

LAW ON CARE SERVICES (Draft)

CHAPTER ONE

GENERAL PROVISIONS

Article 1. Purpose of the Law

1.1. The purpose of this Law is to establish the legal framework for care services and regulate relations concerning the types, forms, requirements, service providers, rights and obligations of care recipients, financing, state support, regulation, and oversight of care services.

Article 2. Legislation on Care Services

2.1. The legislation on care services shall consist of the Constitution of Mongolia, the Law on Social Welfare, this Law, and other legislative acts adopted in conformity therewith.

2.2. Where an international treaty to which Mongolia is a party provides otherwise than this Law, the provisions of the international treaty shall prevail.

Article 3. Scope of Application

3.1. This Law applies to relations concerning care services provided to individuals who have difficulty living independently or participating in society and who require assistance and support from others.

3.2. The following persons shall be eligible for care services:

1. Persons unable to independently perform activities of daily living due to old age, chronic illness, or complications of illness;
2. Persons with disabilities who require daily living assistance, rehabilitation care, continuous care, and support;
3. Persons requiring combined services for a specified period, including care, rehabilitation support, human rights protection, and social participation;
4. Mothers and newborns requiring domestic care and rehabilitative care during pregnancy and the postnatal period;
5. Minors requiring support, care, and protection.

Article 4. Definitions

For the purposes of this Law:

- **“Care service”** means support and services intended to meet housing, food, clothing, daily living, nursing, physical, social, and psychological needs and to ensure normal living conditions for persons requiring care.
- **“Care worker”** means a person who has received appropriate training and qualifications in providing care services.

- **“Care recipient”** means a person who, due to old age, disability, chronic illness, cognitive impairment, or other reasons, is unable to independently perform activities of daily living over the long term and requires care services.
- **“Older person”** means a person defined under the Law on Older Persons.
- **“Daily living care”** means integrated services providing support for physical, psychological, housing, nutritional, mobility, environmental, and daily living needs.
- **“Rehabilitative care service”** means an integrated service linked with health services that provides care, nursing, and rehabilitation support to restore, maintain, or improve physical, mobility, cognitive, and psychological abilities.
- **“Respite care”** means care provided in a professional setting for a specified period to give relief to caregivers and family members.
- **“Service provider”** means an individual or legal entity licensed to provide care services and meeting applicable standards, staffing, and equipment requirements.
- **“Person with a disability”** means a person defined under the Law on the Rights of Persons with Disabilities.
- **“Alternative care services”** means care services delivered at home, in facilities, through day service centers, or through mobile services based on the recipient’s needs, risk assessment, and level of independence.
- **“Alternative care service center”** means an organization established to provide care services and operating on a continuous, temporary, daytime, hourly, or mobile basis.
- **“Human rights and social participation support”** means services designed to protect dignity, rights, property, and financial security; ensure access to social relations, culture, and information; promote participation; prevent violence; restore violated rights; and remedy harm.
- **“Risk assessment”** means an assessment conducted to determine physical, psychological, financial, and rights-related risks and to establish required levels of attention and assistance.

Article 5. Principles of Care Services

Care services shall adhere to the following principles:

1. Respect for life, safety, dignity, rights, and freedoms of care recipients;
2. Protection of personal information and privacy and provision of non-discriminatory and equitable access;
3. Respect for the wishes, choices, and participation of care recipients;
4. Accessibility of care services;

5. Quality and safety of care services;
 6. Transparency and accountability;
 7. Promotion of private sector participation in the care sector;
 8. Prevention and avoidance of conflicts of interest.
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CHAPTER TWO

TYPES, CATEGORIES, AND FORMS OF CARE SERVICES

Article 6. Types of Care Services

Care services shall include:

1. Daily living care;
2. Rehabilitative care services;
3. Human rights and social participation support.

Daily living care shall focus on increasing recipients' ability to independently perform activities such as eating, mobility, personal hygiene, communication, environmental accessibility, and daily life management. Rehabilitative care shall focus on improving, maintaining, and enhancing quality of life through rehabilitation support, nursing care, and medication assistance. Human rights and participation support shall protect rights, dignity, property, and financial security while promoting inclusion and preventing abuse.

Article 7. Categories and Forms of Care Services

By duration:

1. Hourly and day services;
2. Temporary care services (up to 30 days);
3. Short-term services (1 to 6 months);
4. Long-term services (more than 6 months).

Forms of service:

1. Home-based services;
2. Residential/institutional services;
3. Outreach/mobile services;
4. Day services.

The Government shall determine procedures for calculating costs, subsidies, support measures, and insurance financing applicable to alternative care services purchased from private providers.

CHAPTER THREE

REQUIREMENTS FOR CARE SERVICES

Article 8. General Requirements

Care services must:

- Protect human rights, dignity, privacy, and confidentiality;
- Meet health support, infection prevention, and medication management requirements;
- Ensure safe food and proper nutrition;
- Provide psychological support without discrimination;
- Include rehabilitation, occupational therapy, and environmental adaptation where appropriate;
- Maintain disaster prevention and risk assessment mechanisms;
- Keep regular service documentation and records;
- Implement staff development and internal control systems;
- Prevent, detect, and report violence;
- Ensure emergency referral arrangements to health institutions;
- Be aligned with the recipient's needs and interests.

Article 9. Special Requirements

Specific requirements are established for:

- Home-based care services;
- Residential/institutional services;
- Mobile/outreach services;
- Day services.

These requirements cover matters such as risk assessments, agreements with recipients, professional staffing, emergency referral systems, fire safety, infection prevention, transparency of financing, active ageing programs, disability inclusion programs, documentation, and cooperation with local authorities.

