***2.1.4 An integrated system for the coordinated management of the social assistance and long-term care system***

***Provincial Study Visit to Chongqing***

**V.1**

**1 Mar 2019**

**Co-ordinated management of social assistance**

1. Introduction to social assistance in Chongqing

1.1 The establishment process of Chongqing's Dibao system

In July 1996, Chongqing began to explore the establishment of a minimum living security system for urban residents. In July 1999, Chongqing achieved full coverage of the urban minimum living security system. In 2003, Chongqing selected the Nan'an District and Shuangqiao District of the main city to carry out the pilot construction of the rural minimum living security system, but the minimum living standard was low. In 2004, all districts and counties in the city achieved full coverage of the minimum living security system. In recent years, the annual minimum living standard has increased by about 10% compared with the previous year.

1.2 Current status of Chongqing's minimum living security system

As of the end of December 2018, the minimum living allowance for urban residents in Chongqing was 196,600 and 311,400; the accumulated expenditure was 1,192,409,000 yuan. The minimum living security for rural residents was 314,100 and 580,900; the accumulated expenditure was 261,254,000. In 2018, the urban minimum living standard is 546 yuan / person / month, and the rural area is 410 yuan/person/month. In recent years, the number of low-income objects in Chongqing has decreased. This is not only a direct reflection of rapid economic development and improvement of people's living standards, but also the result of strengthening the dynamic management of minimum living security.

2. Chongqing’s Innovation and Experience

2.1 The role of the financial department in social assistance

The financial sector has always been in an irreplaceable dominant position in the raising, allocation and management of social assistance funds. The central and local governments at all levels share the responsibility of social assistance. The municipal (provincial) level finance is mainly responsible for coordinating the adjustment, change and addition (subtraction) of the budget and the implementation of supervision.

In recent years, Chongqing municipal finance bureau has effectively fulfilled the basic living of the people in need by fulfilling the policy of increasing social assistance and raising the standard, increasing the linkage mechanism between the standard of assistance and price, and improving the level of protection for urban and rural subsistence allowances. .

Chongqing municipal finance bureau clearly defined the power of responsibility and expenditure responsibility by strengthening the management of rescue funds. In 2015, the "Notice of the General Office of the State Council on Further Revitalizing Financial Stock Funds" marked the resumption of the reform of the fiscal stock funds into the substantive operational stage. Under this background, Chongqing Municipality took the lead in piloting and bundling relief funds such as subsistence allowances, medical assistance, and temporary assistance to districts and counties, and then districts and counties to make overall allocation according to actual conditions. In the course of operation, the government executive meeting will review the adjustment plan for social assistance standards such as urban and rural subsistence allowances; the audit department will attend the meeting regularly, and the implementation and final accounts of the budgets of the government and subordinate departments (including subordinate units) and lower levels, as well as extrabudgetary funds. Auditing supervision is carried out for the management and use of the funding.

2.2 Coordination and convergence of poverty alleviation and social assistance

The social assistance system and the poverty alleviation and development policies are related to each other. On the one hand, the starting point and the foothold of the two are in difficult populations, and their targets have a high degree of overlap, mainly concentrated in rural areas; the two are correcting “market failures”, optimizing resource allocation, maintaining social equity and stability, and building Socialist harmonious society and other aspects play an important role. On the other hand, social assistance is the survival problem. The poverty alleviation and development solves the development problem. The two belong to different management departments. Therefore, there are differences in funding sources, identification methods, assistance standards and measures. Therefore, coordinating the effective connection between social assistance and poverty alleviation is the institutional basis for guaranteeing the basic livelihood of the people in need and the only way to achieve common prosperity.

In order to earnestly fulfill the duties and tasks of the civil affairs departments in tackling poverty and resolving the difficulties, we resolutely completed the tasks related to winning the fight against poverty and achieving the goal of poverty alleviation and development and social assistance. The Chongqing Municipal Civil Affairs Bureau formulated the “Three-Year Action Plan for Winning the Fight against Poverty in the Civil Affairs Field”.

2.3 Coordination of medical insurance

In 2016, the General Office of the Chongqing Municipal People's Government issued the “Implementation Opinions on Health Poverty Alleviation Projects”, which promoted the medical insurance co-ordination of poor households and realized the effective combination of insurance, relief, funds and other means of poverty alleviation.

On the one hand, Chongqing has continuously improved its medical security system and formed “three guarantees” (basic medical insurance, major illness insurance, commercial supplementary insurance) “two rescues” (civil medical assistance, sickness emergency assistance) “two funds” (helping poor and poor medical funds, The “Seven Health Care System” of the Health Poverty Alleviation Medical Fund. First, improve the proportion of medical insurance reimbursement, lower the medical insurance deductible line, expand the scope of medical insurance reimbursement, and improve the level of basic medical insurance; second, based on poverty alleviation funds, multi-party financing, improve the medical insurance system for major illnesses; third, the city The two levels of government jointly funded and subsidized the people in need to purchase comprehensive commercial insurance according to the standard of 100 yuan per person - "the civil affairs benefit the people and the poor and the poor"; the fourth is to expand the coverage of medical assistance and temporary assistance, and increase temporary assistance and other help. Support and support the individual contribution of participating in urban and rural residents' cooperative medical insurance; Fifth, the implementation of disease emergency assistance, the Municipal Red Cross Disease Emergency Relief Fund will provide partial subsidies for hospitalization in the districts and districts of the districts and counties; The Health Poverty Alleviation Medical Fund will be injected with 200 million yuan from municipal-level special poverty alleviation funds. After that, the district and county will co-ordinate the financial funds at the same level, municipal-level financial special poverty alleviation funds, and multi-channel financing funds such as social donation funds; Level and district and county finances to jointly fund, set up a medical base for poverty alleviation in districts and counties gold.

In addition, through the optimization of medical services, strengthening public health work and the construction of medical service system, the accuracy of health and poverty alleviation and the health level of the poor have been improved, and the capacity of medical and health services has been improved.

2.4 Exploring the development of financial social security subsidy management information system

In 2018, the Ministry of Civil Affairs issued the "Internet + Civil Service" Action Plan, and proposed key actions such as the construction of "Internet + Social Assistance" typical application services. In this context, Jiangbei District of Chongqing City took the lead in piloting a comprehensive use of websites, WeChat, APP, service hotline, self-service terminals and other means to provide policy interpretation, inquiries, supervision and reporting services to the public, and public information on social assistance. , accept social supervision. The first is to establish a financial social security subsidy distribution management information system, through the self-service terminal to query the individual social assistance, social insurance, military special care and other treatment; the second is to build a grassroots affairs information disclosure platform to achieve partial transaction reporting, query and other functions, plus The focus on the people's livelihood and the important benefits of the people's policies have increased the convenience of enterprises and the masses.

In addition, Chongqing has also actively promoted the establishment of a three-level social assistance verification and comparison system in cities, districts, counties and townships, and assisted in the accurate identification of social assistance. At present, information sharing has been achieved with the departments of industry and commerce, national land, public security, high courts, taxation, and health. The city-level verification system has an annual verification volume of 700,000 person-times, with an average detection rate of 2%.

2.5 Actively promote the purchase of social services

 The promulgation of the “Interim Measures for the Purchase of Services by the Chongqing Municipal Government” in 2014 effectively promoted the transformation of government functions, the reform of administrative systems and institutions, and the innovation of government public service provision. With the introduction of the “Implementation Opinions on Actively Pursuing the Ability of Government Purchase of Services to Strengthen the Service of Grassroots Social Assistance Services” in 2018, the municipal government accelerated the promotion and the district and county governments actively explored the government's social assistance and service capacity significantly: According to the municipal government procurement service guidance catalogue, strictly implement the government procurement workflow, and constantly improve the purchase mechanism; on the other hand, strengthen performance evaluation and market supervision, and use the performance results as an important basis for the allocation of funds, and implement funding guarantees.

At this stage, as the government's purchase of social assistance services is still in the exploratory stage, the purchase content is mainly concentrated in the rescue object investigation, household survey, business training, policy propaganda, performance evaluation and transactional work, and the care for the social assistance targets, There are relatively few service jobs such as rehabilitation training, medical care, social integration, ability improvement, psychological counseling, and resource links.

Faced with the current situation of insufficient social assistance staff, the grassroots government of Shapingba District of Chongqing Municipality undertakes administrative and administrative affairs to prevent the government's administrative management function from being blurred and public resources idle: through the formulation of work plans, the purchase of grassroots transactional services, and the implementation of social assistance. The post of staff; the Joint Health Planning Commission, the Disabled Persons' Federation and other departments purchase services from social work organizations, build rehabilitation service platforms in the community, and provide rehabilitation services for needy disabled people in need of care.

3. Challenges

3.1 Coordination between slowing economic growth and increasing social security needs

With the development of the economy and society, the people's living standards have continued to improve, and the expectations for social security have also increased. However, affected by the structural reform of the supply side, the GDP of Chongqing in 2017 reached 195.027 billion yuan, an increase of 9.3% over the previous year. The economic growth rate slowed down and the economic development began to shift from “high speed” to “high quality”. "Transformation." How to alleviate and cope with the slowdown in economic growth and the growing social security needs of the people is the meaning of the current phase of safeguarding and improving people's livelihood and achieving development results shared by the people.

