

# The Long-term Care Insurance System

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The objective is to realize a society where everyone can live safely, and elderly people can live independently in accordance with their abilities while maintaining their dignity.

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2024

April

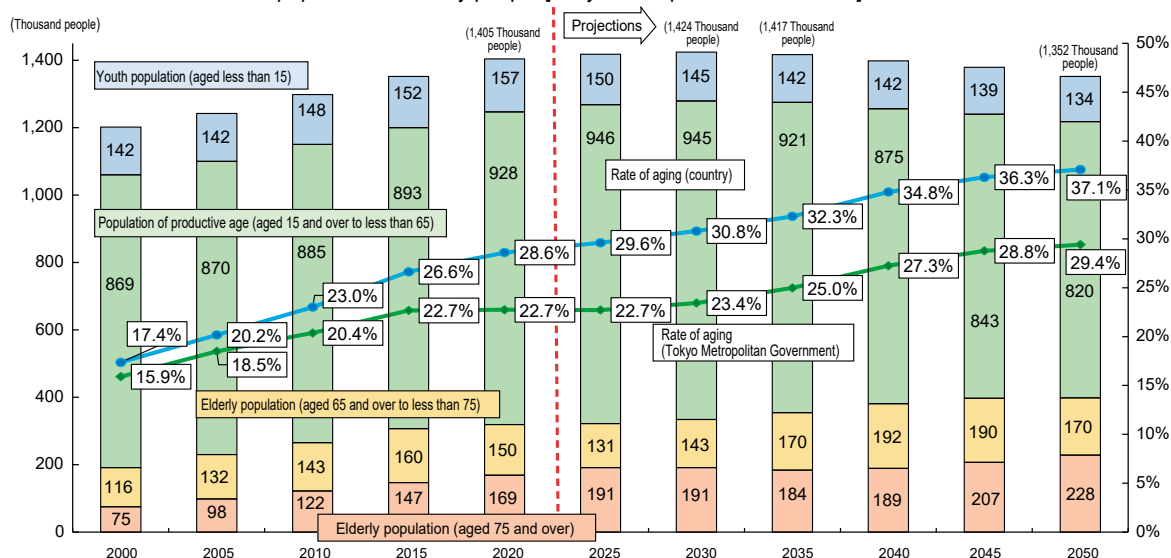


Tokyo  
Metropolitan  
Government

# Outline of the Long-Term Care Insurance System

- The population of elderly citizens has been increasing such that it is estimated that one in four persons will be elderly.
- 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.

Shift in the population of elderly people [Tokyo Metropolitan Government]

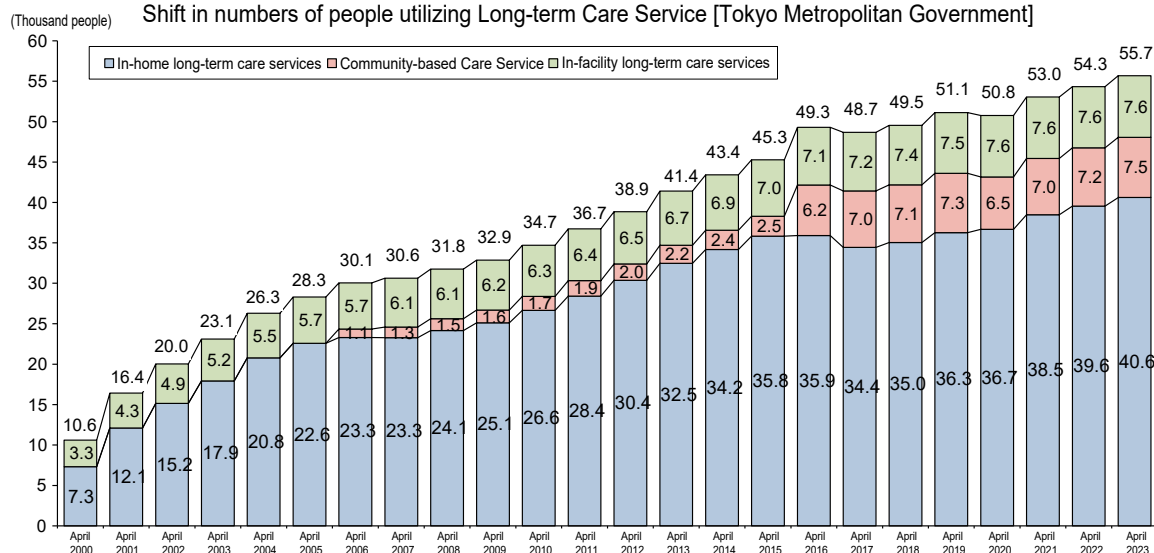


Note 1: The total for the years 2000-2022 does not include individuals of undetermined age.

Note 2: Because numbers of less than 10,000 persons are rounded off, the sum and the aging rate may not be identical to the total value of the breakdown.

Source: Communications Census by Ministry of Internal Affairs and Communications (2000 to 2020), estimates by the Office of the Governor for Policy Planning (2025 to 2050)

Shift in numbers of people utilizing Long-term Care Service [Tokyo Metropolitan Government]



Note 1: The rapid increase in the number of recipients (users) of community-based care service as of April 1, 2016, results from the fact that the commuting day care option for less than 19 persons was updated to community-based day care as of this time.

Note 2: The in-home long-term care service includes in-home long-term care prevention service, while the community-based care services include services designed to prevent the need for nursing care.

Note 3: Includes Category 2 insured individual.

