GATEWAY TO GLOBAL AGING DATA

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Gateway Policy Explorer: Long-Term Care Series

Netherlands

24-Hour Long-Term Care Benefits Plan Details

2015-2024

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Preface

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

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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*.

Netherlands

24-Hour Care Benefits
Plan details 2015-2024 * †

In the Netherlands, 24-hour home care benefits are one of the long-term care (LTC) services provided to older adults who are care dependent. 24-hour care at home was provided to individuals who needed permanent supervision or 24-hour care nearby. Individuals are eligible to receive 24-hour care benefits through WLZ as long as they are a resident of the Netherlands and they pay the income-related premium. Individuals also pay income-related copayments, which vary depending on the type of care package. The evaluation of dependence is subjective and there are no defined levels of dependence for eligibility or benefits. The benefits are not means-tested or taxed.

Key Dates
First law: 2015
Major changes since 2015: None

Contents

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† 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 2015-2024

Overview

During this period, the Dutch Long-Term Care (LTC) System provided 24-hour care at home to individuals who required permanent supervision or 24-hour care nearby. Benefit eligibility is based on care needs.

The Long Term Care Act (Wet langdurige zorg - WLZ) was created in 2015. It provides LTC at home to older adults with intensive care needs. WLZ provides a new policy framework for residential care after the General Special Medical Expenses Act (Algemene Wet Bijzondere Ziektekosten - AWBZ) was repealed. It is organized at the national level by the Ministry of Health, Welfare, and Sport and at the regional level by regional care offices and health insurers. Individuals are eligible to receive 24-hour care benefits through WLZ as long as they are a resident of the Netherlands and they pay the income-related premium. Individuals pay an income-related copayment, which varies depending on whether they receive a complete package or a partial benefits package. The main difference between complete and partial benefits packages is that complete packages are aimed at individuals who require all or most of the services offered under WLZ whereas partial benefits packages are aimed at individuals who only require some services. The evaluation of dependence is subjective[1] and considers several factors including the applicant's healthcare situation, their need for permanent supervision or 24-hour care nearby, and other care options besides WLZ care.[2] Permanent supervision is defined as uninterrupted supervision and active observation for 24 hours a day whereas 24-hour care nearby is defined as care that mainly consists of passive supervision and does not require permanent active observation. There are no defined levels of dependence for eligibility or benefits and dependence is based on five types of bases or conditions, limitations, and disabilities that require the applicant to rely on care. The five types include somatic, psychogeriatric, physical, mental/intellectual, and sensory/psychosocial. The benefit is not means-tested or taxed.

Before 2015, AWBZ covered 24-hour home care benefits for individuals with need for palliative terminal care (CIZ, 2014). Details of 24-hour home care for palliative terminal care covered under AWBZ are not included in this document. Individuals may purchase Voluntary Additional Insurance (Aanvullende Verzekering) for care that is not covered by the public long-term care schemes. Health insurers determine the conditions and reimbursements of the supplementary insurance, including the premium. Details of Voluntary Additional Insurance are not included in this document. WLZ also provides care to individuals who need continuous 24-hour care nearby and/or permanent monitoring in an institutional setting. For details about residential care, please refer to the policy document The Netherlands Long-Term Care In-Kind Benefit Plan Details, 1992-2024 (Gateway to Global Aging Data, 2024).

This policy period (chapter) provides details on 24-hour care benefits of the Dutch LTC system from 2015 to 2024.

Statutory Basis

Long Term Care Act (Wet langdurige zorg - WLZ) (Overheid.nl Monitor, 2015a)

Financing

Source of Financing

WLZ is funded by income-related premiums, taxes, and income-related copayments (Bakx et al., 2023). The WLZ premium is a fixed proportion of a maximum amount of yearly taxable income. The annual WLZ premium in 2023 is 9.65% of the first 37,149€ (i.e. a maximum of 3,584.90€). The WLZ premium rate from 2021 to 2023 has been 9.65% although the maximum amounts have increased. In 2021, the maximum amount of yearly taxable income considered in the calculation was 35,129€, and in 2022 it was 35,472€ (Tax and Customs Administration of the Netherlands, n.d.).

