



- If you hope to utilize the service of the long-term care insurance, you should first apply for certification of long-term care need or support need to your municipal office. If you get the certification, you can use the service according to the long-term care plan the care manager draws up for you after consultation.
- Municipalities that have already launched long-term care need prevention and comprehensive daily living support program are advised to note the basic checklist at the consultation window. If you meet the criteria, you can utilize visiting long-term care services and day services provided by these programs.

1 Application for a certification

- The person who wants the service or his/her family member should apply to the municipal office directly.

【Those aged 65 and over】

You are eligible for the benefits of the long-term care insurance regardless of the cause that necessitated long-term care.

【Those aged 40 to 64】

You are eligible for the benefits only when they came to need long-term care due to one of the specified diseases listed below.

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



2 Certification of long-term care need (support need)

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

① Investigation by the visit

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

② Initial screening

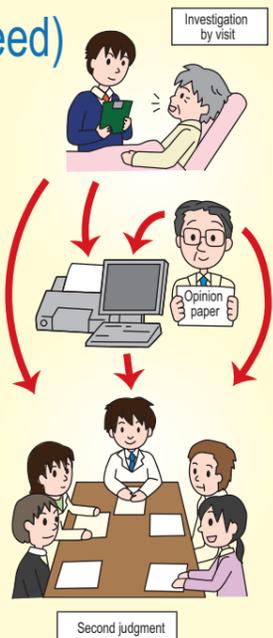
The long-term care need certification committee, comprised of specialists in public health, medical care and social welfare, make the initial determination based on computer-processed home visit results and a part of the primary doctor's opinion..

③ Secondary screening

The long-term care need certification committee comprehensively evaluate and make the secondary determination on the basis of the result of the first screening and the primary doctor's opinion paper and the particular information found in the investigation by the visit.

④ Notice of the screening result

The municipal office determines the level of long-term care need, support need and other matters on the basis of the result of the second screening, and notifies you of the decision.



3 Drawing up a care plan

- If you wish to use long-term care insurance, you and a care manager should first prepare a care plan, which is a combination of several types of services put together in accordance with your need for care or support for an independent daily life.

【Those certified as long-term care level of 1, 2, 3, 4 or 5】

Those certified as long-term care level 1, 2, 3, 4 or 5 can request a care manager at the in-home care management office to draw up a care plan for them. You can also devise a care plan by yourself.

【Those certified as support need level of 1 or 2】

Those certified as a support level of 1 or 2 should request the comprehensive community support center to draw up a care plan for them. (For further details, see page 17.) You can also devise a care plan by yourself.

- The upper limit to the cost of service you can receive from the long-term care insurance ("limit to benefits") differs according to the level of long-term care need or support need certified. (See page 15 for the limit to benefits.)

4 Using the service

- You use the service by signing a contract with a service provider on the basis of the care plan.
- When you sign this contract, carefully check the service hours, charges, contract clauses, cancellation procedures, settlement of complaints, and other related matters.
- Users pay a co-pay of 10% of the costs of long-term care service. As of August 2015, those with income of a certain level or higher pay 20%. However, users must pay all the costs for the service exceeding the maximum payout.
- In some cases, those who have not been certified for long-term care need or support need may use the services for helping them maintain day-to-day life offered as community support services. For further details, contact your nearest comprehensive community support center.

※ Instead of service use being the target, our goal should be how to use a service to create a suitable lifestyle.

- If you wish to enter a facility, apply to the facility you want, and devise a care plan at the facility entered.