Source: Long-term Care Insurance Report (monthly), Ministry of Health, Labour and Welfare

## Table of Contents

■ Overview of the long-term care insurance system .....	1
■ Table of Contents .....	2
■ Major Points of Long-term Care Insurance Revision .....	3
■ Flow of procedures related to use of long-term care service ...	4
■ Procedures required for use of services .....	5
■ Insurance premiums .....	7
■ Long-term care service user payment .....	10
■ User payment reduction system .....	11
■ In selecting long-term care service .....	12
■ Available services .....	13
▶ Devising a care plan .....	13
▶ Services utilized in home .....	13
▶ Services offered at non-live-in (day) facilities .....	15
▶ Services available at live-in facilities .....	17
▶ Other services .....	20
■ Community support projects .....	21
■ Points of Contact .....	23

# Major Points of revision of the Long-term Care Insurance (2024)

## Starting at the beginning of April 2024

- Insurance premium cost criteria for enrollees aged 65 and over have changed partially

There are now thirteen levels of insurance premium costs.

For individuals falling into levels 1 through 3, the percentage multiplied by the standard amount has been updated (refer to Page 8).

- For some medical durable goods, patients can choose to utilize these items on an on-loan basis or purchase.

In general, medical durable equipment for the elderly is available on loan. However, fixed-in-place-ramps, walking sticks (excludes walkers), canes, (excludes regular crutches), and four-legged canes, have now become available for purchase (refer to Page 20).

- A new option for devising a care plan designed to help prevent the need for long-term care in the future is to request a care plan through a home care support provider specialized in helping prevent the need for long-term care.

You may request the comprehensive community support center to draw up a care plan designed to prevent the need for long-term care in the future. A new option is to request said care plan through a home care support provider, designated through your municipality (refer to Pages 6, 13), as a provider that offers services to help prevent the need for nursing care in the first place.

## Starting at the beginning of August 2025

- New patient responsibility charges (percentage of total cost) may apply for social welfare facilities for the elderly requiring long-term care, etc., double rooms in nursing care hospitals, and more.

An updated room cost (responsibility of patient) of 8,000 yen per month will be applied to some social welfare facilities for the elderly as well as to nursing care hospitals (double rooms).

\* Limited to other types of facilities, including medical facilities for the elderly requiring long-term care and Type II nursing care hospitals, where living space area is 8 m<sup>2</sup> or greater per person.



# Flow of procedures pertaining to use of long-term care service

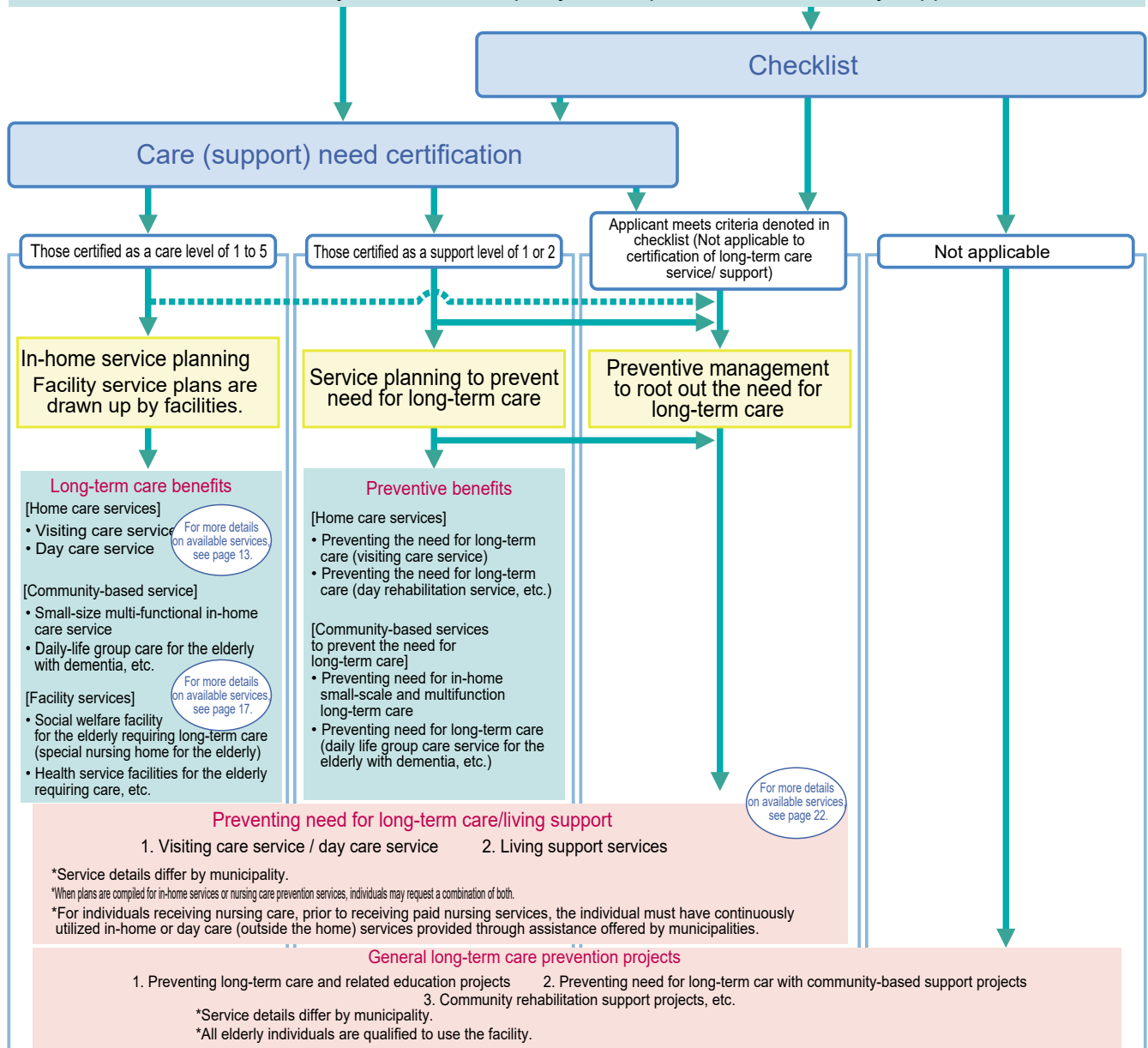
## Members (insured individuals)

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

[Category 1 insured individual] Those aged 65 and over

[Category 2 insured individual] Those aged 40 to 64 taking out medical insurance (\* See page 5 for details).