Financial funds are the economic basis for the implementation of the social assistance system, and they are the material guarantee for fulfilling the goal of social assistance. According to the Regulations on Minimum Living Security for Urban and Rural Residents in Chongqing, the minimum living standard for urban and rural residents is determined according to the expenses necessary to maintain the basic living of urban and rural residents. Under the situation that the general public budget income for the people's livelihood is almost zero growth, determining the reasonable protection targets and guarantee standards is the basis for effectively playing the role of the minimum social security system. Therefore, in addition to the level of economic and social development, the level of living and consumption of urban and rural residents and the basic price of basic necessities, the minimum living security standards should also be compatible with financial affordability.

 In addition, with the promotion of China's tax-sharing system reform and the implementation of tax reduction and fee reduction policies, the scope of local tax revenue rights is shrinking, and efforts should be made to maintain the tax revenue of local governments in order to guarantee the financial supply level of social assistance and people's livelihood.

3.2 Difficult to unify urban and rural Dibao system in the short term

In order to realize the bottom line role of social assistance in poverty alleviation, in 2018, the Chongqing Municipal Civil Affairs Bureau and other departments issued the "Notice on Effectively Doing a Good Job in Social Assistance in Poverty Alleviation", and called for further strengthening of the rural minimum living security system and poverty alleviation and development policies. Effectively link up and improve the adjustment mechanism of rural subsistence allowances. At the same time, according to the requirements of urban and rural development, gradually narrow the gap between urban and rural subsistence allowances. By 2020, the gap between urban and rural subsistence allowances in the city will be reduced to 1:0.8.

However, as a pilot area for comprehensive urban and rural comprehensive reforms in Chongqing, which is a large city with a large rural area, a large mountainous area, and a large reservoir area. The contradiction between urban and rural dual structure is prominent. In addition, its social assistance business still lacks financial resources and standards are not high. Urban and rural areas are not the same. Therefore, it is difficult to co-ordinate urban and rural subsistence allowances in the short term.

3.3 Government purchases are facing difficulties

The government's purchase of public services carries the important task of promoting the transformation of public service supply and the development of social organizations. How the government and social organizations can achieve win-win cooperation in the field of public services has become a problem that needs to be confronted and resolved.

First, the market for government procurement of social services is not yet mature, and social organizations have insufficient capacity. In recent years, the development of social organizations in China has always had a problem of insufficient quantity. It is difficult to directly select the subject by means of competitive preference, which often leads to the situation of the flow label, which makes the quality of service and cost difficult to control.

Second, the standardized service system has not yet been established, and the degree of specialization of social organizations is insufficient. The standardized service system is the main basis for selecting and managing the subject. However, at present, there are limited students and service practitioners in colleges and universities, the degree of specialization of social organizations is insufficient, and the quality of service lacks an authoritative measure. Therefore, the competition market has not yet formed, and subsequent supervision And performance appraisal work is also difficult to follow up.

Third, the public spirit is weak and the social organization's credibility is low. The smooth purchase of social services depends on mutual trust and benign interaction between the government, social organizations, and the public. In recent years, the deep exposure of social organizations' untrustworthy incidents has seriously affected the growth environment and credibility of social organizations. On the one hand, due to the lack of credibility of some social organizations, and the public has long been accustomed to accepting public services directly supplied by the government, the public may be repulsive to the provision of public services by social organizations; on the other hand, the public and employed by society The organization's service practitioners lack understanding of the government's purchase of public services, lack a clear understanding of the scope of responsibility of the government and social organizations in the purchase of services, and often classify them as government actions.

**重庆市最低生活保障制度**

**一、基本情况介绍**

**1.重庆市最低生活保障制度的建制过程**

1996年7月，重庆市开始探索建立城市居民最低生活保障制度，1999年7月，重庆实现城市最低生活保障制度的全覆盖。2003年，重庆市选择主城的南岸区和双桥区进行农村低保制度的试点建设，但低保标准较低；2004年，全市所有的区县实现了最低生活保障制度的全覆盖。近几年，每年低保标准较上年增长幅度在10%左右。

**2.重庆市最低生活保障事业现状**

截至2018年12月底，重庆市城市居民最低生活保障19.66万户、31.14万人；累计支出192,340.9万元。农村居民最低生活保障31.41万户、58.09万人；累计支出261,250.4万元。2018年城市低保标准为546元/人/月，农村为410元/人/月。近年来，重庆低保对象有所减少，这既是经济快速发展、人民生活水平改善的直接体现，也是最低生活保障加强动态管理的成果。

1. **创新和经验总结**
2. **社会救助统筹中财政的角色和作用**

财政在社会救助资金的筹集、划拨和管理中始终居于不可替代的主导地位。中央和地方各级政府共同承担着社会救助的责任。市（省）级财政主要负责配合办理预算的调整、变更和追加（减）事项以及执行监督。

近年来，重庆市级财政通过足额兑现社会救助提标增支政策，落实救助标准与物价挂钩的联动机制，提高城乡低保等救助项目的保障水平等举措，切实改善了困难群众的基本生活。

首先，重庆市级财政通过加强对救助资金的管理，清晰界定了事权和支出责任。2015年，《国务院办公厅关于进一步做好盘活财政存量资金工作的通知》标志着盘活财政存量资金改革进入实质操作阶段。在这一背景下，重庆市财政率先试点，将低保、医疗救助、临时救助等救助资金打捆下达至区县，再由区县根据实际情况进行统筹分配。在操作过程中，政府常务会审议城乡低保等社会救助保障标准调整方案；审计部门常规列席会议，对本级及各部门（含直属单位）和下级政府预算的执行情况和决算，以及预算外资金的管理和使用情况实行审计监督。

其次，市级财政加大一般转移支付力度，尽量减少专项转移支付，保证60%的财政资金能够进行一般性转移支付；对于中央明确规定保留的专项转移支付，要求50%-60%的部分能够实现“切块下达”，并对保留的专项进行预算和资金使用绩效的公开评审，充分提高政府救助资金的效率。此外，市级财政强化绩效目标的应用，将评价结果与下一年度的预算安排相挂钩，充分调动区县参与社会救助资金管理的积极性。这一系列举措在不增加财政负担的基础上，更好地保障了低保人群的待遇，解决了实际的困难，提高了财政资金的使用绩效，真正打通了救助的“最后一公里”。

1. **扶贫开发与社会救助的统筹和制度衔接**

社会救助制度和扶贫开发政策相互联系又有所区别。一方面，二者的出发点和落脚点都在困难群众，其对象有较高的重合性，主要集中在农村地区；二者在矫正“市场失灵”，优化资源配置，维护社会公平和稳定，构建社会主义和谐社会等方面发挥着重要作用。另一方面，社会救助决的是生存问题，扶贫开发解决的是发展问题，二者分属不同的管理部门，因此在资金来源、认定办法、帮扶标准和措施上存在差异。所以，统筹做好社会救助与扶贫开发的有效衔接，是保障困难群众基本生活的制度基础，是实现共同富裕的必由之路。

为切实履行民政部门在脱贫攻坚中的职责使命，坚决完成打赢脱贫攻坚战相关任务，实现扶贫开发和社会救助的统筹衔接，重庆市民政局制定了《民政领域打赢脱贫攻坚战三年行动实施方案》。

**一是加强低保制度的兜底扶贫。完善农村低保标准调整机制**，动态调整农村低保标准，确保全市农村低保标准不低于扶贫标准；逐步缩小城乡低保标准差距，改善农村苦难群众的基本生活。**完善农村低保家庭经济状况核查机制，**结合支出型贫困家庭救助政策，对符合条件的未脱贫建档立卡贫困户，按家庭人均收入低于低保标准的差额确定低保金。**完善农村低保动态管理和信息共享机制，**积极开展排查行动和信息比对工作，及时将符合条件的24万名扶贫对象纳入低保兜底保障；对纳入农村低保的建档立卡贫困户开展定期复核，对于不再符合条件的贫困户给予6个月的减退期，退出低保。**完善农村低保对象认定方法，**对部分极度贫困的家庭可与共同生活的家庭成员分户计算。

**二是全面落实特困人员救助供养制度。**及时将符合条件的农村建档立卡贫困人员纳入特困人员救助供养，合理确定特困人员救助供养标准，加强农村特困供养服务机构（农村敬老院）建设和管理，提高生活不能自理特困人员集中供养水平。截至2018年10月底，1.1万扶贫对象被纳入特困人员救助供养范围，支出救助金0.78亿元。

**三是发挥临时救助“救急难”功能。**通过细化临时救助对象范围和类别、优化简化审核审批程序、科学制定救助标准、拓宽社会救助方式等举措，及时解决农村建档立卡贫困人口的突发性、紧迫性、临时性基本生活困难。截至2018年10月底，为3.83万户次扶贫对象提供临时救助，累计发放临时救助金0.96亿元。

