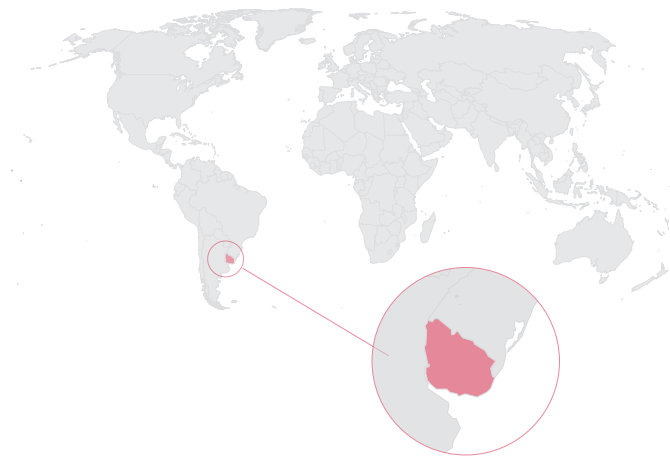


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Uruguay



Mauricio Matus-López
Francisco Terra

The Long-Term Care System in Uruguay



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No. 6

THE LONG-TERM CARE SYSTEM IN URUGUAY

Mauricio Matus-López*

Francisco Terra**

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1. COUNTRY OVERVIEW



Source: <http://ontheworldmap.com/uruguay/> (Accessed: March 1, 2021)

- » Sub-Region: Latin America and the Caribbean
- » Capital: Montevideo
- » Official Language: Spanish
- » Population size: 3,543,026 (INE, 2021; 2021 estimation)
- » Share of rural population: 4,48% (UN, 2018; 2020 estimation)
- » Gross domestic product: 56.046 billion current US\$ (WB, 2021; 2019 value)
- » Income group: High income (WB, 2021)
- » Gini Index: 39.7 (WB, 2021; 2018 value)
- » Colonial period: Colonial period: 1516-1825
- » Independence Declaration: 1825

2. LONG-TERM CARE DEPENDENCY

a. Population statistics

Table 1. Older population in Uruguay

	Total number	Share of total population
Population 60+	710,270	20.0%
Population 70+	366,568	10.3%
Population 80+	141,654	4.0%

Source: INE 2021, data refers to 2021

Table 2. Long-term care dependent population in Uruguay

	Share of aged population			
	60+	65+	70+	75+
Estimate by Paredes & Fernández (2014)		16.3%		23.1%
Estimate by Pugliese & Sosa (2015)		11.3%		
Estimate according to the official scale (SNC, 2018a)	9.3%	11.2%	13.4%	16.6%

Notes on definitions and sources used in the different estimates:

Paredes & Fernández (2014): Needing help to perform BADL (bathing, dressing, using the toilet, feeding, walking inside the house, getting in and out of bed, sitting and getting up from a chair) or IADL (shopping, preparing meals, light housework, heavy housework, managing money, moving to other places, managing medication). Source: NIEVES-MIDES 2012; **Pugliese & Sosa (2015):** Difficulties performing BADL (eating and drinking, going to the toilet, bathing, moving from one place to other, walking inside the house, etc.) or IADL (doing housework, shopping, preparing meals, using transport, managing money, social activities participation, etc.) Source: ELPS 2012/13; **SNC (2018a):** It is a technical exercise to adapt the “official scale” to the ELPS survey. The official scale corresponds to that applied to assess applications for home care assistance. The official scale is applied through an instrument that measures limitations for performing daily life activities. It weights the ADLs according to declared need for assistance, taking into account the presence (or not) of affected mental functions and the type of help required. Source: ELPS 2014/15

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

The term “long-term care” (LTC), translated into *cuidados de larga duración*, is not frequently used in Latin America. LTC services fall under the concept of dependency care (*cuidados a la dependencia*). In Uruguay, Law 19353 of 2015, that established the National Care System (NCS) uses the term “*dependencia*”. In this way, it excludes health services such as hospitals and rehabilitation centers.