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



\*The flow chart above indicates the order of operations for utilizing long-term care services. Contact your municipal office for details.

# Long-Term Care Insurance System Procedure

- 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, please note the checklist at the consulting service counter. If you meet the criteria, you are free to utilize visiting care service and day care service, etc.

## 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.

① Cancer (terminal stage), ② Articular rheumatism, ③ Amyotrophic lateral sclerosis, ④ Ossification of posterior longitudinal ligament, ⑤ Osteoporosis accompanied by fracture, ⑥ Dementia at the pre-senile stage, ⑦ Progressive supranuclear palsy, corticobasal degeneration or Parkinson's disease, ⑧ Spinocerebellar degeneration, ⑨ Spiral canal stenosis, ⑩ Progeria, ⑪ Multiple system atrophy, ⑫ Diabetic neuropathy, diabetic nephropathy or diabetic retinopathy, ⑬ Cerebrovascular disease, ⑭ Arteriosclerosis obliterans, ⑮ Chronic obstructive lung disease, ⑯ 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 First judgment

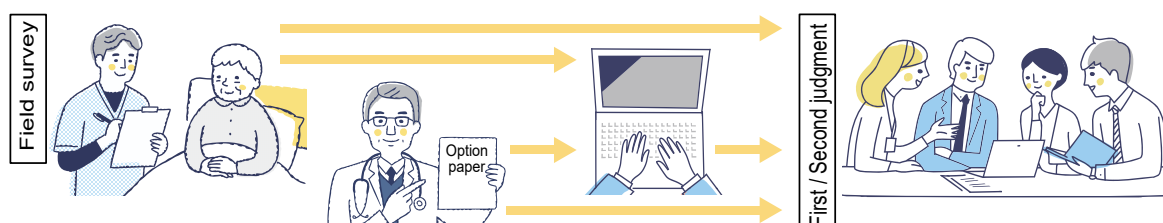
The long-term care need certification committee, comprised of specialists in public health, medical care and social welfare, make the initial determination based on computer-processed home visit results and the first doctor's opinion.

### ③ Second judgment

The second judgment is made by the long-term care need certification committee composed of specialists in public health, medical care, and social welfare based on the result of the first judgment and 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 judgment, 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.

#### 【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】

You may request the comprehensive community support center to draw up a care plan (\*for further details, see page 21). Another option is to request a care plan through a home care support provider designated through your municipality. You are also free to devise your own care plan.

- 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.



### 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 10% (20% or 30% where a predetermined income level is exceeded) of the care service expenses. However, users must pay any extra expense exceeding the maximum payout. (\* See page 10 for expense 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.

# Long-Term Care Insurance Premiums

## 1 Insurance premiums for those aged 65 and over (Category 1 insured individual)

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 pension, 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 insured individual)

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

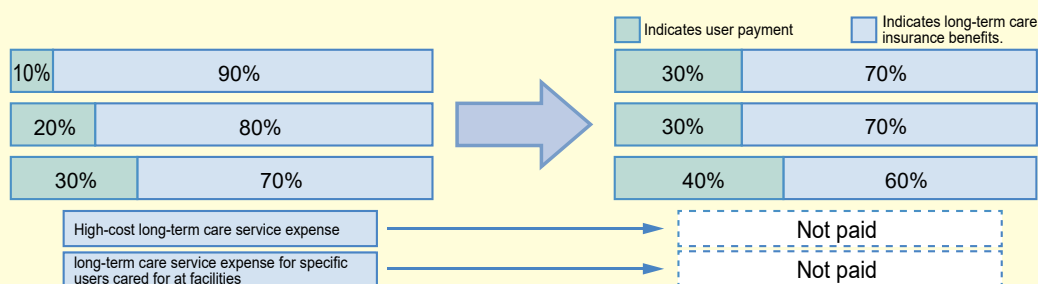
The insured must initially pay all necessary expenses including service expense. Members are reimbursed insurance premiums later by filling out the required paperwork.

#### 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 two years or longer. However, where the insurance premiums expire due to unpaid premiums while the services are still in use, users whose payment was essentially 10% or 20% are charged 30% for a certain period (those who paid 30% are charged 40%); high-cost long-term care service expense (\*) and specific in-facility long-term care service expense, etc. are not provided (\*) (\*Refer to page 11).



Income Level	Applicable Persons	Premium
Level 1 <sup>*1</sup>	<ul style="list-style-type: none"> <li>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.</li> <li>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 (*2), and the income of the annual pension taxed is ¥800,000 or less.</li> </ul>	Standard amount ' 0.455 (0.285) <sup>*1</sup>
Level 2 <sup>*1</sup>	<ul style="list-style-type: none"> <li>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 (*2) and the income of the pension taxed is over 0.8 million yen up to 1.2/million yen or less</li> </ul>	Standard amount ' 0.685 (0.485) <sup>*1</sup>
Level 3 <sup>*1</sup>	<ul style="list-style-type: none"> <li>Those who are not of Level 1 or Level 2, and all members of the household are exempt from paying municipal taxes.</li> </ul>	Standard amount ' 0.69 (0.685) <sup>*1</sup>
Level 4	<ul style="list-style-type: none"> <li>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 ¥800,000 or less.</li> </ul>	Standard amount ' 0.9
Level 5	<ul style="list-style-type: none"> <li>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.</li> </ul>	Standard amount
Level 6	<ul style="list-style-type: none"> <li>The insured is required to pay municipal taxes and his or her total income of the previous year (*2) is less than ¥1.2 million.</li> </ul>	Standard amount ' 1.2
Level 7	<ul style="list-style-type: none"> <li>The insured is required to pay municipal taxes and his or her total income of the previous year (*2) is ¥1.2 million or greater and less than ¥2.1 million.</li> </ul>	Standard amount ' 1.3
Level 8	<ul style="list-style-type: none"> <li>The insured is required to pay municipal taxes and his or her total income of the previous year (*2) is ¥2.1 million or greater and less than ¥3.2 million.</li> </ul>	Standard amount ' 1.5
Level 9	<ul style="list-style-type: none"> <li>The insured is required to pay municipal taxes and his or her total income of the previous year (*2) is ¥3.2 million or greater and less than ¥4.2 million.</li> </ul>	Standard amount ' 1.7
Level 10	<ul style="list-style-type: none"> <li>The insured is required to pay municipal taxes and his or her total income of the previous year (*2) is ¥4.2 million or greater and less than ¥5.2 million.</li> </ul>	Standard amount ' 1.9
Level 11	<ul style="list-style-type: none"> <li>The insured is required to pay municipal taxes and his or her total income of the previous year (*2) is ¥5.2 million or greater and less than ¥6.2 million.</li> </ul>	Standard amount ' 2.1
Level 12	<ul style="list-style-type: none"> <li>The insured is required to pay municipal taxes and his or her total income of the previous year (*2) is ¥6.2 million or greater and less than ¥7.2 million.</li> </ul>	Standard amount ' 2.3
Level 13	<ul style="list-style-type: none"> <li>The insured pays municipal taxes and his or her total income of the previous year (*2) is ¥7.2 million or more.</li> </ul>	Standard amount ' 2.4