Coverage

Risk covered definition

WLZ covers care needs related to physical, functional, and cognitive impairments, such as limitations in activities of daily living (ADLs) and instrumental activities of daily living (IADLs) that require permanent supervision or 24-hour care (Overheid.nl Monitor, 2015a).

Eligible population

An individual is eligible for care coverage under WLZ if all of the following conditions are satisfied:

- Residence requirement: Is a resident of the Netherlands or is not a resident but is subject to wage tax in The Netherlands (Overheid.nl Monitor, 2015a, §1(2.1.1))

- Contribution requirement: Pays the income-related premium (Overheid.nl Monitor, 2015a, §3(3.2.5))
  - 9.65% of the first 37,149€ or a maximum of 3,584.90€ in 2023

Benefit

24-Hour Care Benefit

Individuals can receive 24-hour care at home through a complete package (volledig pakket thuis - VPT) or partial benefits package (modulair pakket thuis - MPT). The main difference between complete and partial benefits packages is that complete packages are aimed at individuals who require all or most services offered under WLZ whereas partial benefits packages are aimed at individuals who only require some services. Complete packages are provided by one provider while partial benefits packages may be provided by multiple providers. Complete packages also include meals while partial benefits packages do not. Moreover, partial benefits packages can be combined with personal budgets while complete packages cannot. Both complete and partial benefits packages include the following services (Zorgverzekeraars Nederland, 2023):

- Nursing (Verpleging)
- Personal care (Persoonlijke verzorging)
- Guidance (Begeleiding)
- Treatment (Behandeling)
- Transport to treatment and/or guidance (Vervoer naar behandeling en/of begeleiding)
- Household assistance (keeping the living space clean) (Schoonhouden van de woonruimte)
- Respite care (Logeeropvang, logeeropvang- kortdurende verblijf)

Provision of care

Services are organized and procured by 31 regional care offices (until 2017 there were 32 offices) (Ministry of Health, Wealth, and Sport, n.d.). The largest health insurer in an area is usually designated as the regional care office. Services are provided by non-profit and for-profit organizations (Bakx et al., 2021).

Benefit eligibility

Qualifying period

None

Minimum level of dependence

There are five bases or types of conditions, limitations, and disabilities that require the applicant to rely on care. The five bases include somatic, psychogeriatric, physical, intellectual, and sensory. To be eligible for WLZ care, an insured person must have at least one basis (Overheid.nl Monitor, 2015b, Appendix 1(1.2)).

Duration of benefit

The benefit lasts as long as the beneficiary is eligible and their eligibility decision is valid.

Means testing

Means testing exists through income-related copayments. More details are provided in the user charges section.

Age requirement

None

Care needs assessment

Definition of dependence

Dependence is based on conditions, limitations, and disabilities that cause a need for care. Conditions, limitations, and disabilities must be linked to one of five bases: somatic, psychogeriatric, physical, mental/intellectual, and sensory (Overheid.nl Monitor, 2015b, Appendix 1(1.2)).

