

City of Yokohama Long-term Care Insurance General Guide Pamphlet

2024 Edition



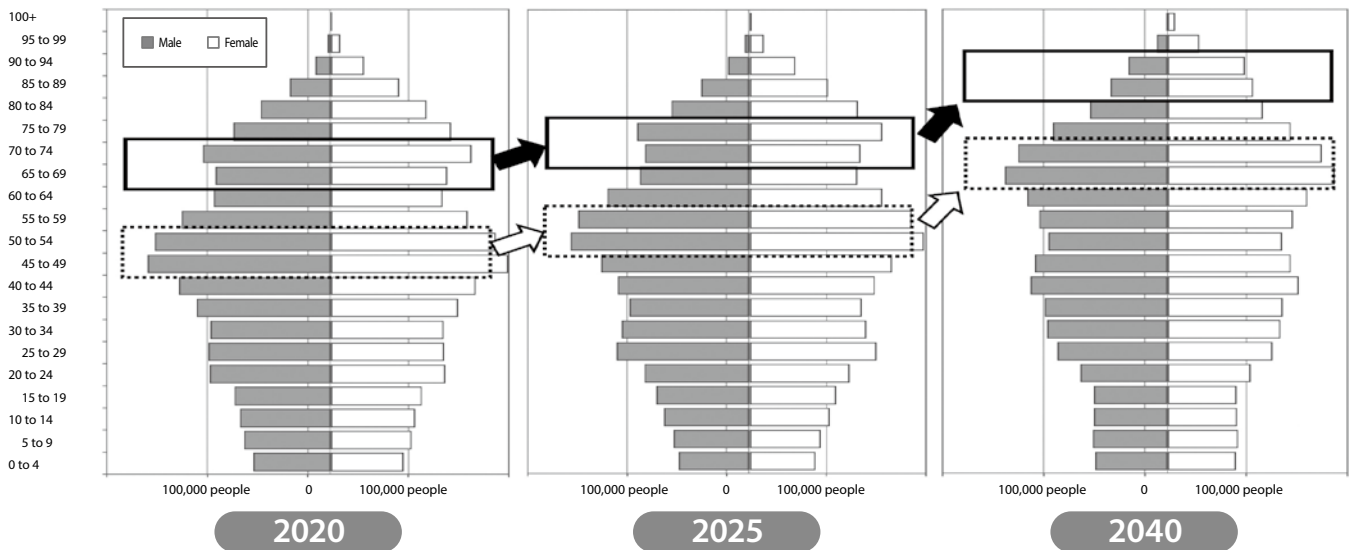
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Yokohama's Future Vision and Community-Based, Integrated Care System

▶▶ Forecasting the Status of Yokohama's Senior Population

In 2025, the last of Japan's original baby boomers (the cohort born between 1947 and 1949) will reach seventy-five years of age, officially making them "latter-stage seniors." In 2040, the last of the second baby boom generation (the cohort born between 1971 and 1974) will reach sixty-five years old. In other words, by 2040 about a third of Japanese people will be senior citizens.

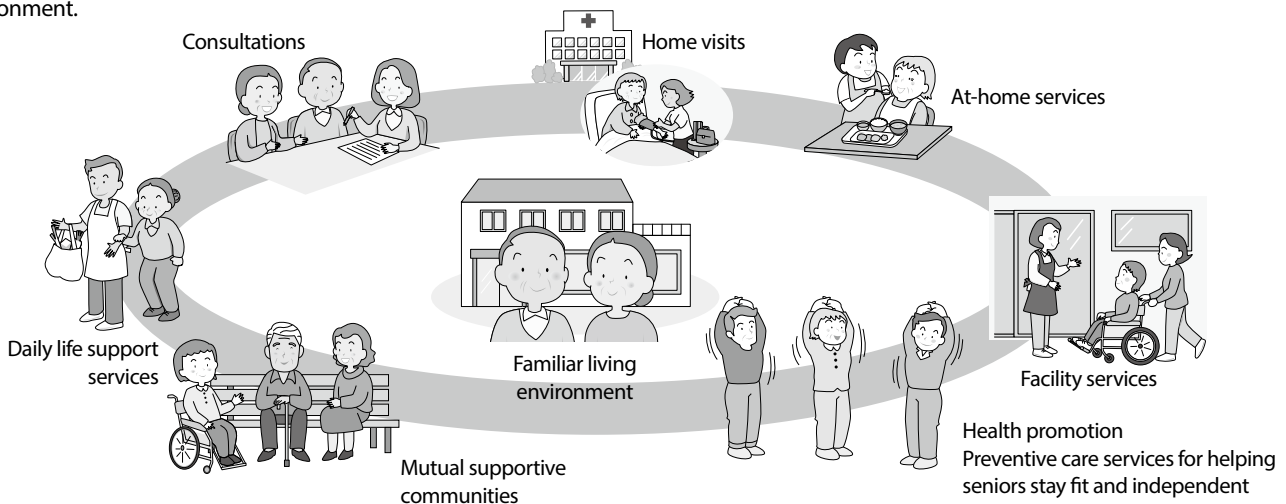


▶▶ Yokohama's Community-Based, Integrated Care System

● A Mid- to Long-Term Future Vision Focusing on 2025 and 2040 ●

A community that provides mutual support in which everyone can live with peace of mind, including those needing medical or nursing care, allowing seniors to live independent lives

To prepare for 2025 and 2040, Yokohama is enhancing and expanding its community-based, integrated care system to respond to the significant increase in medical and nursing care needs and various other issues accompanying the rapid aging of the population. Our goals are to reduce anxiety about aging and ensure peace of mind among seniors by developing supportive communities and strengthening cooperation between medical and nursing care professionals, allowing all senior citizens to continue living independent lives in a comfortable and familiar environment.



We will leverage Yokohama's strengths to enhance and expand the city's community-based integrated care system from the following perspectives:

- (1) Introducing measures area by area, **centered around the community care plazas**
- (2) Promoting **residents' activities and collaborating with businesses**
- (3) **Promoting seniors' health and preventive care services, social participation, and daily life support in an integrated manner to extend healthy life expectancy**
- (4) Promoting **stronger multidisciplinary collaborations, including collaborations between medical practitioners and nursing care practitioners**
- (5) Developing an environment in which **senior citizens can also play an active role as community supporters; securing and fostering human resources** for medical care and nursing care
- (6) **Formulating data-based policies and working to improve operations (e.g., increasing productivity) at nursing care providers** through the effective use of digital technology

Yokohama's Positive Aging Plan (Plan period: FY2024 to 2026)

Yokohama City Elderly Health and Welfare Plan/Long-Term Care Insurance Service Plan/ Dementia Policies Promotion Plan (Term 9)



This is formulated every three years as a comprehensive plan for health and welfare programs related to the city's senior citizens and the long-term care insurance system.

Basic Objective

Positive Aging

Working united as a society to create Yokohama's community-based integrated care system, in which everyone can live how they choose at all times, regardless of age

Elderly Health and Welfare Plan / Long-Term Care Insurance Service Plan

I Ensure that people can live their lifestyle of choice

- We will foster resident awareness so that they can prepare and act to realize the lifestyle of their choice in their later years.
- In addition to establishing a seamless consultation system for all stages of their lives as senior citizens, we will improve convenience for residents, such as by adopting online application systems for various services.

II Create communities where people can live proactively

- Based on collaborations with the community, we will integrally promote seniors' health and preventive care services, social participation, and daily life support so that every individual has a purpose in life, plays an active role in the community, and mutually support each other.
- We will enhance opportunities for social participation, such as health maintenance and community activities, even before residents become senior citizens.

III Enhance services that support at-home life and strengthen cooperation

- We will improve medical, nursing and health/welfare services that support people's lives in their own homes, ensuring that they can live with peace of mind in the community even when they need medical or nursing care.
- We will promote and strengthen multidisciplinary collaboration—including collaborations between medical and nursing services—to create a system that provides integrated, personalized care that suits each situation.

IV Provide facilities and housing that meet various needs and situations

- To provide various options that meet the needs of those who require assistance or support in their daily lives, we will develop the necessary facilities and housing, and work to resolve issues regarding waiting lists for intensive care homes for senior citizens.
- Since facilities and housing form the foundation that supports lifestyle choices, we will enhance related consultation services to help residents choose services that best fit their situation.

V Provide dependable nursing care

- To meet the growing demand for nursing care and provide stable, high-quality services, we will promote comprehensive measures based on the four pillars of 1) securing new caregivers, 2) supporting the retention of caregivers, 3) improving specialization, and 4) improving operations (increasing productivity) at nursing care providers.

VI Sustain a stable long-term care insurance system

- We will optimize and improve the quality of nursing care services to maintain a more sustainable system.
- We will strengthen our response capabilities by developing systems to prepare for various emergencies at senior care facilities and the like, such as disasters and infectious diseases.

Dementia Policies Promotion Plan

The three pillars of dementia policies

Coexistence

Preparation

Peace of mind

We seek to create a vibrant society where everybody—including those with dementia—can fully express their individuality and abilities, and where people can live together in mutual support while respecting each other's personality and individuality. For this reason, under the Dementia Policies Promotion Plan, we want residents to view dementia as a universal matter to tackle together. We want to ensure that people with dementia can maintain their dignity, have hope, and make the most of their abilities while living in a familiar community that offers understanding and cooperation.

(1) Spreads proper knowledge and understanding

(2) Promotes prevention and social participation

(3) Offers medical/nursing care

(4) Ensures the rights of people with dementia

(5) Fosters an atmosphere of coexistence that comprehends dementia

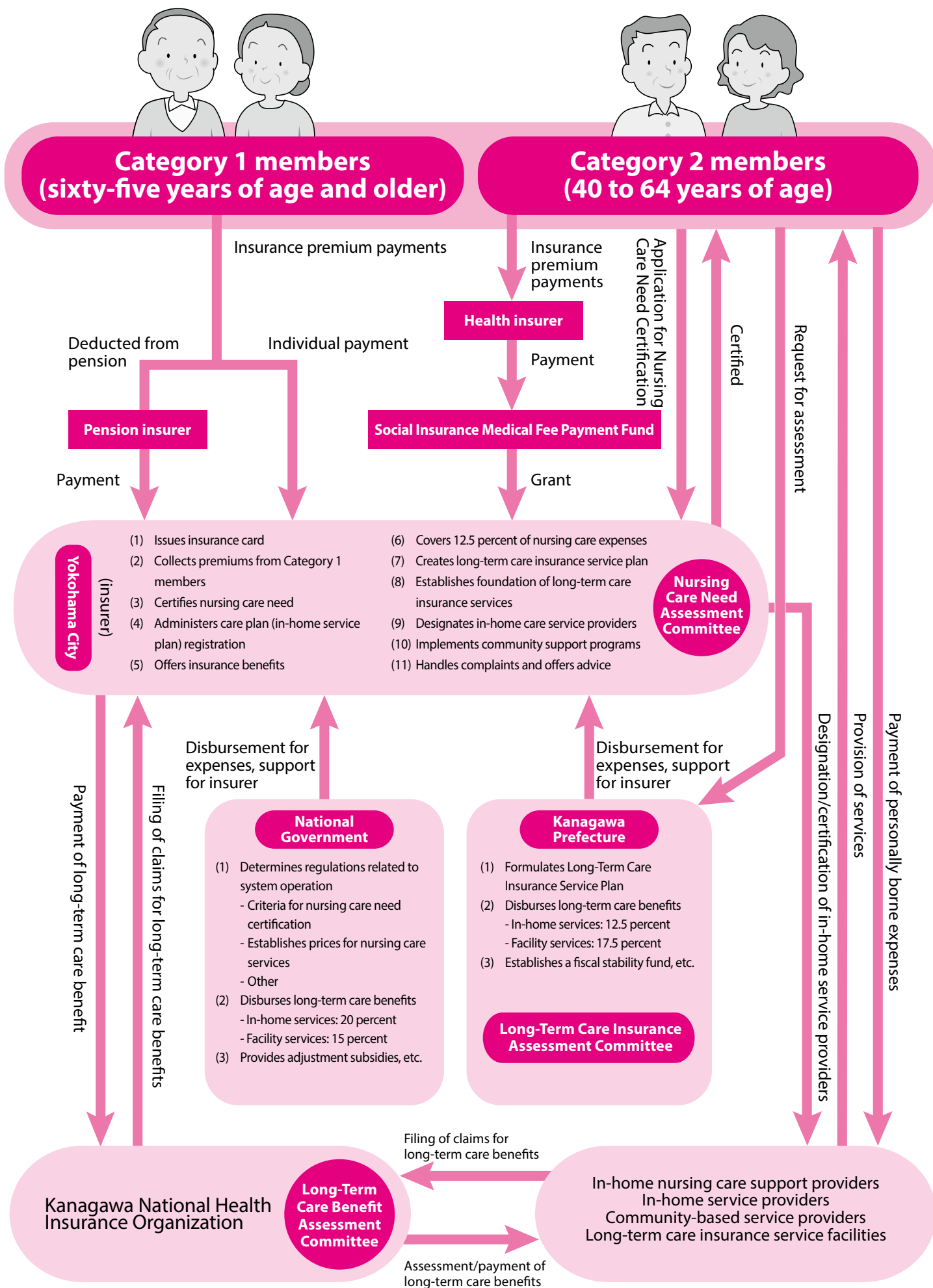
The basic principles of the long-term care insurance system are to preserve dignity and support independence.

The basic principles of the long-term care insurance system are to support people who need nursing care and the like by helping them maintain their dignity and live independent daily lives according to their abilities.

To this end, the system covers health and medical services such as rehabilitation as well as welfare services, enabling people with nursing care need certification to live as independently as possible in their own homes, according to their abilities, and to maintain and improve their remaining abilities.

Based on these principles, Yokohama City—the insurer—has formulated the Long-Term Care Insurance Service Plan. The city collects insurance premiums, certifies those requiring care, provides insurance benefits, and otherwise administers the system.

Structure of the Long-Term Care Insurance System



Eligibility for Long-Term Care Insurance

Residents sixty-five years of age and older (Category 1 members)

Category 1 members are residents who reach sixty-five years of age (officially, the day before their sixty-fifth birthday). If a Category 1 member requires nursing care for any reason, they can use long-term care insurance services after receiving nursing care need certification (or assistance need certification).

Long-Term Care Insurance Card Issuance

Your long-term care insurance card will be mailed to you on the day before your sixty-fifth birthday.

Notification

You must file a notification with the Insurance and Pension Division of your ward office in the following cases:

- If you are moving to Yokohama City from another municipality, or if you plan to move to another municipality
- If your name or address changes
- If you lose or damage your long-term care insurance card
- In the event of a death of a member
- When you start or stop receiving public financial assistance for everyday living
- If you move into a long-term care insurance service facility that is outside of Yokohama City (*1)

*1: Exceptions for residents who moved into long-term care insurance service facilities (address exception)

If a person enrolled in the Yokohama City long-term care insurance program moves to a long-term care service facility (see list below) outside of Yokohama City, Yokohama City will remain the insurer, not the municipality where the facility is located.

Facilities eligible for the address exception include:

- Intensive care homes for senior citizens
- Rehabilitation facilities for senior citizens
- Integrated facilities for medical and long-term care
- Private nursing homes for senior citizens
- Low-cost nursing homes for senior citizens
- Public nursing homes for senior citizens
- Housing facilities for senior citizens with in-home services that are considered paid nursing homes

介護保険被保険者証 (-)	
番号	0 1 2 3 4 5 6 7 8 9
住所	231-0005 横浜市 中区 本町6丁目50番地の10
氏名	横浜 太郎
生年月日	昭和 5年 8月 1日
性別	男
交付年月日	令和 2年 4月 1日
保険者番号並びに保険者の名称及び印	1 4 1 0 4 4 横浜市 印

Residents 40 to 64 years of age (Category 2 members)

Category 2 members are residents 40 to 64 years of age enrolled in health insurance. If a Category 2 member requires nursing care due to an illness related to aging (*2), he/she can use long-term care insurance services after receiving nursing care need certification (or assistance need certification).

Long-Term Care Insurance Card Issuance

Category 2 members who receive nursing care need certification (or assistance need certification) and those who wish to have one issued will receive a long-term care insurance card.

*2: Specified illnesses that are eligible for long-term care insurance services for Category 2 members

The following sixteen illnesses are designated by the national government:

1. Cancer (*)
2. Rheumatoid arthritis
3. Amyotrophic lateral sclerosis
4. Ossification of a posterior longitudinal ligament
5. Osteoporosis accompanied by a fracture
6. Early onset dementia
(Alzheimer's disease, vascular dementia, etc.)
7. Progressive supranuclear paralysis, corticobasal degeneration or Parkinson's disease (diseases related to Parkinson's disease)
8. Spinocerebellar degeneration
9. Spinal canal stenosis
10. Progeria (Werner syndrome, etc.)
11. Multiple system atrophy
12. Diabetic neuropathy, diabetic nephropathy or diabetic retinopathy
13. Cerebrovascular diseases (cerebral hemorrhage, cerebral infarction, etc.)
14. Arteriosclerosis obliterans
15. Chronic obstructive lung diseases (emphysema, chronic bronchitis, etc.)
16. Osteoarthritis accompanied by significant deformation in both sides of the knees and/or hip joints

*Only in cases in which a physician determines that recovery is unlikely based on generally accepted medical knowledge.

Facilities not covered by long-term care insurance

If you move to a facility included in the list below, long-term care insurance may not cover you during your period of stay there. For more information, please contact the Elderly and Disabled Support Division or Insurance and Pension Division of your local ward office.

Applicable facilities

- Medical facilities for children with disabilities
- Designated medical institutions (for medical services related to child developmental support)
- Nozomi-no-Sono (The National Center for Persons with Severe Intellectual Disabilities)
- Nursing facilities for those suffering from Hansen's disease
- Welfare facilities
- Facilities covered by the Industrial Accident Compensation Insurance Act
- Support facilities for the disabled (those who have been certified for daily nursing care and residential facility care benefits under the Act on Providing Comprehensive Support for the Daily Life and Life in Society of Persons with Disabilities)
- Hospitals that provide medical nursing care based on the Act on Providing Comprehensive Support for the Daily Life and Life in Society of Persons with Disabilities; limited to those hospitalized who receive medical nursing care benefits

Insurance Premiums

Insurance Premiums for Members Sixty-Five Years of Age and Older (Category 1 Members)

- Yokohama City calculates insurance premiums based on the projected amount of long-term care insurance service benefits and other factors over a three-year period (FY2024 to FY2026), and are set by ordinance and other regulations.
- These insurance premiums are divided into tiers based on factors such as the individual's and household's (*1) tax and income status, and assessed on an individual basis. Premiums for the current fiscal year (April to March of the following year) are determined each June. If there is any reason to change the premium amount after it has been determined, it will be recalculated.

Base amount (Tier 6): **¥79,440 per year** (¥6,620 per month)

FY2024 to FY2026
(annual amount)

Insurance Premium Tier	Eligibility		Rate	Annual Insurance Premium	
Tier 1	<ul style="list-style-type: none"> Those receiving public financial aid for everyday living or assistance for Japanese nationals who had remained in China Households exempted from municipal tax and receiving an old-age welfare pension 		Base amount × 0.20	¥15,880 (*5)	
Tier 2	Insured member is exempt from municipal tax	The insured member's total yearly income from public pension income (*2) and all other income (*3) is ¥800,000 or less	Base amount × 0.20	¥15,880 (*5)	
Tier 3		The insured member's total yearly income from public pension income and all other income is ¥1,200,000 or less, and does not fall under Tier 2	Base amount × 0.34	¥27,000 (*6)	
Tier 4		Insured members other than the above	Base amount × 0.585	¥46,470 (*7)	
Tier 5		At least one household member pays municipal tax	The insured member's total yearly income from public pension income and all other income is ¥800,000 or less	Base amount × 0.90	¥71,490
Tier 6 (Base Amount)			Insured members other than the above	Base amount × 1.00	¥79,440 (Base amount)
Tier 7	Insured member pays municipal tax	Insured member's income for premium calculation purposes (*4) is less than ¥1,200,000	Base amount × 1.07	¥85,000	
Tier 8		Insured member's income for premium calculation purposes is ¥1,200,000 or greater but less than ¥1,600,000	Base amount × 1.10	¥87,380	
Tier 9		Insured member's income for premium calculation purposes is ¥1,600,000 or greater but less than ¥2,100,000	Base amount × 1.27	¥100,880	
Tier 10		Insured member's income for premium calculation purposes is ¥2,100,000 or greater but less than ¥2,500,000	Base amount × 1.30	¥103,270	
Tier 11		Insured member's income for premium calculation purposes is ¥2,500,000 or greater but less than ¥3,200,000	Base amount × 1.55	¥123,130	
Tier 12		Insured member's income for premium calculation purposes is ¥3,200,000 or greater but less than ¥4,200,000	Base amount × 1.75	¥139,020	
Tier 13		Insured member's income for premium calculation purposes is ¥4,200,000 or greater but less than ¥5,200,000	Base amount × 1.95	¥154,900	
Tier 14		Insured member's income for premium calculation purposes is ¥5,200,000 or greater but less than ¥6,200,000	Base amount × 2.15	¥170,790	
Tier 15		Insured member's income for premium calculation purposes is ¥6,200,000 or greater but less than ¥7,200,000	Base amount × 2.35	¥186,680	
Tier 16		Insured member's income for premium calculation purposes is ¥7,200,000 or greater but less than ¥10,000,000	Base amount × 2.50	¥198,600	
Tier 17		Insured member's income for premium calculation purposes is ¥10,000,000 or greater but less than ¥20,000,000	Base amount × 3.00	¥238,320	
Tier 18		Insured member's income for premium calculation purposes is ¥20,000,000 or greater but less than ¥30,000,000	Base amount × 3.25	¥258,180	
Tier 19		Insured member's income for premium calculation purposes is ¥30,000,000 or greater	Base amount × 3.50	¥278,040	

*1: Household ... As a general rule, this refers to the household composition listed on the resident register as of April 1 of that year. However, if the insured member moved into Yokohama City from a different municipality on or after April 2, or will become sixty-five years of age (Category 1 member) in the middle of the fiscal year, the date of reference for that fiscal year will be the actual move-in date or the day before the sixty-fifth birthday, respectively.

*2: Public pension income ... This refers to income from public pensions and the like (National Pension, employees' pension, etc.) that are subject to taxation under the law, and does not include pensions exempt from taxation (disability pensions, survivors' pensions, etc.).

