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Gateway Policy Explorer: Long-Term Care Series

Spain

Long-Term Care In-Kind Benefit Plan Details 2007-2023

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Preface

This document is intended for researchers who want to understand the evolution of policy or the policy in place at a particular point in time. This document is not intended for financial advice or to aid in decision-making. The authors have made significant effort to identify and collect historical information pertaining to these policies, to accurately represent these policies, and to communicate how policies may interact to determine legal requirements, eligibility for benefits, and/or benefits levels. The policies presented in this document focus on rules applicable to most individuals aged 50 and older from 1992. Many systems include special policies or alternative eligibility rules for specific groups. We encourage all users to complete their own review of literature in this area depending on the research questions they have in mind.

If you have feedback or questions or identify an error, please contact policy@g2aging.org.

Background — Gateway Policy Explorer: Long-Term Care Series

The *Gateway Policy Explorer* (<http://g2aging.org/policy-explorer>) is part of the Gateway to Global Aging Data (<http://g2aging.org>) project. The *Long-Term Care Series* captures historical policy that affects the birth cohorts of respondents in the surveys covered by the Gateway. It was motivated by the rapid evolution of policies affecting older people across the world. As the Health and Retirement Study (HRS) began in 1992 and many of the international network of studies (HRS-INS) cover more than a decade, understanding the policies in place at the time of the survey has become more demanding for researchers.

Why are we tracking past policy? Individuals make choices based on current policies and the outcomes we see today may reflect responses to past policies. When interpreting the survey responses of individuals, an understanding of the policy environment under which those individuals operate is critical. The collection of contextual information in the *Gateway Policy Explorer* aims to support researchers who want to understand or use policy changes in their research and provide context for longitudinal or cross-country differences. Over the period 2023–2026 the *Gateway Policy Explorer* will be expanded to include information on retirement, long-term care, education, and other policies affecting the life cycle.

The key dimensions to the *Gateway Policy Explorer: Long-Term Care Series* are country and time. In the United States, policy is reported at the state level. We prioritize data collection for each country or state based on its first interview wave and are continuing to expand our data collection back in time to 1992, the earliest survey date in the HRS-INS.

A separate document, like this one, is developed for each country or state and each broad category of policies covered in the *Gateway Policy Explorer: Long-Term Care Series*.

Spain

In-Kind Benefits
Plan details 2007-2023 * †

The System for Autonomy and Dependency Care (Sistema para la Autonomía y Atención a la Dependencia - SAAD) was introduced in Spain as of 2007 by the “Dependency Law.” SAAD provides cash and in-kind long-term care (LTC) benefits through the Spanish Autonomous Communities (CCAA). In-kind LTC benefits include home care, semi-residential and residential care services, but also reimbursement of care-related expenses through the Economic Benefit Linked to the Service (PEVS) and the Economic Benefit for Personal Assistance (PEAP).

Eligibility comprises Spanish citizenship or equivalent status and residence in Spain. Individuals are responsible for financing their long-term care needs through their income and assets. Cash and in-kind benefits cannot be combined to finance an individual’s care needs.

Key Dates

First law: 1990

Major changes since 1992: 2006, 2012, 2023

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* If you have questions or suggestions, please contact policy@g2aging.org.

† Detailed information and definitions are provided in tables, formulas and a glossary at the end of this document. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: “Alt” + “←”; In Adobe Acrobat on a MAC: “command” + “←”; In Preview on a MAC: “command” + “[”.

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Chapter 1: Background on long-term care policy prior to 2007

Editor's Note

The Spanish Universal Long-Term Care (LTC) system was enacted in 2006 and began in 2007. Prior to 2007, LTC for the older adults in Spain was characterized by family-based care or services provided by Spanish Autonomous Communities (CAs) and municipalities based on means and need, where availability of social services and costs varied at the local level. The first wave of Spain Survey of Health Aging and Retirement in Europe (SHARE) took place in 2004, but given the difficulty of collecting local policy information from this period, this chapter deviates from the usual structure of the documents in the *Gateway Policy Explorer Series* and provides historical background on the evolution of LTC services in Spain prior to the creation of the System for Autonomy and Dependency Care (Sistema para la Autonomía y Atención a la Dependencia – SAAD). The background provided in this chapter offers important context for the creation of the SAAD LTC system and subsequent reforms.

Social services were developed in Spain after the approval of the Spanish Constitution (Costitucion Espanola - CE) and the country's complete transition to democracy in 1978. Art 148.1.20 of the CE devolved responsibility for the evolution of the social service system to the Autonomous Communities (Comunidades Autonomas – CAs) [1]. This started a process of political and administrative decentralization which saw CAs as the main actors in the development of their autonomous social service systems monitored by the National Institute of Social Services (INSERSO). The social service systems were developed by the so-called “Three Generations of Laws”:

1. The First Generation of Laws (1982-2003) is divided into 2 periods:
 - The First-Laws period (1982-1992), which provided the first legislative framework regulating the social service system in each CA.
 - The Second-Laws period (1993-2003), which included small reforms in some of the CAs' social service systems. These reforms were not seen as transformative enough to be considered a second generation of laws.
2. The Second Generation of Laws comprises the period between 2003 and 2010.
3. The Third Generation of Laws comprises the period between 2011 and 2022.

This chapter covers information about the LTC system in Spain during the First and the Second Generation of Laws until 2006. Complete information about the Spanish LTC system from 2006 is provided in Chapters 2 and 3 of this document.

The First-Laws (1982-1992) period was the period of greatest expansion of the social service systems of the various CAs.¹ To compensate for the lack of a national regulatory framework the central government constituted the so called “National Plans” to provide some general guidelines for the autonomous social service systems constitution and financing. In 1987 the central, CAs, and local government signed an agreement to develop the first National Plan: the “Concerted Plan for the Development of Basic Social Services of Local Corporations” also known as the Concerted Plan (CP). The CP promoted the creation of a network of social services provided at municipal level in each CA, the access to which was to be based on universalist principles and co-financing between the Ministry of Work and Asuntos Sociales, CAs, and municipalities [8].² In 1988, the INSERSO designed a second National Plan, launched in 1992 as “the Gerontological Plan (GP),” aimed at facing aging population-related challenges through comprehensive and coordinated actions between the central and CA's governments [2]. One of the GP's main objective was to make up for the scarcity of older adults-oriented social care services promoting community-based care provision. At the end of the First-Laws period and during the Second-Laws period (1993-2003), many CAs were prompted by the two National Plans to reform their social service systems, re-orienting the systems towards older adults and their care needs [2].

In 1998, the IMSERSO devolved the management of all of its residential care services to the CAs, leaving as the only state's responsibility the management of cooperation between CAs, municipalities, and NGOs.³

In 1999, the Action Plan for the Elderly (Plan de Acción para las Personas Mayores – PAPM) was launched, aiming to continue the GP action through the 2000-2005 period. This plan introduced great innovations concerning provision of care services for older adults, including the provision of assistance in dependency situations and greater support for caregivers, the harmonization of aging-related policies, coordination between social and health services, and promotion of care within the community and family environment [2].

As of 2002, the social service systems for older adults' care provision were structured as follows: The systems are financed by the central, CAs, and local administration, through general taxes, subsidies, and user contributions; however, there are no specific rules

¹ The laws for each autonomous community which constitute the First-Laws period are as follows: Andalucía: Law 2/1988 of April 4, Aragón: Law 4/1987 of March 25, Asturias: Law 5/1987 of April 11, Baleares: Law 9/1987 of February 11, Canarias: Law 9/1987 of April 28, Cantabria: Law 5/1992 of May 27, Catalonia: Law 26/1985, of December 27 and Decree 17/1994 of November 16, Castilla la Mancha: Law 3/1986, of April 16, Castilla y León: Law 18/1988 of December 28, Comunidad Valenciana: Law 5/1989 of July 6, Extremadura: Law 7/1987 of April 23, Galicia: Law 9/1987 of May 28, La Rioja: Law 2/1990 of May 10, Madrid: Law 11/1984 of June, Murcia: Law 8/1985 of December 9, Navarra: Foral Law 4/1983 of March 30 and País Vasco: Law 6/1982 of March 20

² This plan did not include Basque Country, Navarra, Ceuta and Melilla

³ As of 1997 INSERSO was renamed IMSERSO

determining the share of financing that each administration must contribute. In general, older adults could access social services in two main ways: either upon individual's own initiative, or after a period of hospitalization [2]. Eligibility for social services comprised Spanish nationality and residence and required both determined need and means-testing. Age requirements vary across CAs as follows:

- Age 60 or older in Andalucía, Baleares, Canarias, Cantabria, Castilla-La Mancha, Comunidad Valenciana, Murcia, La Rioja, Álava, Guipúzcoa, Ceuta y Melilla
- Age 65 or older in Aragón, Asturias, Castilla y León, Cataluña, Extremadura, Galicia, Madrid, Navarra y Vizcaya
- Age 50 or older in every CA if disabled

Social services were subject to copayments. Copayment rates were based on both beneficiaries' income and assets and out-of-pocket payments for home care services were estimated to be 5% of the total cost, 25% for day care and 75% for nursing homes [9].

The care assessment was conducted by social workers contacted through the Social Services Centers located in applicants' municipality of residence. As of 1995, many CAs (with the exception of País Vasco and Catalonia) adopted an evaluating scale created by the IMSERSO in 1986 to access residential care services [2, 4]. Evaluating criteria included health assessment, degree of dependency, family situation, income and housing conditions [2]. Access to home care services was regulated by municipalities and varied greatly among CAs [3].

Social services are structured according to the type of care provided:

- Primary Care Services (also called community, general or basic care services), include information and advice, social cooperation, home care, telecare and social integration. These services are generally free of charge.
- Specialized Care Services aim to provide social care services specific to older adults and people with disabilities. Specialized Care Services include day and night care and residential care services. These services generally require a contribution from the users.

Home care services include home help services (Servicio de ayuda a domicilio – SAD) and Telecare services (Teleasistencia).

Semi-residential care services include [12]:

- Day care centers (Centros de día), which can be:
 - Day care centers to provide care to people not able to perform ADLs alone
 - Day care centers for elderly (Centros de día para mayores), providing comprehensive care to elderly
 - Day care centers for people preserving a certain level of autonomy in performing ADLs
- Short-term care in residential care facilities (Centros residenciales)

Residential care services consisted of [12]:

- Residential homes for people who preserve a certain level of autonomy in performing ADLs
- Nursing homes for people needing a third party to perform ADLs

Additional services such as reimbursement of technical aids and benefits for house renovation, can be provided autonomously by each CA.

In general, social care services are provided by the public and the private sector, through for-profit and non-profit organizations. In the public sector, the CA and municipalities are responsible for service provision through their Social Service Network (Red de Servicios Sociales).

The *Home Care Service* (Servicio de Ayuda a Domicilio - SAD) is integrated into primary care services and provided by the municipalities, who are responsible to set eligibility conditions, user's copayment and remuneration of providers. The development of formal home care services is one of the main pillars of the Spanish LTC system given the traditional family-based care provision as the major source of informal home care provision. SAD is managed by municipalities and financed approximately 50% by municipalities, 30% by CA, and 20% by the state. In Andalusia, Aragon, the Canary Islands, Castilla León, Galicia and La Rioja direct management of social care services is combined with the concerted management and/or with the private sector. Social care services are directly managed in Asturias, Madrid, Murcia and Melilla.

From 1990, the demand for SAD has significantly increased. In 1990, the number of people over 65 receiving home help services was 0.48% which increased to 2% in 1997 and reached the 3.20% in 1999 [11]. The highest levels of coverage are found in the Basque Country, Castilla la Mancha, Extremadura, and Navarra, while the lowest levels of coverage are in Catalonia, Galicia, Valencia, and Murcia. SAD provision varies greatly by region, e.g., from 7.4% of people over 65 in Extremadura, to 1.7% in Valencia [3].

Semi-residential care services include day and night care as well as short-term care services provided in day care centers (DCC). DCC are classified as public, private under contract with the public sector, and private. They are generally considered as a complementary service to residential care and are used as a temporary solution for people waiting for accommodation in nursing homes. As of 2005, 0.3% of individuals over 65 were receiving care in DDC. Semi-residential care coverage was heterogeneous across regions in Spain, with 43% provided in Catalonia and Extremadura and only 19% in the Balearics [3, 12].

Residential care services are managed by the CAs, and are mainly provided by private actors: despite the development of public nursing homes, the percentage of people attended to in private facilities (both for-profit and non-profit) increased from 73% in 1999 to 80% in 2004 [3]. As of 1982, there were 925 residential care facilities. 239 of these were public institutions provided by three administrations: 157 by Municipalities (16.98%), 20 by Social Security (21.6%) and 20 by the central government (21.6%). CAs with the lowest level of coverage included Balearic Islands, Galicia and Murcia, while the highest coverage areas included Castilla León, La Rioja, Navarra and Aragón.

The social care service infrastructure detailed in this chapter was the foundation for the launch of the System for Autonomy and Dependency Care (Sistema para la Autonomía y Atención a la Dependencia – SAAD) in 2007.

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Chapter 2: Policy enacted 2007-2011

Policy change in 2007

LAPAD, also known as Dependency Law (*Ley de Dependencia 39/2006*), enacted on December 14, 2006 and effective from January 1, 2007, introduced the System for Autonomy and Dependency Care (Sistema para la Autonomía y Atención a la Dependencia - *SAAD*), which is considered the fourth pillar of the Spanish welfare system. SAAD provided universal access to Long-Term Care (LTC) benefits to all people requiring support in performing activities of daily living (*ADLs*).

SAAD was created with the following key objectives:

- To guarantee universal access to LTC benefits
- To regulate care provision for dependent people
- To provide care through a comprehensive and integrated system with the inter-administrative cooperation of social and health care services of the central government, the Autonomous Communities (Comunidades Autonomas - *CA*), and local entities

In order to accomplish these objectives, the reform provided a clear definition of LTC benefits eligibility, types of services and system financing. Additionally the law defined levels of dependence and regulated a standardized care assessment process to determine the needs of LTC applicants.

Provision of in-kind LTC benefits in Spain has not been subject to major reforms since 2007, rather to a sequence of laws and amendments of State's and *CAs*' legislation. Laws included in this document are considered the principal legislative fundaments of the evolution of the system.

Other reforms during this period include:

- *RDL 8/2010*, of May 20, eliminating the retroactivity of LTC benefits

Overview

Long-term Care (LTC) benefits are provided in Spain through the System for Promotion of Personal Autonomy and Assistance for Persons in Situation of Dependence (*Sistema para la Autonomía y Atención a la Dependencia* - *SAAD*) introduced in 2007 with the *Dependency Law 39/2006* of December 14, also called *LAPAD*.

SAAD is financed by general tax-revenues of the central government and Autonomous Communities (*CAs*) and users' out-of-pocket expenses.

Eligibility to receive LTC benefits is based on the level of care a person needs in performing activities of daily living (*ADLs*). Eligibility for LTC benefits also required beneficiaries' residence in Spain for at least 5 years, two of which must immediately precede the benefits' date of claim.

The care assessment process is carried out directly by the public administrations of each of the *CAs* through an *Equipe* (*Equipo de Valoración* - *EDV*), a team which includes professionals from the social and health sector along with doctors and psychologists. Dependence evaluation is performed at applicants' residence and is carried out through a resolution issued by the *CA's* Administration. Applicants can be classified into one out of three dependence levels called *Degrees* (*Grados*). Degree I indicates the lowest level of care needed and Degree III indicates the highest and most intensive level of care.

This chapter provides policy details on in-kind benefits provided by *SAAD*: dependent people can receive telecare, home, semi-residential, short-term and residential care services. Beneficiaries are also entitled to service reimbursement if in-kind benefits cannot be provided. There are two types of reimbursement benefits: the Economic Benefit for Personal Assistance (*Prestación Económica de Asistencia Personal* - *PEAP*) and the Economic Benefit linked to a Service (*Prestación Económica Vinculada al Servicio* - *PEVS*). *PEAP* is intended to reimburse personal care while *PEVS* aims to reimburse the acquisition of home, semi-residential and residential care services.

Statutory basis

Ley 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia
 - *LAPAD* - *Law 39/2006*, of December 14, on the Promotion of Personal Autonomy and Care for people in situations of dependency
 - *LAPAD*

Financing

Source of financing

The System for Promotion of Personal Autonomy and Assistance for Persons in Situation of Dependence (**SAAD**) is financed by general tax-revenues of the central and Autonomous Communities (**CAs**)' governments and user's out-of-pocket expenses.

Public Funding

The Dependency Law (**LAPAD**) defined three levels of care coverage (**Niveles de Protección del Sistema - NPS**) in the **SAAD**:

1. The Minimum Level (*Nivel Mínimo - NM*), which includes provision of basic care benefits and services exclusively financed by the General Administration of the State (*Administración General del Estado*)
2. The Supplementary Agreed Level (*Nivel Acordado - NA*), which includes provision of benefits and services financed by the General Administration of the State and of the CAs through legal agreements
3. The Additional Level (*Nivel Adicional - NAL*), which includes provision of benefits and services independently financed by the CAs

The Minimum Level is tax financed by the central government which transfers part of the funds to the CAs according to the number of dependent persons living in each CA (weighting 90% in the final calculation) and the number of dependent persons receiving social care services in each CA (weighting 10% in the final calculation). The share of funds to be transferred to the CAs is provided every year in the [General State Budget Law](#).^[1]

The Supplementary Agreed Level is financed from general tax-revenues of the central government and those of the CAs. The share of financing is provided in agreements (*convenio*) signed between the General State and each CA's Administration. These agreements may be annual or multi-annual, and include budget distributive criteria according to the dependent population, geographical dispersion, insularity, returned emigrants and other factors. In general, CAs' contributions are at least equal to that provided by the central government. As a fact, the central government provides funds to CAs to develop the Minimum Level of coverage, whereas both the central and CAs' governments contribute equally towards the remaining cost.

The Additional Level is financed by general tax-revenues of the CA providing the additional benefits.

Beneficiaries' contributions

Individual's contribution (*copago*) is determined according to the dependent person's economic capacity, including income and assets, as well as the cost and nature of the care service provided. LAPAD also provides that no citizen can be excluded from receipt of LTC benefits due to lack of economic resources. In this regard, the national legislation does not provide any further information.

As of 2009, SAAD was financed 59% by the General State Administration, 24% by CA and 17% by beneficiaries' contributions.

Coverage

This section discusses the scope of risks covered and the requirements to be eligible for benefits when the need for care arises. Dependence requirements are discussed in the later section on *Benefit Eligibility*.

Risk covered definition

The LTC system covers care needs related to limitations in activities of daily living (**ADL**).

Eligible population

Eligibility criteria for LTC in-kind benefits include:

- Spanish nationality
- Residence in Spain, including immigrants who are entitled by:
 - Law for social integration ([Ley Organica 4/2000](#))
 - International law or agreements

Benefit

Home care benefit

Home care services include:

- Home Help Service (Servicio de Ayuda a domicilio - [SAD](#)) related to personal and household care
- Economic Benefit Linked to the Service (Prestacion Economica Vinculada al Servicio - [PEVS](#)), to reimburse home help services if [SAD](#) cannot be provided
- Economic Benefit for Personal Assistance (Prestacion Economica de Asistencia Personal - [PEAP](#)), to reimburse care expenses incurred by people to support their autonomous life and [ADLs](#) performance

Home Help Service (Servicio de Ayuda a Domicilio - [SAD](#)):

[SAD](#) comprises:

- Care services related to household needs (atención de las necesidades del hogar - [ANH](#)), i.e., services related to household chores activities such as cleaning, washing, cooking
- Personal care services (cuidados personales - [CP](#)), i.e., services related to performance of the [ADLs](#). In [LAPAD](#), [ADLs](#) are called Basic Activities of Daily Living (Actividades Básicas de la Vida Diaria - [ABVD](#)), and defined as the most elementary tasks whose performance guarantees a minimum level of autonomy and independence, such as: personal care, basic domestic activities, essential mobility, recognizing people and objects, find their way around, understand and carry out simple commands or tasks.

[SAD](#) beneficiaries can receive [ANH](#) and [CP](#) jointly or independently according to their level of care needs.

[SAD](#) coverage as of 2007 is provided in [Table 1](#).

Economic Benefit Linked to the Service (Prestacion Economica Vinculada al Servicio - [PEVS](#)):

The individual's amount of [PEVS](#) is calculated according to beneficiaries' economic capacity and the type of service provided. As of 2007, there is no national legislation providing a standard computational formula, and each [CA](#) is responsible to provide their own

[PEVS](#) calculation:

- Andalusia, Aragon, Canarias, Castilla -La Mancha, Galicia, Ceuta and Melilla ([Formula 1](#))
- Asturias ([Formula 2](#), which changed to [Formula 3](#) as of 2009)
- Baleares ([Formula 4](#))
- Cantabria ([Formula 5](#))
- Castilla y Leon ([Formula 6](#))
- Castilla La Mancha ([Formula 7](#))
- Catalonia ([Formula 8](#), which changed to [Formula 9](#) as of September 2010)
- Comunidad Valenciana ([Formula 10](#))
- Extremadura ([Formula 11](#))
- La Rioja ([Formula 12](#))
- Madrid ([Formula 7](#))
- Murcia ([Formula 13](#))
- Navarra ([Table 2](#))
- Pais Vasco:
 - Alava ([Table 3](#))
 - Guizpuoka ([Formula 14](#))

As of 2007, [PEVS](#) monthly amounts set by the national law are ([Table 4](#)):

- Degree III, Level 2: 780€
- Degree III, Level 1: 585€

Economic Benefit for Personal Assistance (Prestacion Economica de Asistencia Personal - [PEAP](#)):

From 2007 until 2012, [PEAP](#) is available only for people certified as Degree III Levels 1 or 2. People classified with lower degrees of dependence are excluded from the program.

The individual's amount of [PEAP](#) is calculated according to beneficiaries' economic capacity and the type of service provided. As of 2007, there is no national legislation providing a standard computational formula, and each [CA](#) is responsible to provide [PEAP](#) calculation as follows:

- Andalusia, Aragon, Canarias, Castilla La Mancha, Galicia, Ceuta and Melilla ([Formula 1](#))
- Asturias ([Formula 2](#), which changed to [Formula 3](#) as of 2009)

- Baleares ([Formula 4](#))
- Cantabria ([Formula 5](#))
- Castilla La Mancha ([Formula 7](#))
- Castilla y Leon ([Formula 6](#))
- Catalonia ([Formula 8](#), which changed to [Formula 15](#) as of September 2010)
- Comunidad Valenciana ([Formula 10](#), which changed to [Formula 16](#) as of 2011)
- Extremadura ([Formula 11](#))
- La Rioja ([Formula 12](#))
- Madrid ([Formula 7](#) - this formula was adopted by Castilla La Mancha as of 2010)
- Murcia ([Formula 13](#))
- Navarra ([Table 5](#))
- Pais Vasco:
 - Guizpuoka ([Formula 14](#))

As of 2007, [PEAP](#) monthly amounts set by the national law are ([Table 4](#)):

- Degree III, Level 2: 780€ per month
- Degree III, Level 1: 585€ per month

Semi-residential care

Semi-residential care services include:

- Day and night care, through the Day and Night Center Service (Servicio de Centro de Día y de Noche - [SCDN](#))
 - Day Center for the elderly (Centro de Día Para Mayores - [CDPM](#))
 - Day Center for those under 65 years of age (Centro de Día para Menores de 65 años - [CDPME](#))
 - Day Center for specialized care (Centro de Día de Atención Especializada - [CDAE](#))
 - Night Center (Centro de Noche - [CN](#))
- Short-term care services (Servicios de Estancia Temporal - [STC](#)) in residential facilities

[PEVS](#) can be used to reimburse day and night care expenses. Reference for [PEVS](#) computational formulas across [CAs](#) are provided in the Home Care Benefit section.

Residential care

Residential care services (Servicio de Atención Residencial - [SAR](#)) include:

- Residence for older adults in a situation of dependency (Residencia de Personas Mayores en Situación de Dependencia - [RPMSD](#))
- Care Center for People in Situations of Dependency, due to the different types of disability (Centro de Atención a Personas en Situación de Dependencia, en Razón de los Distintos Tipos de Discapacidad - [CAPSD](#))

[PEVS](#) can be used to reimburse short-term and residential care expenses. Reference for [PEVS](#) computational formula for these type of service can be found in the Home Care Benefit section, except for Catalonia. Computational formula for [PEVS](#) applied to residential care in Catalonia is provided by [Formula 17](#).

Other benefits

Other in-kind LTC in-kind benefits include:

- Subsidies for technical aids and home renovation
- Services for the Promotion of Personal Autonomy and Prevention of Dependence (Servicios de Promoción de la Autonomía Personal y Prevención de las Situaciones de dependencia - [SPAPPSD](#))
- Telecare Service (Servicio de Teleasistencia - [TA](#))

Services for the Promotion of Personal Autonomy and Prevention of Dependence - [SPAPPSD](#):

[SPAPPSD](#) main purpose is to prevent the insurgence or aggravation of dependency condition through provision of social and health care services. [CAs](#) are responsible for [SPAPPSD](#) management and regulation, which should be in agreement with the criteria, recommendations and minimum conditions set by the Territorial Council of the System for Autonomy and Dependency Care ([TCSAAD](#)). As of 2011, only the [CAs](#) of Baleares, Catalonia, Galicia and Murcia have developed [SPAPPSD](#) infrastructure. [SPAPPSD](#) would be completely integrated in the [CAs](#) LTC service catalogue only as of 2014, except for Cantabria, Castilla La Mancha, Madrid and La Rioja.

[SPAPPSD](#)'s objective is to support [ADLs](#) performance through:

- Rehabilitation programs

- Early intervention to prevent insurgence of dependency condition
- Cognitive stimulation
- Promotion, maintenance and restoration of functional autonomy
- Psychosocial rehabilitation for persons with intellectual or psychological impairments
- Individual support and provision of care in special facilities (assisted living)

SPAPPSD intensity is provided in the PIA according to the beneficiary's level of dependence.

Telecare Service (Servicio de Teleasistencia - TA):

TA provides assistance to beneficiaries through the use of communication and information technologies, in immediate response to emergency situations, situations of insecurity, loneliness and isolation. It can be an independent or complementary service to the SAD, and it is incompatible with residential care services. It can be free or subject to copayment according to each CA regulation.

Provision of care

In-kind LTC benefits are provided by the public and the private sector, through for-profit and non-profit organizations. In the public sector, the Autonomous Communities (CAs), their provinces, and municipalities are responsible for in-kind LTC provision which happens under the social service framework through their Social Service Network (Red de Servicios Sociales - RSS). The RSS integrates and coordinates public and private providers. Private providers are chartered private centres (concertados). Unchartered private centres must obtain an accreditation from the Territorial Council of Social Services and the System for Autonomy and Dependency Care (TCSAAD) for service provision to dependent persons. TCSAAD sets the criteria for centers' accreditation and quality plans in the System for Autonomy and Dependency Care (SAAD).

Benefit eligibility

Qualifying period

Beneficiaries must have resided in Spain for at least 5 years, two of which must immediately precede the benefits' date of claim.

Minimum level of dependence

The Dependency Law (LAPAD) defines three categories of dependence, called Degrees (Grados):

- Degree I (Moderate dependence)
- Degree II (Severe dependence)
- Degree III (Great dependence)

Each degree is divided into 2 Levels (niveles), depending on the intensity of care needed and the person's level of autonomy. Level 1 includes cases in which individuals can perform the activities without the direct support of a third party, while Level 2 refers to cases in which some type of specific support is required from a third party.

Although three degrees of dependence were defined by the law, as of 2007, there was only one category of dependence which qualified people for LTC benefits. This category of dependence is equivalent to Degree III, Level 1 in which the person needs help carrying out activities of daily living (ADLs) several times a day and, due to their total loss of physical, mental, intellectual or sensory autonomy, they need the indispensable and continuous support of another person or have needs for comprehensive support for their personal autonomy.

Over the following years, the threshold of dependence qualifying for in-kind benefits was lowered. During the years 2008 and 2010, Degree II Levels 1 and 2 were introduced and became the minimum level of dependence. At this level of dependence, persons need help to carry out several basic activities of daily living two or three times a day, but do not want permanent support of a caregiver or extensive support needs for personal autonomy.

For more information about the planned implementation schedule for recognized degrees of dependence, see Box 1. For further information on the timeline of actual implementation for the recognized degrees of dependence, see Table 6.

