The Long-term Care Insurance System

The long-term care insurance system supports the independence of the elderly by establishing a community that guarantees people a secure life.
The number of the elderly increased rapidly through the year 2015, and the population of later-stage elderly people (age 75 and over) is also forecast to increase subsequent to the year 2015.

In order to appropriately deal with long-term care issues peculiar to aging societies, the long-term care insurance system was initiated in April 2000 so that people who need long-term care can receive sufficient support from all aspects of society. After the launch of the system, there was a rapid increase in the use of long-term care, especially home care service. The long-term care insurance system has now come to play an important role as a system designed to assure a comfortable life for elderly people and their family members.

The long-term care insurance system gives those in need of long-term care due to old age-induced disease, or for other reasons, the services required—in a comprehensive and uniform way—so that they can lead an independent life to the greatest possible extent. This is a user-oriented system where you can use the services you choose yourself.

The system is primarily operated and managed by the local municipality where residents live. The national and Tokyo Metropolitan governments provide support to the process management to render it smoother.

### Structure of the Long-Term Care Insurance System

![Structure of the Long-Term Care Insurance System](image)

- The number of the elderly increased rapidly through the year 2015, and the population of later-stage elderly people (age 75 and over) is also forecast to increase subsequent to the year 2015.
- In order to appropriately deal with long-term care issues peculiar to aging societies, the long-term care insurance system was initiated in April 2000 so that people who need long-term care can receive sufficient support from all aspects of society. After the launch of the system, there was a rapid increase in the use of long-term care, especially home care service. The long-term care insurance system has now come to play an important role as a system designed to assure a comfortable life for elderly people and their family members.
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- The system is primarily operated and managed by the local municipality where residents live. The national and Tokyo Metropolitan governments provide support to the process management to render it smoother.

### Trends in number of Long-term Care Insurance System ensured in Tokyo

#### Population of elderly people in Tokyo

<table>
<thead>
<tr>
<th>Year</th>
<th>Early-stage elderly people (age 65-74)</th>
<th>Later-stage elderly people (age 75 or over)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>73</td>
<td>116</td>
</tr>
<tr>
<td>2005</td>
<td>98</td>
<td>132</td>
</tr>
<tr>
<td>2010</td>
<td>122</td>
<td>143</td>
</tr>
<tr>
<td>2015</td>
<td>144</td>
<td>157</td>
</tr>
<tr>
<td>2020</td>
<td>153</td>
<td>153</td>
</tr>
<tr>
<td>2025</td>
<td>134</td>
<td>147</td>
</tr>
<tr>
<td>2030</td>
<td>175</td>
<td>175</td>
</tr>
<tr>
<td>2035</td>
<td>188</td>
<td>188</td>
</tr>
<tr>
<td>2040</td>
<td>196</td>
<td>196</td>
</tr>
</tbody>
</table>

#### Trends in number of Long-term Care Insurance System ensured in Tokyo

<table>
<thead>
<tr>
<th>Year</th>
<th>In-home long-term care services</th>
<th>Community-oriented long-term care services</th>
<th>In-facility long-term care services</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>10.6</td>
<td>49.4</td>
<td>34.4</td>
</tr>
<tr>
<td>2001</td>
<td>16.4</td>
<td>48.7</td>
<td>33.2</td>
</tr>
<tr>
<td>2002</td>
<td>20.0</td>
<td>48.7</td>
<td>33.2</td>
</tr>
<tr>
<td>2003</td>
<td>26.3</td>
<td>48.7</td>
<td>33.2</td>
</tr>
<tr>
<td>2004</td>
<td>26.3</td>
<td>57.6</td>
<td>33.2</td>
</tr>
<tr>
<td>2005</td>
<td>30.1</td>
<td>57.6</td>
<td>33.2</td>
</tr>
<tr>
<td>2006</td>
<td>30.1</td>
<td>57.6</td>
<td>33.2</td>
</tr>
<tr>
<td>2007</td>
<td>36.6</td>
<td>57.6</td>
<td>33.2</td>
</tr>
<tr>
<td>2008</td>
<td>31.8</td>
<td>57.6</td>
<td>33.2</td>
</tr>
<tr>
<td>2009</td>
<td>42.3</td>
<td>57.6</td>
<td>33.2</td>
</tr>
<tr>
<td>2010</td>
<td>42.3</td>
<td>57.6</td>
<td>33.2</td>
</tr>
<tr>
<td>2011</td>
<td>34.7</td>
<td>57.6</td>
<td>33.2</td>
</tr>
<tr>
<td>2012</td>
<td>38.7</td>
<td>57.6</td>
<td>33.2</td>
</tr>
<tr>
<td>2013</td>
<td>38.7</td>
<td>57.6</td>
<td>33.2</td>
</tr>
<tr>
<td>2014</td>
<td>41.4</td>
<td>57.6</td>
<td>33.2</td>
</tr>
<tr>
<td>2015</td>
<td>41.4</td>
<td>57.6</td>
<td>33.2</td>
</tr>
<tr>
<td>2016</td>
<td>49.4</td>
<td>57.6</td>
<td>33.2</td>
</tr>
<tr>
<td>2017</td>
<td>49.4</td>
<td>57.6</td>
<td>33.2</td>
</tr>
</tbody>
</table>

**Note 1:** The in-home care service includes in-home care prevention service, while the community-oriented care services include services designed to prevent the need for nursing care.

