

Long-Term Care Insurance System



(For residents who turned 40)

Toward long-term care supported by society as a whole and a sense of security for post-retirement years

Japan is facing the challenges of aging and nuclearization of families. Some people are forced to give up their careers to take care of their aged relatives. The long-term care insurance system, established in 2000, aims to achieve long-term care that is supported by society as a whole. The system currently supports 6.28 million service users. Residents, 40-years-old or over, are to be insured. Premiums are paid by those aged 40–64 based on the fact that they, themselves, are more likely to require care due to age-related diseases and their parents may highly require care with advancing age. Long-term care causes fears in post-retirement years and should be supported by society at large.

Insured Persons

Insured persons consist of the primary insured (65-years-old or over) and the secondary insured (aged 40–64) covered by a medical insurance program. A primary insured person is eligible for care services after receiving certification of needed long-term care or support regardless of the cause. A secondary insured person is provided care services after receiving certification of needed long-term care or support due to age-related diseases (specified diseases*).

| | Primary insured persons | Secondary insured persons |
|------------------------------------|---|--|
| Eligible persons | Persons aged 65 or over  | Persons aged 40–64 covered by their employers' health insurance program, Japan Health Insurance Association or National Health Insurance. (Residents automatically qualify for this category at the age of 40 and are switched to the primary insured persons at the age of 65.)  |
| Requirements for service provision | <ul style="list-style-type: none">Condition of need for long-term careNeeded support condition | <ul style="list-style-type: none">Limited to condition of need for long-term care or needed support condition due to age-related diseases (specified diseases*) |
| Premiums collection | <ul style="list-style-type: none">Collected by municipalities and special wards (in principle, withheld from the pension benefits), starting from the month of the 65th birthday | <ul style="list-style-type: none">Collected with medical care premium (in principle, half the premium is paid by employers for members of health insurance associations), starting from the month of the 40th birthday |

*Specified Diseases

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|---|---|
| 1 Cancer (limited to cases that have been determined to be incurable based on generally accepted medical knowledge) | 9 Spinal canal stenosis |
| 2 Rheumatoid arthritis | 10 Progeria |
| 3 Amyotrophic lateral sclerosis | 11 Multiple system atrophy |
| 4 Ossification of posterior longitudinal ligament | 12 Diabetic neuropathy, diabetic nephropathy and diabetic retinopathy |
| 5 Osteoporosis with fracture | 13 Cerebrovascular disease |
| 6 Presenile dementia | 14 Arteriosclerosis obliterans |
| 7 Progressive supranuclear palsy, corticobasal degeneration and Parkinson's disease | 15 Chronic obstructive pulmonary disease |
| 8 Spinocerebellar degeneration | 16 Osteoarthritis with significant deformity of both knee or hip joints |

Premiums of the secondary insured persons

1. Premiums paid by persons under their employers' health insurance

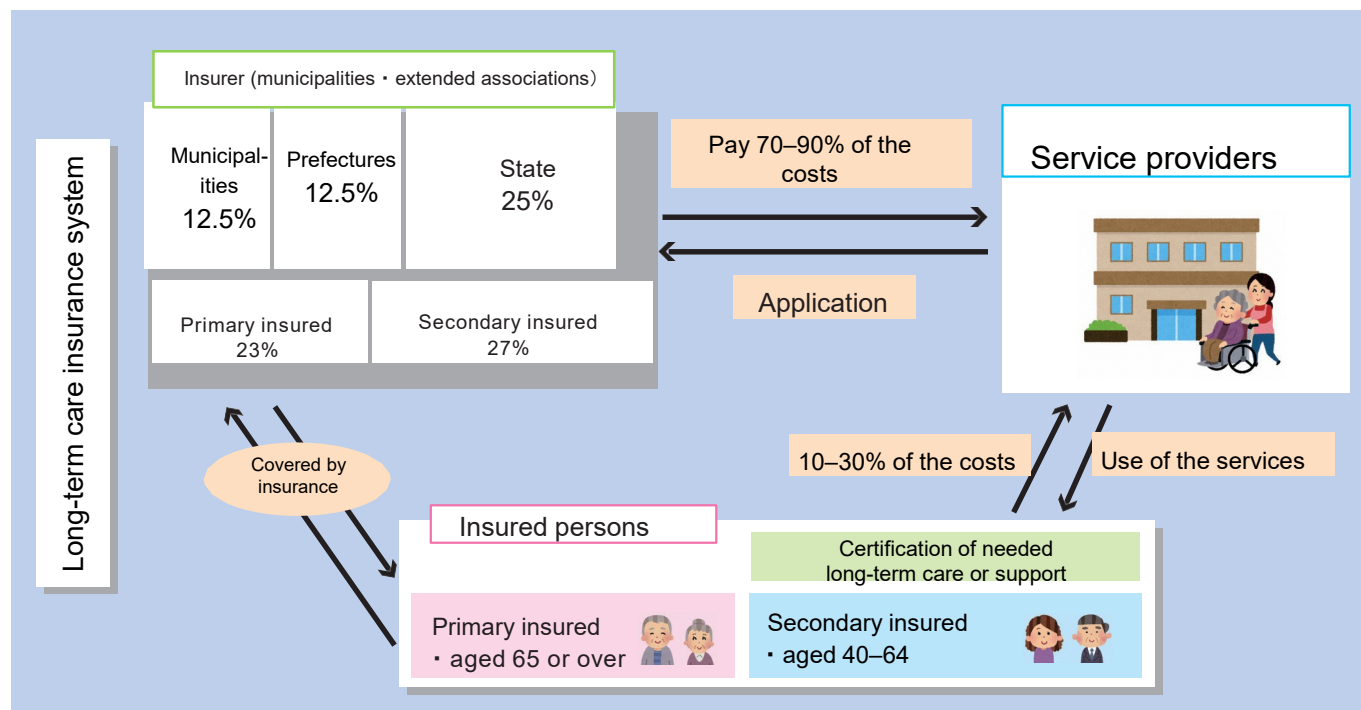
The secondary insured persons, covered by their employers' health insurance, pay the premiums of the long-term care insurance in combination with their medical insurance. In principle, the premiums are paid half each by the insured and their employers.

