



THE LONG TERM HOME CARE IN ISRAEL

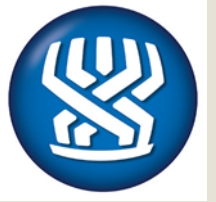
A Benefit for the Elderly given by the National Insurance of Israel



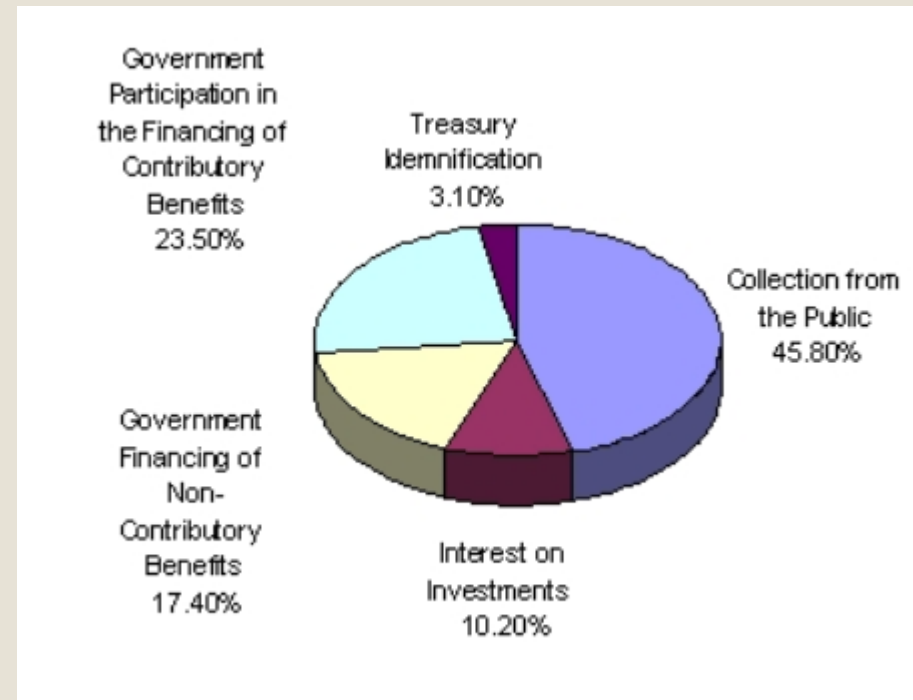


National Insurance of Israel

- The National Insurance Institute of Israel (NIOI), one of the pillars on which social policy in Israel rests, operates under the National Insurance Law, passed by the Knesset (Israeli Parliament) in November 1953.
- The NIOI aims to provide weak population groups and families in temporary or long-term difficulties with a financial basis for subsistence.
- Today the NI Law includes a wide variety of programs, such as old-age and survivors, maternity, children, work injury, general disability, long-term care, unemployment, bankruptcy and liquidation of corporations.
- In addition to the National Insurance Law, the National Insurance Institute is in charge of enforcing other laws and agreements in the field of social insurance, such as the Income Support Law, designed to protect every family from loss of income and to assist needy populations.



National Insurance Receipts by Financing Sources.





The Fundamentals of the HLTC NIO Insurance Program

- Long-Term Care Insurance Program is a paragraph in the National Insurance Law. It is a social security program – it is based on prior insurance and contributions prior to the age of retirement.
- The program is designed for individuals who have become physically dependent and/or require supervision due to cognitive or emotional deterioration after reaching the age of retirement.
- Implementation began on April 1988.



The Goals

- To allow the fragile elderly to remain in their home as long as possible, according to their wishes.
- To provide a substitute for institutionalization of fragile elderly in cases which such a solution is not needed or is less desirable.
- To provide publicly-funded home-care service and other long-term care needs.
- To support and ease the physical, emotional, and financial burdens of long-term care for both the old person and her/his family.



The Benefits

Are defined in weekly allotment of units that can be used for the following services.

- home care
- visits to a day center
- provision of absorbent undergarments
- personal alarm units for distress situations
- laundry services.