Duration of benefit

Benefits have an unlimited duration as long as eligibility conditions are satisfied.

Means testing

SAAD benefits including home care, semi-residential care, residential care, Services for the Promotion of Personal Autonomy and Prevention of Dependence (SPAPPSD) and telecare (TA) are means tested. Means testing conditions and applications for SPAPPSD and TA vary across Autonomous Communities (CAs)

Age requirement

There are no age requirements.

Care needs assessment

Definition of dependence

The Dependency Law ([LAPAD](#)) defines dependency as “the permanent state in which people need care from a third party to perform the basic activities of daily living (*Actividades Básicas de la Vida Diaria* - [ABVD](#)), due to age, illness or disability which are related to the lack or loss of physical, mental, intellectual or sensorial autonomy”.

There are 3 levels of dependence called Degrees ([Grados](#)) in which a person can be classified:

- Degree I (Moderate Dependence), when the person needs help to carry out several basic activities of daily living, at least once a day, or has intermittent or limited support needs for personal autonomy
- Degree II (Severe Dependence), when the person needs help to carry out several basic activities of daily living two or three times a day, but does not want the permanent support of a caregiver, or has extensive support needs for personal autonomy
- Degree III (Great Dependence), when the person needs help to carry out several basic activities of daily living several times a day and, due to their total loss of physical, mental, intellectual or sensory autonomy, they need the indispensable and continuous support of another person or have needs for widespread support for their personal autonomy

Each degree includes 2 levels (*niveles*) of dependency according to the intensity of care required and the person's degree of autonomy. According to LAPAD, autonomy is the individual's ability to control, cope with and make decisions about their own life according to their own preferences and performance of [ADLs](#). Level 1 includes cases in which individuals who perform ADLs without the direct help of a third party, whereas Level 2 refers to cases in which the dependent individual needs some type of specific help from another person.

For information about the planned implementation schedule for recognized degrees of dependence, see [Box 1](#). For information on the timeline of actual implementation for the recognized degrees of dependence, see [Table 6](#).

Evaluation of dependence

Dependent persons need to submit application for LTC in-kind benefits to the public administration of their Autonomous Community ([CA](#)) of residence. According to Royal Decree [504/2007](#), care assessment follows a uniform set of guidelines provided by the central government in agreement with the [TCSAAD](#). Dependence is evaluated using an assessment scale adopted by the World Health Organization for the International Classification of Functioning, Disability and Health (ICF). The scale in the Spanish legislation is called Scale for Dependence Evaluation (*Baremo de valoración de dependencia* - [BVD](#)). This scale provides the objective criteria to evaluate individual's degree of autonomy and ability to perform activities of daily living ([ADLs](#)), the scoring intervals for each degree and level of dependence, and evaluating procedures and techniques. BVD consists of:

- Ten evaluating activities (eating and drinking, control of physical needs, bathing, other personal tasks, dressing, maintaining health, maintaining health 2, moving inside home, moving outside home, housekeeping), each assigned a specific weight.
- A set of specific tasks related to each activity. Each task is assigned an evaluating coefficient.

The list of activities and tasks, along with their weights and evaluating coefficients are provided in [Table 7](#) and [Table 8](#).

Different degrees of autonomy are identified for each task and the level of support required for each degree of autonomy can be:

- Special Assistance, in which the individual has behavioural disorders that prevent the provision of the task by a third party
- Maximum Physical Assistance, when a third party needs to substitute the dependent individual in performing the activity
- Partial Physical Assistance, when a third party has to actively participate in performing the activity
- Supervision, when the dependent person only needs a third party to prepare the necessary elements to perform the activity

An evaluating coefficient is attached to each of these four degrees of autonomy (1, 0.95, 0.9 and 0.9 respectively). These support coefficients are multiplied to the coefficient of the task in which the limitations is experienced. For instance, if an individual needs maximum physical assistance in the washing hands task, they are assigned a score of 0.2×0.95 within the Bathing activity. This calculation is computed for each task. The final score is the sum of the tasks' weights multiplied by the support coefficients multiplied by the activity's weight. The applicant's level of care (Degree) is determined by their final score falling within the following ranges:

- Degree II, Level 1: from 50 to 64 points
- Degree II, Level 2: from 65 to 74 points
- Degree III, Level 1: from 75 to 89 points
- Degree III, Level 2: from 90 to 100 points

The CA determines the bodies to evaluate dependence which must be approved by the TCSAAD. The assessment of needs, the prescription of assistance and the management of the care allowances are carried out directly by the public administrations of each of the CAs. The assessment is conducted at the applicant's residence and takes into consideration the individual's health reports, including technical aids, orthoses and prostheses and the living environment.

Once the assessment-of-need procedure is complete, the dependent person is provided an Individual Care Programme (Programma Individual de Asistencia - [PIA](#)) which includes the level of formal care and benefit the beneficiary is entitled according to their level of dependence. In the case in which the beneficiary is attended by an informal caregiver and adequate conditions for co-residence of the caregiver are satisfied, beneficiaries can be offered the LTC Cash Benefit for Care in the Family Environment (Prestacion Economica por Cuidado en el Entorno Familiar - [PECEF](#)).

The individual care program can be reviewed:

- At the request of the interested party and their legal representatives
- Ex officio, according CAs regulations
- Due to the change of residence to another CA

The degree or level of dependency can be reviewed, at the request of the interested party, their representatives or ex officio by the competent Public Administrations, for any of the following reasons:

- Improvement or worsening of the dependency situation
- Diagnostic error or error in the application of the BVD

Benefits may be modified or terminated if there is a change in any of the requirements established for their eligibility, or due to non-compliance with the obligations regulated in the Dependency Law ([LAPAD](#)).

Although each CA has adopted the BVD, they are entitled to implement a different care assessment. This document only include the scale provided by the national legislation.

Evaluators

Dependency evaluation is performed at applicants' residence and is carried out through an Equipe (Equipo de Valoracion - [EDV](#)), a team which includes professionals from the social and health sector along with doctors and psychologists providing a resolution issued by Autonomous Communities ([CAs](#))' administration and valid throughout the territory of the State.

Benefit limitations

Can you mix LTC benefits?

Combination of cash and in-kind benefits

Cash and in-kind benefits cannot be combined.

Combination of in-kind benefits

Beneficiaries can receive a combination of LTC in-kind benefits as prescribed into their Individual Care Programme ([PIA](#)). The [727/2007](#) Law provides that permanent residential care ([SAR](#)) is incompatible with telecare ([TA](#)), home care ([SAD](#)), and services provided in Night Care Centers.

Is there free choice between cash and benefits in-kind?

No^[2]

Can you receive LTC benefits with other social security benefits?

It is possible to receive in-kind LTC benefits long with other welfare benefits.

[PEAP](#) and [PEVS](#) amounts are reduced if beneficiaries are also claiming:

- The complement for severe disability regulated in article 139.4 of the General Law of Social Security, Consolidated Text approved by Royal Legislative Decree 1/1994, of June 20
- The complement of the economic allowance per dependent child over 18 years of age with a degree of disability equal to or greater than 75
- The need of another person for the non-contributory disability pension
- The third party assistance subsidy of Law 13/1982, of April 7, Social Integration of the Disabled ([LISMI](#))

User costs

User charges

User charges for [SAAD](#) benefits vary by program and may vary by Autonomous Community ([CA](#)). Details for each program are provided below.

Copayment for [SAD](#), [SCDN](#) and [SAR](#) (including [STC](#)) services are regulated by:

- Art. 33 [LAPAD](#), providing the individual's economic capacity, the service costs and type of benefit as general criteria for copayment calculation. It also indicate TCSAAD as responsible to provide a more specific framework for copayment determination
- Art 13.2 of RD 727/2007, providing that copayment's amount is derived applying a reduction coefficient to the maximum level of benefits' coverage. The reduction coefficient should vary according to beneficiaries' economic capacity
- CAs' legislation, providing copayment formulas and applicable rates. Indeed, until 2012, there is no national legislation providing formulas and copayment rates. As a result, as of 2007 [CAs](#) developed many different copayment models mostly characterized by a broad regulation for service reimbursement through [PEVS](#) and [PEAP](#), and a minimal applicable to [SAD](#), semi- and residential care services, for which most CAs continued to apply the copayment regime existing before [SAAD](#). TCSAAD provided an agreement on this matter, known as the [Resolution of December 2, 2008](#), by which individuals who, upon the entry into force of new [CAs](#) ' regulation for care service copayment, were already receiving formal care or service reimbursement, can keep their current copayment regime unless the new regulation resulted to be more generous or specifically regulates their situation.

The [Resolution of December 2, 2008](#) also provides that beneficiaries whose economic capacity is less than the Public Indicator of Multiple Effect Income (Indicador Publico de Renta de Efectos Múltiples - [IPREM](#)) are exempted from service costs except for residential care services. [IPREM](#) monthly amount from 2004 on are displayed in [Table 9](#).

Beneficiaries' economic capacity is derived according to individual's income and assets. Beneficiaries' income include income derived from work, capital as well as individual's and spouses' pension. To derive the individual's income resources are increased by 5% of their assets' value for people aged 65 years or older, by 3% for those aged 35 to 65 and by 1% for those under 3.

The beneficiary's assets include assets and rights of economic content owned by the individual, net of personal debts and obligations.

All [CAs](#) adopted [IPREM](#) as reference for beneficiaries' economic capacity calculation except for Catalonia and Pais Vasco. Catalonia also adopted the Income Sufficiency Indicator of Catalonia (Indicador de Renta Suficiente de Catalunya - [IRSC](#)) while Pais Vasco adopted the Minimum Interprofessional Income (Salario Mínimo Interprofesional - [SMI](#)). [IRSC](#) monthly amounts from 2006 on are provided in [Table 10](#), while [SMI](#) monthly amounts from 2003 on are provided in [Table 11](#).

This definition of individual's economic capacity is also applied to [PEVS](#) and [PEAP](#) calculation.

Given that regulation for copayment of home, semi- and residential care services was still under development and given the potential great regional variation characterizing [CAs](#) ' copayment regimes, we were able to collect information about computational formulas for Andalusia, Asturias, Cantabria, Cataluna, Galicia, La Rioja, Murcia and Navarra. Relevant information are included in the following tables and formulas:

SPAPPSD:

- Cataluna: [Table 12](#) and [Table 13](#) are used to compute copayment rate for Services for the Promotion of Personal Autonomy. We were not able to collect information about copayment rate for services related to prevention of dependence
- Galicia: Free for all the people in situation of dependence

TA:

- Cataluna: Copayment rate are set by municipalities
- Galicia: [Table 14](#)
- La Rioja: Regulation does not provide copayment or public prices
- Murcia: Free for all the people in situation of dependence
- Navarra: The legislation provides that beneficiaries need to participate in the cost of the service but does not provide any further indication

SAD:

- Andalusia ([Table 15](#))
- Asturias ([Table 16](#))
- Cantabria:
 - As of 2007 ([Table 17](#))
 - As of 2008 ([Table 18](#))
 - As of 2009 ([Table 19](#))
- Catalonia: Not yet regulated
- Galicia ([Table 14](#))
- La Rioja: Copayment rates are set by municipalities
- Murcia ([Formula 18](#))
- Navarra: Copayment rates are set by municipalities

SCDN:

In general beneficiaries pay between 10% (as minimum) and 65% (as maximum) of their income

- Andalusia:
 - Full-time Day Care: 25% of individual's income
 - Full-time Day Care without dining room or transportation: 15% of individual's income
 - Part-time Day Care with and without transportation: 25% of individual's income
 - There are special circumstances:
 - * If day care services are combined with temporary short-term care in residential facilities, a 75% of copayment is applied to their short-term stay
 - * If multiple individuals of the same household receive day care copayment rate for the member who received care in first place are the one provided above; Copayment rate for the member who received care in second place are half (50%) of the one provided above; Copayment rate for the member who received care in third place are (25%) of the one provided above. No copayment is applied if 4 or more people in the same household receive day care
 - * If day care centers are closed for vacation, beneficiaries are not subject to any contribution to finance their place
- Asturias ([Table 16](#))
- Cantabria:
 - As of 2007 ([Table 17](#))
 - As of 2008 ([Table 18](#))
 - As of 2009 ([Table 19](#))
- Catalonia ([Table 12](#) and [Table 13](#))
- Galicia ([Table 14](#))
- La Rioja ([Formula 19](#))
- Murcia ([Formula 20](#))
- Navarra:
 - As of 2008: Copayment rates are set by municipalities
 - As of 2011: 50% of individual's income

STC and SAR:

In general beneficiaries pay between 70% (as minimum) and 90% (as maximum) of their income and keep at least 60 € as pocket money

- Andalusia: 75% of individual's income
- Asturias ([Table 16](#))
- Cantabria:
 - As of 2007 ([Table 17](#))
 - As of 2008 ([Table 18](#))
 - As of 2009 ([Table 19](#))
- Catalonia ([Table 12](#) and [Table 13](#))
- Galicia ([Table 14](#))
- La Rioja ([Formula 19](#))
- Murcia ([Table 20](#))
- Navarra:
 - AS of 2008: Copayment rates are set by municipalities
 - AS of 2011: 90% of individual's income

PEVS and PEAP:

PEVS and **PEAP** individual's amount depends on beneficiaries' economic capacity in relation to the IPREM:

- If the beneficiary's economic capacity is equal to or less than the IPREM, beneficiaries receive the full **PEVS** or **PEAP** amount provided each year by the national legislation
- If the economic capacity is higher than the IPREM, **CAs** can apply reduction rates, which in no case can result in **PEVS** and **PEAP** amounts less than 40% of **PEVS** and **PEAP** and 75% of the LTC cash benefit for care in the family environment (PECEF) amounts provided annually by the national legislation.

If **PEAP** or **PEVS** beneficiaries receive other benefits of a similar nature, the amount of these other benefits is deducted from **PEAP** or **PEVS**.

There are no direct user charges for **PEAP** and **PEVS** benefit. The allowances for these benefits are reduced based on beneficiaries' economic capacity and level of dependence (see "Benefits" section for details).

It should be noted that, because the copayment process was determined to be approved by lower-ranking regulation than it should have been (via agreement rather than by royal decree), the copayment system was suspended for almost two years. The [Ruling of February 25, 2011](#), of the Contentious-Administrative Chamber of the National Court (Third Section) partially annulled the Territorial Council Agreement of November 27, 2008, on the determination of the beneficiary's economic capacity and on the criteria for the beneficiary's economic participation in the SAAD benefits. The copayment system resumed under new copayment rules approved by Royal Decree 20/2012, of July 13.

Taxation of benefits

In-kind LTC benefits are not subject to taxation ([Ley 35/2006](#)).

Chapter 3: Policy enacted 2012-2022

Policy change in 2012

The [20/2012 Law](#), enacted on July 13, 2012 and effective from July 14, 2012, constituted a major cut in the generosity of long-term care benefits. The changes implemented in this law were the result of the Spanish government's response to the financial crisis during this period. The measures taken aimed to maintain the economic sustainability of the System for Autonomy and Dependency Care (SAAD) while cutting spending of public administrations. The 20/2012 Law made the following major changes:

1. Merging of the Territorial Council of the SAAD and the Sectorial Conference on Social Affairs into a single body named the Territorial Council of Social Services and the System for Autonomy and Dependency Care (TCSSAAD) to simplify the coordination and to strengthen the harmonization between the General State and Autonomous Communities (CAs)' Administration
2. Adjusting three levels of financing: the State minimum, the Supplementary agreed level with the CAs, and beneficiaries' contribution
3. Delaying recognition of Moderate Dependency level category until July 2015
4. Defining a unique care assessment process for dependence evaluation (valoracion de dependencia)
5. Decreasing benefits (amount and hours)
6. Confirming elimination of benefits retroactivity

Other reforms in this period include:

- Royal Decree [1050/2013](#), of December 27, which regulates the minimum level of protection established in Law [39/2006](#)

Overview

Long-term Care (LTC) benefits are provided in Spain through the System for Promotion of Personal Autonomy and Assistance for Persons in Situation of Dependence (*Sistema para la Autonomia y Atencion a la Dependencia* - SAAD) introduced in 2007 with the [Dependency Law 39/2006](#) of December 14, also called LAPAD.

SAAD is financed by general tax-revenues of the central government and Autonomous Communities (CAs) and users' out-of-pocket expenses.

Eligibility to receive LTC benefits is based on the level of care a person needs in performing activities of daily living (ADLs). Eligibility for LTC benefits also required beneficiaries' residence in Spain for at least 5 years, two of which must immediately precede the benefits' date of claim.

The care assessment process is carried out directly by the public administrations of each of the CAs through an Equipe (Equipo de Valoracion - EDV), a team which includes professionals from the social and health sector along with doctors and psychologists. Dependence evaluation is performed at applicants' residence and is carried out through a resolution issued by the CA's Administration. Applicants can be classified into one out of three dependence levels called Degrees (*Grados*). Degree I indicates the lowest level of care needed and Degree III indicates the highest and most intensive level of care.

This chapter provides policy details on in-kind benefits provided by SAAD: dependent people can receive telecare, home, semi-residential, short-term and residential care services. Beneficiaries are also entitled to service reimbursement if in-kind benefits cannot be provided. There are two types of reimbursement benefits: the Economic Benefit for Personal Assistance (*Prestacion Economica de Asistencia Personal* - PEAP) and the Economic Benefit linked to a Service (*Prestacion Economica Vinculada al Servicio* - PEVS). PEAP is intended to reimburse personal care while PEVS aims to reimburse the acquisition of home, semi-residential, and residential care services.

Statutory basis

Real Decreto-ley 20/2012, de 13 de julio, de medidas para garantizar la estabilidad presupuestaria y de fomento de la competitividad - Royal Decree-Law [20/2012](#), of July 13, on measures to guarantee budgetary stability and the promotion of competitiveness.

Financing

Source of financing

The System for Promotion of Personal Autonomy and Assistance for Persons in Situation of Dependence (**SAAD**) is financed by general tax-revenues of the central and Autonomous Communities (**CAs**)' governments and user's out-of-pocket expenses.

Public Funding

The Dependency Law (**LAPAD**) defined three levels of care coverage (Niveles de Protección del Sistema - **NPS**) in the **SAAD**:

1. The Minimum Level (*Nivel Mínimo* - **NM**), which includes provision of basic care benefits and services exclusively financed by the General Administration of the State (*Administración General del Estado*)
2. The Supplementary Agreed Level (*Nivel Acordado* - **NA**), which includes provision of benefits and services financed by the General Administration of the State and of the CAs through legal agreements
3. The Additional Level (*Nivel Adicional* - **NAL**), which includes provision of benefits and services independently financed by the CAs

The Minimum Level is tax financed by the central government which transfers part of the funds to the CAs according to the number of dependent persons living in each CA, the number of dependent persons receiving social care services in each CA and the type of benefit provided. This last criterion was introduced by the 2012 reform to disincentivize cash benefits provision over benefits in-kind. The 2012 reform reduced the minimum level of financing and increased the Supplementary Agreed Level. The share of funds to be transferred to the CAs is provided every year in the [General State Budget Law](#).^[1]

The Supplementary Agreed Level is financed from general tax-revenues of the central government and those of the CAs. The share of financing is provided in agreements (*convenio*) signed between the General State and CAs' administrations. These agreements may be annual or multi-annual, and include budget distributive criteria according to the dependent population, geographical dispersion, insularity, returned emigrants and other factors. Usually, CAs' contributions are at least equal to that provided by the General State Administration. In general, the central government provides funds to CAs to develop the Minimum Level of coverage, whereas both the central and CAs' governments contribute equally towards the remaining cost.

Law [2/2012](#) suspended the Supplementary Agreed Level (among other provisions of Dependency Law 39/2006) due to insufficient resources. The provision of benefits and services jointly financed by the General Administration and the ACs remained suspended for the next decade. At its meeting on January 15, 2021, the Territorial Council of Social Services and the SAAD approved a plan which included a measure to recover system financing through the Supplementary Agreed Level ([Resolution of May 22, 2023](#)). In 2023, the Supplementary Agreed Level was put into effect (via Law [31/2022](#)), specifying an endowment of 783,197,420 euros to be distributed to the Autonomous Communities.

The Additional Level is financed by general tax-revenues of the CA providing the additional benefits.

Beneficiaries' contributions

Individual's contribution (*copago*) is determined according to the dependent person's economic capacity, including income and assets, as well as the cost and nature of the care service provided. The LAPAD also provides that no citizen can be excluded from receipt of LTC benefits due to lack of economic resources. In this regard, the national legislation does not provide any further information.

Coverage

This section discusses the scope of risks covered and the requirements to be eligible for benefits when the need for care arises. Dependence requirements are discussed in the later section on *Benefit Eligibility*.

Risk covered definition

The LTC system covers care needs related to limitations in activities of daily living (**ADL**).

Eligible population

Eligibility criteria for LTC in-kind benefits include:

- Spanish nationality
- Residence in Spain, including immigrants who are entitled by:
 - Law for social integration ([Ley Organica 4/2000](#))
 - International law or agreements

Benefit

Home care benefit

Home care services include:

- Home Help Service (Servicio de Ayuda a domicilio - [SAD](#)) related to personal and household care
- Economic Benefit Linked to the Service (Prestacion Economica Vinculada al Servicio - [PEVS](#)), to reimburse home help services if [SAD](#) cannot be provided
- Economic Benefit for Personal Assistance (Prestacion Economica de Asistencia Personal - [PEAP](#)), to reimburse care expenses incurred by people to support their autonomous life and [ADLs](#) performance

Home Help Service (Servicio de Ayuda a Domicilio - [SAD](#)):

[SAD](#) comprises:

- Care services related to household needs (atención de las necesidades del hogar - [ANH](#)), i.e., services related to household chores activities such as cleaning, washing, cooking
- Personal care services (cuidados personales - [CP](#)), i.e., services related to performance of the [ADLs](#). In [LAPAD](#), [ADLs](#) are called basic activities of daily living (Actividades Básicas de la Vida Diaria - [ABVD](#)), and defined as the most elementary tasks whose performance guarantees a minimum level of autonomy and independence, such as: personal care, basic domestic activities, essential mobility, recognizing people and objects, find their way around, understand and carry out simple commands or tasks.

The reform changed [SAD](#) provision and as of 2012 [ANH](#) services could only be granted jointly with [CP](#). Law 1051/2013 provides that [SAD](#) coverage depends on whether the individual had a certified level of dependence as of 2012:

- For people who as of 2012 already had a certified level of dependence, [SAD](#) coverage is provided in [Table 21](#)
- For people who as of 2012 did not already have a certified level of dependence, [SAD](#) coverage is provided in [Table 22](#)

Economic Benefit Linked to the Service (Prestacion Economica Vinculada al Servicio - [PEVS](#)):

Beneficiaries' [PEVS](#) amount depends on whether the individual was already receiving the benefit as of 2012:

- For people who as of 2012 were already receiving the benefit, [PEVS](#) amount would not change
- For people who as of 2012 were not entitled to the benefit yet, [PEVS](#) amounts are provided in [Table 23](#).

The amount of [PEVS](#) is calculated according to beneficiaries' economic capacity and the type of service provided. As of 2012, the national legislation provides a standard computational formula for [PEVS](#) calculation ([Formula 21](#)). This formula was adopted only by Aragon, Comunidad Valenciana, Madrid and Murcia, while the remaining [CAs](#) preserved their already existing calculation method as here reported:

- Andalucía, Canarias, Ceuta and Melilla ([Formula 1](#))
- Asturias ([Formula 3](#))
- Baleares ([Formula 4](#))
- Cantabria ([Formula 5](#))
- Castilla La Mancha ([Formula 7](#))
- Castilla y Leon ([Formula 22](#))
- Cataluña ([Formula 9](#))
- Galicia ([Formula 1](#))
- Extremadura ([Formula 23](#))
- La Rioja ([Formula 12](#))
- Pais Vasco:
 - Alava ([Table 3](#))
 - Guizpuoka ([Formula 14](#))

We were not able to collect information about Navarra.

During the period 2012-2022, some [CAs](#) modified the calculation method, and [PEVS](#) updated formulas are:

- Canarias (as of 2014): [Formula 24](#)
- Castilla La Mancha (as of 2019): [Formula 21](#)
- Galicia (as of 2015): [Formula 25](#)
- Asturias (as of June 29, 2013): [Formula 26](#)
- Castilla y Leon (as of 2018): [Formula 27](#)
- Comunidad Valenciana (as of 2014): [Formula 28](#)
- Alava:
 - (as of 2014): [Formula 29](#)
 - (as of 2021): [Table 24](#)

- La Rioja (as of 2022): [Table 25](#)

Economic Benefit for Personal Assistance (Prestacion Economica de Asistencia Personal - [PEAP](#)):

The 2012 reform extended [PEAP](#) eligibility also to lower level of dependence, including Degree II and I. The individual's amount of [PEAP](#) is calculated according to beneficiaries' economic capacity and the type of service provided. Beneficiaries' [PEAP](#) amount depends on whether the individual was already receiving the benefit as of 2012:

- For people who as of 2012 were already receiving the benefit, [PEAP](#) amount did not change
- For people who as of 2012 were not entitled to the benefit yet, [PEAP](#) amounts are provided in [Table 23](#).

The amount of [PEAP](#) is calculated according to beneficiaries' economic capacity and the type of service provided. As of 2012, the national legislation provides a standard computational formula for [PEAP](#) calculation ([Formula 21](#)). As of 2012, [Formula 21](#) is adopted by Aragon, Comunidad Valenciana and Madrid. It is adopted also by Castilla La Mancha as of 2019. This tardive implementation is due to the fact that Castilla La Mancha did not present a specific legislation for LTC benefits prior to 2019.

The remaining [CAs](#) adopted a different calculation method for [PEAP](#) as here provided:

- Andalucía, Canarias, Ceuta and Melilla ([Formula 1](#))
- Asturias ([Formula 3](#))
- Baleares ([Formula 4](#))
- Cantabria ([Formula 5](#))
- Castilla la Mancha ([Formula 7](#))
- Castilla y Leon ([Formula 22](#))
- Cataluña ([Formula 15](#))
- Galicia ([Formula 1](#))
- Extremadura ([Formula 15](#))
- La Rioja ([Formula 12](#))
- Murcia ([Formula 13](#))
- Navarra ([Table 26](#))
- País Vasco:
 - Alava ([Formula 30](#))
 - Guizpuoka ([Formula 14](#))

During the period 2012-2022, some [CAs](#) modified the calculation method, and [PEAP](#) updated formulas are:

- Alava (as of 2021): [Table 27](#)
- Asturias (as of 2015): [Formula 26](#)
- Canarias (as of 2014): [Formula 24](#)
- Castilla La Mancha (as of 2019): [Formula 21](#)
- Castilla y Leon (as of 2018): [Formula 27](#)
- Galicia (as of 2015): [Formula 25](#)
- La Rioja (as of 2022): [Table 25](#)

Semi-residential care

Semi-residential care services include:

- Day and night care, through the Day and Night Center Service (Servicio de Centro de Día y de Noche - [SCDN](#))
 - Day Center for the elderly (Centro de Día Para Mayores - [CDPM](#))
 - Day Center for those under 65 years of age (Centro de Día para Menores de 65 años - [CDPME](#))
 - Day Center for specialized care (Centro de Día de Atención Especializada - [CDAE](#))
 - Night Center (Centro de Noche - [CN](#))
- Short-term care services (Servicios de Estancia Temporal - [STC](#)) in residential facilities

[PEVS](#) can be used to reimburse day and night care expenses. Reference for [PEVS](#) computational formulas across [CAs](#) are provided in the Home Care Benefit section except for Comunidad Valenciana and Extremadura which provide the following:

- Comunidad Valenciana: [Formula 31](#) (as of 2014)
- Extremadura: [Formula 32](#)

Residential care

Residential care services (Servicio de Atención Residencial - [SAR](#)) include:

- Residence for older adults in a situation of dependency (Residencia de Personas Mayores en Situación de Dependencia - RPMSD)
- Care Center for People in Situations of Dependency, due to the different types of disability (Centro de Atención a Personas en Situación de Dependencia, en Razón de los Distintos Tipos de Discapacidad - CAPSD)

PEVS can be used to reimburse short-term and residential care expenses. Reference for PEVS computational formula for these type of service can be found in the Home Care Benefit section, except for Catalonia and Extremadura which provide the following:

- Catalonia: [Formula 17](#)
- Extremadura: [Formula 33](#)

Other benefits

Other in-kind LTC in-kind benefits include:

- Subsidies for technical aids and home renovation
- Services for the Promotion of Personal Autonomy and Prevention of Dependence (Servicios de Promoción de la Autonomía Personal y Prevención de las Situaciones de dependencia - SPAPPSD)
- Telecare Service (Servicio de Teleasistencia - TA)

Services for the Promotion of Personal Autonomy and Prevention of Dependence -SPAPPSD):

SPAPPSD main purpose is to prevent the insurgence or aggravation of dependency condition through provision of social and health care services. CAs are responsible for SPAPPSD management and regulation, which should be in agreement with the criteria, recommendations and minimum conditions set by the Territorial Council of the System for Autonomy and Dependency Care (TCSAAD). As of 2011, only the CAs of Baleares, Cantabria, Catalonia and Murcia have developed SPAPPSD infrastructure. SPAPPSD would be completely integrated in the CAs LTC service catalogue only as of 2014.