<sup>\*1</sup> Persons with low income may be eligible for premium reductions based on the care insurance law. User payments shown in parentheses indicate the maximum reduction.

<sup>\*2</sup> (1) The total income amount is the amount that is determined before the basic deduction and personal deduction etc., and after the public pension deduction, deduction of employment income, and deduction of expenses. For persons exempt from taxes at the ward, city, town, village level, and where employment income is included in the total income amount, the employment income the amount from which 100,000 yen is deducted as the deduction amount from the employment income (where deduction for income adjustment is given for a person who has employment income and another income related to retirement income, the amount before the deduction). (Zero where the relevant amount is zero).

(2) Special deduction amount related to long or short term income as noted in the in special taxation measures law (hereafter, (a) – (h)): 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

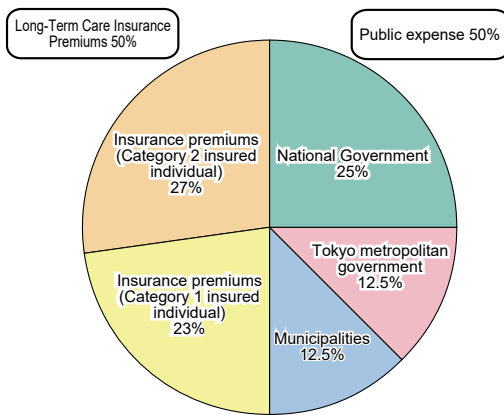
(f) ¥10 million where specific land is transferred (those which obtained in 2009 or 2010 and held in possession for over five years)

(g) One million yen (maximum) where low non-use land, etc. is transferred.

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

<sup>\*3</sup> 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

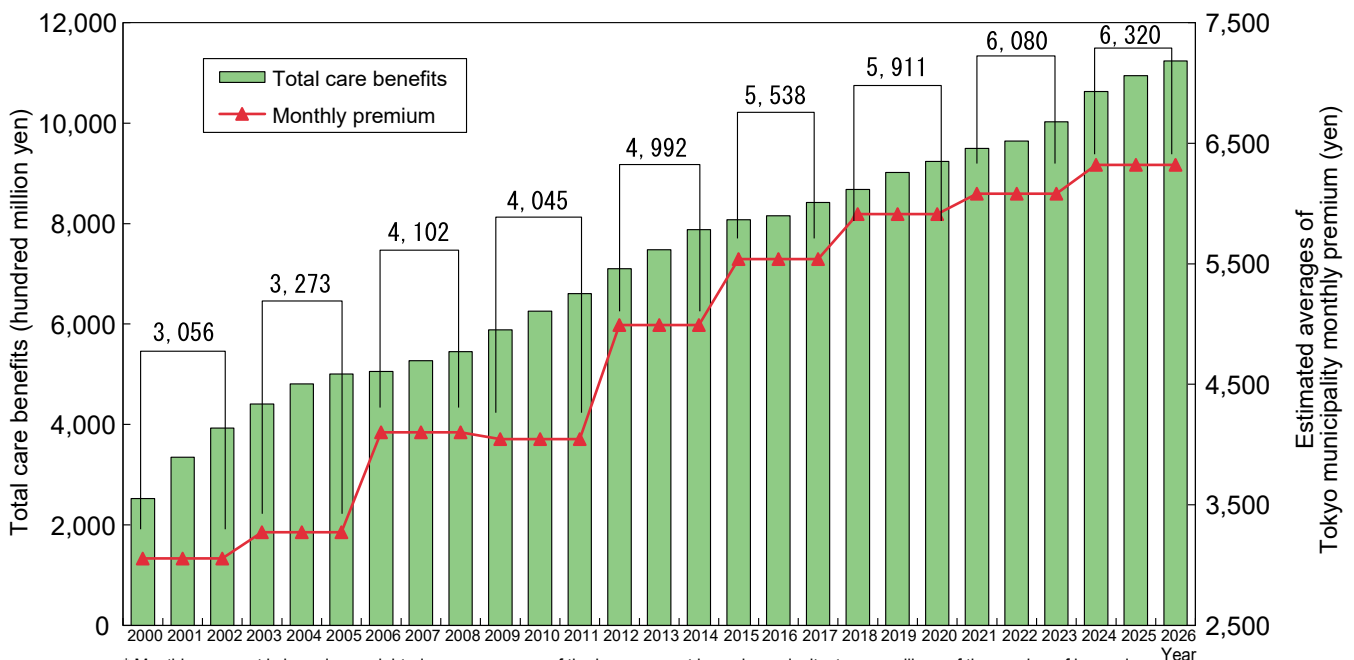


※ The chart to the left shows how financial resources of long-term care insurance are distributed.

