

# About the Long-Term Care Insurance System

April 2024  
Osaka Prefecture

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# 1. Major Changes to the Long-Term Care Insurance System

## [Since April 2024]

### ● Revisions to long-term care insurance premiums

The long-term care insurance premiums for 2024 to 2026 have been changed.

The financial resources for the long-term care insurance system consist of about 23% from the insured in Category 1 (ages 65 or over) and about 27% from the insured in Category 2 (aged 40 to under 65).

### ● Revisions to remuneration for long-term care

Remuneration for long-term care insurance services has been revised.

### ● Number of base income levels for determining premiums for the insured in Category 1 has been expanded

The base income levels for determining long-term care insurance premiums have expanded from 9 to 13 levels. Accordingly, the standard multipliers have increased for higher incomes and decreased for lower incomes (see page 14).

### ● Some welfare equipment now is offered for rental or purchase

Fixed slopes, walking aids, and auxiliary canes previously offered as rental welfare equipment, are now available for either rental or purchase (see page 7).

## 【From August 2024】

### ● Long-term care insurance facility's standard expense and maximum payment for low-income users will be readjusted

The standard amount of residence expenses in long-term care insurance facilities will be increased. Additionally, the maximum user payment for residence expenses under assistance programs for low-income earners will increase partially (see pages 17-19).

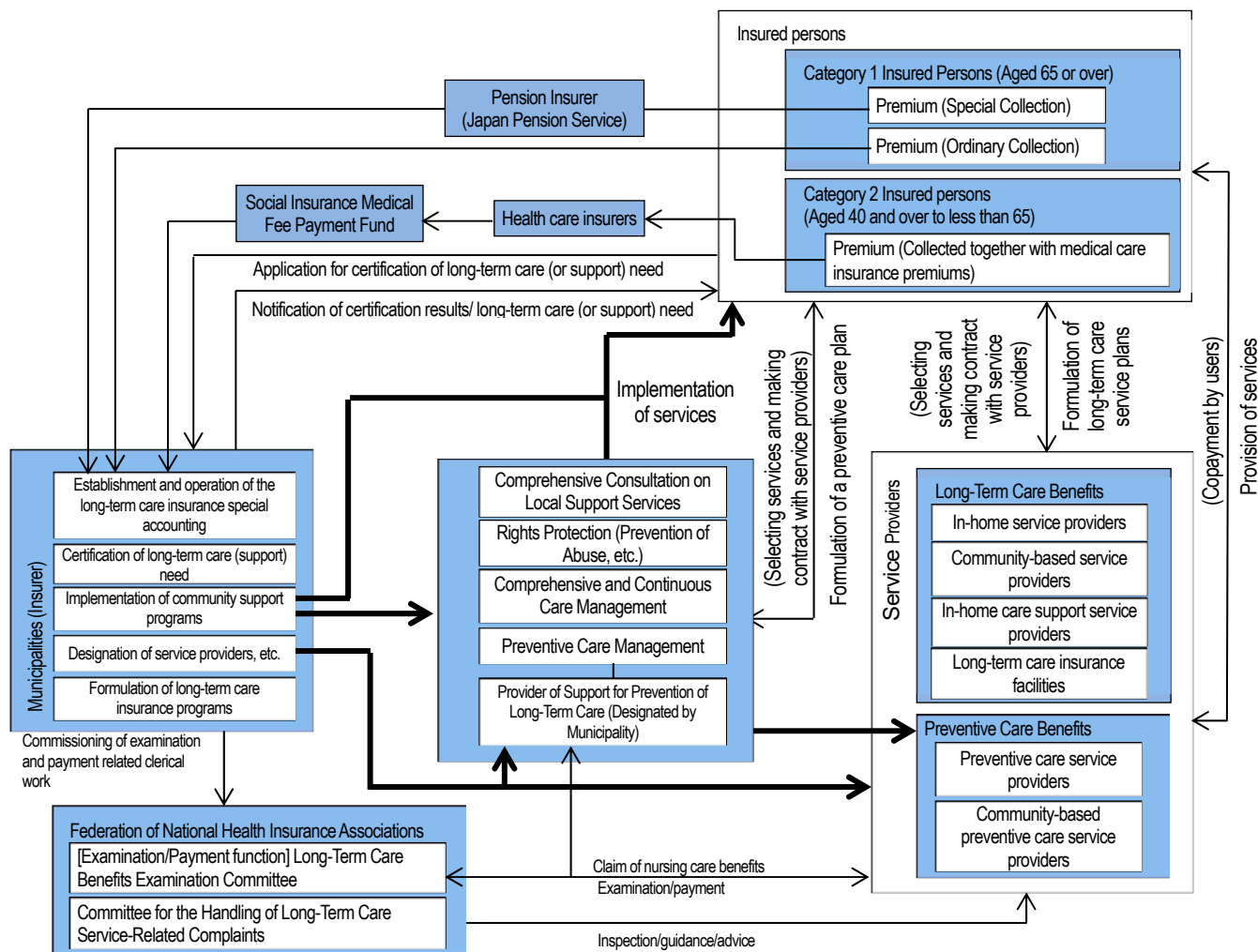
## 【From August 2025】

### ● Room charges will be incurred for multiple-bed rooms in some of the long-term care insurance facilities and long-term care & medical-care institutions

There is going to be a new room fee for multiple-bed room in "other type" and "medical treatment type" health care facilities for the elderly, and Type II long-term care & medical-care institutions (see pages 17-19).

## 2. Structure of Long-Term Care Insurance System

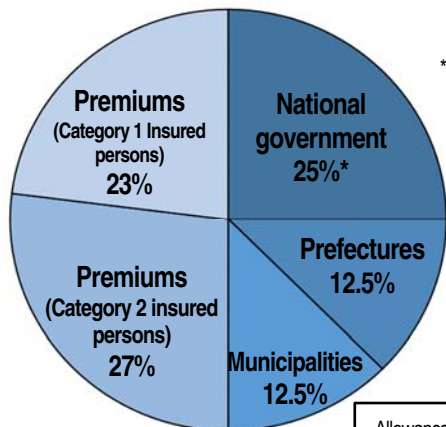
### (1) Overview of the Long-term Care Insurance System



### (2) Structure of financial resources for the long-term care insurance system

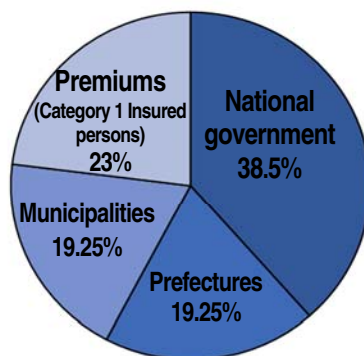
The financial resources needed to operate the long-term care insurance system are funded from public expenditures for half and from the premiums of long-term care insurance subscribers (the insured) for the other half, except for the amount paid by service users. The insurance premium burden of the category 1 and 2 insured persons is divided by the number of them proportionately. The structure of the financial resources is as follows:

#### <Structure of financial resources for community support programs (comprehensive and voluntary)>



\*The national government contribution includes 5% of adjusting subsidies.

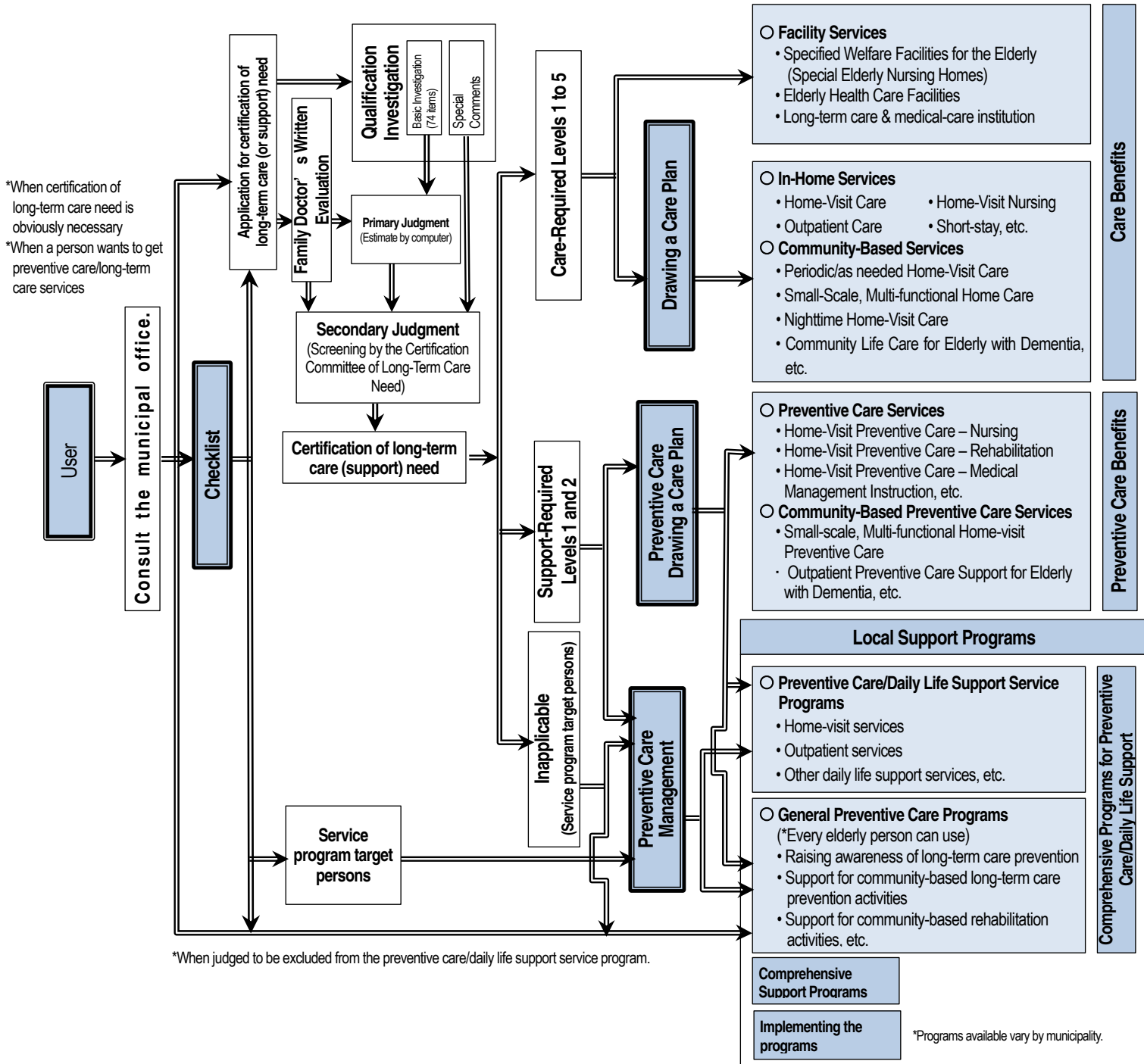
Allowance to Institutions  
National government: 20%  
Prefectures: 17.5%



