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**The Long-Term Care
System in Costa Rica**



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THE LONG-TERM CARE SYSTEM IN COSTA RICA

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1. COUNTRY OVERVIEW



Source: <https://ontheworldmap.com/costa-rica/> (Accessed 27.05.2021)

- » Sub-Region: Central America
- » Capital: San José
- » Official Language: Spanish
- » Population size: 5,111,405 (National Institute of Statistics and Census, 2020)
- » Share of rural population: 27.48% (National Institute of Statistics and Census, 2020)
- » GDP: 61.521 billion US\$ (WB, 2020)
- » Income group: Middle income
- » Gini Index: 48.2 (WB, 2019)
- » Colonial period: 1575-1821
- » Independence: Declaration of independence October 29, 1821

2. LONG-TERM CARE DEPENDENCY

a. Population statistics

Table 1. Older population in Costa Rica, 2020

	Total number	Share of the total population
Population 60+	906,243	17.73%
Population 70+	409,717	8.02%
Population 80+	142,220	2.78%

Sources: Number and share of population 60+/70+/80+ are taken from Instituto Nacional de Estadística y Censos (INEC 2020) and refer to November, 2020.

Table 2. Long-term care dependent population in Costa Rica

	Total number	Share of population
Population 18+	278,000	7.4%
Population 65+	53,836	13%

Sources: Long-Term care dependent population is taken from Encuesta Nacional sobre Discapacidad (2018) and Medellín, Jara y Matus-López (2019).

b. National definition and measurement of long-term care dependency

In the Executive Decree 42878-MP-MDHIS, signed by the President of the Republic on March 03, 2021, and which established the System of Support for Care and Dependency Care the term used is “dependencia” (dependency).

Following the Ibero-American example of Spain and Uruguay, Costa Rica adopted the concept of “dependency care” to refer to what is known in English as long-term care.

The National Care Policy defines on page 33 the situation of dependency as follows:

“Dependency is a permanent or prolonged situation in which a person has lost their physical, mental, intellectual, or sensory autonomy, which impedes them from performing at least one of their basic daily living activities without the support of another person, over a prolonged period of time.”

A specific instrument for assessing care dependency does not yet exist. According to the National Care Policy Plan, the government plans to implement it by the end of 2021. The objectives that it will pursue are:

- 1) To classify the dependency situation based on help needs for the performance of Activities of Daily Living (ADL).
- 2) To establish three levels of dependency (*moderada/moderate, severa/severe and grave/critical*).

3. THE FIRST PUBLIC SCHEME ON LONG-TERM CARE

a. Legal introduction

Name and type of law	Executive Decree 42878-MP-MDHIS. National Care Policy 2021-2031 Towards the progressive implementation of a Care and Dependency Support System (Presidencia de la República 2021).
The date the law was passed	March 3, 2021
Date of <i>de jure</i> implementation	Second semester of 2021

A summary of the content

The Decree creates the National Care System (NCS). It brings together different institutions that have to adjust their programs to include care for dependent persons. The target population is adults assessed as being dependent. The NCS is run under the aegis of the Ministry of Human Development and Social Inclusion, with technical support from the Mixed Institute of Social Assistance (IMAS).

The NCS is managed by the National Care Secretariat, based in the Ministry of Human Development and Social Inclusion. Its primary function is to organize and coordinate measures and resources of the different institutions that make up the NCS for inter-institutional coordination in the system so as to fulfill its functions.

The Ministry of Labor and the National Apprenticeship Institute are part of the system. Their inclusion, in conjunction with the National Women's Institute, is intended to generate a mechanism to facilitate women's (re-)entry into the labor market both as trained caregivers and if they had to leave their jobs to care for a dependent person at home because they had no other alternative.

The NCS has two levels of organization. At the national level, the NCS brings together the managements of the institutions that make up the system. This is where high-level decisions are taken. At the regional level, the Regional Intersectoral Councils of the social area coordinates everything related to coverage and adequacy of benefits.