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 expense shared by the national government is applied as a financial adjustment subsidy, and is distributed in accordance with the financial circumstances of the insured, the percentage paid by municipalities may vary.

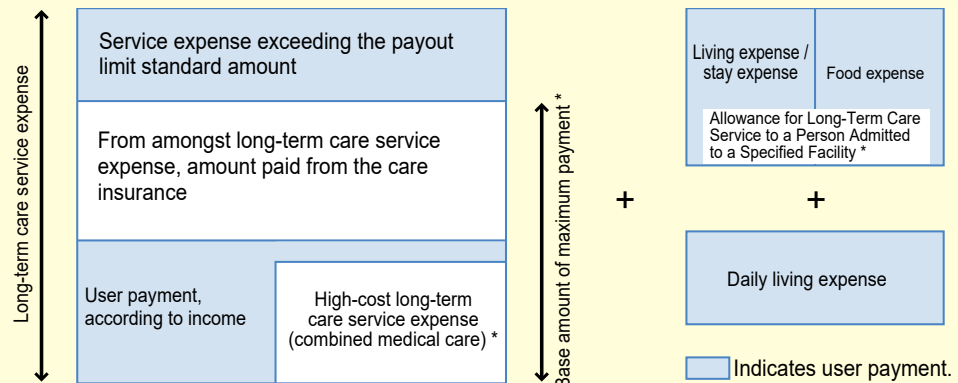
### 4 Trends in total long-term care benefit growth and care premiums



\* Monthly payment is based on weighted mean averages of the base amount in each ward, city, town or village of the number of insured individuals (as of March 8, 2024).

\* Source: Tokyo Elderly Health and Welfare Plan (Fiscal years 2024 to 2026)

#### Correlation between user payment and benefit package



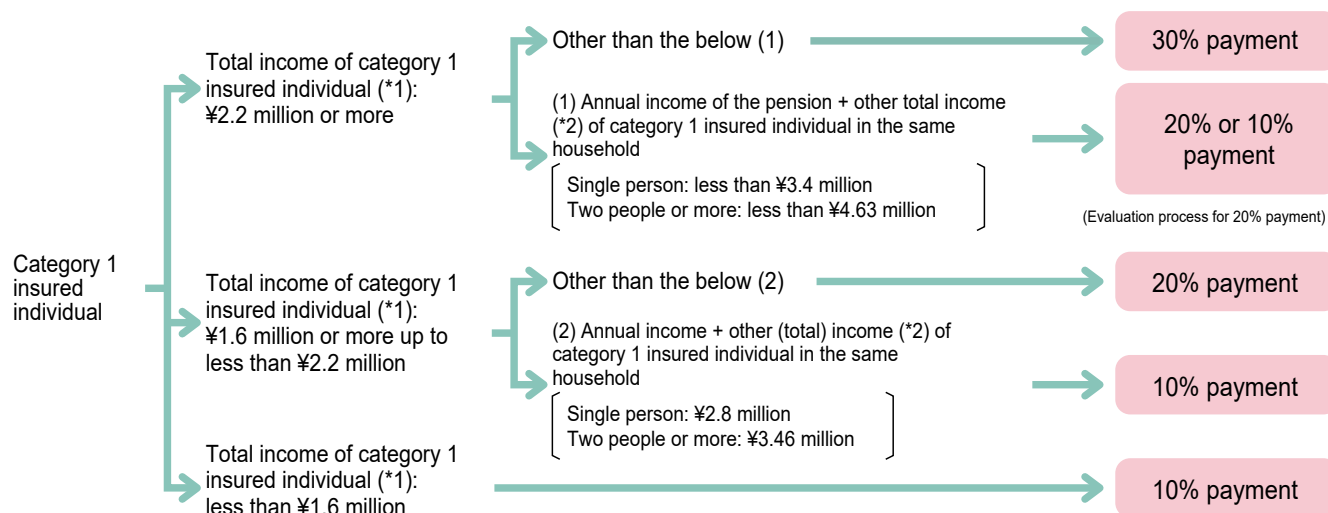
\* Refer to pages 10 and 11 on payout limit standard amount, high-cost (combined with medical expenses) long-term care service expense, and supplementary payout.

\* "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.)

## Long-term care service expense to be paid by the user

- Where long-term care service is utilized, the long-term care insurance covers 70%-90% of the service-related expense, depending on income and other factors, while the remaining 10%-30% are paid by the user. (See the chart below.)

However, users are not required to pay for care plan development for home care support or care need prevention support.



\* 1 : As for total income amount, refer to page, \*2 (1) and (2) of page 8.

\* 2 : “Other total income” means the amount from which the income regarding pension is deducted (the rest amount which the public pension income deduction, etc. are adjusted for public pension income)

\* 3 : Category 2 insured individual, individuals exempt from the Resident Tax, and recipients of social welfare services pay 10% regardless of the above.

## Maximum payout for in-home services

- 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 actual upper limit (benefit limit standard amount) is determined by the number of units. The price-per-unit may differ depending on the region or type of service. The costs shown in the chart to the right are calculated at ¥10 per unit.

- If service expense exceed the limit, the user is responsible for the payment indicated for the portion exceeding the limit.

Care level	Rough upper limits on monthly insurance benefit amounts
Support level 1	¥50,320
Support level 2	¥105,310
Care level 1	¥167,650
Care level 2	¥197,050
Care level 3	¥270,480
Care level 4	¥309,380
Care level 5	¥362,170

## Measures to reduce the payment by the user

The following measures designed to help reduce long-term care service costs for the user are available.

### High-cost long-term care service expense (plus medical care)

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

\* Excludes certain costs for purchase of durable medical equipment, home repairs, food, living costs, etc.

