

# **Long-term Care Insurance System**

**The long-term care insurance system supports the independence of the elderly and aims at establishing the community that guarantees a secure life to all the people.**

**April 2006**



**Tokyo Metropolitan Government**

# Structure of the long-term care insurance system

- The long-term care insurance system is the mechanism for giving those in need of long-term care due to a disease caused by an old age or for other reasons necessary services in a comprehensive and uniform way so that they can lead an independent life as much as possible. It is a user-oriented system where you can use the service you choose yourself.
- When you want to use the service of the long-term care insurance, you should first apply for a care need certification or a support need certification to your municipal office. If you get the certification, you can use the service according to the care plan the care manager, etc. draws up for you.

## 1 Application for a certification

- The person who wants to receive the service or his/her family member should apply to 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]

→ These individuals are eligible for the benefits only when they came to need long-term care due to one of the specified diseases listed below:

- ① Cancer (at the terminal stage), ② articular rheumatism, ③ amyotrophic lateral sclerosis, ④ ossification of posterior longitudinal ligament, ⑤ osteoporosis accompanied by fracture, ⑥ dementia at the presenility, 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 Care (support) need certification

- The care or support need certification makes judgment on the level of the need for care or support.

### ① Investigation by the visit

After you applied for a certification, the investigator will visit you to give you an interview about your mental and physical conditions, the situation of your daily life and other related matters.

### ② First judgment

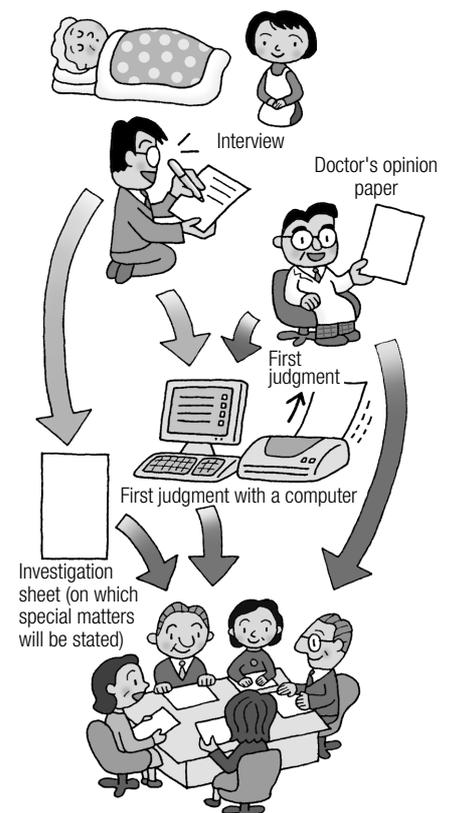
The first judgment is carried out with a computer on the basis of the result of the investigation by the visit and part of the data contained in your doctor's opinion paper.