**Note 2:** Includes a second insured person.

Source: “The Long-term Care Insurance Report” (monthly) by Tokyo Welfare Health Service Bureau
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Starting at the beginning of April 2018

- **Care-based medical facility established**
  The care-based medical facility is a new kind of facility equipped with the functions of routine medical management and attending dying persons and those requiring terminal care, etc., and another function as a living facility.

- **Mutual support service established**
  A new mutual-support living service was established within the system of care insurance and welfare for the handicapped. Under this system, when users of the social welfare service for the handicapped become elderly, they are eligible to receive care insurance services at the same facility continuously.

- **Insurance premium cost criteria for enrollees aged 65 and up have changed partially**
  The criteria for determining level of insurance premium cost will be total transfer income from land, buildings, etc., minus a special deduction.

  In addition, under the criteria used to determine insurance premium Levels 1 through 5, the premium amount will be total income minus income derived from annual pension payments.

Starting at the beginning of August 2018

- **For users with a higher income than the amount indicated, the proportion of the burden is changed**

  Among users whose proportion of the cost burden is 20%, where the user’s income is high, the proportion of the cost is raised to 30%, although the upper limit of the cost is ¥44,400 monthly.

Starting at the beginning of October 2018

- **An upper limit is set for lending cost on social welfare tools**

  The nationwide average lending cost of each product is published officially and the upper limit of the lending cost is predetermined. In borrowing any social welfare tool, the user is first provided with information from the provider on the nationwide average lending expenses and the lending expenses of the provider. In addition, as of April 2018, an array of products with different functions and costs are presented to the user, so that the user can select the most appropriate social welfare tool.
Flow of procedures pertaining to use of care service

Members (insured individuals)

*Foreign residents (living in Japan for a period of more than 3 months, special permanent residents, etc.) are also eligible.

[Category 1 insured individuals] Those aged 65 and over
[Category 2 insured individuals] Those aged 40 to 64

Get a consultation at your local municipality or local comprehensive support center

Checklist

Care (support) need certification

Certified individuals

Those certified as a care level of 1 to 5

Those certified as a support level of 1 or 2

Applicant meets criteria named in checklist

Uncertified individuals

Not certified (eligible for services)

Preventive management to root out the need for long-term care

In-home service planning

*Facility service plans are drawn up by facilities.

Service planning to prevent need for long-term care

Long-term care benefits

Home care services
• Home help service, etc.
• Day service, etc.

Community-oriented service
• Small-size multi-functional in-home care service
• Daily-life group care for the elderly with dementia, etc.

Facility services
• Social welfare facilities for the elderly requiring care (special nursing home for the elderly)
• Health service facilities for the elderly requiring care, etc.

Preventive benefits

Community-oriented services to prevent the need for long-term care

Preventing need for long-term care
• Preventing need for in-home small-scale and multifunction long-term care
• Preventing need for long-term care (daily life group care service for the elderly with dementia, etc.)

Preventing long-term care and related education projects

Community rehabilitation support projects

Total project for care prevention / daily-living support (community support project)

Long-term care prevention projects

(All elderly individuals qualify to use the facility)

Preventing need for long-term care/living support service projects
• Visiting care services
• Day center services
• Living support services

*Service details differ by municipality.

For more details on available services, see page 17.

General long-term care prevention projects

• Preventing long-term care and related education projects
• Preventing need for long-term care with community-based support projects
• Community rehabilitation support projects

*Service details differ depending on municipality.

Preventing need for long-term care/living support service projects

For more details on available services, see page 22.

Foreign residents (living in Japan for a period of more than 3 months, special permanent residents, etc.) are also eligible.

*The flow chart above indicates the order of operations for utilizing long-term care services. Contact your municipal office for details.
If you wish to utilize services provided by long-term care insurance, you should first apply for a care need certification or a support need certification at your municipal office. If you get the certification, you can use the service according to the long-term care plan the care manager draws up for you after consultation. At municipalities that have already launched programs to prevent long-term care need as well as comprehensive daily living support programs, you are advised to note the checklist at the consultation desk. If you meet the criteria, you are free to utilize visiting long-term care services and day services provided by these programs.

1. Application for a certification

The person who wants the service or his/her family member should apply at the municipal office directly.

[Those aged 65 and over]
→ These individuals are eligible for the benefits of the long-term care insurance regardless of the cause that necessitated long-term care.

[Those aged 40 to 64 enrolled in medical insurance]
→ These individuals are eligible for the benefits only when they come to need long-term care due to one of the specified diseases listed below.

