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Long Term Care in Romania

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Abstract

The increasing life expectancy and the alarming growth in the incidence of chronic illness make long term care services in high demand and in dire need of change and innovation. As part of the ANCIEN initiative, which aims to comprise a database of European approaches for dealing with long term care, this document creates an overview of the health systems organized in Romania which target individuals with long term care needs. The method of governance, the people's needs and the available services are presented herein.

For the most part, the services provided in this field are covered through the efforts of the family of those in need and are therefore difficult to quantify or analyze. Public services are either insufficient (in terms of quality or accessibility) and the moral stigma associated to using them prevents families from making this choice. However, due to a high demand and a low supply of high quality LTC services, the private market of nursing homes has exploded in the last few years, funded either privately, through NGOs or external donations. The quality and number of available services has greatly improved but the accessibility is still low.

At this moment, Romania still does not have an integrated long term care system neither from the legal or the organization of services being offered. There are social and medical services that are run, provided and legislated independently. The current national strategy is to coordinate these services and to create an integrated system with multidisciplinary teams which would include different types of medical specialists and nurses but still maintain and improve the services offered formally or informally as a home based care package.

1. The long term care system in Romania

1.1. Overview of the system

The long term care (LTC) system in Romania includes all medical and social services delivered over a long period of time to those in need such as the chronically ill, terminally ill, the disabled and the dependent elderly who need help with activities of daily living or instrumental activities of daily living. The term 'elderly' is defined by the Law 17/2000 as referring to all persons at or above the Romanian official age of retirement.

Concerning the non-disabled elderly, who are the focus of this report, there are 6 acts of legislation, which regulate entitlements and organisation of services:

1. Law 17/2000 on the Social Assistance for the Elderly (Legea privind asistenta sociala a persoanelor varstnice) with the additional modifications (Law 281/2006, Law 270/2008 and GO 118/2008) and

2. Law 47/2006 establishing the National System of Social Assistance (Sistemul National de Asistenta Sociala).

The **medical services** for all categories of people, including the disabled and the non-disabled elderly, are supported by the social medical insurance and are regulated by:

3. Law 95/2006 on Health Reform (Legea priving reforma in domeniul sanatatii) which set the grounds for national reform in the health care system and established the national social health insurance system.

The regulation of **quality assurance** is stated by the following decrees:

4. Decree (Ordin) 318/2003 refers to the norms regarding the organization and functioning of home care services as well the authorization of people who provide these services

5. Decree (Ordin) 246/2006 which established the minimum specific quality standards for home care services and residential centres for the elderly in terms of organization and administration, human resources, access to services, service provision, rights and ethics.

The **decentralization** of the administrative bodies is legislated by:

6. Law 435-XVI/2006 (Legea privind descentralizarea administrativă nr. 435-XVI/2006).

1.2. Assessment of needs

The individual assessment of needs is conducted according to the Socio-Medical Evaluation Sheet for the elderly. This Evaluation Sheet is binding and is used throughout the nation. This Evaluation Sheet contains criteria for assessing a person's social and economic status, his/her medical status and the degree of dependency. It establishes the types of social or socio-medical services that are needed to fulfil the person's needs according to the level of dependency, the wishes of the person or of his/her informal caretakers and the available local services that meet the requirements (GO, Ordonanta de Guvern, 886/2000).

The social evaluation refers to the type of living conditions, family network, and the person's network of friends and neighbours. The economic evaluation reviews the person's steady monthly income, other sources of income and material assets. The evaluation of the person's medical status refers to the established medical conditions the person suffers from and his or her current medical status.

The National Grid for Evaluating the Needs of the Elderly / National Grid for Dependent Elderly Assessment (Grila Nationala de Evaluare a Nevoilor Persoanelor Varstnice) (GO, Ordonanta de Guvern, 886/2000, Annex 1) evaluates the person's degree of dependency and it is based on his or her functional status (for basic activities of daily living and instrumental activities of daily living) and his or her sensorial and psycho-affective status. Based on this evaluation, there are three levels of dependency, each of which is further divided into three classes, A, B, C, with the first degree being the most severe:

I. A - the person has lost autonomy and needs continuous care; B - the person cannot perform daily activities and needs help and medical care for most activities throughout the day and night; C - the person needs permanent surveillance and help due to behavioural disorders and regular care for activities related to bodily hygiene.