**四是加大医疗救助力度。**逐步提高农村建档立卡贫困人口资助参保标准，加强医疗救助、基本医疗保险、大病保险制度以及扶贫济困医疗救助基金的衔接，兼顾建档立卡的贫困对象和民政的救助对象两者的群体公平。截至2018年10月，全市医疗救助扶贫对象81.99万人次，支出救助金1.88亿元；扶贫济困医疗救助基金救助扶贫对象1.62万人次，支出救助金0.29亿元。

**五是围绕社会救助制度的完善、社会救助资源的统筹、社会救助流程的优化和社会救助能力的建设等方面，积极开展社会救助综合改革试点工作。**渝北区率先对低保家庭的普通高中学生免除学费，并将保障对象扩展至建档立卡贫困户学生和1%农村低收入贫困家庭学生，通过扶贫、扶志、扶智的结合，斩断贫困的代际传递。

1. **医疗保障的统筹**

2016年，重庆市人民政府办公厅下发《关于健康扶贫工程的实施意见》，促进了贫困户的医疗保障统筹，实现了保险、救助、基金等健康扶贫手段的有效结合。

一方面，不断健全医疗保障体系，形成“三保险”（基本医保、大病保险、商业补充保险）“两救助”（民政医疗救助、疾病应急救助）“两基金”（扶贫济困医疗基金、健康扶贫医疗基金）的“七重医疗保障体系”。一是通过提高医保报销比例、降低医保起付线、扩大医保报销范围，提高基本医疗保险的保障水平；二是以扶贫资金为基础，多方筹资，完善大病商业补充医疗保险制度；三是，市、区两级政府共同出资，按照每人100元的标准，资助困难群众购买综合商业保险——“民政惠民济困保”；四是扩大医疗救助和临时救助覆盖面，加大临时救助等帮扶力度，并对参加城乡居民合作医疗保险的个人缴费部分予以资助；五是实行疾病应急救助，由市红十字会疾病应急救助基金对区县困难群众域内住院治疗给予部分补助；六是筹资建立健康扶贫医疗基金，由市级财政专项扶贫资金注入2亿元，此后每年由区县统筹本级财政资金、市级财政专项扶贫资金，多渠道筹措社会捐赠资金等补充基金池；七是由市级和区县两级财政来共同出资，在区县设立扶贫济困的医疗基金。

随着医疗保障体系的逐步统筹建立，对困难群众的医疗费用实施分段分档救助，兼顾了医保报销目录内外的费用，同时严格控制医药费用的不合理增长，切实减轻了困难群众的医药费负担。

此外，还通过优化医疗服务、加强公共卫生工作和医疗服务体系建设等举措，提高了健康扶贫的精准度和贫困人口健康水平，提升了医疗卫生服务能力。

1. **探索开发财政社保补贴发放管理信息系统**

2018年，民政部印发《“互联网+民政服务”行动计划》，提出构建“互联网+社会救助”典型应用服务等重点行动。

在此背景下，重庆市江北区率先试点，综合利用网站、微信、APP、服务热线、自助终端等多种手段，向社会公众提供政策解读、办理查询、监督举报等服务，公开社会救助相关信息，接受社会监督。**一是建立财政社保补贴发放管理信息系统，**通过自助终端查询个体享受的社会救助、社会保险、军人优抚等各项待遇；**二是搭建基层事务信息公开平台**，实现部分事务申报、查询等功能，加大重点民生领域、重要惠民政策公开力度，提升了企业、群众办事便捷度。

此外，重庆还积极推进市、区县、乡镇三级社会救助核查对比系统的建立，助力社会救助精准认定。目前，已实现与工商、国土、公安、高院、税务、卫计等部门的信息共享。市级核查系统全年核查量达70万人次，平均检出率达2%。

1. **积极推行购买社会服务**

2014年《重庆市政府购买服务暂行办法》的颁布，有效推动了政府职能转变、行政体制与事业单位改革及政府公共服务供给方式的创新。

随着2018年《关于积极推行政府购买服务 加强基层社会救助经办服务能力的实施意见》出台，市级政府加速推进、区县政府积极探索，其政府社会救助经办服务能力显著增强：一方面，根据市级政府购买服务指导性目录，严格执行政府采购工作流程，不断完善购买机制；另一方面，加强绩效评价和市场监督，将绩效结果作为经费拨付的重要依据，落实经费保障。

现阶段，由于政府购买社会救助服务工作尚处于探索阶段，购买内容主要集中在救助对象排查、家计调查、业务培训、政策宣传、绩效评价事务性工作，而对社会救助对象开展的护理照料、康复训练、送医陪护、社会融入、能力提升、心理疏导、资源链接等服务性工作相对较少。

面对社会救助工作人员不足的现状，重庆市沙坪坝区基层政府承担行政管理性事务，以防止政府行政管理职能虚化和公共资源闲置：通过制定工作方案，购买基层事务性服务，落实社会救助经办人员岗位；联合卫计委、残联等部门，向社工组织购买服务，在社区搭建康复服务平台，对需要护理的贫困残疾人进行康复服务。

1. **困惑与问题**
2. **经济增速放缓和社会保障需求之间的矛盾与统筹**

伴随经济社会的发展，人民生活水平不断改善，对社会保障的预期也日益提高。然而，受到供给侧结构性改革的影响，2017年重庆地区生产总值达19500.27亿元，比上年增长9.3%，经济增速有所放缓，经济发展开始由“高速度”转向“高质量”进行转型。如何缓解和统筹经济增速放缓和人民日益增长的社会保障需求，是现阶段保障和改善民生、做到发展成果由人民共享的题中之义。

增进群众福祉，是推动经济社会发展的根本动力。党的十八大以来，重庆财政坚持一般公共预算支出的50%以上用于民生，2018年全市用于民生支出占一般公共预算支出约80%。但由于受到减税降费等政策措施和统计口径调整的影响，重庆一般公共预算收入的增幅降低，非税收入呈现负增长的态势。2017年重庆市一般公共预算收入2266亿元，增长0.6%；其中非税收入占一般公共预算收入的比重为29.2%，下降5.3%。另一方面，随着经济结构战略调整，创新驱动发展战略进一步实施，“营改增”政策的推行，市级税收锐减：以汽车、电子信息等制造工业占比下降，传统行业税收增速趋缓；生产性服务业和旅游、会展、商贸等生活性服务业占比上升，新兴产业税收增长有限。

财政资金是实行社会救助制度的前提和经济基础，更是完成社会救助目标的物质保障。根据《重庆市城乡居民最低生活保障条例》，城乡居民的最低生活保障标准按照维持城乡居民基本生活所必需的费用分别确定。 在用于民生事业的一般公共预算收入近乎零增长的境遇下，确定合理的保障对象和保障标准，是有效发挥最低社会保障制度救助作用的基础。因此，最低生活保障标准除了应与经济社会发展水平、城乡居民生活消费水平和基本生活必需品物价指数相挂钩，还应与财政承受能力相适应。

此外，随着我国分税制改革的推进和减税降费政策的实施，地方税收益权的范围日益缩小，如何维护地方政府的税收益权，以保障社会救助等民生事业的财政供给水平，成为必须要加以解决的问题。

1. **二元结构突出，短期内城乡低保统难以统一**

为充分发挥社会救助在打赢脱贫攻坚战中的兜底作用，2018年重庆市民政局等部门发布《关于在脱贫攻坚工作中切实做好社会救助兜底保障工作的通知》，要求进一步加强农村低保制度和扶贫开发政策有效衔接，完善农村低保标准调整机制；同时，按照城乡统筹发展要求，逐步缩小城乡低保标准差距，到2020年，全市城乡低保标准差距缩小到1∶0.8。

然而，作为全国统筹城乡综合配套改革试验区，重庆集大城市、大农村、大山区、大库区于一体，城乡二元结构矛盾突出；加之其社会救助事业仍存在着财力不足、标准不高、城乡不一等问题。因此，短期内统筹城乡低保标准，存在一定的难度。

1. **政府购买服务面临困境**

囿于现实环境，政府购买公共服务承载着推动公共服务供给方式变革、社会组织发展的重任，政府与社会组织如何在公共服务领域实现双赢合作，成为当下需要直面与化解的难题。

**一是政府购买社会服务的市场尚不成熟，社会组织承接力不足。**近年来，我国社会组织的发展始终存在着数量不足的问题，很难直接通过竞争择优方式选择承接主体，常常造成流标的局面，致使服务质量和成本难以控制。

**二是标准化的服务体系尚未建立，社会组织的专业化程度不足。**标准化的服务体系是选择和管理承接主体的主要依据，但目前高校相关专业学生和服务从业人员有限，社会组织专业化程度不足，服务质量缺乏权威的衡量标准，因此尚未形成竞争市场，后续的监管和绩效考核工作也难以跟进。

**三是公共精神薄弱，社会组织公信力低下。**社会服务的顺利购买取决于政府、社会组织、社会公众三方之间的互信和良性互动。近年来，社会组织失信事件的深度曝光，严重影响了社会组织的成长环境和公信力。一方面，由于部分社会组织公信力不足，且社会公众长期以来习惯于接受由政府直接供给的公共服务，社会公众对社会组织供给公共服务可能持排斥态度；另一方面，社会公众与受雇于社会组织的服务从业人员均对政府购买公共服务缺少了解，对购买服务中政府和社会组织的责任范围缺乏清晰的认识，往往仍旧将其笼统归为政府行为。

Co-ordinated management of elder care and long-term insurance in Chongqing

1. Elderly service in Chongqing

1.1 The current situation of population aging

the population base is large, and there are many elderly people. The proportion of disabled and half-disabled old people is large. By the end of 2017, the total registered population of the city was 33,789,200, of which the number of elderly people aged 60 and over was 7,062,100, accounting for 20.83% of the total population. The aging population was ranked fifth in the country and first in the central and western regions. Among them, the number of elderly people aged 65 and over is 4,098,600, accounting for 14.48% of the total population; the number of elderly persons over 70 years old is 3.112 million, accounting for 9.18% of the total population; the number of elderly people over 80 years old is 961,700, accounting for the total population. 2.84%, 128,800 old people over the age of 90, accounting for 0.38% of the total population.

