

In the 20 years since the establishment of the long-term care insurance system, there have been a wide variety of places for the elderly to live while receiving care. According to the Ministry of Health, Labor and Welfare's "Number of Users of Homes and Facilities for the Elderly," when the system was first established, the top three users were the "three long-term care insurance facilities": long-term care welfare facilities for the elderly (special nursing homes for the elderly), long-term care health care facilities for the elderly, and long-term care medical care facilities. However, nowadays, fee-based nursing homes are second only to special nursing homes in terms of the number of users. Of these, the number of "residential-type fee-based homes for the elderly," which do not include any services, and "service-oriented homes for the elderly," which were launched in 2011, have been increasing in recent years. Both have in common the fact that they use external in-home services provided by the long-term care insurance when the residents need nursing care. One of the reasons behind the increase in these "residential-type services" is that the government has been pointing out the financial impact on long-term care insurance premiums by showing the correlation between the utilization rate of long-term care insurance facilities and long-term care benefit costs since the early days, and has been suppressing the growth of long-term care insurance facilities through system reforms.

This paper's research was based on the idea that institutional benefits are already no longer a factor pushing up long-term care insurance premiums, but rather in-home benefits are, and that the existence of residential fee-based nursing homes and serviced senior citizen residences may be behind this. First, the utilization rates of the three long-term care insurance facilities at insurers in urban areas were used as independent variables.

We conducted a single regression analysis every three years, using the utilization rate of the three long-term care insurance facilities in urban insurers as the independent variable and the nursing care benefit cost per elderly person as the dependent variable.

We found that the correlation between the utilization rate of facilities and the nursing care benefit cost has waned over the past 20 years. Next, we conducted a simple regression analysis with the ratio of residential fee-based nursing homes and serviced senior citizen residences in each prefecture as the independent variables and the benefit cost of visiting care and day-care services used in the same ward as the dependent variable, and showed that there was a positive correlation. However, this analysis has some limitations: the sample size is only 47, confounding factors such as the tendency to use services by prefecture are not eliminated, and there is no comparison before and after the increase in residential-type services. Nevertheless, it is meaningful to suggest that there is a correlation between residential fee-based homes for the elderly and serviced senior citizen residences, the number of which is not even officially clear in prefectures and municipalities, and home benefits under long-term care insurance.

Based on the above results, this paper proposes the need to hasten the understanding of the actual situation regarding the number of such "residential-type services" and their actual services, and to draw a grand design for facilities and residences for the elderly based on the premise of ensuring quality.