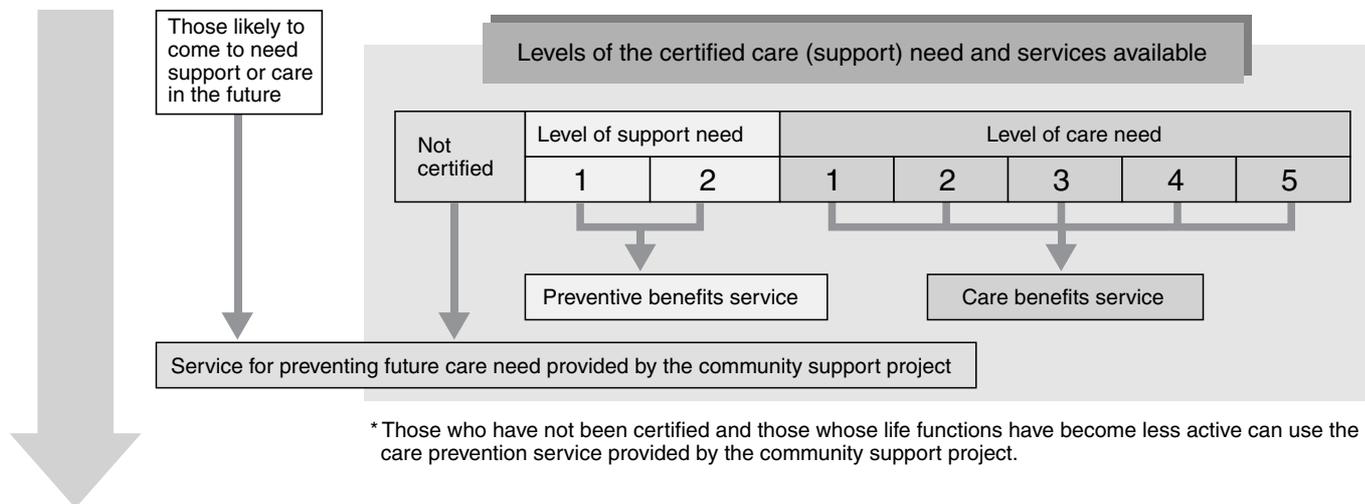
### ③ Second judgment

The second judgment is made by the care need certification committee composed of specialists in public health, medical care and welfare on the basis of the result of the first judgment, your doctor's opinion paper and the special matters found in the investigation by the visit.

### ④ Notice of the judgment result

The municipal office decides the level of the certified care (support) need and other matters on the basis of the result of the second judgment and gives you notice of the decision.





### 3 Drawing up a care plan

- When you want to use the service of the long-term care insurance, you should first prepare a care plan, which is a combination of several types of service according to your need for care or support.

#### <Those certified as on the care level 1, 2, 3, 4 or 5>

Those certified as on the 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.

#### <Those certified as on the support level 1 or 2>

Those certified as on the support level 1 or 2 should request the comprehensive community support center to draw up a care plan for them (see page 10).

- You can draw up a care plan yourself, too.
- The upper limit to the cost of service you can receive from the long-term care insurance ("limit to benefits") differs according to the level of care need or support need certified (see page 11 for the limit to benefits).



### 4 Use of the service

- You use the service by signing a contract with a service provider or a long-term care insurance facility on the basis of the care plan.
- When you sign this contract, check carefully the service hours, charges, contract clauses, cancellation procedures, settlement of complaints and other related matters.
- You should bear 10% of the costs of long-term care service. But you should pay all the costs for the service you used beyond the limit to benefits.
- In some cases, those who have not been certified in the care or support need certification may use the service for helping you keep life functions offered by the community support project. For more details, contact the nearest comprehensive community support center.