According to the survey data, the severe disability rate is 0.74%; according to the calculation of the severely disabled population provided by the Aging Committee and the Civil Affairs Bureau, the middle and severe disabled population in Chongqing is 680,000, of which the proportion of severely disabled patients is 33.33%. The disabled population was 224,400 and the severe disability rate was 0.701%. According to statistics, there are 540,000 disabled elderly people in Chongqing. The number of disabled and semi-disabled elderly people accounts for 7.44% of the total number of elderly people. Among them, 52,000 disabled and semi-disabled elderly live in old-age institutions.

1.2 Basic situation of old-age service supply in Chongqing

 At present, there are 1,403 old-age care institutions in the city, including 67 public welfare-level welfare homes, 903 rural nursing homes, and 433 social old-age care institutions. There are 218,000 old-age beds and 30.8 beds per 1,000 elderly people. There are 54,95 old-age care institutions in medical institutions in the city. There are 1,095 medical services in different forms, 887 with medical institutions, 8,000 medical beds, and 45,000 nursing beds, accounting for about 22 beds. %. Chongqing is planning to increase the number of elderly community service facilities in urban communities to 1,000.

2. Policy innovation and experience in aged care services

2.1 Open the aged care service market

In order to comprehensively implement the "Opinions of the General Office of the State Council on Further Expanding Consumption in the Field of Tourism, Culture, Sports, Health, and Endowment Education and Training" ([2016] No. 85), the "Implementation Opinions on Comprehensively Opening the Endowment Service Market to Improve the Quality of Endowment Services" was issued ( [2017] No. 162), further reduce the threshold for entry for aged care institutions, optimize preferential policies for supporting old-age services, support the integration and renovation of idle social resources, and develop old-age care services, focusing on solving the basic living care problems of heavily disabled persons and promoting home-based care, Coordinated development of community pension, institutional pension, medical care and other aspects, and continue to increase the quality of old-age services.

2.2 Optimize the approval process for pension institutions and encourage social forces to participate

Chongqing took the lead in formulating the standardization system for administrative licenses for old-age care institutions, introducing guidelines for the establishment of licensing services for pension institutions, facilitating the approval of social capital for the approval of pension institutions, introducing the procedures for administrative licensing of pension institutions, optimizing the establishment of a permit government environment, and attracting social forces to organize old-age care institutions. Streamline the pre-approval procedures, simplify the pre-registration procedures under the premise of ensuring the healthy operation of the old-age care institutions, and streamline the pre-requisites for the approval of the old-age care institutions into four items, namely, real estate licenses, legal person registration certificates, fire inspection opinions and environmental assessments. And optimize the fire acceptance conditions, simplify the environmental assessment process, implement the EIA filing management for the aged care institutions with a building area of ​​less than 50,000 square meters, and relax the access threshold for the old-age institutions.

2.3 Improve the support policy for pension supply

    The municipal finance increased the subsidy for the construction of old-age care institutions, and raised the old-age care institutions that used the construction of their own property rights from 5,000 yuan/sheet to 10,000 yuan/sheet, and raised the old-age care institutions that used the leasehold property rights from 1,000 yuan/sheet to 5,000 yuan/sheet. Each district and county also supports the construction of subsidy funds according to financial resources. Some districts and counties have also established a subsidy system for the operation of old-age care institutions, and provide annual operating subsidies of 500 yuan/sheet-4800 yuan/sheet for eligible old-age care institutions.

   Chongqing has established a tax reduction and exemption policy for old-age care institutions, exempting all old-age care institutions from VAT, and all the water and electricity of the old-age care institutions are implemented according to the residents' prices. Establish a risk prevention and control mechanism for the old-age care institutions. The municipal finance will purchase the comprehensive liability insurance for the aged care institutions for the 280 old-age care institutions that meet the conditions, reduce the operational safety risks of the old-age care institutions, and effectively protect the legitimate rights and interests of the elderly. At present, there are 385 social care institutions in the city, with 74 new ones in a year, an increase of 25%.

2.4 Support the integration of social resources

In combination with the “de-stocking” action, we actively revitalize the stock, encourage social capital to integrate and use the idle resources of urban abandoned factories, idle office buildings, commercial facilities, schools or hotels, transform into old-age service facilities, and enjoy all preferential policies for pension institutions. For those who have been in operation for more than one year in accordance with the "Catalogue for the Selection of Land Uses", the annual rent or land difference of land may not be increased within 5 years, and the transformation of non-civil housing such as urban budget hotels into old-age service facilities may not be handled within 5 years. If the procedures for changing the land and property functions continue to be used for the aged care facilities after 5 years, the property owners may apply for the change of functions according to the relevant regulations. At present, there are more than 350 social pension institutions in the city that use idle resources to rebuild, accounting for about 91% of the social pension institutions.

2.5 Consolidate the foundation of community home care supply

Set up a community-based home-based pension platform, implement the “100-hundred project” and “Intelligent Pension Project” for community-based care services, and combine offline and online to ensure that each community has a pension function.

The offline platform - "Thousand Hundred Projects", plans to establish 1,000 community aged care service stations within the city within three years. By 2020, the project will cover all communities and build 100 municipal demonstration community pension centers. The “Thousand Hundred Projects” are mainly implemented at the street level, with the street as the center and the community as the site, forming a “center with station” pattern. Online platform - "Smart Pension Project", choose the aged care service, on-site service or get relevant information through APP.

In 2018, Chongqing added 200 community old-age service stations to build 20 municipal-level demonstration community pension service centers, and continuously enriched the old-age service projects to provide life care, cultural entertainment, spiritual care, short-term care, long-term care for the elderly. Day care and other services gradually meet the needs of the community elderly elderly care services. The municipal finance shall grant a subsidy of 200,000 yuan to each community old-age service station by means of awards and subsidies, and an average of 2 million yuan of construction subsidies for the municipal-level demonstration centers. Some districts and counties shall also give each site 5- The operating subsidy of 200,000 yuan will promote the sustainable development of community home care facilities. At present, the city's 20 demonstration centers are all operated by social forces, and there are more than 30 home-based care service companies. The level and quality of home-based care services are constantly improving.

2.6 Enhance the provision of medical care services

    Support social capital to organize a combination of medical care and fostering institutions, encourage private hospitals to transform their old-age care services, and encourage qualified medical practitioners to go to the health care institutions within the old-age care institutions and community old-age care institutions to practice more, and to meet the conditions of medical care and medical care. The organization is included in the medical insurance designated service organization and managed according to the agreement, promoting the in-depth integration of medical and health care services, enhancing the supply of medical care services, and promoting the two-way circulation between medical institutions and old-age care institutions. The Municipal Human Resources and Social Security Bureau and the Municipal Health and Family Planning Commission will explore the establishment of a long-term care insurance system to meet the needs of elderly care for the disabled, reduce the consumption costs of the elderly, enhance the economic benefits of the old-age institutions, and incite social capital to participate in the development of old-age services. At present, the pilot project of long-term care insurance system has been selected in Banan District, Dadukou District and Dianjiang County.

2.7 Strengthen professional training for aged care workers

According to the Human Resources and Social Security Professional Capacity Construction Office of Chongqing Municipality, there are 18,000 professional nursing staff in the city in 2018. As of April 2018, there were 90,251 people who obtained the qualifications of nursing staff in the city, and 83,134 people who obtained the qualifications of the nursing home. . In general, the gap in professional nursing staff is still large. Taking the proportion of disabled person care as an example, the current ratio of disabled and nursing staff in Chongqing is 3:1, while the proportion of international disabled persons is 3:2. Therefore, Chongqing Municipality is vigorously strengthening the professional training of elderly service personnel and establishing a training center for aged care services. According to statistics, in 2000, a total of 13,000 people in the city received professional training in nursing care services.