SPAPPSD's objective is to support ADLs performance through:

- Rehabilitation programs
- Early intervention to prevent insurgence of dependency condition
- Cognitive stimulation
- Promotion, maintenance and restoration of functional autonomy
- Psychosocial rehabilitation for persons with intellectual or psychological impairments
- Individual support and provision of care in special facilities (assisted living)

SPAPPSD intensity is provided in the PIA according to the beneficiary's level of dependence.

Telecare Service (Servicio de Teleasistencia - TA):

TA provides assistance to beneficiaries through the use of communication and information technologies, in immediate response to emergency situations, situations of insecurity, loneliness and isolation. It can be an independent or complementary service to the SAD, and it is incompatible with residential care services. It can be free or subject to copayment according to each CA regulation.

Provision of care

In-kind LTC benefits are provided by the public and the private sector, through for-profit and non-profit organizations. In the public sector, the Autonomous Communities (CAs), their provinces, and municipalities are responsible for in-kind LTC provision which happens under the social service framework through their Social Service Network (Red de Servicios Sociales - RSS). The RSS integrates and coordinates public and private providers. Private providers are chartered private centres (concertados). Unchartered private centres must obtain an accreditation from the Territorial Council of Social Services and the System for Autonomy and Dependency Care (TCSAAD) for service provision to dependent persons. TCSAAD sets the criteria for centers' accreditation and quality plans in the System for Autonomy and Dependency Care (SAAD).

Benefit eligibility

Qualifying period

Beneficiaries must have resided in Spain for at least 5 years, two of which must immediately precede the benefits' date of claim.

Minimum level of dependence

The reform defines three categories of dependence, called Degrees (Grados):

- Degree I (Moderate dependence)
- Degree II (Severe dependence)
- Degree III (Great dependence)

and eliminates the 2 levels (niveles) in which degrees were previously subdivided.

Although three degrees of dependence were initially defined by The Dependency Law ([LAPAD](#)), as of 2007, there was only one category of dependence which qualified people for LTC benefits. This category of dependence is equivalent to Degree III, in which the person needs help carrying out activities of daily living ([ADLs](#)) several times a day and, due to their total loss of physical, mental, intellectual or sensory autonomy, they need the indispensable and continuous support of another person or have needs for comprehensive support for their personal autonomy.

As of 2012, the minimum level of dependence qualifying for in-kind LTC benefits was Degree II. In this level of dependence, persons need help to carry out several basic activities of daily living two or three times a day, but do not want permanent support of a caregiver or extensive support needs for personal autonomy.

Although Degree I was initially scheduled to be introduced in 2011, its implementation was delayed until 2015 due to cuts in funding introduced by [Royal Decree 20/2012](#). With its implementation in 2015, Degree I became the minimum level of dependence qualifying for in-kind LTC benefits. This level of dependence includes persons needing help to carry out several ADLs, at least once a day, or who have need for intermittent or limited support for personal autonomy.

For more information about the planned implementation schedule for recognized degrees of dependence, see [Box 1](#). For further information on the timeline of actual implementation for the recognized degrees of dependence, see [Table 6](#).

Duration of benefit

Benefits have an unlimited duration as long as eligibility conditions are satisfied.

Means testing

SAAD benefits including home care, semi-residential care, residential care, Services for the Promotion of Personal Autonomy and Prevention of Dependence ([SPAPPSD](#)) and telecare ([TA](#)) are means tested. SPAPPSD means testing conditions and application vary across Autonomous Communities ([CAs](#)). TA is means tested according to national law, but some CAs provide it for free, while in other CAs beneficiaries have to pay the entire cost.

Age requirement

There are no age requirements.

Care needs assessment

Definition of dependence

The Dependency Law ([LAPAD](#)) defines dependency as “the permanent state in which people need care from a third party to perform the basic activities of daily living (*Actividades Básicas de la Vida Diaria* - [ABVD](#)), due to age, illness or disability which are related to the lack or loss of physical, mental, intellectual or sensorial autonomy”.

There are 3 levels of dependence called Degrees ([Grados](#)) in which a person can be classified:

- Degree I (Moderate Dependence), when the person needs help to carry out several basic activities of daily living, at least once a day, or has intermittent or limited support needs for personal autonomy
- Degree II (Severe Dependence), when the person needs help to carry out several basic activities of daily living two or three times a day, but does not want the permanent support of a caregiver, or has extensive support needs for personal autonomy
- Degree III (Great Dependence), when the person needs help to carry out several basic activities of daily living several times a day and, due to their total loss of physical, mental, intellectual or sensory autonomy, they need the indispensable and continuous support of another person or have needs for widespread support for their personal autonomy

The 2012 reform eliminated the 2 levels in which degrees of dependence were previously subdivided in order to simplify management, give priority to people with a higher degree of dependency and streamline the procedure to access benefits. The reform also delayed the recognition of the Moderate Dependency level (Degree I) until July 2015.

For more information about the planned implementation schedule for recognized degrees of dependence, see [Box 1](#). For further information on the timeline of actual implementation for the recognized degrees of dependence, see [Table 6](#).

Evaluation of dependence

Dependent persons need to submit application for LTC in-kind benefits to the public administration of their Autonomous Community (CA) of residence. According to Royal Decree 504/2007, care assessment follows a uniform set of guidelines provided by the central government in agreement with the TCSAAD. Dependence is evaluated using an assessment scale adopted by the World Health Organization for the International Classification of Functioning, Disability and Health (ICF). The scale in the Spanish legislation is called Scale for Dependence Evaluation (Baremo de valoración de dependencia - BVD). This scale provides the objective criteria to evaluate individual's degree of autonomy and ability to perform activities of daily living (ADLs), the scoring intervals for each degree and level of dependence, and evaluating procedures and techniques. BVD consists of:

- Ten evaluating activities (eating and drinking, control of physical needs, bathing, other personal tasks, dressing, maintaining health, maintaining health 2, moving inside home, moving outside home, housekeeping), each assigned a specific weight.
- A set of specific tasks related to each activity. Each task is assigned an evaluating coefficient.

The list of activities and tasks, along with their weights and evaluating coefficients are provided in Table 7 and Table 8.

Different degrees of autonomy are identified for each task and the level of support required for each degree of autonomy can be:

- Special Assistance, in which the individual has behavioural disorders that prevent the provision of the task by a third party
- Maximum Physical Assistance, when a third party needs to substitute the dependent individual in performing the activity
- Partial Physical Assistance, when a third party has to actively participate in performing the activity
- Supervision, when the dependent person only needs a third party to prepare the necessary elements to perform the activity

An evaluating coefficient is attached to each of these four degrees of autonomy (1, 0.95, 0.9 and 0.9 respectively). These support coefficients are multiplied to the coefficient of the task in which the limitations is experienced. For instance, if an individual needs maximum physical assistance in the washing hands task, they are assigned a score of 0.2×0.95 within the Bathing activity. This calculation is computed for each task. The final score is the sum of the tasks' weights multiplied by the support coefficients multiplied by the activity's weight assigned to that activity. According to RD 174/2011 the applicant's level of care (Degree) is derived on the base of the following scores:

- Degree I: from 25 to 49 points
- Degree II: from 50 to 74 points
- Degree III: from 75 to 100 points

The CA determines the bodies to evaluate dependence which must be approved by the TCSAAD. The assessment of needs, the prescription of assistance and the management of the care allowances are carried out directly by the public administrations of each of the CAs. The assessment is conducted at the applicant's residence and takes into consideration the individual's health reports, including technical aids, orthoses and prostheses and the living environment.

Once the assessment-of-need procedure is complete, the dependent person is provided an Individual Care Programme (Programma Individual de Asistencia - PIA) which includes the level of formal care and benefit the beneficiary is entitled according to their level of dependence. In the case in which the beneficiary is attended by an informal caregiver and adequate conditions for co-residence of the caregiver are satisfied, beneficiaries can be offered the LTC Cash Benefit for Care in the Family Environment (Prestacion Economica por Cuidado en el Entorno Familiar - PECEF).

The individual care program can be reviewed:

- At the request of the interested party and their legal representatives
- Ex officio, according CAs regulations
- Due to the change of residence to another CA

The degree or level of dependency can be reviewed, at the request of the interested party, their representatives or ex officio by the competent Public Administrations, for any of the following reasons:

- Improvement or worsening of the dependency situation
- Diagnostic error or error in the application of the BVD

Benefits may be modified or terminated if there is a change in any of the requirements established for their recognition, or due to non-compliance with the obligations regulated in the Dependency Law (LAPAD).

Evaluators

Dependency evaluation is performed at applicants' residence and is carried out through an Equipe (Equipo de Valoración - EDV), a team which includes professionals from the social and health sector along with doctors and psychologists providing a resolution issued by Autonomous Communities (CAs)' administration and valid throughout the territory of the State.

Benefit limitations

Can you mix LTC benefits?

Combination of cash and in-kind benefits

Cash and in-kind benefits cannot be combined.

Combination of in-kind benefits

Article 25 of Law 20/2012 establishes benefits' Incompatibility Regime (Regimen de Incompatibilidades - RI):

- The Economic Benefit Linked to the Service (PEVS) and the Economic Benefit for Personal Assistance (PEAP) are incompatible with each other except in terms of services for the prevention of dependency situations and the promotion of personal autonomy and telecare.
- The telecare service (TA) is compatible with the Services for the Promotion of Personal Autonomy and Prevention of Dependence (SPAPPSD), home care (SAD), and services provided in day and night care centers. All the other services are incompatible with each other.

Notwithstanding, Autonomous Communities (CAs) can modify the IR to facilitate individuals' permanence at home in such a way that the sum of the LTC benefits included in beneficiaries' Individual Care Plan (PIA) is not greater than the maximum level of care recognized for their Degree of dependence.

Is there free choice between cash and benefits in-kind?

No^[2]

Can you receive LTC benefits with other social security benefits?

It is possible to receive in-kind LTC benefits long with other welfare benefits.

PEAP and PEVS amounts are reduced if beneficiaries are also claiming:

- The complement for severe disability regulated in article 139.4 of the General Law of Social Security, Consolidated Text approved by Royal Legislative Decree 1/1994, of June 20
- The complement of the economic allowance per dependent child over 18 years of age with a degree of disability equal to or greater than 75
- The need of another person for the non-contributory disability pension
- The third party assistance subsidy of Law 13/1982, of April 7, Social Integration of the Disabled (LISMI)

User costs

User charges

User charges for SAAD benefits vary by program and may vary by Autonomous Community (CA). Details for each program are provided below.

The 20/2012 Law reformed the users' participation in the cost for in-kind LTC benefits, standardizing the computational formulas explicitly regulated in the Resolution of July 13, 2012. The copayment (copago) for SPAPPSD, TA, SAD, SCDN and SAR (including STC) depends on beneficiaries' economic capacity and the type of service and related costs. The Resolution provides the minimum criteria to determine beneficiaries' economic capacity as well as the criteria to determine the beneficiaries' copayment rate according to the type of service.

Beneficiaries' economic capacity is derived according to individual's income and assets. Beneficiaries' income include income derived from work, capital as well as individual's and spouses' pension. To derive the individual's income resources are increased by 5% of their assets' value for people aged 65 years or older, by 3% for those aged 35 to 65 and by 1% for those under 3.

The beneficiary's assets include assets and rights of economic content owned by the individual, net of personal debts and obligations.

Only the habitual residence is considered in the calculation of individual economic capacity if the beneficiary is receiving care in public, concerted, or private facilities of the Social Services Network or residential care services reimbursed through PEVS and provided that the beneficiary's spouse or dependents do not reside in the habitual residence.

The minimum level of individual's economic capacity is referenced to the monthly amount of the Multiple Effects Income Indicator (Indicador Publico de Renta de Efectos Múltiples - IPREM). IPREM values from 2004 on are provided in Table 9. If beneficiaries'

economic capacity is less than the [IPREM](#), beneficiaries are not subject to any copayment except for residential care. All the [CAs](#) adopted [IPREM](#) as reference except for Catalonia and Pais Vasco. Catalonia also uses the Income Sufficiency Indicator of Catalonia (Indicador de Renta Suficiente - [IRSC](#)) while Pais Vasco uses the Minimum Interprofessional Income (Salario Minimo Interprofesional - [SMI](#)). [IRSC](#) monthly amounts from 2006 on are provided in [Table 10](#), while [SMI](#) monthly amount from 2003 on are provided in [Table 11](#).

This definition of individual's economic capacity is also applied to [PEVS](#) and [PEAP](#) calculation.

Computational formulas for LTC services copayment provided by the [Resolution](#) are the following:

- Telecare Service: [Formula 34](#)
- Home Help Services ([SAD](#)): [Formula 35](#)
- Day and Night Care Services: [Formula 36](#)
- Short-Term and Residential Care Services: [Formula 37](#)

Copayment rate or formulas for SPAPPSD are not included in the Resolution.

The legislation also states that [CAs](#) could adjust or modify the copayment formulas to benefit beneficiaries. Some [CAs](#) adopted the formulas provided by the central government, while others provided their own calculation method. Copayment rates and formulas for SPAPPSD, TA, [SAD](#), Day and Night Care, Short -Term and Residential care services across [CAs](#) are:

SPAPPSD:

- Free for all people in situation of dependence in Andalusia, Aragon, Asturias, Baleares, Comunidad Valenciana, Guizpuoka (Pais Vasco) and Ceuta and Melilla
- It is not yet regulated in Cantabria, Madrid and La Rioja
- Canarias: [Formula 35](#)
- Castilla y Leon: [Formula 38](#) is used for Services for the Promotion of Personal Autonomy (as of 2023), while service related to prevention of dependence are free for all people in situation of dependence
- Catalonia: [Table 12](#) and [Table 13](#) for Services for the Promotion of Personal Autonomy. We were not able to collect information about copayment rate for services related to prevention of dependence
- Galicia: [Table 28](#)
- Murcia: The cost of the service depends on the intensity of the service provided:
 - Up to 15 hours: 326 € per month for Degree III and II and 183 € per month for Degree I
 - From 16 to 25 hours: 542 € per month for Degree III and II and 305 € per month for Degree I
 - From 26 to 37 hours: 800 € per month for Degree III and II and 450 € per month for Degree I
- We were not able to collect information about SPAPPSD in Alava (Pais Vasco), Castilla La Mancha, Extremadura and Navarra. Specifically for Castilla La Mancha we were not able to collect any information about LTC service copayment.

TA:

- Andalusia, Aragon, Asturias, Canarias, Cantabria, Comunidad Valenciana, Galicia, Ceuta and Melilla ([Formula 34](#))
- Baleares ([Formula 39](#))
- Castilla y Leon, Catalonia and Madrid: Copayment rate are set by municipalities
- Murcia ([Formula 40](#))
- Pais Vasco: Guizpuoca: Free for all the people in situation of dependence
- Rioja: The service is free for beneficiaries whose income is less than IPREM otherwise the price is set at 17 € (as of 2022)
- We were not able to collect information about TA in Alava (Pais Vasco), Castilla La Mancha, Extremadura and Navarra.

SAD:

- Andalusia ([Formula 35](#))
- Aragon ([Formula 41](#))
- Asturias: [Formula 35](#) (2012-2014) and [Formula 42](#) (2015-2022)
- Baleares ([Formula 39](#))
- Canarias ([Formula 35](#))
- Cantabria ([Formula 43](#))
- Comunidad Valenciana: [Formula 35](#) (2012-2015), and [Formula 42](#) (2016-2022)
- Extremadura ([Formula 42](#))
- Galicia ([Table 29](#))
- Madrid

- (As of 2015) If SAD provided by private or concerted providers, the copayment rate are set at the discretion of the provider. If SAD provided by public entities, copayment are set by municipalities
- (As of 2021) Copayment rate is of 1.37 euros per hour if individual's economic capacity is greater than IPREM
- Murcia ([Formula 44](#))
- Pais Vasco: Alava [Table 30](#) as of 2020
- Ceuta y Melilla ([Formula 35](#))
- Castilla y Leon, Catalonia, La Rioja, Guipúzcoa (Pais Vasco) and Navarra: Copayment rate are set by municipalities

SCDN:

- Andalucia, Aragon, Asturias, Canarias, Comunidad Valenciana, Extremadura, Ceuta and Melilla ([Formula 36](#))
- Baleares ([Formula 45](#))
- Cantabria([Formula 46](#))
- Castilla y Leon
 - (2012-2018): [Formula 47](#) For Day Care
 - (2018-2022) : [Formula 48](#) For Day Care
 - (2012-2022): [Formula 49](#) For Night Stays
- Catalonia: [Table 12](#) and [Table 13](#)
- Galicia
 - [Table 31](#) for Semi-Residential Care - Day Care - Galicia (2013-2017)
 - [Table 32](#) for Semi-Residential Care - Day Care - Galicia (2018-2022)
 - [Table 29](#) for Night Care (2013-2022)
- La Rioja: Copayment rate is set at 25% of beneficiaries' economic capacity
- Madrid: Copayment rate for public day and night care services is set by municipalities
- Murcia ([Formula 50](#))
- Navarra: Beneficiaries' copayment rate is 50% of their income
- Pais Vasco
 - Alava: [Table 33](#) and [Table 34](#) (as of 2020)
 - Guipúzcoa: [Formula 51](#) (as of 2015)

STC and SAR:

- Andalucia, Aragon, Asturias, Canarias, Comunidad Valenciana, Extremadura, Ceuta and Melilla: [Formula 37](#)
- Baleares: [Formula 52](#)
- Cantabria: [Formula 53](#)
- Castilla y Leon: [Formula 54](#)
- Catalonia: [Table 12](#) and [Table 13](#)
- Galicia: [Table 29](#)
- Madrid: Beneficiaries' copayment depend on the type of residential facilities:
 - If residential facilities are fully financed by the CA of Madrid, copayment is derived through [Formula 55](#)
 - If residential facilities are co-financed by the CA of Madrid and users, copayment is derived through [Formula 56](#)
 - Beneficiaries can choose between the two types of facilities provided that their economic capacity does not exceed 2 times the IPREM, in which case they will only be able to opt for a partial financing.
 - The beneficiary's participation in the partially financed places may not be less than 950 euros per month, nor more than 85% of the average price in concerted or public facilities
 - The maximum monthly amount to be contributed by the occupants of partially financed places who were not already admitted as of March 29, 2011 in the amount of 1,632.64 euros per month
- Murcia: [Formula 50](#)
- Navarra: 90% of individual's income
- Pais Vasco:
 - Alava ([Table 34](#) as of 2020)
 - Guipúzcoa ([Formula 57](#) as of 2015)
- Rioja: 75% of individual's economic capacity

PEVS and PEAP:

PEVS and PEAP individual's amount depends on beneficiaries' economic capacity in relation to the **IPREM**:

- If the beneficiary's economic capacity is equal to or less than the IPREM, beneficiaries receive the full **PEVS** or **PEAP** amount provided each year by the national legislation

- If the economic capacity is higher than the IPREM, [CAs](#) can apply reduction rates, which in no case can result in [PEVS](#) and [PEAP](#) amounts less than 40% of [PEVS](#) and [PEAP](#) and 75% of the LTC cash benefit for care in the family environment (PECEF) amounts provided annually by the national legislation.

If [PEAP](#) or [PEVS](#) beneficiaries receive other benefits of a similar nature, the amount of these other benefits is deducted from [PEAP](#) or [PEVS](#).

There are no direct user charges for [PEAP](#) and [PEVS](#) benefit. The allowances for these benefits are reduced based on beneficiaries' economic capacity and level of dependence (see "Benefits" section for details).

Taxation of benefits

In-kind LTC benefits are not subject to taxation ([Ley 35/2006](#)).

Chapter 4: Policy enacted 2023

Policy change in 2023

The [675/2023 Law](#), enacted on July 19, 2023 and effective from July 20, 2023 reversed cuts made in 2012 and increased the generosity of long-term care benefits. 2023 reforms also modified requirements for people providing care as well as conditions to receive economic benefits. The following major changes were made to the long-term care system during this period:

1. The “Supplementary Agreed Level” of funding for care provision is put into effect.
2. Modified requirements and conditions to be an informal caregiver and receive the Economic Benefit for Care in the Family Environment ([PECEF](#)). Notably, as of 2023, the autonomous community or competent administration reviews compliance with the obligations demanded of the carer, and controls the monitoring of the care in the family environment, in order to verify the viability, suitability and quality of care. As such, the use of the cash benefit is no longer at the beneficiary’s complete discretion.
3. Re-specified requirements for access to Economic Benefit for Personal Assistance ([PEAP](#)) and qualifications for people providing personal assistance services.
4. Increased intensity of home help service (hours) by degree of dependence.
5. Increased [PEAP](#), [PEVS](#), and [PECEF](#) benefit amounts.

Other reforms in this period include:

- The [Resolution of May 22, 2023](#), of the Secretary of State for Social Rights, by which the Agreement of the Territorial Council of Social Services and the System for Autonomy and Care of Dependency is published, for the Inter-administrative Cooperation Framework and criteria distribution of credits from the General Administration of the State for financing during 2023 the agreed level, provided for in [Law 39/2006](#), of December 14, on the Promotion of Personal Autonomy and Care for people in a situation of dependency.
- The [Resolution of May 24, 2023](#), of the Secretary of State for Social Rights, by which the Agreement of the Territorial Council of Social Services and the System for Autonomy and Care of Dependency is published, by which the specific conditions of access to personal assistance in the Autonomy and Dependency Care System.

Overview

Long-term Care (LTC) benefits are provided in Spain through the System for Promotion of Personal Autonomy and Assistance for Persons in Situation of Dependence (*Sistema para la Autonomia y Atencion a la Dependencia* - [SAAD](#)) introduced in 2007 with the [Dependency Law 39/2006](#) of December 14, also called [LAPAD](#).

[SAAD](#) is financed by general tax-revenues of the central government and Autonomous Communities ([CAs](#)) and users’ out-of-pocket expenses.

Eligibility to receive LTC benefits is based on the level of care a person needs in performing activities of daily living ([ADLs](#)). Eligibility for LTC benefits also required beneficiaries’ residence in Spain for at least 5 years, two of which must immediately precede the benefits’ date of claim.

The care assessment process is carried out directly by the public administrations of each of the [CAs](#) through an *Equipe* (*Equipo de Valoracion* - [EDV](#)), a team which includes professionals from the social and health sector along with doctors and psychologists. Dependence evaluation is performed at applicants’ residence and is carried out through a resolution issued by the [CA’s](#) Administration. Applicants can be classified into one out of three dependence levels called Degrees ([Grados](#)). Degree I indicates the lowest level of care needed and Degree III indicates the highest and most intensive level of care.

This chapter provides policy details on in-kind benefits provided by [SAAD](#): dependent people can receive telecare, home, semi-residential, short-term and residential care services. Beneficiaries are also entitled to service reimbursement if in-kind benefits cannot be provided. Historically, there have been two types of reimbursement benefits: the Economic Benefit for Personal Assistance (*Prestacion Economica de Asistencia Personal* - [PEAP](#)) and the Economic Benefit linked to a Service (*Prestacion Economica Vinculada al Servicio* - [PEVS](#)). [PEAP](#) is intended to reimburse personal care while [PEVS](#) aims to reimburse the acquisition of home, semi-residential, and residential care services. Additionally, in the case in which the beneficiary is attended by an informal caregiver and adequate conditions for co-residence of the caregiver are satisfied, beneficiaries can be offered the Economic Benefit for Care in the Family Environment (*Prestacion Economica por Cuidado en el Entorno Familiar* - [PECEF](#)). Modification of requirements to receive [PECEF](#) in 2023 places additional restrictions on the discretionary use of this economic benefit such that provision of suitable care must be verified by the autonomous community or competent administration. For more information on the Economic Benefit for Care in the Family

Environment, see the Gateway to Global Aging Data's documentation of [Spain's Long-Term Care Cash Benefit Plan Details](#).

Statutory basis

Real Decreto 675/2023, de 18 de julio, por el que se modifica el Real Decreto 1051/2013, de 27 de diciembre, por el que se regulan las prestaciones del Sistema para la Autonomía y Atención a la Dependencia, establecidas en la Ley 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia - Royal Decree 675/2023, of July 18, which modifies Royal Decree 1051/2013, of December 27, which regulates the benefits of the System for Autonomy and Dependency Care, established in the Law 39/2006, of December 14, on the Promotion of Personal Autonomy and Care for people in a situation of dependency

Financing

Source of financing

The System for Promotion of Personal Autonomy and Assistance for Persons in Situation of Dependence (SAAD) is financed by general tax-revenues of the central and Autonomous Communities (CAs)' governments and user's out-of-pocket expenses.

Public Funding

The Dependency Law (LAPAD) defined three levels of care coverage (Niveles de Protección del Sistema - NPS) in the SAAD:

1. The Minimum Level (*Nivel Mínimo - NM*), which includes provision of basic care benefits and services exclusively financed by the General Administration of the State (*Administración General del Estado*)
2. The Supplementary Agreed Level (*Nivel Acordado - NA*), which includes provision of benefits and services financed by the General Administration of the State and of the CAs through legal agreements
3. The Additional Level (*Nivel Adicional - NAL*), which includes provision of benefits and services independently financed by the CAs

The Minimum Level is tax financed by the central government which transfers part of the funds to the CAs according to the number of dependent persons living in each CA, the number of dependent persons receiving social care services in each CA and the type of benefit provided. This last criterion was introduced by the 2012 reform to disincentivize cash benefits provision over benefits in-kind. The 2012 reform reduced the minimum level of financing and increased the Supplementary Agreed Level. The share of funds to be transferred to the CAs is provided every year in the [General State Budget Law](#).^[1]

The Supplementary Agreed Level is financed from general tax-revenues of the central government and those of the CAs. The share of financing is provided in agreements (*convenio*) signed between the General State and CAs' administrations. These agreements may be annual or multi-annual, and include budget distributive criteria according to the dependent population, geographical dispersion, insularity, returned emigrants and other factors. Usually, CAs' contributions are at least equal to that provided by the General State Administration. In general, the central government provides funds to CAs to develop the Minimum Level of coverage, whereas both the central and CAs' governments contribute equally towards the remaining cost.

Law 2/2012 suspended the Supplementary Agreed Level (among other provisions of Dependency Law 39/2006) due to insufficient resources. The provision of benefits and services jointly financed by the General Administration and the ACs remained suspended for the next decade. At its meeting on January 15, 2021, the Territorial Council of Social Services and the SAAD approved a plan which included a measure to recover system financing through the Supplementary Agreed Level ([Resolution of May 22, 2023](#)). In 2023, the Supplementary Agreed Level was put into effect (via Law 31/2022), specifying an endowment of 783,197,420 euros to be distributed to the Autonomous Communities.

The Additional Level is financed by general tax-revenues of the CA providing the additional benefits.

Beneficiaries' contributions

Individual's contribution (*copago*) is determined according to the dependent person's economic capacity, including income and assets, as well as the cost and nature of the care service provided. The LAPAD also provides that no citizen can be excluded from receipt of LTC benefits due to lack of economic resources. In this regard, the national legislation does not provide any further information.

Coverage

This section discusses the scope of risks covered and the requirements to be eligible for benefits when the need for care arises. Dependence requirements are discussed in the later section on *Benefit Eligibility*.

Risk covered definition

The LTC system covers care needs related to limitations in activities of daily living (ADL).