- Somatic

  - This basis is established if a physician determines that an individual has limitations as a result of disorders of the nervous system and the musculoskeletal system that are stable or can be improved by medical or paramedical treatment. Alternatively, it is also established if a physician determines that an individual has a permanent limitation that is not caused by disorders of the nervous system or the musculoskeletal system (e.g., kidney or heart failure).
- Psychogeriatric
  - This basis is established when an individual has a brain disease, condition or disorder that impacts thinking ability, emotional regulation, and memory, and decreases motor function and social independence. The most common condition under this basis is dementia.
- Physical
  - This basis is established if an individual's physician determines that they have limitations as a result of disorders of the nervous system and the musculoskeletal system but the situation is not terminal and no functional improvement is possible (deterioration may still occur).
- Mental/Intellectual
  - This basis is established according to the Diagnostic and Statistical Manual of Mental Disorders - DSM-IV TR. Specifically, an individual with an IQ score lower than 85 is considered to have a mental/intellectual basis.
- Sensory
  - This basis is established when an individual has a visual or auditory-communicative disability or a serious speech/language problem. A sensory basis due to speech/language problems is only established if the issue arises from a neurobiological or neuropsychological factor. No basis is established if the issue is due to an environmental factor (e.g., educational problems or speaking another language).
    * Visual impairment is defined as having at least one of the following: a visual acuity of < 0.3 in the better eye, a field of view < 30 degrees, or visual acuity between 0.3 and 0.5 in the better eye with associated serious limitations in daily functioning.
    * Auditory-communicative impairment is defined as having a threshold loss on the audiogram of at least 35 dB.

Evaluation of dependence

CIZ evaluates dependence based on a comprehensive framework that initially examines the applicant's care situation. They investigate the applicant's care situation based on the following (Overheid.nl Monitor, 2015b):

- Understanding the applicant's healthcare situation
- Determining their need for permanent supervision or 24-hour care
- Determining whether the need for care is permanent
- Considering other options besides WLZ care

To understand the applicant's healthcare situation, any diseases, conditions, disorders, and limitations they have are recorded and scored using a four-point scale. The scale used for diseases, conditions, and disorders is different than the one used for limitations and participation problems. Both scales range from 0 to 3 but the descriptions associated with the scores are different. A score of 1, 2, or 3 in both scales indicates a need for care. Table 1 lists the scores and the descriptions associated with each score for both scales. CIZ will record what disorders and limitations the applicant has and will determine what bases the applicant has using the information collected, as part of understanding their healthcare situation. Experts use the International Classification of Diseases - ICD, International Classification of Functioning, Disability and Health - ICF, and DSM-IV TR to help determine a basis. CIZ then decides whether the diseases, conditions, disorders, and limitations require either permanent supervision or 24-hour care nearby. The differences between these are described in Box 1.

After deciding whether the individual needs permanent supervision or 24-hour care nearby, CIZ determines whether the care will be permanent. Individuals are not eligible to receive WLZ care if functional improvement or recovery is possible. Lastly, CIZ will consider other options besides WLZ care. There are three situations where individuals are not able to receive a new decision on WLZ eligibility because there is another care option.[2] CIZ will then send the applicant an eligibility decision that states whether they are entitled to WLZ care, the results of their investigation, the diseases, conditions, disorders, and limitations that require them to receive care, their care profile, and the period of validity of their eligibility decision. Box 2 further explains care profiles.

Evaluators

Evaluators include a CIZ assessors, physicians, and experts in the field (if needed) (Overheid.nl Monitor, 2015b).

Benefit limitations

Can you use 24-hour care benefits along with other LTC benefits?

Individuals cannot use WLZ care benefits along with Social Support Act (WMO) or ZVW care benefits for the same service (Ministry of Health, Wealth, and Sport, n.d.). For example, individuals cannot simultaneously access nursing services from both WLZ and ZVW. Individuals can use 24-hour care benefits along with personal budgets if they have a partial benefits care package and a care profile that allows personal budgets. Individuals with complete care packages cannot use 24-hour care benefits with personal budgets regardless of their care profile. In 2023, there were 40 care profiles: 6 related to nursing and care, 6 related to mental disability, 6 related to mild mental disability, 5 related to physical disability, 7 related to sensory disability, and 10 related to mental health (Overheid.nl Monitor, 2023a, 2023b). Personal budgets are allowed for all care profiles related to mental disability, physical disability, and sensory disability. However, some care profiles related to nursing and care, mild mental disability, and mental health are not eligible to receive personal budgets (Zorgkantoren Coöperatie, 2019). The following lists the specific care profiles that are not eligible to receive personal budgets:

- Nursing and care: care profile 9b
- Mild mental disability: all care profiles
- Mental health: care profiles 3b, 4b, 5b, 6b, 7b, and mental health care living 5

Can you choose between 24-hour care benefits and other benefits in-kind?