*3: All other income ... This refers to the amount remaining after subtracting the special deductions for short-term and long-term transfer income from the sale of land and buildings, as well as miscellaneous income from public pensions, etc. (public pension income minus public pension deductions) from the total income under the relevant tax laws (the amount of income for the previous year minus the amount equivalent to necessary expenses, etc., but before any income deductions or deductions carried forward for losses on transfer of listed stocks, etc. as stipulated by said tax laws). The impact of the revision of deductions for employment income, etc. is also factored in.
Note: If the amount is negative, it is calculated as ¥0.

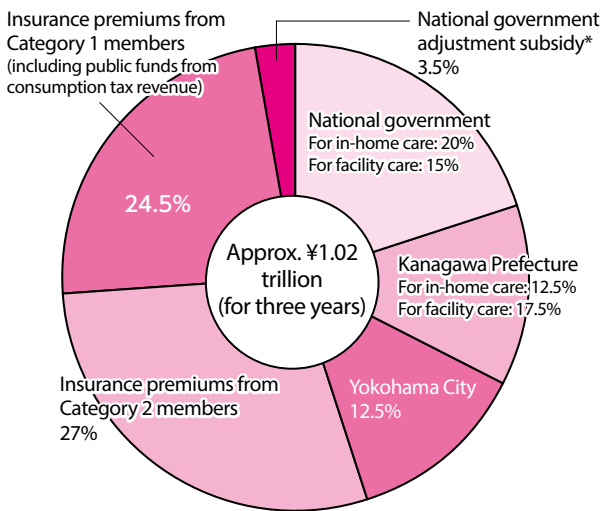
*4: Income for premium calculation purposes ... This refers to the amount remaining after subtracting the special deductions for short-term and long-term transfer income from the sale of land and buildings from the total income under the relevant tax laws (the amount of income for the previous year minus the amount equivalent to necessary expenses, etc., but before any income deductions or deductions are carried forward for losses on transfer of listed stocks, etc. as stipulated by said tax laws).
Note: If the amount is negative, it is calculated as ¥0. This differs from the total income amount used for rate calculation.

*5: Public funds from consumption tax revenue will be used to reduce the annual premium amount that those in Tiers 1 and 2 pay from ¥29,390 to ¥15,880.

*6: Public funds from consumption tax revenue will be used to reduce the annual premium amount that those in Tier 3 pay from ¥42,890 to ¥27,000.

*7: Public funds from consumption tax revenue will be used to reduce the annual premium amount that those in Tier 4 pay from ¥46,860 to ¥46,470.

Breakdown of funding for Yokohama City long-term care insurance services (estimate for FY2024 to FY2026)



* National government adjustment subsidy

The adjustment subsidy is granted to adjust the imbalance in long-term care insurance finances caused by municipal disparities in the ratio of persons aged seventy-five and older to the total number of Category 1 insured persons, the distribution of income levels among Category 1 insured persons, and other factors.

Key Point!

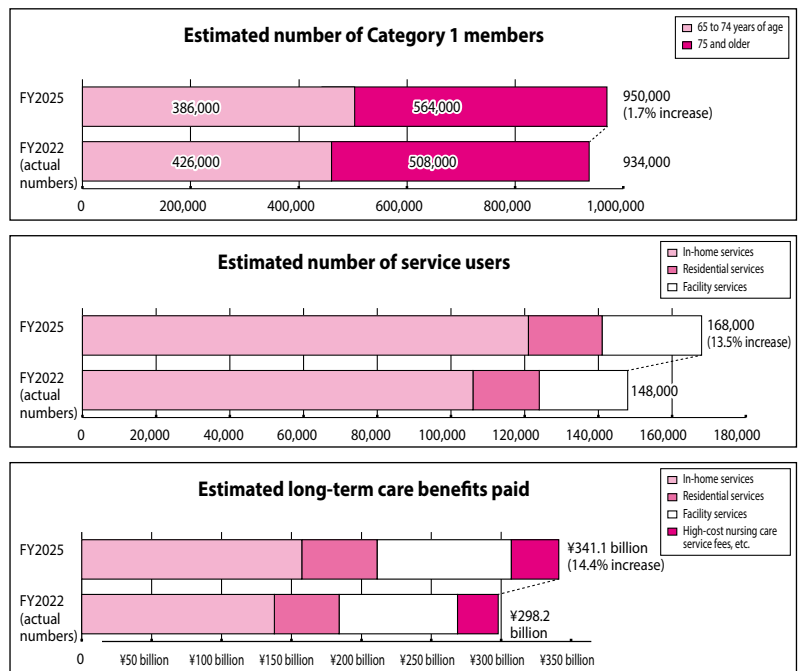
What are long-term care insurance premiums used for? Long-term care insurance premiums are used to cover the cost of long-term care insurance services and other expenses for those in need of nursing care.

Long-Term Care Insurance Premiums Revised for FY2024 to FY2026

The number of senior citizens who use long-term care insurance services continues to increase each year, which means the cost of long-term care insurance services increases as well. During the three-year period from FY2024 to FY2026, the total number of premium-paying members will increase as the population continues to age. That increase in the number of people using long-term care insurance services is actually expected to outpace this growth. As such, the premiums each member pays will increase.

That said, there are premium reduction measures using public funds from consumption tax revenues to support members in Tiers 1 to 4. This is separate from the public expenditure that covers about half of the financial resources of the long-term care insurance system.

A steady enhancement for the infrastructure of nursing care services is necessary in a community where seniors can live safely and comfortably. Yokohama City will continue to focus on health promotion and preventive care services, strengthening our efforts to help seniors stay fit and independent, while also providing the necessary services.



Insurance Premiums for Members 40 to 64 Years of Age (Category 2 Members)

Decision: Insurers for each type of health insurance (National Health Insurance, worker's health insurance, etc.) calculate the premiums.

Payment: The long-term care insurance premiums are included in the premiums for health insurance.

Insurance premiums: Premiums vary for each health insurance plan. For more information, please contact your health insurance provider.

Category 1 Member Insurance Premiums

Insurance premiums are paid through either **special collection** or **regular collection**.

◆ Please note that the payment method used is determined by law and other factors. You cannot choose which payment method to use.

Special collection	For members who receive an annual pension of ¥180,000 or more: the insurance premium will be deducted from your pension. ● Your annual premium amount will be divided into six payments and deducted from your pension payment in the months that pensions are paid. Pensions that are subject to deduction ● Old-age basic pension (retirement pension) ● Survivors' pension ● Disability pension Note: The old-age welfare pension is not subject to deductions.
Regular collection	Members who do not pay through special collection (i.e., if your annual pension is less than ¥180,000) will pay through direct debit or by using payment slips.


Payment deadlines	Special collection	Deducted from pension	Premiums are deducted from your pension payment (on even-numbered months).
	Regular collection	Direct debit	The direct debit date is the 29th of every month (final day of the month for February). If the direct debit date is a financial institution holiday, the previous business day will be the direct debit date.
		Payment slip	The deadline is the final day of each month. If the final day is a financial institution holiday, the following business day will be the payment deadline.

Payment through direct debit



- Direct debit is a convenient payment method for those paying through regular collection.
- You can apply for direct debit payment online, by submitting a direct debit request form to a ward office in person or via postal mail, or by submitting the form to a financial institution or post office (Japan Post Bank). Application procedures may vary depending on the financial institution.
- In general, payment through direct debit will begin two months after you apply. If you apply online, it will begin the following month (you must apply by the 25th of the month). You will receive a notification before it begins.
- Your application will be rejected if you are currently paying through special collection.

Apply for direct debit online in two easy steps!

Prepare your insurance member number and financial institution account number.



Access the website through your PC or smartphone and enter the necessary information.

If You Are Having Difficulty Paying Your Insurance Premiums

Reduction/exemption programs

Reduction/exemption programs are available for those having difficulty paying their premiums due to disasters, unemployment, bankruptcy and other similar circumstances. For more information, please contact the Insurance and Pension Division of your local ward office.

Circumstance	Eligibility	Details of Reduction/Exemption Program
Disaster	Those whose home and properties suffered 20% or more damage due to storm, floods, fires, earthquake or other disasters.	Exemption of four to six months depending on the level of damage
Loss of income	Those whose income drastically decreased due to unemployment, bankruptcy, etc.	Reduction based on estimated income during the applicable year
Low income	Those in insurance premium Tiers 3 to 7 who meet both the income standard and the asset standard (excluding those receiving public financial aid for everyday living or assistance for Japanese nationals who had remained in China).	Reduction to amount equivalent to Tier 2 (after applying reduction measures using public funds)

Income Standard and Asset Standard of Programs for Those with Low Income

Income standard	Estimated total annual income of the household*	
	One-person households	¥1,500,000 or less
	Multi-person households	¥1,500,000 + ¥500,000 per additional household member or less
Asset standard	All of the following requirements must be met:	
	(a) The total value of assets (including cash, savings, securities, etc.) held by the entire household	
	One-person households	¥3,500,000 or less
	Multi-person households	¥3,500,000 + ¥1,000,000 per additional household member or less
	(b) No real estate held other than their residential property (200 m ² or less land and your house)	

*Although "the household" generally refers to the composition of the household listed in the resident register, it also includes people who live in the same home and share a livelihood, even if they are registered as members of a different household.

Note: This reduction program is for those in insurance premium Tiers 3 to 7.

Key Point!

Be sure to pay your premiums by the deadline!
Direct debit payment is recommended for those using payment slips.

The premiums that members pay are an important source of funding to maintain the long-term care insurance system, so please be sure to pay yours on time.

We will send reminders to those with overdue payments.

If you do not pay by the date specified in the reminder, late fees will begin to accrue from the day after the specified date until the date you do pay.

If Your Premiums Are Overdue

The premiums members pay are an important source of funding to cover the cost of long-term care insurance services, so it is essential that you pay them to do your part in maintaining the long-term care insurance system.

If you have no special reason for not paying your premiums (Category 1 member premiums), the following measures may be taken in accordance with laws and regulations when you use long-term care insurance services. This is to ensure that the system is fair to premium-paying members.

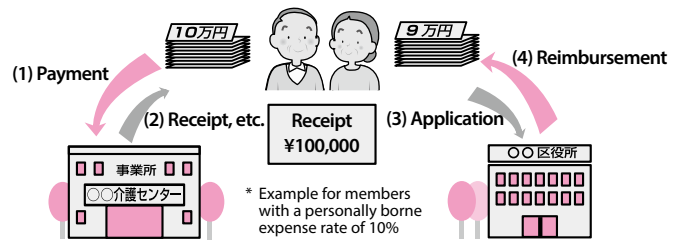
If your payment is one year overdue

Change in payment method for insurance benefits (reimbursement)

- When you use long-term care insurance services, you will be required to pay the entire amount upfront.
- You must then apply to the ward office for reimbursement of the portion the insurance benefit covers.

Example: Process for long-term care insurance services that cost ¥100,000 per month*

- (1) You must pay the entire amount (¥100,000) to the service provider when you receive the service.
- (2) The service provider will issue a receipt for ¥100,000, a detailed statement of the services provided, and the like.
- (3) Bring the documents issued (receipt, etc.) to the ward office to apply for reimbursement of the portion insurance benefits cover (¥90,000).
- (4) You will be reimbursed for the portion insurance benefits cover (¥90,000) at a later date.



If your premiums are one and a half years or more overdue

Insurance benefits will be temporarily suspended

- Payment of all or a portion of the reimbursement may be temporarily suspended.
- If you continue to refuse payment, overdue premiums may be deducted from the suspended insurance benefit.

If your premiums are two years or more overdue

Reduced insurance benefit and increased personally borne expense rate

- The statute of limitations for insurance premiums is two years from the start date (the day after you receive the reminder). You cannot pay overdue premiums after the statute of limitations has expired.
- If your premiums cannot be collected due to the expiration of the statute of limitations, your personally borne expense rate may increase to 30 or 40 percent, depending on the duration of nonpayment.
- During this reduction period, you are no longer eligible to receive reimbursements for high-cost nursing care (or preventive care) service fees (see page 34) or reduced fees on room charges and/or meal expenses (see page 35). In addition, your personally borne expenses during this period will not be counted toward the calculation for the high-cost medical/high-cost nursing care joint expense program (see page 36).

Example: The average annual personally borne expense for using nursing care services of an individual with Level 2 nursing care need certification*

If your personally borne expense rate rises from 10% to 30% for one year...



For in-home services
Personally borne expenses for one year of long-term care insurance services (total cost of about ¥1,200,000):
Approx. ¥120,000

↓

¥360,000
(personally borne expenses increase by ¥240,000)

For facility services
Personally borne expenses for one year of long-term care insurance services (total cost of about ¥3,100,000):
Approx. ¥310,000

↓

¥930,000
(personally borne expenses increase by ¥620,000)
Note: This does not include the cost of meals.

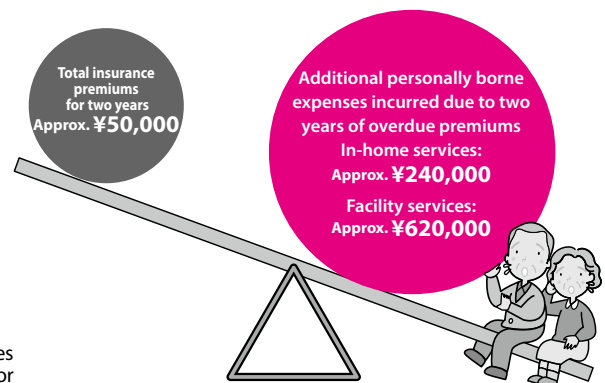
As you can see, your personally borne expenses for receiving long-term care insurance services increase significantly.

This example assumes that a member receives long-term care insurance services after not paying any premiums for four years and after the statute of limitations for the first two years has expired.

In this example, the personally borne expense rate will increase to 30% for a one-year period.

If insurance premiums were paid for part of the period, the length of time for reduced insurance benefits will shorten depending on the period the premiums were paid.

*Example for members in insurance premium Tier 2 and with a personally borne expense rate of 10%.



Seizure of Property

As a measure against nonpayment, your assets—such as savings or life insurance policies—may be seized in accordance with the law, regardless of whether you are using long-term care insurance services.

Joint and Separate Liability

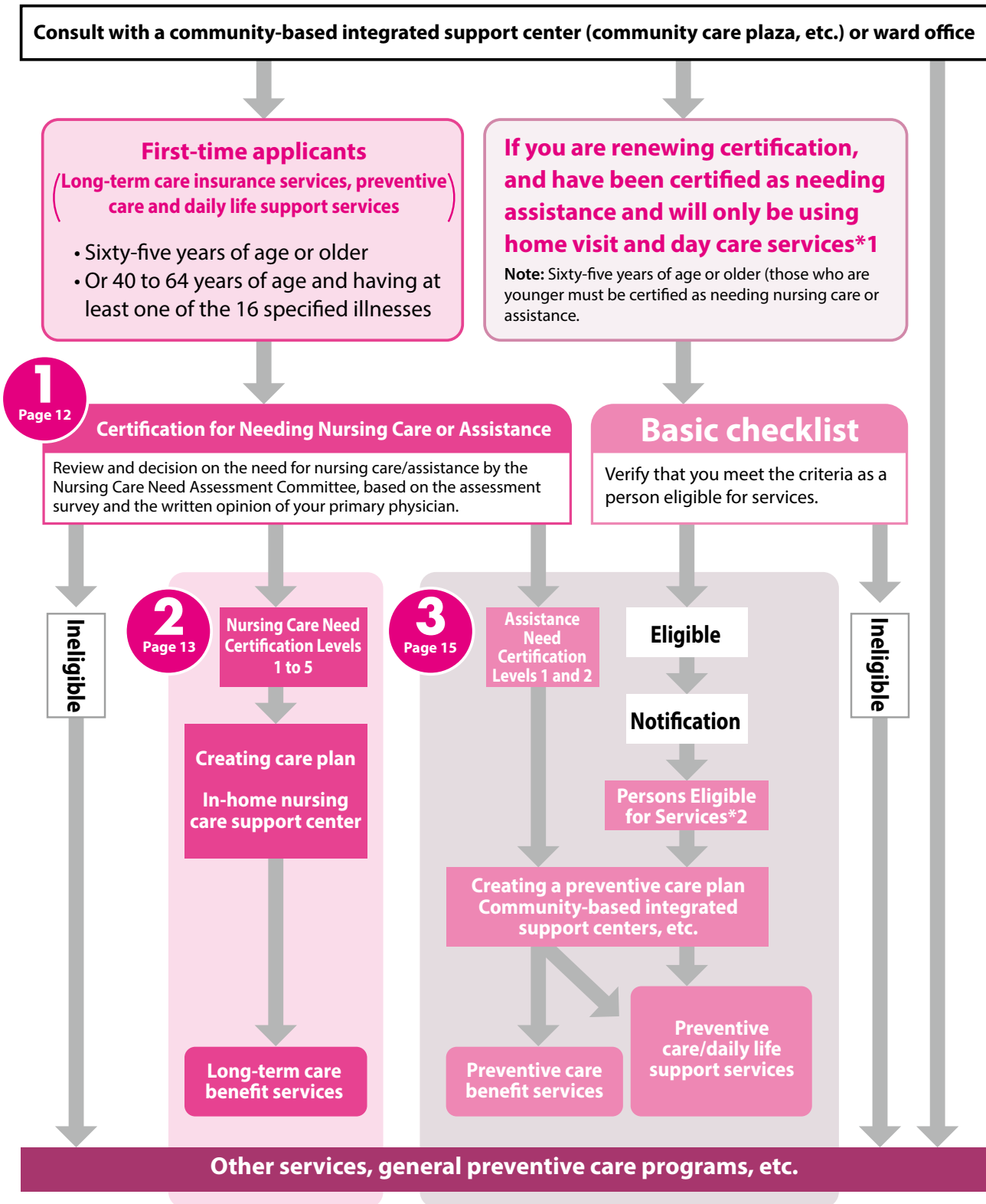
According to the law, if you pay through ordinary collection, the head of your household and your spouse are jointly and separately liable to pay your premiums.

If a Category 2 Member Fails to Pay Health Insurance Premiums

If a Category 2 member (i.e., one 40 to 64 years of age) fails to pay his/her health insurance premiums, measures such as changing the payment method or temporarily suspending some or all health insurance benefits may be taken.

Procedure for Using Services

Flow of Procedures



*1: Individuals expected to regain independence through the use of preventive care management may also be eligible, even if they are not renewing certification.

*2: Persons eligible for services are not eligible for long-term care insurance services other than home visit and daycare services.

1 How to Get Certified to Receive Nursing Care

1. File an application

To get certified to receive nursing care, you or your family must file an application at the Elderly and Disabled Support Division of your local ward office. Community-based integrated support centers (Community Care Plaza, etc.) or home care support centers can also submit applications on your behalf.

● Documents required

- Application form for nursing care/assistance need certification (available at the ward office service counter)
- Long-term care insurance card (issued when you reach sixty-five years of age)
- Document showing the name of your primary physician, medical institution, etc.

Note: Category 2 members (see **page 6**) must also bring their health insurance card.

2. Assessment of mental and physical conditions

● Certification assessment

After the ward office or contracted service provider contacts you, an assessor will visit your home to interview you and your family members. The assessment includes a 74-question national standard survey as well as questions about the applicant's general health.

● Primary physician's written opinion

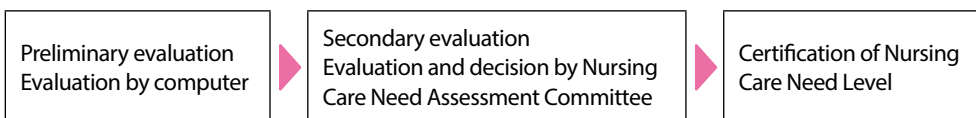
The physician designated as your primary physician at the time you apply will provide a written opinion for the assessment. If you do not have a primary physician, please consult with the ward office in advance.

3. Evaluation and certification of the level of nursing care need

● Evaluation, decision, certification

The Nursing Care Need Assessment Committee—which is composed of health, medical, and welfare specialists—conducts an evaluation based on the assessment and primary physician's written opinion to decide the level of nursing care you require.

The ward office then certifies your nursing care need level based on the evaluation and decision by the committee.



4. You receive your assessment results, long-term care insurance card, and long-term care insurance expense rate card (*1)

After you receive these documents in the mail, please confirm that the information is correct.

*1: The long-term care insurance expense rate card is only sent to those who do not already have one, such as for individuals who have been newly certified for nursing care/assistance. For more information on the long-term care insurance expense rate card, please see **page 31**.

● What to check

The level of your nursing care/assistance certification: assistance need certification Level 1 or 2; nursing care need certification Levels 1 through 5; or ineligible

Length of authorization: For new applications and category changes, the period of validity is 3 to 12 months; for renewals, it is 3 to 48 months.



2 Individuals Certified to Receive Nursing Care, Levels 1 through 5

● **If you wish to continue living in your own home**

You must create a care plan before using long-term care insurance services.

● **If you wish to move into a facility**

1. Choose a care manager

Care managers working for in-home nursing care support centers can create care plans. If you need advice regarding the selection of an in-home nursing care support center, please contact the Elderly and Disabled Support Division at a ward office or a community-based integrated support center (community care plaza, etc.).

In-home nursing care support centers (see **page 14**)

If you will be using a small-scale, multifunctional home care center (with or without home-visit nursing services), the facility's care manager will create the care plan.

For more information about such small-scale, multifunctional home care centers (with or without home-visit nursing services), please see **page 24**


1. Choose a facility

Visit facilities that interest you to find out the services they offer, contract details, and other information.

Information about facilities is also available at the ward offices, community-based integrated support centers, senior care facilities, housing consultation centers, etc.

2. Create a care plan

Consult with the care manager to determine the services you need.
The care manager will finalize a care plan based on this consultation.



2. Apply for admittance

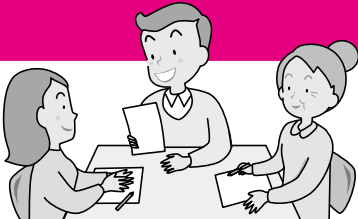
Consultations about and applications for intensive care homes for senior citizens* are handled at the Admittance Application Reception Center. Requirements for admittance differs depending on your nursing care need certification level (see **page 28**). For other facilities, please apply directly with the facility (see **page 29**).

* Intensive care homes for seniors are generally for those with nursing care need certification Level 3 and above.

3. Finalize contract with service providers


Be sure to read the contract, explanation of important matters, and other documentation to confirm the details of the contract and services before finalizing individual user contracts with each service provider.

For more information about contracts with service providers, please see **page 16**.

