

### Some relevant care - related facts about Slovakia

- 650 000 persons in 65+ age; by 12% from entire population
- 75% of 65+ population reports limitation of ADLs due to impairment
- 35 000 older persons cared for by relatives (care allowance)
- 19 000 older persons cared for by care services (municipality)
- 15 000 older persons in residential social care
- 93% of residential care is organised in permanent pattern
- Average national pension benefit: 313 €/month
- Average national earnings (net): 567€/month

Sources: general statistics, EU SILC 2006, Slovakia

### Hospital

- Mrs. L.T. Care 83 years old
- Acute stroke, partial hemiplegia, incontinent
- Discharged from hospital
- Living alone, large apartment, second floor, small lift
- Pension-receiver
- Working daughter with family living in distance 20 km (assumption: cca 55 years old, pre-old pension age)



Social nurse management

### Some relevant facts about family care allowance recipients in Bratislava region

- 1800 family care allowance recipients in age 18-64
- 16.5% of men, 83.5% of women
- 52% in age 51- 64
- 35% began to care in unemployment status, 20% as old-age pension recipients
- 76% share common household with cared for person
- 40% care in the position of adult child, 27% in position of parent
- 62% left the care due to the cared for person's death, 12,5% due to starting a job
- 2,3% reconciliation care with job

Source: Repkova, K. (2008). The situation of family carers based on the social statistics. Institute for Labour and Family Reserach, Bratislava

### Care at home

Needs assessment	Intervention	Providers	Financing
Transport	Transport from hospital, next for health/rehabilitation procedures	Health institution based on order	1 km/0.07 € Free of charge only for some clients: e.g. with severe disabilities dependent on individual transport
Basic health care Rehabilitation - specialist	Rehabilitation procedures	Agency of domestic nursing care Rehabilitation centres/hospital	Public agency: free of charge Private agency: 3.3 – 6.6 €/hour
Medical devices (diapers, crutch, stilt, wheelchair, bathtub board) - specialist	Providing /lending of devices	Public health insurance agency	Diapers- free of charge, max. 19.92 €/month - II. type of incontinence, max. 66.39 €- III. type of incontinence Crutch- free of charge, one pair every 2 years Stilts - basic type free of charge Wheelchair – basic type free of charge (wage 15 – 20 kg) Bathtub board - cca 30 € cofinancing
Other devices (special adapted chair, second wheelchair) – assessment doctor + social worker	Cash benefit for device purchasing or repairing Or Devices lending	District Office (Office of Labour, Social Affairs and Family) or Municipality	Second wheelchair: max. 2489.55 €, income tested Special adapted chair: 829.85 €, income tested
ADL-care Assessment doctor + social worker	Care allowance for daughter/ other relatives	District Office (Office of Labour, Social Affairs and Family)	199.2 €/month (respect to Mrs. LTC income: when old-pension is higher than 232.6€/month, CA is lower)
Respite care for daughter/other relatives	Respite care for daughter/other relatives	Municipality max. 30 days in calendar year + max. 8 hours/month	No impact on care allowance
Social insurance of daughter/other relatives	Payment to Social insurance agency	State (max. for 12 years)	About 77€/month
Flat adaptation– assessment doctor + social worker	Cash benefit for flat adaptation (e.g. bathroom adaptation)	District Office (Office of Labour, Social Affairs and Family)	max. 6 638 € in 7 years, income tested
Additional costs due to severe disability compensation – assessment doctor + social worker	Cash benefit for hygiene or ruining of clothes compensation	District Office (Office of Labour, Social Affairs and Family)	16.6 €/month, income tested
Individual transport – assessment doctor + social worker	Cash benefit for transport or Transport service	District Office (Office of Labour, Social Affairs and Family) or Municipality	max. 91.28€/month, income tested or client's payment based on municipal regulation
Counselling needs Social rehabilitation	Basic, specialised counselling Community-based rehabilitation	GP, health institutions District Office Municipality Civil organisations	Free of charge