2. Premiums paid by persons under the National Health Insurance

For the secondary insured persons under the National Health Insurance, premiums of the long-term care insurance will be collected with those of the National Health Insurance.

Operating entities of long-term care insurance system (insurer) and their financing

The insurers of the long-term care insurance system are municipalities, special wards, and extended associations across municipalities. The insurers manage the financing, paying 70–90% of the service cost and collecting premiums from the primary insured. Public expenditure provides 50% of the financial resources: the remaining 50% comes from the premiums (at present, 23% from the primary insured and 27% from the secondary insured).



Available services (Contact your regional community general support center or municipal authorities for details)

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|------------------|--|--|---|--|--|
| In-home services | Home-visit long-term care | Caregivers visit a service user's home to help with bathing, toileting, cooking, laundry, cleaning, and other household chores. | Short-term stay services | Short-term admission for daily life long-term care | Service users stay at care facilities for a short term. Caregivers help with meals and bathing and provide training to maintain and improve bodily functions. The service aims to reduce the burden on family caregivers. |
| | Home-visit nursing | Nurses and other practitioners assist with daily living such as hygienic care and toileting. Medical care is provided as needed under the instruction of physicians so that service users can continue to live at home. | Residential services | Daily life long-term care admitted to a specified facility | Residents in fee-based nursing care facilities have access to long-term care services and assistance for their daily lives. |
| | Rental service of equipment for long-term care covered by public aid | Service users can hire assistive devices that can be utilized to facilitate their daily lives (wheelchair, bed, etc.) . | Facility services | Intensive care home for the aged | The service is for the aged who require 24-hour care and are difficult to tend at home. The service includes meals, bathing and toileting cares. (In principle, care level 3 and above are eligible for this service). |
| Day-care service | Outpatient day long-term care | Caregivers help with meals and bathing. They provide training to maintain and improve bodily functions and services to improve oral function at a day-care facility. | Multifunctional long-term care in small group homes | | Day-care facilities are the core of this service. The service is provided in combination with short-term stays and home-visit care services. Caregivers provide assistance with daily living and functional training, according to service users' choices. |
| | Outpatient rehabilitation (day care) | Occupational, physical, and speech-language-hearing therapists provide rehabilitation at hospitals and care facilities for improvement and maintenance of mental and physical functions so that the service user can live independently. | Regular visiting/on-demand type home-visit long-term/nursing care | | Services are provided 24/7 on a flexible basis according to the service users' physical and mental conditions by periodic home visits and emergency call outs. Caregivers and nurses work together to provide comprehensive care and nursing services. |

How to use long-term care services

When either you or your family need care, you must acquire a certification of needed long-term care or support to receive care services. The following is the procedure for using long-term care services.

1. Application for certification

When you need care or support, you must first apply for the certification of needed long-term care or support at your municipal office. Some community general support centers also accept applications. (See below) The primary insured are required to present their long-term care insurance certificates and the secondary insured need to present their medical care insurance certificates.

2. Investigation for certification and decision

■ Investigation for certification / Doctor's opinion

Investigation officials from your municipality visit your home and ask you or your family about your physical and mental conditions. The investigation scheme is the same nationwide. Municipal officials ask your doctor to submit a written opinion of your physical and mental conditions directly to them.

■ Examination / Judgement

The Certification Committee of Needed Long-Term Care consisting of health, social welfare and healthcare experts decide how much care is necessary, based on the result of the investigation by municipal officials and your doctor's opinion. The necessity of long-term care is rated from level 1–5, and that of support is level 1 or 2.

The secondary insured are certified when the committee recognizes the need for care or support, and the conditions have been caused by specified diseases (see page1).

3. Notification of certification

In principle, municipal offices provide notification on your certification within 30 days of your application.

4. Drawing up your care plan

If you qualify for needed long-term care level 1–5 and wish to use long-term care services at home, you need to sign a contract with an in-home long-term care support provider. A care manager from the provider helps you choose services to use, and draws up your care plan. You must apply directly to a care facility should you wish to move into one. If you qualify for needed support level 1 or 2, officials at a community general support center will develop your preventive long-term care service plan (preventive care plan).