The national definition of care dependency, as laid out in Law 19353, is: the status of persons requiring the assistance of one or several other persons or aids to perform basic activities and help them meet their needs of daily living.¹ To assess care dependency, the NCS uses a standardized test/instrument called *Baremo de valoración de la dependencia*. The evaluation is based on 13 groups of ADLs and four variables, namely: a) Level of performance; b) Type of problem (physical, mental, both); c) Type of help required and d) Frequency of help required.²

3. FIRST PUBLIC SCHEME ON LONG-TERM CARE

a. Legal introduction

Name and type of law	Ley N° 19353. Creación del Sistema Nacional Integrado de Cuidados (National Care System, or NCS)
Date the law was passed	Enactment: November 27, 2015 Publication: December 8, 2015
Date of <i>de jure</i> implementation	The law addresses childcare, disability care and LTC (dependency care). The NCS started with childcare in 2016. New LTC services for older people began later, in the second half of 2017.
Brief summary of content	The NCS aims to promote the development of the autonomy of persons in situations of dependency, their care and assistance. The rights are established on the basis of the principle of universality, for all persons in a situation of dependency. The beneficiaries of the NCS are: a) Girls and boys up to twelve years old. b) Persons with disabilities who lack autonomy to carry out activities and take care of their basic needs of daily life on their own. c) People over the age of sixty-five who lack autonomy to carry out activities and take care of their basic needs of daily life on their own. d) People providing care services

1 “*Dependencia: el estado en que se encuentran las personas que requieren de la atención de otra u otras personas o ayudas importantes para realizar actividades básicas y satisfacer necesidades de la vida diaria*”. Artículo 3, Inciso D. Ley 19353

2 The full instrument is available at: <https://www.gub.uy/sistema-cuidados/comunicacion/publicaciones/formulario-para-aplicacion-del-baremo-dependencia>

[Continued] Brief summary of content	<p>LTC services (for dependents) provided by the NCS include:</p> <ul style="list-style-type: none"> a) Home care (<i>Asistentes Personales</i>) b) Day and night centers c) Teleassistance d) Training for caregivers <p>Residential care services are not included in the NCS, but the Secretariat has regulatory authority for these centers. For more information see Section V.</p>
Socio-political context of introduction	<p>a) Synopsis: Before the law came into force, care work lay almost exclusively with the families of care-dependents, and mainly in the hands of unpaid female relatives (Batthyány, 2001). Studies show a fragmented public system with some programs for older adults (Matus-López and Cid, 2016). Care in long-term care facilities was precarious and considered a duty (Figueredo-Borda and Zabalegui-Yárnoz, 2015).</p> <p>b) Announcement: References to a national system had been made since early 2010. That year, a Care Work Group was created by presidential resolution. One of the first studies directly linked to the development of this system was carried out by ECLAC and UNICEF (Nieves Rico, 2010). It refers mainly to childcare, but also includes proposals concerning the care of persons with disabilities and older adults with a certain level of dependence.</p> <p>c) Proposal: The NCS was finally included in the political agenda of the Frente Amplio party. Parliamentary discussions began with the victory of José Mujica (2010-2015) and the law was implemented under the presidency of Tabaré Vasquez (2015-2020).</p> <p>d) Introduction: The first Director of the Secretariat of the NCS was Julio Bango, Exec. Deputy of the Frente Amplio.</p>

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

The NCS covers people over the age of 65 carry out activities and take care of their basic needs of daily life on their own. The procedure for receiving benefits is as follows: The NCS Secretariat receives the application, applies the scale (*Baremo*) and determines the corresponding benefits (according to level of dependency, age and ability to pay) from one or a combination of three possibilities: personal assistance, teleassistance, and day/night centers (residential facilities are not included in the system).