Eligible population

Eligibility criteria for LTC in-kind benefits include:

- Spanish nationality
- Residence in Spain, including immigrants who are entitled by:
 - Law for social integration ([Ley Organica 4/2000](#))
 - International law or agreements

Benefit

Home care benefit

Home care services include:

- Home Help Service (Servicio de Ayuda a domicilio - [SAD](#)) related to personal and household care
- Economic Benefit Linked to the Service (Prestacion Economica Vinculada al Servicio - [PEVS](#)), to reimburse home help services if SAD cannot be provided
- Economic Benefit for Personal Assistance (Prestacion Economica de Asistencia Personal - [PEAP](#)), to reimburse care expenses incurred by people to support their autonomous life and [ADLs](#) performance
- Economic Benefit for Care in the Family Environment (Prestacion Economica por Cuidado en el Entorno Familiar - [PECEF](#)), to cover the cost of care provided by an informal caregiver.

Home Help Service (Servicio de Ayuda a Domicilio - [SAD](#)):

[SAD](#) comprises:

- Care services related to household needs (atención de las necesidades del hogar - [ANH](#)), i.e., services related to household chores activities such as cleaning, washing, cooking
- Personal care services (cuidados personales - [CP](#)), i.e., services related to performance of the [ADLs](#). In [LAPAD](#), [ADLs](#) are called basic activities of daily living (Actividades Básicas de la Vida Diaria - [ABVD](#)), and defined as the most elementary tasks whose performance guarantees a minimum level of autonomy and independence, such as: personal care, basic domestic activities, essential mobility, recognizing people and objects, find their way around, understand and carry out simple commands or tasks.

[ANH](#) services can only be granted jointly with [CP](#). In 2023 [Royal Decree 675/2023](#) increased the monthly hours of [SAD](#) coverage for each Degree of dependence. Details on 2023 coverage amounts are provided in [Table 35](#)

Economic Benefit Linked to the Service (Prestacion Economica Vinculada al Servicio - [PEVS](#)):

Royal Decree [675/2023](#) increased [PEVS](#) amounts. Beneficiaries' [PEVS](#) amount as of 2023 are provided in [Table 36](#). The amount of [PEVS](#) is calculated according to beneficiaries' economic capacity and the type of service provided. As of 2012, the national legislation provides a standard computational formula for [PEVS](#) calculation ([Formula 21](#)). This formula was adopted only by Aragon, Comunidad Valenciana, Madrid and Murcia, while the remaining [CAs](#) preserved their already existing calculation method as here reported:

- Andalucía, Canarias, Ceuta and Melilla ([Formula 1](#))
- Asturias ([Formula 3](#))
- Baleares ([Formula 4](#))
- Cantabria ([Formula 5](#))
- Castilla La Mancha ([Formula 7](#))
- Castilla y Leon ([Formula 22](#))
- Cataluña ([Formula 9](#))
- Galicia ([Formula 1](#))
- Extremadura ([Formula 23](#))
- La Rioja ([Formula 12](#))
- Pais Vasco:
 - Alava ([Table 3](#))

- Guizpuoka ([Formula 14](#))

We were not able to collect information about Navarra.

During the period 2012-2022, some [CAs](#) modified the calculation method, and [PEVS](#) updated formulas are:

- Canarias (as of 2014): [Formula 24](#)
- Castilla La Mancha (as of 2019): [Formula 21](#)
- Galicia (as of 2015): [Formula 25](#)
- Asturias (as of June 29, 2013): [Formula 26](#)
- Castilla y Leon (as of 2018): [Formula 27](#)
- Comunidad Valenciana (as of 2014): [Formula 28](#)
- Alava:
 - (as of 2014): [Formula 29](#)
 - (as of 2021): [Table 24](#)
- La Rioja (as of 2022): [Table 25](#)

Economic Benefit for Personal Assistance (Prestacion Economica de Asistencia Personal - [PEAP](#)):

The 2023 reform also increased [PEAP](#) amounts. These 2023 [PEAP](#) amounts are provided in [Table 36](#). The amount of [PEAP](#) is calculated

according to beneficiaries' economic capacity and the type of service provided. As of 2012, the national legislation provides a standard computational formula for [PEAP](#) calculation ([Formula 21](#)). As of 2012, [Formula 21](#) is adopted by Aragon, Comunidad Valenciana and Madrid. It is adopted also by Castilla La Mancha as of 2019. This tardive implementation is due to the fact that Castilla La Mancha did not present a specific legislation for LTC benefits prior to 2019.

The remaining [CAs](#) adopted a different calculation method for [PEAP](#) as here provided:

- Andalucía, Canarias, Ceuta and Melilla ([Formula 1](#))
- Asturias ([Formula 3](#))
- Baleares ([Formula 4](#))
- Cantabria ([Formula 5](#))
- Castilla la Mancha ([Formula 7](#))
- Castilla y Leon ([Formula 22](#))
- Cataluña ([Formula 15](#))
- Galicia ([Formula 1](#))
- Extremadura ([Formula 15](#))
- La Rioja ([Formula 12](#))
- Murcia ([Formula 13](#))
- Navarra ([Table 26](#))
- Pais Vasco:
 - Alava ([Formula 30](#))
 - Guizpuoka ([Formula 14](#))

During the period 2012-2022, some [CAs](#) modified the calculation method, and [PEAP](#) updated formulas are:

- Alava (as of 2021): [Table 27](#)
- Asturias (as of 2015): [Formula 26](#)
- Canarias (as of 2014): [Formula 24](#)
- Castilla La Mancha (as of 2019): [Formula 21](#)
- Castilla y Leon (as of 2018): [Formula 27](#)
- Galicia (as of 2015): [Formula 25](#)
- La Rioja (as of 2022): [Table 25](#)

[PECEF](#))

Historically a cash benefit, [PECEF](#) is offered in cases in which the beneficiary is attended by an informal caregiver and adequate conditions for co-residence of the caregiver are satisfied. Modification of requirements to receive [PECEF](#) in 2023 places additional restrictions on the discretionary use of this economic benefit such that provision of suitable care must be verified by the autonomous community or competent administration. For more information on the Economic Benefit for Care in the Family Environment, see the Gateway to Global Aging Data's documentation of [Spain's Long-Term Care Cash Benefit Plan Details](#).

Semi-residential care

Semi-residential care services include:

- Day and night care, through the Day and Night Center Service (Servicio de Centro de Día y de Noche - [SCDN](#))
 - Day Center for the elderly (Centro de Día Para Mayores - [CDPM](#))
 - Day Center for those under 65 years of age (Centro de Día para Menores de 65 años - [CDPME](#))
 - Day Center for specialized care (Centro de Día de Atención Especializada - [CDAE](#))
 - Night Center (Centro de Noche - [CN](#))
- Short-term care services (Servicios de Estancia Temporal - [STC](#)) in residential facilities

[PEVS](#) can be used to reimburse day and night care expenses. Reference for [PEVS](#) computational formulas across [CAs](#) are provided in the Home Care Benefit section except for Comunidad Valenciana and Extremadura which provide the following:

- Comunidad Valenciana: [Formula 31](#) (as of 2014)
- Extremadura: [Formula 32](#)

Residential care

Residential care services (Servicio de Atención Residencial - [SAR](#)) include:

- Residence for older adults in a situation of dependency (Residencia de Personas Mayores en Situación de Dependencia - [RPMSPD](#))
- Care Center for People in Situations of Dependency, due to the different types of disability (Centro de Atención a Personas en Situación de Dependencia, en Razón de los Distintos Tipos de Discapacidad - [CAPSD](#))

[PEVS](#) can be used to reimburse short-term and residential care expenses. Reference for [PEVS](#) computational formula for these type of service can be found in the Home Care Benefit section, except for Catalonia and Extremadura which provide the following:

- Catalonia: [Formula 17](#)
- Extremadura: [Formula 33](#)

Other benefits

Other in-kind LTC in-kind benefits include:

- Subsidies for technical aids and home renovation
- Services for the Promotion of Personal Autonomy and Prevention of Dependence (Servicios de Promoción de la Autonomía Personal y Prevención de las Situaciones de dependencia - [SPAPPSD](#))
- Telecare Service (Servicio de Teleasistencia - [TA](#))

Services for the Promotion of Personal Autonomy and Prevention of Dependence -[SPAPPSD](#)):

[SPAPPSD](#) main purpose is to prevent the insurgence or aggravation of dependency condition through provision of social and health care services. [CAs](#) are responsible for [SPAPPSD](#) management and regulation, which should be in agreement with the criteria, recommendations and minimum conditions set by the Territorial Council of the System for Autonomy and Dependency Care ([TCSAAD](#)). As of 2011, only the [CAs](#) of Baleares, Cantabria, Catalonia and Murcia have developed [SPAPPSD](#) infrastructure. [SPAPPSD](#) would be completely integrated in the [CAs](#) LTC service catalogue only as of 2014.

[SPAPPSD](#)'s objective is to support [ADLs](#) performance through:

- Rehabilitation programs
- Early intervention to prevent insurgence of dependency condition
- Cognitive stimulation
- Promotion, maintenance and restoration of functional autonomy
- Psychosocial rehabilitation for persons with intellectual or psychological impairments
- Individual support and provision of care in special facilities (assisted living)

[SPAPPSD](#) intensity is provided in the [PIA](#) according to the beneficiary's level of dependence.

Telecare Service (Servicio de Teleasistencia - [TA](#)):

[TA](#) provides assistance to beneficiaries through the use of communication and information technologies, in immediate response to emergency situations, situations of insecurity, loneliness and isolation. It can be an independent or complementary service to the [SAD](#), and it is incompatible with residential care services. It can be free or subject to copayment according to each [CA](#) regulation.

Provision of care

In-kind LTC benefits are provided by the public and the private sector, through for-profit and non-profit organizations. In the public sector, the Autonomous Communities ([CAs](#)), their provinces, and municipalities are responsible for in-kind LTC provision

which happens under the social service framework through their Social Service Network (Red de Servicios Sociales - [RSS](#)). The RSS integrates and coordinates public and private providers. Private providers are chartered private centres (concertados). Unchartered private centres must obtain an accreditation from the Territorial Council of Social Services and the System for Autonomy and Dependency Care ([TCSAAD](#)) for service provision to dependent persons. TCSAAD sets the criteria for centers' accreditation and quality plans in the System for Autonomy and Dependency Care ([SAAD](#)). The [Resolution of May 24, 2023](#) details specific requirements and qualifications of persons providing personal assistance services. These requirements and qualifications are provided in [Box 3](#).

Benefit eligibility

Qualifying period

Beneficiaries must have resided in Spain for at least 5 years, two of which must immediately precede the benefits' date of claim.

Minimum level of dependence

The law defines three categories of dependence, called Degrees ([Grados](#)):

- Degree I (Moderate dependence)
- Degree II (Severe dependence)
- Degree III (Great dependence)

With its implementation in 2015, Degree I became the minimum level of dependence qualifying for in-kind LTC benefits. This level of dependence includes persons needing help to carry out several ADLs, at least once a day, or who have need for intermittent or limited support for personal autonomy.

Access to the Economic Benefit for Personal Assistance (PEAP) requires that additional conditions be satisfied. Information on these conditions is included in [Box 2](#).

Duration of benefit

Benefits have an unlimited duration as long as eligibility conditions are satisfied.

Means testing

SAAD benefits including home care, semi-residential care, residential care, Services for the Promotion of Personal Autonomy and Prevention of Dependence ([SPAPPSD](#)) and telecare ([TA](#)) are means tested. SPAPPSD means testing conditions and application vary across Autonomous Communities ([CAs](#)). TA is means tested according to national law, but some CAs provide it for free, while in other CAs beneficiaries have to pay the entire cost.

Age requirement

There are no age requirements.^[2]

Care needs assessment

Definition of dependence

The Dependency Law ([LAPAD](#)) defines dependency as “the permanent state in which people need care from a third party to perform the basic activities of daily living (*Actividades Básicas de la Vida Diaria* - [ABVD](#)), due to age, illness or disability which are related to the lack or loss of physical, mental, intellectual or sensorial autonomy”.

There are 3 levels of dependence called Degrees ([Grados](#)) in which a person can be classified:

- Degree I (Moderate Dependence), when the person needs help to carry out several basic activities of daily living, at least once a day, or has intermittent or limited support needs for personal autonomy
- Degree II (Severe Dependence), when the person needs help to carry out several basic activities of daily living two or three times a day, but does not want the permanent support of a caregiver, or has extensive support needs for personal autonomy
- Degree III (Great Dependence), when the person needs help to carry out several basic activities of daily living several times a day and, due to their total loss of physical, mental, intellectual or sensory autonomy, they need the indispensable and continuous support of another person or have needs for widespread support for their personal autonomy

The 2012 reform eliminated the 2 levels in which degrees of dependence were previously subdivided in order to simplify management, give priority to people with a higher degree of dependency and streamline the procedure to access benefits. The reform also delayed the recognition of the Moderate Dependency level (Degree I) until July 2015.

For more information about the planned implementation schedule for recognized degrees of dependence, see [Box 1](#). For further information on the timeline of actual implementation for the recognized degrees of dependence, see [Table 6](#).

Evaluation of dependence

Dependent persons need to submit application for LTC in-kind benefits to the public administration of their Autonomous Community (CA) of residence. According to Royal Decree [504/2007](#), care assessment follows a uniform set of guidelines provided by the central government in agreement with the [TCSAAD](#). Dependence is evaluated using an assessment scale adopted by the World Health Organization for the International Classification of Functioning, Disability and Health (ICF). The scale in the Spanish legislation is called Scale for Dependence Evaluation (Baremo de valoración de dependencia - [BVD](#)). This scale provides the objective criteria to evaluate individual's degree of autonomy and ability to perform activities of daily living ([ADLs](#)), the scoring intervals for each degree and level of dependence, and evaluating procedures and techniques. BVD consists of:

- Ten evaluating activities (eating and drinking, control of physical needs, bathing, other personal tasks, dressing, maintaining health, maintaining health 2, moving inside home, moving outside home, housekeeping), each assigned a specific weight.
- A set of specific tasks related to each activity. Each task is assigned an evaluating coefficient.

The list of activities and tasks, along with their weights and evaluating coefficients are provided in [Table 7](#) and [Table 8](#).

Different degrees of autonomy are identified for each task and the level of support required for each degree of autonomy can be:

- Special Assistance, in which the individual has behavioural disorders that prevent the provision of the task by a third party
- Maximum Physical Assistance, when a third party needs to substitute the dependent individual in performing the activity
- Partial Physical Assistance, when a third party has to actively participate in performing the activity
- Supervision, when the dependent person only needs a third party to prepare the necessary elements to perform the activity

An evaluating coefficient is attached to each of these four degrees of autonomy (1, 0.95, 0.9 and 0.9 respectively). These support coefficients are multiplied to the coefficient of the task in which the limitations is experienced. For instance, if an individual needs maximum physical assistance in the washing hands task, they are assigned a score of 0.2×0.95 within the Bathing activity. This calculation is computed for each task. The final score is the sum of the tasks' weights multiplied by the support coefficients multiplied by the activity's weight assigned to that activity. According to [RD 174/2011](#) the applicant's level of care (Degree) is derived on the base of the following scores:

- Degree I: from 25 to 49 points
- Degree II: from 50 to 74 points
- Degree III: from 75 to 100 points

The CA determines the bodies to evaluate dependence which must be approved by the [TCSAAD](#). The assessment of needs, the prescription of assistance and the management of the care allowances are carried out directly by the public administrations of each of the CAs. The assessment is conducted at the applicant's residence and takes into consideration the individual's health reports, including technical aids, orthoses and prostheses and the living environment.

Once the assessment-of-need procedure is complete, the dependent person is provided an Individual Care Programme (Programma Individual de Asistencia - [PIA](#)) which includes the level of formal care and benefit the beneficiary is entitled according to their level of dependence. In the case in which the beneficiary is attended by an informal caregiver and adequate conditions for co-residence of the caregiver are satisfied, beneficiaries can be offered the LTC Cash Benefit for Care in the Family Environment (Prestacion Economica por Cuidado en el Entorno Familiar - [PECEF](#)).

The individual care program can be reviewed:

- At the request of the interested party and their legal representatives
- Ex officio, according CAs regulations
- Due to the change of residence to another CA

The degree or level of dependency can be reviewed, at the request of the interested party, their representatives or ex officio by the competent Public Administrations, for any of the following reasons:

- Improvement or worsening of the dependency situation
- Diagnostic error or error in the application of the BVD

Benefits may be modified or terminated if there is a change in any of the requirements established for their recognition, or due to non-compliance with the obligations regulated in the Dependency Law ([LAPAD](#)).

Evaluators

Dependency evaluation is performed at applicants' residence and is carried out through an Equipe (Equipo de Valoración - [EDV](#)), a team which includes professionals from the social and health sector along with doctors and psychologists providing a resolution issued by Autonomous Communities ([CAs](#))' administration and valid throughout the territory of the State.

Benefit limitations

Can you mix LTC benefits?

Combination of cash and in-kind benefits

Cash and in-kind benefits cannot be combined.

Combination of in-kind benefits

Article 25 of Law [20/2012](#) establishes benefits' Incompatibility Regime (Regimen de Incompatibilidades - [RI](#)):

- The Economic Benefit Linked to the Service ([PEVS](#)) and the Economic Benefit for Personal Assistance ([PEAP](#)) are incompatible with each other except in terms of services for the prevention of dependency situations and the promotion of personal autonomy and telecare.
- The telecare service ([TA](#)) is compatible with the Services for the Promotion of Personal Autonomy and Prevention of Dependence ([SPAPPSD](#)), home care ([SAD](#)), and services provided in day and night care centers. All the other services are incompatible with each other.

Notwithstanding, Autonomous Communities ([CAs](#)) can modify the IR to facilitate individuals' permanence at home in such a way that the sum of the LTC benefits included in beneficiaries' Individual Care Plan ([PIA](#)) is not greater than the maximum level of care recognized for their Degree of dependence.

Is there free choice between cash and benefits in-kind?

No^[3]

Can you receive LTC benefits with other social security benefits?

It is possible to receive in-kind LTC benefits long with other welfare benefits.

[PEAP](#) and [PEVS](#) amounts are reduced if beneficiaries are also claiming:

- The complement for severe disability regulated in article 139.4 of the General Law of Social Security, Consolidated Text approved by Royal Legislative Decree 1/1994, of June 20
- The complement of the economic allowance per dependent child over 18 years of age with a degree of disability equal to or greater than 75
- The need of another person for the non-contributory disability pension
- The third party assistance subsidy of Law 13/1982, of April 7, Social Integration of the Disabled ([LISMI](#))

User costs

User charges

User charges for [SAAD](#) benefits vary by program and may vary by Autonomous Community ([CA](#)). Details for each program are provided below.

The [20/2012](#) Law reformed the users' participation in the cost for in-kind LTC benefits, standardizing the computational formulas explicitly regulated in the [Resolution of July 13, 2012](#). The copayment (copago) for [SPAPPSD](#), [TA](#), [SAD](#), [SCDN](#) and [SAR](#) (including [STC](#)) depends on beneficiaries' economic capacity and the type of service and related costs. The [Resolution](#) provides the minimum criteria to determine beneficiaries' economic capacity as well as the criteria to determine the beneficiaries' copayment rate according to the type of service.

Beneficiaries' economic capacity is derived according to individual's income and assets. Beneficiaries' income include income derived from work, capital as well as individual's and spouses' pension. To derive the individual's income resources are increased by 5% of their assets' value for people aged 65 years or older, by 3% for those aged 35 to 65 and by 1% for those under 3.

The beneficiary's assets include assets and rights of economic content owned by the individual, net of personal debts and obligations.

Only the habitual residence is considered in the calculation of individual economic capacity if the beneficiary is receiving care in public, concerted, or private facilities of the Social Services Network or residential care services reimbursed through PEVS and provided that the beneficiary's spouse or dependents do not reside in the habitual residence.

The minimum level of individual's economic capacity is referenced to the monthly amount of the Multiple Effects Income Indicator (Indicador Publico de Renta de Efectos Múltiples - **IPREM**). IPREM values from 2004 on are provided in [Table 9](#). If beneficiaries' economic capacity is less than the **IPREM**, beneficiaries are not subject to any copayment except for residential care. All the **CAs** adopted **IPREM** as reference except for Catalonia and País Vasco. Catalonia also uses the Income Sufficiency Indicator of Catalonia (Indicador de Renta Suficiente - **IRSC**) while País Vasco uses the Minimum Interprofessional Income (Salario Mínimo Interprofesional - **SMI**). **IRSC** monthly amounts from 2006 on are provided in [Table 10](#), while **SMI** monthly amounts from 2003 on are provided in [Table 11](#).

This definition of individual's economic capacity is also applied to **PEVS** and **PEAP** calculation.

Computational formulas for LTC services copayment provided by the [Resolution](#) are the following:

- Telecare Service: [Formula 34](#)
- Home Help Services (**SAD**): [Formula 35](#)
- Day and Night Care Services: [Formula 36](#)
- Short-Term and Residential Care Services: [Formula 37](#)

Copayment rate or formulas for SPAPPSD are not included in the Resolution.

The legislation also states that **CAs** could adjust or modify the copayment formulas to benefit beneficiaries. Some **CAs** adopted the formulas provided by the central government, while others provided their own calculation method. Copayment rates and formulas for SPAPPSD, TA, **SAD**, Day and Night Care, Short -Term and Residential care services across **CAs** are:

SPAPPSD:

- Free for all people in situation of dependence in Andalusia, Aragon, Asturias, Baleares, Comunidad Valenciana, Guizpuoka (País Vasco) and Ceuta and Melilla
- It is not yet regulated in Cantabria, Madrid and La Rioja
- Canarias: [Formula 35](#)
- Castilla y Leon: [Formula 38](#) is used for Services for the Promotion of Personal Autonomy (as of 2023), while service related to prevention of dependence are free for all people in situation of dependence
- Catalonia: [Table 12](#) and [Table 13](#) for Services for the Promotion of Personal Autonomy. We were not able to collect information about copayment rate for services related to prevention of dependence
- Galicia: [Table 28](#)
- Murcia: The cost of the service depends on the intensity of the service provided:
 - Up to 15 hours: 326 € per month for Degree III and II and 183 € per month for Degree I
 - From 16 to 25 hours: 542 € per month for Degree III and II and 305 € per month for Degree I
 - From 26 to 37 hours: 800 € per month for Degree III and II and 450 € per month for Degree I
- We were not able to collect information about SPAPPSD in Alava (País Vasco), Castilla La Mancha, Extremadura and Navarra. Specifically for Castilla La Mancha we were not able to collect any information about LTC service copayment.

TA:

- Andalusia, Aragon, Asturias, Canarias, Cantabria, Comunidad Valenciana, Galicia, Ceuta and Melilla: [Formula 34](#)
- Baleares: [Formula 39](#)
- Castilla y Leon, Catalonia and Madrid: Copayment rate are set by municipalities
- Murcia: [Formula 40](#)
- País Vasco: Guizpuoca: Free for all the people in situation of dependence
- Rioja: The service is free for beneficiaries whose income is less than IPREM otherwise the price is set at 17 € (as of 2022)
- We were not able to collect information about TA in Alava (País Vasco), Castilla La Mancha, Extremadura and Navarra.

SAD:

- Andalusia ([Formula 35](#))
- Aragon ([Formula 41](#))
- Asturias: [Formula 35](#) (2012-2014) and [Formula 42](#) (2015-2022)
- Baleares ([Formula 39](#))
- Canarias ([Formula 35](#))

- Cantabria ([Formula 43](#))
- Comunidad Valenciana: [Formula 35](#) (2012-2015), and [Formula 42](#) (2016-2022)
- Extremadura ([Formula 42](#))
- Galicia ([Table 29](#))
- Madrid
 - (As of 2015) If SAD provided by private or concerted providers, the copayment rate are set at the discretion of the provider. If SAD provided by public entities, copayment are set by municipalities
 - (As of 2021) Copayment rate is of 1.37 euros per hour if individual's economic capacity is greater than IPREM
- Murcia ([Formula 44](#))
- Pais Vasco: Alava (as of 2020) [Table 30](#)
- Ceuta y Melilla ([Formula 35](#))
- Castilla y Leon, Catalonia, La Rioja, Guipúzcoa (Pais Vasco) and Navarra: Copayment rate are set by municipalities

SCDN:

- Andalucía, Aragon, Asturias, Canarias, Comunidad Valenciana, Extremadura, Ceuta and Melilla ([Formula 36](#))
- Baleares ([Formula 45](#))
- Cantabria([Formula 46](#))
- Castilla y Leon
 - (2012-2018): [Formula 47](#) For Day Care
 - (2018-2022) : [Formula 48](#) For Day Care
 - (2012-2022): [Formula 49](#) For Night Stays
- Catalonia: [Table 12](#) and [Table 13](#)
- Galicia
 - [Table 31](#) for Semi-Residential Care - Day Care - Galicia (2013-2017)
 - [Table 32](#) for Semi-Residential Care - Day Care - Galicia (2018-2022)
 - [Table 29](#) for Night Care (2013-2022)
- La Rioja: Copayment rate is set at 25% of beneficiaries' economic capacity
- Madrid: Copayment rate for public day and night care services is set by municipalities
- Murcia ([Formula 50](#))
- Navarra: Beneficiaries' copayment rate is 50% of their income
- Pais Vasco
 - Alava: [Table 33](#) and [Table 34](#) (as of 2020)
 - Guipúzcoa ([Formula 51](#) as of 2015)

STC and SAR:

- Andalucía, Aragon, Asturias, Canarias, Comunidad Valenciana, Extremadura, Ceuta and Melilla: [Formula 37](#)
- Baleares: [Formula 52](#)
- Cantabria: [Formula 53](#)
- Castilla y Leon: [Formula 54](#)
- Catalonia: [Table 12](#) and [Table 13](#)
- Galicia: [Table 29](#)
- Madrid: Beneficiaries' copayment depend on the type of residential facilities:
 - If residential facilities are fully financed by the CA of Madrid, copayment is derived through [Formula 55](#)
 - If residential facilities are co-financed by the CA of Madrid and users, copayment is derived through [Formula 56](#)
 - Beneficiaries can choose between the two types of facilities provided that their economic capacity does not exceed 2 times the IPREM, in which case they will only be able to opt for a partial financing.
 - The beneficiary's participation in the partially financed places may not be less than 950 euros per month, nor more than 85% of the average price in concerted or public facilities
 - The maximum monthly amount to be contributed by the occupants of partially financed places who were not already admitted as of March 29, 2011 in the amount of 1,632.64 euros per month
- Murcia: [Formula 50](#)
- Navarra: 90% of individual's income
- Pais Vasco:
 - Alava ([Table 34](#) as of 2020)
 - Guipúzcoa ([Formula 57](#) as of 2015)
- Rioja: 75% of individual's economic capacity

PEVS and PEAP:

PEVS and PEAP individual's amount depends on beneficiaries' economic capacity in relation to the IPREM:

- If the beneficiary's economic capacity is equal to or less than the IPREM, beneficiaries receive the full PEVS or PEAP amount provided each year by the national legislation
- If the economic capacity is higher than the IPREM, CAs can apply reduction rates, which in no case can result in PEVS and PEAP amounts less than 40% of PEVS and PEAP and 75% of the LTC cash benefit for care in the family environment (PECEF) amounts provided annually by the national legislation.

If PEAP or PEVS beneficiaries receive other benefits of a similar nature, the amount of these other benefits is deducted from PEAP or PEVS.

There are no direct user charges for PEAP and PEVS benefit. The allowances for these benefits are reduced based on beneficiaries' economic capacity and level of dependence (see "Benefits" section for details).

Taxation of benefits

In-kind LTC benefits are not subject to taxation (Ley 35/2006).

Tables and Formulas

Table 1: Home Care Service (SAD) Coverage - National Disposition (2007-2012)

Degree	Levels	Monthly Hours
Degree III	Level 2	From 70 to 90
	Level 1	From 55 to 70
Degree II	Level 2	From 40 to 55
	Level 1	From 30 to 40
Degree I	Level 2	From 21 to 30
	Level 1	From 12 to 20

Source: BOE (2007a), Royal Decree 175/2011

Notes:

- The table reflects planned coverage for home care service. The schedule for implementing Degree I was delayed until 2015 due to budget cuts introduced by Royal Decree 20/2012.