II. A - the person has perfect mental abilities but partial motor functions and needs daily care for the basic activities of daily life; B - the person needs help to stand up and partial help with daily activities; C - the person has no motor problems, but needs help with daily activities related to bodily hygiene.

III. A - the person needs regular help with daily life activities, but when placed in an elderly institution can be considered independent; B - the person has complete autonomy and can perform daily activities without help.

The assessment is carried out by a team of two social workers from the Local Council and the General Directorate of Social Assistance and Child Protection from the County Council, together with the medical specialist who has supervised the medical progress of the individual. This team may be completed by a representative of the Pensioners Organization or other Non Governmental Organizations (NGOs) which provide social assistance to the elderly. (Law 17/2000, Art. 28)

1.3. Available LTC services

Types of services

The available settings for LTC are institutional and home-based, the latter being either formal or informal. The types of services for the elderly include:

a) home care - temporary or permanent services

b) nursing home care (old-age home) - temporary or permanent services

c) institutional care (residential care) in day care centres, clubs for the elderly, temporary care homes, assisted living arrangements, social apartments and dwellings, as well as other similar settings (Law 17/2000).

At this time, Romania has a major deficit of institutionalized services. Home care is the most commonly used care option for dependant elderly because of the comfort the family provides and the reduced costs as compared to institutionalized care. This, however, raises many problems. Most family caretakers are women, the wives or daughters of the dependent. Many caretakers are elderly persons themselves and may also become dependant. Family care is most common in the rural areas, where the traditions and moral values are maintained to a greater extent (Strategic National Report Regarding Social Protection and Social Inclusion 2008-2010 - Romania).

Community services provided for the elderly include:

• *social services*, particularly for the prevention of social marginalization and supporting social reintegration, legal and administrative counseling, payment of some services and current obligations, home and household attendance, help for the household, and food making;

• *medical-social services*, especially help with personal hygiene, adaptation of the home to the elderly person's needs, encouraging economic, social and cultural activities plus temporary attendance in day care centers, night shelters or other specialized centers;

• *medical services*, such as medical consultations provided in public health institutions or in the home by the General Practitioner, dentistry consultations, medicine administration, supporting sanitary materials and medical devices.

Eligibility

The right to social assistance is guaranteed to all Romanian citizens and to all foreign and stateless persons who have residence in Romania and are elderly people (defined as persons who have reached the standard retirement age). They must be without family or legal guardians, without a home or the possibility to ensure one with their own resources. They must not be earning income or have insufficient income to cover the appropriate care, and must be unable to ensure (i) ADL or need specialized care or cannot meet their socio-medical needs because of illness, physical or psychological status (Law 17/2000, art. 3 and Law 47/2006, art. 7).

1.4. Management and organisation

The local actors involved in the management of elderly care are the county and the municipal authorities, who follow the guidelines and legislation set by the government. The country is divided into 41 counties or districts plus Bucharest.

The central bodies involved in LTC regulation are part of the Parliament and the Government. The Romanian Parliament has two chambers: the Senate and the Deputies Chamber. The bodies within the Senate involved in social assistance to the elderly are the Commission for Public Health and the Commission for Labour, Family and Social Protection. The bodies within the Deputies Chamber are the Commission for Health and Family, which deals with medical assistance, social problems of the elderly and the disabled, and the Commission for Labour and Social Protection, which deals with pensions, indemnities and social assistance as cash benefits.

The government ensures the provision of LTC in Romania through the Ministry of Labour, Family and Social Solidarity, namely the Department of Social Assistance and Familial Policies, in cooperation with the Ministry of Public Health, which are represented at the county (provincial) and the municipal levels by the County Council and the Local Council respectively. The legal authorization to provide or obtain social services is given by the Ministry of Labour, Social Solidarity and Family, represented in each county by the General Directorate of Social Assistance and Child Protection, which is subordinate to the County Council. The responsibilities of the General Directorate include applying policies, creating strategies (which must be approved by the County Council), collaborating with other public institutions and undertaking certain measures of social assistance regarding the protection of children, family, single persons, the elderly, the disabled or any person in need (GD 1434/2004 r1, Hotarare de Guvern privind organizarea si functionarea Directiei generale de asistenta sociala si protectia copilului).

The General Directorate of Social Assistance and Child Protection has the responsibility of monitoring the national quality standards set by the Ministry of Labour, Family and Social Solidarity and by the Ministry of Public Health through Decrees 318/2003 and 246/2006. Each County Council has the ability to create its own strategies and goals in line with national goals, organize and supervise the relevant institutions and raise additional funding. The capacity planning differs throughout the country because each County Council can organize LTC services according to the evaluated or perceived need and the funding is distributed according to financial availability and the need for care.