Individuals can choose between 24-hour care benefits and residential care benefits in-kind.

Can you receive LTC benefits with other social security benefits?

There are no limits on receiving 24-hour care benefits with other social security benefits.

User costs

User charges

Individuals pay an income-related copayment for 24-hour home care benefits. In 2023, it was 10% of contributable income (bijdrageplichtig inkomen) divided by 12 with a minimum of 184€ and a maximum of 966€ per month for individuals with complete packages and a minimum of 26€ and a maximum of 808.60€ per month for individuals with partial benefits packages. The rates are lower for individuals with partial benefits packages because they subtract a partial benefits package deduction of 158€ from their copayment (Overheid.nl Monitor, 2015c). Table 2 lists the copayment rates and minimum and maximum rates for both complete and partial benefits packages from 2015 to 2023. Contributable income is defined as aggregate income minus the compensation for an undone tax break (compensatie vervallen ouderentoeslag)[3] plus 4% of savings and investments if that amount is more than 31,340€ for single individuals and 62,680€ for married individuals in 2021. Income from 2 years ago is used to calculate the copayment (e.g., income from 2021 is used to calculate the 2023 copayment). Aggregate income includes taxable income from work and home, benefits, shares, dividends, savings, and investments. The compensation for an undone tax break (compensatie vervallen ouderentoeslag) is an amount deducted from the copayment among those who have reached state pension age and have savings or investments. The maximum amount deducted is 1,700€ per person in 2022 (Overheid.nl Monitor, 2022).

Taxation of benefits

Not subject to taxation

Tables and Formulas

Table 1: WLZ Disorders and Limitations Scale

	Score	Description
Disorders	0	There is no disorder or the disorder does not require care because it is already managed by a treatment, medication or aid
	1	The disorder requires care 1 to 6 times a week
	2	The disorder requires care 1 to 2 times a day
	3	The disorder requires care 3 or more times a day
Limitations and participation problems	0	Has no restrictions
	1	Needs another person who supports, guides, encourages and instructs them
	2	Can carry out the activity partially and/or only with great difficulty
	3	Cannot perform the activity at all

Source: Overheid.nl Monitor (2015b)

Box 1: WLZ Permanent Supervision vs. 24-Hour Care Nearby

Permanent supervision is uninterrupted supervision and active observation for 24 hours a day. Timely interventions can prevent situations from worsening. Whereas, 24-hour care nearby is defined as care that mainly consists of passive supervision and does not require permanent active observation. Supervision is necessary at both planned and unplanned moments of care and the care provider must take initiative as the individual cannot ask for help themselves. For 24-hour care nearby, there is a distinction between requiring constant guidance, nursing, and self-care due to physical problems and requiring constant guidance and taking over tasks due to serious management problems. The latter relates to individuals who have problems related to social skills, behavior, psychological functioning, memory, and orientation.

Source: Overheid.nl Monitor (2015b)

Box 2: WLZ Care Profiles

In 2023, there were 40 care profiles: 6 related to nursing and care, 6 related to mental disability, 6 related to mild mental disability, 5 related to physical disability, 7 related to sensory disability, and 10 related to mental health (Overheid.nl Monitor, 2023e, 2023f). The following describes the care profiles for nursing and care:

- 4 Nursing and Care (Verpleging en verzorging - VV): Sheltered living with intensive guidance and extensive care
- 5 VV: Sheltered living with intensive dementia care
- 6 VV: Sheltered living with intensive care and nursing
- 7 VV: Sheltered living with very intensive care, due to specific conditions, with an emphasis on guidance
- 8 VV: Sheltered living with very intensive care, due to specific conditions, with an emphasis on care/nursing
- 9 VV: Recovery-oriented treatment with nursing and care