Formula 1: PEVS and PEAP - Andalucía, Aragón, Canarias, Castilla La Mancha, Ceuta and Melilla and Galicia

$$PEVS_{i,t}, PEAP_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} < IPREM_t \\ CM_t \times 0.90 & \text{if } IPREM_t \leq CEB_{i,t} < 2 \times IPREM_t \\ CM_t \times 0.80 & \text{if } 2 \times IPREM_t \leq CEB_{i,t} < 3 \times IPREM_t \\ CM_t \times 0.70 & \text{if } 3 \times IPREM_t \leq CEB_{i,t} < 4 \times IPREM_t \\ CM_t \times 0.60 & \text{if } 4 \times IPREM_t \leq CEB_{i,t} < 5 \times IPREM_t \\ CM_t \times 0.50 & \text{if } CEB_{i,t} \geq 5 \times IPREM_t \end{cases}$$

- $PEVS_{i,t}, PEAP_{i,t}$ = Amount of PEVS or PEAP received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in Table 9
- CM_t = Maximum amount of PEVS or PEAP at time t

Source: Authors' interpretation of Fundación Caser Dependencia (2007c), Fundación Caser Dependencia (2007d), Fundación Caser Dependencia (2007f), Fundación Caser Dependencia (2007i), Fundación Caser Dependencia (2007l), Fundación Caser Dependencia (2008c)

Notes: This formula is valid in the following CAs —

- Andalucía (2007-2022)
- Aragón (2007-2013)
- Canarias (2008-2014)
- Castilla la Mancha (2007-2010)
- Ceuta y Melilla (2007-2022)
- Galicia (2007-2015)

Formula 2: PEVS and PEAP - Asturias (2007-2009)

$$PEVS_{i,t}, PEAP_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} \leq 0.75 \times IPREM_t \\ CM_t \times 0.90 & \text{if } 0.75 \times IPREM_t < CEB_{i,t} \leq 1.5 \times IPREM_t \\ CM_t \times 0.80 & \text{if } 1.5 \times IPREM_t < CEB_{i,t} \leq 2.5 \times IPREM_t \\ CM_t \times 0.70 & \text{if } 2.5 \times IPREM_t < CEB_{i,t} \leq 3.5 \times IPREM_t \\ CM_t \times 0.60 & \text{if } 3.5 \times IPREM_t < CEB_{i,t} \leq 4.5 \times IPREM_t \\ CM_t \times 0.50 & \text{if } CEB_{i,t} > 4.5 \times IPREM_t \end{cases}$$

- $PEVS_{i,t}, PEAP_{i,t}$ = Amount of PEVS or PEAP received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)
- CM_t = Maximum amount of PEVS or PEAP at time t

Source: [Fundación Caser Dependencia \(2007m\)](#)

Formula 3: PEVS and PEAP - Asturias (2009 - June 28, 2013)

$$PEVS_{i,t}, PEAP_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} \leq IPREM_t \\ CM_t \times 0.88 & \text{if } CEB_{i,t} = 2 \times IPREM_t \\ CM_t \times 0.76 & \text{if } CEB_{i,t} = 3 \times IPREM_t \\ CM_t \times 0.64 & \text{if } CEB_{i,t} = 4 \times IPREM_t \\ CM_t \times 0.52 & \text{if } CEB_{i,t} = 5 \times IPREM_t \\ CM_t \times 0.40 & \text{if } CEB_{i,t} = 6 \times IPREM_t \end{cases}$$

- $PEVS_{i,t}, PEAP_{i,t}$ = Amount of PEVS or PEAP received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)
- CM_t = Maximum amount of PEVS at time t

Source: [Fundación Caser Dependencia \(2009h\)](#), [Fundación Caser Dependencia \(2011e\)](#), [Fundación Caser Dependencia \(2013h\)](#)

Formula 4: PEVS and PEAP - Baleares (2010-2022)

$$PEVS_{i,t}, PEAP_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} \leq IPREM_t \\ 100 - 12.5 \times \frac{(CEB_{i,t} - IPREM_t)}{IPREM_t} & \text{if } CEB_{i,t} > IPREM_t \end{cases}$$

- $PEVS_{i,t}, PEAP_{i,t}$ = Amount of PEAP received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)
- IR_t = Cost for service at time t
- CM_t = Maximum amount of PEVS or PEAP at time t

Source: [Fundación Caser Dependencia \(2010a\)](#)

Formula 5: PEVS and PEAP - Cantabria (2009-2022)

$$PEVS_{i,t}, PEAP_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} < IPREM_t \\ CM_t \times 0.90 & \text{if } CEB_{i,t} = 2 \times IPREM_t \\ CM_t \times 0.80 & \text{if } CEB_{i,t} = 3 \times IPREM_t \\ CM_t \times 0.70 & \text{if } CEB_{i,t} = 4 \times IPREM_t \\ CM_t \times 0.50 & \text{if } CEB_{i,t} \geq 5 \times IPREM_t \end{cases}$$

- $PEVS_{i,t}, PEAP_{i,t}$ = Amount of PEVS or PEAP received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)
- CM_t = Maximum amount of PEVS or PEAP at time t

Source: Author's interpretation of [Fundación Caser Dependencia \(2009d\)](#)

Formula 6: PEVS and PEAP - Castilla y Leon (2007-2011)

$$PEVS_{i,t}, PEAP_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} \leq IPREM_t \\ CM_t \times \left(1.1125 - \frac{(0.15 \times CEB_{i,t})}{IPREM_t} \right) & \text{if } CEB_{i,t} > IPREM_t \end{cases}$$

- $PEVS_{i,t}, PEAP_{i,t}$ = Amount of PEVS or PEAP received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , of 532.51€ per month — $IPREM_t$ values are provided in [Table 9](#)
- IR_t = Cost for service at time t
- CM_t = Maximum amount of PEVS or PEAP at time t

Source: [Fundación Caser Dependencia \(2007k\)](#)

Formula 7: PEVS and PEAP - Madrid (2008) and Castilla La Mancha (2010)

$$PEVS_{i,t}, PEAP_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} \leq IPREM_t \\ CM_t \times \left(1.1125 - \frac{(0.15 \times CEB_{i,t})}{IPREM_t} \right) & \text{if } CEB_{i,t} > IPREM_t \end{cases}$$

- $PEVS_{i,t}, PEAP_{i,t}$ = Amount of PEAP received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)
- IR_t = Cost for service at time t
- CM_t = Maximum amount of PEAP or PEVS at time t

Source: [Fundación Caser Dependencia \(2008b\)](#), [Fundación Caser Dependencia \(2010j\)](#)

Notes: This formula applies for PEVS and PEAP calculation in Madrid (as of 2008) and in Castilla La Mancha (as of 2010).

Formula 8: PEVS and PEAP - Catalonia (2007-2010)

$$PEVS_{i,t}, PEAP_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} < 2.5 \times IRSC_t \\ CM_t \times 0.95 & \text{if } 2.5 \times IRSC_t \leq CEB_{i,t} < 4.5 \times IRSC_t \\ CM_t \times 0.90 & \text{if } 4.5 \times IPREM_t \leq CEB_{i,t} < 5.5 \times IPREM_t \\ CM_t \times 0.80 & \text{if } CEB_{i,t} \geq 5.5 \times IRSC_t \end{cases}$$

- $PEVS_{i,t}, PEAP_{i,t}$ = Amount of PEVS or PEAP received by individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IRSC_t$ = Income Sufficiency Indicator of Catalonia (*Indicador de Renta de Suficiencia de Cataluña - IRSC*) at time t — $IRSC_t$ values are provided in [Table 10](#)
- IR_t = Cost for service at time t
- CM_t = Maximum amount of PEVS at time t

Source: Authors' interpretation of [Fundación Caser Dependencia \(2007b\)](#)

Notes: The Income Sufficiency Indicator of Catalonia (IRSC) is an economic value used as the threshold to access to social benefits.

Formula 9: PEVS - Catalonia (As of September 2010)

$$PEVS_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} < 2 \times IRSC_t \\ CM_t \times 0.95 & \text{if } 2 \times IRSC_t \leq CEB_{i,t} < 3 \times IRSC_t \\ CM_t \times 0.80 & \text{if } 3 \times IRSC_t \leq CEB_{i,t} < 4.5 \times IRSC_t \\ CM_t \times 0.7 & \text{if } 4.4 \times IRSC_t \leq CEB_{i,t} < 5.5 \times IRSC_t \\ CM_t \times 0.6 & \text{if } CEB_{i,t} \geq 5.5 \times IRSC_t \end{cases}$$

- $PEVS_{i,t}$ = Amount of PEVS received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IRSC_t$ = Income Sufficiency Indicator of Catalonia (*Indicador de Renta de Suficiencia de Cataluña - IRSC*) at time t , — $IRSC_t$ values are provided in [Table 10](#)
- IR_t = Cost for service at time t
- CM_t = Maximum amount of PEVS at time t

Source: [Fundación Caser Dependencia \(2010i\)](#)

Notes: As of 2010, an additional level of coverage can be applied for the PEVS applied to residential care services, up to 60% of the benefit maximum amount. The Income Sufficiency Indicator of Catalonia (IRSC) is an economic value used as the threshold to access to social benefits.

Formula 10: PEVS e PEAP - Comunidad Valenciana (2007-2011)

$$PEVS_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} \leq 1.5 \times IPREM_t \\ CM_t \times 0.8 & \text{if } 1.5 \times IPREM_t < CEB_{i,t} \leq 3 \times IPREM_t \\ CM_t \times 0.7 & \text{if } 3 \times IPREM_t < CEB_{i,t} \leq 4 \times IPREM_t \\ CM_t \times 0.6 & \text{if } 4 \times IPREM_t < CEB_{i,t} \leq 5 \times IPREM_t \\ CM_t \times 0.5 & \text{if } CEB_{i,t} \geq 5 \times IPREM_t \end{cases}$$

- $PEVS_{i,t}$ = Amount of PEVS received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)
- IR_t = Cost for service at time t
- CM_t = Maximum amount of PEVS at time t

Source: Authors' interpretation of [Fundación Caser Dependencia \(2007h\)](#), [Fundación Caser Dependencia \(2011b\)](#)

Notes: In case of PEVS applied to day and night care services, the amount is 60% of maximum amount. As a general rule PEVS amount cannot exceed the service cost. This formula is valid for PEVS until 2022.

The amount of PEAP will be further reduced according to the following coefficients on the base of the intensity of care received:

- Complete (greater than 120 hours per month), 0% reduction
- Partial (from 81 and 120 hours of care per month), 25% reduction
- Minimum (from 41 and 80 hours of care per month), 50% reduction

Formula 11: PEVS and PEAP - Extremadura (2010)

$$PEVS_{i,t}, PEAP_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} \leq IPREM_t \\ CM_t \times 0.90 & \text{if } IPREM_t < CEB_{i,t} \leq 2 \times IPREM_t \\ CM_t \times 0.80 & \text{if } 2 \times IPREM_t < CEB_{i,t} \leq 2.5 \times IPREM_t \\ CM_t \times 0.70 & \text{if } 2.5 \times IPREM_t < CEB_{i,t} \leq 3 \times IPREM_t \\ CM_t \times 0.60 & \text{if } 3 \times IPREM_t < CEB_{i,t} \leq 3.5 \times IPREM_t \\ CM_t \times 0.50 & \text{if } 3.5 \times IPREM_t < CEB_{i,t} \leq 4 \times IPREM_t \\ CM_t \times 0.40 & \text{if } CEB_{i,t} \geq 4 \times IPREM_t \end{cases}$$

- $PEVS_{i,t}, PEAP_{i,t}$ = Amount of PEVS or PEAP received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)
- CM_t = Maximum amount of PEVS or PEAP at time t

Source: Authors' interpretation of [Fundación Caser Dependencia \(2010l\)](#)

Formula 12: PEVS and PEAP - La Rioja (2007- 2021)

$$PEAP_{i,t}, PEVS_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} \leq 2 \times IPREM_t \\ CM_t \times 0.90 & \text{if } 2 \times IPREM_t < CEB_{i,t} \leq 4 \times IPREM_t \\ CM_t \times 0.80 & \text{if } CEB_{i,t} > 4 \times IPREM_t \end{cases}$$

- $PEAP_{i,t}, PEVS_{i,t}$ = Amount of PEAP or PEVS received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)
- CM_t = Maximum amount of PEAP or PEVS at time t

Source: [Fundación Caser Dependencia \(2007e\)](#), [Fundación Caser Dependencia \(2010f\)](#), [Fundación Caser Dependencia \(2013c\)](#)

Notes: The amount of the economic benefit to be recognized for each beneficiary is determined by applying a reduction coefficient to the maximum amount of PECEF in force for each year, which may not exceed 25 percent, based on the Total Annual Taxable Base in Income Tax.

Formula 13: PEAP - Murcia (2010-2022)

$$PEAP_{i,t} = \begin{cases} 100 & \text{if } CEB_{i,t} \leq IPREM_t \\ \frac{A_t \times (11 \times IPREM_t - CEB_{i,t})}{10 \times IPREM_t} & \text{if } CEB_{i,t} \geq IPREM_t \end{cases}$$

- $PEAP_{i,t}$ = Amount of PEAP received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)
- IR_t = Cost for service at time t
- A_t = Maximum amount of PEAP at time t

Source: [Fundación Caser Dependencia \(2010b\)](#)

Table 2: PEVS applied to Home Care Services (SAD) - Navarra (2009-2011)

Economic Capacity	Degree III (Level 2)	Degree III (Level 1)	Degree II (Level 2)	Degree II (Level 1)
Up to 1 IPREM	0.0	0.0	0.0	0.0
From 1 to 1.35	0.0	0.0	0.0	0.0
From 1.35 to 1.5	10.0	10.0	10.0	10.0
From 1.5 to 1.8	20.0	20.0	20.0	20.0
From 1.8 to 2	35.0	35.0	35.0	35.5
From 2 to 3	45.0	48.0	38.0	38.0
From 3 to 4	47.0	56.0	55.0	58.5
From 4 to 4.5	47.5	57.5	56.0	59.5
From 4.5 to 5	48.0	58.0	58.5	62.5
From 5 to 10	50.5	60.5	59.5	64.0

Source: Authors' interpretation of [Fundación Caser Dependencia \(2009f\)](#)

Notes: The final amount of the benefit is derived applying the copayment rate to the benefit maximum amount according to the beneficiary's economic capacity.

Table 3: Economic Benefit Linked to the Service (PEVS) - Alava (2008)

Monthly Economic Capacity	Less than 120,202.42€ ²	From 120,202.43€ to 150,253.03€	From 150,253.04€ to 180,303.63€	From 180,303.64€ to 210,354.24€	Greater than 210,354.25€
Greater than 400% SMI ¹	70 ³	65	60%	55%	50%
From 300.01 to 400% SMI	80	75%	70	65%	60%
From 250.01 to 300% SMI	90	85%	80	75%	70
From 200.01 to 250% SMI	100	95%	90	85%	80
Less than 200% SMI	100	100	100	100	90

Source: [Fundación Caser Dependencia \(2008\)](#)

Notes: The table shows the percentage of the maximum amount of PEVS beneficiaries are entitled to according to their economic capacity including their monthly income and assets.

¹ Columns provide beneficiaries' monthly income in reference to the Minimum Interprofessional Wage (Salario Mínimo Interprofesional - SMI). The Interprofessional Minimum Wage (SMI) is the annual gross minimum economic amount that an employee receives, as a minimum and decent salary, for his working day. The SMI is a fixed remuneration that is specified annually by the Government, after consultation with trade union organizations and business associations.

² Rows header provide the beneficiary's assets.

³ Percentage amount of PEVS received by a beneficiary whose income is 4 times SMI and whose assets are less than 120,202.42€.

Formula 14: PEAP and PEVS - Guizpuoka (2009-2021)

$$PEVS_{i,t}, PEAP_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} \leq 2.5 \times SMI_t \\ CM_t \times 0.90 & \text{if } 2.5 \times SMI_t < CEB_{i,t} \leq 3 \times SMI_t \\ CM_t \times 0.80 & \text{if } 3 \times SMI_t < CEB_{i,t} \leq 4 \times SMI_t \\ CM_t \times 0.70 & \text{if } CEB_{i,t} > 4 \times SMI_t \end{cases}$$

- $PEVS_{i,t}, PEAP_{i,t}$ = Amount of PEVS or PEAP received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- SMI_t = Interprofessional Minimum Wage (*Salario Mínimo Interprofesional* - *SMI*) at time t , — SMI_t values are provided in [Table 11](#)
- CM_t = Maximum amount of PEVS or PEAP at time t

Source: [Fundación Caser Dependencia \(2009\)](#), [Fundación Caser Dependencia \(2017a\)](#)

Table 4: PEVS and PEAP Amounts (2007)

Degree	Levels	PEVS	PEAP
Degree III	Level 2	780 €	780 €
	Level 1	585	585

Source: [BOE \(2007a\)](#)

Formula 15: PEAP - Catalonia (2010-2022)

$$PEAP_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} < 2.5 \times IRSC_t \\ CM_t \times 0.95 & \text{if } 2.5 \times IRSC_t \leq CEB_{i,t} < 4.5 \times IRSC_t \\ CM_t \times 0.90 & \text{if } 4.5 \times IRSC_t \leq CEB_{i,t} < 5.5 \times IRSC_t \\ CM_t \times 0.80 & \text{if } CEB_{i,t} \geq 5.5 \times IRSC_t \end{cases}$$

- $PEAP_{i,t}$ = Amount of PEAP received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IRSC_t$ = Income Sufficiency Indicator of Catalonia (*Indicador de Renta de Suficiencia de Cataluña* - *IRSC*) at time t , — $IRSC_t$ values are provided in [Table 10](#)
- IR_t = Cost for service at time t
- CM_t = Maximum amount of PEVS at time t

Source: [Fundación Caser Dependencia \(2010i\)](#), [Fundación Caser Dependencia \(2014e\)](#)

Notes: The Income Sufficiency Indicator of Catalonia (IRSC) is an economic value used as the threshold to access to social benefits.

Formula 16: PEAP - Comunidad Valenciana (2011-2022)

$$PEAP_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} < 3 \times IPREM_t \\ CM_t \times 0.8 & \text{if } 3 \times IPREM_t \leq CEB_{i,t} < 4 \times IPREM_t \\ CM_t \times 0.7 & \text{if } 4 \times IPREM_t \leq CEB_{i,t} < 5 \times IPREM_t \\ CM_t \times 0.6 & \text{if } CEB_{i,t} \geq 5 \times IPREM_t \end{cases}$$

- $PEAP_{i,t}$ = Amount of PEAP received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , $-IPREM_t$ values are provided in [Table 9](#)
- IR_t = Cost for service at time t
- CM_t = Maximum amount of PEAP at time t

Source: Author's interpretation of [Fundación Caser Dependencia \(2011b\)](#)

Table 5: PEAP - Navarra (2009-2012)

Economic Capacity	Degree III (Level 2)	Degree III (Level 1)
Up to 1.34 IPREM	0	0
From 1.35 to 1.5	10	10
From 1.5 to 1.8	20	20
From 1.8 to 2	35	35
From 2 to 3	45	45
From 3 to 4	50	50
From 4 to 4.5	60	70
From 4.5 to 5	70	75
From 5 to 10	75	80.5

Source: Authors' interpretation of [Fundación Caser Dependencia \(2009g\)](#)

Notes: The final amount of the benefit is derived applying the copayment rate to the benefit maximum amount according to the beneficiary's economic capacity.

Formula 17: PEVS applied to Residential Care - Catalunya (November 2014 -2022)

$$PEVS_{i,t} = IR_t - CEB_{i,t}$$

- $PEVS_{i,t}$ = Individual i amount of PEVS for day and night care services at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- IR_t = Cost for residential care service at time t
- CM_t = Minimum amount for personal expenses, referenced to 19% of the monthly IPREM at time t

Source: [Fundación Caser Dependencia \(2014e\)](#)

Box 1: Planned Implementation Schedule for SAAD

Dependency Law 39/2006 provided the following initial planned implementation schedule for SAAD care levels:

- 2007: Degree III, Great Dependency, levels 1 and 2
- 2008-2009: Degree II, Severe Dependency, level 2
- 2009-2010: Degree II, Severe Dependency, level 1
- 2011-2012: Degree I, Moderate Dependency, level 2 ¹
- 2013-2014: Degree I, Moderate Dependency, level 1

Source: [Dependency Law 39/2006](#), [Royal Decree 20/2012](#)

Notes:

- ¹ The schedule for implementing the moderate dependency level was delayed until 2015 due to budget cuts introduced by Royal Decree 20/2012.

Table 6: SAAD Care Levels

Degrees ¹	Level	Description	Score	Year of Implementation
Not classified	Not Applicable	Not Dependent	0-24	Not Applicable
Degree I ²	Level 1	Moderate Dependence	25-39	2015
	Level 2	Moderate Dependence	40-49	2015
Degree II	Level 1	Severe Dependence	50-64	2009, 2010
	Level 2	Severe Dependence	65-74	2008, 2009
Degree III	Level 1	Great Dependence	75-89	2007
	Level 2	Great Dependence	90-100	2007

Source: Author's interpretation of [Brugiavini et al \(2017\)](#), [H.-J. Reinhard \(2018\)](#)

Notes

- ¹ In the Spanish SAAD dependency Care Levels are called degrees (grados).
- ² Law 39/2006 provided a planned implementation schedule for SAAD care levels specifying that degree I, moderate dependency, would be introduced in 2011, however, the schedule for implementing the moderate dependency level was delayed until 2015 due to budget cuts introduced by Royal Decree 20/2012.

Table 7: Care Assessment Scale (Baremo de Valoracion - BVD) - A

Activities and Tasks	Description	Weight
Activity	Eating and drinking	16.80 (10.00)
Task	Recognize and/or reach the food served	0.25 ¹
Task	Cut or break up food into pieces	0.20
Task	Using cutlery to put food to mouth	0.30
Task	Bring drink container to mouth	0.25
Activity	Personal hygiene related to urination and defecation	14.80 (7.00)
Task	Go to the appropriate place	0.20
Task	Dressing and undressing	0.15
Task	Adopting the right posture	0.30
Task	Cleaning oneself	0.35
Activity	Bathing	8.80 (8.00)
Task	Turning on and turning off taps	0.15
Task	Washing hands	0.20
Task	Access shower or bath tub	0.15
Task	Washing lower part of the body	0.25
Task	Washing upper part of the body	0.25
Activity	Performing other body care	2.90 (2.00)
Task	Combing hair	0.30
Task	Cutting nails	0.15
Task	Washing hair	0.25
Task	Brushing teeth	0.30
Activity	Dressing	11.90 (11.60)
Task	Recognise and reach for clothes and shoes	0.15
Task	Putting on shoes	0.10
Task	Fastening buttons or similar	0.15
Task	Dressing upper part of the body	0.30
Task	Dressing lower part of the body	0.30
Activity	Maintaining health	2.90 (11.00)
Task	Request therapeutic assistance	0.15
Task	Applying recommended therapeutic measures	0.10
Task	Avoiding risks in home	0.25
Task	Avoiding risks outside the home	0.25
Task	Asking for help in an emergency	0.25
Activity	Changing and maintaining body position	9.40 (2.00)
Task	Changing position from lying to sitting on the bed	0.10
Task	Staying seated	0.15
Task	Switch from sitting in chair to standing	0.10
Task	Standing	0.15
Task	Switch from standing to sitting in chair	0.10
Task	Transferring while sitting	0.10
Task	Transferring while lying down	0.10
Task	Changing centre of gravity while lying down	0.20

Source: BOE (2007), Brugiavini et al (2017)

Notes: In case of mental disorders or cognitive impairment an extra decision making activity is evaluated, and different weights are used to evaluate each activity. The different weights are provided in parenthesis.

¹ Task's coefficient used for final evaluation.

Table 8: Care Assessment Scale (Baremo de Valoracion - BVD) - B

Activities and Tasks	Description	Weight
Activity	Moving inside the home	12.30 (12.10)
Task	Making trips to get dressed	0.25 ¹
Task	Making trips to eat	0.15
Task	Making trips to wash	0.10
Task	Making trips not related to self-care	0.25
Task	Moving between non-common rooms	0.10
Task	Access to all rooms	0.15
Activity	Moving outside the home	12.20 (12.90)
Task	Accessing the outdoors	0.25
Task	Moving around the building	0.25
Task	Walking short distances in known places	0.20
Task	Walking short distances in unknown places	0.15
Task	Walking long distances in known places	0.10
Task	Walking long distances in unknown places	0.05
Activity	Perform household chores	8.00 (8.00)
Task	Meal preparation	0.45
Task	Shopping	0.25
Task	Cleaning and caring for the home	0.20
Task	Washing and caring for clothes	0.10
Activity	Only in case of health condition which may affect mental function: Making decisions	(15.40)
Task	Deciding on daily eating	0.20
Task	Directing personal hygiene habits	0.10
Task	Plan for commuting outside the home	0.10
Task	Deciding interpersonal relationships with known people	0.20
Task	Deciding interpersonal relationships with unknown people	0.10
Task	Managing money from everyday budget	0.10
Task	Managing time and daily activities	0.15
Task	Resolve the use of publicly available resources	0.05

Source: BOE (2007), Brugiavini et al (2017)

Notes: In case of mental disorders or cognitive impairment an extra decision making activity is evaluated, and different weights are used to evaluate each activity. The different weights are provided in parenthesis.

¹ Task's coefficient used for final evaluation.

Table 9: Public Indicator of Multiple Effect Income - IPREM (2004-2023)

Year	Monthly Amount
2023	600.00 €
2022	579.02
2021	564.90
2020	537.84
2019	537.84
2018	537.84
2017	537.84
2016	532.51
2015	532.51
2014	532.51
2013	532.51
2012	532.51
2011	532.51
2010	532.51
2009	527.24
2008	516.90
2007	499.20
2006	479.10
2005	469.80
2004	460.50

Source: Authors' interpretation of [IPREM \(2022\)](#)

Table 10: Income Sufficiency Indicator Catalunya - IRSC (2006-2022)

Year	Monthly Amount
2023	614.65 €
2022	569.12
2021	569.12
2020	569.12
2019	569.12
2018	569.12
2017	569.12
2016	569.12
2015	569.12
2014	569.12
2013	569.12
2012	569.12
2011	569.12
2010	569.12
2009	563.49
2008	552.44
2007	N/A
2006	509.80

Source: Authors' interpretation of [BOE \(2006\)](#), [BOE \(2008\)](#), [BOE \(2014\)](#), [IPREM \(2022\)](#), [Generalitat de Catalunya \(2022\)](#), [CCOO \(2022\)](#), [Energia Justa \(2022\)](#)

Table 11: Minimum Interprofessional Wage - SMI (2003-2022)

Year	Monthly Amount
2023	1,080.00 €
2022	1,000.00
2021 ¹	965.00
2020	950.00
2019	900.00
2018	735.90
2017	707.70
2016	655.20
2015	648.60
2014	645.30
2013	645.30
2012	641.40
2011	641.40
2010	633.30
2009	624.00
2008	600.00
2007	570.60
2006	540.90
2005	513.00
2004	490.80
2003	451.20

Source: Authors' interpretation of [Vicepresidencia Segunda del Gobierno \(2022\)](#), [BOE 2023](#), [Grupo 2000 \(2022\)](#)

Notes

¹ 2021: 950€ at the beginning of the year

Table 12: Semi-Residential and Residential Care Copayment - Catalonia (2010-2022) - A

Service	Unitary Cost (2019-2022)	Cost (2019-2022)	Public Expenses (2019-2022)	Copayment (2019-2022)	IRSC as pocket money
Day center service for the elderly on a temporary or permanent basis	28.06 € ¹ (28.76)	853.49 € ² (874.78)	324.47 € ² (310.11)	529.02 € ² (564.67)	100
		617.32 € in working days (632.72)	234.68 € in working days (224.30)	382.64 € in working days (408.42)	
Residential home service for the elderly on a temporary or permanent basis	27.85	847.24	174.94 (86.78)	672.30 (760.46)	50
Assisted living service for the elderly with temporary or permanent social risk	45.53	1,384.88	420.40 (253.52)	964.48 (1,131.36)	20% (if permanent risk) 40% (if temporal risk)
Assisted living service for the elderly on a temporary or permanent basis (Degree II)	52.44 (57.50)	1,595.06 (1,749.06)	518.29 (358.91)	1,076.77 (1,390.15)	20% (if permanent risk) 40% (if temporal risk)
Assisted living service for the elderly on a temporary or permanent basis (Degree III)	61.46	1,869.41	667.56 (421.54)	1,201.85 (1,447.87)	20% (if permanent risk) 40% (if temporal risk)
Temporary or permanent sheltered housing service for older people	9.33	283.71	59.40 (28.71)	224.31 (255)	75

Source: Authors' interpretation of [Fundación Caser Dependencia \(2012b\)](#), [Fundación Caser Dependencia \(2014d\)](#), [Fundación Caser Dependencia \(2019a\)](#), [Fundación Caser Dependencia \(2019c\)](#)

Notes: Numbers in parenthesis are values for 2019. The maximum price of private places in residential centers is established according to the following criteria —

- In the case of users with an income equal to or less than two times the IRSC, who have recognized an economic benefit related to the Catalan system of autonomy and care for dependency (SCAAD), the maximum price of the place is the reference cost established in the Social Services Portfolio (Cartera de los Servicios Sociales) for each type of service according to the degree of dependency.
- In the case of users with an income greater than twice the IRSC, who have a recognized economic benefit linked to the System Catalan autonomy and dependency care (SCAAD), there is no maximum price.