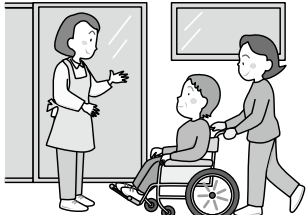


4. Start using the services

In-home services (home-visit, day care, living environment maintenance services):
see **page 18**



Residential and facility services: see **page 27**

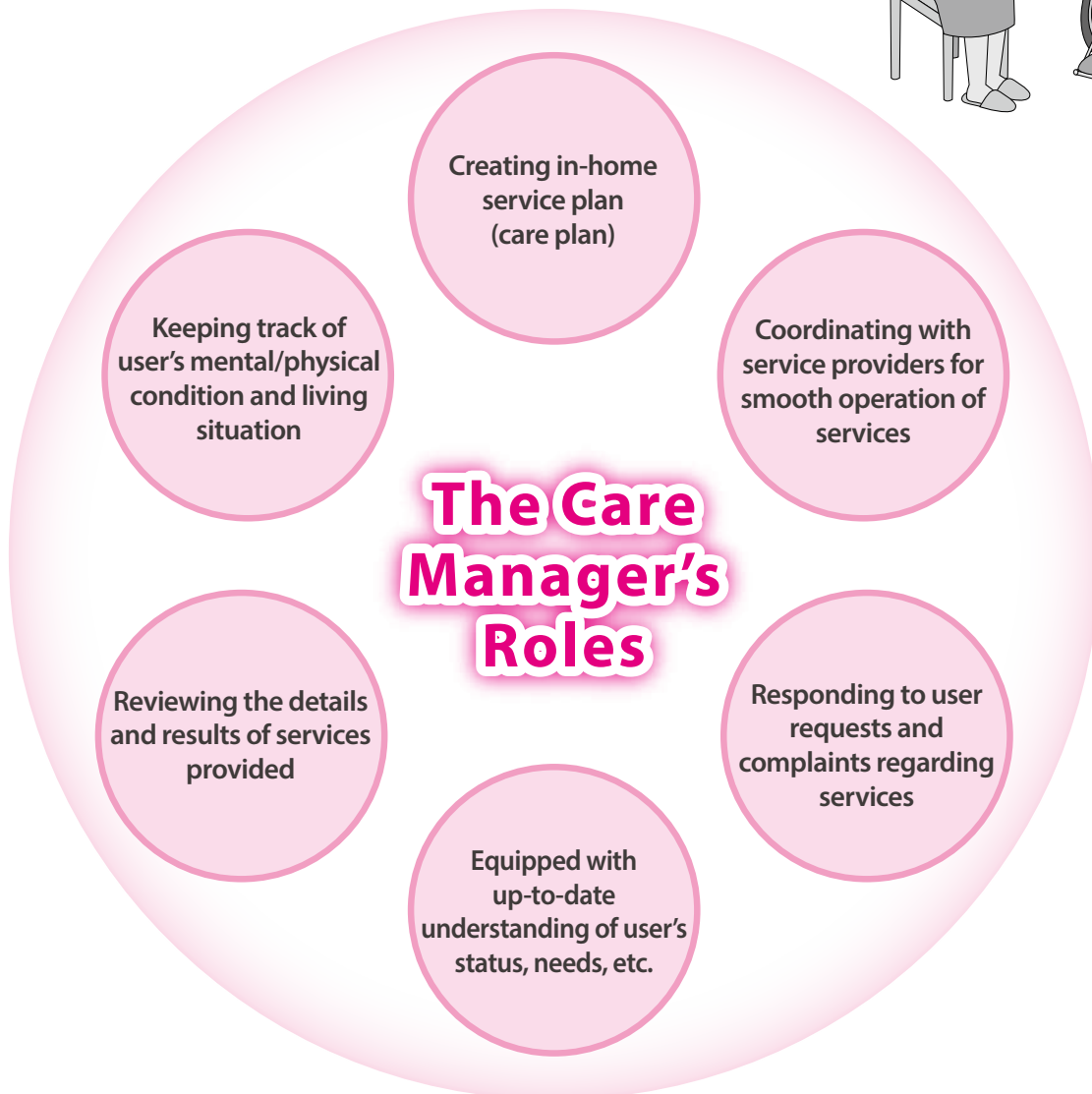
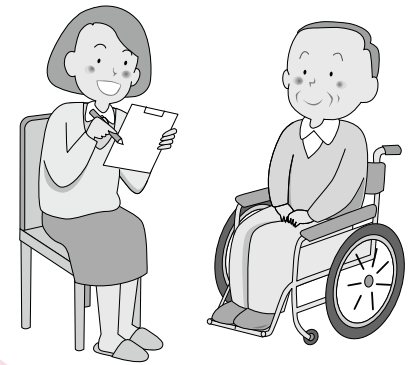


In-Home Nursing Care Support Centers

Choose the care manager who will create your care plan.

A care manager working for the in-home nursing care support center will help you create an in-home service plan (care plan) and coordinate with service providers so that you can use appropriate services according to you and your family's situation and preferences.

Long-term care insurance fully covers these costs, so you will not have to pay a fee.



Key Points When Choosing an In-Home Nursing Care Support Center

1. Do staff members think about nursing care from the user's perspective on a long-term basis?
2. Do staff members have concrete knowledge of and experience in elder care?
3. Do staff members have sufficient information about service providers in the community?

You can contact individual in-home nursing care support centers to confirm the above points before finalizing your choice.

3 Those who have assistance need certification Level 1 or 2, or were certified as persons eligible for services

Note: "Persons eligible for services" refers to those who have been certified as equivalent to persons who have assistance need certification Level 1 or 2 through the basic checklist and are confirmed as eligible to use services.

1. Create a preventive care plan

Consult with a community-based integrated support center (community care plaza, etc.) or an in-home nursing care support center designated as preventive care support provider about the services necessary for you to continue living independently in a familiar community, and create a preventive care plan. You can receive support from related service providers after you sign a consent form.

You can also ask a care manager working for a designated in-home nursing care support center to create the preventive care plan based on your preferences. In such cases, a community-based integrated support center will check and approve the care plan.

For more information about community-based integrated support centers, please see page 15.

2. Finalize contract with service providers

Be sure to review the contract, explanation of important matters, and other documentation to confirm the contract's details and services before finalizing individual user contracts with each service provider.

For more information about contracts with service providers, please see page 16.

3. Start using the service

For information about preventive care services, please see page 18.

Community-based integrated support centers

Community-based integrated support centers provide casual consultation services to the community.

Yokohama City has set up community-based integrated support centers in the community care plazas and some intensive care homes for senior citizens so that older residents can remain in a community they are familiar with.

Roles of the community-based integrated support centers

1 Promoting preventive care services for lifelong health

The centers provide information about preventive care, offer advice to those who need to maintain or improve their life functions, and create preventive care service plans for individuals who have assistance need certification Level 1 or 2 and individuals certified as persons eligible for services.

2 Offering advice on various topics

The centers provide advice on long-term care insurance issues as well as on general issues related to senior citizens, and also connects people with appropriate services and organizations.

Community-based integrated support centers
Public health officials, certified social workers, primary care managers, etc.

3 Protecting the rights of senior citizens

The centers help prevent seniors from falling victim to consumer fraud, support the use of the adult guardianship program, and help prevent elder abuse.

4 Reinforcing community ties

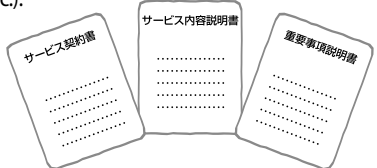
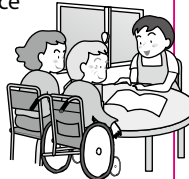
The centers support community volunteer activities and reinforce ties between care managers, long-term care service providers, and medical institutions.

- If you have any issues or concerns about daily life, feel free to contact the community-based integrated support center in charge of your area. You must contact the center in advance for face-to-face consultations and online consultations. The centers are open on Saturdays, Sundays and national holidays (excluding the year-end/New Year's holidays and the monthly facility maintenance day).

Contracts with Service Providers

Points to check on the contract and explanation of important matters

You must sign individual contracts with each service provider. To avoid unexpected issues or disputes, be sure to make the contract and the accompanying explanation of important matters in writing, and carefully check all the details. If you have any concerns, you can consult with the ward office.

● Service contract ●	● Explanation of service content ●	● Explanation of important matters ●
<p>This describes the basic details about the contract (contract period, payment, cancellation, etc.).</p> 	<ol style="list-style-type: none"> (1) Detailed descriptions of services (2) Frequency and schedule (3) Personally borne expenses (user fees) and payment methods (4) Details on the cancellation procedure and cancellation fees <p>Etc.</p>	<ol style="list-style-type: none"> (1) Outline of service provider (2) Outline of service provider facilities (3) Information about service provider personnel (4) Business hours (5) User fees (6) Consultation service windows <p>Etc.</p> 

<p>● Description of services Are the types of services offered explained in detail? ➡ Descriptions of the services offered may be provided in a document separate from the contract.</p>	<p>● Contract termination Does the user have the right to terminate the contract? ➡ Is there a penalty fee for termination?</p>
<p>● Contract period Is the contract period clearly specified (listing both start and end dates)? ➡ Is there a clear explanation about renewal procedures after the contract expires?</p>	<p>● Cancellation of services Can scheduled services be canceled? ➡ Is the cancellation fee expensive?</p>
<p>● Explanation of services Does it state that the service provider must explain and provide a copy of the content of services used and a record of services provided?</p>	<p>● Compensation for damages Are there any provisions for compensation for damage the service provider causes to the user's body or property?</p>
<p>● Personally borne expense (user fees) Are all the user fees clearly stated? ➡ The expenses users must bear are stipulated by laws and regulations. Are there any ambiguous user fees (such as cooperation fees, facility usage fees, etc.)? Does the contract state that user fees are subject to change at the convenience of the service provider?</p>	<p>● Privacy protection Does it state that personal information about the user and his/her family members will not be provided to third parties without written consent, except for justifiable reasons?</p>
<p>● Matters regarding delinquent user fees Are there grace periods or other considerations in the case of delinquent user fees? ➡ Are there stipulations that the services can be stopped immediately, or that a penalty fee must be paid?</p>	<p>● Handling complaints Does the service provider clearly state how complaints will be handled, such as listing the department and personnel responsible for doing so?</p>

Make sure that the contract does not include unreasonable fees.

For information on the range of personally borne expenses for long-term care insurance services, please see page 30.

Limitations for in-home services

There is a limit to the benefits provided for in-home services that long-term care insurance covers. This limit is based on your nursing care need certification level. If you use services in excess of the limit, you are responsible for all fees that exceed it.

However, these limits do not apply for services related to daily nursing care for tenants at specially designated facilities, communal living care for dementia sufferers, and the like. In-home care management guidance services are also not subject to this limit.

Certification Level		Number of credits available	Monthly usage limit*
Person Eligible for Services		5,032 units	¥50,000 to ¥60,000
Assistance Need Certification	Level 1	5,032 units	¥50,000 to ¥60,000
	Level 2	10,531 units	¥110,000 to ¥120,000
Nursing Care Need Certification	Level 1	16,765 units	¥170,000 to ¥190,000
	Level 2	19,705 units	¥200,000 to ¥220,000
	Level 3	27,048 units	¥270,000 to ¥300,000
	Level 4	30,938 units	¥310,000 to ¥340,000
	Level 5	36,217 units	¥360,000 to ¥400,000

*Amounts given are approximate.
The actual number is calculated by multiplying the number of units by the Yokohama City area unit price (¥10 to ¥11.12)
See page 18

Available Services

Types of Long-Term Care Insurance Services

The types of long-term care insurance services available differ between the ones for individuals who have nursing care need certification and the ones for individuals who have assistance need certification, etc. Details are described in the table below.

	Type	Availability to those with assistance need certification
Services at members' homes (home-visit services)	Home-visit nursing care (home help)	○ *4
	Nighttime home-visit nursing care *1	×
	Home-visit bathing care	○
	Home-visit nursing services	○
	Home-visit rehabilitation	○
	In-home care management guidance services	○
Services at facilities (outpatient services, including overnight stay)	Outpatient day nursing care (day services) Capacity of 19 people or more	○ *4
	Community-based outpatient day nursing care*1 (small-scale day services) Capacity of 18 people or less	○ *4
	Medical day nursing care*1 (day services for those who need to be monitored by a nurse)	×
	Day services for dementia sufferers*1	○
	Outpatient rehabilitation (daycare)	○
	Short-stay services at welfare facilities	○
	Short-stay services at medical facilities	○

*1: These are community-based services, meaning they are designed to enable people to continue living in their own homes and familiar communities whenever possible. As a rule, only Yokohama City residents (long-term care insurance members of the city) can use these services.

*2: Some facilities only accept individuals that have nursing care need certification at the time of admission.

*3: Some items are not available for individuals who have lower certification levels (nursing care need certification Level 1 and assistance need certification).

*4: The home-visit nursing care, outpatient day nursing care, and community-based outpatient day nursing care that were available to individuals who have assistance need certification are now part of the Comprehensive Project on Preventive Care/General Daily Life Support Services (hereinafter, "comprehensive project").

	Type	Availability to those with assistance need certification
Services available 24 hours a day (Home-visit services Outpatient services)	Periodic rounds/as-needed basis home-visit nursing care*1 (home-visit services)	×
	Small-scale, multifunctional home care centers *1 (home-visit + outpatient [overnight stay] services)	○
	Small-scale, multifunctional home care centers (with home-visit nursing services)*1 (home-visit + outpatient [overnight stay] services)	×
Services to maintain living environment	Welfare equipment rental*3	○
	Sale of specified equipment covered by long-term care insurance	○
	Home renovations	○
Residential services	Communal living care for dementia sufferers*1	△ (Assistance need certification Level 2 only)
	Daily nursing care for tenants at specially designated facilities (private nursing homes for seniors, etc.)	○ *2
	Daily nursing care for tenants at community-based specially designated facilities (private nursing homes for seniors, etc.) *1	×
Facility services	Nursing care senior welfare facilities (intensive care homes for senior citizens)	×
	Daily life care services for residents of community-based nursing care senior welfare facilities *1	×
	Rehabilitation facilities for senior citizens	×
	Integrated facilities for medical and long-term care	×

List of Preventive Care/General Daily Life Support Services

(Eligibility: Individuals who have assistance need certification Levels 1 and 2, and persons certified as eligible for services.)

Service type defined by the nation	Service name in Yokohama	Service description
Services equivalent to the home-visit/outpatient services in the former preventive care category	Yokohama Home-Visit Nursing Care Service	Specialized services equivalent to the home-visit services in the former preventive care category (services provided by home-visit care workers, etc.) are provided when deemed necessary.
	Yokohama Outpatient Nursing Care Service	Specialized services equivalent to the outpatient services in the former preventive care category (services provided by care workers in facilities, etc.) are provided when deemed necessary.
Services based on relaxed standards (type-A services)	Yokohama Home-Visit Daily Life Support Service	Daily living assistance such as cleaning, laundry, cooking and shopping is provided to individuals who do not necessarily need specialized services. These services are provided by home-visit caregivers and individuals who completed introductory training.
Support services provided by residents (type-B services)	Yokohama Home-Visit Type Support	Resident volunteers and the like regularly visit homes to provide daily life support, such as cleaning, laundry, cooking and shopping.
	Yokohama Outpatient Type Support	These are community salons and the like run by resident volunteers. They provide senior citizens with opportunities to exercise, enjoy hobbies and other activities that serve as preventive care.
Other daily life support services	Yokohama Food Distribution Support	Resident volunteers and the like regularly visit homes to distribute food to improve nutrition.
	Yokohama Monitoring Support	Resident volunteers and the like regularly visit homes to check on insured members to confirm that they are safe.
Short-term concentrated preventive care services (type-C services)	Yokohama Short-Term Home-Visit Preventive Care Service	Under this early intervention service, registered nurses or public health nurses from the health and welfare center of each ward visit insured members for a short period (three to six months) to provide preventive care services with the aim of keeping people from becoming housebound, improving the condition of individuals who are housebound, and promoting social participation. Depending on the condition of the member, various types of support are provided, such as the maintenance/improvement of motor functions, health management, and encouraging participation in community gatherings and other services.

*5: These services are available to individuals who have nursing care need certification if they were already using the service when they had assistance need certification or were certified as eligible for services, and wish to continue using the service.

For details on major services and approximate personally borne expenses, please see **pages 18 to 29**.

The calculations shown as **examples** for approximate personally borne expense amounts are for those with a **payment rate of 10 percent**. They do not include additional costs that may be applied depending on the system of the facility, etc.

Personally borne expense amounts are subject to change in accordance with revisions in compensation regulations and other factors.

Services Provided at Members' Homes

Individuals with nursing care need certification Levels 1 to 5

Home-visit nursing care (home help)

Home helpers (home-visit caregivers) visit members' homes to provide physical care such as bathing, toilet and meal assistance, as well as daily life support services such as cleaning, laundry, cooking and shopping.

Approximate personally borne expense

Physical care only	Less than 20 min.	20 to 29 min.	30 to 59 min.	60 to 89 min.	Every 30 minutes thereafter
	¥182	¥272	¥431	¥631	¥92

Daily life support after physical care	20 to 44 min.	45 to 69 min.	70 min. and over
	¥73	¥145	¥217

Daily life support only	20 to 44 min.	45 min. and over
	¥199	¥245

◇ For example, if you use daily life support for 20 to 44 minutes after 30 to 59 minutes of physical care, your personally borne expense is ¥504 (¥431 + ¥73).

Notes:

- The amount of the personally borne expense is fixed if you use daily life support only for 45 minutes or more, or daily life support after physical care for 70 minutes or more.
- The amount of the personally borne expense will be 1.25 to 1.5 times higher if the service is used early in the morning or late at night.

Outpatient transportation assistance

This service is provided by a single home helper (home-visit caregiver), who helps the member get in and out of a vehicle and drives the vehicle when visiting medical institutions and certain other facilities.

Approximate personally borne expense

One way	¥108
---------	------

◇ Members are also responsible for applicable fares.

Notes:

- The approximate personally borne expense amounts are for individuals paying at a rate of 10 percent.
- Personally borne expense amounts are subject to change in accordance with revisions in compensation regulations and other factors.

- Daily life support is for individuals who have difficulty doing household chores on their own and cannot receive support from family or the community.
- Services that exceed the scope of daily life support are not covered by the long-term care benefit. Examples:
 - Actions that are not assistance directly targeted to the individual—such as doing laundry, cooking, shopping and cleaning for family members, attending to guests, washing the individual's car, etc.
 - Actions that are not daily life support, such as lawnmowing, taking care of pets, spring cleaning, window washing, house repairs, painting walls, gardening, and labor-intensive cooking such as New Year's meals.

Key Point!

Personally borne expense calculations

Multiply the number of credits for each service by the Yokohama City area unit price (see table at right) to calculate the total expenses. The values shown as approximate are for individuals with a personally borne expense rate of 10 percent (10 percent of total expenses).

The personally borne expense amount for services marked with * is calculated based on thirty days of use.

$$\text{Number of credits} \times \text{Yokohama City area unit price} \times 0.1 = \text{Personally borne expense}$$

Type of service (including preventive care and community-based services)	Area unit price
In-home care management guidance services, Welfare equipment rental	¥10
Outpatient day nursing care, Community-based outpatient day nursing care, Short-stay services at medical facilities, Nursing care senior welfare facilities*, Daily nursing care for tenants at specially designated facilities*, Communal living care for dementia sufferers*, Rehabilitation facilities for senior citizens*, Daily nursing care for tenants at community-based specially designated facilities*, Daily life care services for residents of community-based nursing care senior welfare facilities*, Integrated facilities for medical and long-term care*	¥10.72
Home-visit rehabilitation, Outpatient rehabilitation, Short-stay services at welfare facilities, Day services for dementia sufferers, Small-scale, multifunctional home care centers, Small-scale, multifunctional home care centers (with home-visit nursing services)	¥10.88
Home-visit nursing care, Home-visit bathing care, Home-visit nursing services, Periodic rounds/as-needed basis home-visit nursing care, Nighttime home-visit nursing care, In-home nursing care support	¥11.12

Individuals with assistance need certification Levels 1 and 2 / Persons eligible for services

Yokohama Home-Visit Nursing Care Service (Home Help)

Home helpers (home-visit caregivers) visit members' homes to provide physical care such as bathing, toilet and meal assistance, as well as daily life support services such as cleaning, laundry, cooking and shopping.

Approximate personally borne expense

Monthly usage	Assistance need certification Level 1	Assistance need certification Level 2 Person eligible for services
About once a week	¥1,308	¥1,308
About twice a week	¥2,612	¥2,612
More than twice a week		¥4,145

Yokohama Home-Visit Daily Life Support Service

Daily living assistance such as cleaning, laundry, cooking and shopping is provided by a home-visit worker who has completed a certain level of training or introductory training, etc.

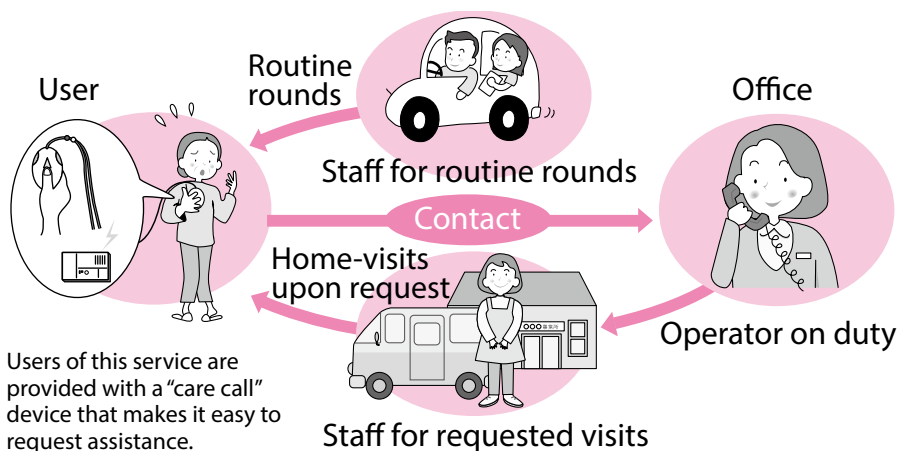
Approximate personally borne expense

Monthly usage	Assistance need certification Level 1	Assistance need certification Level 2 Person eligible for services
About once a week	¥1,177	¥1,177
About twice a week	¥2,351	¥2,351
More than twice a week		¥3,730

Individuals with nursing care need certification Levels 1 to 5 (not available to those with assistance need certification Levels 1 and 2)

Nighttime home-visit nursing care **CB**

In addition to the home-visit nursing care services provided during routine night rounds, staff will visit the user's home at any time upon request. In addition, there is a dedicated call service that responds to user calls and coordinates the necessary services.