- Cancer (terminal stage),
- Arthritic rheumatism,
- Amyotrophic lateral sclerosis,
- Ossification of posterior longitudinal ligament,
- Osteoporosis accompanied by fracture,
- Dementia at the pre-senile stage,
- Progressive supranuclear palsy, corticobasal degeneration or Parkinson’s disease,
- Spinocerebellar degeneration,
- Spinal canal stenosis,
- Progeria,
- Multiple system atrophy,
- Diabetic neuropathy, diabetic nephropathy or diabetic retinopathy,
- Cerebrovascular disease,
- Arteriosclerosis obliterans,
- Chronic obstructive lung disease,
- Arthrosis deformans accompanied by marked deformation in both of the knee joints or the hip joints

2. Long-term care (support need) certification

The (support need) certification determines the level of the need for care or support.

1. Field survey
After you apply for certification, the investigator will visit you to interview you about your mental and physical condition, the circumstances of your daily life and other related matters.

2. Initial screening
The long-term care need certification committee, comprised of specialists in public health, medical care and social welfare, make the initial determination based on computer-processed home visit results and the primary doctor’s opinion.

3. Secondary screening
The second screening is made by the long-term care need certification committee composed of specialists in public health, medical care, and social welfare based on your doctor’s written opinion.

4. Notice of the screening result
The municipal office determines the level of certification (support) need and other matters on the basis of the result of the second screening, and notifies you of the decision.
3. Drawing up a care plan

- If you wish to use long-term care insurance, you and a care manager should first prepare a care plan, which is a combination of several types of services put together in accordance with your need for care or support for an independent daily life.

- The upper limit of the cost of service covered by the long-term care insurance (“limit to benefits”) differs depending on the level of care or support certified. (See page 10 for the limit to benefits.)

- If you wish to enter a facility, apply to the facility you want, and devise a care plan at the facility entered.

[Those certified as a care level of 1, 2, 3, 4 or 5]

Those certified as a care level 1, 2, 3, 4 or 5 should request a care manager at the in-home care management office to draw up a care plan for them. You can also devise your own care plan.

[Those certified as a support level of 1 or 2]

Those certified as a support level of 1 or 2 should request the comprehensive community support center to draw up a care plan for them. (For further details, see page 21.) You can also devise your own care plan.

4. Using the service

- You use the service by signing a contract with a service provider on the basis of the care plan.

- When you sign this contract, carefully check the service hours, charges, contract clauses, cancellation procedures, settlement of complaints, and other related matters.

- Users pay a co-pay of 10% or 20% of the costs of long-term care service (As of August, 2018, among the users paying 20%, those whose income is high pay 30 %). However, users must pay any extra cost exceeding the maximum payout. (Refer to Page 10 for costs associated with use of services).

- In some cases, those who have not been certified for care or support may use the services offered as community support services to help with day-to-day life. For further details, contact your nearest comprehensive community support center.

Instead of the goal being the use of services, our goal should be how to use a service to create the right lifestyle for the individual.
1. Insurance premiums for those aged 65 and over (Category 1 insurance premiums)

The amount of insurance premiums for those aged 65 and over is calculated every three years by the municipality by the rate prescribed according to the income bracket, giving consideration to the income level of the insured. Amounts may differ depending on the municipality.

Rough estimate of premiums depending on one’s income bracket is as follows. For more details on your premiums, please contact the long-term care section of your municipal office.

[How to pay insurance premiums]

There are two methods for paying insurance premiums: special collection by which insurance premiums are deducted from pension, and ordinary collection by which insurance premiums are paid through a financial institution, etc. Special collection applies to those receiving ¥180,000 or more a year as an old-age retirement pension, survivor’s pension, or disability pension. Insurance premiums are deducted from the pension paid periodically (six times a year) to them. The timing and frequency of ordinary collection payment differs from municipality to municipality.

2. Insurance premiums for those aged 40 to 64 (Category 2 insurance premiums)

The amount of insurance premiums for those aged 40 to 64 is determined separately and collected as a part of the premiums for medical care insurance plans (e.g., National Health Insurance, etc.). The insurance premium amount depends on the type of insurance provided.

### Restrictions imposed if you are delinquent on premium payments

Since the long-term care insurance is a mutual assistance system designed to help the elderly, even those who do not use this system are required to pay premiums.

In the instance of delinquency on premium payments, certain restrictions are placed on insurance benefits.

1. Nonpayment for 1 year → Change in payment

   The insured must initially pay all necessary cost including service costs. Members are reimbursed insurance premiums later by filling out the required paperwork.

2. Nonpayment for 1 year and 6 months → Temporary suspension of benefits

   Payment of all or a portion of insurance benefits will be suspended. In some cases the amount of delinquent premiums will be deducted from the amount of suspended insurance benefits.

3. Nonpayment for 2 years → Reduced Insurance Benefits

   Payment of premiums expires where premiums have not been paid for a period of two years or longer. However, where insurance premiums expire due to unpaid premiums while services are still in use, users whose cost was 10% or 20% for a certain period are charged 30% (those charged 30% will be charged 40%); (*1 implemented as of August, 2018); high-cost care service payout (*2) and care service costs for specific users cared for at facilities is not provided (*2 Refer to page 11).

