more comprehensive evaluation is conducted, as detailed in this table and Table 3, Table 4, and Table 5. Individuals who score 13 points or higher in this evaluation are eligible for home care services.

Table 3: Haapsalu Care Needs Assessments for Social Services - Social Welfare Act (2016-2025) (Part 4 of 6)

Items	Points
8.2 Hygiene and dressing (cont.)	
Toilet Use:	
Does not require assistance	0
Uses a commode independently	3
Uses a urinal independently, diapers for backup	5
Requires assistance, uses diapers	8
Does not use the toilet, uses diapers	10
Dressing:	
Independently	0
Manages if clothes are prepared	1
Requires assistance with some tasks	3
Requires assistance with most tasks	7
Cannot contribute	8
8.3 Shopping, food preparation, and eating	
Can manage shopping independently	0
Can manage shopping with assistance	2
Does not do shopping, prepares food independently	3
Can heat up prepared food	4
Eats independently, prepared food	6
Requires assistance with eating	8
Requires feeding via a tube	10
8.4 Balance and falls	
Dizziness and balance disorders:	
None	0
Occasionally	3
Constant balance issues	6
Tendency to fall:	
Has not fallen	0
Falls rarely and can get up independently	2
Falls several times a week and can get up independently	4
Falls rarely and cannot get up independently	10
Falls several times a week and cannot get up independently (wheelchair, bedridden)	10

Source: Riigi Teataja [State Gazette] (2017d, 2021a)

Notes: An initial assessment for social services is outlined in Box 3 and Box 4. If this assessment does not provide sufficient information to determine the need for home care services, a separate, more comprehensive evaluation is conducted, as detailed in this table and Table 2, Table 4, and Table 5. Individuals who score 13 points or higher in this evaluation are eligible for home care services.

Table 4: Haapsalu Care Needs Assessments for Social Services - Social Welfare Act (2016-2025) (Part 5 of 6)

Items	Points
8.5 Sensations and communication	
Vision:	
Normal, without correction	0
Normal with glasses	1
Can read large print, can watch TV	2
Sees only large objects (uses a magnifying glass)	4
Can distinguish light and darkness	5
Blind, has received appropriate training	6
Blind, has not received appropriate training	10
Hearing:	
Normal	0
Slightly impaired	2
Can hear when the voice is raised (even with a hearing aid)	5
Deaf (cannot hear at all)	6
Speech:	
Normal	0
Dysarthria/partial aphasia but understandable	2
Complete aphasia, possible partial communication	4
Complete loss of communication ability	8
Phone Use:	
Uses normally	0
Does not own or use a phone	2
Can receive calls but cannot make calls	3
Cannot use the phone	5
8.6 State of consciousness and orientation	
Level of consciousness:	
Clear	0
Inadequate	3
Memory impairment (diagnosed)	5
Orientation:	
Fully oriented to time, place, and person	0
Disoriented, calm in familiar environment	3
Temporary confusion, getting out of bed at night	5
Disoriented in unfamiliar surroundings	7
Confused state, requires continuous supervision	10
Psychotic (with hallucinations)	10

Source: Riigi Teataja [State Gazette] (2017d, 2021a)

Notes: An initial assessment for social services is outlined in Box 3 and Box 4. If this assessment does not provide sufficient information to determine the need for home care services, a separate, more comprehensive evaluation is conducted, as detailed in this table and Table 2, Table 3, and Table 5. Individuals who score 13 points or higher in this evaluation are eligible for home care services.

Table 5: Haapsalu Care Needs Assessments for Social Services - Social Welfare Act (2016-2025) (Part 6 of 6)

Items	Points
8.7 Mood, memory and initiative	
Mood:	
Positive	0
Neutral	2
Intermittent	3
Negative	4
Depressive (further testing if needed)	8
Aggressive	10
Memory:	
Better than age group	0
In line with age group	1
Mild memory impairment	4
Severe memory impairment (further testing if needed)	8
Initiative:	
Active, open	0
Passive, but can be activated	3
Completely passive	5
8.8 Medication intake	
Does not require medication	0
Can manage medication independently	1
Requires assistance once a week	2
Requires assistance every day	5
8.9 Need for supervision/guidance	
No need	0
..... times per week	3
Certain part of the day (..... hours)	5
24/7 (constant)	10

Source: Riigi Teataja [State Gazette] (2017d, 2021a)

Notes: An initial assessment for social services is outlined in Box 3 and Box 4. If this assessment does not provide sufficient information to determine the need for home care services, a separate, more comprehensive evaluation is conducted, as detailed in this table and Table 2, Table 3, and Table 4. Individuals who score 13 points or higher in this evaluation are eligible for home care services.