1.5. Integration of LTC

The Romanian LTC system is organized to provide care services in a coordinated fashion through two key ministries operating at the county level. Currently, LTC services include both medical and social services, each of which is regulated by different bodies with separate legislation. The medical services are regulated by the Health Reform Law 95/2006 through the Ministry of Health. Social services are regulated by laws 17/2000 and 47/2006 through the Ministry of Labour, Social Solidarity and Family. However, the legislation for each type is also targeted at other categories of people, such as children or victims of abuse, in which case medical services include rehabilitation and treatment. There is no clear distinction for regulations of the LTC system which makes it difficult to integrate the medical and social services for this type of care.

This creates a great variety among counties, as they have the freedom to administer funds and coordinate services in the way they see fit. Therefore the current national strategy is aimed at linking these two types of services within a common, unified system of LTC (Strategic National Report Regarding Social Protection and Social Inclusion 2008-2010 - Romania).

The integrated system would make provision for a multidisciplinary team which would be comprised of geriatric specialists, ergotherapists, kinetotherapists, and dentists. This is currently not the case because in most cases the evaluations, decisions and implementation of care are carried out in a disjointed way and without proper communication among specialists. In addition, in both public and private institutionalized homes, the personnel structure is incomplete and specialists that should be included in care delivery are lacking (geriatric specialists, ergotherapists, kinetotherapists, dentists) (National Council of the Elderly).

2. Funding

LTC for the elderly is funded through both public and private means. The largest share of responsibility lies with the central public administration, which fund all types of care through the consolidated state budget and the local public administration, which draws from the local budget. Private funds come mainly from Non-Governmental Organizations (NGOs).

Both tax and insurance based financing are included in all forms of institutional care. For all types of care, expenses for the medical personnel and the medical equipment are covered solely from the consolidated state budget, which is comprised of the national social insurance budget and the national medical insurance budget and other taxes. For institutional types of care, administrative costs like water, heating, electricity, repairing, food, and furniture are covered solely by the local budgets which are comprised mainly of local taxes and earnings.

Table 1 gives an overview of the public and private expenditures for services provided to the non-disabled elderly in 2008.

Table 1. LTC expenditure in 2008 in Romania

TYPES OF CARE	COSTS COVERED BY (in Euro)		
	Local Budgets	NGOs	Other sources
INSTITUTIONAL CARE			
Elderly homes	23.546.401	4.980.109	2.241.324
Day care centers	2.396.033	788.322	78.744
Assisted living arrangements	952.834	256.193	114.395
HOME CARE	6.104.350	2.701.522	

Source: Statistical data regarding activities for social inclusion in 2008. Ministry of Labor, Family and Social Protection (Date statistice privind activitatea de incluziune socială in anul 2008, MMFPS)

Institutionalized care for the elderly is for the most part funded from the local budgets through the County Council. In case the local budgets become insufficient, then the state budget will complete the extra-budgetary sources of income for retirement homes to ensure their proper functioning (Law 17/2000, art. 21). According to the law, funding for medical services, materials, medical devices and medication is covered by the system of social health insurance. Expenses that are not covered by the health insurance system must be covered by the retirement home where care is provided through the person's own income, external credits, external grants, donations and sponsorships according to article 23 of Law 17/2000.

The financial responsibility of the beneficiaries of care who live in retirement homes is set every year by the County Council. The average monthly maintenance cost per person, set by the government for public services covered by the County Council, is 69.37 euro (290 RON). Based on this, the contribution of each elderly person living in an institutional home is calculated (Decree 687/2005). Every person that receives care in an elderly home must contribute a monthly amount of up to 60% of their monthly income, without exceeding the monthly maintenance costs set for every nursing home. If there is a gap between the amount requested and the amount paid by the beneficiary, that difference must be covered by the family or the legal guardian of the family if their monthly income is above 150 euros/month/family member (600 RON). This amount changes every year according to the inflation rate (GO 118/2008, art. IV). These payments are considered extra-budgetary sources of income for the nursing home.

The elderly without income, family, or legal guardians are exempt from making financial contributions. The amount is covered by the local budget to a certain extent.