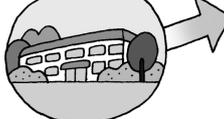
<Home-visit nursing, etc.>



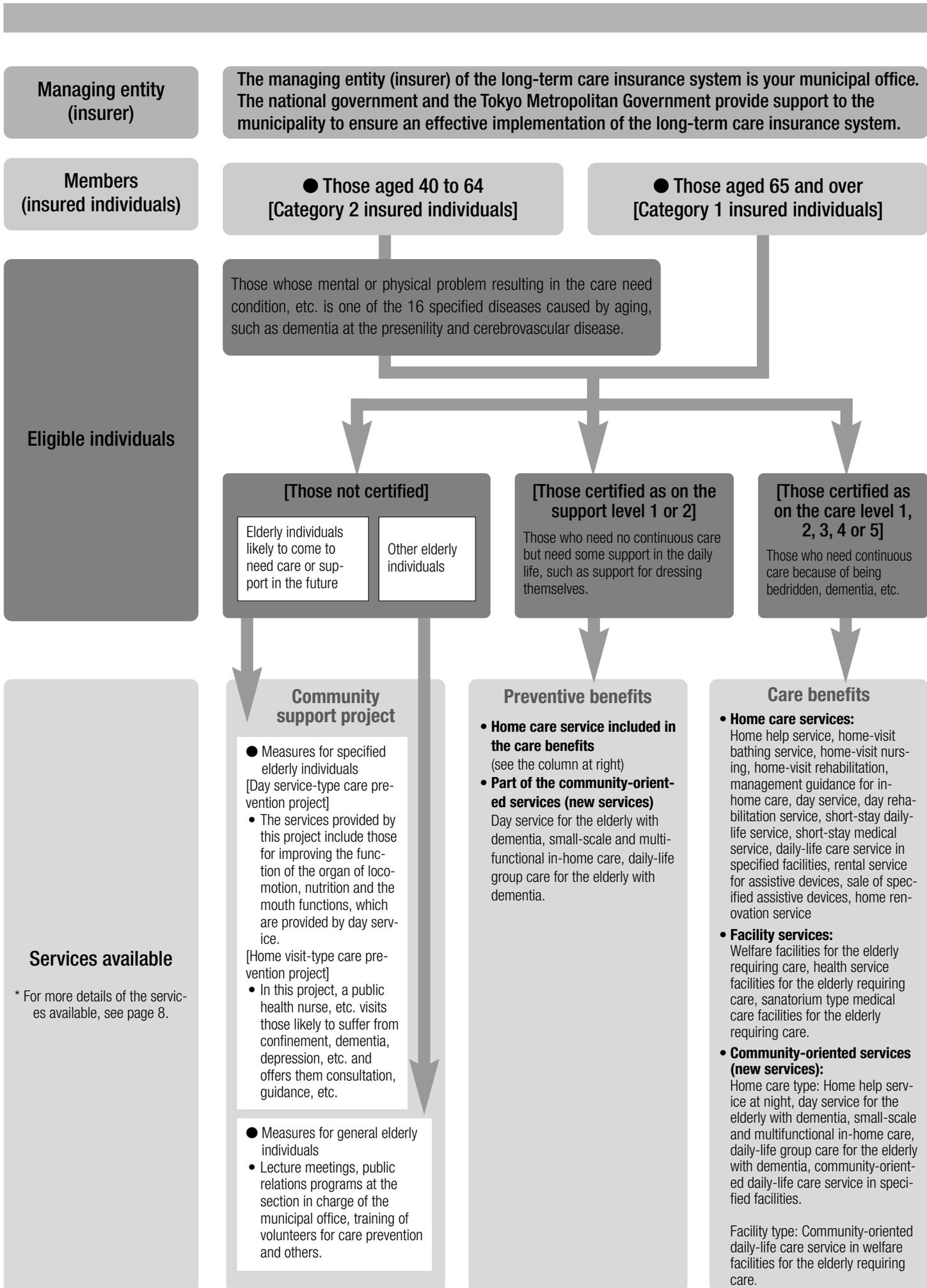
<Home help service, etc.>



<Stay at the facility, etc.>



You pay 10% of the costs of service



## Services available from the long-term care insurance system

○ Those certified as on the care level 1, 2, 3, 4 or 5 can use the following services:

	Type of service	Description
Preparation of care plan	In-home care management	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 care and contact the service provider to make necessary adjustments so that the individual may use in-home care service and other services properly.
Service given at home	Home help service	A caregiver or other staff visits the individual in need of care and looks after them at their home.
	Home help service at night (*)	A caregiver, etc. periodically visits the home of the individual in need of care or the home that requested a visit at night to give them care or to look after them.
	Home-visit bathing service	The staff visits those having difficulty in taking a bath at their bathroom by bathing car and helps them take a bath using, for example, a bathtub brought in the home from the bathing car.
	Home-visit nursing	A nurse, etc. visits the individual in need of care to give them medical care service and supplementary medical examination service needed.
	Home-visit rehabilitation	A physical therapist, etc. visits the individual in need of care to give them training for keeping or recovering their mental or physical functions and for leading daily life independently.
	Management guidance for in-home care	A doctor, dentist, pharmacist, etc. gives medical advice and guidance.
Service given at a facility, etc.	Day service	The individual in need of care goes to a facility to have care for taking a bath, having a meal, etc. and function restoring training.
	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.
	Day rehabilitation service (day care)	The individual in need of care goes to a medical institution, etc. to have training for keeping or recovering their mental or physical functions and for leading daily life independently.
	Short-stay daily-life service (welfare-oriented short-stay)	The individual in need of care stays at a special nursing home for the elderly, etc. for a short period of time to have daily-life service and function restoring training.
	Short-stay medical service (medical care-oriented short-stay)	The individual in need of care stays at a medical institution, etc. to have medical care service and function restoring training.
	Small-scale and multifunctional in-home care (*)	The individual in need of care goes to or stays at a nearby community facility to have care and function restoring training. They can also have a visit by the staff, etc. of the same facility and when necessary, have care provided in cooperation with an annex facility.
Service given at a place other than the home	Daily-life group care for the elderly with dementia (*) (group home for the elderly with dementia)	Five to nine elderly people with dementia receive care while leading group life.
	Daily-life care service in specified facilities	The individual in need of care receives care while living in a fee-charging home for the elderly, care house, etc.
	Community-oriented daily-life care service in specified facilities (*)	The individual in need of care receives care while living at a small-scale fee-charging home for the elderly.
Service given at a facility	Welfare facility for the elderly requiring care (special nursing home for the elderly)	Those in need of continuous care who find difficulty in home life stay and live at this facility.
	Community-oriented welfare facility for the elderly requiring care (*)	The individual in need of care receives care at a small-scale special nursing home for the elderly.
	Health service facility for the elderly requiring care	This facility receives those who have a stable state of a disease and need both medical and long-term care.
	Sanatorium type medical care facility for the elderly requiring care (e.g., sanatorium-type ward)	This facility takes in those in need of daily medical care for a relatively long period of time, rehabilitation during the chronic period and long-term care.
Service for assistive devices	Rental of assistive devices	A special bed, wheelchair and other assistive devices are rented.
	Allowance for purchasing assistive devices	The designated service provider is given an allowance in an amount equivalent to 90% of the costs that they needed to buy a sitting-type toilet, chair for bathing, etc. (up to ¥90,000 a year).
Home renovation service	Allowance for home renovation	An allowance in an amount equivalent to 90% of the small-scale home renovation (up to ¥180,000 a house), such as installation of handrails and elimination of steps, is paid.

**Note:** In principle, the service with "\*" is available only to the residents of the municipality where the service provider or facility concerned exists.

○ Those certified as on the support level 1 or 2 can use the following services:

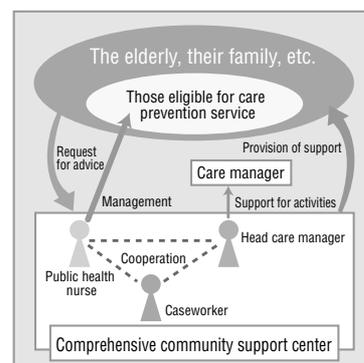
	Type of service	Description
Preparation of a care prevention plan	Care prevention management	Putting emphasis on the prevention of the support need condition from worsening, the comprehensive community support center will draw up a care prevention plan according to the mental and physical condition, environment, wishes, etc. of the individual in need of care and contact the service provider to make necessary adjustments so that the individual may use in-home care prevention service and other services properly.
Service given at home	Care prevention home help service	<p>These services are basically the same as those for the care need condition stated on page 8. But these services will have the contents, period and method suited for those in a slight condition to meet the purpose of "keeping and improving the life functions and preventing people from getting into the care need condition."</p> <p>(Examples)</p> <ul style="list-style-type: none"> <li>• The home help service for doing housework for the individual in need of support will be provided in consideration of the necessity, proper period and method, etc.</li> <li>• The individual in need of support goes to a facility to receive services for improving the motor function and mouth function or for improving nutrition.</li> </ul>
	Care prevention home-visit bathing service	
	Care prevention home-visit nursing	
	Care prevention home-visit rehabilitation	
	Care prevention management guidance for in-home care	
Service given at a facility, etc.	Care prevention day service	<ul style="list-style-type: none"> <li>• In principle, the renting of special beds, wheelchairs and other assistive devices to those on the support level 1 and 2 and on the care level 1 is excluded from the service of the long-term care insurance.</li> <li>• Only those on the support level 2 can use the daily-life group care service for the elderly with dementia.</li> </ul>
	Care prevention day service for the elderly with dementia (*)	
	Care prevention day rehabilitation service	
	Care prevention short-stay daily-life service	
	Care prevention short-stay medical service	
	Care prevention small-scale and multifunctional in-home care (*)	
Service given at a place other than the home	Care prevention daily-life group care service for the elderly with dementia (*)	
	Care prevention daily-life care service in specified facilities	
Service for assistive devices	Rental of care prevention assistive devices	
	Care prevention allowance for purchasing assistive devices	
Home renovation service	Care prevention allowance for home renovation	