Home care personal assistance consists of a monthly allowance for up to 80 hours. It is provided by natural persons who must be enrolled in an official register administered by the *Banco de Previsión Social (BPS)*. The care workers are contracted by the beneficiary on the basis of a contract template provided by the NCS. The contract stipulates that the beneficiary is obliged to pay social security contributions for the care workers on the basis of a pre-established hourly remuneration. Only contracts using the specified template are valid. **Teleassistance**, – an alarm service that enables people to notify their family, neighbors or medical services of any incident that occurs in their home – is provided by telecommunication firms (previously authorized by the Secretariat). The beneficiaries may choose the provider. Prices and conditions are fixed and pre-established by the NCS. **Day and night centers** are provided by civil society organizations and funded with NCS resources and support from local governments (*Ayuntamientos*).

The NCS is financed mainly through general taxes from the central government. However, there is a co-payment (out-of-pocket), based on income, for home care and teleassistance. The per capita income is measured using an index called BPC³. The amount of the subsidy is established as outlined in Table 3 (p. 6).

The regulations are laid out in laws, decrees and resolutions. The main bodies are⁴:

- » Ley N° 19353 de fecha 27/11/2015 Sistema de Cuidados. Ley de creación del Sistema Nacional Integrado de Cuidados. Aprobada por el Parlamento el 18 de noviembre y promulgada el 27 de noviembre de 2015.

3 Base de Prestaciones y Contribuciones. 1 BPC = 4.870 Uruguayan Pesos = 114,27 US\$ (February 2021).

4 All regulations are available at: <https://www.gub.uy/sistema-cuidados/institucional/normativa>

Table 3. Shares of government subsidies and co-payments for home care and teleassistance under the NCS

Per capita household income	Subsidy (percentage of cost)	Co-payment (percentage of cost)
Up to 3 BPC (343 US\$)	100%	0%
3-6 BPC (343-686 US\$)	67%	33%
6-11 BPC (686-1,257 US\$)	33%	67%
11 BPC (1,257 US\$) and more)	0%	100%

Decrees:

- » 426/016 Art. 16 Teleasistencia Domiciliaria. Decreto reglamentario del nuevo servicio de Teleasistencia Domiciliaria.
- » 356/016 Art. 16 Reglamentación relativa a la regulación, habilitación y fiscalización que ofrezcan servicios de cuidados a personas mayores.
- » 117/016 Art. 16 Asistentes personales. Creación y condiciones del Servicio de Asistentes Personales para cuidados de larga duración para personas en situación de dependencia severa.
- » 427/017 Art. 16 Catálogo y definiciones del Sistema de Cuidados. Decreto reglamentario que establece el catálogo de servicios que constituyen el Sistema de Cuidados, derechos y obligaciones de usuarios/as, y definiciones de dependencia y el instrumento para su medición.
- » 445/017 Art. 16 Junta y Secretaría Nacional de Cuidados. Decreto que reglamenta los objetivos, cometidos, integración y diversos aspectos de la Junta Nacional de Cuidados y la Secretaría Nacional de Cuidados.

Resolutions:

- » N° 5/016 Regulación sobre plazo de formación Asistentes personales.
- » N° 4/016 Reglamentación de la actividad de la Junta Nacional de Cuidados.
- » N° 3/016 Contratación del servicio de Asistentes Personales.
- » N° 4/017 Perfil docente y diseño curricular para la formación en atención a la dependencia.
- » N° 9/017 Aprobación criterios para la medición de carga de cuidados.
- » N° 7/017 Aprobación del diseño de los Centros de Día.
- » N° 7/018 Procedimiento para certificar competencias laborales en atención a la dependencia.
- » N° 8/017 Aprobación del baremo de dependencia.

The actors/organizations responsible for governance are:

- 1) Junta Nacional de Cuidados (National Care Council). With representatives of Ministerio de Desarrollo Social, Administración Nacional de Educación Pública, Banco de Previsión Social, Congreso de Intendentes, Instituto del Niño y Adolescente del Uruguay, Ministerio de Economía y Finanzas, Ministerio de Educación y Cultura, Ministerio de Salud, Ministerio de Trabajo y Seguridad Social, Oficina de Planeamiento y Presupuesto. This Council establishes the general guidelines of the NCS in its areas of childcare, disability care and LTC.
- 2) Secretaría Nacional de Cuidados (NCS Secretariat), the executive management of the NCS.