Formal home care for the dependent elderly is organized by the Local Council which can employ personnel who are paid hourly on a part time or full time basis, depending on the needs and the time frame of care. The beneficiary does not pay an individual contribution for these services. **Informal home care** can be provided by the spouse or the relatives of dependent elderly who can opt for a part time working schedule, the other part being financially supported by the local budget at a value calculated according to the monthly gross salary of a junior social worker with a high school education (Law 17/2000, art. 13).

There are no **cash benefits** legalized in Romania for elderly care at this time. Legalized cash benefits and greater in-kind benefits are available for persons who were officially recognized as having a disability. Many elderly who are chronically or terminally ill or have multiple comorbidities are granted a degree of disability and the number of these cases has risen consistently in recent years. Therefore there is a legal delimitation between care for the elderly (Law 17/2000) and care for the disabled (Law 448/2006), but in reality many services and classifications overlap and the beneficiary could combine other benefits (old age, invalidity or survivor) with disability benefits. This report however focuses solely on LTC for the elderly who are not included in any disability category.

Other benefits in kind for all elderly include: a discount of 50% for a maximum of 6 train tickets per year, a 50% discount for one medication prescription per month valued to a maximum of 72 euros (300 RON) and the possibility to go to a resort for rest and treatment for 18 days per year with a maximum cost of 50% of the monthly income, a limited number of tickets approved by the National Pension House for every county.

3. Demand and supply of ltc

3.1. The need for LTC

Due to population aging and the increase in overall life expectancy, there is a greater need for all types of LTC for the elderly. In 2008, when the total number of inhabitants in Romania was 21,528,627, 14.9% of the population was older than 65 years of age with 28% more women than men (8.8% females and 6.1% males). 18.7% of the elderly population was made up of individuals over 80 years of age. The age dependency ratio in Romania was estimated to be 23.6% and it is predicted to grow substantially over the next couple of decades (Eurostat 2008). This alone shows the acute need for these types of services.

The percentage of the population aged 65 and above has increased by 43% over the last 15 years, from 10.4% to 14.9%, while the percentage of people aged 80 and above has increased by 55%, from 1.8% to 2.8% (Table 2).

Table 2. Structure of the population by age and life expectancy at birth

Items	1990	1995	2000	2002	2003	2004	2005	2006	2007	2008
Share of 65+	10.4	12.0	13.3	14.1	14.3	14.5	14.7	14.8	14.9	14.9
Share of 80+	1.8	2.1	1.8	2.0	2.2	2.3	2.5	2.6	2.7	2.8
Life Expectancy at birth										
Male	66.6	65.3	67.7	67.4	67.7	68.3	68.7	68.7	69.2	69.5
Female	73.1	73.1	74.8	74.8	75.1	75.5	75.7	75.8	76.1	76.7

Source: EUROSTAT 2009

It is predicted that these percentages will rise over the next 25 years by 54% for people 65 and above and by an astounding 114% for those aged 80 and above (Table 3).

Table 3. Projections

Items	2009	2010	2015	2020	2025	2030	2035
Share of 65+	14.9	14.9	15.6	17.4	19.4	20.3	22.9
Share of 80+	2.9	3.0	3.6	4.2	4.3	4.9	6.2

Source: EUROSTAT 2009

Due to limited accessibility and financial resources, there are inequalities in geographical distribution and in the number of services. The need for care services throughout the country in 2008 was evidenced by the large number of people waiting to access elderly homes (Table 4).

Table 4. Areas and counties with elderly homes funded by Local Councils and NGOs, 2008

County	Number of elderly homes	Monthly average number of beneficiaries	Capacity: Number of Places	Number of people on waitlist
North-East				
Bacău	2	253	269	71
Iaşi	4	443	445	751
Neamţ	1	59	73	3
Suceava	4	121	130	29
Vaslui	1	19	50	0
Botoşani	0	0	0	0
South-East				
Brăila	5	483	472	38
Buzău	7	276	284	99
Constanţa	3	287	298	450
Galaţi	7	407	464	27
Tulcea	2	64	114	2
Vrancea	1	31	40	4
South (Muntenia)				
Arges	3	146	155	16
Calarasi	1	4	30	8
Dambovita	5	120	150	32
Giurgiu	1	61	90	0
Ialomita	2	63	100	5
Teleorman	1	29	35	6
Prahova	0	0	0	0
South- West (Oltenia)				
Dolj	2	375	376	10
Gorj	1	32	30	17
Mehedinti	2	42	59	0
Olt	4	167	222	20
Valcea	0	0	0	0
West				
Arad	3	180	190	5
Caras severin	2	244	260	44
Hunedoara	2	45	46	37
Timis	6	375	389	247
North-West				
Bihor	6	204	189	85
Bistrita-nasaud	1	29	47	1
Cluj	5	257	260	338
Maramures	1	62	62	5
Satu mare	1	29	30	16
salaj	4	149	182	30
Center				
Alba	4	158	220	18
Brasov	6	240	283	19