The Provision of the Services in Kind

- The services are provided by private companies or not-for-profit organizations, who have been chosen after public requests for offers.
- The price for an hour of home care is dictated by an inter-ministry committee (welfare, finances, NIOI).
- The price of care at a day center is dictated by the ministry of welfare.

The service	Percent of Beneficiaries Using Service	Number of providers
Home Care	98.9%	115
Absorbent Undergarments	18.4%	3
Personal Alarm Units	11.4%	4
Day Centers	7.4%	1 per area
Laundry Services	0.3%	Here and there



Cash Benefits, 2017

- Allowed for those employing a foreign worker.
 - ~ 3,020, 7.4% of beneficiaries in the middle or high entitlement level employing a foreign worker (40,972) + 200 with the low entitlement level employing a foreign worker

Or

- Services are not available + elderly lives with a family member who cares for him.
 - ~520, 0.3% of all beneficiaries (170,000).



Benefit Rates

Service	Number of service units a week
1 care hour a week	1
1 day (6 hours) at a day center	2 or 2.75 (according to the level of dependency)
Monthly distress alarm service	$\frac{1}{4}$
Absorbent undergarments	The cost of the monthly order / (the cost of one hour home care * 4.33)
Laundry services (5 kg)	$\frac{1}{4}$

The Allotment of Service Units Per Week



Dependency Score	Lives Alone	Employs a Foreign Worker	Service Units Per Week*
2-4	+0.5		9.75
2.5-4	no		9.75
4.5-5.5	no		9.75
4.5-5.5	+2	yes	16
4.5-5.5	+2	no	19
6-8.5	no	yes	16
6-8.5	+2 (since 2007)	yes	18
6-8.5	+2 (since 2007)	no	22
6-8.5	no	no	19
9 or more (since 2007)		yes	18
9 or more (since 2007)		no	22

* May be halved according to the income test.



Conditions of Eligibility

- Being above the retirement age – 62 for women and 67 for men.
- Being a resident in the community
- Passing an income test
- Not receiving an equivalent benefit
- Being dependent on assistance in meeting ADL needs and/or in need for supervision at home for one's own safety and/or the safety of others.



Assessing the Dependency Level

- According to the applicant's medical records which include the applicant's illnesses and a description of their effect on function and level of dependency.
- For those who are 90+ years old: a dependency evaluation performed by a specialist in Geriatrics as part of his work in a public institution.
- For all others: evaluations done at the applicant's home mainly by specialized nurses.



The Income Test

The Applicant is	Amount of income Updated to Jan 01, 2017	Amount of benefit
Single	Up to 2,340 EURO	Full benefit
Single	Over 2,340 EURO and up to 3,500 EURO	Benefit reduced by 50%
One of a Couple	Up to NIS 3,500 EURO	Full benefit
One of a Couple	Over 3,500 EURO and up to 5,260 EURO	Benefit reduced by 50%

2,340 EURO = Mean monthly income in Israel (MMI)

3,500 EURO = $\text{MMI} * 1.5$

5,260 EURO = $\text{MMI} * 2.25$



Program's evaluation

- Average monthly beneficiaries rose from 28,000 in 1990 to 164,000 in 2016 – from 5.5% of the total population above retirement age to 16.3% in 2016.
- Spending on long-term care benefits rose from 2.5% of National Insurance total spending on benefits in 1990 to 7.8% in 2016.
- In 2016, the spending in the long-term care insurance program was 1.4 billion EURO, or 0.5% of Israel's GDP.



Program's Beneficiaries

- 69.9% of all beneficiaries are women compared to 64.4% of all people above retirement age (in December 2016).
- 17.4% of women and 13.5% of men above retirement age received long-term care benefits in July 2017 – in sum, 16.0% of the entire population above retirement age.
- In recent years the share of beneficiaries out of the total population above retirement age has decreased due to the increase in the number younger elderly people (“baby boomers”) and their share in the elderly population. Yet, in the future, the share of beneficiaries is expected to increase.