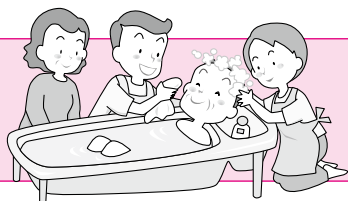


— Approximate personally borne expense —

Nighttime home-visit nursing care (I)	Dedicated call service
	¥1,100 per month
	Routine rounds service
	¥414 per use
Requested visit service (I)	
¥631 per use	

Individuals with nursing care need certification Levels 1 to 5

Home-visit bathing care



Nurses and caregivers visit the user's home and assist him/her with bathing in the special bath tub they bring with them.

— Approximate personally borne expense —

¥1,408 per use

◇ For dry baths and partial baths for individuals who have difficulty taking a full-body bath: ¥1,267 per use

Individuals with assistance need certification Levels 1 and 2

Preventive care—home-visit bathing care

— Approximate personally borne expense —

¥952 per use

◇ For dry baths and partial baths for individuals who have difficulty taking a full-body bath: ¥857 per use

Individuals with nursing care need certification Levels 1 to 5

Home-visit nursing services

Individuals receiving in-home medical care who have difficulty going to the hospital can also receive health checks and assistance with medical treatment by a registered nurse or other healthcare professional who visits the user's home regularly, based on instructions from the user's primary physician.

Approximate personally borne expense	Minutes per use	Under 20 min.*1	Under 30 min.	30 to 59 min.	60 to 89 min.	90 min. or more*2
	Service category					
	Home-visit nurse station	¥350	¥524	¥916	¥1,255	¥1,588
	Hospital or clinic	¥296	¥444	¥639	¥939	¥1,273

*1: This only applies when other home-visit nursing services of twenty minutes or more are used at least once a week.

○ The amount of the personally borne expense will be 1.25 to 1.5 times higher if the service is used early in the morning or late at night.

*2: This only applies for those who are eligible for special management additions when the total time of home-visit nursing services used reach or surpass ninety minutes.

Individuals with assistance need certification Levels 1 and 2

Preventive care—home-visit nursing services

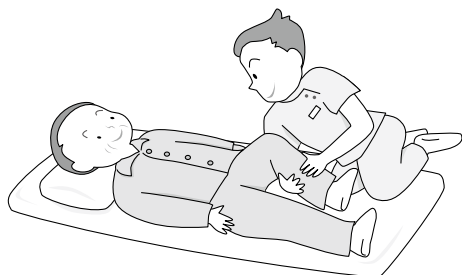
Individuals receiving in-home medical care who have difficulty going to the hospital can also receive health checks and assistance with medical treatment by a registered nurse or other healthcare professional who visits the user's home regularly, based on instructions from the user's primary physician.

Notes:
 1. The approximate personally borne expense amounts are for individuals paying at a rate of 10 percent.
 2. Personally borne expense amounts are subject to change in accordance with revisions in compensation regulations and other factors.
CB This mark indicates community-based services. As a rule, only Yokohama City residents (long-term care insurance members living in the city) can use these services.

Individuals with nursing care need certification Levels 1 to 5

Home-visit rehabilitation

Individuals receiving in-home medical care who have difficulty going to the hospital can receive rehabilitation services at home from a physical therapist, occupational therapist, or speech therapist, based on instructions from the user's primary physician.



Approximate personally borne expense

¥336 per use

◇ Individuals who receive intensive rehabilitation based on a rehabilitation implementation plan must pay an additional fee of ¥218 per use.

Individuals with assistance need certification Levels 1 and 2

Preventive care—home-visit rehabilitation

Individuals receiving in-home medical care who have difficulty going to the hospital can receive rehabilitation services at home from a physical therapist, occupational therapist, or speech therapist, based on instructions from the user's primary physician.



Approximate personally borne expense

¥325 per use

◇ Individuals who receive intensive rehabilitation based on a rehabilitation implementation plan must pay an additional fee of ¥218 per use.

Individuals with nursing care need certification Levels 1 to 5

In-home care management guidance

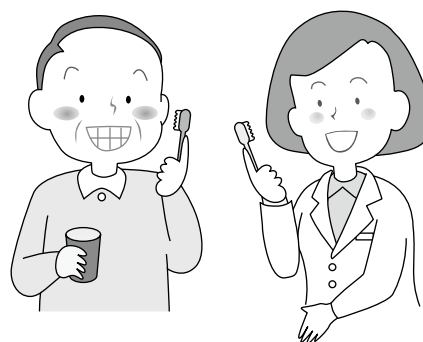
Individuals receiving in-home medical care who have difficulty going to the hospital can receive medical care management and guidance from physicians, dentists, pharmacists and the like who visit the user's home. In addition, these professionals provide the information necessary for the care manager to formulate a care plan.



Individuals with assistance need certification Levels 1 and 2

Preventive care—in-home care management guidance

Individuals receiving in-home medical care who have difficulty going to the hospital can receive medical care management and guidance from physicians, dentists, pharmacists and the like who visit the user's home. In addition, these professionals provide the information necessary for the community-based integrated support centers, etc. to formulate a care plan.



Approximate personally borne expense

Frequency of use	Physician	Dentist	Pharmacist at medical institution	Pharmacist at pharmacy	Nutritionist	Dental hygienist
Per use	¥515	¥517	¥566	¥518	¥545	¥362
For groups of two to nine people living in the same building	¥487	¥487	¥417	¥379	¥487	¥326
Maximum use	Twice a month	Twice a month	Twice a month	Four times a month*	Twice a month	Four times a month

*Up to twice a week (eight times a month) for individuals with terminal cancer and individuals receiving total parenteral nutrition.

Notes:

1. The approximate personally borne expense amounts are for individuals paying at a rate of 10 percent.
2. Personally borne expense amounts are subject to change in accordance with revisions in compensation regulations and other factors.

Services at Facilities (Outpatient Services, Including Overnight Stays)

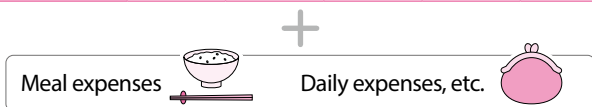
Individuals with nursing care need certification Levels 1 to 5

Outpatient day nursing care (day services)

These services are provided at daycare facilities with a capacity of nineteen people or more. Users can receive functional training and health checkups as well as assistance during bathing, eating and other daily living activities.

Approximate personally borne expense

Per day	Nursing care need certification Level 1	Nursing care need certification Level 2	Nursing care need certification Level 3	Nursing care need certification Level 4	Nursing care need certification Level 5
8 hours or more but less than 9 hours	¥718	¥848	¥981	¥1,116	¥1,252



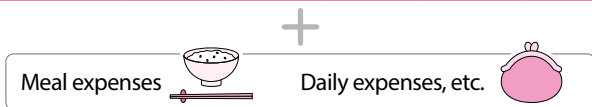
- ◇ This estimate is for cases when using a typical day nursing care facility for eight hours or more but less than nine hours. (Transportation service fees are included.)
- ◇ There will be additional fees if you wish to use nutritional improvement services or oral function improvement services.

Community-based outpatient day nursing care (day services) **CB**

These services are provided at daycare facilities with a capacity of eighteen people or more. Users can receive functional training and health checkups as well as assistance during bathing, eating and other daily living activities.

Approximate personally borne expense

Per day	Nursing care need certification Level 1	Nursing care need certification Level 2	Nursing care need certification Level 3	Nursing care need certification Level 4	Nursing care need certification Level 5
8 hours or more but less than 9 hours	¥840	¥992	¥1,150	¥1,308	¥1,464



- ◇ This estimate is for cases when using the facility for eight hours or more but less than nine hours. (Transportation service fees are included.)
- ◇ There will be additional fees if you wish to use nutritional improvement services or oral function improvement services.

Individuals with assistance need certification Levels 1 and 2 / Persons eligible for services

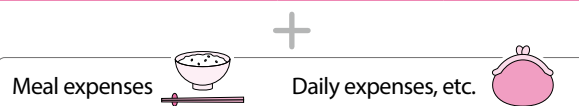
Yokohama Outpatient Nursing Care Service (day services)

This service is provided at daycare facilities. Users can receive functional training and health checkups as well as assistance during bathing, eating and other daily living activities.



Approximate personally borne expense

Monthly usage	Assistance need certification Level 1	Assistance need certification Level 2 / Person eligible for services
About once a week	¥1,928	¥1,928
About twice a week		¥3,882



- ◇ Transportation and bathing service fees are included.
- ◇ There will be additional fees if you wish to use nutritional improvement services or oral function improvement services.

Individuals with nursing care need certification Levels 1 to 5 (not available to those with assistance need certification Levels 1 and 2)

Medical day nursing care **CB**

This daycare service provides functional training and health checkups as well as assistance during bathing, eating and other daily living activities for individuals who require intensive care due to terminal illnesses or those who require constant observation by a registered nurse due to terminal cancer.

Approximate personally borne expense

Per month	(No category) ¥13,706	+	Meal expenses 	Daily expenses, etc. 
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- ◇ The service may not be available depending on your physical condition.

Notes:

1. The approximate personally borne expense amounts are for individuals paying at a rate of 10 percent.
2. Personally borne expense amounts are subject to change in accordance with revisions in compensation regulations and other factors.

CB This mark indicates community-based services. As a rule, only Yokohama City residents (long-term care insurance members living in the city) can use these services.

Individuals with nursing care need certification Levels 1 to 5


Day services for dementia sufferers **CB**


Individuals with dementia can receive assistance during bathing and eating as well as functional training and recreation in a small group and homey atmosphere.

Approximate personally borne expense

Service use of eight hours or more but less than nine hours per day

Nursing care need certification Level 1	¥1,117
Nursing care need certification Level 2	¥1,237
Nursing care need certification Level 3	¥1,358
Nursing care need certification Level 4	¥1,482
Nursing care need certification Level 5	¥1,602

Meal expenses 

Daily expenses, diaper fees, etc. 

Individuals with assistance need certification Levels 1 and 2


Preventive care—day services for dementia sufferers **CB**


Individuals with dementia can receive assistance during bathing and eating as well as functional training and recreation in a small group and homey atmosphere.

Approximate personally borne expense

Service use of eight hours or more but less than nine hours per day

Assistance need certification Level 1	¥967
Assistance need certification Level 2	¥1,079

Meal expenses 

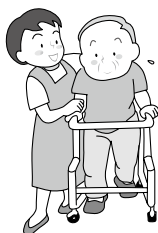
Daily expenses, diaper fees, etc. 

- ◇ This estimate is for cases in which dementia sufferers are using independent day service facilities for eight hours or more but less than nine hours. (Transportation service fees are included.)
- ◇ There will be additional fees if you wish to use nutritional improvement services or oral function improvement services.

Individuals with nursing care need certification Levels 1 to 5


Outpatient rehabilitation (daycare)


This service is available to individuals whose primary physician consider it necessary to maintaining and improving their mental and physical functions. Users can receive rehabilitation and assistance during bathing, eating and other daily living activities at rehabilitation facilities for senior citizens, hospitals, clinics, etc.



Approximate personally borne expense

Per day	Nursing care need certification Level 1	Nursing care need certification Level 2	Nursing care need certification Level 3	Nursing care need certification Level 4	Nursing care need certification Level 5
7 hours or more but less than 8 hours	¥829	¥983	¥1,138	¥1,322	¥1,501

Meal expenses 

Daily expenses, etc. 

- ◇ This estimate is for cases when using a typical outpatient rehabilitation facility for seven hours or more but less than eight hours. (Transportation service fees are included.)
- ◇ There will be additional fees for individuals who receive intensive rehabilitation based on a rehabilitation implementation plan, or for individuals who wish to use nutritional improvement services or oral function improvement services.

Individuals with assistance need certification Levels 1 and 2


Preventive care—outpatient rehabilitation

This service is available to individuals whose primary physician consider it necessary to maintaining and improving their mental and physical functions. Users can receive rehabilitation and assistance during bathing, eating and other daily living activities at rehabilitation facilities for senior citizens, hospitals, clinics, etc.

The monthly fee is fixed, and you can only use one facility.

Approximate personally borne expense

Per month	Common services	Nutritional improvement (additional fee)	Oral function improvement (additional fee)
Assistance need certification Level 1	¥2,468	¥218	¥169
Assistance need certification Level 2	¥4,600	¥218	¥169

Meal expenses 

Daily expenses, etc. 

- ◇ Transportation and bathing services are included in the common services.

Notes:

1. The approximate personally borne expense amounts are for individuals paying at a rate of 10 percent.
2. Personally borne expense amounts are subject to change in accordance with revisions in compensation regulations and other factors.

CB This mark indicates community-based services. As a rule, only Yokohama City residents (long-term care insurance members living in the city) can use these services.

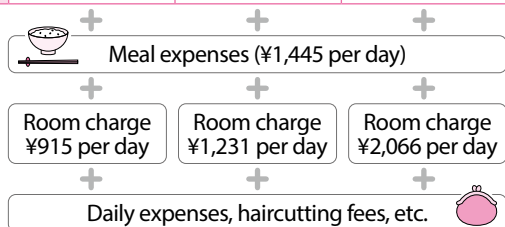
Individuals with nursing care need certification Levels 1 to 5

Short-stay services at welfare facilities

These services are for individuals who are temporarily unable to receive nursing care from their family. Users stay at a welfare facility for a short period to receive assistance during eating, changing clothes, bathing and other daily living activities, and participate in recreational activities. Fees vary depending on the type of room.

Approximate personally borne expense

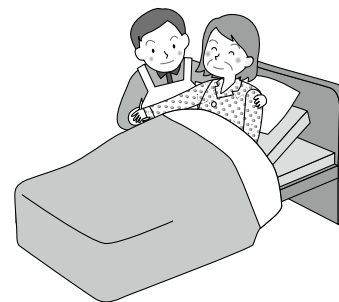
Per day	Shared room (capacity of two people or more)	Conventional private room (no living room)	Unit-type private room (with living room)
Nursing care need certification Level 1	¥656	¥656	¥766
Nursing care need certification Level 2	¥732	¥732	¥840
Nursing care need certification Level 3	¥811	¥811	¥922
Nursing care need certification Level 4	¥887	¥887	¥999
Nursing care need certification Level 5	¥962	¥962	¥1,074



Individuals with assistance need certification Levels 1 and 2

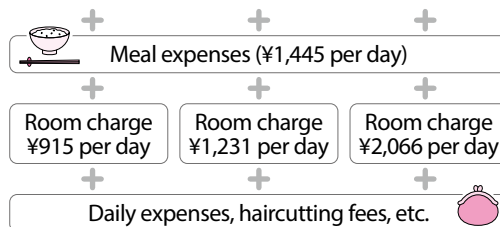
Preventive care—short-stay services at welfare facilities

These services are for individuals who are temporarily unable to receive nursing care from their family. Users stay at a welfare facility for a short period to receive services to ensure they maintain daily life functions.



Approximate personally borne expense

Per day	Shared room (capacity of two people or more)	Conventional private room (no living room)	Unit-type private room (with living room)
Assistance need certification Level 1	¥491	¥491	¥576
Assistance need certification Level 2	¥611	¥611	¥714



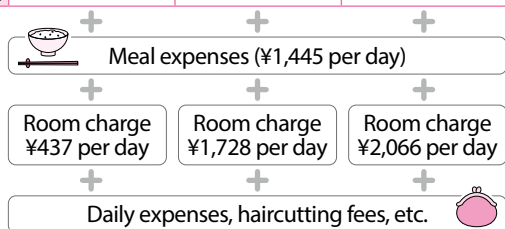
Individuals with nursing care need certification Levels 1 to 5

Short-stay services at medical facilities

These services are for individuals who are temporarily unable to receive nursing care from their family. Users stay at a rehabilitation facility for senior citizens, medical facility or the like for a short period to receive functional training, daily life support and other services from physicians, registered nurses, physical therapists, etc. Fees vary depending on the type of room.

Approximate personally borne expense

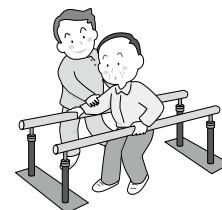
Per day	Shared room (capacity of two people or more)	Conventional private room (no living room)	Unit-type private room (with living room)
Nursing care need certification Level 1	¥890	¥808	¥897
Nursing care need certification Level 2	¥944	¥859	¥947
Nursing care need certification Level 3	¥1,012	¥927	¥1,017
Nursing care need certification Level 4	¥1,069	¥984	¥1,076
Nursing care need certification Level 5	¥1,128	¥1,041	¥1,132



Individuals with assistance need certification Levels 1 and 2

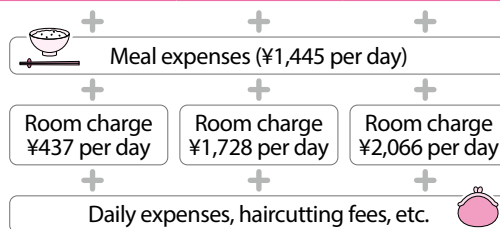
Preventive-care—short-stay services at medical facilities

These services are for individuals who are temporarily unable to receive nursing care from their family. Users stay at a rehabilitation facility for senior citizens, medical facility or the like for a short period to receive assistance in daily living activities, functional training, and other preventive care services from physicians, registered nurses, physical therapists, etc.



Approximate personally borne expense

Per day	Shared room (capacity of two people or more)	Conventional private room (no living room)	Unit-type private room (with living room)
Assistance need certification Level 1	¥658	¥621	¥669
Assistance need certification Level 2	¥830	¥779	¥846



- ◇ An additional ¥198 to ¥201 each way is charged if you use transportation services.
- ◇ Diaper fees are included in long-term care insurance.

Notes:

1. Meal and room charges shown are standard amounts according to the national government. Contact the facilities you wish to use directly for specific rates (see page 35).
2. There are meal and room charge reduction programs for low-income individuals (see pages 35 and 38).

Notes:

1. The approximate personally borne expense amounts are for individuals paying at a rate of 10 percent.
2. Personally borne expense amounts are subject to change in accordance with revisions in compensation regulations and other factors.

CB This mark indicates community-based services. As a rule, only Yokohama City residents (long-term care insurance members living in the city) can use these services.

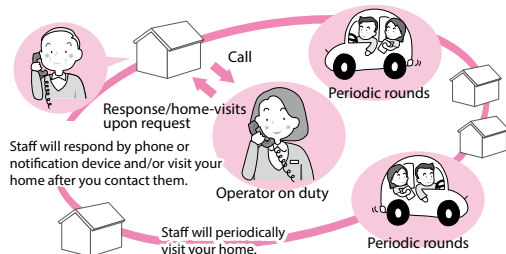
Service Available Around the Clock

Individuals with nursing care need certification Levels 1 to 5 (not available to those with assistance need certification Levels 1 and 2)

Periodic rounds/as-needed basis home-visit nursing care **CB**

This service provides 24-hour home-visit nursing care and related nursing services in an integrated manner or in close cooperation, including periodic rounds and visits/response on an as-needed basis.

Note: In general, you can only use one service provider.



Approximate personally borne expense

Per month

	Care and nursing services	Care only
Nursing care need certification Level 1	¥8,836	¥6,056
Nursing care need certification Level 2	¥13,804	¥10,809
Nursing care need certification Level 3	¥21,071	¥17,948
Nursing care need certification Level 4	¥25,974	¥22,704
Nursing care need certification Level 5	¥31,468	¥27,458

Individuals with nursing care need certification Levels 1 to 5

Individuals with assistance need certification Levels 1 and 2

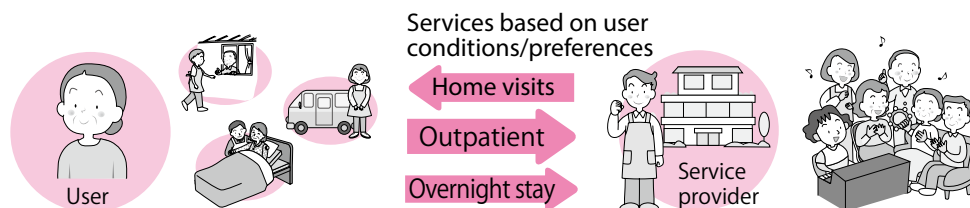
Small-scale, multifunctional home care centers **CB**

Preventive care—small-scale, multifunctional home care centers **CB**

This service primarily offers outpatient services in a facility located in a community familiar to the user, but also provides services where staff visit the user's home or when the user stays overnight in the facility.

The same staff members that users see when visiting the facility for outpatient services handle these home visits and overnight stay services.

Please note that the monthly fee is fixed (there are separate fees for overnight stays, etc.), and you can only use one facility. While using this service, you will not be eligible for some services such as home-visit nursing care (home help), outpatient day nursing care, and short-stay services (at welfare/medical facilities), as well as other community-based services. A care manager at the facility will create your care plan.



Approximate personally borne expense

Per month

Nursing care need certification Level 1	¥11,379
Nursing care need certification Level 2	¥16,723
Nursing care need certification Level 3	¥24,327
Nursing care need certification Level 4	¥26,849
Nursing care need certification Level 5	¥29,604

- Meal expenses
- Overnight expenses
- Daily expenses, etc.

Approximate personally borne expense

Per month

Assistance need certification Level 1	¥3,754
Assistance need certification Level 2	¥7,586

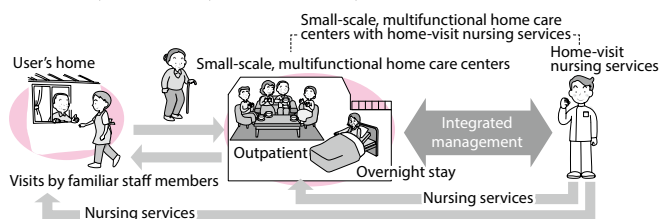
- Meal expenses
- Overnight expenses
- Daily expenses, etc.

Individuals with nursing care need certification Levels 1 to 5 (not available to those with assistance need certification Levels 1 and 2)

Small-scale, multifunctional home care centers with home-visit nursing services (formerly known as "combined services") **CB**

This service combines services provided by small-scale, multifunctional home care centers (mainly outpatient services, but also home-visit and overnight stay services based on the user's condition and preferences. A care manager working for the facility will create your care plan.) and home visits by registered nurses.

Note: In general, you can only use one facility.



Registered users: Up to 29 people Outpatient users: Up to 18 people at a time Familiar staff members provide all types of services.
Overnight stay users: Up to 9 people at a time

Approximate personally borne expense

Per month

Nursing care need certification Level 1	¥13,543
Nursing care need certification Level 2	¥18,948
Nursing care need certification Level 3	¥26,636
Nursing care need certification Level 4	¥30,210
Nursing care need certification Level 5	¥34,172

- Meal expenses
- Overnight expenses
- Daily expenses, etc.