User payment category	Upper limit
· Annual income of about 11.6 million yen or more	¥140,100 for the entire household
· Annual income of 7.7 million yen or more, up to less than about 11.6 million yen	¥93,000 for the entire household
· Annual income of about 3.83 million yen or more, up to about 7.7 million yen	¥44,400 for the entire household
· General: Household on which municipal inhabitant tax is imposed	¥44,400 for the entire household
· Tax-exempt individuals in municipal tax-paying households	¥24,600 for the entire household
① Sum of taxable pension income and earned income is ¥800,000 or less	¥15,000 for individuals
② Old-age social welfare pension recipient	
· Social welfare recipient	¥15,000 for individuals

\* 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 payment for food and living expenses (stay expense) and reduction system (Allowance for specific in-facility long-term care service expense (supplementary benefit))

- Where the user receives services while living in a facility, or such services as day-care or short stay at a facility etc., living expenses such as food, water and electricity charges (stay expense) and other daily living charges are paid by the user.
- 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 can utilize a payment reduction system of food and living expenses (stay expense) where payment depends on income.
- However, those whose spouse is subject to local tax, or those whose savings exceed a certain amount, will not be eligible for food and living expenses (stay expense) reductions.

Note: See Page 18 for information on user payment.

### User payment reduction system for those living under difficult conditions

- As for those who are designated as living under difficult conditions by the municipalities, the payment of 10% for long-term care service may be reduced to about 7.5%, and food and living expenses (stay expense) may be reduced to about 75%.

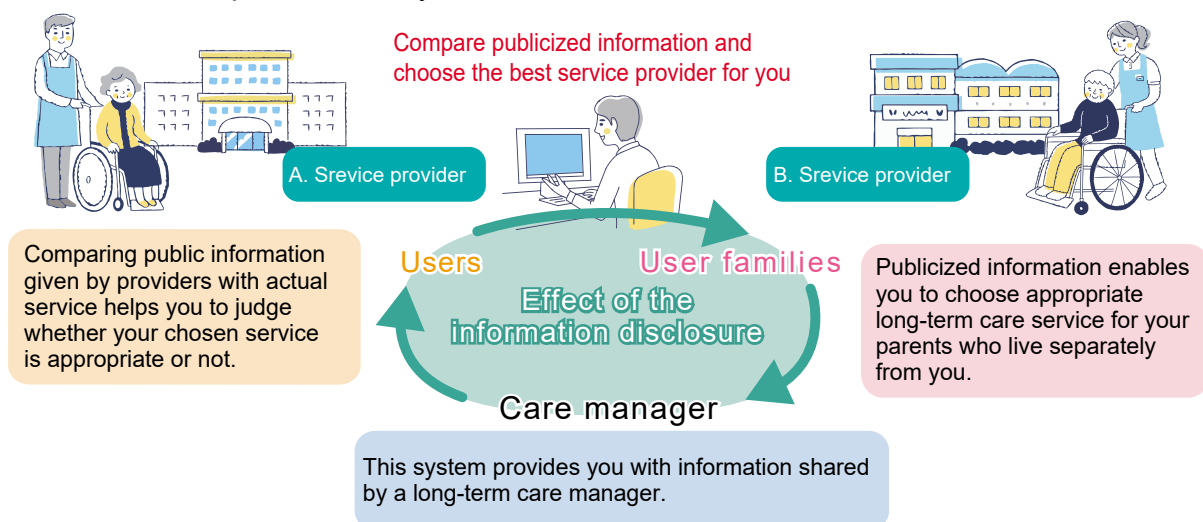
Contact your municipal office for further details about user payments and our various reduction systems.

## How to choose a long-term care service

- When using a long-term care service 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 comprehensive community support center.
- If you have your own personal long-term care manager, choose necessary services under his/her supervision.
- Under the “long-term care service information publication system,” users are able to compare different providers and select one that appeals to them.

### Long-term care service information publication system

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



### Evaluation system conducted by assigned evaluation body for welfare service

Assessors must obtain the required qualifications and certifications as well as the experience needed to make such assessments, and must have completed the necessary training. Their names are noted as assessors. They evaluate the opinions and level of satisfaction of users through user surveys, as well as social welfare service content and quality and the ability of the overseeing organization to run such facilities, and make said results public.

More than 90% of Metropolitan area residents who viewed results of said third-party assessments at provider locations noted that the information was useful to them in the decision-making process.



Three reasons why third party assessments are utilized.

#### Reason 1

“Potential users can get a sense of the philosophy and business management guidelines of providers.”

“This is the perfect option for us!”

#### Reason 2

“We get to hear directly from users.”

“We get a sense of relief in hearing directly about user experiences.”

#### Reason 3

“The attributes of the different providers are clearly evident.”

“We can clearly see the differences between Facility A and Facility B!”



Check “Tokyo Fukushi Navigation” <http://www.fukunavi.or.jp> for long-term care service information publication system and assigned evaluation institutions for welfare service.

## Services Available

- 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-based 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-based service 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, 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

##### Those certified as a long-term care

A caregiver visits the individual in need of care to provide care and household assistance such as meals, excretion, cooking, washing, etc.

##### Those certified as a support

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



\* Refer to page 22 for details.

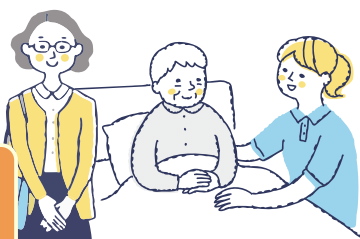
\* This is a community-based service, so it is available only to the residents of the municipality where the service provider or facility concerned is based.

#### ■ 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.



Those certified as a support cannot 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.



Those certified as a support cannot use this service.

#### ■ Home-visit bathing service

The staff visits those having difficulty 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.

#### ■ Day service, community-based day service \*

##### Those certified as a long-term care

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 19 or fewer, community-based service is provided as community-based day care.

##### Those certified as a support

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



\* Refer to P 22 for details.