\*The insurance premiums of the category 2 insured persons are not allotted, but the amount is funded from public expenditures.

As for the preventive care/daily life support comprehensive program, the burden rate of public expenditures and long-term care insurance premiums is the same as the left graph.

### (3) Procedure to use Long-term Care Services



1. When you want to use long-term care services, please apply to your municipality for a certification of long-term care (support) need. After certified, you can use services according to the care plan prepared by a long-term care support professional (care manager).

2. For more information about using the local support programs, please contact your local municipality.

○ **An examination of your health condition through the Basic Checklist will be done at your municipal office.**

**\* Implementation of examination varies by municipality.**

Based on the results of the checklist, each person will be classified into the appropriate service category (general preventive care service, preventive care/daily life support service, or long-term care (support) service).

○ **When submitting an application for certification of care/support need to your municipal office**

Application procedures can be made by yourself, your family, your adult guardian etc.; or on behalf of you, by the community comprehensive centers; designated home-visit care support providers (care plan preparers); long-term care facilities; community-based welfare facilities for the elderly, etc.

[Persons aged 65 or over]

You can use services regardless of the reason for long-term care need.

[Persons aged 40 to less than 65]

You can use services when you need long-term care due to the following 16 specified diseases that are associated with aging.

**Specified diseases**

- Cancer (limited to terminal cases at physician's discretion based on generally accepted medical knowledge)
- Rheumatoid arthritis   ○ Amyotrophic lateral sclerosis   ○ Ossification of posterior longitudinal ligament   ○ Osteoporosis associated with fracture
- Presenile dementia   ○ Progressive supranuclear palsy, corticobasal degeneration, and Parkinson's disease   ○ Spinocerebellar degeneration
- Spinal canal stenosis   ○ Progeria   ○ Multiple system atrophy   ○ Diabetic neuropathy, diabetic nephropathy and diabetic retinopathy
- Cerebrovascular disease   ○ Arteriosclerosis obliterans   ○ Chronic obstructive pulmonary disease   ○ Osteoarthritis of both knees or the hip

○ **Recognition by the municipality as being in need of care/support**

Based on the examination results and family doctor's written evaluation, the municipality's Certification Committee for Long-Term Care Need will review and make judgment.

Applicants are usually notified of their results within 30 days after submission. In principle, a new certification is valid for six months (renewed one is 12 months). But the period may be extended/reduced depending on the physical and mental state.

**Qualification Investigation**

A qualification investigator visits the applicant. For those who have difficulties with communication due to physical disability or other reasons, some municipalities offer interpreters or other assistance. For details on such assistance, please ask the municipality in advance.

**Family Doctor's Written Evaluation**

For those who do not have a family doctor, the municipality will introduce a doctor.

○ **Drawing a Care Plan**

- If you wish to use in-home care service, please ask in-home care support businesses (care plan providers) which employs a care support professional (care manager). If you wish to use a preventive care service, please ask the community comprehensive support center, etc. You can prepare a care plan even by yourself for in-home and preventive care services and submit your municipality.
- If you wish to use the comprehensive service for preventive care and daily life support, please ask the community comprehensive support center.
- For facility service use, please directly apply for the facility. Care managers can provide information on facilities.

○ **Use of Services**

Thoroughly consult with your service provider about specific service details, as well as service days, time slots and fees before entering into a contract. If you want to have service contents improved, please consult care managers, community comprehensive support centers, or service providers.

○ **Payment of Usage Fees**

The service usage fee is between 10% and 30% of the cost\*. However, residence (living) and meal fees may be requested at actual costs. The fee for each service has been decided according to the care-required level and nursing care remuneration. Please receive an explanation until you fully understand the detail before making a contract.

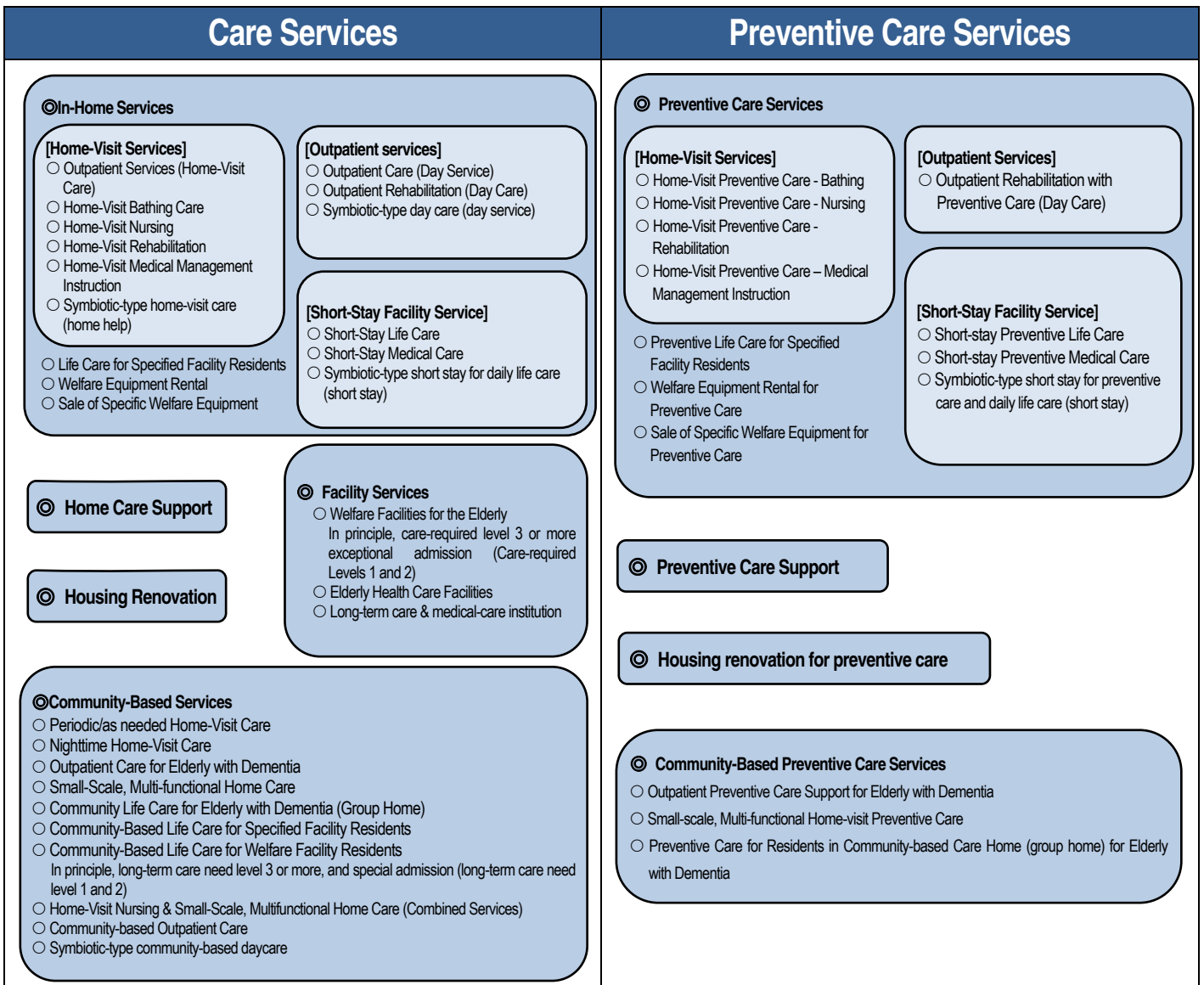
\*For details, refer to "7. Payment by Users" on pages 16-19.

# 3. Services Available in the Long-term Care Insurance System

A person certified for long-term care-required levels 1 to 5 can use long-term care benefits.