Notes:

- The approximate personally borne expense amounts are for individuals paying at a rate of 10 percent.
- Personally borne expense amounts are subject to change in accordance with revisions in compensation regulations and other factors.

CB This mark indicates community-based services. As a rule, only Yokohama City residents (long-term care insurance members living in the city) can use these services.

Services to Maintain Living Environment

Individuals with nursing care need certification Levels 1 to 5

Individuals with assistance need certification Levels 1 and 2

Welfare equipment rental

You can rent welfare equipment that helps you gain independence in daily life.

Preventive care—welfare equipment rental

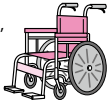
You can rent welfare equipment that helps you maintain independence in daily life.

Items covered (13 types)

■ In general, this is not available to individuals living in a private nursing home for senior citizens or a group home.

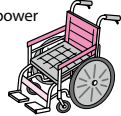
1 Wheelchairs

* Self-propelled, attendant-propelled, regular motorized wheelchairs



2 Wheelchair accessories

* Cushions, electric power assist devices, etc.



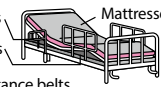
3 Nursing care beds

* Beds with adjustable head/feet position, height, etc.



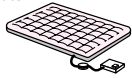
4 Nursing care bed accessories

Support bars, Mattresses, Side rails, Tables, assistance belts, sliding boards, mats



5 Equipment to prevent bedsores

* Air mattresses, water mattresses, etc.



6 Equipment to assist body position changes

* Equipment to assist body position changes



7 Includes equipment to help users sit upright.

* Wandering management systems (for those with dementia) Includes bed occupancy sensors, etc.



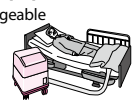
8 Mobile patient lifts

* Includes stair lifts, etc.



9 Automatic excretion treatment equipment

* Excludes exchangeable parts.



Notes:

- Items 1 through 8 are only covered for individuals with assistance need certification Levels 1 and 2 or nursing care need certification Level 1 in special cases.
- For item 9, automatic excretion treatment equipment with a function to suction solid waste are only covered for individuals with assistance need certification Levels 1 and 2 or nursing care need certification Levels 1 to 3 in special cases. Equipment that suction urine, however, is covered.

10 Handrails

* Items that do not require installation.



Starting in April 2024, you can choose rental or purchase.

11 Slopes

* Items that do not require installation.



12 Walkers

* If you are purchasing one, the walker must be without wheels.



13 Canes and crutches

* Please note that this does not cover any of the cost of purchasing crutches.



Approximate personally borne expense

10 percent of the rental fee (20 or 30 percent for individuals with income over certain amounts)

Note: Rental fees vary depending on the type of equipment, model, dealer, etc.

Individuals with nursing care need certification Levels 1 to 5

Individuals with assistance need certification Levels 1 and 2

Sale of specified equipment that long-term care insurance covers (purchase)

You will be reimbursed for a portion of the purchase price when you purchase specified equipment from a certified dealer covered by the long-term care insurance to assist independence in daily life.

Preventive care—sale of specified equipment covered by long-term care insurance (purchase)

You will be reimbursed for a portion of the purchase price when you purchase specified equipment from a certified dealer covered by the long-term care insurance to assist independence in daily life.

Items covered (9 types)

■ Only purchases from certified dealers are reimbursed.

■ In general, this option is not available to individuals living in a private nursing home for senior citizens or a group home.

11~19

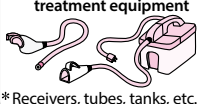
14 Chair-type toilet seats

* Includes items to raise the toilet seat, etc.



15 Exchangeable parts for automatic excretion treatment equipment

* Receivers, tubes, tanks, etc.

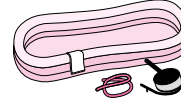


16 Bathing assistance equipment

* Bathing chairs, bathtub chairs, bathing stands, bathing aid belts, etc.



17 Simple bathtubs



18

Hanging equipment for mobile patient lifts



19 Excretion prediction equipment (ultrasonic bladder monitoring device)



In general, the same type of equipment will only be covered once.

Approximate personally borne expense

10 percent of the purchase price (20 or 30 percent for individuals with income over certain amounts)

Reimbursement limit: ¥90,000 (per year) for individuals with a personally borne expense rate of 10 percent

If the purchase amount exceeds ¥100,000, you are responsible for the full amount of the excess.

Required documents for application

- Application form (available at the Health Insurance and Pension Division of ward offices)
- Receipt
- Document explaining the need for welfare equipment (Statement of reason, in-home service plan, welfare equipment purchase plan, or write it in the application form)
- Document with an outline of the welfare equipment (pamphlet about the equipment, etc.)

Note: For excretion prediction equipment, you will also need a written confirmation of medical findings and/or a use record of the excretion prediction equipment in addition to (1) to (4) above.

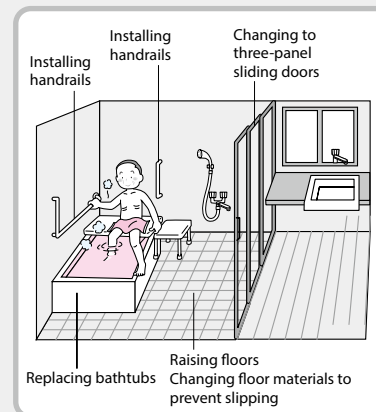
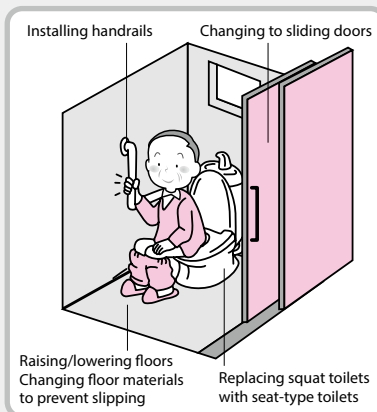
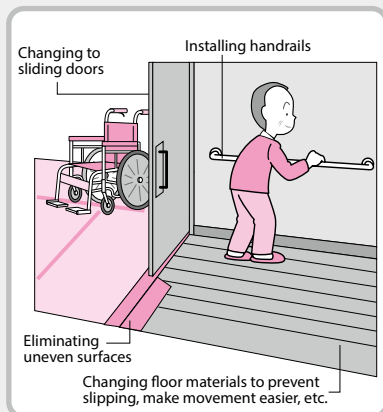
Individuals with nursing care need certification Levels 1 to 5

Individuals with assistance need certification Levels 1 and 2

Home renovations

Preventive care—home renovations

If you are certified as requiring nursing care or assistance and renovate your home so that you can continue to live there, part of the costs (maximum renovation costs: ¥200,000) will be reimbursed.



Renovations covered:

- (1) Installing handrails
- (2) Eliminating uneven surfaces and slopes
- (3) Changing floor materials to prevent slipping, make movement easier, etc.
- (4) Changing to sliding doors (includes removal of hinged doors; installation of new doors [if the cost is lower than replacement])
- (5) Replacing squat toilets with seat-type toilets
- (6) Construction work deemed necessary to complete the renovation described in (1) through (5) above and wall reinforcement for handrail installation
 - Plumbing work for the bathroom or toilet
 - Installing barriers to prevent wheelchair accidents, falls and slips on slopes
 - Repairing walls and pillars when replacing doors

Documents required to apply (if you are not using the authorized payment system)

Before renovations

- (1) Application form (available at the Health Insurance and Pension Division of ward offices)
- (2) Written quotation and breakdown of costs
- (3) Statement detailing reasons for renovations (prepared by a care manager; if you do not have a care manager, please contact the Elderly and Disabled Support Division of your local ward office)
- (4) Photos of home before renovations
- (5) Illustrations/photos/etc. showing completed renovations
- (6) Letter of consent for home renovations and copy of lease agreement (for rental housing)

After renovations

- (1) Receipt and breakdown of work conducted
- (2) Photos of home after renovations

1. Please prepare the required documents and apply to the Health Insurance and Pension Division of your ward office before you start renovations. You can begin renovations once you receive the notice regarding home renovations from the Health Insurance and Pension Division.
2. Once the work is finished, please pay the contractor the full amount. Prepare receipts and other required documents and submit them to the Health Insurance and Pension Division to receive the reimbursement.

■ In general, this option is not available to individuals living in a facility or residences for senior citizens, such as a private nursing home, group home, or residence for seniors with added services.

Authorized payment system

Under the long-term care insurance system, the user pays the full amount of home renovation costs (portion covered by insurance benefits + personally borne expenses) and receives a partial reimbursement (insurance benefit) within the limit stated above at a later date. Yokohama City, however, has an authorized payment system in which users only need to pay the amount of personally borne expenses to the contractor.

Please note that this system only applies to home renovation companies registered with the city. The list of registered companies is available on the Yokohama City website. It is also available at the Elderly and Disabled Support Division and Health Insurance and Pension Division at ward offices.

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Search

Approximate personally borne expense

10 percent of renovation costs (20 or 30 percent for those with income over certain amounts)

Reimbursement limit: ¥180,000 for those with a personally borne expense rate of 10 percent

The maximum amount of renovation costs reimbursable for this service is ¥200,000 in your current place of residence.

You can reapply for the reimbursement if you move (file a notification of moving) or if your required level of nursing care* increases by three or more levels (limit of ¥200,000).

*Nursing care need certification Level 1 and assistance need certification Level 2 are considered to be the same.

Residential Services

Individuals with nursing care need certification Levels 1 to 5

Communal living care for dementia sufferers **CB**

These are residences for individuals with dementia, where they live together with five to nine people per unit in a homey atmosphere and receive daily living care. They are equipped with unit(s) with bedrooms and a communal living room, communal dining area, bathrooms and so on. Life in these facilities is designed to slow the progression of dementia—for example, by assigning chores to each resident—and to help them live their lives in comfort.

Note: The personally borne expenses vary depending on the number of units in the facility.



Approximate personally borne expense

Per month

	1 unit	2 or more units
Nursing care need certification Level 1	¥24,603	¥24,217
Nursing care need certification Level 2	¥25,761	¥25,342
Nursing care need certification Level 3	¥26,500	¥26,114
Nursing care need certification Level 4	¥27,047	¥26,629
Nursing care need certification Level 5	¥27,626	¥27,176



Meal expenses	Room charge, maintenance fees, utility expenses, etc.	Daily expenses, diaper fees, haircutting fees, etc.
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Individuals with assistance need certification Level 2

Preventive care—communal living care for dementia sufferers **CB**

These places are for individuals with dementia. They live together in a homey atmosphere and receive services to improve daily life functions as well as daily living support.

Notes:

1. This is not available to individuals with assistance need certification Level 1.
2. The personally borne expenses vary depending on the number of units.



Approximate personally borne expense

Per month

	1 unit	2 or more units
Assistance need certification Level 2	¥24,474	¥24,088



Meal expenses	Room charge, maintenance fees, utility expenses, etc.	Daily expenses, diaper fees, haircutting fees, etc.
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Individuals with nursing care need certification Levels 1 to 5

Daily nursing care for tenants at specially designated facilities (private nursing homes for seniors, etc.)



Nursing care services related to eating, bathing, toilet use and other daily living activities as well as rehabilitation for individuals who live in private nursing homes for seniors or other facilities designated by long-term care insurance. Some facilities offer short-term use up to thirty days.

Approximate personally borne expense

Per month

Nursing care need certification Level 1	Nursing care need certification Level 2	Nursing care need certification Level 3	Nursing care need certification Level 4	Nursing care need certification Level 5
¥17,431	¥19,586	¥21,837	¥23,927	¥26,146



Maintenance fees, meal expenses 	Utility expenses, room fee, daily expenses, diaper fees, haircutting fees, etc. 
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Individuals with assistance need certification Levels 1 and 2

Preventive care—daily nursing care for tenants at specially designated facilities (private nursing homes for seniors, etc.)



Staff provide services that improve daily life functions as well as daily living support to individuals who live in a private nursing home for seniors or other facility designated by long-term care insurance.

Approximate personally borne expense

Per month

Assistance need certification Level 1	Assistance need certification Level 2
¥5,886	¥10,066

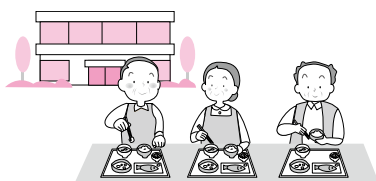


Maintenance fees, meal expenses 	Utility expenses, room fee, daily expenses, diaper fees, haircutting fees, etc. 
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Individuals with nursing care need certification Levels 1 to 5 (not available to those with assistance need certification Levels 1 and 2)

Daily nursing care for tenants at community-based specially designated facilities (private nursing homes for seniors, etc.) **CB**

This service provides the same nursing care as the daily nursing care for tenants at specially designated facilities receive, but serve a smaller number of residents in private nursing homes for seniors (specified facilities dedicated to nursing care) with a capacity of 29 people or fewer.






Approximate personally borne expense

Per month

Nursing care need certification Level 1	¥17,560
Nursing care need certification Level 2	¥19,747
Nursing care need certification Level 3	¥22,030
Nursing care need certification Level 4	¥24,120
Nursing care need certification Level 5	¥26,372



Maintenance fees, utility expenses, room fee 	Meal expenses 
Daily expenses, diaper fees, haircutting fees, etc. 	

Notes:

1. The approximate personally borne expense amounts are for individuals paying at a rate of 10 percent.
2. Personally borne expense amounts are subject to change in accordance with revisions in compensation regulations and other factors.

CB This mark indicates community-based services. As a rule, only Yokohama City residents (long-term care insurance members living in the city) can use these services.

Facility Services

Individuals with nursing care need certification Levels 3 to 5, in principle (not available to those with assistance need certification Levels 1 and 2)
 Note: A special admittance system is available for individuals with nursing care need certification Levels 1 and 2 (see below).

Nursing care senior welfare facilities (intensive care homes for senior citizens)

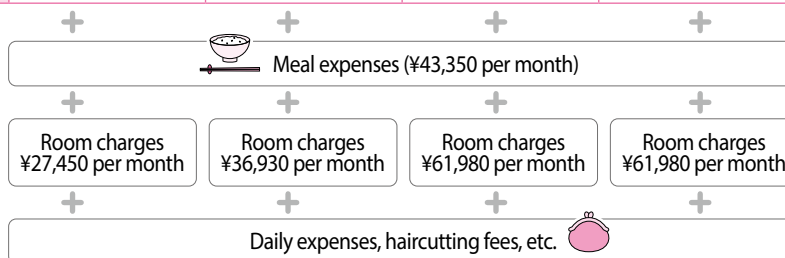
These facilities provide daily life support such as help with bathing, toilet use and eating, as well as functional training, health management and medical support.

Daily life care services for residents of community-based nursing care senior welfare facilities **CB**

These are small intensive care homes for senior citizens having a capacity of 29 people or lower. They provide the same services as ordinary intensive care homes for senior citizens.

Approximate personally borne expense

Per month	[Nursing care senior welfare facilities] Shared room (capacity of two people or more)	[Nursing care senior welfare facilities] Conventional private room (no living room)	[Nursing care senior welfare facilities] Unit-type private room (with living room)	[Community-based nursing care senior welfare facilities] Unit-type private room (with living room)
Nursing care need certification Level 1	¥18,943	¥18,943	¥21,548	¥21,934
Nursing care need certification Level 2	¥21,194	¥21,194	¥23,799	¥24,217
Nursing care need certification Level 3	¥23,542	¥23,542	¥26,211	¥26,629
Nursing care need certification Level 4	¥25,793	¥25,793	¥28,494	¥28,977
Nursing care need certification Level 5	¥28,012	¥28,012	¥30,713	¥31,228



- ◇ Additional fees may apply depending on the types of services the facility provides and the use of optional services.
- ◇ Diaper fees are included in long-term care insurance.

- Notes:**
1. Meal and room charges shown are standard amounts according to the national government. Contact the facilities you wish to use directly for specific rates (see **page 35**).
 2. There are meal and room charge reduction programs for low-income individuals (see **pages 35 and 38**).

Notes:

1. The approximate personally borne expense amounts are for individuals paying at a rate of 10 percent.
2. Personally borne expense amounts are subject to change in accordance with revisions in compensation regulations and other factors.

CB This mark indicates community-based services. As a rule, only Yokohama City residents (long-term care insurance members living in the city) can use these services.

Special admittance system

In principle, since April 2015, intensive care homes for senior citizens are only available to individuals with nursing care need certification Levels 3 and above. However, individuals with nursing care need certification Levels 1 and 2 may be admitted on an exceptional basis if they meet one of the following requirements:

- When an individual with dementia has difficulty living at home due to frequent behavioral symptoms and communication difficulties.
- When an individual with intellectual or mental disabilities has difficulty living at home due to frequent symptoms, problematic behaviors, communication difficulties, etc.
- When an individual has difficulty securing physical and mental safety/comfort due to circumstances that include suspected abuse by family members, etc.
- When an individual has difficulty living at home because he/she cannot expect support from family members or others due to living alone, living with others who are senior citizens or ill, childrearing responsibilities, employment or the like, and because of the local community's inadequate nursing care and daily life support services.
- When it is determined that an individual has difficulty living at home and admission to an intensive care home for senior citizens is considered necessary for reasons other than those listed above.

If you have nursing care need certification Level 1 or 2 and wish to move into an intensive care home for senior citizens, please check the appropriate box for the conditions for special admittance on the application form.

Applications for nursing care senior welfare facilities (intensive care homes for senior citizens)

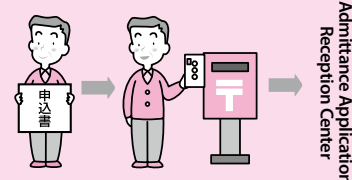
Applications are accepted at the Admittance Application Reception Center.

Please complete the application form (available at the Elderly and Disabled Support Division of ward offices, community care plazas, intensive care homes for senior citizens, Senior Citizen Facilities Division of the Health and Social Welfare Bureau, etc.) and mail it to the address below:

Yumeooka Office Tower 14F, 1-6-1 Kami-Ooka Nishi, Konan-ku, 233-0002

Intensive Care Homes for Senior Citizens Admittance Application Reception Center (within the Consultation Center for Facilities and Residences for Senior Citizens)

Tel: 045-840-5817, Fax: 045-840-5816



Consultation Center for Facilities and Residences for Senior Citizens

At the Consultation Center for Facilities and Residences for Senior Citizens, specialized consultants are available for individual and specific consultations about facilities and residences. It also provides basic information about facilities, the status of vacancies, and other useful information.

◇ **Contact**

Yumeooka Office Tower 14F, 1-6-1 Kami-Ooka Nishi, Konan-ku

Tel: 045-342-8866; Fax: 045-840-5816

◇ **Consultation hours (appointment required)**

Monday to Friday, 9 a.m. to 5 p.m. (closed on Saturdays, Sundays, national holidays, and during the year-end/New Year's holidays)

Note: Consultations by appointment are available on some Saturdays (please note that application forms are not accepted on those days).

◇ **Facility information available**

Intensive care homes for senior citizens, rehabilitation facilities for senior citizens, group homes, low-cost nursing homes for senior citizens etc.

Individuals with nursing care need certification Levels 1 to 5 (not available to those with assistance need certification Levels 1 and 2)

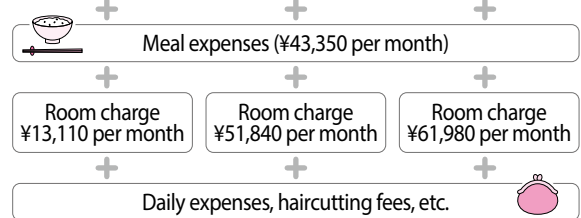
Rehabilitation facilities for senior citizens

These facilities provide rehabilitation services to enhance daily living activities and other services that help users return to independent living. Because the goal is to get users back in their homes, periodic evaluations are conducted to determine whether the individual is ready to leave the facility. If a user's medical condition requires hospitalization, the facility will also refer him/her to an appropriate medical facility.



Approximate personally borne expense

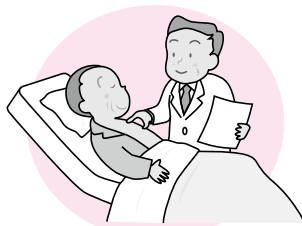
Per month	Shared room (capacity of two people or more)	Conventional private room (no living room)	Unit-type private room (with living room)
Nursing care need certification Level 1	¥25,503	¥23,059	¥25,793
Nursing care need certification Level 2	¥27,111	¥24,538	¥27,272
Nursing care need certification Level 3	¥29,202	¥26,629	¥29,362
Nursing care need certification Level 4	¥30,906	¥28,398	¥31,131
Nursing care need certification Level 5	¥32,546	¥29,974	¥32,739



Integrated facilities for medical and long-term care

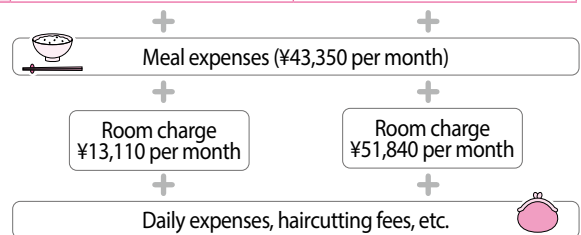
This is a new type of facility established in April 2018 after the Long-Term Care Insurance Act was revised.

Designed for seniors who have both chronic medical and nursing care needs, these facilities offer both medical services—such as day-to-day medical management and end-of-life care—and residential areas.



Approximate personally borne expenses (Type I)

Per month	Shared room (capacity of two people or more)	Conventional private room (no living room)
Nursing care need certification Level 1	¥26,790	¥23,188
Nursing care need certification Level 2	¥30,327	¥26,758
Nursing care need certification Level 3	¥38,014	¥34,412
Nursing care need certification Level 4	¥41,262	¥37,692
Nursing care need certification Level 5	¥44,220	¥40,618



- ◇ Additional fees may apply depending on the types of services the facility provides and the use of optional services.
- ◇ Diaper fees are included in long-term care insurance.

Notes:

1. Meal and room charges shown are standard amounts according to the national government. Contact the facilities you wish to use directly for specific rates (see **page 35**).
2. There are meal and room charge reduction programs for low-income individuals (see **pages 35 and 38**).

Applications for rehabilitation facilities for senior citizens / integrated facilities for medical and long-term care

Please obtain an application form from the facility you're interested in and apply directly to them.

Consult with your desired facility
Get details on the services offered



Application



Contract



Notes:












1. The approximate personally borne expense amounts are for individuals paying at a rate of 10 percent.
2. Personally borne expense amounts are subject to change in accordance with revisions in compensation regulations and other factors.

CB This mark indicates community-based services. As a rule, only Yokohama City residents (long-term care insurance members living in the city) can use these services.

Personally Borne Expenses for Services

When you use long-term care insurance services, you will pay a service fee based on your personally borne expense rate*1.