4. SUBSEQUENT MAJOR REFORMS IN LONG-TERM CARE

a. Major reform I

Name and type of law	Ley 19924. Ley de Presupuesto 2020-2024 (National Budget Law 2020-2024)
Date the law was passed	December 18, 2020
Date of <i>de jure</i> implementation	December 30, 2020 (Publication)
Brief summary of content	Amendment to Law 19353. It merges the Secretariat of the NCS and the National Disability Program into one, called the "Secretaría Nacional de Cuidados y Discapacidad" It creates two directorates a) Care Directorate, which is organized into the divisions children, services and dependency (LTC). b) Disability Directorate, which is organized into the divisions inclusion support, regulation and supported accommodation.
Socio-political context of introduction	For the government of Luis Lacalle Pou, that took office in March 2020, LTC is not a priority. The reform was rejected by the previous ruling party (Frente Amplio) as well as social movements and caregiver organizations ⁵ . It was alleged that the reform may slow down or delay the development of LTC services.
Brief summary of characteristics of the program	It is not yet possible to confirm the impact of this reform on services and beneficiaries.

5. DESCRIPTION OF CURRENT LONG-TERM CARE SYSTEM

a. Organizational structure

There is only one LTC system in Uruguay, namely the NCS. But there are other public programs that can be considered as providers of LTC benefits, too. The existing LTC services can thus be classified into three groups:

- a) The LTC system under the NCS, see Section III for details.
- b) LTC benefits through the BPS (Social Security Fund), consisting of a small public program, as a housing solution, that offers residential LTC for older adults, some of them with dependency.
- c) There are other fragmented services aimed at the elderly and disabled (targetting persons in poverty), with benefits, among others, to dependent people.

LTC competencies are coordinated and managed by the NCS Secretariat. However, it considers only home-based care services/benefits such as home care assistance, teleassistance and day/night centers. With regard to residential care, the NCS Secretariat has regulatory competences for the quality of facilities, but not for the provision of subsidies for dependent people.

Additionally, there is a residential care program called *Cupo Cama* (bed quota) which is separate to the NCS. This is conceived as a housing solution for poor pensioners, but for practical purposes it can be considered as LTC. The program is run by the BPS (Social Security Fund) and consists of a monetary subsidy of 30% to 100% of the cost of a permanent residence in an *hogar de ancianos* (house for elderly adults). Beneficiaries must be pensioned or retired and receive a pension from the BPS, with severe dependency or emotional or mental vulnerability (BPS 2019). The coverage of both the benefits offered within the NCS and the *Cupo Cama* programme are outlined in Table 4.

5 18 organizations and collectives warn of dismantling the National Care System. Available at: <https://ladiaria.com.uy/politica/articulo/2020/12/18-organizaciones-y-colectivos-alertan-por-desmantelamiento-del-sistema-nacional-de-cuidados-y-piden-que-bazzano-sea-apartada-del-cargo>, Accessed Feb 10, 2021. Personal Assistants raise concerns about Reform of the National Care System. Available at: <https://diariocambio.com.uy/2020/12/27/asistentes-personales-plantan-su-preocupacion-ante-reforma-del-sistema-nacional-de-cuidados>, Accessed Feb 10, 2021

Table 4. Long-term care coverage by scheme and benefits

	Number of beneficiaries
Home-based care coverage under the NCS (2020)	
Home care assistant	6125
Teleassistance	1533
Day/night centers	229
Residential care coverage within <i>Cupo Cama</i> (2019)	
Subsidized quotas (<i>cupos</i>):	479

Sources: Data from SNC (2020a) on home-based coverage in 2020, data from BPS (2019) on residential care coverage in 2019.