A person certified for support-required levels 1 and 2 can use preventive care benefits.

## <Types of care services>



Symbiotic-type service: Long-term care insurance service and welfare service for persons with disabilities are integrally offered at the same facility.

## (1) Home Care Support/Preventive Care Support

	Care Services (Care-Required Levels 1 to 5)	Preventive Care Services (Support-Required Levels 1 and 2)
<p><b>Preparation of Care Plans</b></p> <p>Care plans can be drawn up by service users themselves.</p> <p>The cost is fully covered by insurance.</p>	<p>In order to provide proper home-care services, care managers from a home care support provider draw up care plans based on the users' physical and mental conditions, environment and desires; their service usage status is also evaluated.</p> <p>For those who wish to enter a long-term care insurance facility, care managers at the facility will prepare care plans.</p>	<p>To provide proper long-term preventive care services, care managers prepare a care plan and communicate with service providers to ensure that necessary care is secured. Also, they offer suitable service options to improve the elderly's vital functions and maximize the effect of preventive care.</p> <p>Care plans will be prepared by the community comprehensive support center or a care manager from a home care support provider.</p>

## (2) In-home services

		Care Services (Care-Required Levels 1 to 5)	Preventive Care Services (Support-Required Levels 1 and 2)							
Home-Visit Services	Outpatient Services (Home-Visit Care)	Home-care workers visit the homes of users to provide assistance with physical activities such as bathing, toileting, eating etc., in addition to daily life activities such as cooking and washing. Assistance for getting in and out of vehicles (boarding/de-boarding assistance service) for hospital visits is also available.								
	Home-Visit Bathing Care	Care staff members or nurses visit users' homes with a bathing vehicle equipped with a bathtub to assist with bathing.	For those who do not have a bathroom at their homes and who cannot take a bath at other facilities due to illness or other reason, a bathing support service is provided, for the purpose of preventive care.							
	Home-Visit Nursing	Nurses visit users' homes to check their medical conditions; they also provide necessary instructions and medical assistance.	Nurses visit users' homes to check their medical conditions; they also provide necessary instructions and medical assistance, for the purpose of preventive care.							
	Home-Visit Rehabilitation	Physical therapists or occupational therapists etc. visit users' homes to provide rehabilitation training for the improvement of their home life conditions.	For those who need to improve their daily life activities at home, physical therapists or occupational therapists etc. will visit their homes to provide rehabilitation training, for the purpose of preventive care.							
	Home-Visit Medical Management Instruction	Doctors, dentists, pharmacists, etc. visit users' homes to manage medical treatment and give instructions.	Doctors, dentists, pharmacists, etc. visit users' homes to manage preventive medical treatment and give instructions.							
Outpatient services	Outpatient care (Day Service)	Users can make one-day visits to day service centers or other facilities to receive assistance services for bathing, toileting, eating etc., as well as functional training.								
	Outpatient Rehabilitation (Day Care)	Users can make one-day visits to elderly health care facilities or medical institutions to receive rehabilitation training necessary for the maintenance or improvement of their physical and/or mental functions.	Users can make one-day visits to elderly health care facilities or medical institutions to receive rehabilitation training necessary for the maintenance or improvement of their physical and/or mental functions, for the purpose of preventive care.							
Welfare equipment and housing renovation	Welfare Equipment Rental	Welfare equipment that contributes to users' self-support in daily life can be rented.	Preventive care equipment is available for rent.							
		The following table shows rental welfare equipment.								
				Support-Required Level	Care-Required Level					
				1	2	1	2	3	4	5
		Handrails (requiring no installation work)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Slopes (requiring no installation work)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Walking aids		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Auxiliary canes		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Automatic excrement disposal apparatus (with the function of automatically sucking urine only)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Wheelchairs					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Wheelchair accessories					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Special care beds					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Special care bed accessories					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Bedsore prevention equipment					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Body position changing device					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Wandering detectors for elderly people with dementia					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Lifts (hoisting attachment not included)					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Automatic excrement disposal apparatus (except those with the function of automatically sucking urine only)							<input type="radio"/>	<input type="radio"/>		
Notes										
There is also an option of purchase for fixed slopes, walking aids, and auxiliary canes.										
Under certain conditions, equipment listed here may be available for those other than eligible users.										

		Care Services (Care-Required Levels 1 to 5)	Preventive Care Services (Support-Required Levels 1 and 2)
Welfare equipment and housing renovation	Sale of Specific Welfare Equipment	When a user purchases a bathing or toileting tool out of the welfare equipment, up to 100,000 yen of the purchase costs (including 10% to 30% of payment by users) is paid in a year. (see *1). This applies only when equipment is purchased from designated welfare equipment sellers. [Items] Toilet seats (including the bottom raising component), replaceable components of the automatic excrement disposal apparatus, bathing assistance equipment, portable bathtubs, hoisting attachment for lifts, wearable device for predicting urination timing	
	Housing renovation	For small-scaled housing renovation to improve the elderly's living environment and make their self-support and nursing care easy, up to 200,000 yen (including 10% to 30% of payment by users) is paid. (see *1). Prior application to the municipal office is necessary. [Items] Installation of handrails or ramps, elimination of difference in level on floor/slopes in the hall, changing floor materials to prevent slipping, installation of sliding doors (including door removal), toilet conversion from Japanese to Western style, and any incidental work (including installation of a fence to prevent falls associated with the installation of slopes to eliminate level differences)	
Short-Stay Facility Service	Short-Stay Life Care	Users can make short stays at elderly welfare facilities (such as special elderly nursing homes) to receive assistance services for bathing, toileting, eating etc., as well as functional training, for the purpose of preventive care.	Users can make a short stay at elderly welfare facilities (such as special elderly nursing homes) to receive assistance services for bathing, toileting, eating etc., as well as functional training, for the purpose of preventive care.
	Short-Stay Medical Care	Users can make short stays at health care facilities for the elderly, etc., to receive medical treatment, nursing care, functional training and other necessary medical services under medical management.	Users can make short stays at health care facilities for the elderly, etc., to receive medical treatment, support, functional training and other necessary medical and nursing services, under medical/nursing management, for the purpose of preventive care.
Life Care for Specified Facility Residents		Care services such as assistance with bathing, toileting, eating etc., as well as functional training, are provide for the residents of -charging nursing homes, low fee-charging nursing homes, special nursing homes for the elderly, etc. (applicable only to facilities designated as life care service providers for specified facilities residents).	Care services such as assistance with bathing, toileting, eating etc., as well as functional training, are provided for the residents of designated preventive care facilities, such as private nursing homes, low fee nursing homes, and special nursing homes for the elderly, etc.

(\*1) The expenses are provided in the form of reimbursement, i.e., the whole amount is first paid by the user and is later reimbursed by the long-term care insurance.  
(However, to ease the payment by users, some municipalities adopt a measure in which the user only pays the 'personally borne amount' of expenses to the service provider.)

### (3) Facility Services

	Care Services (Care-Required Levels 1 to 5)	Preventive Care Services (Support-Required Levels 1 and 2)
<b>Welfare Facilities for the Elderly (Special Nursing Homes for the Elderly)</b>	<b><u>In principle, care-required level 3 or more, and special admission (care-required levels 1 and 2)</u></b> Persons with difficulty in leading daily life at home can get assistance for daily living, functional training, medical treatment, etc. (limited to the facilities with maximum capacity of 30 persons or more)	Requirements for exceptional admission ① Those with dementia, frequently showing symptoms and behaviors that interfere with daily life and difficulties with communication ② Those with intellectual or mental disabilities, frequently showing symptoms and behaviors that interfere with daily life and difficulties with communication ③ It is difficult to secure mental and physical safety and security, due to suspected serious abuse from family members, etc. ④ Support from family, etc. cannot be expected because the person is living alone or the family member(s) living with him/her is old or sick, and there is no sufficient provision of long-term care and daily life support services in the community
<b>Health Care Facilities for the Elderly</b>	Facilities where elderly persons with a stable medical condition receive necessary rehabilitation training, nursing care or other care services, with the aim of a return to independent living.	
<b>Long-term care &amp; medical-care institution</b>	Facilities that have multiple functions to accommodate those who need meticulous medical care, end-of-life/terminal care, as well as daily life care.	



## (4) Community-Based Services

Community-based services have been established with the aim of enabling elderly persons in need of support or care to continue living in their neighborhood as long as possible.

In principle, municipalities provide community-based services for their residents (those who are insured) only.