Box 5: Examples of Fees for Social Services - Social Welfare Act (2016-2025)

- Tallinn (2024-2025)
  - The copayment for home care is determined based on an individual's net income and the income limit set by the Tallinn City Government (€360 as of January 1, 2024). If housing costs impact the ability to pay, the City of Tallinn may cover the co-payment partially or fully for up to six months. The copayment rates are as follows:
  - If net income is below the income limit, no co-payment applies
  - If net income exceeds the income limit by 1-150€, the co-payment is 2€ per hour
  - If net income exceeds the income limit by 151-300€, the co-payment is 4€ per hour
  - If net income exceeds the income limit by 301-450€, the co-payment is 6€ per hour
  - If net income exceeds the income limit by 451€ or more, the co-payment is 10€ per hour
- Võnnu Municipality (2016-2018)
  - The service is free for individuals receiving a subsistence allowance or with an income below 75% of the minimum wage. The home care copayments are as follows:
  - Package No. 1 (up to 2 hours per week, provided once a week): 13€ per month
  - Package No. 2 (up to 4 hours per week, provided twice a week): 26€ per month
  - Package No. 3 (up to 6 hours per week, provided three times a week): 38€ per month
  - Package No. 4 (up to 8 hours per week, provided four times a week): 51€ per month
  - Package No. 5 (up to 10 hours per week, provided five times a week): 64€ per month
  - One-time home service for a person in need of home service: 4€ per hour

Source: Riigi Teataja [State Gazette] (2016f); Tallinn (2025)

Box 6: State-Funded Aids and Social Rehabilitation - Social Welfare Act (2016-2025)

- The state covers the cost of aids for certain individuals, such as:
  - A person who is 18 years or older, of working age, and has been officially recognized as permanently incapable of work due to a partial or complete loss of working capacity
  - An adult who has a disability as defined in the Social Benefits for Persons with Disabilities Act
  - A person who has reached the old-age pension age
  - Individuals who must use an assistive device for everyday life (e.g., require a hearing aid, eye prosthesis)
- The state covers the cost of social rehabilitation for certain individuals, such as:
  - Working-age adults with a disability as defined in the Social Benefits for Persons with Disabilities Act, or those who have been declared permanently incapable of work under the State Pension Insurance Act or who has been assigned a disability group for an indefinite period under the State Maintenance Allowances Act and who has been identified as needing social rehabilitation services
  - Working age individuals who has no capacity for work and who has been identified as needing social rehabilitation services
  - Individuals who have reached the old-age pension age, with a disability as defined in the Social Benefits for Persons with Disabilities Act, and who have been identified as needing social rehabilitation services
  - Individuals receiving an early retirement pension, with a disability as defined in the Social Benefits for Persons with Disabilities Act, and who have been identified as needing social rehabilitation services
  - A person receiving the benefit of a rescue worker awaiting retirement pension as defined in the Rescue Services Act, who has a disability as defined in the Social Benefits for Persons with Disabilities Act and who has been identified as needing social rehabilitation services

Source: Riigi Teataja [State Gazette] (2015f, 2025a, §§46, 47, 56-60)

Table 6: Maximum State Contributions for State-Funded Aids - Social Welfare Act (2016-2025)

Aid Type	Year	Max Cost for Purchasing or Renting (€)	State Contribution (%)	Fee (€)
Bath and shower chairs	2016-2025	97	70 (90 in 2025)	29.10 (9.70)
Walking cane	2016-Oct 2023	16.60	50	8.30
	Nov 2023-2025	23	50 (90 in 2025)	11.50 (2.30)
Ramp	2016-2025	560	50 (90 in 2025)	280 (56)
Walker	2016-2024	13	60	5.20
	2025	18	90	1.80
Wheelchair	2016-Oct 2023	65.40	60	26.16
	Nov 2023-2024	72.50	60	29
	2025	74	90	7.40
Walking frame	2016-Oct 2023	5.30	60	2.12
	Nov 2023-2025	9	60 (90 in 2025)	3.60 (0.90)

Source: Riigi Teataja [State Gazette] (2015f, 2025a, §50, 2016f-2025f, Appendix)
Notes: Some individuals are eligible for state-funded aids. The fee is the difference between the cost of the aid and the state contribution, with a minimum fee of 7€. Fees below 7€ are automatically be increased to the minimum fee of 7€. State-funded aids are available for purchase or for renting, depending on the type of aid. The maximum cost for the first three aids (bath and shower chairs, walking cane, and ramp) is for purchasing, while the maximum cost for the last three aids (walker, wheelchair, and walking frame) is for renting. This table provides the maximum state contribution for purchasing certain types of aids. For a comprehensive list of maximum limits, including additional aids, prosthetics, and devices, users should refer to the legislation.

Table 7: Maximum Fee Limits for State-Funded Social Rehabilitation - Social Welfare Act (2016-2025)

Year	Yearly Max Limit	Yearly Max Limit (Program)	Yearly Max Limit (Plan)
2016-2017	483€	1,000€	
2018	483	1,000	747.10€
2019	1,112	1,600	1,431
Jan 2020-Jan 2022	1,237	1,800	1,431
Jan 2022-Jan 2025	1,275	1,800	

Source: Riigi Teataja [State Gazette] (2015f, 2025a, §69, 2016e-2025e, §3(3))
Notes: The limits in the second column apply to individuals in the social rehabilitation section of Box 6. The third column applies to individuals in the social rehabilitation section of Box 6 receiving services under a rehabilitation program, while the fourth column applies to those receiving services under a rehabilitation plan. A rehabilitation program is a document created by the rehabilitation team for a specific target group, outlining the social rehabilitation goal, necessary services and their scope, and the program's implementation period for the individual. A rehabilitation plan is a document created by the rehabilitation team, in collaboration with the individual and their legal representative, outlining the person's functional abilities, social rehabilitation goals, necessary services, and progress toward achieving those goals.