CHAPTER FOUR

RIGHTS AND OBLIGATIONS OF CARE RECIPIENTS

Article 10. Rights and Obligations of Care Recipients

Rights

Care recipients and their legal representatives have the right to:

- Freely choose service type, category, form, and provider;
- Protection of life, health, and safety;
- Protection from violence, neglect, and discrimination;
- Receive complete and accurate information;
- Participate in development and implementation of care plans;
- Protection of privacy and personal information;
- Respect for dignity, rights, and legitimate interests;
- Receive services that meet quality and safety requirements;
- Change providers or refuse services where appropriate;
- Submit complaints to competent authorities.

Obligations

Recipients and legal representatives shall:

- Provide accurate information on health conditions, medication use, allergies, medical history, infectious symptoms, and treatment instructions;
- Cooperate with care providers;
- Follow safety, hygiene, and infection control requirements;
- Follow professional advice regarding care, medication, and nutrition;
- Respect others and avoid causing harm or disruption;
- Protect organizational property and equipment;
- Report violence, neglect, discrimination, or risk situations;
- Promptly report serious health changes;
- Pay fees for paid services as agreed.

CHAPTER FIVE

RIGHTS AND OBLIGATIONS OF CARE SERVICE PROVIDERS

Article 11. Rights and Obligations of Providers

Providers may:

- Establish and enforce service standards and internal rules;
- Terminate service agreements for serious or repeated violations;
- Request information necessary for care provision;
- Require cooperation to ensure safety and quality;
- Receive payment according to contracts;
- Seek protection from competent authorities where care activities are threatened.

Providers shall:

- Protect recipients' lives, safety, dignity, and rights;
- Deliver quality, continuous, and accessible services;
- Protect privacy and confidentiality;
- Monitor health conditions and arrange referrals when necessary;
- Maintain accurate care records;
- Provide complete information to recipients;
- Report violence, neglect, or discrimination;
- Maintain staff competence and ethical standards;
- Comply with infection prevention and safety rules;
- Establish risk management systems;
- Set fair pricing based on cost, quality, accessibility, and recipient interests;
- Take immediate action and notify authorities when life, health, or safety are at risk.

Article 12. Legal Protections for Providers

Providers shall not be liable for harm resulting from intentionally false, misleading, incomplete, or concealed information supplied by recipients or their legal representatives, including concealed medical or treatment histories.

CHAPTER SIX

ESTABLISHMENT, REQUIREMENTS, AND MANAGEMENT OF CARE SERVICE CENTERS

Articles 13–17

These articles regulate:

- Licensing and authorization of care service centers;
- Building, accessibility, health, and fire safety standards;
- Governance and management;
- Public reporting and transparency;
- Human resources requirements;
- Training, certification, and qualifications of care personnel.

Individuals and legal entities may establish care service centers and operate under a special license. Detailed licensing conditions, infrastructure standards, staffing qualifications, training programs, certification procedures, and professional requirements shall be jointly approved by the competent government authorities.

CHAPTER SEVEN

STATE POLICY AND SUPPORT FOR CARE SERVICES

Articles 18–22

The State shall:

- Recognize care services as an essential professional service;
- Promote accessibility, quality, and sustainability;
- Purchase services and provide funding and investment support;
- Include care service development measures in government programs and budgets;
- Support care services through infrastructure investment, development loans, and financial assistance;
- Establish standards, licensing, accreditation, quality monitoring, and procurement systems.

The State may also provide:

- Land allocation and land-use concessions;
- Infrastructure and construction support;

- Use of unused public buildings and facilities;
 - Tax exemptions and concessions;
 - Reduced utility and rental costs;
 - Additional support for remote, sparsely populated, and emergency-affected areas.
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CHAPTER EIGHT

FINANCING AND PAYMENT SYSTEM

Articles 23–26

Funding may come from:

- Providers' own resources;
- State and local budgets;
- Government service-purchase contracts;
- User payments;
- Care insurance;
- International organizations, projects, programs, and donations;
- Other lawful sources.

Service fees shall be based on:

- Service type and form;
- Duration and intensity;
- The recipient's ability to pay.

The State may provide financial support to individuals unable to pay through service purchasing arrangements. Assets accumulated in a citizen's account within the National Wealth Fund may also be used, in accordance with law, to finance care service expenses.

Care insurance shall operate as a voluntary insurance scheme to finance the cost of required care services. Providers must maintain liability insurance against risks arising from service delivery.

CHAPTER NINE

OVERSIGHT, LIABILITY, AND DISPUTE RESOLUTION

Article 27. State Oversight

The State shall supervise compliance with laws, service standards, quality requirements, and safety requirements in the provision of care services. Oversight shall be carried out by the central state administrative authority responsible for social welfare, state inspectors, and other authorized bodies.

Article 28. Liability

Violations of this Law shall result in liability under the Law on Violations and other applicable laws. Serious violations include:

- Serious breaches of service quality and safety requirements;
- Violation of recipients' rights;
- Misuse of public funding;
- Physical, emotional, sexual, or economic abuse or neglect;
- Unauthorized disclosure of personal or health information;
- Actions endangering life or health;
- Provision of services without required licenses or qualifications;
- Misuse of recipients' property or funds;
- Obstruction of inspections or concealment of information;
- Discrimination or violation of dignity;
- Falsification or destruction of records and reports.

Compensation for damages shall be determined in accordance with the Civil Code.

Article 29. Dispute Resolution

Disputes arising from care services may first be resolved through mediation or internal complaint procedures. Where settlement is not possible, parties may seek resolution in court or through arbitration where permitted by law and agreed between the parties.

CHAPTER TEN

MISCELLANEOUS

Article 30. Entry into Force

This Law shall enter into force on ____ ____ 2026.