	Care Services (Care-Required Levels 1 to 5)	Preventive Care Services (Support-Required Levels 1 and 2)
<b>Periodic Rounds and On-demand Type Home-Visit Nursing and Care</b>	By periodically visiting home or receiving a call, caregivers provide specified care for bathing, toileting, eating, etc., including assistance for medical treatment and necessary nursing aid.	
<b>Nighttime Home-Visit Care</b>	By periodically visiting home or receiving a call at night, caregivers provide specified daily life care for bathing, toileting, eating, etc. (except for items included in periodic rounds and on-demand type home-visit care and nursing)	
<b>Outpatient Care for the Elderly with Dementia</b>	The elderly with dementia can receive specified daily life care for bathing, toileting, eating, etc. as well as functional training at the day service center.	The elderly with dementia can receive support for bathing, toileting, eating, etc. as well as functional training at the day service center, during the period specified in the preventive care service plan.
<b>Small-Scale, Multi-Functional Home Care</b>	Provides the elderly in need of long-term care with specified daily life care for bathing, toileting, eating, etc. and functional training, by combining home-visit, day care, and short stay according to their options and based on their physical and mental state and environment.	Provides the elderly in need of support with specified daily life assistance for bathing, toileting, eating, etc. and functional training for the purpose of preventive care, by combining home-visit, day care, and short stay according to their options and based on their physical and mental state and environment.
<b>Community Life Care for Elderly with Dementia (Group Home)</b>	The Group Home, where the elderly with dementia (except for those with acute symptoms) live together with a small number, provides daily life care for bathing, toileting, eating, etc. and functional training.	The Group Home, where the elderly at support level 2 and with dementia (except for those with acute symptoms) live together with a small number, provides support for daily life for bathing, toileting, eating, etc. and functional training for the purpose of preventive care.
<b>Community-Based Life Care for Specified Facility Residents</b>	Of the specified facilities such as private nursing homes which accept only the elderly and their spouses in need of long-term care, small facilities with a capacity of 29 persons or less provide specified daily life care for bathing, toileting, eating, etc., functional training, and assistance for medical care.	
<b>Community-Based Life Care for Welfare Facility</b>	<b><u>In principle, care-required level 3 or more, and special admission (care-required levels 1 and 2)</u></b> Small-scaled special elderly nursing homes with a capacity of 29 persons or less provide daily life care for bathing, toileting, eating, etc., and assistance for functional training, health management and medical care.	
<b>Home-Visit Nursing &amp; Small-Scale, Multifunctional Home Care (Combined Services)</b>	These services are provided by combining home-visit care and small-sized multifunction-type in-home care.	
<b>Community-based Outpatient Care</b>	At small-scale outpatient care facilities with a capacity of 18 persons or less, care services for daily life activities and functional training are provided.	

# 4. Local Support Programs

Local support programs offer services to prevent the insured from becoming in need of care/support, and to help those in need of care/support continue their daily lives in their neighborhood as long as possible. These programs are implemented by municipalities.

Comprehensive Programs for Preventive Care/Daily Life Support <sup>*1</sup>	Preventive Care/Daily Life Support Service Programs	Preventive Care/Daily Life Support Service Programs provide a wide range of services to meet the diverse needs of those requiring support, while making full use of their capabilities. <ul style="list-style-type: none"> <li>○ Preventive Care/Daily Life Support Service Programs <ul style="list-style-type: none"> <li>▪ Home-visit services</li> <li>▪ Outpatient services</li> <li>▪ Daily life support services (meal delivery, etc.)</li> <li>▪ Preventive care management<sup>*2</sup></li> </ul> </li> </ul>
	General Preventive Care Programs	<ul style="list-style-type: none"> <li>○ Identification of those requiring preventive care services</li> <li>○ Raising awareness of preventive care services</li> <li>○ Support for community-based preventive care activities</li> <li>○ Evaluation of General Preventive Care Programs</li> <li>○ Support for community-based rehabilitation activities</li> </ul>
Comprehensive Support Programs <sup>*1</sup>	Community Comprehensive Support Centers are commissioned by municipalities to implement the entire program. <ul style="list-style-type: none"> <li>○ Comprehensive Consultation Support Program<sup>*2</sup></li> <li>○ Rights Protection Program</li> <li>○ Preventive Care Management<sup>*2</sup></li> <li>○ Comprehensive and Continuous Care Management Support Program</li> </ul>	
	(For social security enhancement) <ul style="list-style-type: none"> <li>○ Promotion of coordination between in-home medical care and long-term care</li> <li>○ Promotion of measures against dementia</li> <li>○ Improvement of systems for daily life support services</li> <li>○ Making community care meetings fruitful</li> </ul>	
Voluntary Programs <sup>*1</sup>	<ul style="list-style-type: none"> <li>○ Long-term Care Benefit Expenditure Optimization Program, Family Caregiver Support Program, and Community Independent Living Support Program, etc.</li> </ul>	

\*1 The maximum amount of budget allocated to Comprehensive Programs for Preventive Care/Daily Life Support, Comprehensive Support Programs and Voluntary Programs will be determined by each municipality.

\*2 Some part of the service may be carried out by care support providers that are outsourced by municipalities.

## (1) Comprehensive Programs for Preventive Care/Daily Life Support

In addition to the current professional services including home-visit preventive care, etc., the Comprehensive Preventive Care/Daily Life Support Programs provide appropriate services according to the state of the elderly in need of long-term care, by promoting various services on citizens' initiative and general long-term preventive care programs, while making use of services provided by private companies according to the municipal policies in the care market.

### a. Preventive Care/Daily Life Support Service Programs

Program	Contents
Home-visit services	Provide those certified as requiring support with support for various daily living activities such as cooking and washing.
Outpatient services	Provide those certified as requiring support with functional training and support for various daily living activities, including social arrangements.
Other daily life support services	Provide the elderly in need of support with livelihood support services equivalent to home-visit/daycare services, such as meal delivery for nutrition improvement and watching for those living alone.

Program	Details
Preventive care management	Provide care management for those certified as requiring support to ensure that they can use services appropriately that are provided under the Comprehensive Programs for Preventive Care/Daily Life Support. (1) Preventive Care Services (2) Community-Based Preventive Care Services (3) Those who use the Comprehensive Programs for Preventive Care/Daily Life Support ⇒ Support-Required Levels 1 and 2

**b. General Preventive Care Programs**

Program	Details
Identification of those requiring preventive care services	Identify individuals who need certain support (stay-at-home elderly etc.), from the collected information, leading to long-term care prevention activities
Raising awareness of preventive care services	Conduct awareness-raising and educational activities on preventive care
Support for community-based preventive care activities	Develop and support local resident-initiated preventive care activities.
Evaluation of General Preventive Care Programs	Assess the achievement status of the targets set out in the long-term care insurance service plan and evaluate General Preventive Care Programs.
Support for community-based rehabilitation activities	To strengthen preventive care activities, rehabilitation experts provide advice, etc. to outpatient/home-visit care service providers, community-based care meetings, and community-based service facilities.

**(2) Comprehensive Support Programs**

**a. Operation of the Community Comprehensive Support Center**

The Community Comprehensive Support Center is a coordinating body for constructing a “Local Comprehensive Care System” which is to provide housing, medical, care, preventive care and daily life support services as a whole in order for the elderly to live in their neighborhood. The Center employs public health nurses, social welfare workers and chief care managers.

**○ Comprehensive Consultation Support Program**

The Center provides consultation about issues related to health and welfare, medical services and life style, and matters concerning elderly persons from their families or neighbors.

The Center provides comprehensive support, such as advice on the long-term care insurance system and coordination of various systems and appropriate services by using local resources.

**○ Rights Protection Program**

The Center works with relevant organizations to provide support in handling of issues related to elderly abuse, the use of adult guardianship systems and the prevention of consumer damage.

**○ Preventive Care Management (Reposted)**

**○ Comprehensive and Continuous Care Management Support Program**

The chief care managers and other Center personnel work with diverse organizations to find ways to make each elderly persons’ surrounding environment easy to live in. By supporting local care managers, we provide the most effective services possible.

**b. Promotion of coordination between in-home medical care and long-term care**

The Center is promoting coordination between medical institutions and long-term care businesses to provide combined services of in-home medical care and nursing care, so that the elderly in need of both of them can comfortably continue to live in the community they are used to until the end of life.

### c. Promotion of measures against dementia

Measures against dementia are being promoted by focusing on the perspectives of people with dementia and their families, with an aim to realize a vibrant society in which everyone, including people with dementia, can fully demonstrate their individuality and abilities; respect each other's personality and uniqueness; and support and coexist with each other.

#### ○ Initial-phase Intensive Support Team

Medical and long-term care specialists from the team visit people who have or who are suspected of having dementia, and their families. After observation and evaluation, the team provides comprehensive, intensive initial support for about 6 months, including the introduction of and arrangements for necessary medical and long-term care services and assistance to the family members.

#### ○ Dementia Community Support Promoters

Dementia Community Support Promoters liaise between local support organizations and establish a community support system that includes the "Care Pathway for Dementia," the "Dementia Café," and participation in social activities. They also provide consultation support for people with dementia, their families, and others.

#### ○ Team Orange


Team Orange promotes the establishment of a "living together" community in which people with dementia can continue to live their own lives as long as possible in a comfortable environment by matching the needs of those with dementia and their families with services provided by dementia support systems.

### <Medical Centers for Treatment of Dementia>

The Center has a network to coordinate long-term care services and medical information on dementia, providing patients and their families with professional medical advice; differential diagnosis; response to acute phase, complication, and behavioral and psychological symptoms; coordination with family doctors, etc.