Note: In principle, the service with "\*" (community-oriented service) is available only to the residents of the municipality where the service provider or facility concerned exists.

○ Those who have not been certified and those whose life functions have become less active can use the care prevention service provided by the community support project.

### Comprehensive community support center

The comprehensive community support center is a community base for comprehensively meeting the needs of the elderly, such as requests for advice from the elderly or their family, care prevention, care management, protection of rights and early detection of cruel treatment, so as to help the elderly continue to lead a life with dignity in the community where they have lived long.



## Home care service costs to be paid by the user

- In principle, the long-term care insurance system pays 90% of the costs of long-term care service, with the remaining 10% paid by the user.
- As for the home care services (services other than the facility services stated below), the upper limit to the monthly amount of service use ("basic limit to benefits") is determined for each care level.

Care level	Rough basic limit to benefits (per month)	Rough amount of user payment (10% of the basic limit) when the user used services to the standard basic limit to benefits
Support level 1	¥49,700	¥4,970
Support level 2	¥104,000	¥10,400
Care level 1	¥165,800	¥16,580
Care level 2	¥194,800	¥19,480
Care level 3	¥267,500	¥26,750
Care level 4	¥306,000	¥30,600
Care level 5	¥358,300	¥35,830

Note: The actual basic limit to benefits is determined by the number of units. The price per unit differs according to the municipality and the type of service. The figures in the table at left were calculated supposing the price per unit to be ¥10.

- In addition, as for the service given at a facility, etc., the user has to pay the food expenses at the facility. As for a short-stay, the user has to pay both the food and living expenses. The amount of the user's payments is reduced according to the user's income level.

## Facility service costs to be paid by the user

- The user has to pay 10% of the costs of facility services used. The costs of the services differ according to the care level.
- The user also has to pay daily life expenses, such as food and living expenses and barber's and beautician's fees. These amounts to be paid by the user are determined by the contract between the user and the service provider but are reduced for the user on the cost-sharing level 3 or lower according to the income bracket as shown in the table below.

(Thousands of yen)

<Rough amount of the costs of facility service to be paid by the user>			Health service facility for the elderly requiring care (special nursing home for the elderly)								
Income bracket		Cost-sharing level	Unit-type private ward				Multiple-bed ward (shared by two or more users)				
			Care service costs (10% paid by the user)	Food expenses	Residential expenses	Total	Care service costs (10% paid by the user)	Food expenses	Residential expenses	Total	
Municipal inhabitant tax	Taxed household	Level 4	2.5	4.2	6.0	12.7	2.5	4.2	1.0	7.7	
	Non-taxed household	Where the sum of earned income and taxable pension income is over ¥800,000	Level 3	2.5	2.0	5.0	9.5	2.5	2.0	1.0	5.5
		Where the sum of earned income and taxable pension income is ¥800,000 or less	Level 2	1.5	1.2	2.5	5.2	1.5	1.2	1.0	3.7
		Old-age welfare pension recipient	Level 1	1.5	1.0	2.5	5.0	1.5	1.0	0	2.5
Welfare recipient, etc.											

- Notes:**
1. Figures are the rough estimates of the amount of user payment per month (per 30 days).
  2. The amounts in the "Care service costs" column are the amounts of payment by the user on the care level 3 after the high-cost care service benefits have been refunded.