The political responsibility for the field of LTC lies with all members of the *Junta Nacional de Cuidados*, but particularly the *Ministerio de Desarrollo Social*. As regards the coordination of LTC with other policy fields, there is a degree of coordination with other care policies, because LTC services are developed in the NCS which, as explained above, includes childcare and disability care, too. Through the *Junta Nacional de Cuidados*, coordination also exists with health, social, work and education. However, there are no measures to ensure integrated care with health, such as joint training and working groups between the NCS and the hospital system, as proposed in the literature (Antunes & Moreira 2011).

b. Service provision

LTC services are provided in formal care settings. The NCS offers home care benefits. The different benefits each have different providers. **Teleassistance** is provided by telecommunications firms, whereas **day and night centers** are provided by civil society organizations and local governments. **Home care personal assistance** is provided by paid care workers. The beneficiary hires the assistant. The assistant is the employee, and the beneficiary is the employer, however, the wages are paid by the BPS directly to the assistant. Requirements for personal assistant workers are as follows:

- » They must be registered with the BPS (Social Security Fund)
- » They must be registered and authorized by the NCS Secretariat
- » They must have completed the official qualifying course for care workers.
- » They must be 18 years old or over.
- » They must have no relationship of consanguinity (up to fourth degree) or affinity (up to second degree) with the beneficiary.

Residential care is provided under the *Cupo Cama* program of the BPS. Most *Hogares de Ancianos* offering residential care are legally formed as civil society organizations. 65% are community associations and 20% are faith-based agencies (BPS 2019).

As regards the share of persons receiving care, it is difficult to estimate the size of the informal sector, but there are some approaches:

- a) Previous estimates indicated that the total number of people with dependency nationwide (older than 60 years old) was 59,066 people (living at home; with or without services; formal or informal) (Matus-López, 2016).
- b) Moreover, around 13,800 people (11,600 older than 65 years old) were living in residential centers (dependents or not) (Figueredo-Borda and Zabalegui-Yárnoz, 2015; Thevenet, 2013).

Formal care is registered. Using the numbers of beneficiaries provided in Table 4 and the national population of 65 and older (515,271 in 2020), the share of people aged 65 years and older receiving formal services is as follows:

- » Home-based care public services: around 1.2%
- » Residential care public services: around 0.1%
- » Total LTC public services: around 1.3%

c. Financing

The NCS is financed through general taxes and co-payments for home care assistants and teleassistance (not for day/night centers). Of the total spending on personal assistants, which makes up 97% of LTC expenditure of the NCS, 95% was funded by central government resources (SNC, 2018b; December 2017, latest available data). Government subsidies and co-payments were distributed as follows (SNC, 2018b):

- » 86% of beneficiaries received 100% of subsidy (0% co-payment)
- » 12% of beneficiaries received 67% of subsidy (33% co-payment)
- » 1.8% of beneficiaries received 33% of subsidy (67% co-payment)
- » 0.2% of beneficiaries received 0% of subsidy (100% co-payment)

BPS residential care (*Cupo Cama*) is financed by payroll taxes and co-payment (between 30% and 70% of cost). The BPS subsidy accounts for 33% of total revenue of the centers. The remaining 65% are revenues from (out-of-pocket) payments by beneficiaries or their families (BPS 2019).

In 2019, spending on personal assistants reached 1.226 million Uruguayan pesos (around 28.8 million US\$) followed by day and night centers at 29 million Uruguayan pesos (around 0.7 million US\$) and teleassistance at 9 million Uruguayan pesos (around 0.2 million US\$). The total of 1.264 million Uruguayan pesos accounted for 0.06% of the country's GDP the same year (CNS, 2020b).

d. Regulation

The NCS is administered by the NCS Secretariat. The NCS offers subsidies for in-kind benefits and pays service providers directly. Beneficiaries can choose a teleassistance provider (company) and a personal assistant, from the list of companies and assistants certified by the NCS. However, quality indicators for each supplier (company or assistant) are not published.

As regards eligibility criteria for accessing services, according to the law, the NCS ensures access to all people aged 65 and over. Due to financial restrictions, however, it has meanwhile been restricted to people aged 80 and over for personal assistance and aged 70 and over for teleassistance.

6. LIST OF ADDITIONAL RELEVANT LAWS/DOCUMENTS

Please see section 3b

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