Before the enactment of the NCS, care programs were restricted only to poor or vulnerable people. The new policy will progressively advance towards universality of care. Through co-payments, also non-poor people in need of care can access the NCS offer. The scale of co-payments will be family income-related and will be published in September 2021; poor people will be exempted from payment.

The system aims to avoid institutionalization and presents a move towards home-based services. To this end, it emphasizes the development of home-based services that enable dependent persons to remain at home for as long as possible. It comprises five services: home care, long-stay residences, telecare, day centers, and caregiver training, plus certain other benefits for women caregivers. The NCS prioritizes people in greatest (severe) need of care; it fully or partially covers residential care, promotes a home care network, and includes some respite and cash-for-care services for women caregivers in poverty. It also creates training opportunities, labor intermediation, and quality certification mechanisms to improve dependent people's care.

The socio-political context of the introduction

The policy's trajectory began in early 2017. The government requested support from the Inter-American Development Bank (IDB). A leading specialist of the IDB met at the Presidential House with Ana Helena Chacón, former Vice President of the Republic, and Emilio Arias, former Minister of Human Development and Social Inclusion.

After that an inter-institutional working group was formed to draw up a road map of quantitative and qualitative studies to shape the policy. These studies are listed below:

- » June 2017: Bases for articulating the Care Policy in Costa Rica (Barahona, Castro and Gamboa, 2017). September 2017: Dialogue circles at the national level concerning the care needs of Costa Rican family groups (Núñez, 2017).
- » November 2017: Analysis of primary care services costs and projections of expenditures in increased service coverage scenarios (Acón, 2017).
- » March 2018: Baseline study to characterize dependency and care in Costa Rica (IMAS & IADB, 2018).
- » February 2019: Prospection of costs of a System of Care and Support for Dependency Care (Matus-López, 2019).
- » April 2020: Analysis of the impact and health savings of a System of Care and Support for Dependency Care (Matus-López, 2020).
- » September-November 2020: Construction of the National Care System and its action plan.

In November 2020, the country went through an unprecedented governance crisis. Tensions between the government, unions, civil society and business people were resolved through multi-sectoral dialogue roundtables. As a result, 58 agreements were reached. One of them was the approval by the Executive Branch of a National Care Policy. The aim of this agreement was to transform the fragmented, uncoordinated, and pro-poor public care. It also sought to change the fact that women carry out these tasks in an unpaid manner within households, i.e. with no support, remuneration, or training (Jara, Matus-López and Chaverri-Carvajal, 2020).

In December, the policy document was publicly consulted, and on March 3, it was made official through Executive Decree 42878-MP-MDHIS.

b. Characteristics of the long-term care scheme at the introduction

As the system was created on March 3, 2021 and has not been implemented yet, this section is based on the architecture outlined so far in the National Care Policy and the Executive Decree.

When implemented, the NCS will cover people over the age of 18 who lack the autonomy to develop activities and attend to their basic needs of daily life for themselves. The dependent person, or a family member, applies to the NCS for a dependency assessment. The NCS assesses the person and, depending on the result, assigns him/her the corresponding service appropriate to his/her support needs. Depending on the degree of dependency, the benefits that can be accessed are home care, care in facilities, telecare, and day centers.

The NCS is responsible for the *provision* of care. Financial transfers are made to families or non-/for profit agencies to provide the services. The NCS is in the process of training care workers with national standards. Those who receive home care can receive a maximum of 80 hours per month. The care workers will sign a contract to register with Social Security and pay for occupational risk insurance.

General taxes and co-payments *finance* the NCS. The co-payment percentage has not yet been defined, but it will be determined by the end of 2021. The central state is mainly responsible for financing through government revenues.

According to Executive Decree 42878-MP-MDHIS, the central government is in charge of governance through the National Care Secretariat. Local governments have no role (in addition to the pre-existing ones) in the development stage of the NCS.