Hospital Name	Address	Covering Areas
Sawa Hospital (Medical Corporation Hokutokai)	Toyonaka City	Ikeda, Minoo, Toyonaka, and Suita Cities, Toyono-cho, Nose-cho
Shin-abuyama Hospital (Osaka Institute of Clinical Psychiatry)	Takatsuki City	Settsu, Ibaraki, and Takatsuki Cities, Shimamoto-cho
Higashikouri Hospital (Medical Corporation Mikamikai)	Hirakata City	Hirakata, Neyagawa, Moriguchi, Kadoma, Daito, Shijounawate, and Katano Cities
Yao Kokorono Hospital (Medical Corporation Seishinkai)	Yao City	Higashiosaka, Yao and Kashiwara Cities
Osaka Sayama Hospital (Medical Corporation Mutsumikai)	Osakasayama City	Matsubara, Fujiidera, Habikino, Osakasayama, Tondabayashi, and Kawachinagano Cities, Taishi-cho, Kanan-cho and Chihayaakasaka-mura
Mizuma Hospital (Medical Corporation Kawasaki)	Kaizuka City	Izumi, Izumiotsu, Takaishi, Kishiwada, Kaizuka, Izumisano, Sennan and Hannan Cities, Tadaoka-cho, Kumatori-cho, Tajiri-cho and Misaki-cho
Osaka City Kousaiin Hospital	Suita City	Osaka City
Hokuto Clinic Hospital (Medical Corporation Hokutokai)	Taisho-ku, Osaka City	
Osaka Metropolitan University Hospital	Abeno-ku, Osaka City	
Matsumoto Clinic (Medical Corporation Enseikai)	Asahi-ku, Osaka City	
Social Welfare Organization Saiseikai Imperial Gift Foundation, Inc., Noe Hospital	Joto-ku, Osaka City	
Kuzumoto Clinic	Higashisumiyoshi-ku, Osaka City	
Asakayama General Hospital	Sakai-ku, Sakai City	Sakai City
Hannan Hospital (Medical Corporation Kyowakai)	Naka-ku, Sakai City	

Website:



#### **d. Improvement of systems for daily life support services**

Municipalities will take the initiative in improving/enhancing various support systems to help the elderly's daily life and social participation, by arranging livelihood support coordinators (community mutual support promoters) and by cooperating with other support groups, such as NPOs; private companies; co-ops; volunteers; social welfare corporations; social welfare councils; community-based groups; nursing care service facilities; silver human resources centers; seniors' clubs; commerce and industry associations; and case workers.

#### **e. Promoting community care meetings**

The Community Comprehensive Support Center will study individual cases in cooperation with various professionals, and promote communities' network building, support their care management, and grasp their issues.

### **(3) Voluntary Programs**

These programs provide necessary support according to the community situations in order to maintain the stable operation of long-term care business and support caregivers who help the insured and those in need of long-term care, so that the elderly can continue to live in the way they want.

Examples: Long-term Care Benefit Expenditure Optimization Program, Family Care Support Program, and Community Independent Living Support Program, etc.

## **5. Disclosure of Information on Long-Term Care Services**

### **Purpose of the information disclosure system and its regime**

The information disclosure system intends to publicize service provider's service contents and operational situations. Service providers are obliged to report their service contents and operational situations every year under the ordinance, so that the users can compare such contents and choose proper services.

The clerical affairs and authority under this system were transferred in 2018 from prefectures to designated cities. So, Osaka City and Sakai City hold jurisdiction from April 1, 2018 over the clerical affairs on the information reported by service providers and facilities located in Osaka City and Sakai City, respectively.

#### **○ Contents for Disclosure**

Basic Information...Name, location, contact address, service contents, number of service staff, situations of facilities/equipment, usage fees, etc.

Operation Information...Methods of user-oriented service offer, education and training for employees, situations of safety and health management, etc.

#### **○ Investigation**

Prefectures and designated cities can conduct an investigation on the contents of reports when they consider necessary.

### **Long-term care service information disclosure system**

Service providers' service information is made public on the government website "The long-term care service information disclosure system."

Also, information on the community comprehensive support centers and livelihood support services is made public on the individual municipal websites "the long-term care service information disclosure system," because it has been obliged to be disclosed since 2015.

Website:   

## **6. Insurance Premiums**

The expenses for long-term care/preventive care benefits and community support programs are covered by public expenditures for about 50% and for the remaining by the insurance premiums of the category 1 insured persons (aged 65 or over) and the category 2 insured persons (aged 40 to less than 65).

# (1) Insurance Premiums for Category 1 Insured Persons (Aged 65 or over)

## a. Premium Amounts

Each municipality calculates the standard amount of insurance premiums for those aged 65 or over based on 23% of the total costs of long-term care services (excluding users' payment amounts) in the municipality; it decides the amount for each income category by multiplying the standard amount by the percentage set for each category. This system is designed to set appropriate premium amounts according to the insured's income levels.

The standard amounts are reviewed every three years in accordance with the long-term care insurance plan, which is prepared by each municipality every three years. (The next review is scheduled for April 2027.)

One shall start paying the premium amount designated for category 1 insured individuals from the month they turn 65 of age (clarification: coverage begins during the month containing the day preceding the individual's 65th birthday).

### <Typical Insurance Premium Settings>

Insurance Category	Insured			Premiums
Level 1	<ul style="list-style-type: none"> <li>▪ Welfare recipients</li> <li>▪ Individuals receiving Old-Age Welfare Pension in a municipal-tax exempt household</li> <li>▪ Individuals with a total income of 800,000 yen or less, including public pension, in a municipal-tax exempt household</li> </ul>			Standard Amount×0.455
Level 2	Individuals exempt from municipal tax	In a municipal-tax exempt household	Individuals with a total income of 1.2 million yen or less, including public pension	Standard Amount×0.685
Level 3			Those who do not fall under Level 2	Standard Amount×0.69
Level 4		There is a member in the household subject to municipal tax.	Individuals with a total income of 800,000 yen or less, including public pension	Standard Amount×0.9
Level 5			Those who do not fall under Level 4	Standard Amount
Level 6		Individuals subject to municipal tax	Individuals with a total income of less than 1.2 million yen	
Level 7	Individuals with a total income of 1.2 million yen or more and less than 2.1 million yen		Standard Amount×1.3	
Level 8	Individuals with a total income of 2.1 million yen or more and less than 3.2 million yen		Standard Amount×1.5	
Level 9	Individuals with a total income of 3.2 million yen or more and less than 4.2 million yen		Standard Amount×1.7	
Level 10	Individuals with a total income of 4.2 million yen or more and less than 5.2 million yen		Standard Amount×1.9	
Level 11	Individuals with a total income of 5.2 million yen or more and less than 6.2 million yen		Standard Amount×2.1	
Level 12	Individuals with a total income of 6.2 million yen or more and less than 7.2 million yen		Standard Amount×2.3	
Level 13	Individuals with a total income of 7.2 million yen or over		Standard Amount×2.4	

Notes:

Some municipalities set the rates for levels 1 to 3 to less than those above, based on the reduction measures using public expenditures.

The table above shows 13 levels, but some municipalities set 14 or more levels, and/or set different factors to be multiplied by the standard amount of the premiums for each level. For more details, please contact your municipality.

## b. How to Pay Insurance Premiums

There are ordinary and special collection methods

### ○ Ordinary Collection

Among individuals who receive less than 180,000 yen in old-age pension and who receive 180,000 yen or more annually but are unable to pay the premiums for the special collection methods (deduction from pension), those who are qualified as Category 1

insured in the middle of a fiscal year or those who moved in from other municipalities should individually pay the premiums to their municipalities in accordance with the payment slip they are issued. The number of installments and due dates vary among municipalities.

### ○ Special Collection

For those who annually receive 180,000 yen or more in old-age pension, retirement pension, survivor's pension or disability pension, their pension insurers (Social Insurance Agency, mutual aid associations, etc.) make their regular payments to municipalities (6 times a year) after deducting the insurance premiums.

#### **Provisional Collection (for April, June and August) and Official Collection (for October, December and February) under the Special Collection Method**

Because the insurance premiums of the category 1 insured persons are set according to income categories, their current year premiums are not determined until after June when their previous year incomes are confirmed. Therefore, for those who continue to pay their premiums under the special collection method, an amount equal to that which was collected in February shall be collected in April, June and August (provisional collection). After the official premium amounts are determined, and adjustment of the provisionally collected amounts is conducted, the remaining insurance premiums are collected (official collection).

## **(2) Insurance Premiums for Category 2 Insured Persons (Aged 40 to less than 65)**

The long-term care insurance premiums for those aged 40 to less than 65 are determined based on the calculation method specified in their national health insurance, other health insurance, mutual aid associations or etc., and are paid together with medical insurance premiums.

## **(3) Reduction/Exemption of Premiums**

**Application Required**

If you become unable to pay your insurance premiums due to natural disaster or considerable reduction in income, your payment may be exempted or reduced.

- If your residence, furniture, etc. is severely damaged by natural disasters such as earthquake, windstorm, flood or fire
- If the income of your household's main provider is drastically reduced due to his/her death, serious physical/mental disorder, long-term hospitalization, suspension/abolition of business, large business losses, unemployment, etc.

Some municipalities have their own exemption/reduction systems. For more details, please contact your municipality.

## **(4) Penalties in the event of non-payment**

The long-term care insurance system intends to support the elderly in need of long-term care/support by the entire society. So, people who need no support must pay insurance premiums. Be sure to pay your insurance premium by the deadline.

If premiums are not paid in time, the following penalties are imposed according to the length of time without making your payments when you receive long-term care services, etc.

**If you do not pay premiums for a year or longer ⇒ The payment method for your care services will be changed to a refund-based system**

You must pay all service fees first; the amount covered by insurance (90% to 70%) will be reimbursed later upon application.