There are meal expenses and room charges in addition to the service fees. The amount depends on your contract and the service provider you use.

If you use (1) in-home services or (2) community-based services (for individuals with assistance need certification Levels 1 or 2 or nursing care need certification levels 1 to 5)				
Home-visit nursing care, home-visit bathing care, home-visit nursing services, home-visit rehabilitation, in-home medical care management guidance, etc.	Service fees			
Outpatient day nursing care, outpatient rehabilitation, etc.	Service fees	Meal expenses 		Daily expenses 
Short-stay services at welfare facilities, short-stay services at medical facilities	Service fees	Meal expenses 	Room charges 	Daily expenses (haircutting fees, etc.)*2 
Small-scale, multifunctional home care centers, Communal living care for dementia sufferers, etc.	Service fees	Meal expenses 	Room charges 	Daily expenses 
(3) If you use facility services (for individuals with nursing care need certification Levels 1 to 5 [excluding nursing care senior welfare facilities (intensive care homes for senior citizens), which requires nursing care need certification Level 3 or higher])				
Nursing care senior welfare facilities (intensive care homes for senior citizens), rehabilitation facilities for senior citizens, integrated facilities for medical and long-term care	Service fees	Meal expenses 	Room charges 	Daily expenses (haircutting fees, etc.)*2 

*2: There is no diaper fee for short-stay and facility services.

Additional fees will apply if you receive special services.

- Special services will require an additional fee beyond your personally borne expenses for the portion long-term care insurance covers.

Example: If you use a service not covered by long-term care insurance or a service not listed on your care plan.

(In such cases, you will sign a contract with a service provider regarding services that are not covered and pay the full amount.)

*1: Please see **page 31** for more information on the personally borne expense rate.

Subsidies for residential expenses for unit-type intensive care homes for senior citizens

Yokohama City will provide a partial subsidy for residential expenses for unit-type intensive care homes for senior citizens to eligible individuals. Application procedures and other information will be posted on the city website once this is decided.

Eligible services: Intensive care homes for senior citizens

Subsidy eligibility requirements	Details of reduction
Income: Individuals who fall under Tiers 5 to 7 for long-term care insurance premiums. Assets: Single-person household with financial assets of ¥5 million or less (or ¥15 million or less combined for married couples) Note: Must meet both of the above requirements.	Under this program, the residential expenses for a unit-type care home for senior citizens are reduced by ¥696 per day.

Personally Borne Expenses for Services

For Category 1 members (sixty-five years of age or over) with an income above a certain limit, the personally borne expense rate is 20 or 30 percent. However, since there is a monthly limit* on the amount of personally borne expenses that you are responsible for, this does not necessarily mean that your expenses will double or triple.

* Please refer to **page 34**, “Monthly limit of personally borne expenses.”

● Determination of personally borne expense rate

Your rate is determined based on the following criteria:

Rate	Criteria
10 percent	<p>Individuals who meet any of the conditions (1) through (6) below:</p> <p>(1) You are exempt from municipal tax payment</p> <p>(2) Your total income (*1) is less than ¥1.6 million</p> <p>(3) Your total income is ¥1.6 million or more, but you meet one of the following conditions:</p> <p>a. You are the only Category 1 member in your household, and the total of your public pension income (*2) and all other income (*3) is less than ¥2.8 million.</p> <p>b. There are multiple Category 1 members (including you) in your household, and the total of public pension income and all other income for all Category 1 members is less than ¥3.46 million.</p> <p>(4) You are receiving public financial assistance for everyday living</p> <p>(5) You are a “resident under old administrative measures” (moved into an intensive care home for senior citizens under municipal measures in effect prior to April 1, 2000)</p> <p>(6) Category 2 members (40 to 64 years of age)</p>
20 percent	<p>Individuals who meet conditions (1) or (2) below:</p> <p>(1) You do not meet the conditions for 10 percent, and your total income is less than ¥2.2 million</p> <p>(2) Your total income is ¥2.2 million or more, but you meet one of the following conditions:</p> <p>a. You are the only Category 1 member in your household, and the total of your public pension income and all other income is at least ¥2.8 million but less than ¥3.4 million.</p> <p>b. There are multiple Category 1 members (including you) in your household, and the total of public pension income and all other income for all Category 1 members is at least ¥3.46 million but less than ¥4.63 million.</p>
30 percent	<p>Your total income is ¥2.2 million or more, and you meet one of the following conditions:</p> <p>a. You are the only Category 1 member in your household, and the total of your public pension income and all other income is ¥3.4 million or more.</p> <p>b. There are multiple Category 1 members (including you) in your household, and the total of public pension income and all other income for all Category 1 members is ¥4.63 million or more.</p>

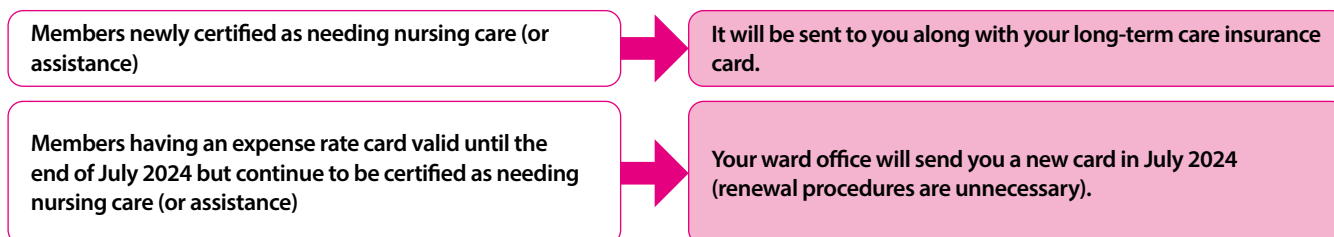
*1: Total income: This refers to the amount remaining after subtracting the special deductions for short-term and long-term transfer income from the sale of land and buildings from the total income under the relevant tax laws (the amount of income for the previous year minus the amount equivalent to necessary expenses, etc., but before any income deductions or deductions carried forward for losses on transfer of listed stocks, etc. as stipulated by said tax laws). The impact of the revision of deductions for public pension income, etc. is also factored in. If the amount is negative, it is calculated as ¥0.

*2: Public pension income: See *2 of “Insurance Premiums” on **page 7**.

*3: All other income: See *3 of “Insurance Premiums” on **page 7**.

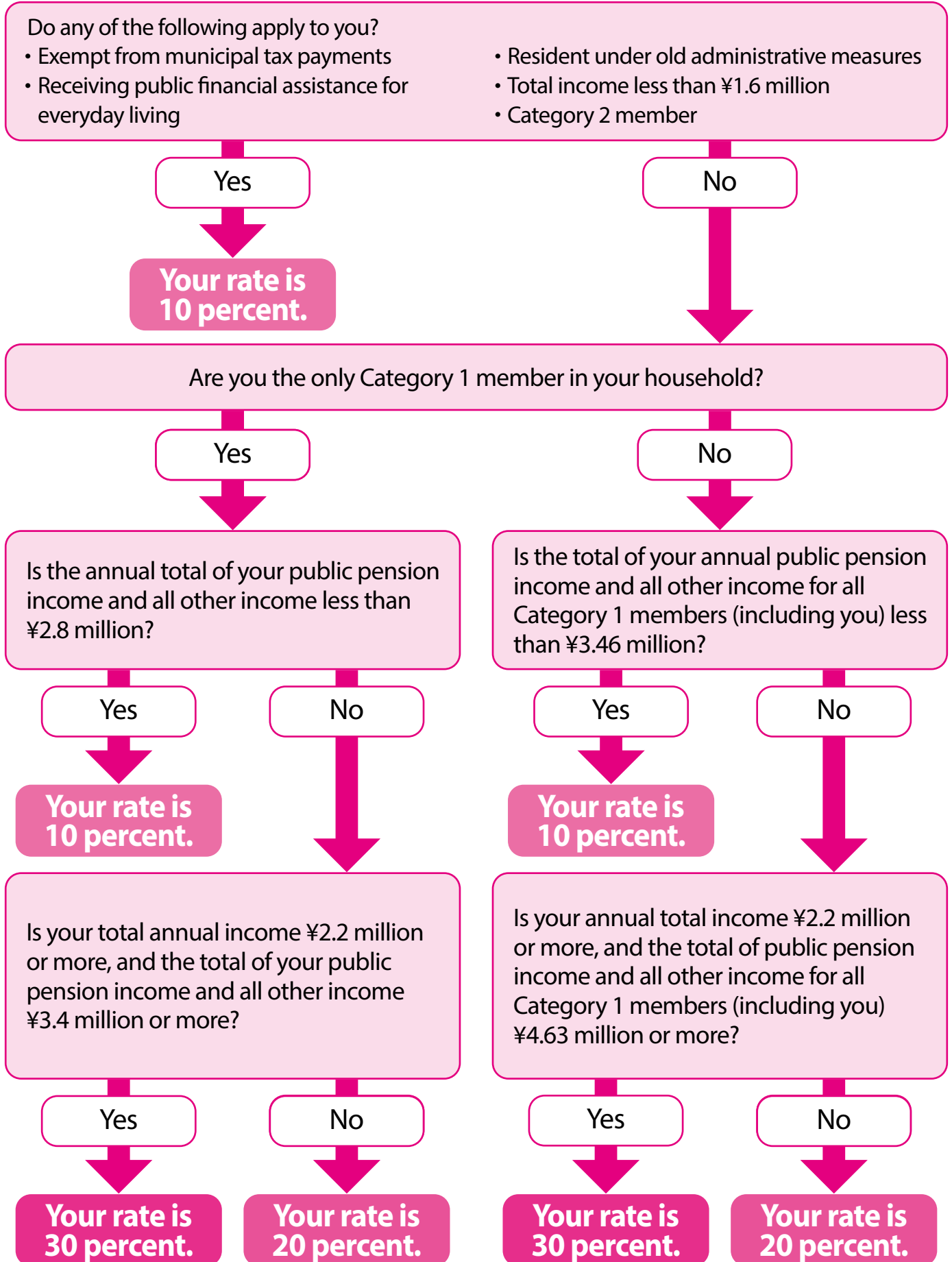
● Long-Term Care Insurance Expense Rate Card (Expense Rate Card)

This card certifies your personally borne expense rate. You must present it along with your long-term care insurance card to nursing care service providers and the like.



Each year, your information as of August 1 will be used to determine your personally borne expense rate.

Note: Your rate will also be reassessed when there are significant changes in your household situation, such as the number of Category 1 members (sixty-five years of age or older), municipal tax payment status, and income level.



If You Are Involved in a Traffic Accident, etc.

● If you are in an accident or otherwise injured by someone, inform Yokohama City as soon as possible

If you will be using long-term care insurance services due to the acts of a third party (offender), such as a traffic accident or personal injury, be sure to submit a notification of injury due to an act of a third party.

You will also need a traffic accident record or similar document issued by the police, so please consult with the Health Insurance and Pension Division at your local ward office as soon as possible.

● The offender is responsible for paying nursing care costs

If nursing care is required due to the act of a third party (offender), the offender is responsible for paying the nursing care costs required unless you are at fault. When you (the victim) use long-term care insurance services and submit a notification of injury due to an act of a third party, Yokohama City will claim the insurance benefit portion of the nursing care cost from the offender on your behalf.

● If you end up reaching a private settlement...

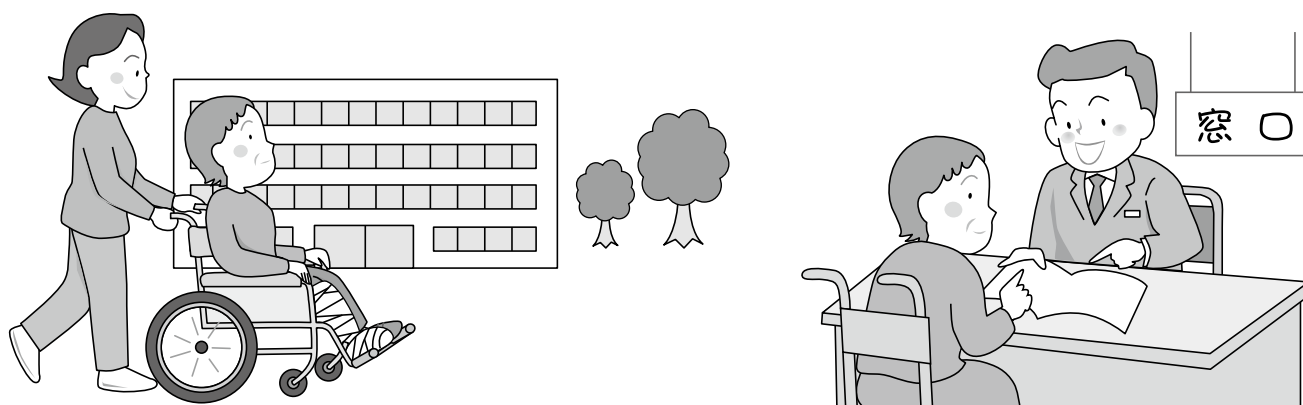
If you hold private negotiations with the offender and reach a settlement, the settlement takes precedence, and you may not be able to claim the cost of nursing care from the offender.

For services you receive after a settlement, please note the following:

- (1) If Yokohama City has already paid the assessed nursing care service fees to the provider, the city may ask you (the insured member and victim) to return the portion insurance covered to avoid double payment.
- (2) If Yokohama City has not paid the assessed nursing care service fees to the provider, the city may not provide insurance benefits for the amount equivalent to the compensation you received as a result of the settlement, which means that you will be responsible for all nursing care costs.

For these reasons, you should always consider the above points before negotiating a settlement, since a settlement may result in significant financial burdens for you (the victim).

Please contact the Health Insurance and Pension Division at your local ward office before negotiating a settlement, and promptly submit a copy of the settlement papers once the settlement is reached.



Reduction Program for Personally Borne Expenses

High-cost nursing care service fees, etc.

● Description

If the monthly amount of your personally borne expenses exceeds the designated limit (see table below), you can apply to your ward office to receive reimbursements as “high-cost nursing care service fees, etc.” “Personally borne expenses” refers to the amount equivalent to 10 percent (or 20 or 30 percent if your income is over a certain limit) of the total fees for services that long-term care insurance covers.

Examples of services not included in calculations of high-cost nursing care service fees, etc.: Some preventive care services and daily life support services; meal expenses, room charges, etc. for facility services; purchase of welfare equipment; home renovations

● Procedure

You must apply to your local ward office to receive reimbursements as high-cost nursing care service fees, etc.

In general, reimbursements for second and subsequent claims will be made to the account you provided for your first claim.

- The limit of personally borne expenses is calculated on a household basis. For households with more than one member certified as needing nursing care (assistance), such as a married couple of senior citizens, reimbursement for high-cost nursing care service fees, etc. is paid when their total personally borne expenses exceed the limit.

Calculation formula:

$$\frac{(\text{Total personally borne expenses for the household} - \text{Limit of personally borne expenses for the household})}{\text{Total personally borne expenses for the household}} \times \text{Member's personally borne expenses}$$

Example 1: If there is one household member certified for needing nursing care (assistance)

The member paid ¥30,000 in personally borne expenses when the limit is ¥24,600.

Calculation method	Member's personally borne expenses	–	Member's limit of personally borne expenses	=	High-cost nursing care service fees, etc.
	¥30,000	–	¥24,600	=	¥5,400

Example 2: If there are multiple household members certified as needing nursing care (assistance) [calculation as household]

If both husband and wife are exempt from municipal tax payment and are in a limit level 3 household (personally borne expense limit: ¥24,600), and the husband paid ¥30,000 in personally borne expenses while the wife paid ¥10,000.

1. Husband's high-cost nursing care service fees, etc.

$$((¥30,000 + ¥10,000) - ¥24,600) \times \frac{¥30,000}{¥30,000 + ¥10,000} = ¥11,550$$

2. Wife's high-cost nursing care service fees, etc.

$$((¥30,000 + ¥10,000) - ¥24,600) \times \frac{¥10,000}{¥30,000 + ¥10,000} = ¥3,850$$

Note: Calculation methods may differ if you use some of preventive care services or daily life support services. For calculations as a household, the reimbursement may be paid in a lump sum to one member of the household.

Monthly limit of personally borne expenses

Income category	Monthly limit *1
Households with an active worker level income earner III (taxable income of ¥6.9 million or more)	¥140,100 (household)
Households with an active worker level income earner II (taxable income of ¥3.8 million or more but less than ¥6.9 million)	¥93,000 (household)
Households with a person who pays municipal tax or an active worker level income earner I (taxable income of less than ¥3.8 million)	¥44,400 (household)
Households where all members are exempt from municipal tax	¥24,600 (household)
<ul style="list-style-type: none"> • Individuals who receive old-age welfare pension • Individuals whose total public pension income*2 and all other income*3 for the previous year is ¥800,000 or less 	¥24,600 (household) ¥15,000 (individual)
Individuals who receive public financial assistance for everyday living*4	¥15,000 (individual)

*1: In this column, “household” refers to the total limit of personally borne expenses for all members of the household registered in the Basic Resident Register who used long-term care insurance services. “Individual” refers to the limit of personally borne expenses for an individual who used long-term care insurance services.

*2: See *2 of “Insurance Premiums” on page 7.

*3: See *3 of “Insurance Premiums” on page 7.

*4: For individuals not covered by public financial assistance for everyday living due to lowering the limit to ¥15,000, the limit will be ¥15,000 for the household.

Fee Reductions for Room Charges and Meal Expenses (Long-Term Care Insurance Personally Borne Expense Limit Certificate)

● Description

The user is normally responsible for all meal expenses and room charges at residential facilities and short-stay programs. However, a personally borne expense limit based on the household's (*1) or member's income ensures that low-income individuals can use services at a reduced rate.

● Procedure

Apply to the Health Insurance and Pension Division of your local ward office to receive a long-term care insurance personally borne expense limit certificate.

If you present this certificate to the facility, your meal expenses and room charges will be reduced to the "daily expense limit" noted in the table below, based on your level.

Documents required to apply

- Documents confirming the assets of the member and spouse (if applicable), such as a bank book
- Long-term care insurance card

● Services available

- Facility services (intensive care homes for senior citizens, rehabilitation facilities for senior citizens, integrated facilities for medical and long-term care)
- Short-stay services at welfare facilities (including preventive care)
- Short-stay services at medical facilities (including preventive care)

Daily expense limit

Level	Eligibility	Room charges					Meal expenses	
		Shared room	Conventional private room		Shared room with unit-type private rooms	Unit-type private room	Admitted as resident	Short-stay
			(Intensive care homes, etc.)	(Rehabilitation/integrated facilities, etc.)				
1	<ul style="list-style-type: none"> • Individuals receiving public financial assistance for everyday living. • Individuals in households exempt from municipal tax (*1), receiving an old-age welfare pension, and whose total amount of deposits and savings (*2) must be ¥10 million or less (for those with spouses, the total of the couple's deposits and savings must be ¥20 million or less). 	¥0	¥320 <small>(until July 2024); ¥380 <small>(from August 2024)</small></small>	¥490 <small>(until July 2024); ¥550 <small>(from August 2024)</small></small>	¥490 <small>(until July 2024); ¥550 <small>(from August 2024)</small></small>	¥820 <small>(until July 2024); ¥880 <small>(from August 2024)</small></small>	¥300	¥300
2	Individuals in households exempt from municipal tax, with the member's total public pension income, tax-exempt pension income and all other income (*3) being ¥800,000 or less annually, and whose total amount of deposits and savings is ¥6.5 million or less (for those with spouses, the total of the couple's deposits and savings must be ¥16.5 million or less).	¥370 <small>(until July 2024); ¥430 <small>(from August 2024)</small></small>	¥420 <small>(until July 2024); ¥480 <small>(from August 2024)</small></small>	¥490 <small>(until July 2024); ¥550 <small>(from August 2024)</small></small>	¥490 <small>(until July 2024); ¥550 <small>(from August 2024)</small></small>	¥820 <small>(until July 2024); ¥880 <small>(from August 2024)</small></small>	¥390	¥600
3 (1)	Individuals in households exempt from municipal tax, with the member's total public pension income, tax-exempt pension income and all other income being more than ¥800,000 but ¥1.2 million or less annually, and whose total amount of deposits and savings is ¥5.5 million or less (for those with spouses, the total of the couple's deposits and savings must be ¥15.5 million or less).	¥370 <small>(until July 2024); ¥430 <small>(from August 2024)</small></small>	¥820 <small>(until July 2024); ¥880 <small>(from August 2024)</small></small>	¥1,310 <small>(until July 2024); ¥1,370 <small>(from August 2024)</small></small>	¥1,310 <small>(until July 2024); ¥1,370 <small>(from August 2024)</small></small>	¥1,310 <small>(until July 2024); ¥1,370 <small>(from August 2024)</small></small>	¥650	¥1,000
3 (2)	Individuals in households exempt from municipal tax, with the member's total of public pension income, tax-exempt pension income and all other income being more than ¥1.2 million annually, and whose total amount of deposits and savings must be ¥5 million or less (for those with spouses, the total of the couple's deposits and savings must be ¥15 million or less).	¥370 <small>(until July 2024); ¥430 <small>(from August 2024)</small></small>	¥820 <small>(until July 2024); ¥880 <small>(from August 2024)</small></small>	¥1,310 <small>(until July 2024); ¥1,370 <small>(from August 2024)</small></small>	¥1,310 <small>(until July 2024); ¥1,370 <small>(from August 2024)</small></small>	¥1,310 <small>(until July 2024); ¥1,370 <small>(from August 2024)</small></small>	¥1,360	¥1,300
4	Other than the above	<ul style="list-style-type: none"> • There is no daily expense limit for those at Level 4. • The meal expenses and room charges are stated in the contract with the facility. 						

*1: Household: This refers to the household the member is a part of according to the Basic Resident Register (if a spouse is a member of a different household, that spouse is included).

*2: Deposits and savings, etc.: ¥10 million or less (¥20 million or less for those with a spouse) for Category 2 members for all levels.

*3: All other income: See *3 of "Insurance Premiums" on page 7.

National standard of daily expenses

	Room charges		Meal expenses
	Until July 2024	From August 2024	
Shared room	Intensive care homes, etc.	¥855	Intensive care homes, etc. ¥915
	Rehabilitation/integrated facilities, etc.	¥377	Rehabilitation/integrated facilities, etc. ¥437
Conventional private room	Intensive care homes, etc.	¥1,171	Intensive care homes, etc. ¥1,231
	Rehabilitation/integrated facilities, etc.	¥1,668	Rehabilitation/integrated facilities, etc. ¥1,728
Shared room with unit-type private rooms		¥1,668	¥1,728
Unit-type private room		¥2,006	¥2,066

● Special Measures for Individuals at Level 4 of the Daily Expense Limit (Special Reduction Program for Taxable Households)

If a person from a household (*1) of two or more persons moves into a long-term care insurance facility or community-based nursing care senior welfare facility (short stays are not covered) and meets all requirements listed in the table below, the daily expense limit for Level 3 (2) will be applied upon application. For more information, please contact the Health Insurance and Pension Division at your local ward office.