The policy dedicates one of its five strategic axes to governance. It includes direction, prioritization, and decision-making by the institutions involved in fulfilling this public policy's provisions. Simultaneously, the management model integrates criteria for planning, evaluation, monitoring, instruments, responsibilities of the participants, technical and administrative procedures. The NCS management model of the National Care Policy is carried out in cooperation with the following institutions:

- » Ministry of Human Development and Social Inclusion
- » National Care Secretariat
- » National Council for Older Adults
- » National Council for Persons with Disabilities
- » Costa Rican Social Security Fund
- » Mixed Institute of Social Aid
- » Ministry of Gender Equality
- » Ministry of Health
- » National Learning Institute
- » Ministry of Labor and Social Security
- » Social Protection Board
- » National System of Information and Unique Registry of State Beneficiaries
- » Ministry of National Planning and Economic Policy

Within the National Care System, the institutions are organized in 4 sections:

- » Coordination. The Ministry of Human Development and Social Inclusion and the National Care Secretariat are in charge.
- » Inter-institutional Committee. This has four subgroups of institutions sorted according to function. These are a) Service Provision; b) Quality and Employability; c) Resource Management and d) Data Intelligence. This section comprises institutions with a steering role on disability, seniors, public health, the formation of capabilities, and labor intermediation.
- » Regional coordination. Six regional intersectoral councils are distributed throughout the national territory.
- » Evaluation. This is carried out in the inter-ministerial council of the social area chaired by the President. It is technically accompanied by the Ministry of Human Development and Social Inclusion and the Ministry of Planning and Economic Policy.

The main regulatory features are quality standards and licensing of providers. Both are included under the NCS. The responsibility for developing them lies with the Ministry of Health and the National Learning Institute.

4. SUBSEQUENT MAJOR REFORMS IN LONG-TERM CARE

No (major) reforms have so far been introduced.

5. DESCRIPTION OF THE CURRENT LONG-TERM CARE SYSTEM

a. Organizational structure

Before 2021, there were no specific public services for dependency care. There were some fragmented programs for older adults in poverty and people with disabilities in poverty, including people with LTC needs in both populations, but not exclusively addressing LTC (Jara, Matus & Chaverri, 2020; Jara & Chaverri, 2020).

Those programs were:

- 1) *Elderly in poverty*. This program is run by the Consejo Nacional de la Persona Adulta Mayor (CONA-PAM), offering access to a wide range of services, of which just a tiny percentage is LTC provision. About 3.35% of the elderly in poverty are covered and receive some LTC services. Of the total number of older adults in the country, only 0.77% receive them. The numbers of LTC recipients by type of service are the following:
 - » In facilities: 3,204
 - » Daycare centers: 1,549
 - » Abandonment (specific category of institutional): 799
 - » Home care: 535
- 2) *Disability in poverty*. Through the National Council for Persons with Disabilities (CONAPDIS), persons with disabilities can access various services. These serve people under 65 years of age. A small portion of the services are for LTC. LTC covers 0.64% of poor persons with disabilities. Of all persons with disabilities between the ages of 18 and 64, 0.34% receive LTC. Only 4% of CONAPDIS beneficiaries are 65 and older (Matus-López 2019). These are people who entered facilities at an earlier age and remained beneficiaries of CONAPDIS. The numbers of LTC recipients by type of service are the following:
 - » In facilities: 2,514
 - » Personal Assistant: 79

The implementation of the LTC system began with the signing of Executive Decree 42878-MP-MDHIS of March 3, 2021.

The LTC system is a constituent part of the social care policies. The National Care Secretariat is subordinate to the Ministry of Human Development and Social Inclusion. It is interconnected with the health care system through a technological data module that unifies users' relevant data. In this way, the health and LTC systems share information and the complete profile of care that the dependent person needs. The system is steered by the National Care Secretariat. However, as already stated, several institutions make up the NCS, which are together responsible for different functions (see also Section III b).

b. Service provision

Service provision in the NCS is organized formally. When fully established, there will be four types of services provided through this system: residential care, home-based care, daycare, and telecare. They will be provided in accordance with the established degree of dependency.