#### ■ 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.



#### ■ 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.



### ■ 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.

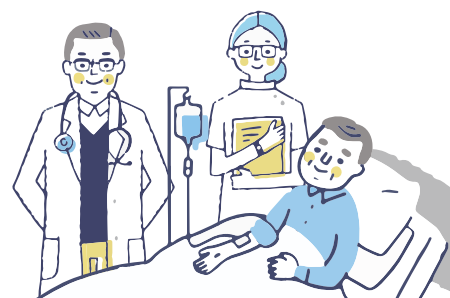
This service can be used continuously for up to 30 days.



### ■ 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 fewer.



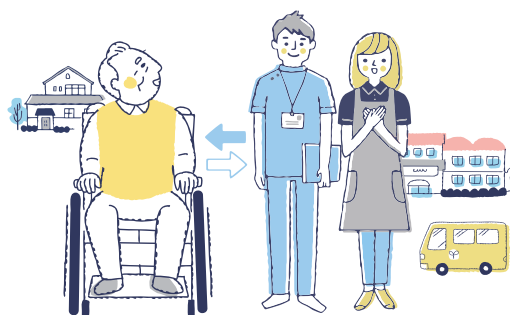
### ■ Small-scale/multifunction in-home care \*

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.



Those certified as a support cannot use this service.

## Services available

### Service given at a facility

- 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.

Those certified as a support cannot use this service.

- Community-based 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.



Those certified as a support cannot use this service.

- 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.



Those certified as a support cannot use this service.

- Care provider medical facility

Persons who need long term care receive daily living care including daily medical management and other services such as terminal care.



Those certified as a support cannot use this service.

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

### ■ 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.



Those certified as a support level of 1 cannot use this service.

## Approximate user payment per month (social welfare facility for the elderly requiring long-term care)

Depends on type of facility and other factors		Note 1: User payment level	Note 2: Long-term care service expense (Special ward residents: 10% user payment)	Food expenses	Residential expenses	Total
Unit-based social welfare facility for the elderly requiring long-term care (unit-based special nursing home for the elderly)	Unit-type private ward	Level 1	15,000	9,000	26,400	50,400
		Level 2	15,000	11,700	26,400	53,100
		Level 3 ①	21,900 ~ 24,600	19,500	41,100	82,500 ~ 85,200
		Level 3 ②	21,900 ~ 24,600	40,800	41,100	103,800 ~ 106,500
		Level 4	21,900 ~ 31,200	(Note 4)	(Note 4)	—
Social welfare facility for the elderly requiring long-term care (special nursing home for the elderly)	Convention-al-style single rooms	Level 1	15,000	9,000	11,400	35,400
		Level 2	15,000	11,700	14,400	41,100
		Level 3 ①	19,300 ~ 24,600	19,500	26,400	65,200 ~ 70,500
		Level 3 ②	19,300 ~ 24,600	40,800	26,400	86,500 ~ 91,800
		Level 4	19,300 ~ 28,500	(Note 4)	(Note 4)	—
	Multiple-bed ward (shared by two or more users)	Level 1	15,000	9,000	0	24,000
		Level 2	15,000	11,700	12,900	39,600
		Level 3 ①	19,300 ~ 24,600	19,500	12,900	51,700 ~ 57,000
		Level 3 ②	19,300 ~ 24,600	40,800	12,900	73,000 ~ 78,300
		Level 4	19,300 ~ 28,500	(Note 4)	(Note 4)	—

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

Note 2: Nursing care service costs may differ depending on the level of care required, the region in which the care is provided, as well as income (the chart above illustrates a case where the patient pays 10% at a facility located in one of the Special Wards of Tokyo). In addition, depending on factors such as the mental and physical state of the patient and the system at a particular facility, additional costs may apply, such as for a therapeutic diet, for specialized dementia patient care, etc.

Note 3: Nursing care expenses, food, and living expenses for Levels 1-3 is the amount after applying the supplementary benefit for amounts exceeding cost limits prescribed by the government, and high-cost long-term care service expense shown on page 11, and is the upper limit charged to the user. (Starting in August 2024, the updated limit for maximum payout will be applied).

Note 4: Food 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: 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.

## Services available

### Service given at a facility

#### ■ 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-based 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) paid community-based home for the elderly, or at a low-cost nursing home specified by long-term care insurance issuers. Only those certified as needing care or their spouses are eligible for specialized nursing care facilities, while only those requiring care can access long-term care service.

Those certified as a support cannot use this service.

### 〈What do we mean by community-based service?〉

Community-based service is designed to provide variety and 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 (or denial) of service providers and decision on criteria and compensation to ensure that the system is fair and transparent.

## Other services

### ■ Durable medical equipment for use on an on-loan basis

#### Those certified as a care level of 2, 3, 4, or 5

Insured members may borrow social welfare equipment such as special beds and wheelchairs to complete everyday activities.

#### Those certified as a care level of 1 and/or otherwise requiring support.

Insured individuals are only able to borrow durable equipment items that are useful in maintaining and improving daily life capabilities such as handrails, ramps, walkers, walking sticks, and automatic excretion treatment devices (those automatically absorbing urine only).

### ■ Allowance for social welfare equipment purchases

Since service equipment such as sitting-type toilets, special urinals, 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 expense paid by the user (note that there is a limit to the maximum reimbursable amount).

### ■ Categories and types of equipment that can either be utilized on an on-loan basis or purchased

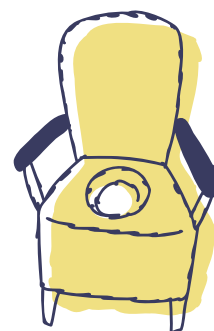
Durable medical equipment such as fixed-in-place-ramps, walking sticks (excludes walkers), canes, (excludes regular crutches), and four-legged canes are available on loan, or the patient may choose an allowance for purchase.

### ■ 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 expense using personal funds, but a part of the payment is reimbursed depending on the expense 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.