<table>
<thead>
<tr>
<th>10%</th>
<th>90%</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>30%</td>
<td>70%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicates user cost</th>
<th>Indicates care insurance benefits.</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%</td>
<td>70%</td>
</tr>
<tr>
<td>30%</td>
<td>70%</td>
</tr>
<tr>
<td>40%</td>
<td>60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High-cost care service expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expense of care service for specific users cared for at facilities</td>
</tr>
</tbody>
</table>

Not paid

Not paid

Not paid

(*1) implemented as of August, 2018

(*2) Refer to page 11
<table>
<thead>
<tr>
<th>Income Level</th>
<th>Applicable Persons</th>
<th>Premium</th>
</tr>
</thead>
</table>
| Level 1      | • Those who receive a livelihood protection allowance or an elderly social welfare pension, and belong to a household in which all members of the household are exempt from paying municipal taxes.  
• The entire household is exempt from local tax and the sum of the amount deducting the income of the annual pension from the total income of the previous year (*2), and the income of the annual pension taxed is ¥0.8 million or less. | Standard amount×0.5 (0.45) *1 |
| Level 2      | • The entire household is exempt from local tax and the sum of the amount deducting the income of the annual pension (*3) from the total income of the previous year and the income of the pension taxed is over ¥0.8 million up to ¥1.2 million or less | Standard amount×0.75 |
| Level 3      | • Those who are not of Level 1 or Level 2, and all members of the household are exempt from paying municipal taxes. | Standard amount×0.75 |
| Level 4      | • The insured is exempt from local tax, but another person in the household pays taxes, and the sum of the amount deducting the income of the annual pension (*3) from the total income of the previous year (*2) and the income of the pension tax is ¥0.8 million or less. | Standard amount×0.9 |
| Level 5      | • The insured is exempt from paying municipal taxes but belongs to a household in which someone must pay municipal taxes, and is not a Level 4. | Standard amount |
| Level 6      | • The insured is required to pay municipal taxes and his or her total income is less than ¥1.2 million. | Standard amount×1.2 |
| Level 7      | • The insured is required to pay municipal taxes and his or her total income of the previous year is ¥1.2 million or greater and less than ¥2.0 million. | Standard amount×1.3 |
| Level 8      | • The insured is required to pay municipal taxes and his or her total income is ¥2.0 million or greater and less than ¥3.0 million. | Standard amount×1.5 |
| Level 9      | • The insured pays municipal taxes and his or her total income (*2) is ¥3.0 million or more. | Standard amount×1.7 |

*1 Persons with low income may be eligible for premium reductions based on the care insurance law. (Those falling into Level I after 2015. As for those in Level 2 or 3, the timeframe has not been determined). User co-payments shown in parentheses indicate the maximum reduction.

*2 (1)The total income amount is that determined before the basic deduction and personal deduction etc. are made, and after the public pension deduction, deduction of employment income and deduction of necessary expense are made.

(2) Special deduction amount related to long or short term income as noted in the in special taxation measures law (hereafter, (a) – (g)): amount is that deducted from the total income amount minus the special deduction.

(a) ¥50 million (maximum) where land etc. for expropriation exchange is transferred

(b) ¥20 million (maximum) where land etc. has been transferred for a specific readjustment project or disaster prevention mass migration promotion project etc.

(c) ¥15 million (maximum) where land etc. has been transferred for specific residence creation project etc.

(d) ¥8 million (maximum) where farmland etc. is sold for rationalization of farmlands in possession

(e) ¥30 million (maximum) where property for residence is transferred

(f) ¥10 million where specific land is transferred (those which obtained in 2009 or 2010 and held in possession for over five years)

(g) ¥50 million of the maximum limit amount (maximum) where among (a) through (f), two or more items are applied.

*3 Residual amount from which deduction amount of public pension etc. is deducted from the income amount of public pension etc. (zero where the relevant amount is less than zero)
3. Financial resources of long-term care insurance

- The chart to the left shows how financial resources of long-term care insurance are distributed. The national government provides 20%, and the Tokyo metropolitan government provides 17.5% of the cost for social welfare facilities.
- Since 5% of the total cost shared by the national government is applied as a financial adjustment subsidy, and is distributed according to the financial situation of the insured, the percentage paid by municipalities may vary.

4. Trends in total long-term care benefit growth and care premiums

- Monthly payment is based on rough estimates of each municipality.
- Source: Tokyo Elderly Health and Welfare Plan (Fiscal 2018 to 2020)

- Refer to pages 10 and 11 on payout limit standard amount, high-cost (combined with medical fees) care service fees, and supplementary payouts.
- "Daily living expenses" refers to necessary expenses in ordinary daily living among accommodation for daily living provided as a part of the services (examples: haircut costs, expenses for refreshment and amenities, etc.)
Where long-term care services are used, long-term care insurance covers 90% or 80% of the service-related costs, while the remaining 10% or 20% are paid by the user (Note). In addition, beginning in August 2018, among users who have paid 20%, those with high incomes are required to pay 30% (see chart below). However, users are not required to pay for care plan development for home care support or care need prevention support.

For in-home services, a maximum long-term care insurance payout applies for each service, depending on the level of long-term care required (see chart at right).