**If you do not pay premiums for one and a half year or longer ⇒ Provision of your care service fees will be temporarily suspended**

You will pay all the entire service fees yourself; partial or complete/whole payment of the amount to be covered by insurance will be temporarily suspended. If non-payment continues, the suspended amount may be allocated for premium payments.

**If you do not pay premiums for 2 years or longer ⇒ The available amount of funds for your care services will be reduced**

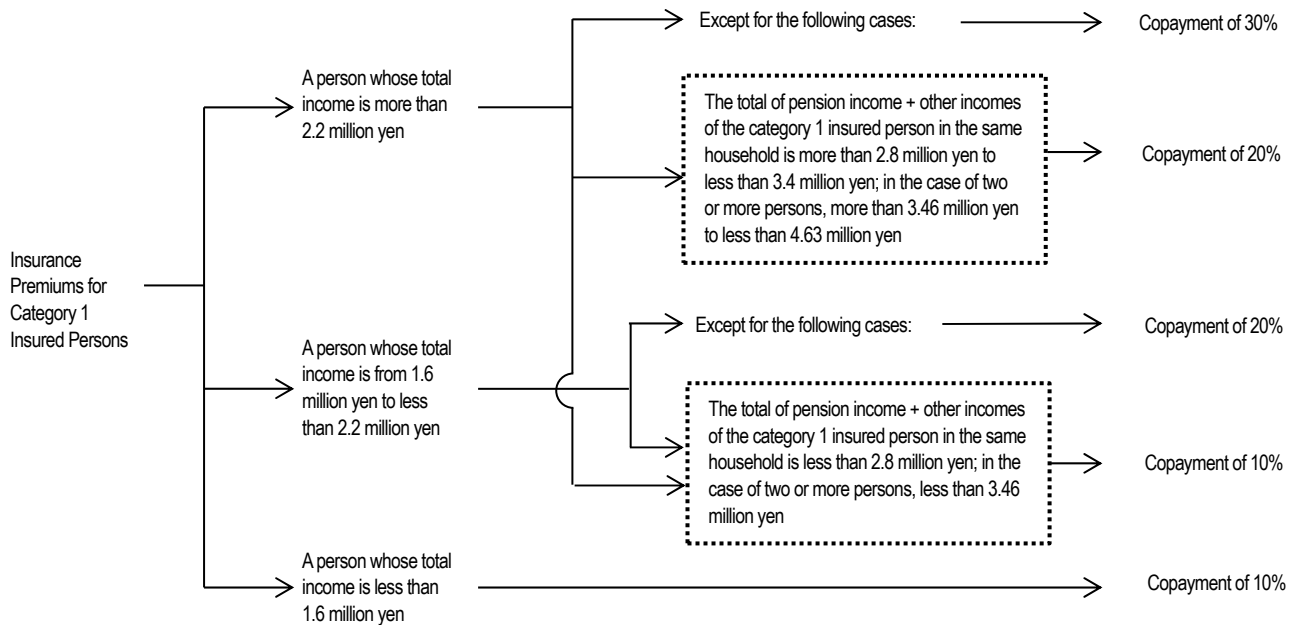
The extinctive prescription for the right of collection of premiums is two years. Your portion of the care expense payment will be raised to 30% or 40% and allowances for high-cost long-term (preventive) care service, high-cost combined medical and long-term (preventive) care service, and care service for specified facility residents, etc. will not be paid according to the length of the extinct period.

# 7. Payment by Users

## (1) Payment by Users

**10% to 30% of service costs is paid by users.**

[Determination of copayment rates]



If a category 2 insured person (beneficiary) is not subject to municipal tax or a public assistance recipient, the copayment is 10% regardless of the income.

To the person certified for long-term care/support need, "a long-term care insurance copayment rate card" is issued, which shows the rate of payment by users (from 10% to 30%).

**Since the expenses involved in the creation of a care plan (preventive care plan) is completely covered by the care insurance system, users do not have to pay any money.**

- To ease the payment by users, maximum payment amounts are set according to the user's income category.

### <High-Cost Long-Term Care (Preventive Care) Service Expenses>

Application Required

When a user's copayment totals (per month) exceed his/her specified upper limit, financial assistance for high-cost long-term care (preventive care) expenses is provided according to the user's income category. To receive this assistance, submit an application for high-cost long-term care (preventive care) service expenses assistance form to your municipality.

Income Category		Upper Payment Limit (Monthly)
A person whose household has an income earner comparable to current workforce	Annual income of 11.6 million yen or higher	140,100 yen (household)
	Annual income of 7.7 million yen to less than 11.6 million yen	93,000 yen (household)
	Annual income of 3.83 million yen to less than 7.7 million yen	44,400 yen (household)
A person whose household has someone who is subject to municipal tax		44,400 yen (household)
A person whose household has no one who is subject to municipal tax		24,600 yen (household)
<ul style="list-style-type: none"> <li>▪ A person who is an old-age welfare pension recipient</li> <li>▪ A person whose total amount of previous year income and public pension is 0.8 million yen or less</li> </ul>		24,600 yen (household) 15,000 yen (individual)
A person who is a public assistance recipient		15,000 yen (individual)



## (2) Payment by Users for In-Home Services

For in-home services, the monthly maximum allowance (the number of units) is set according to the long-term care need level. The user, who uses services within the maximum allowance, must pay the user fees (10% to 30%).

When receiving day services (outpatient care, outpatient rehabilitation, etc.), users are to pay for food, diapers, etc., in addition to 10% to 30% of the overall service fees. For short-stay services (short-stay daily-life care, short-stay medical care, etc.), users should pay for the costs of food, accommodation, and other necessary daily life costs.

If the services a user receives exceed the maximum available amount, the excess amount shall be paid by the user.

- **Maximum amount available for major home-visit services and the amount paid by users who receive the maximum amount of services (rough estimation) [per 1 month]**

Category	Maximum Available Amount	Payment by Users (10%)	Payment by Users (20%)	Payment by Users (30%)
Support-Required Level 1	50,320 yen	5,032 yen	10,064 yen	15,096 yen
Support-Required Level 2	105,310 yen	10,531 yen	21,062 yen	31,593 yen
Care-Required Level 1	167,650 yen	16,765 yen	33,530 yen	50,295 yen
Care-Required Level 2	197,050yen	19,705 yen	39,410 yen	59,115 yen
Care-Required Level 3	270,480 yen	27,048 yen	54,096 yen	81,144 yen
Care-Required Level 4	309,380 yen	30,938 yen	61,876 yen	92,814 yen
Care-Required Level 5	362,170 yen	36,217 yen	72,434 yen	108,651 yen

\*Maximum available amount is indicated by unit. Unit cost differs depending on the type of service and location of service providers.

The maximum available amounts in this table are calculated based on the scale of 1 unit = 10 yen.

\*The maximum available amounts shown in this table apply to the following services (including preventive care services):

...Home-visit care, home-visit bathing care, home-visit nursing care, home-visit rehabilitation, outpatient care, outpatient rehabilitation, short-stay life care, short-stay medical care, welfare equipment rental, home-visit long-term/nursing care services based on regular rounds and on-demand provision, nighttime home-visit care, community-based outpatient day care, outpatient care for the elderly with dementia, small-scale/multi-functional home care, combined services, community life care for the elderly with dementia (short-stay only), life care for specified facility residents (short-stay only), community-based life care for specified facility residents (short-stay only)

## (3) Payment by Users for Facility Services

### a. Users who enter long-term care insurance facilities and receive facility services should pay the following:

- 10% to 30% of the facility service fees (For the upper payment limit, refer to “7 (1) High-Cost Long-Term Care (Preventive Care) Service Expenses.”)
- Residence (living) and food expenses are paid by users, in principle. (For reduction of payment, refer to “7 (3) b. Care (Preventive Care) service assistance for specified facility residents.”)
- Special service fees (special room charges, special meals) and daily life costs (e.g., hairdressing costs and other costs specified as daily life expenditures) are not covered by insurance, therefore users are responsible for paying the full amount.
- Facility service fees vary among facilities, depending on their location, staff arrangement, etc. Residence (living) and food expenses vary among facilities according to the contract with the facility.
- User fees are more costly for facilities that offer enhanced nutrition management and other special services, have generous staffing, and provide high quality care for individuals requiring complex home care services.

(Refer to page 18 for the example of usage fees.)

Example of usage fees: <Monthly (30 days) fees corresponding to 10% to 30% of facility service fees>.