The care profiles detail the typical traits of individuals assigned to each profile. For example, the 4 VV care profile describes that individuals within it often require assistance across various facets of social independence, communication, decision-making, and task execution. They cannot or hardly participate independently in social life. They need help, supervision or guidance with all psychosocial/cognitive functions because they have many limitations with regard to thinking, memory, orientation, and concentration. They often need supervision and stimulation to perform ADLs and have limited ability to move independently indoors and outdoors.

Source: Overheid.nl Monitor (2015b)

Table 2: WLZ Copayments for 24-Hour Benefits

Year	Copayment	Min. and Max. Rates - Complete Package	MPT Deduction	Min. and Max. Rates - Partial Benefits Package
2015	12.5% of contributable income	158.60 and 832.60€	136€	23 and 697€
2016	12.5% of contributable income divided by 12	159.80 and 838.60	136.80	23 and 701.80
2017	12.5% of contributable income divided by 12	160.60 and 842.80	137.60	23 and 705.20
2018	10% of contributable income divided by 12	161.80 and 850	138.80	23 and 711.20
2019	10% of contributable income divided by 12	164.20 and 861.80	140.80	23.4 and 721
2020	10% of contributable income divided by 12	168 and 881.60	144.20	23.80 and 737.40
2021	10% of contributable income divided by 12	171.40 and 899.80	147	24.40 and 752.80
2022	10% of contributable income divided by 12	174 and 913.20	149.20	24.80 and 764
2023	10% of contributable income divided by 12	184 and 966	158	26 and 808

Source: Overheid.nl Monitor (2015c)

Notes: Contributable income is defined as aggregate income minus the compensation for lapsed elderly allowance plus 4% of savings and investments if that amount is more than 31,340€ for single individuals and 62,680€ for married individuals in 2021. Income from 2 years ago is used to calculate the copayment (e.g., income from 2021 is used to calculate the 2023 copayment). Aggregate income includes taxable income from work and home, benefits, shares, dividends, savings, and investments. The compensation for lapsed elderly allowance is an amount deducted from the copayment among those who have reached state pension age and have savings or investments. The maximum amount deducted is 1,700€ per person (CAK, n.d.).

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

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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.

AWBZ: The General Special Medical Expenses Act (Algemene Wet Bijzondere Ziektekosten - AWBZ) was created in 1968 with the goal of protecting the Dutch population against the significant costs associated with LTC. Organized at the national level by the Ministry of Health, Welfare, and Sport and at the regional level by regional care offices and health insurers, AWBZ was a universal and compulsory scheme that covered a wide range of long-term care services for older adults with care needs including home care, semi-residential care, and residential care benefits.

Basis (Grondslag): A basis is a condition, limitation, and/or disability that requires the applicant to rely on care. The six bases include somatic, psychogeriatric, psychiatric, physical, mental, and sensory.

CIZ: The Care Assessment Center (Centrum Indicatiestelling zorg - CIZ) conducts the evaluation of dependence for AWBZ from 2005 and for WLZ from 2015.

Community Nurse: Community nurses complete four years of higher professional education in nursing (comparable to nurse practitioners in the United States).

DSM: The Diagnostic and Statistical Manual of Mental Disorders is a handbook used by healthcare professionals worldwide as a guide for diagnosing mental health conditions. The DSM outlines criteria, symptoms, and classification of various mental disorders to aid in accurate diagnosis and treatment planning.

Functions (Functies): They types of care provided by AWBZ are referred to as functions. Before 2007, the functions include personal care, nursing, supportive guidance, activating guidance, treatment, residence, and continued residence on a psychiatric basis. From 2007, the functions include personal care, nursing, guidance, treatment, residence, short-term stay (added in 2011), and continued residence on a psychiatric basis.