Distribution of Beneficiaries According to Entitlement Level, 2015

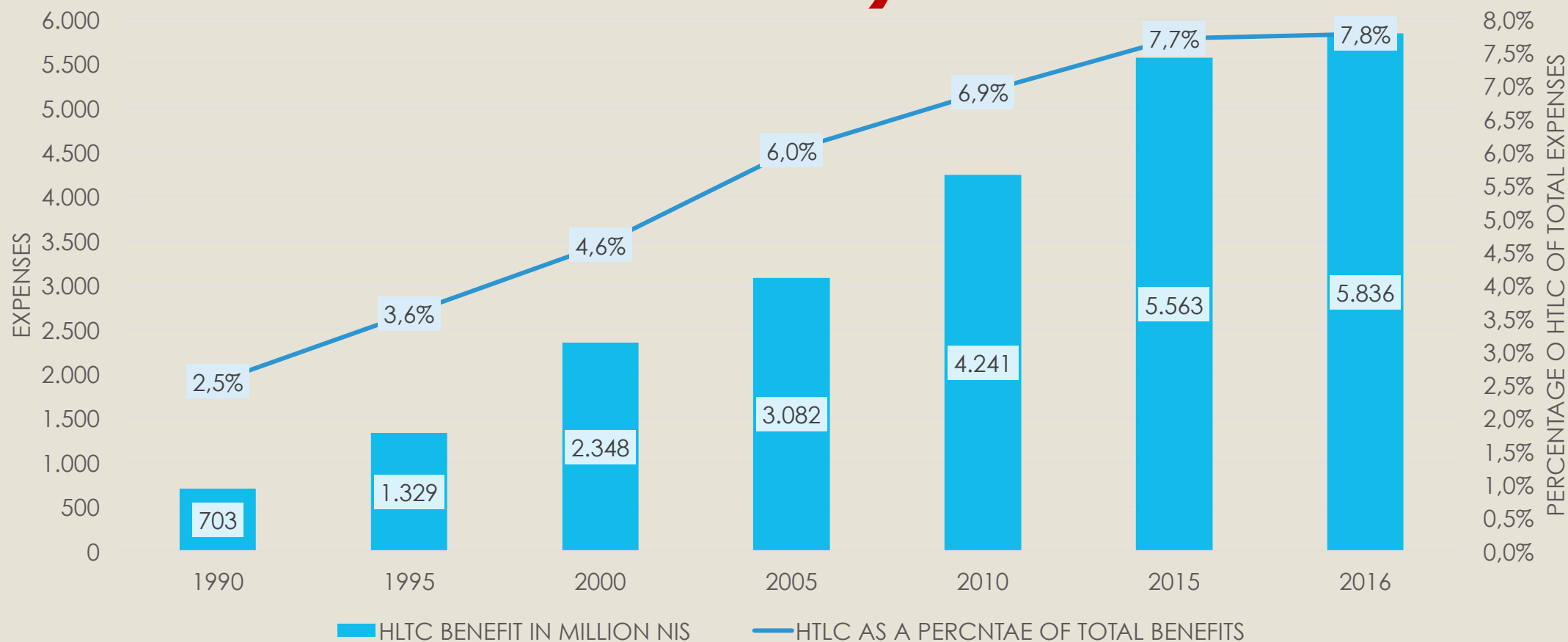
LEVEL	WEEKLY SERVICE UNITS	%
LOW	9.75	49.5
MEDIUM	16-19	25.2
HIGH	18-22	25.4