¹ Values in the column refer to euros per stay.

² Values in the column refer to euros per month.

Table 13: Semi-Residential and Residential Care Copayment - Catalonia (2010-2022) - B

Service	Unitary Cost (2019-2022)	Cost (2019-2022)	Public Expenses (2019-2022)	Copayment (2019-2022)	IRSC as pocket money
Service for the promotion of personal autonomy for people with dependency cared for in long-term social and health centers	18.04 (17.83)	N/A	N/A	18.04 € per stay (17.83)	20
Service for the promotion of personal autonomy for people with dependency cared for in day hospitals (with dining room service)	8.13 (8.04)	N/A	3.66 € per stay (3.49)	4.47 € per stay (4.27)	100
Service for the promotion of personal autonomy for people with dependency cared for in long-stay psychiatric social-health centers	18.04 (17.83)	N/A	N/A	18.04 € per stay (17.83)	20
Temporary or permanent home service support for people with social problems due to mental illness	22.74	691.74	302.00 (145.96)	389.74 (545.78)	75
Temporary or permanent stay in residential homes for people with social problems derived from mental illness	58.69	1,785.17	681.12 (349.13)	1,104.05 (1,436.04)	50

Source: Authors' interpretation of [Fundación Caser Dependencia \(2012b\)](#), [Fundación Caser Dependencia \(2014d\)](#), [Fundación Caser Dependencia \(2019a\)](#), [Fundación Caser Dependencia \(2019c\)](#)

Notes: Numbers in parenthesis are values for 2019. The maximum price of private places in residential centers is established according to the following criteria —

- In the case of users with an income equal to or less than two times the IRSC, who have recognized an economic benefit related to the Catalan system of autonomy and care for dependency (SCAAD), the maximum price of the place is the reference cost established in the Social Services Portfolio (Cartera de los Servicios Sociales) for each type of service according to the degree of dependency.
- In the case of users with an income greater than twice the IRSC, who have a recognized economic benefit linked to the System Catalan autonomy and dependency care (SCAAD), there is no maximum price.

Table 14: Home Care Services (SAD) Copayment - Galicia (2009-2012)

Economic Capacity	Minimum Copayment Rate	Maximum Copayment Rate
Less than IPREM	0	0
From 1 to 3 IPREM	10	20
From 3 to 5 IPREM	21	60
Greater than 5	61	65

Source: Authors' interpretation of [Fundación Caser Dependencia \(2009a\)](#)

Notes: Applicants' municipalities decide the final copayment rate.

Table 15: Home Care Services (SAD) Copayment Rate - Andalusia (2007-2012)

Economic Capacity	Copayment rate
Less or equal to 1 IPREM	0
From 1 to 2	5
From 2 to 3	10
From 3 to 4	20
From 4 to 5	30
From 5 to 6	40
From 6 to 7	50
From 7 to 8	60
From 8 to 9	70
From 9 to 10	80
Greater than 10	90

Source: Authors' interpretation of [Fundación Caser Dependencia \(2007g\)](#)

Table 16: Home, Semi-Residential and Residential Care Service Copayment Rates - Asturias (2009-2011)

Economic Capacity	Home Care	Semi-Residential Care	Residential Care
0.5 × IPREM	0	25	75
1	0	30	75
1.5	0	35	80
2	10	40	90
2.5	10	45	90
3	20	50	90
4	30	50	90
5	40	50	90
6	50	50	90
7	60	50	90
7.5	65	50	90

Source: [Fundación Caser Dependencia \(2009h\)](#), [Fundación Caser Dependencia \(2011e\)](#)

Notes: Percentages in the table are beneficiaries' copayment rate for Home, Semi-residential and Residential Care. The maximum copayment rate for SAD cannot exceed the 75% of the service hourly cost. Beneficiaries' economic capacity is measured with respect to IPREM.

Table 17: Home, Semi-Residential and Residential Care Service Copayment - Cantabria (2007)

Economic Capacity	Residential Care	Day and Night Care	SAD
Up to 1 IPREM	10	5	0
From 1 to 2	20	15	10
From 2 to 3	30	25	20
From 3 to 4	45	40	30
From 4 to 5	60	55	40
Greater than 5	75	70	50

Source: [Fundación Caser Dependencia \(2007j\)](#)

Notes: The percentages in the table are the copayment rates for residential, short-term, day, and home care. The copayment for SAD cannot exceed the 75% of the hourly cost. The copayment rate for short-term care is the same as that for residential care.

Table 18: Home, Semi-Residential and Residential Care Service Copayment - Cantabria (2008)

Degree	Levels	Economic Capacity	Residential Care	Day and Night Care	Home Care
Degree III	Level 1 & 2	Up to 1 IPREM	10	5	0
		2	30	15	10
		3	45	25	20
		4	60	40	30
		$\geq \$5$	80	65	50
Degree II	Level 1 & 2	Up to 1 IPREM	12	12	10
		2	32	25	20
		3	47	38	30
		4	62	50	40
		$\geq \$5$	82	75	60

Source: [Fundación Caser Dependencia \(2008e\)](#)

Notes: The percentage in the table are the copayment rate for residential, short-term, day and home care. The copayment for short-term care is the same as that for residential care.

Table 19: Home, Semi-Residential and Residential Care Service Copayment - Cantabria (2009)

Degrees	Economic Capacity	Residential Care	Day and Night Care	Home Care
Degrees III and II	Up to 1 IPREM	15	5	0
	2	45	15	10
	3	70	25	25
	4	80	40	40
	$\geq \$5$	90	65	65

Source: [Fundación Caser Dependencia \(2009b\)](#)

Notes: The percentages in the table are the copayment rates for residential, short-term, day, and home care. The copayment rate for short-term care is the same as that for residential care.

Formula 18: Home Care Service (SAD) Copayment - Murcia (2010-2021)

$$Copayment_{i,t} = IR_t \times \left(\frac{CEB_{i,t}}{IPREM_t} - 1 \right) \times 0.2$$

- $Copayment_{i,t}$ = Individual i copayment for day care benefit at time t
- IR_t = Cost per hour for home care services at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)

Source: Authors' interpretation of [Fundación Caser Dependencia \(2010a\)](#)

Formula 19: Semi-Residential and Residential Care Service Copayment - La Rioja (2003-2011)

$$Copayment_{i,t} = 0.75 \times CEB_{i,t}$$

- $Copayment_{i,t}$ = Individual i copayment for day care benefit at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t

Source: [Boletín Oficial De La Rioja \(2003\)](#)

Formula 20: Day and Night Care Service Copayment - Murcia (2010-2021)

$$Copayment_{i,t} = IR_t \times \left(\frac{CEB_{i,t}}{IPREM_t} - 1 \right) \times 0.2$$

- $Copayment_{i,t}$ = Individual i copayment for day care benefit at time t
- IR_t = Cost for day and night care services at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)

Source: Authors' interpretation of [Fundación Caser Dependencia \(2010a\)](#)

Table 20: Short-Term and Residential Care Service Copayment Rates - Murcia (2010-2021)

Residential care facilities	Prices	Copayment Rate
Residential homes for older adults	1,600 € per month	90% of the cost
Gero-psychiatric residences	1,800	90% of the cost
Residence for dependent people with mental illness	2,100	90% of the cost
Residence for dependent people with intellectual disabilities	2,300	90% of the cost
Residence for dependent people with physical disabilities	2,200	90% of the cost
Specialized care facilities	3,300	90% of the cost

Source: Authors' interpretation of [Fundación Caser Dependencia \(2010a\)](#)

Notes: The provision of the residential care service will be guaranteed in any case to those who lack sufficient income. In any case, beneficiaries are guaranteed an amount equivalent to 10% of their economic capacity as pocket money, which cannot be less than 120€ per month. Said amount is updated annually in accordance with the Consumer Price Index (CPI).

Table 21: SAD Coverage National Disposition (2012) - A

Degree	Levels	Monthly Hours
Degree III	Level 2	From 56 to 70
	Level 1	From 46 to 55
Degree II	Level 2	From 31 to 45
	Level 1	From 21 to 30
Degree I	Level 2	Up to 20
	Level 1	Up to 20

Source: [Royal Decree 20/2012](#)

Notes: This coverage applies to individuals who, as of 2012, already had a certified level of dependence.

Table 22: SAD Coverage National Disposition (2012) - B

Degree	Monthly Hours
Degree III	From 46 to 70
Degree II	From 21 to 45
Degree I	Up to 20

Source: [Royal Decree 20/2012](#)

Notes: This coverage applies to individuals who, as of 2012, did not have a certified level of dependence.

Table 23: PEVS and PEAP Amounts - National disposition - (2012-2022)

Degrees	PEVS, PEAP
Degree III	715.07 €
Degree II	426.12
Degree I	300.00

Source: Authors' interpretation of [BOE \(2012\)](#)

Notes: The amounts displayed in the table are the amounts intended to reimburse the cost of services or personal assistance for those who did not have a certified degree of dependence as of 2012.

Formula 21: PEVS and PEAP - National Disposition (as of 2012)

$$PEVS_{i,t}, PEAP_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} \leq IPREM_t \\ IR_t + CM_t - CEB_{i,t} & \text{if } CEB_{i,t} \geq IPREM_t \end{cases}$$

- $PEVS_{i,t}, PEAP_{i,t}$ = Individual i amount of PEVS or PEAP for day and night care services at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t ,— $IPREM_t$ values are provided in [Table 9](#)
- IR_t = Cost for service at time t
- CM_t = Minimum amount for personal expenses, referenced to 19 of the monthly IPREM at time t

Source: [BOE \(2012a\)](#), [Fundación Caser Dependencia \(2013e\)](#), [Fundación Caser Dependencia \(2013h\)](#)

Notes: This formula is also valid in Asturias in 2013-2014.

Formula 22: PEVS and PEAP - Castilla y Leon (2012-2015)

$$PEVS_{i,t}, PEAP_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} \leq IPREM_t \\ CM_t \times \left(1.55 - 0.55 \times \left(\frac{CEB_{i,t}}{IPREM_t \times T_t} \right) \right) & \text{if } CEB_{i,t} > IPREM_t \end{cases}$$

- $PEVS_{i,t}, PEAP_{i,t}$ = Amount of PEVS or PEAP received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t ,— $IPREM_t$ values are provided in [Table 9](#)
- CM_t = Maximum amount of PEVS or PEAP at time t according to the beneficiary's level of dependency
- T_t = Coefficient which at time t is 1.0290

Source: Authors' interpretation of [Fundación Caser Dependencia \(2012e\)](#)

Formula 23: PEVS applied to Home Care Service - Extremadura (2013-2022)

$$PEVS_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} \leq IPREM_t \\ IR_t - \left(\frac{0.4 \times IR_t \times CEB_{i,t}}{IPREM_t} \right) - (0.3 \times IR_t) & \text{if } CEB_{i,t} > IPREM_t \\ & \text{and } 1 \leq SAD \leq 45 \text{ hours per month} \\ IR_t - \left(\frac{0.3333 \times IR_t \times CEB_{i,t}}{IPREM_t} \right) - (0.25 \times IR_t) & \text{if } CEB_{i,t} > IPREM_t \\ & \text{and } 46 \leq SAD \leq 70 \text{ hours per month} \end{cases}$$

- $PEVS_{i,t}$ = Amount of PEVS received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)
- IR_t = Cost for service at time t
- CM_t = Maximum amount of PEVS at time t according to the beneficiary's level of dependency

Source: [Fundación Caser Dependencia \(2013d\)](#)

Formula 24: PEVS and PEAP - Canarias (2014)

$$PEVS_{i,t}, PEAP_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} \leq IPREM_t \\ IR_t + Cm_t - CEB_{i,t} & \text{if } CEB_{i,t} > IPREM_t \end{cases}$$

- $PEVS_{i,t}, PEAP_{i,t}$ = Amount of PEVS or PEAP received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)
- CM_t = Maximum amount of PEVS or PEAP at time t
- Cm_t = Minimum amount for personal expenses being 19% of IPREM at time t

Source: Authors' interpretation of [Fundación Caser Dependencia \(2014\)](#)

Notes: If the economic capacity of the beneficiary is greater than the IPREM, the amount of the economic benefit may not be less than 40% of the amount established annually for PEVS and personal assistance, and 75% for PECEF, unless some type of compatibility with the services of the Catalog has been recognized.

Formula 25: PEVS and PEAP - Galicia (2015-2022)

$$PEVS_{i,t}, PEAP_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} \leq IPREM_t \\ CM_t \times \left(1.55 - \left(0.55 \times \frac{CEB_{i,t}}{IPREM_t} \right) \right) & \text{if } CEB_{i,t} > IPREM_t \end{cases}$$

- $PEVS_{i,t}, PEAP_{i,t}$ = Amount of PEVS or PEAP received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)
- IR_t = Cost for service at time t
- CM_t = Maximum amount of PEVS or PEAP at time t according to the beneficiary's level of dependency

Source: Authors' interpretation of [Fundación Caser Dependencia \(2015b\)](#)

Formula 26: PEAP and PEVS - Asturias (June 29, 2013-2022)

$$PEVS_{i,t}, PEAP_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} \leq IPREM_t \\ (IR_t + CM_t - CEB_{i,t}) \times IC_t & \text{if } CEB_{i,t} > IPREM_t \end{cases}$$

- $PEVS_{i,t}, PEAP_{i,t}$ = Amount of PEVS or PEAP received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)
- IR_t = Cost for service at time t
- CM_t = Maximum amount of PEVS or PEAP at time t according to the beneficiary's level of dependency
- IC = Adjustment index equal to 1.5 and 1.75 for PEVS applied to day and night care services at time t

Source: Author's interpretation of [Fundación Caser Dependencia \(2013h\)](#), [Fundación Caser Dependencia \(2015d\)](#)

Formula 27: PEVS and PEAP - Castilla y Leon (2018-2022)

$$PEVS_{i,t}, PEAP_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} \leq IPREM_t \\ CM_t \times J \times \left(1.53 - 0.53 \times \left(\frac{CEB_{i,t}}{W_t} \right) \right) & \text{if } CEB_{i,t} > IPREM_t \end{cases}$$

- $PEVS_{i,t}, PEAP_{i,t}$ = Amount of PEAP received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)
- J = Coefficient with value 1.1
- CM_t = Maximum amount of PEVS or PEAP at time t according to the beneficiary's level of dependency
- W_t = Adjustment indicator at time t

Source: Authors' interpretation of [Fundación Caser Dependencia \(2018a\)](#)

Formula 28: PEVS applied to Home Care Service - Comunidad Valenciana (2014-2022)

$$PEVS_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} \leq IPREM_t \\ IR_t - \left(0.4 \times IR_t \times \frac{CEB_{i,t}}{IPREM_t} - (0.3 \times IR_t) \right) \times \text{Hours per month} & \text{if } CEB_{i,t} > IPREM_t \\ & \text{and SAD} \leq 45 \text{ hours per month} \\ IR_t - \left((0.3333 \times IR_t \times \frac{CEB_{i,t}}{IPREM_t} - (0.25 \times IR_t)) \right) \times \text{Hours per month} & \text{if } CEB_{i,t} > IPREM_t \\ & \text{and } 46 \leq \text{SAD} \leq 70 \text{ hours per month} \end{cases}$$

- $PEVS_{i,t}$ = Amount of PEVS received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)
- IR_t = Cost for service at time t
- CM_t = Maximum amount of PEVS at time t according to the beneficiary's level of dependency

Source: Authors' interpretation of [Fundación Caser Dependencia \(2014c\)](#)

Formula 29: PEVS - Alava (2014-2021)

$$PEVS_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} < 4 \times SMI_t \\ CM_t \times 0.9 & \text{if } 4 \times SMI_t \leq CEB_{i,t} \leq 5 \times SMI_t \\ CM_t \times 0.8 & \text{if } 5 \times SMI_t < CEB_{i,t} \leq 6 \times SMI_t \\ CM_t \times 0.7 & \text{if } 6 \times SMI_t < CEB_{i,t} \leq 7.5 \times SMI_t \\ CM_t \times 0.6 & \text{if } 7.5 \times SMI_t < CEB_{i,t} \leq 9 \times SMI_t \\ CM_t \times 0.5 & \text{if } 9 \times SMI_t < CEB_{i,t} \leq 10.5 \times SMI_t \\ CM_t \times 0.4 & \text{if } CEB_{i,t} > 10.5 \times SMI_t \end{cases}$$

- $PEVS_{i,t}$ = Amount of PEVS received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- SMI_t = Interprofessional Minimum Wage (*Salario Mínimo Interprofesional - SMI*) at time t , — SMI_t values are provided in [Table 11](#)
- CM_t = Maximum amount of PEVS at time t according to the beneficiary's level of dependency

Source: [Fundación Caser Dependencia \(2014a\)](#)

Notes: Interprofessional Minimum Wage (*Salario Mínimo Interprofesional - SMI*) sets the minimum remuneration amount that the worker will receive referring to the legal working day. The Government regulates annually, after consultation with the most representative Trade Union Organizations and business associations, the “Minimum Interprofessional Wage,” both for permanent workers and for casual or temporary workers, as well as for staff at the service of the family home, taking into account the Consumer Price Index, the average national productivity achieved, the increase in labor participation in national income and the general economic situation.

Table 24: PEVS - Alava (2021-2022)

Economic Capacity	Reduction Coefficient
Less than 36,692€	0
From 36,692 to 45,864	10
From 45,865 to 55,037	20
From 55,038 to 68,796	30
From 68,797 to 82,556	40
From 82,557 to 96,315	50
Greater than 96,315	60

Source: Authors' interpretation of [Fundación Caser Dependencia \(2021\)](#)

Notes: To obtain the final amount, these reduction coefficients are applied to beneficiaries' economic capacity. The final amount of the benefit is equal to the maximum coverage amount minus the reduction coefficients.

Table 25: PEAP and PEVS Amount - La Rioja (2022)

Economic Capacity	Degree III	Degree II	Degree I
Less or equal to 2 IPREM	715.07 €	426.12 €	300 €
From 2 to 4	643.56	383.51	270
Greater or equal to 4	572.06	340.90	240
Minimum Amount ¹	178.77	106.53	75

Source: Authors' interpretation of [Boletín Oficial de La Rioja \(2022\)](#)

Notes: Amounts in the table are € per month.

¹ The minimum amount is 25% of the maximum amount.

Table 26: PEAP - Navarra (2013-2022)

Economic Capacity	Copayment Rate (2013)	Copayment Rate (2019)
Less than IPREM	0	0
From 1 to 2	15	0
From 2 to 3	30	5
From 3 to 4	40	10
From 4 to 5	50	15
Greater than 5	60	20

Source: Authors' interpretation of [Fundación Caser Dependencia \(2013g\)](#), [Fundación Caser Dependencia \(2019a\)](#)

Notes: The final amount of the benefit is derived applying the copayment rate to the benefit maximum amount according to the beneficiary's economic capacity.

Formula 30: PEAP - Alava (2014-2021)

$$PEAP_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} < 4 \times SMI_t \\ CM_t \times 0.9 & \text{if } 4 \times SMI_t < CEB_{i,t} \leq 5.5 \times SMI_t \\ CM_t \times 0.8 & \text{if } 5.5 \times SMI_t < CEB_{i,t} \leq 7 \times SMI_t \\ CM_t \times 0.7 & \text{if } 7 \times SMI_t < CEB_{i,t} \leq 8.5 \times SMI_t \\ CM_t \times 0.6 & \text{if } 8.5 \times SMI_t < CEB_{i,t} \leq 10 \times SMI_t \\ CM_t \times 0.5 & \text{if } CEB_{i,t} > 10 \times SMI_t \end{cases}$$

- $PEAP_{i,t}$ = Amount of PEAP received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- SMI_t = Interprofessional Minimum Wage (*Salario Minimo Interprofesional* - SMI) at time t , — SMI_t values are provided in [Table 11](#)
- CM_t = Maximum amount of PEAP at time t according to the beneficiary's level of dependency

Source: [Fundación Caser Dependencia \(2014a\)](#)

Notes: Interprofessional Minimum Wage (*Salario Minimo Interprofesional* - SMI) sets the minimum remuneration amount that the worker will receive referring to the legal working day. The Government regulates annually, after consultation with the most representative Trade Union Organizations and business associations, the “Minimum Interprofessional Wage,” both for permanent workers and for casual or temporary workers, as well as for staff at the service of the family home, taking into account the Consumer Price Index, the average national productivity achieved, the increase in labor participation in national income and the general economic situation.

Table 27: PEAP - Alava (2021-2022)

Economic Capacity	Reduction Coefficient
Less than 36,692€	0
From 36,692 to 50,451	10
From 50,452 to 64,210	20
From 64,211 to 77,969	30
From 77,970 to 91,728	40
Greater than 91,728	50

Source: Authors' interpretation of [Fundación Caser Dependencia \(2021\)](#)

Notes: To obtain the final amount, these reduction coefficients are applied to beneficiaries' economic capacity. The final amount of the benefit is equal to the maximum coverage amount minus the reduction coefficients.

Formula 31: PEVS applied to Day Care Service - Comunidad Valenciana (2014-2022)

$$PEVS_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} \leq IPREM_t \\ IR_t - 0.4 \times CEB_{i,t} + \frac{IPREM_t}{3.33} & \text{if } CEB_{i,t} > IPREM_t \end{cases}$$

- $PEVS_{i,t}$ = Amount of PEVS received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples* - IPREM) at time t , — $IPREM_t$ values are provided in [Table 9](#)
- IR_t = Cost for service at time t
- CM_t = Maximum amount of PEVS at time t according to the beneficiary's level of dependency

Source: Authors' interpretation of [Fundación Caser Dependencia \(2014c\)](#)

Formula 32: PEVS applied to Day and Night Care Service- Extremadura (2013-2022)

$$PEVS_{i,t} = \begin{cases} CM_t & \text{if } CEB_{i,t} \leq IPREM_t \\ (IR_t - (0.4 \times CEB_{i,t}) - \left(\frac{IPREM_t}{3.33}\right)) & \text{if } CEB_{i,t} > IPREM_t \end{cases}$$

- $PEVS_{i,t}$ = Amount of PEVS received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)
- IR_t = Cost for service at time t
- CM_t = Maximum amount of PEVS at time t according to the beneficiary's level of dependency

Source: [Fundación Caser Dependencia \(2013d\)](#)

Formula 33: PEVS applied to Residential Care Service - Extremadura (2013-2022)

$$PEVS_{i,t} = IR_t + Cm_t - CEB_{i,t}$$

- $PEVS_{i,t}$ = Amount of PEVS received by Individual i at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)
- IR_t = Cost for service at time t
- Cm_t = Minimum amount for pocket money equal to the 19% of IPREM at time t

Source: [Fundación Caser Dependencia \(2013d\)](#)

Notes: The cost for the service is set between 1,100 and 1,600€ per month.

Formula 34: Telecare Service Copayment - National Disposition (as of 2012)

$$Copayment_{i,t} = \begin{cases} 0 & \text{if } CEB_{i,t} \leq IPREM_t \\ 0.5 \times IR_t & \text{if } IPREM_t < CEB_{i,t} < 1.5 \times IPREM_t \\ 0.9 \times IR_t & \text{if } CEB_{i,t} \geq 1.5 \times IPREM_t \end{cases}$$

- $Copayment_{i,t}$ = Individual i copayment for telecare services at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)
- IR_t = Cost for Telecare service at time t

Source: [BOE \(2012a\)](#), [Fundación Caser Dependencia \(2013a\)](#), [Fundación Caser Dependencia \(2013b\)](#)

Formula 35: SAD Copayment - National Disposition (as of 2012)

$$SADC_{i,t} = \begin{cases} 0 & \text{if } CEB_{i,t} \leq IPREM_t \\ \frac{(0.4 \times IR_t \times CEB_{i,t})}{IPREM_t} - (0.3 \times IR_t) & \text{if } CEB_{i,t} > IPREM_t \text{ SAD from 21 to 45 hours} \\ \frac{(0.3333 \times IR_t \times CEB_{i,t})}{IPREM_t} - (0.25 \times IR_t) & \text{if } CEB_{i,t} > IPREM_t \text{ SAD from 46 to 70 hours} \end{cases}$$

- $SADC_{i,t}$ = Individual i copayment for home care benefit at time t
- IR_t = Cost per hour for home care benefit at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)

Source: BOE (2012a)

Notes: If the amount provided by the formula is negative or less than 20€, beneficiaries need to contribute at least 20€ to the service cost. As of 2012, the reference cost provided by law for SAD is set at 14€ per hour for services related to personal care and at 9€ per hour for services related to care for domestic or household needs.

Formula 36: Day and Night Care Service Copayment - National Disposition (as of 2012)

$$Copayment_{i,t} = \begin{cases} 0 & \text{if } CEB_{i,t} \leq IPREM_t \\ (0.4 \times CEB_{i,t}) - \left(\frac{IPREM_t}{3.33}\right) & \text{if } CEB_{i,t} > IPREM_t \end{cases}$$

- $Copayment_{i,t}$ = Individual i copayment for day and night care services at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)

Source: BOE (2012a)

Notes: The reference cost of the day and night center service, not including maintenance and transportation expenses, will be 650€ per month, and is related to the price of concerting places in private initiative centers. This cost may increase up to 25% in the event that this service implies a greater intensity of attention or care.

Formula 37: Residential and Short-Term Care Services Copayment - National Disposition (As of 2012)

$$\text{Copayment}_{i,t} = \text{CEB}_{i,t} - \text{CM}$$

- $\text{Copayment}_{i,t}$ = Individual i copayment for day and night care services at time t
- $\text{CEB}_{i,t}$ = Individual i economic capacity at time t
- IPREM_t = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — IPREM_t values are provided in [Table 9](#)
- CM_t = Minimum amount for personal expenses, referenced to 19% of the monthly IPREM at time t

Source: [BOE \(2012a\)](#)

Formula 38: Services for the Promotion of Personal Autonomy - Castilla y Leon (2023)

$$\text{Price}_{i,t} = \begin{cases} 27\text{€ per hour if up to 12 hour of services per month provided individually} \\ 13.5\text{€ per hour if up to 12 hour of services per month provided in groups} \\ 27\text{€ per hour if from 12 to 24 hour of services per month provided individually} \\ 5\text{€ per hour if from 25 to 36 hour of services per month provided in groups} \\ (H_t \times 1.9 + 375) \times Z_t \text{ if the intensity of the service is greater than 36 hours per month} \end{cases}$$

- $\text{Price}_{i,t}$ = Individual i price for care services at time t
- Z_t = Revaluating coefficient at time t equal to 1 as of 2015 and adjusting yearly according to the CPI for December of the previous year
- H_t = Hours of care services received by beneficiaries at time t

Source: [Solidariedad Intergeneracional \(2023e\)](#)

Table 28: Services for the prevention of situations of dependency and promotion of personal autonomy - Galicia (2013-2022)

Economic Capacity	Copayment Rate
1 IPREM	0%
1.15	3
1.25	5
1.50	10
1.75	15
2.00	20
2.15	23
2.50	30
3.00	40
3.50	50
4.00	60
4.50	70
5.00	80
Greater than 5	90

Source: Authors' interpretation of [Fundación Caser Dependencia \(2013a\)](#), [Fundación Caser Dependencia \(2013b\)](#)

Formula 39: Home Care (SAD) and Telecare Services Copayment - Balears (2010-2022)

$$SADC_{i,t}, TAC_{i,t} = \begin{cases} 0 & \text{if } CEB_{i,t} \leq IPREM_t \\ 10 + \left(\frac{CEB_{i,t} - IPREM_t}{IPREM_t} \right) \times 13.75 & \text{if } CEB_{i,t} > IPREM_t \end{cases}$$

- $SADC_{i,t}$ = Individual i copayment for home care benefit at time t
- $TAC_{i,t}$ = Individual i copayment for telecare benefit at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)

Source: [Fundación Caser Dependencia \(2010\)](#)

Notes: The beneficiaries of the home help service with an economic capacity equal to or less than the IPREM for the corresponding year will not participate in the payment of this service.

