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Long-term Nursing Care Benefit Recipients, Levels 1-6: Characteristics and Needs

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Abstract

Background

The increase in life expectancy and the development of aging-in-place services have contributed to the larger number of older adults with limited functioning who require nursing care in their homes. Hence the need to adjust the nursing services provided by the state to the diverse needs of this population. The National Insurance Institute commissioned the Myers-JDC-Brookdale Institute to conduct a study to characterize the needs of long-term nursing care benefit recipients and the services provided to them in order to plan for the provision of services in the future.

Objectives

This study aims to characterize the long-term nursing care benefit recipients on all six entitlement levels as well as to examine the process of selecting the type of service, the ways the benefit is used, satisfaction with the benefit, and the scope of unmet needs.

Method

Telephone interviews with a random sample of 750 nursing benefit recipients (response rate: 51%). The interviews were conducted in January-May 2023.

Key Findings

- The interviewees were highly satisfied with the type of benefit provided (90%), with their caregiver (96%) and with the company providing the nursing services (95%).
- The main reason for applying for the long-term care benefit was a gradual deterioration in the older adult's health and functioning. Nevertheless, about half of the interviewees were referred to the application process by a hospital.
- There is a similarity between the level of disability of benefit recipients at Levels 1 and 2, at Levels 3 and 4, and at Levels 5 and 6.
- Most allowance recipients at levels 5 and 6 are limited in more than five Activities of Daily Living (ADLs). Conversely, about one-third of Level 1 benefit recipients and about one-fifth of Level 2 recipients reported no ADL limitations.

- Sixty-one percent of interviewees have a caregiver (a family member or another person), 12% pay a caregiver on a private basis, and another 14% employ a foreign worker as a caregiver. Twelve percent of the interviewees receive no services at all as part of their benefit, and another 1% receive services that do not include a caregiver (with most of these individuals being at Level 1).
- Of the allowance recipients who have family caregivers, 43% are cared for by their daughters, sons, or daughters or sons in-law; 25% by spouses; 15% by grandchildren; and the rest by other relatives.
- About half the interviewees with a caregiver reported that the caregiver is employed for all the hours to which they are entitled.
- About 90% of the interviewees reported using their cash benefit for caregiving, including paying the caregiver, buying medicines, taxies, rehabilitation services, and cleaning services. However, about a third of interviewees reported using their cash benefit for other purposes, such as leisure and enrichment, assisting their children, and paying the rent.

Recommendations for Policymakers

Key Recommendations

1. **Changing the parameters for assessing dependency and the criteria for receiving the benefit:** We recommend evaluating whether a higher entry threshold should be set for the nursing benefit, and to decide whether it should be determined according to ADLs or Instrumental Activities of Daily Living (IADLs). We also recommend re-examining the way the dependency is evaluated and refining the entrance criteria for eligibility.
2. **Cash benefits for levels higher than 1:** The option of receiving the benefit in cash should be restricted to higher levels. Alternatively, the beneficiaries should receive some of the service units only in the form of actual service utilization, to help promote the objectives of delaying dependency and retaining independent functioning.

Secondary Recommendations

1. **Division into six benefit levels:** The division into six levels must be validated, and the suitability of the service to the level of functioning should be examined, including an assessment of the service unit mix across the different levels.
2. **Examining the benefit entry processes via hospitals:** A comprehensive evaluation is required of the procedures for initiating benefit services from hospitals, including strategies to minimize the unnecessary continuation of temporary benefits beyond the period of actual need.

3. **Support in times of crisis:** A new service should be developed to support older adults and their families in acute situations.
4. **Selection of the type of service:** Awareness of the various options to use the benefit should be increased.
5. **Oversight of caregiver workhours**: Mechanisms for improving the monitoring of caregiver work hours should be explored, including weighing alternative options for regulating this issue.
6. **Maintaining independent functioning and rehabilitation:** Steps should be taken to encourage older adults to get out of their homes, with emphasis on reducing the fear of going out of home and preventing falls.
7. **Social services:** It is important to address feelings of loneliness and depression, for example, by encouraging participation in a 'supportive community' or day care centers, and/or by collaborating with government ministries and other organizations to promote participation in social activities.