Program's beneficiaries

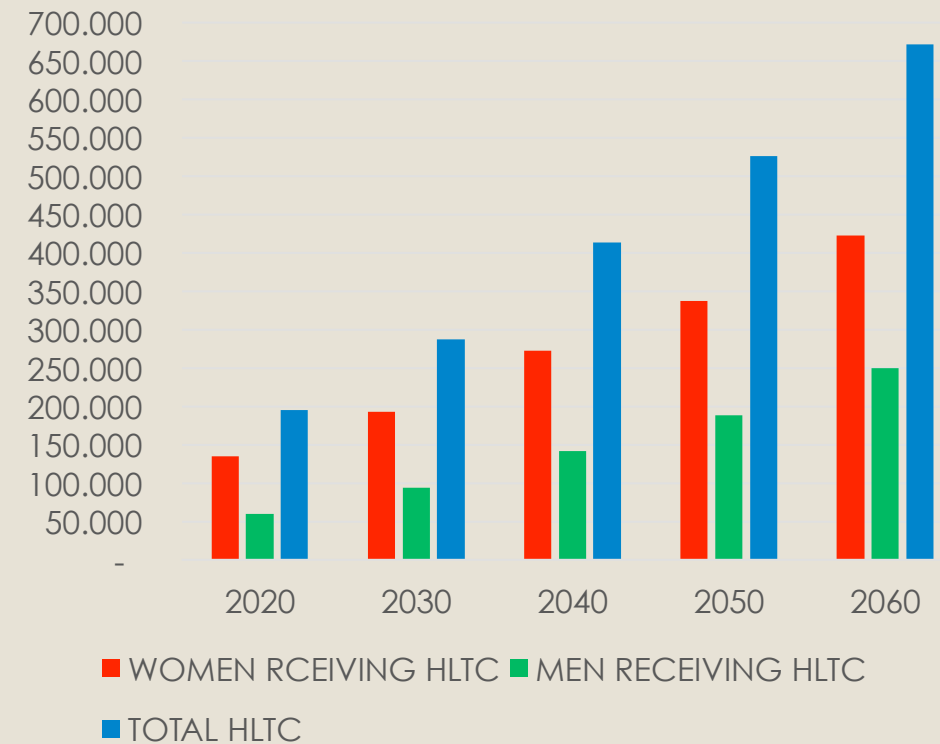
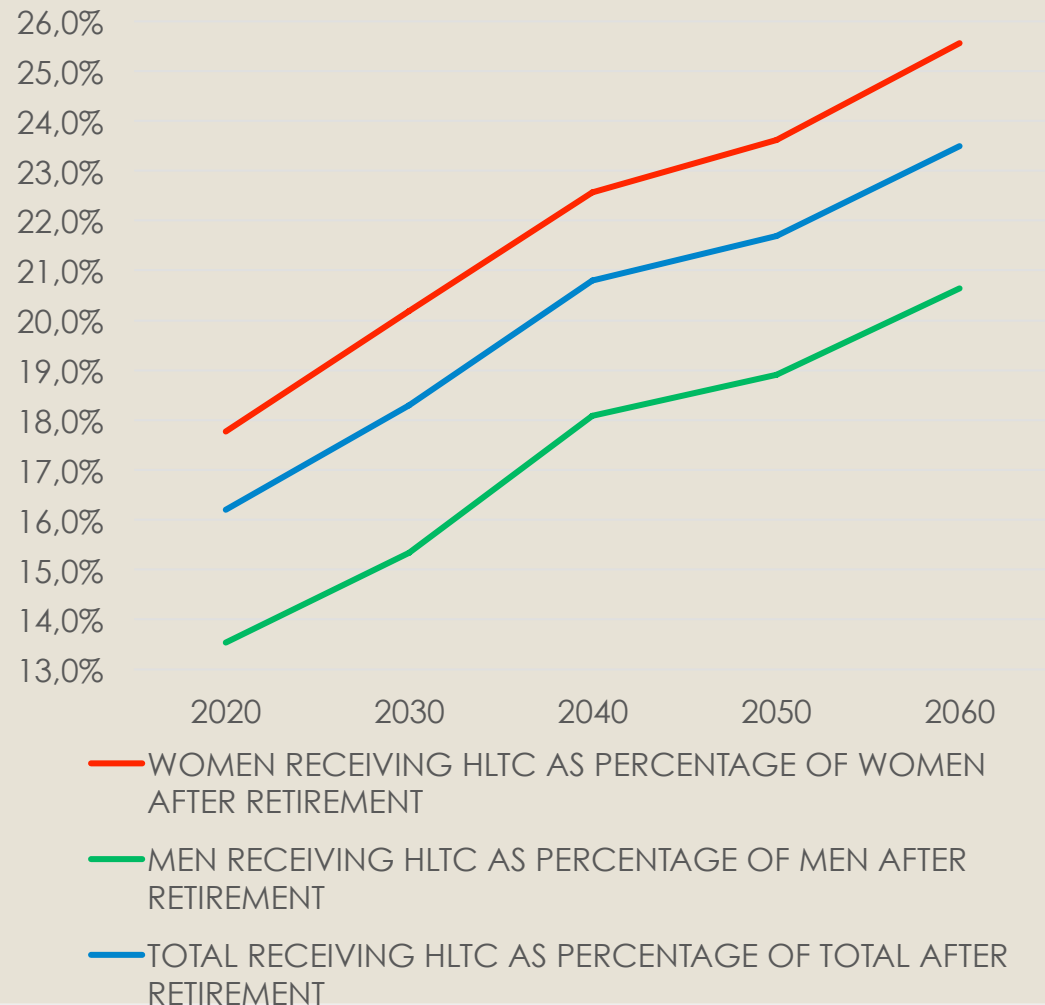
- 50.1% of all beneficiaries are 80-89 years old and 21.2% are aged 90 years old or higher (in December 2016).
- The share of beneficiaries in the elderly population increases with age – 68.5% among women aged 90 compared to 14.8% among women aged 75; 56.9% among men aged 90 compared to 8.6% among men aged 75 (in July 2017).
- The average age of entrance to the system of women in 2016 was 77.1 and of men was 80.2.
- The average duration of stay in the system among the beneficiaries population in August 2017 was 60.6 months, and the median duration of stay was 48 months (66.3 and 54 for women compared to 47.3 and 36 for men).