Note: The maximum payout is shown in units. The price-per-unit may differ depending on the area or type of service. The chart at right shows costs calculated at roughly ¥10 per unit.

If service fees exceed the limit, the user is responsible for the co-payment indicated for the portion exceeding the limit.
The following measures designed to help reduce long-term care service costs for the user are available.

<High-cost long-term care service (plus medical care) benefits>

1. Where the user’s total monthly co-payment for the long-term care services provided exceeds the prescribed upper limit, the excess amount is refunded to the user at their request according to their income bracket (see the table at right). If your co-payment for the medical insurance and the long-term care insurance is extremely high, you can receive high-cost care service benefits and high-cost medical/care service benefits in specified amounts.

<table>
<thead>
<tr>
<th>Income bracket</th>
<th>Upper limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social welfare recipient</td>
<td>¥15,000 per individual</td>
</tr>
<tr>
<td>Household exempted from municipal inhabitant tax</td>
<td></td>
</tr>
<tr>
<td>1. Old-age social welfare pension recipient</td>
<td></td>
</tr>
<tr>
<td>2. Sum of taxable pension income and earned income is ¥800,000 or less</td>
<td></td>
</tr>
<tr>
<td>Those who do not belong to bracket 1 and 2</td>
<td>¥24,600 for the entire household</td>
</tr>
<tr>
<td>General: Household on which municipal inhabitant tax is imposed</td>
<td>¥44,400 for the entire household(*1)</td>
</tr>
<tr>
<td>Incomes on par with working people(*2)</td>
<td>¥44,000 for the household</td>
</tr>
</tbody>
</table>

*1 Regarding general classification of users, where the sum total of the cost for users enrolled in care insurance for one year is markedly high, the amount exceeding the annual upper limit may be paid separately.
*2 Those with taxable income of ¥1.45 million (however, depending on the household income, it may fall under general classification at the time of application).

User co-payment for meals and the reduction system
(Allowance for Long-Term Care Service to a Person Admitted to a Specified Facility)

1. Where the user receives services while living in a facility, or such services as day-care or short stay at a facility etc., residential expenses such as meal costs and utility and water charges (stay fee) and other daily living charges are paid by the user.
2. User payments for the above provided via facility services and short-term stays in nursing care facilities are determined by contract between the user and provider. Low-income earners (users whose cost level falls into Levels 1-3) can utilize a payment reduction system where payment depends on income.
3. However, those whose spouse is subject to paying local tax or those whose savings exceed a certain amount (¥10 million for single-person households, ¥20 million for a married couple) will not be eligible for food and living expense reductions.

※ See Page 18 for information on user cost.

<Payment reductions for those living under difficult conditions>

1. As for those who are designated as living under difficult conditions by the municipalities, the payment of 10% for care services may be reduced to about 7.5%, and living and food expenses may be reduced to about 75%.

Contact your municipal office for further details about user co-payments and our various reduction systems.
When using a long-term care insurance system, the individual in need of care should use services with a company that best suits him/her. If you cannot decide which services and which service provider you should utilize, consult with your municipal office or a Community Comprehensive Support Center.

If you have your own personal long-term care manager, choose necessary services under his/her supervision.

Under the “Long-term Care Information Publication System,” users are able to compare different providers and select one that appeals to them.

### How to Choose a Long-term Care Service Provider

#### A. Service provider

Comparing public information given by providers with actual service helps you to judge whether your chosen service is appropriate or not. This system provides you with information shared by a long-term care manager.

#### B. Service provider

Publicized information enables you to choose appropriate long-term care services for your parents who live separately from you.

### Long-term Care Information Publication System

Using the Internet, anyone can access information concerning services provided by business offices as well as operations at any time.

- Users
- Care manager
- User families

Effect of the information disclosure

Compare publicized information and choose the best service provider for you

### Evaluation conducted by Assigned Evaluation Institution

Evaluation institutions assigned by the Tokyo Metropolitan Government conduct a number of evaluations on different providers, and ask users to directly confirm the accuracy of reported information. You can check the Internet to see how each service provider works to improve their services.

Choosing appropriate providers that take steps to try to improve services—such as incorporating third party assessments—leads to improvement of said service.

Check “Tokyo Fukushi Navigation” [http://www.fukunavi.or.jp](http://www.fukunavi.or.jp) for Long-term Care Information Publication System and assigned evaluation institutions.
Two services are available in the long-term care insurance system. One is care benefits designed for those certified as a care level of 1, 2, 3, 4 or 5. The other is preventive benefits for those certified as a support level of 1 or 2.

The aim of preventive benefits is to maintain and/or improve the important day-to-day function of those who need support in the daily life, in order to keep their condition from deteriorating.

Community-oriented service comprehensively meet the needs of the elderly in the community where they have lived for extended periods. This service is available only to the residents of the municipality where the service provider or facility concerned is based. You can use services other than community-oriented services at facilities based in municipalities where you do not live.

### Preparation of care plan

**In-Home Long-Term Care Support (for those requiring it)**

The care manager will draw up a care plan according to the mental and physical condition, environment, wishes, etc. of the individual in need of long-term care and contact the service provider to make necessary adjustments so that the individual may use in-home care services and other services properly.