up to 3 months

### Combined care (care at home + daily organised institutional care)

Needs assessment	Intervention	Providers	Financing
Individual transport – assessment doctor + social worker	Cash benefit for transport or Transport service	District Office (Office of Labour, Social Affairs and Family) or Municipality	max. 91.28€/month, income tested or client's payment based on municipal regulation
Basic health care	GP	Public health insurance	Free of charge Client's cofinancing some medicinals
Medical devices (diapers, crutch, stilt, wheelchair, bathtub board) - specialist	Providing /lending of devices	Public health insurance agency	Comparable to care at home
Other devices (special adapted chair, second wheelchair) – assessment doctor + social worker	Cash benefit for device purchasing or repairing or Devices lending	District Office (Office of Labour, Social Affairs and Family) or Municipality	Comparable to care at home
ADL-care Assessment doctor + social worker	Care allowance for daughter/ other relatives + Daily organised institutional care	District Office (Office of Labour, Social Affairs and Family) + Municipality/UTU	CA- 199.2 €/month (respect to Mrs. LTC income: when old-pension is higher than 232.6€/month, CA is lower) CA-175.93€/month (more than 20hours/week of daily institutional care) Mrs. L.T.Care social service cofinancing: garancee of income rest 125.24 €, without meal 232.60 €
Respite care for daughter/other relatives	Respite care for daughter/ other relatives	Municipality max. 30 days in calendar year + max. 8 hours/month	No impact on care allowance
Social insurance of daughter/ other relatives	Payment to Social insurance agency	State (max. for 12 years)	About 77€/month
Flat adaptation– assessment doctor + social worker	Cash benefit for flat adaptation (e.g. bathroom adaptation)	District Office (Office of Labour, Social Affairs and Family)	max. 6 638 € in 7 years, income tested
Additional costs due to severe disability compensation – assessment doctor + social worker	Cash benefit for hygiene or ruining of clothes compensation	District Office (Office of Labour, Social Affairs and Family)	16.6 €/month, income tested
Counselling needs Social rehabilitation	Basic, specialised counselling Community-based rehabilitation	GP, health institutions District Office Municipality Civil organisations	Free of charge

### Permanent residential care

Needs assessment	Intervention	Providers	Financing
Transport from hospital + next transport needs	Health institution, next social service institution or health institution with social services	Public health service, Next Municipality/UTU*	Contract based payment of services by Mrs. L.T.Care, garancee of income rest 35.78€/month
Basic health care, nursing care, rehabilitation, medical/other devices	Complex health care	Municipality/UTU	Contract based payment of services by Mrs. L.T.Care, garancee of income rest 35.78€/month
ADL-care Assessment doctor + social worker	Complex ADL-care	Municipality/UTU	Contract based payment of services by Mrs. L.T.Care, garancee of income rest 35.78€/month
Counselling needs of Mrs. L.T.Care and her family	Basic, specialised counselling	Staff of institution Municipality	Contract based payment of services by Mrs. L.T.Care, garancee of income rest 35.78€/month

\*UTU- Upper Territorial Unit

potentially

### The Slovakian ADL care needs assessment

Average dependency ratio in hours/ 1 day	Relevant for
I. 0	No social service
II. 2 - 4	Various facilities for social services Municipal care service
III. 4 - 6	Various facilities for social services Municipal care service
IV. 6 – 8	Various facilities for social services Municipal care service
V. 8 - 12	Care allowance Municipal care service Various facilities for social services
VI. 12+	Care allowance Municipal care service Various facilities for social services

### Interfaces problems, risks

#### General:

- better legislation, weaker practice
- lack of awareness about common LTC-care responsibility
- transitional phase for implementation of the new legislation (e.g. respite care, community-based rehabilitation)
- curative instead of preventive model of health and social work
- traditions about private (family) responsibilities in the care-field
- unequal conditions for funding of public and non-public service providers (administration - centered decision making)
- social services are not priority of self-government institution

#### Practical:

- multi- placed needs assessment
- long-lasting application – decision making procedures for cash benefits (up to 3 months)
- waiting time (waiting list) for residential care (6 months – 5 years)
- contrary, some times antagonistic counselling/information from various stakeholders

### References - Current legislation

- Health care services
  - The Act No. 576/2004 Coll. on Health care
  - The Act No. 577/2004 Coll. on Health care scope financed by public health insurance and payment for services associated with health care
  - The Act No. 578/2004 Coll. on Health care providers
  - The Act No. 581/2004 Coll. on Health insurance agencies and supervision over health care
  - The Regulation No. 640/2008 Coll. on Minimal network of health care providers
- Social care services
  - The Act No. 447/2008 Coll. on directs payments for compensation of severe disability
  - The Act No. 448/2008 Coll. on social services
- Integrated LTC services
  - The Act No. 448/2008 Coll. on social services
  - §22 associated to §§ 35,36,38,39: health care in the scope of nursing care in residential social care facilities
  - §70: social services in residential health care facilities
  - The Regulation on nursing care performances in residential social care facilities (work in progress)