HLTC IN THE NIOI (MILLION OF NIS, 2016)



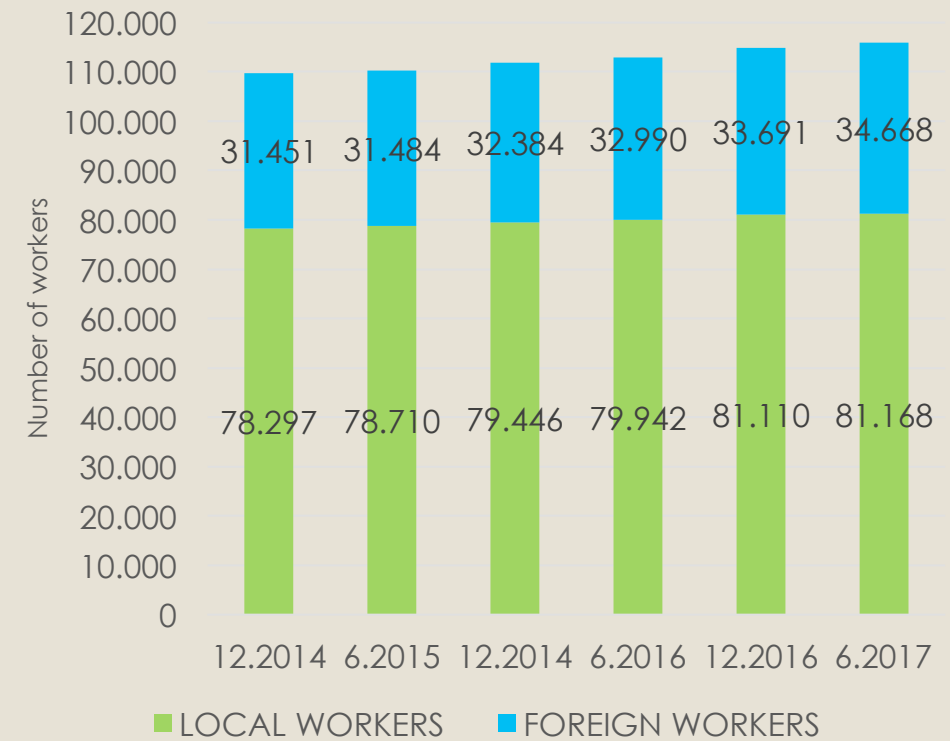
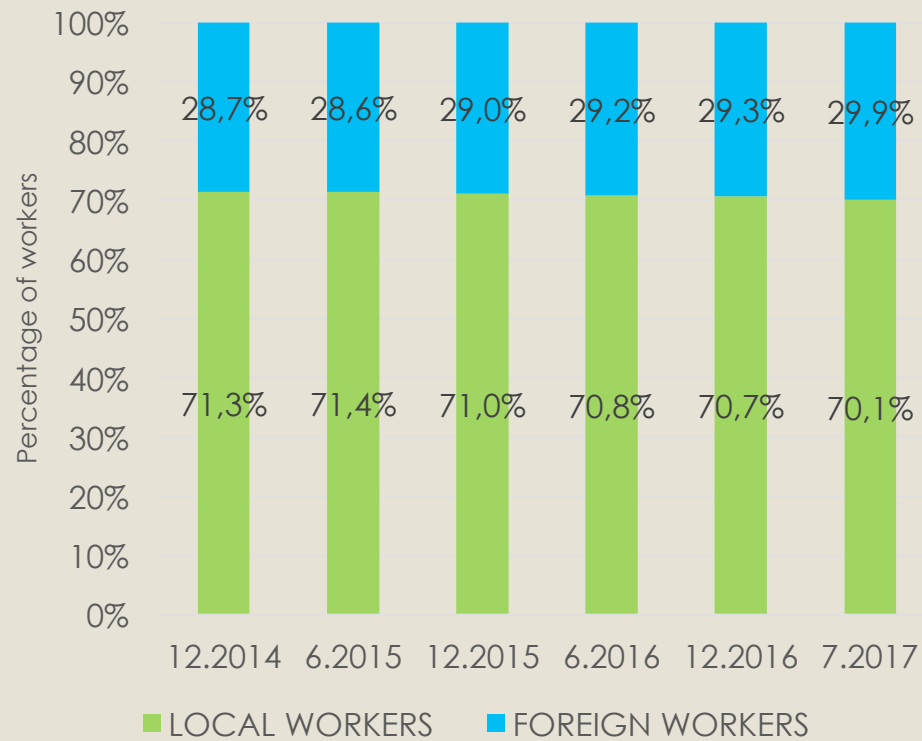


FORCAST OF BENEFICIARIES FOR HLTC





WORKERS





LOCAL WORKERS, 12.2016

91.3% WOMEN

Age	Number	Percentage
<29	11,091	13.8%
30-29	10,014	12.4%
40-49	14,737	18.3%
50-59	19,093	23.7%
60+	25,539	31.7%
Total	80,477	100%



LOCAL WORKERS, 12.2016

Year of Arrival to Israel	Number	Percentage
Born in Israel or arrived before 1990	49,990	59.6%
1990-1999	22,835	28.4%
2000-2009	6,578	8.2%
2010+	3,065	3.8%
Total	80,477	100%



Public Criticism

- The dependency test is degrading and should be replaced by the family practitioner's report.
- Need for assistance in IADL is not a criteria for eligibility
- The coverage for those in great need is insufficient
- The workers' salary is too low, being minimal wage and transfer time from one home to the next not paid.
- Quality of the services is low: most workers are not trained, the workers don't work all the hours, refuse to do some home chores, or will do them only if released early.
- The income test should be abolished and the benefit should be universal.



Main Challenges

- High public, political and financial interests.
- Ageing of the population
- Lack of workers
- The financing of the needs that are not covered by the benefit.
- Caring for the elderly with no family or other informal support
- Regulating the quality of care
- Monitoring the delivery of the full allotment by the providers

THANK YOU!