**Preventive Long-Term Care Support (those certified as a support level of 1 or 2)**

Putting emphasis on preventing conditions requiring care or support from worsening and helping them to improve, the comprehensive community support center draws plans to prevent up long-term care need so that the individual may use in-home care that helps them to lead daily life independently.

※ It is possible to devise your own care plan or support plan.

### Services given at home

**Visiting care service**

*Users certified as a care level of 1, 2, 3, 4, or 5*

A caregiver visits the individual in need of care to provide care and household assistance such as meals, dressing, bathing, cleaning, laundry, etc.

*For those certified as a support Level of 1 or 2*

Service is provided by “Project for care prevention / living support services” implemented by the local governments.

※ Refer to page 22 for details.
This is a community-oriented service, so it is available only to the residents of the municipality where the service provider or facility concerned is based.

- **Regular visits/on-call Visiting care service**
  The home helper or nurse visits homes periodically and when requested, to give care and medical treatment, etc. Only those certified as a care level of 1, 2, 3, 4, or 5 can use this service.

- **Visiting care service at night**
  A caregiver periodically visits the home of individuals in need of care or homes that have requested a visit at night to provide care or to look after them. Only those certified as a care level of 1, 2, 3, 4, or 5 can use this service.

- **Home-visit bathing service**
  The staff visits those having difficult in taking a bath in their bathroom and helps them take a bath using, for example, a bathtub brought into the home.

- **Home-visit nursing**
  A nurse or other care provider visits the individual in need of care to give them the medical care services and supplementary medical examination service needed.

- **Home-visit rehabilitation**
  A specialist in therapy and rehabilitation will visit the individual in need of care to give them training on how to maintain or recover their mental or physical abilities and on how to lead daily life independently.

- **Healthcare guidance for in-home care**
  A doctor, dentist, pharmacist, nurse or other medical professional will visit the home of insured family members being treated at their home and provide health maintenance instruction.
**Services Available**

**Services given at a facility, etc.**

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**Day service, community-based day service** *

For those certified as a care level of 1, 2, 3, 4 or 5

The individual in need of care goes to a facility to receive care including taking a bath, eating a meal, etc., to receive recovery therapy, and recreation. Some facilities offer services to improve oral function, or to achieve dietary improvement and services for those who have cancers or other serious diseases under the supervision of medical specialists.

※ As for small-size day-care limited to groups of 18 or fewer, community-based service is provided as community-based day care.

For those certified as a support level of 1 or 2

Information is provided in “Project for care prevention / living support services” implemented by the local government.

※ Refer to P 22 for details.

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**Day service for the elderly with dementia** *

The individual in need of care goes to a facility to have the care and function restoring training adapted to the characteristic needs of the elderly with dementia. The purpose of this service is to enable the elderly with dementia to live independently at their home.

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**Day rehabilitation service (day care)**

The individual in need of care goes to a medical institution or health service facility to undergo training for keeping or recovering their mental or physical functions and for leading daily life independently. Some facilities offer oral care or dietary improvement classes.
Services Available

This is a community-oriented service, so it is available only to the residents of the municipality where the service provider or facility concerned is based.

- **Short-stay daily-life care service**  
  (social welfare-oriented short-stay)  
  The individual in need of care stays at a special nursing home for the elderly or other facility for a short period of time to under daily-life service and rehabilitation training.  
  This service can be used continuously for up to 30 days.

- **Short-stay medical care service**  
  (healthcare care-oriented short-stay)  
  The individual in need of care stays at a medical institution, etc. to take healthcare services or undergo rehabilitation under the supervision of doctors and nurses.  
  Users can stay 30 successive days or less.

- **Small-scale/multifunction in-home care**  
  The individual in need of care goes to a facility in the community. The facility offers services such as meals, bathing, and functional improvement. This service allows for users to stay over at care facilities, or for staff to pay visits to the homes of users, which enables users to stay at home even if the care level progresses.

- **Small-scale/multifunction in-home care and home-visit nursing**  
  This service, comprised of a combination of small-scale/multifunction in-home care and home-visit nursing encompasses a multitude of services including outpatient care, short stay, home visit care, and visiting long-term care. These services also support individuals who need a high level of medical care but wish to stay in their homes.

*Only those certified as a care level of 1, 2, 3, 4, or 5 can use this service.*
**Services Available**

**Service given at a facility**

- **Health service facility for the elderly requiring long-term care**
  This facility provides for those who left hospital rehabilitation in order to assist them in being able to independently handle everyday challenges.

- **Social welfare facility for the elderly requiring long-term care**
  (special nursing home for the elderly)
  Those in need of continuous care who find it difficult to live at home stay at this facility instead. This facility provides assistance with bathing, using the bathroom, eating, and daily chores.

- **Community-oriented social welfare facility for the elderly requiring care**
  (special nursing home for the elderly)
  Those in need of continuous care experiencing difficulties in their home life receive care at a small-scale special nursing home for the elderly. Capacity is 30 or fewer. This facility provides assistance with using the bathroom, eating, and daily chores.