3. Chongqing Long-term Care Insurance

3.1 Basic information on long-term care insurance in Chongqing

In 2016, the General Office of the Ministry of Human Resources and Social Security issued the “Guiding Opinions on Piloting the Long-Term Care Insurance System”, and selected 15 cities including Chongqing to carry out the first batch of pilot work. On December 11, 2017, the Chongqing Municipal Human Resources and Social Security Bureau and the Chongqing Municipal Finance Bureau jointly issued the "Chongqing Long-Term Care Insurance System Pilot Opinions".

Chongqing Municipality will explore the establishment of a social mutual assistance and mutual aid system based on the principle of “first-time workers, post-residents, pilot first, and then push-open”, providing basic care for long-term disabled people and nursing care closely related to basic life. Funds or service guarantees, and social insurance systems that are relatively independent and connected to each other. Through one or two years of trials, we will basically form a policy framework for the long-term care insurance system (hereinafter referred to as “long-term care insurance”), the nursing needs identification and rating standards, and the long-term care management service specifications and operational mechanisms.

Since December 2018, Chongqing has started the long-term care insurance pilot project with Dadukou, Banan, Dianjiang and Shizhu as the first pilot districts and counties. In accordance with the city's overall mode of payment management, the implementation of the city's unified policy system, unified norms and operations, unified information system, the pilot districts and counties are specifically responsible for implementation, the fund to achieve self-management, self-balance and self-accounting.

   At present, the long-term nursing insurance in Chongqing is covered by employees' medical insurance. With the continuous improvement of the system, it is planned to gradually include urban and rural residents' medical insurance insured persons in the coverage of long-term insurance. The long-term disabled person is the object of protection, focusing on solving the living expenses required for the daily care of severely disabled people. In the future, on the basis of the pilot, according to the fund's overall planning capacity and pilot situation, the demented elderly and moderately disabled persons will be gradually included in the scope of protection.

According to the “Chongqing Long-term Nursing Insurance System Pilot Opinion”, during the long-term care insurance pilot period, the long-term insurance funds were raised through medical insurance funds, individual contributions, and financial subsidies. The 2018 raise standard is 150 yuan / person / year. Among them, the medical insurance fund subsidy is 60 yuan/person/year, and the employee medical insurance insured person bears 90 yuan/person/year. The personal contribution part is deducted monthly through the employee's personal account; the individual's participation in the employee's medical insurance is insured by the individual. For the expenses that belong to the long-term care insurance payment service items and standards, the bed-day contract system shall be implemented, and no deductible line shall be set up. The long-term care insurance fund shall be settled by the standard nursing institution with a standard of 50 yuan/person/day. According to the basic principle of insurance, during the pilot period, bed fees, consumables and equipment use fees are temporarily included in the scope of the long-term insurance.

In terms of treatment enjoyment, according to the previous research, it is estimated that the average nursing cost of life is completely self-care, part of life is self-care, and life can not take care of itself. The average cost of care is 3000-3500 yuan/month. After the bed fee and food expenses are removed, the pure nursing cost is about 2000. -2500 yuan / month. According to the relevant requirements of the Ministry of Human Resources and Social Security, the fund payment for long-term insurance should be about 70%. Considering the operating payment cost, the standard is 1,500 yuan per person per month, that is, the standard of 50 yuan per bed, with the nursing institution on a monthly basis. Settlement.

In terms of handling services, on the premise of government-led and social participation, it is prevented from over-reliance on commercial insurance institutions by purchasing service methods and entrusting commercial insurance institutions and other third parties. If the admission qualification of a nursing institution is a medical institution with a nursing qualification within the jurisdiction, a pension institution, or a legal person with a nursing qualification and a nursing bed is set up, it can apply to become a fixed-point agreement institution for long-term insurance.

3.2 Policy Innovation and Experience

 Chongqing strives to innovate the content of nursing services for long-term care insurance. Combining the research situation of various places, and fully drawing on the experience and expert opinions of pilot projects in Jiangsu Nantong and Chengdu, we have established a nursing service project with Chongqing characteristics--the care service package. Nursing and home care combine to include five major categories and twenty-three treatment programs. The nursing content mainly includes dietary care, excretion care, walking care, and cleaning care within the prescribed scope.

The specific nursing methods mainly include choosing to stay in the agreement nursing institution for centralized nursing and arrange the professional staff to provide on-site service by the agreement nursing organization. Institutional care consists of basic and optional options. There are three types of design in the design, which are divided into group A and group B. The basic items contain 8 basic contents, including finishing sheets, assisting in dressing, oral cleaning, and hands and feet. The department cleans, cleans the head and face, helps to eat, helps drink water, helps to go to the toilet, etc. Users can choose independent care kits according to their needs; home care is divided into two categories, and is divided into two groups according to the difficulty of nursing and In group D, the user can freely combine the required care packages from the group C and the group D, and the corresponding services are provided by the nursing institution.

4. Problems and challenges

4.1 Establishment of the care service market

In other countries, it is common to establish and standardize the mature nursing service market, and then establish a nursing insurance system. However, China's service market is seriously short, services are not standardized, and lack of professionalism. According to Chongqing's survey data, Chongqing has not yet established a professional home care institution, and only 23 of the 40 districts and counties in the city have old-age care institutions. Therefore, it is necessary to vigorously develop the market of socialized nursing services, support social capital to establish various types of old-age care institutions, encourage community home care, support the construction of social home care institutions, improve the capacity of community care services, optimize the skill structure of nursing staff, and improve the nursing team. The overall quality and service level, coordination of employment training and other parts, the training of long-term insurance professionals, increase the proportion of professional nursing staff in the aged care service, improve the service capacity and service level of the aged care service.

4.2 Technical standards and specifications

    The key and difficult point of China's nursing insurance construction is the lack of uniform standards and norms at the national level. For example, the disability standards are inaccurate and the nursing standards are not uniform.

    At present, the long-term insurance is mainly funded by people who are heavily disabled. However, due to the lack of effective measurement standards for severely disabled persons, it faces difficulties in identifying severely disabled people. At present, the measurement standard relied on by Chongqing is the commonly used Pap scales at home and abroad. However, since the scale has only ten items for the evaluation of daily living ability, each item is judged only by four levels, and the structure is relatively simple. It is possible that the applicant disguise the condition according to the scale evaluation system. Therefore, Chongqing hopes that the state can issue authoritative disability personnel assessment standards, enhance operability, and conduct more effective identification of disabled personnel.

    At present, all the long-term insurance insurance pilot cities are exploring the nursing standards for long-term insurance, which also causes inconsistencies and unscientific standards of care among the pilots. For example, people who enjoy medical treatment in different places and enjoy treatment in different places will enjoy different treatments in Chengdu and Chongqing. Therefore, Chongqing hopes to introduce uniform, authoritative and scientific standards of care at the national level, so as to achieve integration in various regions.

4.3 Strengthening service supervision

    Home care service is the main development direction of China's pension model in the context of increasing ageing. Most of the home care services for severely disabled people involve personal privacy issues, and the awareness of severely disabled people may be vague, leading to major problems in the supervision of service quality. Therefore, it is necessary to improve the ability of social governance, give play to the role of the government in purchasing services, and explore intelligent monitoring systems and facilities to ensure the quality of care services.

4.4 Remodeling care concept

    Care services are mainly for helping people, especially for the elderly who are heavily disabled and even at the end of their lives. Therefore, nursing institutions and nursing staff not only need the economic support of the social insurance system, but also need to reflect their own values, including the support of the service concept of maintaining the dignity of others. A number of measures should be taken to improve the social status of nursing staff.

4.5 Long-term care insurance financing dilemma

    The goal of the system construction is to establish an independent insurance and conduct independent financing. However, the current Chongqing market is facing economic downturn, negative energy increases, employers and individuals have a burden problem, and it is difficult to assume their obligations in long-term care insurance. This requires a consensus at a higher level, a unified, clear funding channel, a stable funding mechanism and a financial subsidy mechanism to ensure the source of funds for long-term care insurance.

The Chongqing Municipal Bureau of Human Resources and Social Security tried to coordinate and negotiate with the Finance Bureau and the Civil Affairs Bureau. It hopes to use its Fucai funds and poverty alleviation funds to integrate funds to enhance the stability of the financing model.