5. Using long-term care services

You can use in-home or facility services based on your care plan. Show your long-term care insurance certificate and long-term care payment rate certificate to service providers and based on your care plan, you will pay between 10 and 30 percent of the service cost.*

*In general, the primary insured aged 65 or over whose total income is 1.6 million yen or more will pay 20 percent of the cost and those with 2.2 million yen or more income will pay 30 percent. All the secondary insured pay 10 percent of the cost, irrespective of their income.

Community General Support Centers

1. Support the health, sense of security, and lives of aged residents in designated areas

Community general support centers are public institutions that provide overall support for health, medical care, and welfare to aged residents in the area so that they can at ease. They are run by municipalities or organizations consigned by municipalities. Each municipality has at least one support center.

You can talk to experts, free of charge, about your worries or troubles regarding long-term care. Check the location of the center in your area. (In some areas, the centers may have different names.)

2. Provide assistance in a wide range of matters (your aged relative's daily life, long-term care, management of long-term care and caregiver's job, etc.)

Experts in medical care, social welfare, and long-term care serve your needs at the centers. These specialists work in collaboration and suggest meaningful solutions to your problems, explain the outline of the long-term care system, or refer you to the relevant office for further consultation. They can help you with your application process for long-term care or provide various types of support when necessary.

The centers also work to maintain the health of the aged in the area, protecting their rights, and creating a comfortable living environment.

*Feel free to consult the center in your area when you have concerns about your or your aged relative's long-term care.



To stay in your jobs

An estimated one hundred thousand people every year are said to give up their employment because they need to care for their aged relatives.

To promote the “dynamic engagement of all citizens,” the Japanese government aims to create a society by the early 2020s, where family caregivers can stay in their jobs, securing the desired long-term care services, improving workplace environments, and providing assistance to families.

Systems to help stay in jobs

The following is part of the system prescribed in the Child Care and Family Care Leave Law. For more details, refer to the “Outline of Child Care and Family Care Leave Law” by accessing the URL shown below, or consult the Equal Employment Office of your Prefectural Labour Bureau. Inquire about the benefits provided by your employer through the company’s human resources and general affairs department.

1. Family care leave

A system that provides up to a total of 93 days of family care leave per family member in need of long-term care. The 93-day leave may be divided into a maximum of three different time frames. Workers are entitled to the leave on application to their employers.

During the family care leave, workers can receive 67 percent of the wage before going on leave when specific requirements are met. (Family care leave benefits)

2. Time off for caregivers

A system that allows caregiving workers to take up to five working days off per fiscal year for a family member in a care-requiring condition. In instances of workers with two or more family members requiring long-term care, they are entitled to up to ten days off in addition to family care leave and annual paid holidays. The workers can take time off in units of days or half days (half of the scheduled working hours) upon applying to their employers. (Time off in units of hours will take effect on Jan.1, 2021.)

3. Shorter working hours for caregivers

Employers are required to establish one of the following systems which workers can use twice or more per family member in need of long-term care in three years.

- a Shorter working hours: a system to reduce the number of working days or hours in units of days, weeks or months.
- b Flextime system: a system which enables a worker to decide when they work within the total work hours of a designated period of time (a maximum of 3 months).
- c Staggered working hours: a system which enables a worker to decide when to start or finish a working day under the designated working hours per day.
- d Subsidizing the cost of long-term care workers are using, or a system of this kind

4. Limitation of extra working hours for long-term care (exemption from overtime work)

A system to exempt a care-giving worker from overtime work until the end of the long-term care. Care-giving workers can use the system by applying to their employers.

Where to go for information

For inquiry & information

- Long-term care municipality departments: information about long-term care in general and application for long-term care insurance system, etc.
- Community general support centers: information about problems the aged have in their daily lives and how to prevent a condition that requires long-term care from occurring
- Equal Employment Office of the Prefectural Labour Bureau : information about Child Care and Family Care Leave Law matters
- Public employment security office: application for family care leave benefits, etc.
- Early-onset Dementia Support Coordinator: information about early-onset dementia

References

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| Long-term care service public information system | http://www.kaigokensaku.mhlw.go.jp/ You can find community general support centers and long-term care service providers. |
| Offices for consulting about long-term care | http://www.wam.go.jp/content/wamnet/pcpub/kaigo/madoguchi/ You can find a list of municipal offices for information on long-term care. |
| Outline of Child Care and Family Care Leave Law | https://www.mhlw.go.jp/bunya/koyoukintou/pamphlet/34.html You can find information on the outline of the law, who are subject to the law and how to apply for benefits. |
| Family care leave benefits | https://www.hellowork.go.jp/insurance/insurance_continue.html#g3 You can find information on eligibility requirements for the benefits and how to apply. |
| Portal website to enable caregivers to stay in their jobs | http://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000112622.html You can access useful information on long-term care and systems that enable caregivers to stay in their jobs. |
| Call center for patients with early-onset dementia | http://y-ninchisyotel.net/index.html You can find a list of offices and organizations for information on early-onset dementia and patient support. |