- **Daily-life group care for the elderly with dementia**
  (group home for the elderly with dementia)
  Five to nine people with dementia receive care, including for daily life activities, in a homey atmosphere group living format.

*Only those certified as a care level of 1, 2, 3, 4, or 5 can use this service.*

*Those certified as a support Level 1 cannot use this service.*
This is a community-oriented service, so it is available only to the residents of the municipality where the service provider or facility concerned is based.

**Daily-life care service in specified facilities**

The individual in need of long-term care receives care while living in a paid home for the elderly, care house, etc. Some specified facilities outsource a certain amount of services to other companies. You can also use other care services in some specified facilities.

**Community-oriented daily-life care services in live-in facilities**

The individual in need of long-term care receives care living at a small-scale (maximum capacity of 30) community-based home for the elderly or similar. Only those certified as needing care or their spouses are eligible for specialized nursing care facilities, while only those requiring care can access nursing care services.

### Approximate user cost per month

(Unit: yen/30 days)

<table>
<thead>
<tr>
<th>Depends on type of facility and other factors</th>
<th>User payment level</th>
<th>Care service costs (10% user co-payment)</th>
<th>Food expenses</th>
<th>Residential expenses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social welfare facility for the elderly requiring care (special nursing home for the elderly)</td>
<td>Level 1</td>
<td>15,000</td>
<td>9,000</td>
<td>24,600</td>
<td>48,600</td>
</tr>
<tr>
<td></td>
<td>Level 2</td>
<td>15,000</td>
<td>11,700</td>
<td>24,600</td>
<td>51,300</td>
</tr>
<tr>
<td></td>
<td>Level 3</td>
<td>24,600</td>
<td>19,500</td>
<td>39,300</td>
<td>83,400</td>
</tr>
<tr>
<td></td>
<td>Level 4</td>
<td>25,400 ~ 29,800</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Multiple-bed ward (shared by two or more users)</td>
<td>Level 1</td>
<td>15,000</td>
<td>9,000</td>
<td>0</td>
<td>24,000</td>
</tr>
<tr>
<td></td>
<td>Level 2</td>
<td>15,000</td>
<td>11,700</td>
<td>11,100</td>
<td>37,800</td>
</tr>
<tr>
<td></td>
<td>Level 3</td>
<td>24,600</td>
<td>19,500</td>
<td>11,100</td>
<td>55,200</td>
</tr>
<tr>
<td></td>
<td>Level 4</td>
<td>22,700 ~ 27,100</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Health service facility for the elderly care (regular)</td>
<td>Level 1</td>
<td>15,000</td>
<td>9,000</td>
<td>0</td>
<td>24,000</td>
</tr>
<tr>
<td></td>
<td>Level 2</td>
<td>15,000</td>
<td>11,700</td>
<td>11,100</td>
<td>37,800</td>
</tr>
<tr>
<td></td>
<td>Level 3</td>
<td>24,600</td>
<td>19,500</td>
<td>11,100</td>
<td>55,200</td>
</tr>
<tr>
<td></td>
<td>Level 4</td>
<td>28,800 ~ 32,200</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Note 1: The User Payment Level shown in the charts differs from Income Level for insurance premium purposes.

Note 2: Food and living expenses for Levels 1-3 reflect subsidies provided by the government to assist with payments exceeding a certain level. The upper limit paid by the user is determined upon application of high-cost nursing care service expenses shown on Page 11.

Note 3: Nursing care service costs differ depending on the region (The chart above shows figures for special wards).

Note 4: Meal costs and residential expenses for individuals falling into the Level 4 category cost burden are determined by contract between the user and the facility.

Note 5: Besides the figures noted in the chart above, depending on the individual’s physical and emotional state, additional charges apply for dietetic food and for specialized care for dementia cases. In addition, daily use items such as toothbrushes and cosmetics; influenza vaccinations; and other amenities are paid for by the individual, as determined by contract between the user and the facility.
Community-oriented service is designed to provide flexibility so that people can live their lives at home or in their community.

A. This service is available only to the residents of the municipality where the service provider or facility concerned is based.
B. Your municipal office provides information and guidance on service providers.
C. In accordance with local circumstances, your municipal office determines care compensation (only for visiting care nursing with periodic visits and care as needed, home help services at night, small-scale and multifunction in-home care, and combined services, small-scale nursing multi-functional home care only).
D. Local citizens can participate in designation of service providers and decision on criteria and compensation to ensure that the system is fair and transparent.
Other services

- Rental of social welfare equipment
  Those certified as a Care Level of 2, 3, 4, or 5
  Insured members may rent social welfare equipment such as special beds and wheelchairs to complete everyday activities.

  Those certified as a care or support level of 1
  Insured members are only able to rent handrails, ramps, walkers, and walking sticks unless dictated otherwise under their Care Plan.

- Allowance for social welfare equipment purchases
  Since service equipment such as sitting-type toilets and bathing chairs come into direct contact with the user’s skin, insured members need to purchase them from a supplier specified by the municipal government.
  Insured members must first purchase the equipment with their own funds, but a part of the payment will be reimbursed depending on the cost paid by the user (note that there is a limit to the maximum reimbursable amount).