Home-based care is established as the principal service. It comprises a maximum of 80 hours per month and aims at covering 80% of the needs of those with significant dependency in 2021-2031. The remaining 20% will be progressively covered through the expansion of *residential care*. *Telecare* aims to achieve full coverage (100%) of the needs of those with the highest degree of dependency (critical) and 70% of severe dependents' needs. It is envisaged that a telehealth tool will be incorporated in 2024. *Daycare facilities* are reserved for

older adults with severe and critical dependency, and 10% of this population is expected to use them. In brief, the system is designed to cover the needs of 55.9% of the total dependent population by 2031.

The following list outlines which institutions and providers offer the different kinds of services for dependent persons:

- » *Home care*: provided by people who have completed the LTC assistant training of the National Learning Institute. They can register independently with the National Employment Program (PRONAE) of the Ministry of Labor and Social Security (MTSS) or do so through non-/for-profit agencies accredited by the Ministry of Health.
- » *Long-stay residencies*: non-/for-profit agencies accredited by the Ministry of Health.
- » *Daycare centers*: non-/for-profit agencies accredited by the Ministry of Health.
- » *Telecare*: the Caja Costarricense del Seguro Social (Social Security Social Benefits Directorate) pays accredited non-/for-profit agencies to provide the service.
- » *Telemedicine*: also developed and financed by the Caja Costarricense del Seguro Social (Social Security).

Besides services for dependent persons, the NCS also offers the following services/benefits to caregivers:

- » *Formation and training*: provided by the Instituto Nacional de Aprendizaje (National Learning Institute).
- » *Insurance for formal caregivers*: the Caja Costarricense del Seguro Social (Social Security) facilitates insurance for people who provide care and support for dependents.
- » *Cash-for-care*: paid by IMAS. It is aimed at women who meet the following three characteristics: 1) they care for a person assessed as dependent and entitled to the home care service; 2) they have no potential to enter the labor market according to the criteria developed by the Ministry of Labor and the Ministry of Gender Equality; 3) they are in a situation of extreme poverty. The amount is still undetermined.
- » *Respite care*: these services will be developed by public institutions responsible for the elderly, people with disabilities, women, poverty, and health. These services will be provided virtually and telematically until the Covid-19 pandemic is over.

In 2020, 0.77% of the older adults aged 65 and over were covered by some dependency care services. Of these, 66.83% are in long-stay residences. This figure is divided into two groups. 56.17% are in a long-stay residence due to poverty. Another 10.66% receive residential care because of abandonment. Day centers are used by 24.65%, and 8.51% have a homecare attendant (CONAPAM, 2020; CONAPDIS, 2020; JPS, 2020; FECRUNAPA, 2020).

c. Financing

All services for dependent people within the NCS are financed through general taxes and co-payments. The major source is public funding through government revenues. Additionally, as of 2021, income-based co-payment will be implemented. The amounts have not yet been determined.

Currently, total public LTC spending for people aged 18 and over is estimated at 0.21% of GDP, and for the population aged 65+ at 0.16%. The NCS is scheduled to invest 0.48% of GDP in the fifth year of implementation (PNC, 2021).

d. Regulation

Dependents do not have a choice of provider. Quality standards and licensing of providers is a function that the NCS has delegated jointly to the Ministry of Health and the National Institute of Learning. These are responsible for certifying quality in facilities and accrediting trained caregivers. Only those accredited are entitled to provide care services. To this end, a public training program focus on caregiving to dependent persons will be implemented in 2021 (PNC, 2021).

Currently there is a modest form of caregiving training, which is not focused on dependency. Between 2015 and 2019, 291 people – of whom 91.8% are women – graduated the training program for assistants in compre-

hensive support for the elderly. For its part, the training program for personal assistants for people with disabilities had its first promotion in 2019, graduating 102 people; 80.4% of these are women (INA, 2020).

For the institutional organization of the NCS, see section 3b.