Formula 40: Telecare Services Copayment - Murcia (2012-2022)

$$Copayment_{i,t} = \begin{cases} IR_t \times 0.5 & \text{if } IPREM_t \leq CEB_{i,t} \leq 2 \times IPREM_t \\ IR_t & \text{if } CEB_{i,t} > 2 \times IPREM_t \end{cases}$$

- $Copayment_{i,t}$ = Individual i copayment for short-term and residential care benefit at time t
- IR_t = Cost per hour for home care services at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)

Source: Authors' interpretation of [Fundación Caser Dependencia \(2012\)](#)

Formula 41: Home Care Services (SAD) Copayment - Aragon (2012-2022)

$$SADC_{i,t} = \begin{cases} 0 & \text{if } CEB_{i,t} \leq IPREM_t \\ \frac{(0.4 \times IR_t \times CEB_{i,t})}{IPREM_t} - (0.3 \times IR_t) & \text{if } CEB_{i,t} > IPREM_t \text{ SAD from 21 to 45 hours} \\ \frac{(0.3333 \times IR_t \times CEB_{i,t})}{IPREM_t} - (0.25 \times IR_t) & \text{if } CEB_{i,t} > IPREM_t \text{ SAD from 46 to 70 hours} \end{cases}$$

- $SADC_{i,t}$ = Individual i copayment for home care benefit at time t
- IR_t = Cost per hour for home care benefit at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)

Source: [BOE \(2012a\)](#), [Fundación Caser Dependencia \(2013e\)](#), [Fundación Caser Dependencia \(2016\)](#)

Notes: The beneficiary participates in the cost of the service, in any case, with 20€, if the amount obtained by the application of the formula is negative or less than this amount. As of 2012, the reference cost provided by law for SAD is set at 14€ per hour for services related to personal care and at 9€ per hour for services related to care for domestic or household needs. As of 2016, the number of hours is decreased from 21 to 8, and the new lower bound includes from 8 to 45 hours of home care services.

Formula 42: Home Care Service (SAD) Copayment - National Disposition and Comunidad Valenciana (as of 2012)

$$SADC_{i,t} = \begin{cases} 0 & \text{if } CEB_{i,t} \leq IPREM_t \\ \frac{(0.4 \times IR_t \times CEB_{i,t})}{IPREM_t} - (0.3 \times IR_t) & \text{if } CEB_{i,t} > IPREM_t \text{ SAD from 21 to 45 hours} \\ \frac{(0.3333 \times IR_t \times CEB_{i,t})}{IPREM_t} - (0.25 \times IR_t) & \text{if } CEB_{i,t} > IPREM_t \text{ SAD from 46 to 70 hours} \end{cases}$$

- $SADC_{i,t}$ = Individual i copayment for home care benefit at time t
- IR_t = Cost per hour for home care benefit at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)

Source: Authors' interpretation of [BOE \(2012a\)](#), [Fundación Caser Dependencia \(2014d\)](#)

Notes: The beneficiary will participate in the cost of the service, in any case, with 20€, if the amount obtained in the application of the formula is negative or less than this amount. As of 2012, the reference cost provided by law for SAD is set at 14€ per hour for services related to personal care and at 9€ per hour for services related to care for domestic or household needs. As of 2015, with the introduction of Degree I, the lower bound expands from zero to 45 hours in the Comunidad Valenciana.

Formula 43: Home Care Services (SAD) Copayment - Cantabria (2013-2022)

$$SADC_{i,t} = \begin{cases} 0 & \text{if } CEB_{i,t} \leq IPREM_t \\ \frac{(0.36 \times IR_t \times CEB_{i,t})}{IPREM_t} - (0.3 \times IR_t) & \text{if } CEB_{i,t} > IPREM_t \text{ SAD up to 45 hours} \\ \frac{(0.3 \times IR_t \times CEB_{i,t})}{IPREM_t} - (0.25 \times IR_t) & \text{if } CEB_{i,t} > IPREM_t \text{ SAD from 46 to 70 hours} \end{cases}$$

- $SADC_{i,t}$ = Individual i copayment for home care benefit at time t
- IR_t = Cost per hour for home care benefit at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)

Source: [Fundación Caser Dependencia \(2009b\)](#)

Notes: The maximum public price of the home help service is 14.50€ per hour.

Table 29: Night Care, Short-Term and Residential Care Service Copayment Rate - Galicia (2013-2022)

Economic Capacity	Degree I	Degree II	Degree III
0.7500 IPREM	70.00	72.66	74.24
0.8250	70.63	73.20	74.73
0.9075	71.32	73.80	75.28
0.9983	72.08	74.46	75.88
1.0981	72.92	75.19	76.54
1.2079	73.84	75.99	77.26
1.3287	74.86	76.87	78.06
1.4615	75.97	77.84	78.94
1.6077	77.20	78.90	79.91
1.7685	78.55	80.07	80.97
1.9453	80.03	81.36	82.14
2.1398	81.66	82.77	83.43
2.3538	83.46	84.33	84.85
2.5892	85.44	86.04	86.40
2.8481	87.61	87.93	88.12
Greater than 2.8481	90.00	90.00	90.00

Source: Authors' interpretation of [Fundación Caser Dependencia \(2013a\)](#), [Fundación Caser Dependencia \(2013b\)](#)

Formula 44: Home Care Services (SAD) Copayment - Murcia (2012-2022)

$$Copayment_{i,t} = \begin{cases} \frac{0.5 \times IR_t \times CEB_{i,t}}{IPREM_t} - (0.4 \times IR_t) & \text{if SAD up to 20 hours per month} \\ \frac{0.4 \times IR_t \times CEB_{i,t}}{IPREM_t} - (0.3 \times IR_t) & \text{if SAD from 21 to 45 hours per month} \\ \frac{0.3333 \times IR_t \times CEB_{i,t}}{IPREM_t} - (0.25 \times IR_t) & \text{if SAD from 46 to 70 hours per month} \end{cases}$$

- $Copayment_{i,t}$ = Individual i copayment for short-term and residential care benefit at time t
- IR_t = Cost per hour for home care services at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)

Source: Authors' interpretation of [Fundación Caser Dependencia \(2012\)](#)

Notes: The reference price of the service is set at 14€ per hour for services related to personal care and at 9€ per hour for services related to care for domestic or household needs. The beneficiary will participate in the cost of the service, in any case, with 20€ per month, if the amount obtained in the application of the formula is negative or less than this amount.

Table 30: Home Care Service (SAD) Copayment - Alava (2020)

Household's Capacity	Economic Up to	Amount	Remaining up to	Percentage
From 0 €	0 €	0 €	500 €	2.0
600	500	1.12	100	3.0
700	600	1.42	100	4.0
800	700	1.82	100	5.0
900	800	2.32	100	6.0
1,000	900	2.92	100	7.5
1,100	1,000	3.67	100	9.0
1,200	1,100	4.57	100	5.5
1,300	1,200	5.12	100	4.0
1,400	1,300	5.52	100	3.0
1,500	1,400	5.82	100	3.0
Greater than 1,500	Maximum Fee	6.12 € per hour		

Source: Author's interpretation of [Boletín Oficial del Territorio de Alava \(2020\)](#)

Formula 45: Semi-Residential Care Services Copayment - Baleares (2010-2022)

$$SRCC_{i,t} = \begin{cases} 0 & \text{if } CEB_{i,t} \leq IPREM_t \\ 10 + \left(\frac{CEB_{i,t} - IPREM_t}{IPREM_t} \right) \times 42.31 & \text{if } CEB_{i,t} > IPREM_t \end{cases}$$

- $SRCC_{i,t}$ = Individual i copayment for semi-residential care benefit at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)

Source: [Fundación Caser Dependencia \(2010\)](#)

Notes: The result of the formula is a percentage that, applied to the economic capacity of the beneficiary, provides their contribution to the service. In no case may beneficiaries' contribution rate exceed 65% of the cost for day and night cares, leaving CCAA contribution to the cost set at 35%.

Formula 46: Semi-Residential Care Services Copayment - Cantabria (2013-2022)

$$SADC_{i,t} = \begin{cases} 0 & \text{if } CEB_{i,t} \leq IPREM_t \\ (0.36 \times IR_t \times CEB_{i,t}) - \frac{IPREM_t}{3.33} & \text{if } CEB_{i,t} > IPREM_t \end{cases}$$

- $SADC_{i,t}$ = Individual i copayment for home care benefit at time t
- IR_t = Cost per hour for home care benefit at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)

Source: [Fundación Caser Dependencia \(2009b\)](#)

Notes: The maximum public prices are 39.76€ per day for day care centers and 26.91€ per night for night care.

Formula 47: Day Care Services Copayment - Castilla y Leon (2012-2018)

$$SADC_{i,t} = \begin{cases} 0 & \text{if } CEB_{i,t} \leq IPREM_t \\ \left(250 \times \frac{CEB_{i,t}}{IPREM_t} - 120 \right) \times K_t & \text{if } CEB_{i,t} > IPREM_t \end{cases}$$

- $SADC_{i,t}$ = Individual i copayment for day care benefit at time t
- K_t = Adjustment coefficient at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)

Source: [Fundación Caser Dependencia \(2011a\)](#)

Notes: For calculations in which the entire month is not taken into account, the amount of the contribution will be prorated based on the number of days in which the person is registered in the month.

For the first year of application of this Decree, the K coefficient is equal to 1.063, revaluing based on the general consumer price index (CPI) of the previous November, as long as it is not less than the general revaluation percentage of social security pensions, in which case the latter will be applied. In subsequent years, said coefficient will be revalued applying the same criteria.

The beneficiaries of the services, when they are not considered temporary stays, may request that the corresponding monthly contribution be made in 14 payments per year, for which it will be annualized and divided among the 14 requested payments. When periods of less than one month have to be settled, it will be done with the monthly contribution.

Formula 48: Semi-Residential Care Services Copayment - Castilla y Leon (2019-2022)

$$HC_{i,t} = \left(250 \times \frac{CEB_{i,t}}{W_t} - 120 \right) \times K_t \times M_t$$

- $HC_{i,t}$ = Individual i copayment for home care benefit at time t
- K_t = Adjustment coefficient at time t
- $CEB_{i,t}$ = Individual i monthly economic capacity at time t
- W_t = The value of W for 2017 is 568.77 € and for 2018 is 585.84 € per month. For subsequent years, it corresponds to the highest value of the previous year updated according to the revaluation percentage of the minimum contributory Social Security pensions and the value of the Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t (— $IPREM_t$ values are provided in [Table 9](#))
- M_t = Coefficient which has a value of 1 for couples or 0.8 for singles

Source: [Fundación Caser Dependencia \(2019\)](#)

Formula 49: Night Stay Care Service Copayment - Castilla y Leon (2012-2022)

$$SANC_{i,t} = \begin{cases} 0 & \text{if } CEB_{i,t} \leq IPREM_t \\ \left(475 \times \frac{CEB_{i,t}}{IPREM_t} - 350 \right) \times K_t & \text{if } CEB_{i,t} > IPREM_t \end{cases}$$

- $SANC_{i,t}$ = Individual i copayment for night care benefit at time t
- K_t = Adjustment coefficient at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)

Source: [Fundación Caser Dependencia \(2011a\)](#)

Notes: For calculations in which the entire month is not taken into account, the amount of the contribution will be prorated based on the number of days in which the person is registered in the month.

For the first year of application of this Decree, the K coefficient is equal to 1.063, revaluing based on the general consumer price index (CPI) of the previous November, as long as it is not less than the general revaluation percentage of social security pensions, in which case the latter will be applied. In subsequent years, said coefficient will be revalued applying the same criteria.

The beneficiaries of the services, when they are not considered temporary stays, may request that the corresponding monthly contribution be made in 14 payments per year, for which it will be annualized and divided among the 14 requested payments. When periods of less than one month have to be settled, it will be done with the monthly contribution.

Table 31: Day Care Service Copayment - Galicia (2013-2017)

Economic Capacity	Degree I Care Services	Degree II Care Services	Degree III Care Services
1 IPREM	10.03	10.64	11.22
1.1000	10.15	10.86	11.52
1.2100	10.28	11.09	11.85
1.3310	10.42	11.35	12.21
1.4641	10.58	11.64	12.61
1.6105	10.75	11.96	13.05
1.7716	10.94	12.30	13.53
1.9487	11.15	12.69	14.06
2.1436	11.38	13.10	14.64
2.3579	11.63	13.57	15.29
2.5937	11.91	14.07	15.99
2.8531	12.22	14.63	16.77
3.1384	12.56	15.25	17.62
3.4523	12.93	15.92	18.56
3.7975	13.33	16.67	19.59
Greater than 3.7975	13.78	17.49	20.73

Source: Authors' interpretation of [Fundación Caser Dependencia \(2013a\)](#), [Fundación Caser Dependencia \(2013b\)](#)

Source: Hotel costs are not included.

Table 32: Day Care Service Copayment Rate - Galicia (2018-2022)

Economic Capacity	Degree I Care Services	Degree II Care Services	Degree III Care Services
1 IPREM	10.25	10.75	11.28
1.1	10.59	11.09	11.64
1.21	10.97	11.46	12.03
1.331	11.39	11.87	12.47
1.4641	11.85	12.32	12.95
1.6105	12.35	12.81	13.48
1.7716	12.90	13.35	14.06
1.9487	13.51	13.95	14.70
2.1436	14.18	14.60	15.40
2.3579	14.92	15.32	16.18
2.5937	15.73	16.12	17.03
2.8531	16.62	16.99	17.96
3.1384	17.61	17.95	18.99
3.4523	18.69	19.01	20.13
3.7975	19.87	20.17	21.37
Greater than 3.7975	21.18	21.45	22.74

Source: Authors' interpretation of [Fundación Caser Dependencia \(2018\)](#)

Notes: Hotel costs are not included.

Formula 50: Semi-Residential Care Services Copayment - Murcia (2012-2022)

$$Copayment_{i,t} = IR_t \times \left(\frac{CEB_{i,t}}{IPREM_t - 1} \right) \times 0.2$$

- $Copayment_{i,t}$ = Individual i copayment for short-term and residential care benefit at time t
- IR_t = Cost for short-term and residential care services at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)

Source: Authors' interpretation of [Fundación Caser Dependencia \(2012\)](#)

Table 33: Day Care Service Copayment in Rural Areas - Alava (2020)

Household's Economic Capacity	Up to	Amount	Remaining up to	Percentage
From 0 €	0 €	0 €	500 €	3.00
600	500	17.35	100	5.00
700	600	22.35	100	7.00
800	700	29.35	100	10.00
900	800	39.35	100	10.00
1,000	900	49.35	100	11.00
1,100	1,000	60.35	100	11.00
1,200	1,100	71.35	100	12.00
1,300	1,200	83.35	100	12.00
1,400	1,300	95.35	100	12.00
1,500	1,400	107.35	100	12.38
Greater than 1,500	Maximum Fee	119.73 €		

Source: Authors' interpretation of [Boletín Oficial del Territorio de Alava \(2020\)](#)

Table 34: Residential Care Services and Day Care on Weekends Copayment - Alava (2020)

Household's Economic Capacity	Up to	Amount	Remaining up to	Percentage
From 0 €	0 €	0 €	500 €	23.00
600	500	115	100	33.00
700	600	148	100	35.00
800	700	183	100	38.00
900	800	221	100	42.00
1,000	900	263	100	45.00
1,100	1,000	308	100	48.00
1,200	1,100	356	100	51.00
1,300	1,200	407	100	60.00
1,400	1,300	467	100	24.00
1,500	1,400	491	100	22.39
Greater than 1,500	Maximum Fee			513.39 €

Source: Author's interpretation of [Boletín Oficial del Territorio de Alava \(2020\)](#)

Formula 51: Semi-Residential Care Service Copayment - Guipúzcoa (2015-2022)

$$Copayment_{i,t} = \frac{0.45 \times Y_{i,t}}{264}$$

- $Y_{i,t}$ = Individual i income at time t

Source: [Fundación Caser Dependencia \(2015a\)](#)

Formula 52: Residential Care Services Copayment - Baleares (2010-2022)

$$RCC_{i,t} = 10 + \left(\frac{CEB_{i,t} - IPREM_t}{IPREM_t} \right) \times 42.31$$

- $RCC_{i,t}$ = Individual i copayment for semi-residential care benefit at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)

Source: [Fundación Caser Dependencia \(2010\)](#)

Notes: In no case may beneficiaries' contribution rate exceed 90% of the cost for day and night care, leaving CCAA contribution to the cost set at 10%. This formula is used also to calculate beneficiaries' copayment for short-term care.

Formula 53: Short-Term and Residential Care Services Copayment - Cantabria (2013-2022)

$$RC_{i,t} = \begin{cases} (0.9 \times CEB_{i,t}) - Cm_{i,t} & \text{if } CEB_{i,t} \leq 1.5 \times IPREM_t \\ (0.95 \times CEB_{i,t}) - Cm_{i,t} & \text{if } 1.5 \times IPREM_t < CEB_{i,t} \leq 2 \times IPREM_t \\ (0.975 \times CEB_{i,t}) - Cm_{i,t} & \text{if } CEB_{i,t} > 2 \times IPREM_t \end{cases}$$

- $RC_{i,t}$ = Individual i copayment for home care benefit at time t
- IR_t = Cost per hour for home care benefit at time t
- $CEB_{i,t}$ = Individual i economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)
- Cm_t = Minimum amount for personal expenses, referenced to 19% of the monthly IPREM. The minimum amount for personal expenses will be increased by 25% for people in a situation of dependency.

Source: [Fundación Caser Dependencia \(2009b\)](#)

Notes: This formula is used also to calculate beneficiaries' copayment for short-term care services. The minimum amount for pocket money is increased by 25% for people in a situation of dependency. If the amount resulting from the formula is negative, beneficiaries do not participate in the cost for residential and short-term care services. The maximum public price of the residential space is 59.76€ per day.

Formula 54: Short-Term and Residential Care Services Copayment - Castilla y Leon (2012-2022)

$$RC_{i,t} = \left(475 \times \frac{CEB_{i,t}}{W_t} - 75 \right) \times K_t$$

- $RC_{i,t}$ = Individual i copayment for home care benefit at time t
- K_t = Adjustment coefficient at time t
- $CEB_{i,t}$ = Individual i monthly economic capacity at time t
- W_t = The value of W for 2017 is 568.77 € and for 2018 is 585.84 € per month. For subsequent years, it corresponds to the highest value of the previous year updated according to the revaluation percentage of the minimum contributory Social Security pensions and the value of the Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t (— $IPREM_t$ values are provided in [Table 9](#))

Source: [Fundación Caser Dependencia \(2011a\)](#)

Notes: For calculations in which the entire month is not taken into account, the amount of the contribution will be prorated based on the number of days in which the person is registered in the month.

For the first year of application of this Decree, the K coefficient is equal to 1.063, revaluing based on the general consumer price index (CPI) of the previous November, as long as it is not less than the general revaluation percentage of social security pensions, in which case the latter will be applied. In subsequent years, said coefficient will be revalued applying the same criteria.

The beneficiaries of the services, when they are not considered temporary stays, may request that the corresponding monthly contribution be made in 14 payments per year, for which it will be annualized and divided among the 14 requested payments. When periods of less than one month have to be settled, it will be done with the monthly contribution.

Formula 55: Residential Care Services Copayment in Institutions Entirely Financed by the CA of Madrid (2015)

$$RCC_{i,t} = CEB_{i,t} \times 0.86$$

- $RCC_{i,t}$ = Individual i copayment for residential care benefit at time t
- $CEB_{i,t}$ = Individual i monthly economic capacity at time t

Source: Authors' interpretation of [Fundación Caser Dependencia \(2015\)](#)

Notes: Beneficiaries' copayment for residential care depends on the type of institution in which they are receiving care. Residential care facilities are classified as follows —

- Places fully financed by the Community of Madrid, without prejudice to the payment by the beneficiary of public prices
- Partially financed places, whose cost is financed by the Community of Madrid and by the beneficiaries.

In the case of fully financed places, the beneficiaries' monthly copayment is determined by applying this formula.

Formula 56: Residential Care Services Copayment in Institutions Partially Financed by the CA of Madrid (2015)

$$RCC_{i,t} = CEB_{i,t} \times \left(0.7 + \left(0.045 \times \frac{CEB_{i,t}}{IPREM_t} \right) \right)$$

- $RCC_{i,t}$ = Individual i copayment for residential care benefit at time t
- $CEB_{i,t}$ = Individual i monthly economic capacity at time t
- $IPREM_t$ = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - IPREM*) at time t , — $IPREM_t$ values are provided in [Table 9](#)

Source: Authors' interpretation of [Fundación Caser Dependencia \(2015\)](#)

Notes: Beneficiaries' copayment for residential care depends on the type of institution in which they are receiving care. Residential care facilities are classified as follows —

- Places fully financed by the Community of Madrid, without prejudice to the payment by the beneficiary of public prices
- Partially financed places, whose cost is financed by the Community of Madrid and by the beneficiaries.

In the case of fully financed places, the beneficiaries' monthly copayment is determined by applying this formula.

Formula 57: Short-Term and Residential Care Service Copayment - Guipúzcoa (2015-2022)

$$Copayment_{i,t} = \begin{cases} CoM_{i,t} & \text{if } A_{i,t} > 0.5^1 \times SMI_t \\ \frac{0.85 \times Y_{i,t}}{365} & \text{after beneficiaries concluded the period in which they needed to pay the maximum amount} \end{cases}$$

- $CoM_{i,t}$ = Maximum Amount Individual i need to pay for the service at time t
- $A_{i,t}$ = Individual i assets value at time t
- SMI_t = Public Indicator of Multiple Effect Income (*Indicador Público de Renta de Efectos Múltiples - SMI*) at time t ,— SMI_t values are provided in [Table 11](#)
- $Y_{i,t}$ = Individual i income at time t

Source: [Fundación Caser Dependencia \(2015a\)](#), [Fundación Caser Dependencia \(2017\)](#)

Notes

- ¹ As of 2017, it becomes the 62 of IPREM.

Table 35: SAD Coverage National Disposition (2023)

Degree	Monthly Hours
Degree III	From 65 to 94
Degree II	From 38 to 64
Degree I	From 20 to 37

Source: [Royal Decree 675/2023](#)

Table 36: PEVS and PEAP Amounts - National disposition - (2023)

Degrees	PEVS	PEAP
Degree III	747.25 €	747.25 €
Degree II	445.30	747.25 €
Degree I	313.5	313.5

Source: [BOE \(2023\)](#)

Notes: The amounts displayed in the table are the amounts intended to reimburse the cost of services or personal assistance for those who did not have a certified degree of dependence as of 2012.

Box 2: Conditions for Access to the Economic Benefit for Personal Assistance (PEAP) as of 2023

The Resolution of May 24, 2023 defines the following conditions for access to the personal assistance economic benefit (PEAP):

- The beneficiary must have a situation of recognized dependency in any of its degrees.
- The beneficiary must be three years of age or older.
- The person in a situation of dependency (beneficiary) requires support to develop a life project that allows full participation in education, employment, leisure and/or social participation or any other area provided for in that project. This requirement will be accredited by means of the presentation of a support plan for the independent living project, the minimum contents of which are described in Annex I. This plan will be included in the file for the establishment of the Individual Care Program (PIA) regulated in article 29 of Law 39/2006, of December 14.

Source: [Resolution of May 24, 2023](#)

Box 3: General Requirements and Qualifications of Persons Providing Personal Assistance Services as of 2023

The Resolution of May 24, 2023 defines the following requirements and qualifications for persons providing personal assistance services:

- To be of working age contemplated in the legislation in force at all times in the Spanish State.
- To be a legal resident in Spain.
- Must not be a spouse or common-law partner, in accordance with the provisions of the regulations, or a relative by blood, affinity or adoption, up to the fourth degree of kinship; or a person who performs the foster care or has any legal representation over the person in a situation of dependency.
- Must have the negative certificate of the Registry of Sexual Offenders attesting the lack of crimes of a sexual nature.
- If the person in charge of the personal assistance service, as a self-employed professional, is hired directly by the dependent person, he/she must meet the conditions of professional qualification and suitability necessary to provide the services derived from the personal assistance, the latter being assessed directly by the dependent person, or the person legally representing him/her in the case of minors, on the basis of his/her freedom to contract, without this assessment exempting him/her from guaranteeing compliance with the regulations in force. In this case, the independent professional person must be accredited for the provision of the service, by the competent administration.
- If the service is contracted through a company or entity, the person in charge of providing the personal assistance services must also meet the conditions of qualification and suitability necessary to provide the services derived from the same. The suitability will be assessed by the person in a situation of dependency, or by the legal representative in the case of minors. In this case, the company or entity must be accredited by the competent administration for the provision of the service.

Source: [Resolution of May 24, 2023](#)

Sources

This section records key sources consulted when we collected the institutional details reported in this document. Archived versions of these sources are available at the Gateway Policy Explorer website (<http://g2aging.org/policy-explorer>).