**重庆市养老服务与长期照护保险**

1. **重庆市养老服务工作**
2. **重庆市老龄化情况：基数大，高龄多，失能、半失能占比大**

截至2017年底，全市户籍总人口3389.82万人，其中60岁及以上户籍老年人口706.21万人，占总人口的20.83% ，人口老龄化程度位于全国第五，中西部第一。其中，65岁及以上户籍老年人口490.86万人，占总人口的14.48%；70岁以上户籍老年人口311.25万人，占总人口的9.18%；80岁以上高龄老人96.17万人，占总人口的2.84%，90岁以上高龄老人12.83万人，占总人口的0.38%。

根据委托高校对各级养老机构的抽样调查及通过微信平台调研数据，重度失能率为0.74%；根据老龄委、市民政局提供的重度失能人口推算，重庆市中、重度失能人口68万，其中，重度失能人口占比为33.33%，重度失能人口为22.44万，重度失能率为0.701%。据统计，重庆市失能老年人口54万人，失能及半失能老年人口数占老年人口总数的7.44%，其中，5.2万失能、半失能老人居住在养老机构。

1. **重庆市老年服务供给基本情况（基本数据）**

目前，全市共有养老机构1403所，其中公办市级福利院67所、农村敬老院903所、社会办养老机构433所，养老床位达21.8万张，每千名老年人拥有床位数达30.8张。全市内设医疗机构的养老机构54所，以不同形式开展医疗服务的有1095家，与医疗机构开展合作的有887家，医疗床位8000张，护理型床位4.5万张，占总床位数约22%。重庆市正计划将城镇社区养老服务设施增至1000所。

1. **养老服务的政策创新和经验总结**
2. **全面放开养老服务市场**

为全面贯彻落实《国务院办公厅关于进一步扩大旅游文化体育健康养老教育培训等领域消费的意见》(国办发【2016】85号)，出台《关于全面放开养老服务市场提升养老服务质量的实施意见》(渝府办发【2017】162号)，进一步降低养老服务机构准入门槛，优化养老服务扶持优惠政策，支持整合改造闲置社会资源发展养老服务机构，重点解决重度失能人员的基本生活照料问题，促进居家养老、社区养老、机构养老、医养结合等方面协调发展，持续增加养老服务优质供给。

1. **优化养老机构审批流程，鼓励社会力量参与**

在全国率先制定养老机构行政许可标准化体系，出台养老机构设立许可服务指南，便于社会资本办理养老机构审批手续，出台养老机构行政许可业务手续，优化设立许可政务环境，吸引社会力量举办养老机构。精简审批前置手续，在保障养老机构健康运营的前提下，简化许可前置手续，将养老机构审批的前置手续精简为4项，即房产证、法人登记证书、消防验收意见和环境评价，并优化消防验收条件，简化环境评价流程，对建筑面积5万平方米以下的养老机构实施环评备案管理，放宽养老机构准入门槛。

1. **完善养老供给扶持政策**

市级财政提高养老机构建设补贴，对利用自有产权建设的养老机构从5000元/张提高到10000元/张，对利用租赁产权建设的养老机构从1000元/张提高到5000元/张。各区县也根据财力情况配套建设补贴资金，部分区县还建立了养老机构运营补贴制度，对符合条件的养老机构给予每年500元/张-4800元/张的运营补贴。

建立养老机构税费减免制度，对所有养老机构免征增值税，所有养老机构的水电气均按照居民价格执行。

建立养老机构风险防控机制，市级财政对符合条件的280家养老机构购买养老机构综合责任保险，降低了养老机构的运营安全风险，切实保障入住老年人的合法权益。目前，全市社会办养老机构达385家，一年内新增74家，增幅达25%。

1. **支持整合社会闲置资源**

结合“去库存”行动，积极盘活存量，鼓励社会资本整合利用城镇废弃工厂、闲置办公用房、商业设施、学校或宾馆等社会闲置资源，改造成养老服务设施，享受养老机构的所有优惠政策。对符合《划拔用地目录》且连续经营1年以上的，5年内可不增收土地年租金或土地收益差价，对城市经济型酒店等非民用房转型成养老服务设施的，5年内可暂不办理土地和房产功能变更手续，满5年后继续用于养老服务设施的，可由产权人按有关规定办理使用功能变更手续。目前，全市利用闲置资源改建的社会办养老机构约350余家，占社会办养老机构91%左右。

1. **夯实社区居家养老供给基础**

搭建社区居家养老双平台，实施社区养老服务“千百工程”与“智慧养老工程”，线下与线上相结合，确保每个社区都具备养老功能。

线下平台-“千百工程”，计划在三年内在全市范围内建立1000个社区养老服务站，到2020年的时候将该工程覆盖所有社区，并打造100个市级示范的社区养老中心。“千百工程”主要在街道一级实施，以街道为中心，以社区为站点，形成“以中心带站”的格局。线上平台-“智慧养老工程”，通过APP选择养老服务、上门服务或获取有关资讯。

2018年重庆市新增200个社区养老服务站，打造20个市级示范社区养老服务中心，不断丰富养老服务项目，为居家老年人提供生活照料、文化娱乐、精神关怀、短期照料、长期护理、日间托养等服务，逐步满足社区居家老年人养老服务需求。市级财政采取以奖代补的方式对每个社区养老服务站给予20万元建设补贴，对市级示范中心给予平均每个200万元建设补助，部分区县还对每个站点给予5-20万元的运营补贴，推进社区居家养老设施持续发展。目前，全市20家示范中心全部由社会力量运营，居家养老服务企业达30余家，居家养老服务供给水平和质量不断提升。

1. **增强医疗养老服务供给**

支持社会资本举办医养结合型机构，鼓励民营医院转型开展养老服务，鼓励符合条件的执业医师到养老机构、社区老年照料机构内设的医疗卫生机构多点执业，将符合条件的医养结合医疗机构纳入医疗保险定点服务机构并按协议管理，推进医疗卫生与养老服务深度融合发展，增强医养服务供给，推动医疗机构与养老机构双向流通。会同市人力社保局、市卫生计生委探索建立长期护理保险制度，满足失能老年人的养老护理需求，降低老年人的消费成本，增强养老机构的经济效益，撬动社会资本参与养老服务发展。目前，已选定巴南区、大渡口区、垫江县等开展长期护理保险制度试点工作。

1. **增强养老服务人员专业培训**

据重庆市人力社保职业能力建设处提供，2018年全市共有1.8万名专业护理工作人员，截止2018年4月，我市取得护理员资质的人员有90251人，取得养老护理院资质的有83134人。总体而言，专业护理人员缺口仍然较大，以失能人员护理比例为例，重庆市目前失能人员与护理人员比例为3:1，而国际失能人员护理比例为3:2。因此，重庆市正在大力增强养老服务人员专业培训，建立养老护理服务实训中心。据统计，2018年全市共1.3万人接受养老护理服务专业培训。

1. **重庆市长期护理保险**
2. **重庆市长期护理保险基本情况介绍**

2016年，人力资源社会保障部办公厅发布了《关于开展长期护理保险制度试点的指导意见》，选取重庆等15个城市开展首批试点工作。2017年12月11日，重庆市人力资源和社会保障局和重庆市财政局共同发布的《重庆市长期护理保险制度试点意见》的规定。

重庆市将以“先职工、后居民，先试点、后推开”为原则，探索建立以社会互助共济方式筹集资金，为长期失能人员的基本生活照料和与基本生活密切相关的护理提供资金或服务保障，与医疗保持相对独立、互相衔接的社会保险制度。力争通过一两年的试点，基本形成适应重庆市实际的长期护理保险制度（以下简称“长护保险”）政策框架、护理需求认定和等级评定标准、长期护理管理服务规范与运行机制。

自2018年12月起，重庆市以大渡口、巴南、垫江、石柱为首批试点区县，启动长期护理保险试点。按照全市统筹支付管理的模式，实行全市统一政策制度、统一规范操作、统一信息系统，试点区县具体负责实施，基金实现自我管理、自我平衡和自我核算。

目前重庆市长期护理保险参保对象为职工医保参保人员，随着制度的不断完善，计划逐步将城乡居民医保参保人员纳入长护保险覆盖范围内。以长期失能人员为保障对象，重点解决重度失能人员日常生活照料所需生活费用。今后在试点基础上，根据基金统筹能力和试点情况，逐步将失智老人和中度失能人员纳入保障范围。

根据《重庆市长期护理保险制度试点意见》，在长期护理保险试点期间，长护保险资金通过医保基金、个人缴费、财政补助等渠道筹集。2018年筹集标准为150元/人/年。其中医保基金补助60元/人/年，职工医保参保人个人承担90元/人/年。个人缴费部分通过职工个人账户每月代扣；以个人身份参加职工医保 一档的参保人员由个人缴纳。对属于长期护理保险支付服务项目及标准的费用，实行床日包干制度，不设起付线，由长期护理保险基金按50元/人/日的标准与协议护理机构进行结算。按照保基本的原则，在试点期间，床位费、耗材费及设备使用费暂时包含在长护保险范围内。

待遇享受方面，根据前期调研情况，估算生活完全自理、生活部分自理、生活完全不能自理三档的平均护理费用为3000-3500元/月，剔除床位费和伙食费后，纯护理费用约为2000-2500元/月。根据人社部相关要求，长护保险的基金支付要达到70%左右，考虑运营支付成本，折合确定为每人每月1500元的标准，即每床日50元的标准，同护理机构按月结算。

在经办服务方面，以政府主导、社会化参与为前提，通过购买服务方式、委托商业保险机构等第三方具体承办，防止过分依赖商业保险机构。护理机构的准入资格为辖区范围内具有护理资质的医疗机构、养老机构或有护理资质的法人主体并设置了护理床位的，都可以申请成为长护保险的定点协议机构。