County	Number of elderly homes	Monthly average number of beneficiaries	Capacity: Number of Places	Number of people on waitlist
Covasna	3	134	140	38
Harghita	3	206	230	39
Mures	3	169	238	32
Sibiu	6	309	326	181
Bucuresti-Ilfov				
Ilfov	1	40	40	30
Bucuresti	6	462	597	162
Total	**122**	**6774**	**7615**	**2915**

Source: Statistical data regarding activities for social inclusion in 2008. Ministry of Labor, Family and Social Protection (Date statistice privind activitatea de incluziune socială in anul 2008, MMFPS)

The national distribution of providers is unequal. There is a greater shortage in the rural areas, where most activities are performed by NGOs and public services of home care are scarce (The National Council of the Elderly).

3.2. The role of informal and formal care in the LTC system (including the role of cash benefits)

Most of the dependant elderly benefit from the care services provided inside the family. However, family care is ensured mainly in rural areas, where the traditions and moral values are maintained to a higher extent. This reality raises numerous problems that need to be solved. The urban population has a greater need for services for the elderly. Most family caretakers are women, wives or daughters. Many caretakers are elderly persons and may also become dependant (Strategic National Report Regarding Social Protection and Social Inclusion 2008-2010 - Romania).

3.3. Demand and supply of informal care

There is very little statistical data available about the extent of informal care among the population. The importance of informal care is widely recognized throughout the country but no official estimates have been made so far.

3.4. Demand and supply of formal care

The demand for all types of social services for the elderly has continuously grown over the past years following trends in population aging and increased life expectancy. The supply has so far been insufficient. In recent years, however, there has been an explosion in the number and diversity of both public and private institutions as well as individuals that offer formal LTC services (Table 5). However it is not sufficient to meet the demand for all those in need (Table 4). In addition, NGOs have become very involved in recent years and now represent the second greatest source of services for the elderly, following the public services:

Table 5. Supply of elderly homes through 2005-2008

	Elderly homes					
	Local budgets			NGO budgets		
	No. of units	No. of Beneficiaries	Capacity: No. of places	No. of units	No. of beneficiaries	Capacity: No. Of places
2005	19	1891	2011	NA	NA	NA
2006	54	4441	4827	32	1147	1267
2007	68	4711	5588	38	1301	1429
2008	81	5337	6076	42	1437	1538

Source: Strategic National Report Regarding Social Protection and Social Inclusion 2008-2010 – Romania; Statistical data regarding activities for social inclusion in 2008. Ministry of Labor, Family and Social Protection (Date statistice privind activitatea de incluziune socială in anul 2008, MMFPS)

The table below offers an overview of the provision of formal care in 2008, both in institutional and home settings. The institutions that cover most needs and were evaluated in this report are the elderly homes, day care centers and assisted living arrangements. The home care services shown here cover both social and medical assistance.

Table 6. Statistics on formal care for services funded by the Local Councils, NGOs and other sources. Romania 2008

Types of services	No. of units	Monthly average no. of beneficiaries	Capacity: No. of places	Number of people on waitlist
Elderly homes funded from the Local Budget*	81	**5.337**	**6.076**	**1.310**
Elderly homes funded by NGOs*	**42**	**1.437**	**1.538**	**1.605**
Elderly homes funded through other means	**27**	**1.606**	**1.684**	**895**
Day Centers funded from the Local Budget **	**73**	**11.259**	**4.232**	
Day Centers funded by NGOs**	**31**	**1.655**	**1.885**	
Day Centers funded through	9	**1.620**	**810**	

Types of services	No. of units	Monthly average no. of beneficiaries	Capacity: No. of places	Number of people on waitlist
other means * **				
Assisted living arrangements funded from Local Budget ** **	14	253	268	
Assisted living arrangements funded by NGOs	8	141	137	
Assisted living arrangements funded through other means*** **	3	46	52	
Home care services funded from Local Budget		**7.318**		
Home care services funded by NGOs		**10.192**		
Approximate Total	*288*	*40864*	*16682*	*3810*