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Fundación Caser Dependencia (2007m). Resolución de 7 de noviembre de 2007, de Asturias, de la Consejería de Bienestar Social, por la que se regulan provisionalmente los criterios para la determinación en el Principado de Asturias de las prestaciones económicas a las personas beneficiarias que tengan reconocida la condición de persona en situación de dependencia [Resolution of November 7, 2007, of Asturias, of the Ministry of Social Welfare, which provisionally regulates the criteria for the determination in the Principality of Asturias of economic benefits to beneficiaries who have recognized the status of person in dependency situation], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundacion Caser (2008). Decreto Foral 24/2008, de Álava, del Consejo de Diputados de 8 de abril, que aprueba la normativa reguladora de la Prestación Económica Vinculada al Servicio prevista en la Ley 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia, en el Territorio Histórico de Álava [Provincial Decree 24/2008, of Álava, of the Council of Deputies of April 8, which approves the regulations governing the Service-Linked Economic Benefit provided for in Law 39/2006, of December 14, on the Promotion of Personal Autonomy and Attention to people in a situation of dependency, in the Historical Territory of Álava], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2008a). Decreto Foral 69/2008 de Navarra, 17 de junio por el que se aprueba la Cartera de Servicios Sociales de Ámbito General [Foral Decree 69/2008 of Navarra, June 17, approving the Portfolio of General Social Services], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2008b). Orden 2386/2008, de 17 de diciembre, de Madrid, por la que se regulan los procedimientos para el reconocimiento de la situación de dependencia, para la elaboración del programa individual de atención, las prestaciones económicas y servicios y el régimen de incompatibilidades [Order 2386/2008, of December 17, of Madrid, which regulates the procedures for the recognition of the situation of dependency, for the elaboration of the individual care program, the economic benefits and services and the regime of incompatibilities], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2008c). Orden de 2 de abril de 2008, de Canarias, de la Consejería de Bienestar Social, Juventud y Vivienda, por la que se establece con carácter transitorio la intensidad de protección de los servicios y se hacen públicos los criterios para la determinación de la prestación económica a los beneficiarios que tengan reconocida la condición de persona en situación de dependencia en el ámbito de la Comunidad Autónoma de Canarias [Order of April 2, 2008, of the Canary Islands, of the Ministry of Social Welfare, Youth and Housing, which temporarily establishes the intensity of protection of services and makes public the criteria for determining the economic benefit to beneficiaries who have recognized the status of person in a situation of dependency in the area of the Autonomous Community of the Canary Islands], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2008d). Orden de 29 de diciembre de 2008, de la Comunidad Valenciana, de la Conselleria de Bienestar Social, por la que se regula y convoca el programa para financiar estancias en Residencias de Tercera Edad en el año 2009 [Order

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Fundación Caser Dependencia (2008e). Orden EMP/18/2008 de 8 de febrero, de Cantabria, por la que se desarrolla el Catálogo de Servicios del Sistema para la Autonomía Personal y la Atención a la Dependencia y se regula provisionalmente la aportación económica de las personas usuarias en la Comunidad Autónoma de Cantabria [Order EMP/18/2008 of February 8, of Cantabria, which develops the Catalog of System Services for Personal Autonomy and Dependency Care and provisionally regulates the economic contribution of users in the Autonomous Community from Cantabria], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2009). Decreto Foral 25/2009, de 21 de julio, de Guipúzcoa, por el que se regulan las prestaciones económicas de la Ley 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia [Foral Decree 25/2009, of July 21, of Guipúzcoa, regulating the economic benefits of Law 39/2006, of December 14, on the Promotion of Personal Autonomy and Care for people in a situation of dependency], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2009a). Orden de 22 de enero de 2009, de Galicia, por la que se regula el servicio de ayuda a domicilio [Order of January 22, 2009, of Galicia, which regulates the home help service]. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2009b). Orden de 6 de abril de 2009, de Andalucía, por la que se modifica la de 3 de agosto de 2007, por la que se establecen la intensidad de protección de los servicios, el régimen de compatibilidad de las prestaciones y la gestión de las prestaciones económicas del sistema de autonomía y atención a la dependencia en Andalucía, y la Orden de 15 de noviembre de 2007, por la que se regula el Servicio de Ayuda a Domicilio en la Comunidad Autónoma de Andalucía [Order of April 6, 2009, of Andalusia, which modifies the order of August 3, 2007, which establishes the intensity of protection of services, the system of compatibility of benefits and the management of benefits of the system of autonomy and dependency care in Andalusia, and the Order of November 15, 2007, which regulates the Home Help Service in the Autonomous Community of Andalusia], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2009c). Orden de 30 de diciembre de 2009, de la Comunidad Valenciana, de la Conselleria de Bienestar Social, por la que se regula y convoca el programa para financiar estancias en residencias de tercera edad en el año 2010 [Order of December 30, 2009, of the Valencian Community, of the Ministry of Social Welfare, which regulates and calls for the program to finance stays in residences for the elderly in the year 2010]. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2009d). Orden EMP/48/2009, de 24 de abril, de Cantabria, por la que se desarrolla el catálogo de servicios del Sistema para la Autonomía Personal y la Atención a la Dependencia y se regula la aportación económica de las personas usuarias en la Comunidad Autónoma de Cantabria [Order EMP/48/2009, of April 24, of Cantabria, which develops the catalog of services of the System for Personal Autonomy and Dependency Care and regulates the economic contribution of users in the Autonomous Community from Cantabria], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2009e). Orden Foral 210/2009, de 1 de junio, de Navarra, de la Consejera de Asuntos Sociales, Familia, Juventud y Deporte, por la que se regulan las prestaciones económicas vinculadas a servicio [Foral Order 210/2009, of June 1, of Navarra, of the Minister of Social Affairs, Family, Youth and Sports, which regulates economic benefits linked to service]. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2009f). Orden Foral 211/2009, de 1 de junio, de Navarra, de la Consejera de Asuntos Sociales, Familia, Juventud y Deporte, por la que se regulan las ayudas económicas para la permanencia en el domicilio de las personas dependientes y apoyo a las personas cuidadoras de éstas [Foral Order 211/2009, of June 1, of Navarra, of the Minister of Social Affairs, Family, Youth and Sport, which regulates financial aid for dependent persons to remain at home and support for people caretakers of these], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2009g). Orden Foral 212/2009, de 1 de junio, de Navarra, de la Consejera de Asuntos Sociales, Familia,

Juventud y Deporte, por la que se regulan las ayudas económicas para asistente personal de personas dependientes [Foral Order 212/2009, of June 1, of Navarra, of the Minister of Social Affairs, Family, Youth and Sports, which regulates financial aid for personal assistants for dependent persons], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2009h). Resolución de 14 de diciembre de 2009, de Asturias, de la Consejería de Bienestar Social y Vivienda, por la que se regula la determinación de la capacidad económica de las personas que tengan reconocida la situación de dependencia, las prestaciones económicas y la participación en el coste del Servicio de Ayuda a Domicilio del Sistema para la Autonomía y Atención a la Dependencia (SAAD) en el Principado de Asturias [Resolution of December 14, 2009, of Asturias, of the Ministry of Social Welfare and Housing, which regulates the determination of the economic capacity of people who have a recognized situation of dependency, economic benefits and participation in the cost of the Home Help Service of the System for Autonomy and Dependency Care (SAAD) in the Principality of Asturias], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2010). Acuerdo de 14 de octubre de 2010, de Navarra, del Consejo de Gobierno de la Agencia Navarra para la Dependencia, por el que se modifican las tarifas y las normas de aplicación de las mismas por la prestación de servicios gestionados directa o indirectamente por este Organismo Autónomo [Agreement of October 14, 2010, of Navarra, of the Governing Council of the Navarra Agency for the Dependency, by which the rates and the rules of application of the same are modified for the provision of services managed directly or indirectly by this Agency Autonomous]. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2010a). Decreto 84/2010, de Baleares, de 25 de junio, por el que se regulan los criterios para calcular la capacidad económica con la finalidad de establecer la participación económica de las personas beneficiarias de las prestaciones asistenciales que forman parte de la Red Pública de Atención a la Dependencia de las Illes Balears, y para concretar las prestaciones económicas del Sistema para la Autonomía y Atención a la Dependencia [Decree 84/2010, of the Balearic Islands, of June 25, which regulates the criteria for calculating economic capacity in order to establish the economic participation of the beneficiaries of the assistance benefits that are part of the Public Assistance Network to the Dependency of the Balearic Islands, and to specify the economic benefits of the System for Autonomy and Dependency Care], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2010b). Decreto 126/2010 de Murcia, de 28 de mayo, por el que se establecen los criterios para determinar la capacidad económica de los beneficiarios y su participación en la financiación de las prestaciones económicas y servicios del sistema de autonomía y atención a la dependencia en la Comunidad Autónoma de la Región de Murcia [Decree 126/2010 of Murcia, of May 28, which establishes the criteria to determine the economic capacity of the beneficiaries and their participation in the financing of the economic benefits and services of the autonomy and dependency care system in the Autonomous Community of the Region of Murcia], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2010c). Decreto 142/2010 de Cataluña, de 11 de octubre, por el que se aprueba la Cartera de Servicios Sociales 2010-2011 [Decree 142/2010 of Catalonia, of October 11, approving the Social Services Portfolio 2010-2011]. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2010d). Decreto 142/2010 de Cataluña, de 11 de octubre, por el que se aprueba la Cartera de Servicios Sociales 2010-2011, Anexo 1 [Decree 142/2010 of Catalonia, of October 11, approving the Social Services Portfolio 2010-2011, Annex 1]. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2010e). Decreto 144/2010 de Asturias, de 24 de noviembre, por el que se establecen los precios públicos correspondientes a determinados servicios sociales especializados [Version:primitiveValidity:current standardPublished in: BOPA 281/25692 Date: 12/04/2010 Ambit: Autonomous Communities and Cities (Asturias) INFORMATION]. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2010f). Orden 5/2010, de 30 de diciembre, de La Rioja de la Consejería de Servicios Sociales por la que se regulan las condiciones de acceso y la cuantía de las prestaciones económicas del Sistema Riojano para la Autonomía Personal y la Dependencia[Order 5/2010, of December 30, of La Rioja of the Ministry of Social Services, which regulates the conditions of access and the amount of economic benefits of the Rioja System for Personal Autonomy and Dependency], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2010g). Orden 42/2010, de la Comunidad Valenciana, de 28 de diciembre, de la Conselleria de Bienestar Social, por la que se regula y convoca el programa para financiar estancias en centros de día para personas mayores dependientes en el año 2011 [Order 42/2010, of the Valencian Community, of December 28, of the Ministry of Social Welfare, which regulates and calls for the program to finance stays in day centers for dependent elderly people in 2011]. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2010h). Orden 44/2010, de la Comunidad Valenciana, de 29 de diciembre, de la Conselleria de Bienestar Social, por la que se regula y convoca el programa para financiar estancias en residencias de tercera edad en el año 2011 [Order 44/2010, of the Valencian Community, of December 29, of the Ministry of Social Welfare, which regulates and calls for the program to finance stays in nursing homes in 2011]. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2010i). Orden ASC/471/2010, de 28 de septiembre, de Cataluña, por la que se regulan las prestaciones y los y las profesionales de la asistencia personal en Cataluña [Order ASC/471/2010, of September 28, of Catalonia, regulating the benefits and personal assistance professionals in Catalonia], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2010j). Orden de 23 de diciembre de 2010, de Castilla-La Mancha, de la Consejería de Salud y Bienestar Social, por la que se establece el catálogo de servicios y prestaciones económicas del sistema para la autonomía y atención a la dependencia en la Comunidad Autónoma de Castilla-La Mancha y se determina la intensidad de los servicios y el régimen de compatibilidades aplicable [Order of December 23, 2010, of Castilla-La Mancha, of the Ministry of Health and Social Welfare, which establishes the catalog of services and economic benefits of the system for autonomy and dependency care in the Autonomous Community of Castilla-La Mancha and determine the intensity of the services and the applicable compatibilities regime], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2010l). Orden de 11 de junio de 2010, de Extremadura, por la que se hacen públicos los criterios para la determinación, en la Comunidad Autónoma de Extremadura, de la prestación económica a los beneficiarios que tengan reconocida la condición de persona en situación de dependencia [Order of June 11, 2010, of Extremadura, by which the criteria for the determination, in the Autonomous Community of Extremadura, of the economic benefit to the beneficiaries who have recognized the status of person in a situation of dependency are made public], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2011). Decreto 8/2011 de La Rioja, de 18 de febrero, del Servicio de Ayuda a Domicilio en el ámbito de la Comunidad Autónoma de La Rioja [Decree 8/2011 of La Rioja, of February 18, of the Home Help Service in the area of the Autonomous Community of La Rioja], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2011a). Decreto 70/2011 de Castilla y León, de 22 de diciembre, por el que se establecen los precios públicos por servicios prestados por la Administración de la Comunidad de Castilla y León en el ámbito de los Servicios Sociales [Decree 70/2011 of Castilla y León, of December 22, which establishes the public prices for services provided by the Administration of the Community of Castilla y León in the field of Social Services], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2011b). Orden 5/2011, de la Comunidad Valenciana, de 6 de junio, de la Conselleria de Bienestar Social, de modificación de los artículos 4 y concordantes de la Orden de 5 de diciembre de 2007, por la que se regulan los requisitos y condiciones de acceso a las ayudas económicas del Programa de Atención a las Personas y a sus Familias en el marco del Sistema para la Autonomía y Atención a la Dependencia en la Comunitat Valenciana [Order 5/2011, of the Valencian Community, of June 6, of the Ministry of Social Welfare, modifying articles 4 and related articles of the Order of December 5, 2007, which regulates the requirements and conditions of access to financial aid from the Care Program for People and their Families within the framework of the System for Autonomy and Dependency Care in the Valencian Community], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2011c). Orden Foral 103/2011, de 21 de octubre, de Navarra, de la Consejería de Política Social, Igualdad, Deporte y Juventud, por la que se establece el régimen de compatibilidad entre diversas prestaciones y servicios en el área de atención a la dependencia [Foral Order 103/2011, of October 21, of Navarra, of the Ministry of Social Policy, Equality, Sports and Youth, which establishes the compatibility regime between various benefits and services in the area of care for dependency],

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Fundación Caser Dependencia (2011d). Orden Foral 247/2011, de 23 de diciembre, de Navarra, de la Consejera de Política Social, Igualdad, Deporte y Juventud, por la que se regulan las ayudas económicas para la permanencia en el domicilio de las personas dependientes y apoyo a las personas cuidadoras de éstas [Foral Order 247/2011, of December 23, of Navarra, of the Minister of Social Policy, Equality, Sports and Youth, which regulates financial aid for dependent persons to remain at home and support for people caretakers of these], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2011e). Resolución de 27 de abril de 2011, de Asturias, de la Consejería de Bienestar Social y Vivienda, por la que se regula la determinación de la capacidad económica de las personas beneficiarias, las prestaciones económicas y la participación en el coste del Servicio de Ayuda a Domicilio del Sistema para la Autonomía y Atención a la dependencia (SAAD) en el Principado de Asturias [Resolution of April 27, 2011, of Asturias, of the Ministry of Social Welfare and Housing, which regulates the determination of the economic capacity of the beneficiaries, the economic benefits and the participation in the cost of the Aid Service for Address of the System for Autonomy and Dependency Care (SAAD) in the Principality of Asturias], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2012). Ley 6/2012 de Murcia, de 29 de junio, de medidas tributarias, económicas, sociales y administrativas de la Región de Murcia [Law 6/2012 of Murcia, of June 29, on tax, economic, social and administrative measures of the Region of Murcia, Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 4, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2012a). Orden 21/2012, de la Comunidad Valenciana, de 25 de octubre, de la Consellería de Justicia y Bienestar Social, por la que se regulan los requisitos y condiciones de acceso al programa de atención a las personas y a sus familias en el marco del Sistema para la Autonomía y Atención a la Dependencia en la Comunitat Valenciana [Order 21/2012, of the Valencian Community, of October 25, of the Ministry of Justice and Social Welfare, which regulates the requirements and conditions of access to the care program for people and their families within the framework of the System for Autonomy and Dependency Care in the Valencian Community], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 4, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2012b). Orden BSF/127/2012, de 9 de mayo, de Cataluña, por la que se actualizan el coste de referencia, el módulo social y el copago, así como los criterios funcionales de las prestaciones de la Cartera de Servicios Sociales para el ejercicio 2012, Anexo 1 [Order BSF/127/2012, of May 9, of Catalonia, by which the reference cost, the social module and the co-payment are updated, as well as the functional criteria of the benefits of the Social Services Portfolio for the financial year 2012, Annex 1], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 4, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2012c). Orden de 2 de enero de 2012, de Galicia, de desarrollo del Decreto 15/2010, de 4 de febrero, por el que se regula el procedimiento para el reconocimiento de la situación de dependencia y del derecho a las prestaciones del Sistema para la Autonomía y la Atención a la Dependencia, el procedimiento para la elaboración del programa individual de atención y la organización y funcionamiento de los órganos técnicos competentes [Order of January 2, 2012, of Galicia, of development of Decree 15/2010, of February 4, which regulates the procedure for the recognition of the situation of dependency and the right to the benefits of the System for Autonomy and Dependency Care, the procedure for drawing up the individual care program and the organization and operation of the competent technical bodies], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 3, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2012d). Orden de 13 de marzo de 2012, de Andalucía, por la que se aprueba la Carta de Servicios de la Agencia de Servicios Sociales y Dependencia de Andalucía [Order of March 13, 2012, of Andalusia, approving the Charter of Services of the Agency for Social Services and Dependency of Andalusia]. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 4, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2012e). Orden FAM/644/2012, de 30 de julio, de Castilla y León, por la que se regulan las prestaciones del Sistema para la Autonomía y Atención a la Dependencia en Castilla y León, el cálculo de la capacidad económica y las medidas de apoyo a las personas cuidadoras no profesionales [Order FAM/644/2012, of July 30, of Castilla y León, which regulates the benefits of the System for Autonomy and Dependency Care in Castilla y León, the calculation of economic capacity and support measures non-professional caregivers], Fundacion Caser Dependencia. Fundacion Caser Dependencia is a government body

providing information about dependency policies. Version as of April 4, 2023 [\[Link\]](#)

Fundación Caser Dependencia (2013). Acuerdo de 22 de enero de 2013, de Navarra, del Consejo de Gobierno de la Agencia Navarra para la Autonomía de las Personas, por el que se actualizan las tarifas de los servicios gestionados directa o indirectamente por este Organismo Autónomo [Agreement of January 22, 2013, of Navarra, of the Governing Council of the Navarra Agency for the Autonomy of the People, by which the rates of the services managed directly or indirectly by this Autonomous Organization are updated]. Fundacion Caser Dependencia is a government body providing information about dependency policies. Version as of April 4, 2023 [\[Link\]](#)

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Solidariedad Intergeneracional (2023l). Ley De La Dependencia En Murcia. Promoción De La Autonomía Personal Y Atención A Las Personas En Situación De Dependencia [Dependency Law In Murcia Promotion Of Personal Autonomy And Care For People In A Situation Of Dependency], Solidariedad Intergeneracional official website. Solidariedad Intergeneracional is a state organization providing information for the elderly and their families. As of April 4, 2023 [\[Link\]](#)

Vicepresidencia Segunda del Gobierno (2022). 13.2. El Salario Mínimo Interprofesional [The Minimum Interprofessional Wage], Ministry of Labour and Social Economy official website. As of April 3, 2023 [\[Link\]](#)

Glossary of terms

This section summarizes key definitions from the main text. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: “Alt” + “←”; In Adobe Acrobat on a MAC: “command” + “←”; In Preview on a MAC: “command” + “[”.

Activities of daily living (ADL): A common set of activities related to personal care used to assess independence. They include bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating.

Actividades Básicas de la Vida Diaria: Actividades Básicas de la Vida Diaria in Spanish, are defined by the LAPAD as the most elementary tasks of the person, which allow them to function with a minimum of autonomy and independence, such as: personal care, basic domestic activities, essential mobility, recognizing people and objects, find their way around, understand and carry out simple commands or tasks.

Asistencia personal: Term in Spanish for “Personal Assistance”, is defined by the Dependency Law as service provided by a personal assistant who performs or helps with performing tasks of daily life for a person in a situation of dependency in order to promote their independent living and personal autonomy.

Atención de las necesidades del hogar: Term in Spanish for “Care for household needs”, include services related to the care of domestic or home needs such as cleaning, washing and cooking.

Autonomía: Term in Spanish for “Autonomy”, is defined by the LAPAD as the ability to control, face and make, on one’s own initiative, personal decisions about how to live in accordance with one’s own norms and preferences, as well as to carry out the basic activities of daily life (ABVD).

Baremo de valoración de dependencia: Term in Spanish for “Scale for Dependence Evaluation”, which is the version of the International Classification of Functioning, Disability and Health (ICF) assessment scale provided by the World Health Organization adopted in Spain for dependence evaluation.

Comunidad Autonomas: Term in Spanish for “Autonomous Communities”, are territorial entities that, within the current Spanish constitutional legal system, are endowed with legislative, executive and administrative autonomy, with their own institutions and representatives. They include resembles many aspects of federal entities, resembling Spain as a quasi-federal State.

Consejo Territorial de Servicios Sociales del Sistema para la Autonomía y la Dependencia: Term in Spanish for “Territorial Council of Social Services and the System for Autonomy and Dependency Care”, created as of 2012 by the merging of the Territorial Council of the System for the Autonomy and Dependency Care (TCSAAD) and the Sectorial Conference on Social Affairs, to simplify the coordination and to strengthen the harmonization between the General State and Autonomous Communities’ administration.

Consejo Territorial del Sistema para la Autonomía y la Dependencia : Term in Spanish for “Territorial Council of the System for the Autonomy and Dependency Care”, created as a cooperation instrument for the articulation of social services and the promotion of autonomy and care for people in situations of dependency. The Territorial Council is responsible for achieving maximum coherence in the determination and application of the various social policies carried out by the General State Administration and the Autonomous Communities through the exchange of points of view and the common examination of the problems that may arise and the actions planned to confront and solve them (Dependency Law article 8.3).

Cuidados no profesionales: Term in Spanish for “Non-professional care”, is defined by the Dependency Law as care not linked to a professional care services, which is provided to people in a situation of dependency at home, by family members or people close to them.

Cuidados personales: Term in Spanish for “Personal Care”, which includes services providing aid in carrying out activities of daily living (ADLs).

Cuidados profesionales: Term in Spanish for “Professional care”, is defined by the Dependency Law as care provided by a public institution or entity, for-profit and non-profit, or self-employed professional whose purposes include the provision of services to people in situations of dependency, whether at home or in a center

Dependencia: Term in Spanish for “Dependency”, is defined by the Dependency Law as the permanent state in which people find themselves who, for reasons derived from age, illness or disability, and linked to the lack or loss of physical, mental, intellectual or sensory autonomy, require the attention of one or more other people or important help to carry out basic activities of daily living or, in the case of people with intellectual disabilities or mental illness, other support for their personal autonomy.

Equipo de Valoracion: Term in Spanish for “Equipe”, a team of health experts including professionals from the social and health sector along with doctors and psychologists for dependence evaluation

Grados: Term in Spanish for dependency “degrees”. There are three degrees: Degree I for moderate dependence cases, in which the person needs help to carry out several basic activities of daily living, at least once a day, or has intermittent or limited support needs for personal autonomy; Degree II for severe dependence cases, in which the person needs help to carry out several basic activities of daily living two or three times a day, but does not want the permanent support of a caregiver or has extensive support needs for personal autonomy; and Degree III for great dependence cases, in which the person needs help to carry out several basic activities of daily living several times a day and, due to their total loss of physical, mental, intellectual or sensory autonomy, they need the indispensable and continuous support of another person or have needs for widespread support for their personal autonomy.

Indicador de Renta Suficiente: Term in Spanish for “Income Sufficiency Indicator of Catalonia”, used in the Autonomous Community of Catalonia as income indicator to access LTC benefits.

Indicador Publico de Renta de Efectos Multiplos: Term in Spanish for “Multiple Effects Public Income Indicator”, is an index used as a reference to access aid, subsidies or unemployment benefits. It was created in 2004 to replace the Minimum Interprofessional Wage (Salario Mínimo Interprofesional) as a reference for these grants.

Instrumental activities of daily living (IADL): A common set of activities used to evaluate a person’s ability to live independently in their community. They include being able to prepare hot meals, shop for groceries, take medication, manage money, use a phone, or use a map.

Ley de Dependencia: Term in Spanish for “Dependency Law”, Law 39/2006, of December 14, on the Promotion of Personal Autonomy and Care for people in situations of dependency

Nivel Acordado: Term in Spanish for “Supplementary Agreed Level”, which corresponds to the care coverage level financed by the Central State in agreement with the Autonomous Communities.

Nivel Adicional: Term in Spanish for “Additional level”, which corresponds to the care coverage level financed exclusively by the CA providing the additional benefit

Nivel Mínimo: Term in Spanish for “Minimum Level”, which corresponds to the basic care coverage level financed exclusively by the General Administration of the Central State

Niveles de Protección del Sistema: Term in Spanish for “System Protection Levels”, are the levels of coverage provided by the Spanish LTC system defined by the Dependency Law.

Plan de Acción para las Personas Mayores: Term in Spanish for “Action Plan for the Elderly” launched in 1999 to continue the “Gerontological Plan” introduced to face aging population related challenges through comprehensive and coordinated actions between the central and Autonomous Communities’ governments.

Prestación económica de asistencia personal: Term in Spanish for “Economic Benefit for Personal Assistance”, is a cash benefit for personal assistance, intended to promote the autonomy of highly dependent people. The benefit is intended to facilitate the beneficiary’s access to education and work, as well as a more autonomous life in the exercise of basic activities of daily life (ABVD). Eligibility requirements are established between Territorial Council of the System for Autonomy and Dependency Care. Notably, PEAP comprises less than 0.1 percent of long-term care benefits nationwide.

Prestación económica para cuidados en el entorno familiar: Term in Spanish for “Cash benefit for care in the family environment”, is a cash benefit for family care when the beneficiary is being cared for by his or her family environment. Eligibility depends on the beneficiary’s level of dependence and their economic resources.

Prestación económica vinculada al servicio: Term in Spanish for “Economic Benefit Linked to the Service.” Also referred to as a voucher, PEVS is a periodic reimbursement benefit granted to dependent people only if the in-kind LTC benefits cannot be provided

by the competent authority.

Programma Individual de Asistencia: Term in Spanish for “Individual Care Programme”, is the individual care plan formulated by CAs according to the result of the individual’s care assessment. It includes the degree of dependence and benefits’ entitlement

Real Decreto-ley 20/2012, de 13 de julio: Term in Spanish for “Royal Decree-Law 20/2012, of July 13”, on measures to guarantee budgetary stability and promote competitiveness which reformed the Spanish LTC system as of 2012.

Red de Servicios Sociales: Term in Spanish for “Social Service Network”, which integrates and coordinates public and private providers of LTC benefits.

Regimen de Incompatibilidades: Term in Spanish for “Incompatibility Regime”, a legal framework regulating the possible combination of LTC benefits.

Resolución de 13 de julio de 2012: Term in Spanish for “Resolution of July 13, 2012”, which regulates the copayment and amount for LTC services reimbursement as of 2012. The Resolution is issued by the Secretary of State for Social Services and Equality.

Resolución de 2 de diciembre de 2008:

Term in Spanish for “Resolution of December 2, 2008”, adopted by the Autonomous Communities for determination of beneficiaries’ economic capacity and the criteria for beneficiaries’ contribution upon receipt of benefits provided through the System for Autonomy and Dependency Care. The Resolution is issued by the Secretary of State for Social Policy, Families and Care for Dependency and Disability.

Salario Mínimo Interprofesional: Term in Spanish for “Minimum Interprofessional Income”, used in the Autonomous Community of Pais Vasco as income indicator to access LTC benefits.

Servicio de Atención Residencial: Term in Spanish for “Residential care”, which includes continuous services for personal health and care. The services are provided in residential centers authorized for this purpose according to the type of dependency, its degree, and the intensity of care required by dependent persons. The services may be permanent, when the residential center becomes the person’s habitual residence, or temporary in the case of convalescence stays, stays during vacations or weekends, stays intended for recovery from short-term illness, or stays intended to provide rest periods for non-professional caregivers.

Servicio de Ayuda a domicilio: Term in Spanish for “Home care services”, related to the care of households needs and services related to personal care.

Servicio de Centro de Día y de Noche: Term in Spanish for “Day and Night Center Service”, offering comprehensive care during the day or night to people in a situation of dependency, with the aim of improving or maintaining the best possible level of personal autonomy and supporting families or caregivers. In particular, it covers users’ needs for advice, prevention, rehabilitation, guidance for the promotion of autonomy, empowerment, or care and personal care. The type of centers will include Day Centers for those under 65 years of age, Day Centers for the elderly, Day Centers for specialized care due to the specificity of the care they offer, and Night Centers.

Servicio de Teleasistencia: Term in Spanish for “Telecare Service”, which provides assistance to beneficiaries through the use of communication and information technologies in immediate response to emergency situations, situations of insecurity, loneliness, and isolation.

Servicios de Estancia Temporal: Term in Spanish for “Short-Term Care Services”, which include short-term stay in residential facilities.

Servicios de Promoción de la Autonomía Personal y Prevención de las Situaciones de dependencia: Term in Spanish for “Services for the Promotion of Personal Autonomy and Prevention of Dependence”, which are services oriented to prevent the insurgence or aggravation of dependency condition through provision of social and health care services

Sistema para la Autonomía y Atención a la Dependencia: Term in Spanish for “System for Autonomy and Dependency Care”, which denotes the Spanish LTC system which provides universal access to Long-Term Care (LTC) benefits to all people requiring support in performing the activities of daily living (ADLs).

Notes

This section reports notes from the main text. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: “Alt” + “←”; In Adobe Acrobat on a MAC: “command” + “←”; In Preview on a MAC: “command” + “[”.

1. Prior to development of the individual care plan, applicants participate in a mandatory consultation in which they can express their preference for benefits or services. Applicants are not guaranteed to receive their preferred benefits or services.
2. While SAAD benefits eligibility in general does not specify an age requirement, access to the Economic Benefit for Personal assistance (PEAP) specifically requires that the beneficiary be at least 3 years of age.
3. The First Additional Provision of Law 29/2006 on the financing of the benefits and services guaranteed by the General State Administration, established that “the General State Budget Law of each year will determine the amount and form of payment to the Autonomous Communities of the amounts necessary for the financing of the services and benefits provided for in Article 9 of this Law,” however, the annual revaluation of benefits in accordance with the consumer price index has not been complied with in all years.

Version information

Current Version: 1.0 (April 2024)

Version History

- 1.0 (April 2024): First version.

Additional resources

The following resources provide additional details for the interested reader:

Other papers of interest that were consulted but not ultimately cited include:

Pilar (P.), Garcia-Gomez, Helena M Hernández-Pizarro, Guillem López-Casasnovas, Joaquim Vidiella-Martin (2019). Unravelling Hidden Inequities in a Universal Public Long-Term Care System, Tinbergen Institute Discussion Paper. As of April 4, 2023.

Link: <https://papers.tinbergen.nl/19011.pdf>

Serrano-Alarcón, Manuel, Helena Hernández-Pizarro, Guillem López-Casasnovas, Catia Nicodemo (2022). Effects of long-term care benefits on healthcare utilization in Catalonia, Journal of Health Economics Volume 84, July 2022, 102645. As of April 4, 2023.

Link: <https://www.sciencedirect.com/science/article/abs/pii/S0167629622000649>