1. **政策创新与经验总结**

重庆市努力对长期护理保险的护理服务内容进行创新，结合各地调研情况，充分借鉴江苏南通、成都等试点的经验与专家意见，建立了具有重庆特色的护理服务项目--护理服务包，将机构护理与居家护理相结合，包括五大类、二十三个护理项目。护理内容主要包括规定范围内的饮食照料、排泄照料、行走照料、清洁照料等。

具体护理方式主要包括选择入住协议护理机构进行集中护理和由协议护理机构安排专业工作人员提供上门服务两种类型。机构护理由基础必选项和可选项两部分来组成的，表样设计中分有三类，分为A组B组，其中基础项包含8项基础内容，包括整理床单、协助更衣、口腔清洁、手足部清洁、头面部清洁、帮助进食、帮助喝水、帮助如厕等内容，用户可以根据需求来选择独立的护理包；居家护理分为两类，并根据护理的难易程度分为C组和D组，用户可从C组和D组中自由组合所需的护理包，由护理机构提供相应的服务。

享受护理服务包的条件有三个：（1）当年参加了长期护理保险且正常享受职工医保待遇（2）因疾病、年老、伤残等情况长期卧床不起或经过六个月的治疗后病情基本稳定并需要长期护理的（3）经过失能等级评定达到重度失能标准。

**四、存在的问题与困惑**

1. **护理服务市场建立**

国际上普遍是先建立并规范成熟的护理服务市场，再建立护理保险制度，而我国服务市场严重短缺、服务不规范、缺乏专业性。 根据重庆市的调查数据，重庆尚未成立专业居家护理机构，全市40个区县中仅23个区县有养老机构。因此，需要大力发展社会化护理服务市场，支持社会资本创办各类养老护理机构，鼓励社区居家护理，支持社会居家养老护理机构建设，提高社区护理服务能力，优化护理人员队伍技能结构，提高护理队伍整体素质与服务水平，协调就业培训等部分，开展长护险专业人员培训，增加养老服务机构专业护理人员比例，提升养老服务机构的服务能力和服务水平。

1. **技术标准与规范**

我国护理保险建设的重点与难点在于缺乏全国层面的统一标准和规范，例如失能标准有标无准、护理规范不统一。

当前，长护保险的资助对象主要是重度失能的人员，但由于缺乏对于重度失能人员的有效衡量标准，在认定重度失能人员时面临困境。当前，重庆市依托的衡量标准为国内外常用的巴氏量表。但由于该量表对日常生活能力的评定标准总共只有十个项目，每项仅按照四个等级进行评判，结构比较简单，有可能出现申请人根据量表评价体系伪装病情的情况。因此，重庆市希望国家能够出台权威性的失能人员评定标准，增强可操作性，对失能人员进行更有效的鉴定。

当前，各长护保险试点城市都在探索长护保险的护理标准，因此也造成了各试点间护理标准的不一致、不科学。以异地就医、异地享受待遇人员为例，其在成都和重庆享受的待遇就会有所不同。因此，重庆市希望在国家层面出台统一、权威、科学的护理标准，从而实现各地区间的接轨。

1. **强化服务监管**

居家护理服务是在老龄化加剧背景下我国养老模式的主要发展方向。重度失能人员的居家护理服务大多涉及个人隐私问题，且重度失能人员的意识会存在模糊现象，导致对服务质量的监管上存在较大问题。因此，需要提高社会治理能力，发挥政府购买服务的作用，探索智能监控系统和设施建设等，以确保护理服务质量。

1. **重塑护理服务理念**

照护服务主要是助人的事业，尤其是针对重度失能老人乃至处于生命末期的老人。因此，护理机构与护理人员不仅需要社会保险制度的经济支持，更需要自身价值的体现，包括维护他人尊严的服务理念支撑，应当多项措施并举以提高护理人员的社会地位。

1. **长期照护保险筹资困境与制度建设**

制度建设目标是建立一个独立险种，进行独立筹资。然而当前重庆市面临经济下行，负能增加，用人单位和个人存在负担难题，难以承担其在长期护理保险中的义务。这就需要在更高层面形成共识，统一、明确筹资渠道，建立稳固的筹资机制和财政补贴机制，从制度上保障长期护理保险的基金来源。

重庆市人力资源和社会保障局尝试联合财政局、民政局进行协调、磋商，希望借助其福彩资金、扶贫资金进行资金整合，以增强筹资模式稳定性。

**Attachment: Summary & Record of the Pilot Visit**

**EU-China Social Protection Program**

**Seminar on Minimum Livelihood Guarantee in Chongqing**

**Date：**9:30-12:00 am, January 21, 2019

**Address：** Conference room in Chongqing Finance bureau （107）

**Attendance：**

Michele Bruni European expert in Beijing for the second part of the Eu-China Social Protection Program

Mel Cousins Short-term European expert

Guo Yu Short-term Chinese expert, associate professor at Renmin University of China

Lin guowang Interpreter

Zhong Ke Deputy director of the Social Security Department of Chongqing Finance Bureau

Zhang Jun Cadre of Social Security Department of Chongqing Finance Bureau

Zhang Hao Cadre of Assistance Department of Chongqing Civil Affairs Bureau

And the Civil affairs cadres in Jiangbei District, Nan ' an District and Shapingba District of Chongqing.

**Outline：**

1. Baseline situation of Minimum Livelihood Guarantee：System construction process, current situation and relevant data, application approval process, work status of some districts, financial burden status
2. Policy innovation and experience conclusion

2.1. Coordination of Social Assistance Funds：liquidize remnant funds-according to the principle of matching authority with expenditure responsibility, bundle the funds and distribute them to districts and counties, and conduct financial performance management for them.

* 1. . Coordination of the social assistance system: the establishment and improvement of dynamic management and withdrawal mechanism of minimum living allowance; standard convergence among social assistant projects; linkage with poverty alleviation and employment mechanism.
  2. . Strengthen the management of social assistant work: setting monthly work indicators for grass-roots civil affairs cadres; strengthening the construction of data-oriented information system; actively exploring the purchase of social services; "3 Calm" Plan of Civil Affairs has little influence on the current work.

1. Existing problems and confusion

3.1. The policy requirement of "application at any time, examination and approval at any time" is difficult to achieve. There are limited staff at the grass-roots level in districts and counties, and the work cost of the evaluation organizations is relatively high.

3.2. It is difficult to verify the real income of the applicants. A few migrant workers may cover up the actual income of the family through hidden reports and false reports; he financial information sharing mechanism is still not mature.

3.3. The contradiction between slowing economic growth and increasing demand for social security needs to be coordinated. The standard of Minimum Livelihood Guarantee is linked to the standard of living and the consumption index, but not to the level of regional financial and economic development.

3.4. Different dimensions of performance appraisal indicators among departments lead to different job orientations. Financial departments may focus on accurate identification and financial security, while civil affairs departments may focus on the number and standards of security.

**EU-China Social Protection Program**

**Seminar on Minimum Livelihood Guarantee in Yubei District**

**Date：**15:00-17:30 pm, January 22, 2019

**Address：** Conference room of Baoshenghu street office, Yubei district, Chongqing

**Attendance：**

Michele Bruni European expert in Beijing for the second part of the Eu-China Social Protection Program

Mel Cousins Short-term European expert

Guo Yu Short-term Chinese expert, associate professor at Renmin University of China

Lin Guowang Interpreter

Zhang Jun Cadre of Social Security Department of Chongqing Finance Bureau

Zhang Hao Cadre of Assistance Department of Chongqing Civil Affairs Bureau

And the staff from Civil Affairs Bureau of Yubei District, Finance Bureau of Yubei District, and Yubei District Baoshenghu sub-district office.

**Outline：**

1. Baseline situation of social assistance work: Current situation of social assistance (relevant data), basic explanation, and intervention of social services
2. Policy innovation and experience conclusion
   1. Overall planning of social security in districts and counties: the nursing home actively explores the purchase of professional social services; the policy of free schooling for children in poverty-stricken and low-income families has gradually expanded to the establishment of file register families; actively playing the role of philanthropy in the case of limited financial growth.
   2. The function of district and county finance in social security: municipal finance encourages districts and counties to make multiple attempts; the ministry of finance purchases small amount of personal accident insurance for the objects of civil administration assistance and file register.
3. Existing problems and confusion
   1. In districts and counties, the matching degree between the administrative power and expenditure responsibility needs to be improved, and capital pressure is relatively high; under the reform of the division of financial power and administrative power, the district and county finance has not changed much in the civil affairs.
   2. The information of each department in a district or county is isolated, and information sharing is limited. (Development of Financial and Social Security Subsidy Distribution Management Information System in Jiangbei district)
   3. Confusion and obstacles faced by government purchasing services: in the field of social assistance, there is a lack of credible and professional social organizations and social services, and the standards of social services have not yet been determined; it is necessary to build a firewall between the government and social service agencies; it is difficult to define the employment forms and treatment of social service workers; even when social organizations operate, people still think it is the government's behavior.