Type		Burden rates	Care-Required Level 1	Care-Required Level 2	Care-Required Level 3	Care-Required Level 4	Care-Required Level 5
Welfare Facility for the Elderly (Special Elderly Nursing Homes)	Multiple-bed Room	10%			22,948 yen	25,143 yen	27,306 yen
		20%			45,896 yen	50,285 yen	54,612 yen
		30%			68,845 yen	75,428 yen	81,918 yen
	Unit-type Private Room	10%			25,550 yen	27,776 yen	29,939 yen
		20%			51,101 yen	55,552 yen	59,879 yen
		30%			76,651 yen	83,328 yen	89,818 yen
Health Care Facilities for the Elderly	Multiple-bed Room	10%	24,861 yen	26,428 yen	28,466 yen	30,127 yen	31,726 yen
		20%	49,721 yen	52,856 yen	56,932 yen	60,255 yen	63,452 yen
		30%	74,582 yen	79,284 yen	85,397 yen	90,382 yen	95,179 yen
	Unit-type Private Room	10%	25,143 yen	26,585 yen	28,623 yen	30,347 yen	31,914 yen
		20%	50,285 yen	53,170 yen	57,245 yen	60,694 yen	63,829 yen
		30%	75,428 yen	79,754 yen	85,868 yen	91,040 yen	95,743 yen
Long-term care & medical-care institution	Type I (I) (Conventional-type Private Room)	10%	22,603 yen	26,083 yen	33,545 yen	36,742 yen	39,595 yen
		20%	45,207 yen	52,166 yen	67,089 yen	73,484 yen	79,190 yen
		30%	67,810 yen	78,250 yen	100,634 yen	110,227 yen	118,785 yen
	Type II (I) (Conventional-type Private Room)	10%	21,161 yen	24,171 yen	30,754 yen	33,513 yen	36,021 yen
		20%	42,323 yen	48,342 yen	61,509 yen	67,026 yen	72,042 yen
		30%	63,484 yen	72,513 yen	92,263 yen	100,539 yen	108,063 yen

Notes:

Figures are calculated based on a 1 unit / 10.45 yen scale (5th level district)

If the high-cost long-term care service expenses apply to you, refer to the amount listed under "7 (1) High-Cost Long-Term Care (Preventive Care) Service Expenses" on page 16.

## b. User Expense Assistance Programs

Application Required

### ○ Care (Preventive Care) service assistance for specified facility residents

In order for low income earners to use the above facility services (including Community-Based Life Care for Welfare Facility Residents, Short-Stay (Preventive) Life Care and Short-Stay (Preventive) Medical Care) without any worries, the maximum amounts for residence (living) and food expenses have been set according to income categories, and the difference between the standard amount and the maximum amount is supplied. (When the residence (living) and food expenses decided by facilities are lower than the standard amount, the difference between the expenses decided by facilities and the maximum amount is paid).

\*It is necessary to apply for and approved by your municipality, and submit "the certificate of the maximum amount paid by a long-term care insured person" to your service provider.

- (1) Not only all members of a household but also the elderly person in need of long-term care/support and his/her spouse not living in the same household (with a de facto marital relationship) must be in the municipal tax-exempt status.
- (2) The total assets, including cash, savings, joint trust, publicly offered bond, management investment trust, securities, etc. possessed by both the elderly person in need of long-term care/support and his/her spouse, must be 20 million yen (if no spouse, 10 million yen) or less for Level 1; 16.5 million yen (6.5 million yen) or less for Level 2; 15.5 million yen (5.5 million yen) or less for Level 3 ①; 15 million yen (5 million yen) or less for Level 3 ②. (The assets include precious metals, such as pure gold reserve/purchase whose market value can be easily known, a bank account balance, etc.)

### (Reference) Levels of payment by users and maximum amount

User level	Insured	Maximum User Payment for Food (per day)		Maximum User Payment for Residence (Living) Expenses (per day)			
		Resident	Short-Stay	Unit-type Private Room	Multi-bed Room Partitioned into Unit-type Private Room	Conventional-type Private Room	Multiple-bed Room
Level 1	<ul style="list-style-type: none"> <li>A person who is in a municipal-tax exempt household, and who receives old-age welfare pension</li> <li>A person who is a public assistance recipient</li> </ul>	300 yen	300 yen	820 yen 880 yen from August 2024	490 yen 550 yen from August 2024	490 yen (320 yen) 550 yen (380 yen) from August 2024	0 yen

User level	Insured		Maximum User Payment for Food (per day)		Maximum User Payment for Residence (Living) Expenses (per day)			
			Resident	Short-Stay	Unit-type Private Room	Multi-bed Room Partitioned into Unit-type Private Room	Conventional -type Private Room	Multiple-bed Room
Level 2	A person who is in a municipal-tax exempt household	A person with a total income of 800,000 yen or less, including taxable/non-taxable pension income per year	390 yen	600 yen	820 yen 880 yen from August 2024	490 yen 550 yen from August 2024	490 yen (420 yen) 880 yen (480 yen) from August 2024	370 yen 430 yen from August 2024
Level 3 ①		A person with a total income of over 800,000 and under 1.2 million yen, including taxable/non-taxable pension income per year	650 yen	1,000 yen	1,310 yen 1,370 yen from August 2024	1,310 yen 1,370 yen from August 2024	1,310 yen (820 yen) 1,370 yen (880 yen) from August 2024	370 yen 430 yen from August 2024
Level 3 ②		A person with a total income of over 1.2 million yen, including taxable/non-taxable pension income per year	1,360 yen	1,300 yen				
Level 4	A person other than the above		No Maximum User Payment					
(Reference) Standard Expense Amount			1,445 yen		2,006 yen 2,066 yen from August 2024	1,668 yen 1,728 yen from August 2024	1,668 yen (1,171 yen) 1,728 yen (1,231 yen) from August 2024	377 yen (855 yen) 437 yen (915 yen)* from August 2024

Notes:

The figure in ( ) shows the fee of nursing homes for the elderly, short-term admission facilities for daily life care (including preventive care), community-based nursing homes for the elderly, and daily life care facilities for residents.

Partitioning Multi-bed Rooms into Unit-type Private Rooms is prohibited as of April 2021.

\*Standard expense amount (for the residence expense part) for use of multiple-bed room in "other type" and "medical treatment type" health care facilities for the elderly, and Type II long-term care & medical-care institutions will change from 437 yen to 697 yen in August 2025.

**○ Special reduction measures for residence (living) and food expenses for those who are subject to municipal tax**

**Application Required**

Even an elderly couple household, where the elderly person or his/her family members are subject to municipal tax, and which falls under level 4 in "7 (3) b. Care (Preventive Care) service assistance for specified facility residents," can get burden reduction to level 3, by applying to the municipality, if the household meets certain requirement.

**(4) Assistance from Social Welfare Corporations, etc.**

**Application Required**

This assistance applies when individuals, who are in a municipal-tax exempt household, meeting the appropriate income and asset qualifications, and recognized by the municipality as having difficulty in leading a life, use social welfare corporations' services. The user payment amount and residence (living)/food expenses will be reduced by 1/4 (recipients of the welfare pension plan for the elderly receive a 50% reduction, in principle).

\*To receive this assistance, apply with your municipality; a certificate of confirmation will be issued. For the procedures, please ask your municipality.

**(5) High-cost combined medical and long-term care (preventive long-term care) service expenses**

**Application Required**

**○ Burden reduction system to ease the copayment of significantly expensive medical and long-term care fees**

If your copayment for long-term care insurance services and/or medical insurance premiums (National Health Insurance, Employee's Health Insurance, or Latter-Stage Elderly Healthcare System) is high, you can get the difference exceeding the limit amount (monthly) set in each system.

Also, if the total of user fees (10% to 30%) for long-term care insurance services and the household copayment for each medical insurance, which was paid in one year (from August 1 to July 31), is expensive, a certain amount is paid back. This is calculated by dividing the amount exceeding the maximum amount of each income category by each burden rate, and paid from the long-term care insurance as "the high cost unitary medical (preventive) care service allowance," and from each insurance as "the high cost unitary nursing care allowance," respectively.

\*Your burden is the amount after deducting both the high-cost long-term care (preventive care) service allowance and the high-cost nursing care allowance. For the procedures, please ask your municipality.

○ **Maximum copayment when you use both the long-term care insurance system and the latter-stage elderly healthcare system**

Income Category		Maximum payment by users (Annual sum)	
Taxable Household	Those earning the same level of income as active workers	Taxable income is 6.9 million yen or more	2.12 million yen
		Taxable income is 3.8 million yen or more	1.41 million yen
		Taxable income is 1.45 million yen or more	670,000 yen
	General	560,000 yen	
Tax-Exempt Household	Low Income II	310,000 yen	
	Low Income I	190,000 yen	

Some municipalities offer a reduction or exemption of out-of-pocket user fees in times of disaster. For more details, please ask your municipality

## 8. Programs for Protection of Elderly Rights

### (1) Rights Protection Consultation Program

This program provides consultation services for people who lack capacity for judgment due to dementia, intellectual disability or mental disorder on various rights infringements they face in the society and concerns/troubles in their daily life. Also, it provides expert advice and information to relevant local organizations, such as Community Comprehensive Support Center, Main Consultation/Support Center for Persons with Disabilities and social welfare facilities.

Consultation Organization	Residents Outside of Osaka City and Sakai Cities	Residents of Osaka City	Residents of Sakai City
	Office of Advocacy Promotion, Community Welfare Division, Osaka Prefectural Social Welfare Council	Osaka Adult Guardianship Support Center	Sakai City Rights Advocacy Support Center
Telephone Consultation	06-6191-9500 Monday through Friday, 10:00 to 16:00 *Except national holidays, and year-end/New Year holidays	Consultation on the adult guardianship system 06-4392-8282 Monday through Saturday 9:00 to 17:00  *Except national holidays, and year-end/New Year holidays	072-225-5655 Monday through Friday 9:00 to 17:30 *Except national holidays, and year-end/New Year holidays  Mainly provides professional advice and information to the relevant organizations in the community.
Specialists' Consultation	Interview consultation with specialists such as lawyers and social workers is available. Every Thursday 13:00 to 16:00 (Call to make an appointment, consultation is free)	When the Healthcare Welfare Center, Community Comprehensive Support Center, or Main Consultation/Support Center for Persons with Disabilities deems it necessary to employ the adult guardianship system in supporting a person who does not have sufficient capacity to make decisions, professionals (lawyers, judicial scriveners, or social workers) will be dispatched to the team meeting upon request. Appointment required; free of charge Tel: 06-4392-8214	Interview consultation with specialists such as lawyers, judicial scriveners, and social workers is available. Appointment required; free of charge

### (2) Daily Life Self-Support Promotion Program

This program provides support for people who lack capacity for judgment due to dementia, intellectual disability or mental disorder on use of welfare services, daily money management, and document custody.