Eligibility requirements for special reduction program	Description
(1) You are paying meal expenses and room charges for Level 4. (2) The amount after deducting the personally borne expenses for using the facility (estimated annual total of personally borne expenses, meal expenses and room charges) from the total public pension income (*2) and all other income (*3) of the household is ¥800,000 or less. (3) Total deposits and savings, etc. of the household are ¥4.5 million or less. (4) You have no assets that can be used other than those for daily living. (5) Your payments of long-term care insurance premiums are up to date.	The daily expense limit for Level 3 (2) will be applied to meal expenses and/or room charges until requirement (2) at left no longer applies.

*1: Households: If a spouse is a member of a different household, that spouse is included. Even if the registered household is separated because one member is entering a residential facility, it will continue to count as one household.

*2: Public pension income: Please see *2 of "Insurance Premiums" on page 7.

*3: All other income: Please see *3 of "Insurance Premiums" on page 7.

Reimbursement of difference in meal expenses/room charges

If you are unable to present your long-term care insurance personally borne expense limit certificate to the facility for unavoidable reasons and you pay meal expenses/room charges over your daily expense limit but below the national standard of daily expenses, you can apply for reimbursement. For more information, please contact the Health Insurance and Pension Division at your local ward office.

Notes:

- For more information on daily expense limits and the national standard of daily expenses, please see the table on page 35.
- You cannot be reimbursed if you paid more than the national standard of daily expenses. In addition, you will not be able to apply for reimbursement if more than two years have passed since the date you paid a facility.

Documents required to apply

- Long-term care insurance card
- Receipts for meal expenses/room charges
- Personal seal (one used with an ink pad)
- Document to confirm the information for the bank account to deposit the reimbursement

High-Cost Medical/High-Cost Nursing Care Joint Expense Program

Under this program, the excess amount is subsidized if the total amount of annual personally borne expenses paid for services covered by health insurance (National Health Insurance, social insurance from health insurance associations [hereinafter, "employee health insurance"] or Latter-Stage Elderly Healthcare System) and long-term care insurance (*1) exceeds the specified limit.

You must apply to your health insurance provider (*2) to receive the subsidy (note that a receipt is not required to apply). For more information, please contact your health insurance provider.

*1: Some personally borne expenses for preventive care and daily life support services are also covered.

*2: If you are enrolled in National Health Insurance or Latter-Stage Elderly Healthcare System, please contact the Health Insurance and Pension Division at your local ward office.

Household personally borne expense limit for the high-cost medical/high-cost nursing care joint expense program

Total expenses for the twelve months from August 1 to July 31 of the following year

Income category	Annual income for the year before the calculation period (total income after basic deductions)	Those under seventy years old and enrolled in National Health Insurance
a	Over ¥9.01 million	¥2.12 million
b	Over ¥6 million to ¥9.01 million	¥1.41 million
c	Over ¥2.1 million to ¥6 million	¥670,000
d	¥2.1 million or less	¥600,000
e	Households exempt from municipal tax	¥340,000

Income category	Individuals 70 to 74 years of age and enrolled in National Health Insurance	Individuals enrolled in Latter-Stage Elderly Healthcare System
Active worker level income earner III	¥2.12 million	
Active worker level income earner II	¥1.41 million	
Active worker level income earner I	¥670,000	
General	¥560,000	
Low-income earner II	¥310,000	
Low-income earner I	¥190,000	

- For more information about income categories and personally borne expense amounts, please contact your health insurance provider.
- This program is not available to households whose members are enrolled in different health insurance programs.
- If you are enrolled in employee health insurance, please contact your health insurance provider.
- If a low-income earner I household has multiple long-term care insurance service users, the portion of the subsidy from health insurance will be calculated using the personally borne expense limit in the table above, while the portion from long-term care insurance will be calculated using the separately designated personally borne expense limit of ¥310,000 for the household.

Other Reduction Programs

Long-term care service personally borne expense subsidy (a program unique to Yokohama City)

● Description

For individuals certified as needing nursing care (or assistance)*1 who meet certain criteria such as income requirements, a portion of the personally borne expenses*2 for in-home services and group homes—as well as the costs for room fees, meals and utilities for group homes, and room charges of unit-type private rooms at intensive care homes for senior citizens—will be subsidized. For more information, please contact the Health Insurance and Pension Division at your local ward office.

*1: Regarding subsidies for in-home services, persons certified as eligible for services in the comprehensive project may also be eligible.

*2: “Personally borne expenses” refers to the 10 percent (or 20 or 30 percent, if your income is over a certain limit) of service fees when using long-term care insurance services.

● Procedure

Apply with your ward office to use the long-term care service personally borne expense subsidy (in-home service subsidy, group home subsidy, and residential fee subsidy). If you are approved for the subsidy, you will receive a subsidy certificate.

If you present this certificate to the service provider, your personally borne expenses will be reduced.

● In-Home Service Subsidy

Services covered:

Home-visit nursing care	Short-stay services at welfare facilities (including preventive care)	Periodic rounds/as-needed basis home-visit nursing care
Home-visit bathing care (including preventive care)	Short-stay services at medical facilities (including preventive care)	Small-scale, multifunctional home care centers with home-visit nursing services
Home-visit nursing services (including preventive care)	Daily nursing care for tenants at specially designated facilities (*1), (*3)	Home-visit services under the comprehensive project (*2)
Home-visit rehabilitation (including preventive care)	Communal living care for dementia sufferers (including preventive care) (*1)	Day care services under the comprehensive project (*2)
Outpatient day nursing care (*3)	Nighttime home-visit nursing care	*1: Limited to short-stay programs. *2: Limited to designated service providers with a fixed rate of personally borne expenses. *3: Includes community-based services.
Outpatient rehabilitation (including preventive care)	Day services for dementia sufferers (including preventive care)	
Welfare equipment rental (including preventive care)	Small-scale, multifunctional home care centers (including preventive care)	

Subsidy requirements and description

Subsidy level		1	2	3
Subsidy requirements	Income standards, etc.	Those in Long-Term Care Insurance Premium Tier 1 (excludes those receiving public financial assistance for everyday living)	Individuals in a household exempt from municipal tax payments who have an estimated total annual income of ¥1.5 million or less Note: For a multi-person household, ¥1.5 million plus ¥500,000 for each household member other than the insured member or less	
	Asset standards	Financial assets (cash, savings, and securities) of ¥3.5 million or less (for a multi-person household, ¥3.5 million plus ¥1 million for each household member other than the insured member or less) and no real estate other than a residential property (land [200 m ² or less] and house)	Total public pension income (*1) and all other income (*2) for the previous year is ¥800,000 or less	Individuals who do not meet requirements for subsidy level 2
Subsidy description		Personally borne expense rate reduced to 3 percent Furthermore, if the remaining personally borne expenses exceed ¥4,500, the excess amount is subsidized.	Personally borne expense rate reduced to 5 percent Furthermore, if the remaining personally borne expenses exceed ¥7,500, the excess amount is subsidized.	Personally borne expense rate reduced to 5 percent Furthermore, if the remaining personally borne expenses exceed ¥12,300, the excess amount is subsidized.

Note: A “household” generally refers to all persons registered in the same household in the resident register, but also includes persons who live together and virtually share the same livelihood, even if they are registered as part of a separate household.

*1: See *2 of “Insurance Premiums” on page 7.

*2: See *3 of “Insurance Premiums” on page 7.

●Group Home Subsidy

Services covered Communal living care for dementia sufferers (including preventive care)* *Excluding short-stay programs.

Subsidy requirements and description

Subsidy level		1	2	3
Subsidy requirements	Income standards, etc.	Those in Long-Term Care Insurance Premium Tier 1 (excludes those receiving public financial assistance for everyday living)	Individuals in a household exempt from municipal tax payments who have an estimated total annual income of ¥1.5 million or less Note: For a multi-person household, ¥1.5 million plus ¥500,000 for each household member other than the insured member or less	Individuals who do not meet requirements for subsidy level 2
	Asset standards	Financial assets (cash, savings, and securities) of ¥3.5 million or less (for a multi-person household, ¥3.5 million plus ¥1 million for each household member other than the insured member or less) and no real estate other than a residential property (land [200 m ² or less] and house)	Total public pension income (*1) and all other income (*2) for the previous year is ¥800,000 or less	
	Other requirements	<ul style="list-style-type: none"> •Must be a resident of Yokohama City for three or more months. •Must not be a legal dependent. 		
Subsidy description		<p>Personally borne expense rate reduced to 5 percent Furthermore, if the remaining personally borne expenses exceed ¥7,500, the excess amount is subsidized. Room fees, meals and utilities are subsidized up to ¥55,000 per month.</p>		<p>Personally borne expense rate reduced to 5 percent Furthermore, if the remaining personally borne expenses exceed ¥12,300, the excess amount is subsidized. Room fees, meals and utilities are subsidized up to ¥30,000 per month.</p>

*1: See *2 of "Insurance Premiums" on page 7.

*2: See *3 of "Insurance Premiums" on page 7.

●Residential Facility Subsidy

Services covered Facility services (nursing care senior welfare facilities, rehabilitation facilities for senior citizens, integrated facilities for medical and long-term care), daily life care services for residents of community-based nursing care senior welfare facilities, short-stay services at welfare facilities (including preventive care), short-stay services at medical facilities (including preventive care)

Subsidy requirements and description

Subsidy level		1	2
Subsidy requirements	Income standards, etc.	Individuals in Long-Term Care Insurance Premium Tier 1 (excludes those receiving public financial assistance for everyday living) with an estimated total annual income of ¥500,000 or less Note: For a multi-person household, ¥500,000 plus ¥500,000 for each household member other than the insured member or less	Individuals in a household exempt from paying municipal tax who have an estimated total annual income of ¥500,000 or less
	Asset standards	Financial assets (cash, savings, and securities) of ¥3.5 million or less (for a multi-person household, ¥3.5 million plus ¥1 million for each household member other than the insured member or less) and no real estate other than a residential property (land [200 m ² or less] and house)	
	Other requirements	<ul style="list-style-type: none"> •Individuals with long-term care insurance personally borne expense limit certification Level 1 or 2. •Must not be a legal dependent. 	
Subsidy description		Room charges for unit-type private rooms are subsidized for approximately ¥5,000 per month (¥165 per day)	

Personally Borne Expense Reduction by Social Welfare Corporations

Regarding the services listed below offered by social welfare corporations, personally borne expenses may be reduced. For more information, please contact the Senior Citizen Facilities Division at the Health and Social Welfare Bureau (Tel: 045-671-4901).

Services available (*1)

Intensive care homes for senior citizens (*2)	Outpatient day nursing care (*2)	Short-stay services at welfare facilities (including preventive care)
Home-visit nursing care	Day services for dementia sufferers (including preventive care)	Small-scale, multifunctional home care centers (including preventive care)
Nighttime home-visit nursing care	Periodic rounds/as-needed basis home-visit nursing care	Small-scale, multifunctional home care centers with home-visit nursing services
Category 1 home-visit services that are equivalent to the former preventive care home-visit services (*3)	Category 1 outpatient services that are equivalent to the former preventive care outpatient services (*3)	

*1: Some services may not be covered depending on the reduction content (see below).

*2: Includes community-based services.

*3: Limited to services for which the personally borne expense rate is the same as insurance benefit services.

Subsidy requirements and description

Reduction requirements	Reduction content
<ul style="list-style-type: none"> • Individuals in a household exempt from paying municipal tax • Income: ¥1.5 million or less per year for a single-person household (for a multi-person household, ¥1.5 million plus ¥500,000 for each household member other than the insured member or less) • Assets Finance: ¥3.5 million or less for a single-person household (for a multi-person household, ¥3.5 million plus ¥1 million for each household member other than the insured member or less) Real estate: No real estate other than a residential property (land [200 m² or less] and house) • Not a dependent of a relative or other person capable of bearing responsibilities • Up to date on payments of your long-term care insurance premiums <p>Note: You must meet all of the requirements above.</p>	<p>In general, your personally borne expense (10 percent of the nursing care service fees, meal expenses and room charges) will be reduced by 25 or 50 percent. Note: If you do not have a long-term care insurance personally borne expense limit certificate, reductions do not cover meal expenses and room charges for intensive care homes for senior citizens, short-stay services at welfare facilities and the like.</p>
<ul style="list-style-type: none"> • Those receiving public financial assistance for everyday living 	Room charges for private rooms at intensive care homes for senior citizens or the like will be subsidized completely.

Services Separate from Long-Term Care Insurance

In addition to long-term care insurance services, Yokohama City has many programs to support the lives of senior citizens who need assistance at home. Services designed to support their independence are also provided to individuals not eligible for long-term care insurance benefits. Please contact the Elderly and Disabled Support Division at your local ward office or a community-based integrated support center (community care plaza, etc.).

Support for Senior Citizens Living in Their Own Homes

Necessary services separate from those services covered by long-term care insurance are provided depending on conditions such as your physical condition and your caregiver's situation.

Anshin (Peace of Mind) Telephone

This service is for senior citizens living alone or who do not have household members who can support them. An alert device is attached to your phone so that you can contact neighbors or emergency services immediately. (To use this service, you must have a landline contract and phone.)

In addition to paying the necessary fees for a landline phone, households subject to municipal tax will be charged a monthly alert device usage fee of ¥650 (tax not included).

Meal Service

This service is for individuals who have nursing care need certification Level 2 or above, as well as some with nursing care need certification Level 1 and assistance need certification who are living alone and have difficulty preparing meals. Once you are determined to be eligible for this service—and after meal-related services are coordinated—a staff member from a service provider will deliver nutritionally balanced meals directly to your home and check on your safety (one meal per day, up to five times a week). Your personally borne expense will be the actual cost of the meal (such as the cost of ingredients) set by each service provider (as a rule, no more than ¥720, although it may exceed ¥720 for therapeutic diets).

Note: You must consult with your care manager or a community-based integrated support center (community care plaza, etc.) in advance to coordinate the use of this service.

Adult Diaper Benefit

Disposable adult diapers are provided to individuals who receive public financial assistance for everyday living and individuals in households exempt from municipal tax payment. Further, this service is only available to individuals 1) certified as needing nursing care (nursing care need certification Levels 4 and 5, as well as individuals with Levels 1 to 3 deemed eligible by the directors of the Health and Welfare Center in their ward); 2) who are bedridden and/or suffer from dementia; and 3) who are receiving care at home. The service is free of charge for households receiving public financial assistance for everyday living; households exempt from municipal tax payment must pay 10 percent of the cost.

Note: There is a maximum limit of use depending on your nursing care need certification level.

Home-Visit Haircutting Service

A home-visit haircutting service (cutting only; personally borne expense of ¥2,000 each time; up to six times a year) is available for senior citizens generally sixty-five years of age and over living at home, who have nursing care need certification Level 4 or 5, and have difficulties going to a barbershop, beauty salon, etc.

Independence Support

The service is provided to senior citizens who have difficulties in their daily lives but can live independently if social support is provided.

Daily Life Support Short Stay

Yokohama City long-term care insurance members who are generally sixty-five years of age and older and have not received nursing care (assistance) need certification, and who fall under either of the following can use this short-stay service:

1. Individuals facing problems while living alone due to the absence of a caregiver or difficulties in daily living.
2. Individuals considered in danger if they continue to live at home unattended.

These individuals can enter a care home for senior citizens for a short period to receive daily life support. They are responsible for usage fees, meal expenses and accommodation fees while receiving this support.

Notes:

1. There will be additional fees if you use a transportation service to/from the facility.
2. Individuals in households receiving public financial assistance for everyday living are only responsible for paying meal expenses and actual costs.

Home-Visit Guidance

Public health nurses, registered nurses, nutritionists and/or dental hygienists visit the homes of individuals concerned about forgetfulness or who lack confidence in their physical strength, have difficulty eating, are feeling depressed and the like, and provide advice on daily living.

Home-Visit Dental Checkups

Dentists from the Yokohama City Oral Health Treatment Center and the dental association of each ward provide dental care (covered by insurance) for individuals who are physically disabled or require nursing care and have difficulty going to the hospital.

Inquiries: Yokohama City Oral Health Treatment Center, Tel: 0120-814-594

Support for Senior Citizens with Dementia, etc.

Forgetfulness Checkup

As a measure to promote the early detection and treatment of dementia, the city offers a free forgetfulness checkup (simple test for dementia) to city residents fifty years of age and older. If signs of dementia are detected, you will be referred to a specialized medical institution. You are responsible for paying all referral fees and the cost of detailed examinations.

Health and Welfare Consultation for Seniors with Dementia (Forgetfulness Consultation)

Healthcare professionals such as medical specialists, social workers and public health nurses provide consultation services to individuals with dementia and their families through interviews at facilities or home visits.

Yokohama City SOS Network for Seniors with Dementia

This network is designed to find missing persons with dementia as quickly as possible. Physical characteristics and other information about persons with dementia who are at risk of wandering and getting lost can be registered in advance. Once the information is registered, the person receives “monitoring stickers” to be attached to their belongings. If a person with dementia is spotted, this sticker help identify them quickly.

Yokohama Dementia Call Center

Experienced dementia caregivers, specialists and the like provide various types of support, including psychological support, to people with dementia and their families through phone consultations. Depending on the nature of the consultation, the call center will provide information to connect the inquirer to relevant support organizations.

Tel: 045-662-7833

Hours: Tuesdays, Thursdays and Fridays, 10 a.m. to 4 p.m.

(open on national holidays; closed during the year-end/New Year’s holidays)

Yokohama City Dementia Medical Centers

These centers provide differential diagnoses related to dementia, acute phase treatment for behavioral and psychological symptoms of dementia (BPSD) and physical complications, as well as specialized medical consultations in cooperation with healthcare and nursing care institutions.

Hospital name/address	Consultation service name/ phone number	Hours
Saiseikai Yokohamashi Tobu Hospital 3-6-1 Shimosueyoshi, Tsurumi-ku	Health and Welfare Counseling Room 045-576-3000 (main switchboard)	Monday to Friday, 9 a.m. to 5 p.m.
Yokohama City Minato Red Cross Hospital 3-12-1 Shin-Yamashita, Naka-ku	Dementia Medical Center 045-628-6761 (direct)	Monday to Friday, 9 a.m. to 4 p.m.
Yokohama Hoyo Hospital 644-1 Kanegaya, Asahi-ku	Community Medical Cooperation Room 045-360-8787 (main switchboard)	Monday to Saturday, 9 a.m. to 5 p.m.
Yokohama City University Hospital 3-9 Fukuura, Kanazawa-ku	Dementia Medical Center 045-787-2852 (direct)	Monday to Friday, 9 a.m. to 5 p.m.
Yokohama City General Health and Medical Center Clinic 1735 Toriyama-cho, Kohoku-ku	General Consultation Room 045-475-0103 (direct)	Monday to Friday, 9 a.m. to 5 p.m.

Hospital name/address	Consultation service name/ phone number	Hours
Yokohama General Hospital 2201-5 Kurogane-cho, Aoba-ku	Community Medical Support Center 045-903-7106 (direct)	Monday to Friday, 9 a.m. to 5 p.m.
Yokohama Maioka Hospital 3482 Maioka-cho, Totsuka-ku	Medical Consultation Room 045-822-2169 (direct)	Monday to Saturday, 9 a.m. to 5 p.m.
Yokohama Sakae Kyosai Hospital 132 Katsura-cho, Sakae-ku	Patient Support Center 045-891-2171 (main switchboard)	Monday to Friday, 9 a.m. to 5 p.m.
Yokohama Aihara Hospital 2-3-12 Akuwa-Minami, Seya-ku	Dementia Medical Center 045-489-7600 (direct)	Monday to Friday, 9 a.m. to 5 p.m.

Support for Individuals with Disabilities

Individuals with disabilities who are eligible for long-term care insurance services can also take advantage of necessary services through measures for those with disabilities. As a rule, you can use this support system if you are recognized as still needing services based on your disability-specific needs, even if you receive long-term care insurance services up to the maximum benefit amount, or when long-term care insurance system services cannot accommodate your needs.

Community Activity Center for Persons with Acquired Disabilities

The Community Activity Center for Persons with Acquired Disabilities in each ward offers (1) rehabilitation classes and (2) activity center programs for persons between the ages of 40 and 64 who have disabilities as a result of cerebrovascular disease, etc. and live at home.

(1) Rehabilitation classes

This program mainly offers functional training and companionship for individuals recently discharged from the hospital and are withdrawn or are at risk of becoming withdrawn.

(2) Activity center programs

This program mainly offers sports, creative activities and community exchange opportunities for people wanting to participate in social activities. These activities are held on weekdays.

Handbooks for the Disabled

Depending on the type and degree of your disability, you will receive a *Handbook for the Physically Disabled*, a *Handbook for the Intellectually Disabled (Ai-no-Techo)*, or a *Health and Welfare Handbook for the Mentally Disabled*, which allows you to use various services.

Services Under the Act on Providing Comprehensive Support for the Daily Life and Life in Society of Persons with Disabilities

Services supplied under this act (home help, transportation aid, short stay, group homes, etc.) are also available.

Note: There are conditions for use.

High-Cost Disability Welfare Service Benefits

If a person has been receiving specific disability welfare services for the five years prior to reaching sixty-five years of age, and the current long-term care insurance services used, income status, level of disability and the like meet the stipulations of the Cabinet order, he/she will receive benefits to cover all or part of the cost of long-term care insurance services. Additionally, if an application is made while an individual is using both long-term care insurance services and disability welfare services—or there are multiple members of the household using disability welfare services—amounts paid that exceed the total personally borne expense limit will be reimbursed.