- Allowance for home renovation
  An allowance for small-scale home renovation such as installation of handrails and elimination of steps is paid.
  Insured members must first pay the full cost using personal funds, but a part of the payment is reimbursed depending on the cost paid by the user (note that there is a limit to the maximum reimbursable amount).
  * Individuals are required to submit home renovation plans before beginning any renovation. Please contact your municipal office for details.
1. Community Support Service

The Community Support Service aims to prevent care need (support need) for the elderly, and even if a person already requires care, to provide support to enable independent daily life as much as possible. This service is provided by municipalities.

[Community Support Service Description]

<table>
<thead>
<tr>
<th></th>
<th>Long-term Care Need Prevention and Daily Life Support Comprehensive Service</th>
<th>See the next page.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Comprehensive Support Service (this service is run by the Community Comprehensive Support Center)</td>
<td>See “2. Community Comprehensive Support Center.”</td>
</tr>
</tbody>
</table>

2. Comprehensive community support center

To assist the elderly in continuing to live in communities that have grown familiar to them, it is necessary to provide not only an insurance system, but comprehensive care which integrates various community resources, and draws on specialists in the field of health and medical support and social welfare work, volunteers, etc.

Municipalities set up Comprehensive Community Support Centers, where they assign staff such as health care managers, public health nurses, and care workers. They use their expert knowledge and skills together to provide comprehensive support to the elderly and their families, etc.

[Community Comprehensive Support Center Description]

<table>
<thead>
<tr>
<th></th>
<th>Care Management for preventing Long-term Care Need, etc.</th>
<th>To set up a care plan considering the motivation and the ability of the user for the purpose of successfully carrying prevention services to prevent long-term care need.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>General consultation and guidance</td>
<td>To build a network with relevant people in the community, offer consultation to the elderly and their families, and help them to receive proper services using appropriate systems and local resources.</td>
</tr>
<tr>
<td>3</td>
<td>Protection of rights</td>
<td>To function as an information counter for protection of rights and prevention of cruelty to the elderly through introducing legal guardian system, identifying elder abuse in its early stage, or dealing with consumer issues in order that the elderly live with dignity.</td>
</tr>
<tr>
<td>4</td>
<td>Extensive and continuous care management</td>
<td>To support care managers and coordinate care managers and other medical facilities so that the elderly can receive appropriate services for their mental and health condition in a continuous way.</td>
</tr>
</tbody>
</table>

1 can be offered in some cases not only by community support centers but also directly by municipal offices.
The purpose of Comprehensive Services is to provide a wide variety of services led by community residents and other parties to meet the needs of individual municipalities and encourage people in communities to support each other. The goal is to establish a highly efficient, highly effective support system for those requiring nursing care or related support.

Projects to prevent long-term care need and daily living service projects
- Individuals requiring nursing care and who meet the checklist criteria.

To meet the diverse living support needs including of those requiring long-term care visiting services, these projects offer a myriad of services including resident-led support, in addition to services to help prevent the need for long-term care and nursing care day services.

1. **Visiting nursing care services**
   This service is intended to replace previous long-term care visiting services. Home health care workers visit the homes of individuals in need of long-term care need prevention training, in addition to NPOs and resident-led organizations offering a variety of daily living support services.

2. **Day center services**
   This service is intended to replace previous long-term care day services. In addition to functional training provided by day service centers, NPOs and resident-led organizations also offer community venue events.

3. **Other daily living support services**
   This array of services is designed to meet the needs of the community, including food deliveries, checking in on the elderly, community salons, and more.

General projects to prevent long-term care need
- Anyone 65 years of age or older can participate.

This project is designed to foster community-building by bringing people together at community venues, salons, etc.

1. **Projects to prevent long-term care need and popularization/education projects**
   Individuals can participate in exercise classes, lectures, etc. organized by the municipalities. Pamphlets are also distributed to help spread the word about preventing the need for long-term care.

2. **Community long-term care need prevention and support projects**
   These resident-led projects provide education and support on long-term care need prevention at community venues, salons, and more.

3. **Regional rehabilitation support projects**
   Rehabilitation specialists are sent to resident-led community venues.
Points of Contact

1. Points of contact of your municipality or comprehensive community support center
2. Tokyo Metropolitan Federation of National Health Insurers’ Associations
   Points of contact [complains about long-term care services, etc.]
   ☎ 03-6238-0177
3. Tokyo Metropolitan Government’s points of contact
   Point of contact for the Tokyo Metropolitan [long-term care insurance system]
   ☎ 03-5320-4597
   Secretariat of the Tokyo Metropolitan Long-term Care Insurance
   Examination Committee [for complaints about care need certification, etc.]
   ☎ 03-5320-4293
   Tokyo Metropolitan Consumers’ Center [for consultation about contracts, etc.]
   ☎ 03-3235-1155
   Tokyo Metropolitan Health and Medical Information Center
   [provides information about medical institutions, etc.]
   ☎ 03-5272-0303
4. National Government Consultation Desk
   Japan Legal Support Center [consultations for legal problems or issues]
   ☎ 0570-078377