**EU-China Social Protection Programme**

**Seminar on Long-term Care Insurance and Elderly Services in Chongqing**

**Date**: 9:30-12:00 am, January 22, 2019

**Address**: Conference room in the First Social Welfare Home of Chongqing

**Attendance：**

Michele Bruni European expert in Beijing for the second part of the Eu-China Social Protection Program

Mel Cousins Short-term European expert

Guo Yu Short-term Chinese expert, associate professor at Renmin University of China

Lin Guowang Interpreter

Zhu Gangling Director of the Treatment Security Group of Chongqing Medical Insurance Bureau

Wang Qin Cadre of Treatment Guarantee Group of Chongqing Medical Insurance Bureau

Liu Dawei Cadre of Welfare Department of Chongqing Civil Affairs Bureau

Zhang Jun Cadre of Social Security Department of Chongqing Finance Bureau

Yang Shengpu President of the First Social Welfare Home of Chongqing

Other staff of the First Social Welfare Home of Chongqing

**Outline：**

1. Long-term care insurance in Chongqing
   1. Introduction of long-term care insurance in Chongqing: pilot operation status, basic principles, application steps, funding, treatment, care services, and institution construction.
   2. Policy innovation and experience conclusion: nursing service content innovation, the establishment of a nursing service project with Chongqing characteristics - nursing service package, the combination of institutional care and home care.
   3. Existing problems and confusion
      1. Financing dilemma and institutional construction: the institutional goal is to build independent insurance types. However, the economic downturn and increasing negative energy result in insufficient financing stability.
      2. Establishment of the elderly care service market: there is a serious shortage of the elderly care service market, and there is no professional home care institution; Service is not standard, the organization and staff are lack of professionalism.
      3. Technical standards and norms: there is a lack of unified standards and norms at the national level, for example, identification criteria for disability in the elderly is not standardized, and care standards are not unified.
      4. Strengthen service supervision: home care services involve privacy and have service quality supervision loopholes.
      5. Reshape the service concept: the development of nursing needs the economic support of the social insurance system, the reflection of the value of the staff, the construction of the service concept to maintain the dignity of others and other measures to improve the social status of nursing staff.
2. Elderly services in Chongqing
   1. Aging situation in Chongqing: large population, elder people (over 80 years old), large proportion of incapacitated and semi-incapacitated
   2. Basic situation of elderly service supply in Chongqing (relevant data)
   3. Policy innovation and experience conclusion
      1. Fully open the elderly service market: No. 162 document
      2. Optimize the approval process for the aged care institution and encourage the participation of social forces: streamline the approval process, record the system, reduce the entry threshold (firefighting) and attract social forces to operate elderly service institutions
      3. Improve the support policies for old-age support: municipal finance to increase subsidies for the construction of old-age institutions, water and electricity preferential policies，purchase of comprehensive liability insurance
      4. Consolidate the foundation of home-based care for the elderly: set up two platforms to implement the offline "qianbai project" and the online "smart pension project" of community pension service
      5. Support the integration of social idle resources: integrating resources to develop old-age care service institutions
      6. Strengthen the supply of medical and old-age care services: support the private sector and bring eligible medical institutions under management; advocate the combination of medical care and nursing, and guarantee the two-way circulation of medical institutions and old-age care institutions; establishing family doctor system and building family beds; explore long-term care insurance.
      7. Strengthen the professional training for elderly care service personnel: strengthen the quality of professional nursing training, establish training centers and increase the number of trainees.

**重庆市最低生活保障制度研讨会概要**

1. **时间**

2019年1月21日上午9:00-12:00

**二、地点**

重庆市财政局107会议室

**三、参会人员**

Michele Bruni 欧盟中国社会保护项目第二部分欧方驻京专家

Mel Cousins 短期欧方专家

郭 瑜 短期中方专家、中国人民大学副教授

林国旺 翻译

钟 珂 重庆市财政局社会保障处副处长

张 俊 重庆市财政局社会保障处干部

王 颢 重庆市民政局社会救助处干部

重庆市江北区、南岸区、沙坪坝区民政干部。

**四、内容要点**

**（一）最低生活保障制度基本情况：**

制度建设过程、现状和相关数据、申请审批流程、部分区县工作情况、财政负担状况

**（二）政策创新和经验总结：**

**1．社会救助资金的统筹：**盘活存量资金，按照事权与支出责任相匹配的支出原则，打捆资金下发区县，调动区县积极性，对区县进行财政绩效管理。

**2．社会救助制度的统筹：**低保动态管理和退出机制的建立和完善；各项救助项目间标准的衔接；与脱贫攻坚、就业机制的联动。

**3．加强对社会救助工作的管理：**设定基层民政干部月度工作指标；加强数据化的信息系统建设；积极探索社会服务的购买；民政三定方案改革对现阶段工作影响不大。

**（三）存在的问题和困惑：**

1. **政策要求中的“随时申请、随时审批”难以实现。**区县基层工作人员有限，加之评议组织的工作成本较高。

2**. 对低保申请对象的实际收入难以核实。**外出务工人员可能会隐报、瞒报来掩盖家庭实际收入；金融信息共享机制尚不健全。

**3.** **经济增速放缓和社会保障需求增长间的矛盾需要协调。**低保标准与生活水平和消费指数挂钩，没有与地区财力和经济发展水平挂钩。

**4.部门间不同维度的绩效考核指标带来不同的工作导向。**财政考核精准识别和资金保障，民政考核保障人数和标准。

**重庆市渝北区最低生活保障制度研讨会概要**

**一、时间**

2019年1月21日上午15:00-17:30

**二、地点**

重庆市渝北区宝圣湖街道办事处会议室

**三、参会人员**

Michele Bruni 欧盟中国社会保护项目第二部分欧方驻京专家

Mel Cousins 短期欧方专家

郭 瑜 短期中方专家、中国人民大学副教授

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王 颢 重庆市民政局社会救助处干部

渝北区民政局、渝北区财政局、渝北区宝圣湖街道工作人员。

**四、内容要点**

**（一）社会救助工作基本情况：**

现状（相关数据）、基本解释、社会服务的介入

**（二）政策创新和经验总结：**

**1.区县社会保障统筹工作：**敬老院积极探索购买专业社会服务；特困、低保户子女免费上学政策逐步扩展到建档立卡户；财力增长有限情况下积极发挥慈善事业作用；

**2.区县财政在社会保障中的作用：**市级财政鼓励区县多种尝试；财政为民政救助对象和建档立卡户购买小额人身意外险。

**（三）存在的问题和困惑**

**1.区县事权和支出责任匹配度有待提高，区县资金压力较大。**财权和事权划分改革下，区县财政在民政部分目前没有太大变化。

**2.区县各部门信息隔离，信息共享程度有限。**（江北区财政社保补贴发放管理信息系统的开发）

**3.** **政府购买服务面临困惑与障碍：**在社会救助领域，缺乏可信的、专业的社会组织和社会服务，社会服务标准尚未确定；需要建立政府和社会服务间的防火墙，社会服务工作人员用工形式和待遇难以界定；即使是社会组织操作，民众还是认为就是政府行为。

1. **内容要点**
2. **重庆市长期护理保险**
3. **重庆市长期护理保险基本情况介绍:**

试点运行情况、基本原则、参保步骤、筹资模式、待遇享受、护理服务内容、机构建设

1. **政策创新和经验总结：**

护理服务内容创新，建立具有重庆特色的护理服务项目--护理服务包，将机构护理与居家护理相结合

1. **存在的问题和困惑：**

（1）**筹资困境与制度建设**：以构建独立险种为制度目标，然而经济下行、负能增加，使得筹资稳定性不足

（2）**护理市场建立**：护理服务市场严重短缺，没有专业的居家护理机构；服务不规范，机构与工作人员缺乏专业性。

（3）**技术标准与规范**：缺乏全国层面的统一标准和规范，例如失能标准有标无准、护理规范不统一

（4）**强化服务监管**：居家护理服务涉及隐私，存在服务质量监管漏洞。

（5）**重塑服务理念**：护理工作的开展需要社会保险制度的经济支持，工作人员个人价值体现、构建维护他人尊严的服务理念等多项措施并举以提高护理人员的社会地位。

1. **重庆市养老服务工作**
2. **重庆老龄化情况**：基数大，高龄多，失能、半失能占比大
3. **重庆老年服务供给基本情况汇报（基本数据呈现）**

**3. 政策创新和经验总结：**

（1）**全面放开养老服务市场**：162号文件

（2）**优化养老机构审批流程，鼓励社会力量参与**：精简审批流程，备案制，降低准入门槛（消防），吸引社会力量运营养老服务机构

（3）**完善养老供给扶持政策**：市财政提高养老机构建设补贴，水电气优惠政策，购买综合责任险

（4）**夯实社区居家养老供给基础**：搭建两个平台，实施社区养老服务线下“千百工程”与线上“智慧养老工程”

（5）**支持整合社会闲置资源**：整合资源发展养老服务机构

（6）**增强医疗养老服务供给**：支持民营，将符合条件的医疗机构纳入管理；提倡医养结合，保障医疗机构与养老机构双向流通；建立家庭医生制度、建设家庭床位；探索长期护理保险。

（7）**增强养老服务人员专业培训：**提高专业护理培训质量，建立实训中心，增加受训人数。