Other Support Programs

Garbage Disposal Support

Type of collection	Fureai Collection	Oversized Garbage Collection
Description	Household garbage will be collected directly from your home (please leave the garbage out but within your property, such as at your front door, etc.). Note: The collection staff may ring your doorbell if no garbage is left out at the time of collection, etc.	Oversized garbage will be collected directly from your home, meaning collection staff will enter your property and your home as needed. However, if any of the following conditions apply, your garbage will not be collected: (1) Items that must be dismantled (2) Items that require moving other furniture (3) Items that must be lifted and/or lowered with a rope
Applications	Submit your application to the Resources and Waste Recycling Bureau office. Notes: 1. Application forms are available on the Resources and Waste Recycling Bureau website. 2. Your eligibility will be confirmed through home visits or the like before you are approved.	Contact the Resource Recycling Bureau office by phone or the like to apply. Notes: 1. Your eligibility must be confirmed before you are approved. 2. It may take some time from the time you apply to the time of collection. 3. Your requested collection date may be unavailable.
Eligibility	A person living alone who falls under any of the five categories below, is not receiving support from family members or others, and is unable to take out household garbage to the collection point on their own. Even if living with others, the household is eligible if all members of the household meet any of the following: (1) Individuals with a <i>Handbook for the Physically Disabled</i> (2) Individuals with an <i>Ai-no-Techo</i> . (3) Individuals with a <i>Health and Welfare Handbook for the Mentally Disabled</i> . (4) Individuals certified as needing nursing care (or assistance) under the long-term care insurance system. (5) Individuals sixty-five years of age and older who have difficulty taking out garbage on their own.	A person living alone who falls under any of the five categories below, is not receiving support from family members or others, and is unable to take out oversized garbage to the designated site on their own. Even if living with others, the household is eligible if all members of the household meet any of the following requirements or if the other members of the household are too young. (1) Individuals with a <i>Handbook for the Physically Disabled</i> (2) Individuals with an <i>Ai-no-Techo</i> . (3) Individuals with a <i>Health and Welfare Handbook for the Mentally Disabled</i> . (4) Individuals certified as needing nursing care (or assistance) under the long-term care insurance system. (5) Individuals sixty-five years of age and older who have difficulty taking out garbage on their own. (6) Individuals that the director of the Resources and Waste Collection Office approves, such as expectant mothers and injured people.

Inquiries: Resources and Waste Collection Office of the Resources and Waste Recycling Bureau of your ward.

Hours: Monday to Saturday (including national holidays), 8 a.m. to 4:45 p.m.

Absentee Voting via Postal Mail, etc. (as of March 1, 2024)

This is for individuals with nursing care need certification Level 5 and individuals with severe disabilities. To use this system, you will need to acquire a mail-in voting certificate in advance. For more information, please contact your ward's Election Administration Commission.

Description

You may vote from home with a mail-in absentee ballot. You must request a ballot from your ward's Election Administration Commission at least four days prior to the election (you must attach your mail-in voting certificate).

There are detailed requirements for eligibility (such as nature and grade of disability).

Note: Individuals with severe upper limb or visual impairments may be eligible for the proxy voting system. For more information, contact your ward's Election Administration Commission.

Inquiries: Your ward's Election Administration Commission (within the Statistics and Elections Section of the General Affairs Division of your ward office).

Reduction Programs for Utility Fees and Taxes

Medical Expense Deductions of Long-Term Care Insurance Services for Income Tax and Resident's Tax (Municipal/Prefectural Tax)

A portion of personally borne expenses for residents of intensive care homes for senior citizens and other long-term care insurance facilities, for those living at home who are using home-visit nursing service or other medical services, and for those using medical services in combination with home help and day services* may be eligible for medical expense deductions. For more information, please contact the tax office.

Important matters:

- To receive a deduction for medical expenses, you will need to present a receipt or other documentation issued by the service provider stating the amount eligible for medical expense deductions.
- When calculating the amount eligible for the medical expense deduction, the portion that was reimbursed through the high-cost nursing care service program or high-cost medical/high-cost nursing care joint expense program must be subtracted from your total. For reimbursements you received as the high-cost nursing care service fee when moving into an intensive care home for senior citizens, half of the reimbursed amount will be subtracted from your total.
- Even if a service is not normally eligible for the medical expense deduction—such as sputum suction or the like done by a care worker, etc.—10 percent of the personally borne expense is eligible for the deduction.

* Including home-visit nursing care services and outpatient nursing care services offered under the comprehensive project.

Inquiries: The tax office with jurisdiction over your neighborhood.

Disability Deductions for Income Tax and Resident's Tax (Municipal/Prefectural Tax) for Senior Citizen Residents

Individuals who have a *Handbook for the Physically Disabled* or the like, as well as individuals who are sixty-five years of age and older who meet one of conditions (1) to (7) below are eligible for disability deductions if approved by the director of the Health and Welfare Center.

Category	Disability deduction	Special disability deduction
Eligibility	(1) Individuals with a physical disability (grades 3 to 6) (2) Individuals with dementia (mild or moderate) (3) Individuals with an intellectual disability (mild or moderate)	(4) Individuals with a physical disability (grades 1 and 2) (5) Individuals with dementia (severe) (6) Individuals with an intellectual disability (severe) (7) Individuals who have been bedridden for six or more months and have difficulties in eating, going to the toilet, and handling other aspects of daily life
Income tax deduction	¥270,000 from the income amount	¥400,000 from the income amount
Municipal/prefectural tax deduction	¥260,000 from the income amount	¥300,000 from the income amount

Note: If a spouse or dependent subject to the deduction is a special disabled person who lives with the taxpayer, the spouse of the taxpayer, or other family members who share the same livelihood, the deduction amount will be ¥750,000 for income tax and ¥530,000 for resident's tax.

Inquiries: The tax office with jurisdiction over your neighborhood (for income tax), the Municipal Tax Desk of the Tax Division of your local ward offices (for resident's tax), or the Elderly and Disabled Support Division.

Tax Reductions for Barrier-Free Renovations

There are property tax and income tax reductions for barrier-free renovations on residences occupied by persons over a certain age, persons certified as needing nursing care or assistance, and persons with disabilities.

Property tax reductions: The tax is reduced if a certain amount of barrier-free renovations have been completed and an application is submitted to the ward office within three months of the project's completion. For more information, please read the flier distributed at the Tax Division at your local ward office.

Inquiries: Contact the Residential Building Desk of the Tax Division of the ward office with jurisdiction over the renovated house's location.

Special income tax deduction: Special income tax deductions may be available in some cases. For more information, please contact the tax office with jurisdiction over your neighborhood.

Inquires: Tax office with jurisdiction over your neighborhood.

Reduction/Exemption of Oversized Garbage Handling Fees

Eligible households: Households receiving public financial assistance for everyday living; households with specified Japanese nationals who had remained in China; households with members certified as having a physical disability (grade 1 or 2), mental disability (grade 1), intellectual disability (A1 or A2), or multiple disabilities (physical disability grade 3 and intellectual disability B1); single-parent households with a welfare medical certificate; households with elderly members (65 years of age and older) with nursing care need certification Level 4 or 5 under the long-term care insurance system; persons 70 years of age and older who are living alone and have difficulties bringing oversized garbage in to the processing facility on their own that have been approved by the director of the Welfare and Health Center.

Description of reduction/exemption: Handling fees are waived for up to four items per year (April to March of the following year)

Inquiries: Oversized Garbage Reception Center

Tel: 0570-200-530 (from ordinary landlines)

Tel: 045-330-3953 (from mobile phones or IP phones)

Hours: Monday to Saturday (including national holidays; excluding the year-end/New Year's holidays), 8:30 a.m. to 5 p.m.

Water and Sewerage Fees Reduction/Exemption

Household living with members who have nursing care need certification Level 4 or 5 can apply to the Waterworks Bureau for a reduction of their water and sewerage fees (for basic fees). Please note that there are requirements for households eligible for the exemption.

Inquiries: Customer Service Center, Waterworks Bureau

Tel: 045-847-6262, **Fax:** 045-848-4281

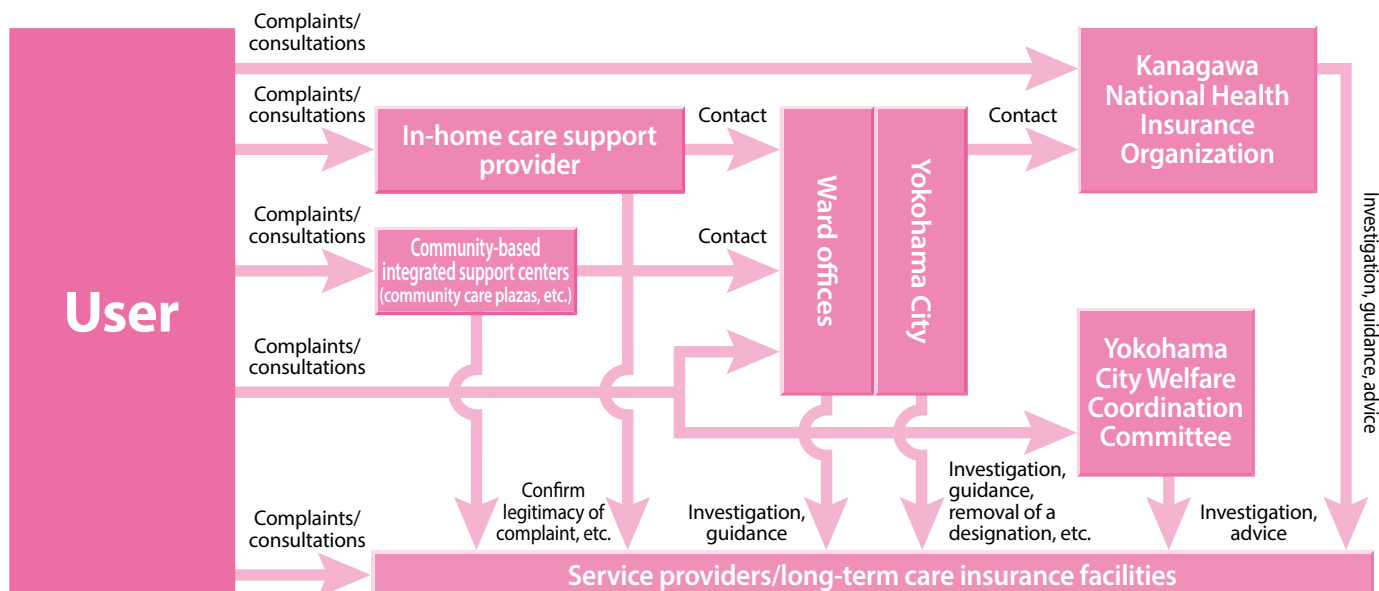
Where to File Complaints

If you have any complaints about the services you are receiving, you can report the facts and receive advice on what to do next, or file a complaint to request that services be upgraded.

1. Consult with the Appropriate Service

- If you have any complaints regarding services, please first contact the service provider's consultation desk. Service providers are obliged to respond to such complaints in good faith.
- You can also file complaints with the in-home nursing care support provider who prepared your care plan. The in-home nursing care support provider will confirm the legitimacy of your complaints, and then either ask the service provider to improve the service(s) or help coordinate a switch if you are changing service providers.
- Complaints and consultations are also handled at community-based integrated support centers (community care plazas, etc.) and at the Elderly and Disabled Support Division at ward offices.

How Yokohama City Handles Complaints About Services



2. How to File a Complaint

- If the above consultation alone does not resolve the issue, submit a complaint form to Yokohama City or, if necessary, the Kanagawa National Health Insurance Organization. Investigations and guidance will be conducted in accordance with laws and regulations.

Inquiries: Long-Term Care Complaint and Consultation Section, Long-Term Care Insurance Division, Kanagawa National Health Insurance Organization, Tel: 045-329-3447

- Yokohama City has established the Yokohama City Welfare Coordination Committee, which is an independent third-party organization, to handle complaints and consultations from residents using welfare and health services in Yokohama City. First, discuss your case with the committee office. For more information, call the number below.

Inquiries: Yokohama City Welfare Coordination Committee Office (Consultation and Coordination Division, Health and Social Welfare Bureau), Tel: 045-671-4045; Fax: 045-681-5457

Inquiries

■ Elderly and Disabled Support Division of Ward Offices Information About Nursing Care Need Certification and Use of Services

Ward	Telephone number	Fax	Ward	Telephone number	Fax
Tsurumi	045-510-1770	045-510-1897	Kanazawa	045-788-7868	045-786-8872
Kanagawa	045-411-7019	045-324-3702	Kohoku	045-540-2325	045-540-2396
Nishi	045-320-8491	045-290-3422	Midori	045-930-2315	045-930-2310
Naka	045-224-8163	045-222-7719	Aoba	045-978-2479	045-978-2427
Minami	045-341-1138	045-341-1144	Tsuzuki	045-948-2313	045-948-2490
Konan	045-847-8495	045-845-9809	Totsuka	045-866-8452	045-881-1755
Hodogaya	045-334-6394	045-331-6550	Sakae	045-894-8547	045-893-3083
Asahi	045-954-6061	045-955-2675	Izumi	045-800-2436	045-800-2513
Isogo	045-750-2494	045-750-2540	Seya	045-367-5714	045-364-2346

■ Health Insurance and Pension Division of Ward Offices Information About Membership Qualifications and Premiums

Ward	Telephone number	Fax	Ward	Telephone number	Fax
Tsurumi	045-510-1807	045-510-1898	Kanazawa	045-788-7835	045-788-0328
Kanagawa	045-411-7124	045-322-1979	Kohoku	045-540-2349	045-540-2355
Nishi	045-320-8425	045-322-2183	Midori	045-930-2341	045-930-2347
Naka	045-224-8315	045-224-8309	Aoba	045-978-2335	045-978-2417
Minami	045-341-1126	045-341-1131	Tsuzuki	045-948-2334	045-948-2339
Konan	045-847-8425	045-845-8413	Totsuka	045-866-8449	045-871-5809
Hodogaya	045-334-6335	045-334-6334	Sakae	045-894-8425	045-895-0115
Asahi	045-954-6134	045-954-5784	Izumi	045-800-2425	045-800-2512
Isogo	045-750-2425	045-750-2545	Seya	045-367-5725	045-362-2420

■ Yokohama City Health and Social Welfare Bureau

Division	Telephone number	Fax	
Long-Term Care Insurance Division	045-671-4252	045-550-3614	General information about the long-term care insurance system
	045-671-4256	045-550-3614	Information about nursing care need certification
	045-671-4253	045-550-3614	Information about membership qualifications
	045-671-4254	045-550-3614	Information about premiums
	045-671-4255	045-550-3614	Information about insurance benefits
Nursing Care Service Guidance Division	045-671-3413	045-550-3615	Information about designations and renewals of in-home service providers
	045-671-3466	045-550-3615	Information about designations, renewal and maintenance of community-based service providers
	045-671-3414	045-550-3615	
	045-671-2356	045-550-3615	Information about supervision and guidance of in-home services and community-based services
	045-671-3461	045-550-3615	
Senior Citizen Facilities Division	045-671-3923	045-641-6408	Information about intensive care homes for senior citizens, rehabilitation facilities for senior citizens, and short-stay programs
	045-671-4117	045-641-6408	Information about private nursing homes for senior citizens
Senior Home Care Support Division	045-671-2405	045-550-3612	Information about preventive care and general daily life support services
Regional Comprehensive Care Promotion Division	045-671-3464	045-550-4096	Information about the community-based, integrated care system
Senior Citizen Health and Welfare Division	045-671-3412	045-550-3613	Information about Yokohama's Positive Aging Plan

Preventive Care and Health Promotion Services for Senior Citizens

Frailty Prevention—Stay Strong, Stay Vital!

Participate in **frailty prevention** activities to extend your healthy life expectancy.

To remain healthy, independent and active throughout your life, it is vital to extend healthy life expectancy*.

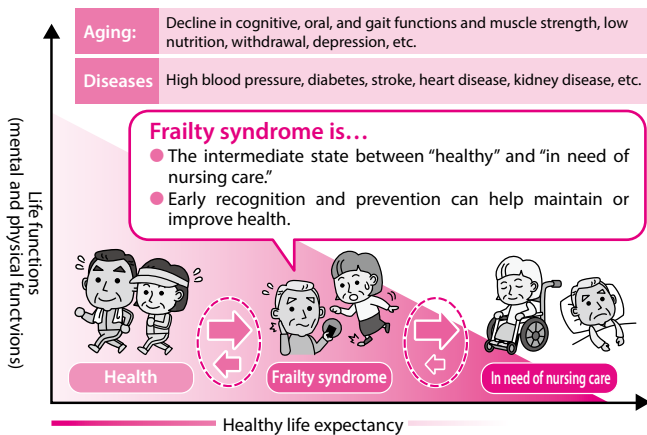
* Healthy life expectancy: The amount of time you can live without health problems that make daily life difficult.

Activities to stave off what is known as “frailty syndrome” that are expected to have a positive impact on extending healthy life expectancy.



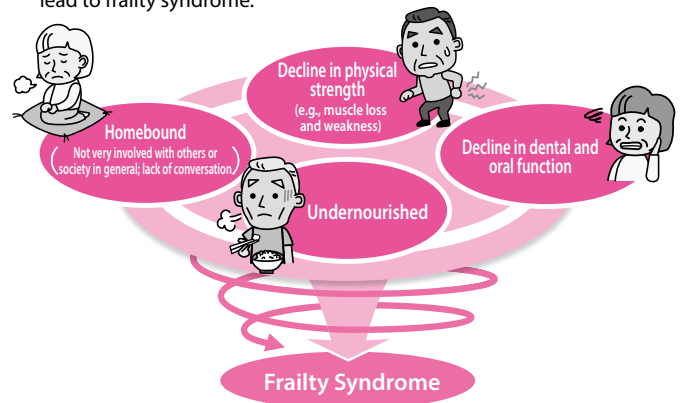
● What is frailty syndrome?

This is a condition in which physical and mental functions—such as strength, energy and cognitive function—decline with age, increasing the risk of needing nursing care.



Frailty syndrome begins with minor changes in daily life

Various factors such as small changes in physical, mental and cognitive functions, as well as changes in social life have a cumulative effect and lead to frailty syndrome.



Four Pillars of Preventing Frailty Syndrome

It is vital to follow a comprehensive set of measures related to exercise, oral health, nutrition and social participation in daily life.



“Frailty Prevention—Stay Strong, Stay Vital!” is the catchphrase for Yokohama City’s frailty prevention promotion measures.

Exercise: Maintaining a body that is strong and flexible

To maintain good health, it is **essential to maintain physical fitness and bone and muscle strength**.

- **Prevent locomotive syndrome*!**
* A condition in which the ability to move—such as standing, sitting and walking—declines due to age-related muscular weakness, bone and joint diseases, and other musculoskeletal disorders.
- **Add 20 to 30 minutes (recommended) of walking/strolling and some strength training to your daily routine**

Mouth functions: Maintain the ability to chew and swallow

It is important to prevent oral frailty (decline in mouth function), which can lead to a decline in overall physical function.

- **Thoroughly brush your teeth daily to prevent cavities and gum disease, and keep your mouth clean**
- **Find a family dentist and receive appropriate advice**
- **Perform mouth exercises to strengthen chewing, swallowing and articulation**

Social participation: Connect with people and society by going out, interactions and participation

To maintain good mental and physical health, it is **also essential to connect with others and participate in the community**.

- **Leave your house at least once a day**
- **Interact with friends and acquaintances at least once a week**
- **Participate in fun and/or fulfilling activities** (neighborhood associations, volunteer work, community gathering such as the Genki-zukuri Station groups, etc.)

Nutrition: Eat full and balanced meals to maintain a healthy body

It is vital to avoid eating poorly. Eat well every day to **avoid becoming too thin and/or undernourished**, which can lead to overall physical decline.

- **Eat three well-balanced meals a day that includes a variety of ingredients**
- **Make sure to eat protein, which is important to build muscles**

Frailty Syndrome Prevention

◆ One Step Further! Keep Staving Off Frailty!

To remain healthy, independent and active throughout your life, it is vital to extend h

● Learn and experience

Learn the latest information on health promotion and preventive care activities, including exercise, oral health and nutrition, which are keys for frailty prevention, at lectures and other events.

● Continue activities with friends

Participate in groups (e.g., Genki-zukuri Station groups) in your neighborhood that conduct regular activities such as exercises and walking.

● Utilize your knowledge and experience

Contribute to the community while having fun and feeling fulfilled by participating in local volunteer activities.

◆ Learn More About Frailty Prevention

For more information about health promotion and frailty prevention, search on the Yokohama City website.

You can find detailed information about each program, and also download pamphlets and other documents on frailty prevention.

Yokohama City website ▶



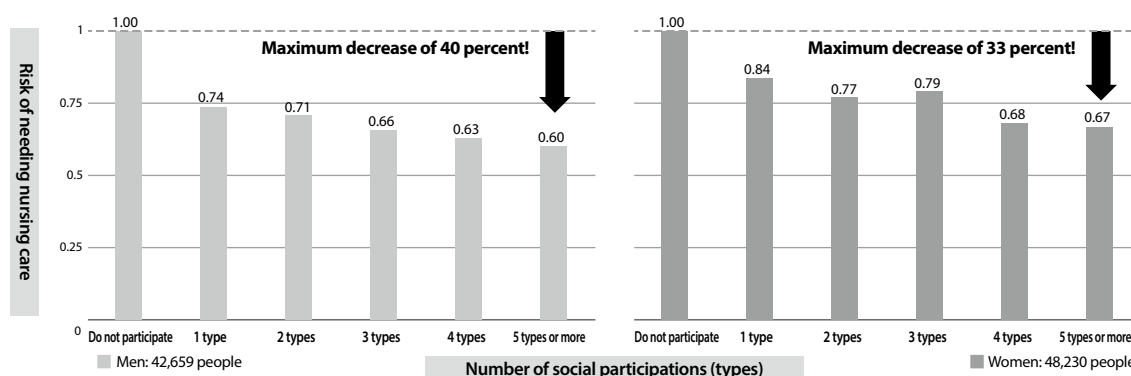
元気なうちから介護予防

Variety in social participation is the secret to living well!

Social participation, such as hobbies and volunteer activities, has been shown to have a positive impact on the health of seniors. Recent studies have shown that participating in a greater number of social activities lowers the risk of needing nursing care.

Social participation* reduces the risk of needing nursing care by 26 to 40 percent for men and 16 to 33 percent for women!

* In this study, "social participation" refers to participating in any of the fourteen types of designated activities—such as employment, sports, community events, environmental beautification, neighborhood associations, volunteer work, and hobbies—at least several times a year. For quantification purposes, the risk of needing nursing care for those who do not participate in social activities was used as a standard (1.00). The numbers in the charts below show the quantified risk based on this standard.



Survey subjects: Senior citizens in twenty-three municipalities, including Yokohama City, who are living independent daily lives. The subjects were part of the Japan Agency for Gerontological Evaluation Study conducted in 2013, and were followed for about three years thereafter.
Source: Press Release No. 293-21-31, Japan Agency for Gerontological Evaluation Study (JAGES)

Individual and group participation in community activities during the past year

(2022 Yokohama City Survey of Senior Citizens)

Senior citizens participating in some form of community activity

37.0 percent

Senior citizens participating in health- and sports-related activities

14.5 percent

Senior citizens who do not participate in any community activity

57.7 percent