*One elderly home is financed both by the local budget and an NGO
**Four centers have mixed financing
***Five centers have mixed financing
****One center is also financed by the General Directorate of Social Assistance and Child Protection

"Other sources" represents finances coming from donations or other private involvements. The exact number of people receiving formal care, the number of people on waitlists, the number of providers and their capacities could not be established because some institutions were listed twice since they receive funding both from the Local Councils and NGOs. However, in most cases where there is mixed funding, the largest share is covered by the local budgets. There are no waitlists for people receiving formal home care, but there are long waitlists for those trying to access elderly homes.

4. Ltc policy

4.1. Policy goals

Home care is the most efficient strategy for dependant elderly care, not only because this method is less costly than institutionalised care, but also because it is preferred by the persons themselves, representing an essential attribute for ensuring an increase in quality of life.

In order to provide home care services in Romania, priority is being placed on developing a social infrastructure in order to support a network of services that could be coordinated among the medical and social fields. This implies sufficient financial means, granted according to a well structured model defined at the national level, specialised personnel, the number of which should be proportionate to the social problem, the involvement of civil society, the development of voluntary services and support granted to families and caretakers (Strategic National Report Regarding Social Protection and Social Inclusion 2008-2010 - Romania).

The current institutions do not sufficiently address the subject of palliative care. There are several problems such as the price of prescription drugs (especially opioids), training for palliative care, and the absence of guidelines and protocols. The present provision of palliative care is done mainly through public non-for-profit organizations and covers no more than 5% of the country's palliative care needs. Developing a national plan for palliative care is one component of the National Cancer Plan currently under development (Vladescu 2008).

Preparing the elderly for retirement is not an easy task, but one that Romania is undertaking right now. The government is discussing ways for elderly people to maintain active lives and remain socially involved. From this perspective, home care could take on new dimensions, including programs for social reintegration along with medical and socio-medical care.

The National Council of the Elderly have advocated for the further development and improvement of activities related to home care which are currently insufficient and only cover iADL, rather than nursing or other types of care like occupational therapy or kinetotherapy. (National Council of the Elderly)

For the past 3 years there have been many discussions about introducing a 'dependency allowance' for retired people whose monthly income is below the average national pension.

According to the dependency level, the allowance is considered between 50 and 100 euros (roughly 200 to 400 RON), from the third dependency level to the first. So far, no action has been taken in this area.

4.2. Integration policy

The following strategies aim to integrate social and medical services to provide better care and better social integration for the elderly and the disabled:

1. National Strategy regarding the integrated system of social services 2008-2011, Ministry of Social Protection, Family and Child (Strategia Nationala cu privire la sistemul integrat de servicii sociale 2008-2011, Ministerul Protectiei Sociale, Familiei si Copilului)

2. National strategy on the social protection, integration and inclusion of the disabled persons for 2006 – 2013, also called “Equal opportunities for disabled persons – towards a society without discrimination”. (Strategiei nationale pentru protectia, integrarea si incluziunea sociala a persoanelor cu handicap in perioada 2006-2013)

4.3. Recent reforms and current policy debate

Recent reforms have concentrated on the social protection system of the elderly, especially for those with no income, no family or support or insufficient means of living. They are covered in the National Strategy for the Development of the Social Assistance System for the Elderly (2005 -2008) and the National Strategy for Social Protection 2003-2007. These strategies were implemented differently by each County Council responsible.

4.4. Critical appraisal of the LTC system

The current tendency in Romania is to shift elderly care away from institutional care to home care or assisted living (Strategic National Report Regarding Social Protection and Social Inclusion 2008-2010 - Romania). The assumption is that home care is the preferred method of care by the elderly because it allows them to maintain their independence and social network and also decreases governmental expenditure on LTC. However, this assumption may not be correct since home care implies a greater involvement on the part of the person’s family or legal guardian, who in turn may be giving up part of his/her job in order to provide the needed care. The financial opportunity cost of people who devote their time and attention to their dependents was not properly evaluated in Europe or in Romania.

In conclusion, Romania is following the trend towards increased home care, although the perceived reduced costs of home care services may turn out to be unrealistic in the long run (Berg, 2004).

Note:

The values in euro were calculated using the exchange rate set by the Romanian National Bank on May 27, 2009 at: 1 euro= 4.18 RON

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