# Measures to reduce the payment by the user

The following measures to reduce the payment of home care and facility service costs by the user are available:

## ■ High-cost care service benefits

When the user's total monthly payments of 10% of the care service provided exceed the prescribed upper limit, the amount exceeding is refunded to the user at their request according to the income bracket (see the table at right).

Income bracket	Upper limit
Household on which municipal inhabitant tax is imposed	¥37,200 for the entire household
Household whose taxable pension income is over ¥800,000 but less than ¥2,660,000	¥24,600 for the entire household
Household whose sum of taxable pension income and earned income is ¥800,000 or less	¥15,000 per individual
Old-age welfare pension recipient in the household exempted from municipal inhabitant tax	
Welfare recipient, etc.	

## ■ Measures to reduce user payments by the social welfare foundation, etc.

When you meet all of the conditions listed below, your payment of 10% of care service costs and living and food expenses may be reduced. Please contact your municipal office for more details.

- A You are in a single-member household whose annual income is ¥1.5 million or less (¥2 million or less for a two-member household);
- B You are in a single-member household whose amount of savings, etc. is ¥3.5 million or less (¥4.5 million or less for a two-member household);
- C You own no house, etc. other than the house you live in;
- D You are not supported by any relative, etc. having tax-bearing capacity; and
- E You are not in arrears with long-term care insurance premiums.

# Long-term care insurance premiums

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

### [Amount of insurance premiums]

The amount of insurance premiums for those aged 65 and over is calculated by multiplying the base amount determined by the municipality by the rate prescribed according to the income bracket, giving consideration to the income level of the insured.

The base amount is fixed by the long-term care plan redrafted by the municipality every three years and is calculated by dividing 19% of the expenses needed for long-term care projects by the population of those aged 65 and over. Because of this, the actual amount of premiums differs from municipality to municipality.

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

The amount of insurance premiums for those aged 40 to 64 is determined separately and collected together with the premiums for medical care insurance plans (e.g., National Health Insurance).

### [How to pay insurance premiums]

There are two methods for paying insurance premiums: special collection by which insurance premiums are deducted from the pension and ordinary collection by which insurance premiums are paid through a financial institution, etc.

Special collection applies to those receiving ¥180,000 or more a year as an old-age retirement pension, survivor's pension or disability pension. Insurance premiums are deducted from the pension paid periodically (six times a year) to them. Ordinary collection applies to all the other people to whom special collection is not applicable, and a tax notice is mailed to them from the municipal office. The time and frequency of payment differ from municipality to municipality.

# Points of contact

## お住まいの区市町村又は地域包括支援センターの相談窓口

### 東京都の相談窓口

東京都介護保険制度相談窓口（福祉保健局高齢社会対策部介護保険課）	☎	03-5320-4597
東京都介護保険審査会事務局 [要介護認定結果などへの不服申立]	☎	03-5320-4293
東京都消費生活総合センター [契約に関する相談など]	☎	03-3235-1155
東京都保健医療情報センター [医療機関の情報提供等]	☎	03-5272-0303

### 東京都国民健康保険団体連合会

介護保険部相談指導課 [介護サービスに関する苦情など]	☎	03-6238-0177
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## Points of contact of your municipality or comprehensive community support center

### Tokyo Metropolitan Government's points of contact

Point of contact for the Tokyo Metropolitan long-term care insurance system (Long-term Care Insurance Section, Aging Society Affairs Division, Bureau of Social Welfare and Public Health):	☎	03-5320-4597
Secretariat of the Tokyo Metropolitan Long-term Care Insurance Examination Committee [for complains about the result of care need certification, etc.]:	☎	03-5320-4293
Tokyo Metropolitan Consumers' Center [for consultation about contracts, etc.]:	☎	03-3235-1155
Tokyo Metropolitan Health and Medical Information Center [provides information about medical institutions, etc.]:	☎	03-5272-0303

### Tokyo Metropolitan Federation of National Health Insurers' Associations

Consultation and Guidance Section, Long-term Care Insurance Department [complains about care services, etc.]:	☎	03-6238-0177
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