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Tallinn (2025). Koduteenus [Home Service]. Tallinn.ee. [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.

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.

Compulsory Health Insurance (Kohustusliku ravikindlustuse): Compulsory Health Insurance is a mandatory system in which all residents are entitled to basic health care services, typically funded through social taxes, and governed by the Estonian Health Insurance Fund (EHIF). This system ensures that all eligible individuals have access to necessary medical and nursing care, including visits to general practitioners and home nursing.

Estonian Health Insurance Fund (EHIF) (Eesti Haigekassa): The Estonian Health Insurance Fund is the institution responsible for administering the compulsory health insurance system, ensuring that residents have access to necessary health care services, and managing the financing of the public health system.

Social Benefits for Persons with Disabilities Act (Puuetega inimeste sotsiaaltoetuste seadus): Estonian law that provides social benefits and support services for people with disabilities. It defines disability as an impairment or abnormality in a person's anatomical, physiological, or psychological structure or function, classifying it into three levels of severity. Moderate disability is a loss or abnormality of a person's anatomical, physiological, or psychological structure or function, requiring regular ancillary assistance or guidance outside their place of residence at least once a week. Severe disability involves a loss or abnormality that requires ancillary assistance, guidance, or supervision every day of the week. Profound disability is the most severe, characterized by a loss or abnormality that requires continuous ancillary assistance, guidance, or supervision around the clock.

Social Insurance Board (Sotsiaalkindlustusamet): The Social Insurance Board is the government agency responsible for administering various social insurance and social assistance programs. It operates under the Ministry of Social Affairs and plays a central role in ensuring that individuals have access to social security benefits and services.

Social Welfare Act (Sotsiaalhoolekande seadus): Estonian law that governs the provision of social welfare services and support to individuals in need. It establishes the legal framework for ensuring the well-being of vulnerable groups, including older adults, disabled individuals, low-income families, and others who require assistance for various social and economic reasons.

Notes

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

1. Individuals who were not permanent residents of Estonia could still have been eligible for benefits under the Social Welfare Act if they met one of the following conditions: they had settled in Estonia before July 1, 1990, and were residing in Estonia based on permanent registration in the former Estonian Soviet Socialist Republic; they were the spouse of a foreign citizen of Estonian nationality or a stateless person who had settled in Estonia after August 20, 1991; they were residing in Estonia with a temporary residence permit and were subject to the Social Welfare Act under an international agreement; or they were a refugee residing in Estonia (Riigi Teataja [State Gazette], 1995, 2002c, §4, 1997, §3).
2. While the Social Welfare Act stated that local governments organized and provided benefits, it did not explicitly require applicants to have lived in the area where they applied. We therefore did not consider local residence a formal eligibility condition, though implementation may have involved residence-related practices not specified in the legislation.
3. Individuals who were not permanent residents of Estonia could still have been eligible for benefits under the Social Welfare Act if they met one of the following conditions: they resided in Estonia with a valid residence permit or right of residence, or they were recipients of international protection and were residing in Estonia (Riigi Teataja [State Gazette], 1995, 2015e, §4).
4. Certain individuals were exempt from paying the contribution as they were covered by the state, including pregnant women, individuals under the age of 19, those receiving a state pension, and dependent spouses of insured individuals who are within five years of reaching retirement age (Riigi Teataja [State Gazette], 2002a, 2015b).
5. Also referred to as home nursing care service (Riigi Teataja [State Gazette], 2004a).
6. Geriatric assessments were carried out by a collaborative team that includes a physician, nurse, social worker, and other specialists as needed (Riigi Teataja [State Gazette], 2004a).
7. As of 2017, Estonia is divided into 79 local government units, consisting of 15 cities and 64 rural municipalities, each responsible for making decisions and managing local affairs independently. Prior to the restructuring, Estonia had a greater number of local governments, with the total ranging from 254 in 1995 to 213 in 2014 (Rahandusministeerium [Ministry of Finance], 2023).
8. Also referred to as home services (Riigi Teataja [State Gazette], 1995, 2002c, §§13, 21).

Version information

Current Version: 1.0 (May 2025)

Version History

- 1.0 (May 2025): First version.

Additional resources

The following resources provide additional details for the interested reader:

Kasekamp, K. et al. Available in Estonian. As of March 5, 2025.
Available at: https://iris.who.int/bitstream/handle/10665/374315/9789289059527-eng.pdf?sequence=2
Features: Report detailing Estonia's healthcare system, covering aspects such as financing mechanisms, benefit coverage, and key policies

Riigi Teataja. Available in Estonian. As of March 5, 2025.
Available at: https://www.riigiteataja.ee/index.html
Features: Online state gazette offering access to national and local government laws, regulations, and other legal texts