For inquiries, please contact the Social Welfare Council in each municipality

Types of Services	Contents
Welfare User Assistance Service	<ul style="list-style-type: none"> <li>Provides information and advice on social welfare services</li> <li>Provides assistance with procedure for using welfare services, etc.</li> </ul>
Daily Money Management Service	<ul style="list-style-type: none"> <li>Provides assistance with money deposit and withdrawal</li> <li>Provides assistance with paying rent, utility fees, etc.</li> </ul>

- Maintaining passbooks, seals, title deeds, etc.
- \*Jewelry, precious metals, and antiques cannot be accepted.

### (3) Adult Guardianship System

- This system provides legal support for people who lack the capacity for judgment due to dementia, intellectual disability or mental disorder, etc. A guardian is selected by the family court and works to protect the individual's rights.
- There is a "legal guardianship system," which is offered after an individual has impaired judgment, and an "arbitrary guardian system," which allows an individual to make a contract assigning arbitrary guardians and drawing up an authenticate what kind of help and by whom he/she wants in case his/her judgment ability becomes impaired.
- Application to use this system should be made by the users themselves, their spouses, relatives within the fourth degree of relationship, or the mayor of their municipality (when it is deemed necessary to safeguard the welfare of the user).
- For more details, please ask the municipality, Osaka Prefectural Social Welfare Council, Municipal Social Welfare Council, Community Comprehensive Support Center, Main Consultation/Support Center for Persons with Disabilities, core organizations (organizations that act as the core of the regional collaborative network for rights advocacy support) or Family Court having jurisdiction over the area you live in.

### (4) Elderly Abuse Prevention

The Long-Term Care Insurance Act requires the implementation of programs that protect elderly rights, such as those that prevent elderly abuse by local care/support providers and also stipulates service providers' obligation to respect the personality of service recipients.

The Act on the Prevention of Elder Abuse defines elder abuse separately: "abuse by caregivers" and "abuse by staff members of long-term care facilities." When you find elder abuse, please call/consult your municipality.

## 9. Examination Request

If you are dissatisfied with your certification for long-term care/support need or long-term care insurance premiums decided by the municipality, and you cannot come to a resolution after consulting the municipality, you can request the Long-Term Care Insurance Committee to examine it, in order to request cancellation.

The Committee will review and judge whether the disposition is illegal or unjust in consideration of acts and ordinances.

Such a request should be made within three months from the day following the date when you received the decision.

**Osaka Prefectural Long-term Care Insurance Screening Panel website:**

[Osaka Prefectural Long-term Care Insurance Screening Panel](#)



## 10. Use of Long-term Care Insurance Services by Persons with Disabilities

In principle, persons aged 65 or over, and those aged 40 to less than 65 who are subscribers of the medical insurance, including persons with disabilities who have been using services under the measures for persons with disabilities, are covered by the long-term care insurance system.

So, if persons with disabilities aged 65 or over and those aged 40 to less than 65 with any specified disease end up in a state requiring long-term care/support, and are certified for long-term care/support need, they can receive services from the long-term care insurance benefits and other programs.

If the services provided under the long-term care insurance cannot sufficiently support the independent living of persons with disabilities due to its services and function, services under the Act on Comprehensive Support for Persons with Disabilities and various other services can be included in their care plans, etc.

For more details, please consult with care managers and/or municipalities, or your Community Comprehensive Support Center.

Also, a new system was established in 2018, under which the copayment for long-term care insurance premiums is reimbursed from the high-cost welfare service allowance for those who meet certain conditions, such as municipal tax-exempt households or recipients of the public assistance aid.

For details, please ask your municipality.

# 11. Other Elderly Welfare Services

## (1) In-Home Services

Municipalities offer their own services (daily life support services, etc.) besides those provided by long-term care insurance. For detailed information on available services, applicable beneficiaries, etc., contact the elderly welfare office in your municipality.

\*Usage fees will be charged for some services. Users of long-term care insurance services may be able to use these services.

**Contact: Elderly Welfare Department in your municipality**

## (2) Facility Services

### a. Nursing Homes for the Elderly

Those who have difficulty living independently at home are allocated by their municipalities to these facilities; Necessary instructions, training programs and other assistance services are provided to help the facility residents live an independent daily life and participate in social activities.

Eligible Users.....In principle, those aged 65 or over and are unable to live in their homes due to environmental or financial reasons

Usage Fee.....Users must pay a certain portion of the fees according to payment ability.

**Contact: Elderly Welfare Department in your municipality**

### b. Low-Fee Charging Nursing Homes for the Elderly

Care services necessary for daily life are provided at low fees. Assistance services for eating, bathing, etc. are provided.

Eligible Users.....Those aged 60 or older (in the case of a couple, one member should be 60 or older) and are unable to live in their homes due to environmental or financial reasons.

Usage Fee.....Fees may be discounted depending on the user's payment ability.

**Please contact the facility directly**

### c. Fee-Charging Nursing Homes for the Elderly

Meal, care services, and other necessary daily life assistance services are provided.

\*A use right system, building rental system and lifetime building rental system are available.

Eligible Users (Nursing Care Type).....When residents become in need of care, they can continue to live in their rooms at the facility while receiving the life care services for specified facility residents provided by the same facility.

Eligible Users (Residence Type).....When residents become in need of care, they can continue to live in their rooms at the facility while receiving home-visit care and other care services offered in the local area by the choice of residents themselves.

Usage Fee.....Fees are decided by contract. Each facility sets different fees.

**Please contact the facility directly**

## (3) Housing for the Elderly

### a. Housing for the Elderly with Services

Housings for the Elderly with Services are registered in prefectural governments/ordinance-designated cities/core cities where the elderly can live comfortably and at ease by providing services such as safety confirmation and daily life consultation by care specialists, as well as appropriate home conditions for the elderly, such as size of living space, equipment, and accessibility.

#### Information Provision System on Housing with Services for the Elderly

Osaka Prefecture Housing for the Elderly with Services

Search



**Contact information: Osaka Prefecture, Residence Planning Department, Housing Policy Promotion Group (Tel: 06-6210-9711)**

### b. Silver Housing

Public housing with a senior-friendly layout is available for households consisting of two elderly persons or single-person households. Residents need to satisfy certain requirement.

**Contacts: Prefectural Housing: Designated Operators /Municipal Housing: Housing Department in your municipality**

## 12. Consultation Desk and Information Guide

### a. Care Manager in Charge

You can consult with the care manager who drew up your care plan.

### b. Service Provider Complaints and Consultation Desk

Your service provider has a complaints and consultation desk with a person available to consult with freely.

### c. Municipal Consultation Desk for Long-Term Care Insurance

You can contact the consultation desk of your municipality regarding any questions, problems and complaints about Long-Term Care Insurance.

### d. Community Comprehensive Support Center

This is a comprehensive consultation office for the elderly and their families in the local area.

It is placed in municipalities. For location and contact information, please contact your municipality.

- Community Comprehensive Support Center in your municipality

Website:

### e. Complaints and Consultation Desk for Osaka National Health Insurance Organizations

You can lodge a complaint about long-term care services with the Long-term Care Service Grievance Committee.

5F Chuo-odori FN Bldg. 1-3-8 Tokiwamachi, Chuo-ku, Osaka City TEL: 06-6949-5418

Website:

### f. Dementia Consultation Desk

Community Comprehensive Support Center in your municipality offers dementia consultation.

Website:

### g. Information on young-onset dementia

If you have any concerning or worrisome symptoms of young-onset dementia, please seek medical attention promptly.

Website:

### h. Welfare Service Complaint Solution Committee, Welfare Service Management Improvement Committee, Osaka Prefecture Council of Social Welfare,

The Committee helps those who have complaints about the welfare services by providing consultation and support, conducting inquiries with service provider, and setting up meetings, etc.

- 1F Osaka Shakai-fukushi-shidou Center, 1-1-54 Nakadera, Chuo-ku, Osaka City TEL: 06-6191-3130
- Monday through Friday, 10:00 to 16:00 (National holidays and New Year's holiday excluded)

Website:

### i. Consultation and complaints regarding consumer life

- Consumer Hotline TEL: 188 (No dial code)

\*You will be connected to the consumer life consultation desk in your municipality.

- Osaka Prefecture Consumer Life Center TEL: 06-6616-0888

Website:

### j. The Welfare and Medical Service Agency (WAM NET)

Website:

**Website of this pamphlet**

- Please refer to the website, where electronic file of this pamphlet and other changes in the contents are posted.

**Website:**



**Osaka Prefectural Government Elderly Citizens Care Office, Department of Welfare  
Issued in July 2024**

2-chome, Otemae, Chuo-ku, Osaka City 540-8570 Tel: 06-6941-0351