6. LIST OF ADDITIONAL RELEVANT LAWS/DOCUMENTS

a. Integral Law for the Elderly Person

Name and type of law	Integral Law for the Elderly Person (Law 7935)
The date the law was passed	25/10/1999
Date of <i>de jure</i> implementation	15/11/1999
Brief summary of the content	It created the National Council for the Elderly (CONAPAM) to guarantee the improvement in the quality of life of the elderly through the formulation and implementation of comprehensive public policies, creating conditions and opportunities for the elderly to have a complete and dignified life. It also addresses, among other issues, financing, accreditation of residences, and criminal, administrative, and civil procedures and sanctions for those who violate the rights of the elderly population (Fernández and Robles, 2008).
The socio-political context of the introduction	Up until the turn of the millennium, Costa Rica had no governing institution to protect the rights of the elderly. The administration of President Miguel Ángel Rodríguez Echeverría submitted the law for discussion and approval (Solórzano and Pernudi 2005; Rivera and Morales 2014).
A summary of characteristics of the programme	<p>The law's main objective is to guarantee older adults equal opportunities and a dignified life in all areas. It promotes their active participation in the formulation and implementation of policies affecting them, comprehensive and inter-institutional care by public and private entities, ensuring the proper functioning of programs and services.</p> <p>At the same time, it establishes that the permanence of older adults in their families and communities must be promoted, and guarantees their protection and access to social security. CONAPAM manages public resources from various fragmented transfers, with a pro-poor emphasis (CGR, 2016).</p> <p>Its primary source of financing is the Family Allowance Fund. It executes it through the "Building Bonds of Solidarity" program, allocating economic resources to the elderly poor Costa Ricans or foreigners legally residing in the country who have unmet basic needs, or who live in homes and shelters for the elderly, attend day care centers, and also, to a small extent, for home care. It does not measure dependency (CCP, PIAM and CONAPAM, 2020).</p> <p>In 2020, 12.77% (19,404) poor older adults received CONAPAM services. These services range from food, diapers and support products to LTC services.</p> <p>Only a small portion of these services are specific LTC services. Of the total number of elderly who receive services, only 24.73% of users receive LTC services. Home-based services are almost non-existent, and 66% of recipients receive them in facilities (CONAPAM, 2020; FODESAF, 2020).</p>

b. Creation of the National Council for Persons with Disabilities

Name and type of law	Creation of the National Council for Persons with Disabilities (CONAPDIS) (Law 9303)
The date the law was passed	26/05/2015
Date of <i>de jure</i> implementation	26/06/2015
Brief summary of the content	Established CONAPDIS as the governing body on disability, responsible for promoting compliance with human rights for people with disabilities to promote their inclusive development in all spheres of society.
The socio-political context of the introduction	Before 2015, instead of CONAPDIS, an institution called "Consejo Nacional de Rehabilitación y Educación Especial" existed. However, its anachronistic rehabilitative approach to disability demanded that it be transformed. The Law project was presented and approved by multi-party agreement.

A summary of characteristics of the program	<p>Its functions are fragmented. The law mandates it to serve the population with disabilities under 65 years of age or (although 4% of users are over that age, having reached seniority, but they remain the responsibility of CONAPDIS) (Matus-López, 2019).</p> <p>The part of the law dealing with rights promotion, which comprises counseling, oversight of universal accessibility, coordination of public policies, and promotion of inclusion and equalization of opportunities for cultural and labor participation of persons with disabilities, applies to the entire population with disabilities. However, services are only provided for people who are in poverty or extreme poverty in addition to having a disability.</p> <p>The provision of services is made by means of cash transfers. It is managed through the “poverty and disability” program. This is divided into the promotion axis, when money is transferred to families with disabled members in poverty, and through the “protection axis” to purchase food, diapers, and particular medicines, when money is transferred to nonprofit organizations to provide services in facilities to people with disabilities in abandonment (Gamboa, 2019).</p> <p>According to the national survey on disability (2018), in Costa Rica, there were 670,640 persons with disabilities over 18 years of age, of whom 52.64% (352,997 persons with disabilities) were in poverty or extreme poverty.</p> <p>In total, CONAPDIS directly assisted 1.34% of the target population with services or economic transfers. Not all assistance is LTC.</p> <p>Only 23.19% of the transfers are associated with LTC. Eight out of 10 recipients live in facilities. The supply of home care is meager.</p>
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