ICD: The International Classification of Diseases is a globally used system created by the World Health Organization (WHO) to classify and code various diseases, health conditions, and related factors. It provides a standardized way to diagnose and categorize illnesses and health-related issues.

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

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

Usual Care: The normal and daily informal care that partners, parents, children, and/or housemates living at home are expected to provide to each other.

Voluntary Care: Any informal care that exceeds usual care.

WLZ: Organized at the national level by the Ministry of Health, Welfare, and Sport and at the regional level by regional care offices and health insurers, Long Term Care Act (Wet langdurige zorg - WLZ) provides LTC to older adults with intensive care needs. It was created

in 2015 to provide a new policy framework for residential care after the General Special Medical Expenses Act (Algemene Wet Bijzondere Ziektekosten - AWBZ) was repealed. It also introduced 24-hour care at home, a service that wasn't offered under AWBZ previously.

WMO: Created in 2007, the Social Support Act (Wet maatschappelijke ondersteuning - WMO) provides home care benefits that support an individual in maintaining their living environment and daily domestic tasks (domestic assistance). It is organized at the municipal level.

ZVW: The Health Insurance Act (Zorgverzekeringswet - ZVW), which is organized by health insurers, provides personal care and home nursing services to older adults with care needs since 2015 when the AWBZ was repealed.

Notes

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1. The Gateway LTC series distinguishes assessments as either objective or subjective depending on their approach to evaluating an individual's eligibility for services. Objective assessments typically rely on defined scales or clear categories/thresholds. Conversely, subjective assessments do not rely on strict predetermined thresholds and often consider multiple factors of an individual's circumstances comprehensively, allowing evaluators flexibility in their judgment.
2. There are three situations where individuals are not able to receive WLZ care because there is another option. Two situations only apply to children and the third situation relates to palliative terminal care. The palliative terminal care situation states that individuals who do not have a WLZ eligibility decision should receive palliative terminal care under the Health Insurance Act (ZVW). However, those who do have a WLZ eligibility decision already do not need a new decision to receive palliative terminal care under WLZ. These conditions are not elaborated on in this document because they are out of scope of the current policy collection.
3. Until 2016, certain older individuals (e.g., pensioners with income below a threshold) benefited from a tax break (ouderentoeslag). When the tax break was eliminated, the compensation for an undone tax break was implemented to prevent an increase in the contributable income considered for the contribution of LTC benefits among these individuals.

Version information

Current Version: 1.0 (June 2024)

Version History

- 1.0 (June 2024): First version.

Additional resources

The following resources provide additional details for the interested reader:

Bakx, P. et al (2021). Pricing long-term care for older persons: Case Study - Netherlands. Available in English. As of October 10, 2023.
Available at: https://extranet.who.int/kobe_centre/sites/default/files/OECD_2021_Netherlands.pdf
Features: Paper that provides a historical background of the Long-Term Care Insurance System in the Netherlands and how the different schemes are financed.

Bakx, P. et al (2023). Long-term Care in The Netherlands. Available in English. As of October 10, 2023.
Available at: https://www.nber.org/system/files/working_papers/w31823/w31823.pdf
Features: Paper that provides a comprehensive overview of the LTC system in The Netherlands including financing, care provision, and eligibility.

Maarse, H. and Jeurissen, P. The policy and politics of the 2015 long-term care reform in the Netherlands. Available in English. As of October 10, 2023.
Available at: https://www.sciencedirect.com/science/article/pii/S0168851016000282

Features: Paper that provides an overview of the 2015 long-term care reform in the Netherlands and changes that were implemented for each LTC scheme, including the LTC Act that covers 24-hour care

Overheid.nl Monitor. Available in Dutch. As of October 10, 2023.
Available at: https://wetten.overheid.nl/zoeken
Features: Legal database that provides current and historical versions of LTC laws in the Netherlands