# Community Support Service

## 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.

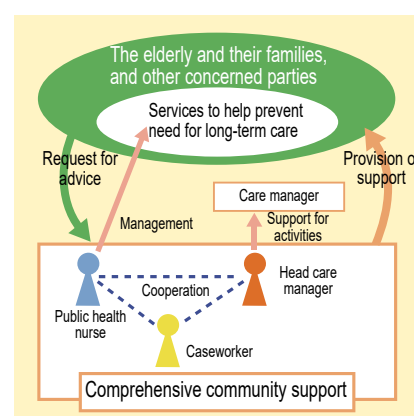
### 【Community Support Service Description】

① Long-term Care Need Prevention and Daily Life Support Comprehensive Service	→ See the next page.
② Comprehensive support service (this service is run by a comprehensive community support center.)	→ See “2. Comprehensive community support center.”

## 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 a comprehensive community support center, 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.



### 【Description of business by comprehensive community support center】

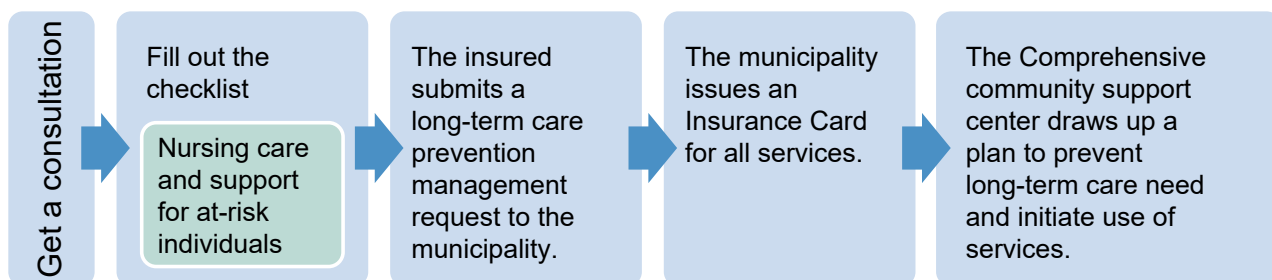
① Care Management for preventing Long-term Care Need, etc.	To set up a care plan considering the motivation and the ability of the user for the purpose of successfully carrying prevention services to prevent long-term care need.
② General consultation and guidance	To build a network with relevant people in the community, offer consultation to the elderly and their families, and help them to receive proper services using appropriate systems and local resources.
③ Protection of rights	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.
④ Extensive and continuous care management	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.

① can be offered in some cases not only by comprehensive community support center but also directly by municipal offices.

### 3 Preventing Long-term Care Need and Daily Life Support Comprehensive Service \* Referred to below as "Comprehensive Services"

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.

#### Procedure through use of services



#### Comprehensive service overview

##### ■ Projects to prevent long-term care need and daily living service projects

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 aged 65 and over 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. Inquire for other services.

# Points of Contact

① Consulting service counter at your municipality or comprehensive community support center

② Tokyo Metropolitan National Health Insurance Organization Associations

Consulting service counter handling complaints [about long-term care service, etc.] ☎ 03-6238-0177

③ Points of Contact at the Tokyo Metropolitan Government

Consulting service counter handling the long-term care insurance system of the Tokyo Metropolitan Government [general services about long-term care insurance system]

☎ 03-5320-4597

Tokyo Metropolitan Comprehensive Consumers' Center [for consultation about contracts, etc.]

General consultation

☎ 03-3235-1155

Hotline for the elderly who suffer from abuse or have otherwise been subjected to other harm

☎ 03-3235-3366

Hotline for the consumer of advanced years

☎ 03-3235-1334

Tokyo Metropolitan Health and Medical Information Center [provides information about medical institutions, etc.]

☎ 03-5272-0303

④ Other Points of Contact

Consumer hotline (consultation on contracts, etc.)

☎ 188

\* Information about the nearest Consumer Affairs Consultation Desk

Legal Terrace [consultations for legal problems or issues]

☎ 0570-078374

IP telephone ☎ 03-6745-5600

Weekdays 9:00-21:00 Saturdays 9:00-17:00  
(excludes holidays and end-of-year/New Year holiday)

⑤ Overview of Private Points of Contact

Consultations on nursing care are also available at privately-run agencies.

Due to space issues, the information here represents a partial list only.

● **Elderly Hotline** (Tokyo Association of Certified Social Workers) [Providing information and consultation services on health maintenance and social welfare services]

☎ 03-5944-8640 19 : 30 ~ 22 : 00 [Hours: daily year-round]

● **Telephone-Based Dementia Consultations** (Alzheimer's Association Japan) [Providing nursing care support for families/information]

☎ 03-5367-2339 10 : 00 ~ 15 : 00 [Tuesdays and Fridays (excludes national holidays and the year-end/New Year holiday)]

● **Dementia Hotline 110** (Dementia Prevention Association) [Support for preventing dementia, nursing care consultations]

☎ 0120-65-4874 10 : 00 ~ 15 : 00 [Mondays and Thursdays (excludes national holidays and the year-end/New Year holiday)]

● **Advocacy Center Tokyo** (Tokyo Association of Certified Social Workers) [Using the adult guardianship system]

☎ 03-5944-8680 10 : 00 ~ 16 : 00 [Monday, Wednesday, Friday (excludes national holidays and the year-end/New Year holiday)]

● **(Public Corporation) Legal-Support Adult Guardian Center, Tokyo Branch** [Use of youth guardian system]

☎ 03-5379-1888 14 : 00 ~ 17 : 00 [Monday-Friday (excludes national holidays and the year-end/New Year holiday)]

● **(Public corporation) Japanese Association of Elder Care Facilities** (providing information on paid elder-care facilities and counseling on moving into this type of facility).

☎ 03-3548-1077 10 : 00 ~ 17 : 00 [Monday-Friday (excludes national holidays and the year-end/New Year holiday)]

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